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Nonverbal communication

Unspoken messages

Sami Salmi
Toni Kinnunen

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JYVÄSKYLÄN AMMATTIKORKEAKOULU
JAMK UNIVERSITY OF APPLIED SCIENCES

JYVÄSKYLÄN AMMATTIKORKEAKOULU
JAMK UNIVERSITY OF APPLIED SCIENCES

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Tutor(s)
Raitio, Katja
Perttunen, Jaana

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Abstract

Purpose of this thesis is to examine nonverbal communication in closer detail and to provide video clips for teaching purposes that showcase how nonverbal communication can have an effect on messages you send. This thesis is practice-based. Product of the thesis are three video clips for teaching purposes at Mental health course.

Material was gathered from CINAHL (EBSCO), SAGE, Communication and mass media complete (EBSCO) and book reviews. Theoretical material was published in 2001-2010, while studies that were used had been conducted in years 2006-2015.

Result of the thesis is that nonverbal communication is integral part of conveying messages from person to another in a face-to-face conversation, and nonverbal messages are often better remembered in comparison to verbal messages. Neither nonverbal nor verbal communication can be used alone with good efficiency, together they are more than the sum of their parts. Better nonverbal communication also increases patient satisfaction, and worse nonverbal communication equally increases patient dissatisfaction.

Recommended for future research is to find out if patient satisfaction is only benefit gained from improved nonverbal communication, or if there are other benefits included as well. Another idea is to have a way of recording nonverbal messages in real life in real situations, without need of acting in a staged setting.

Keywords/tags (subjects)
nonverbal, communication, mental health, video

Miscellaneous

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Tiivistelmä

Opinnäytetyön tarkoituksena on tarkastella nonverbaalista viestintää tarkemmin, sekä tuottaa videoklipit opetusmateriaaliksi, jotka tuovat esille nonverbaalisen viestinnän tärkeyden ja sen, kuinka nonverbaalinen viestintä muuttaa viestiäsi. Tämä opinnäytetyö on toiminnallinen opinnäytetyö, jonka tuotokset ovat kolme videoklippiä, jotka on tarkoitettu englanninkielisen mielenterveyskurssin käyttöön.

Materiaali kerättiin seuraavista lähteistä: CINAHL (EBSCO), SAGE, Communication and mass media complete (EBSCO) sekä kirjallisuudesta. Teoreettinen materiaali on julkaistu vuosina 2001-2010. Opinnäytetyössä käytetyt tutkimukset on toteutettu vuosina 2006-2015.

Opinnäytetyössä selvisi nonverbaalisen viestinnän keskeinen asema kasvokkaisessa kanssakäymisessä. Lisäksi selvisi, että nonverbaaliset viestit muistetaan usein paremmin kuin verbaaliset viestit. Kuitenkin nonverbaalinen ja verbaalinen viestintä ovat yhdessä enemmän kuin osiensa summa, siksi kumpaakaan ei voi käyttää yksinään ilman huomattavasti heikentynyttä viestinnän tehoa. Parempi nonverbaalinen viestintä myös parantaa potilaiden tyytyväisyyttä ja toisaalta huonompi nonverbaalinen viestintä lisää tyytymättömyyttä.

Tulevaisuudessa suositellaan tutkittavaksi onko potilaan tyytyväisyys ainoa hyöty, jota saadaan paremmasta nonverbaalisesta viestinnästä vai onko sillä mahdollisesti myös muita hyötyjä. Toinen idea tutkimuskohteeksi on nonverbaalisen viestinnän tutkiminen elämän keskellä, ilman lavastetun tilanteen pakottamaa näyttelemistä.

Avainsanat (asiasanat)
nonverbal, viestintä, mielenterveys, video

Muut tiedot

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1. Introduction

It's important to note the importance of nonverbal communication. Namely Schmid Mast (2007, 317) and Chan (2013, 1947-1948) concluded in their respective articles that higher nonverbal skills of physician and practitioners are in relation to higher patient satisfaction as well as their adherence for appointment keeping. Henry, Fuhrel-Forbis, Rogers and Eggly (2011, 300-301) further note in their review, that while physician's interactions are important, patient-nurse interactions are equally important when rating patient satisfaction or dissatisfaction. Article made by Robinson (2006, 438-439) also mentions that patients evaluate physicians by their medical-technical abilities, meaning professional skills, as well as affective-relational communication. This latter is found to be more important for patients, and it's influenced by verbal and nonverbal communication.

Communication requires sender, message and the recipient. Communication is carrying messages through social interaction. It may have multiple purposes, including, but not limited to sharing information, feedback or entertainment. It's not quite enough that the message has been sent from the sender for the recipient, but instead it's of great importance that the recipient understands this message. Repetition helps understanding, while noise or other disturbance may act as hindrance factor. (Enäkoski & Bjuström 2011, 19-23.) In hospital environment patients often find communication between nurse and doctor as distressing because they don't understand the language hospital staff uses. (Mattila, Leino, Collin & Sand 2013, 2606)

Idea for nonverbal communication is that it's not enough that we communicate everything by words, but that recipient may translate our words and gestures differently, or could possibly not at all. Body language and its interpretation happens subconsciously. First impression happens usually already in three seconds after seeing the person for the first time. During this time subconscious mind surpasses the conscious mind. Likeness, disgust, trust, love and lust may all arise in a single moment. Most of these facts are actually based on your perception of how this new person looks like. Seeing reminds you of old experiences and feelings, upon which we base our perceptions when meeting people that send similar messages. Our brains go through different prejudices based on stereotypes in matter of seconds. (James 2002, 9-12.)

Aim of this thesis is firstly to provide video clips that show how meaningful nonverbal communication can be to be used as teaching material. This is done through examining nonverbal communication in depth as a theoretical background, as well as examining its ties to verbal dialogue, and then filming video clips based on them.

2. Dialogue

Robinson (2006, 447-448) argues that verbal communication is inseparable between nonverbal and verbal behavior. Their relationship is holistic. Together they create greater meaning and they are deciphered differentially depending on the message that the other half tries to convey. (Robinson 2006, 447-448.)

Dialogue itself means flowing of meanings. Greek word “dia” means going through and “logos” means word or meaning. Dialogue also differs from negotiations, which aims toward a contract. Dialogue has different aim, it tries to find deeper meanings and broader views than just acceptance that’s enough for a contract. Dialogue tries to find context with what to find new values and common grounds, coordinating values so that persons with different values may meet. During conversation we may often try to reassure others about our own point of view. In dialogue, however the point is to gain answer from co-conversationalist so that both may proceed to next subject. It’s of no importance who is right and who is wrong. (Seikkula & Amkil 2009, 87-88, 126.)

In dialogue speaker sets him- or herself in a position so that social interaction is always present and everything that is said, is said in a way that it tries to take account everyone participating in conversation and conveys the message in a way that it’s not absolute and leaves room for counterarguments. These counterarguments do not prevent definitions or give final solution to presented argument, instead the aim is to open broader and different points of view. When having dialogue speaker has to note the surrounding people and the messages they send, such as strength of their voice, postures or even tears. Also, attention must be paid towards the venue. Is it noisy, for example? In addition to silent cues, speaker has to pay attention to the words their co-conversationalist says. In short, there are endless different factors when having a dialogue between two persons. (Seikkula & Amkil 2009, 88-90.)

Dialogue therefore means state of common thoughts, interaction and listening. It means conversational connection in which everyone can respect each other. In dialogue you don't demand change of thought from another but instead every opinion is highly valued. (Väisänen, Niemelä & Suua 2009, 9-12.) In fact, Seikkula and Amkil (2009, 94) argue that answers bear more weight than questions. Monologue, on the other hand, means speaking alone in which others are not heard. Dialogic conversational skills are part of professional work where important part is the language that we speak with one another. (Väisänen et al. 2009, 9-12.)

2.1. Ability to listen in dialogue

The ability to listen is formed from the idea that we can listen to one another and appreciate their thoughts. It's important to remember that listening is harder than talking. Skill of listening is ability to listen in between the lines, meaning the ability to notice things that are often not noticed. (Väisänen et al. 2009, 19-22.) Objective of treatment in psychiatric care is to provide safe environment and good atmosphere for dialogues for the patient as well as their family. These dialogues are created often, even in daily meetings. During crisis situations patient and their close relatives' resources are supported by actively listening their needs. (Seikkula & Alakare 2004, 293.) Similarly Ennis, Cert, Happell, Broadbent, Reid-Searl and MClin (2013, 817) noted in their study that listening is important in itself, but listeners were also viewed as being approachable and having patience themselves. They write it as a way of establishing a relationship, but also demonstrating that they

have an interest in what the other person is saying, creating better trust. (Ennis et al. 2013, 817.)

In health and social service related jobs we learn roles, ways to speak and gestures that reflect our education, experience and local work culture. Professional practices form while doing the work. Nonverbal communication is tied to the culture that we live in. Personal turf is the distance to another that feels natural when having discussion between two people. In many cultures this distance is shorter than in Finland. That's why it may be difficult for a Finn to have conversation with a foreigner who feels like is coming just in front of you. Silence can be active listening or retreating from situation. In Finnish culture silence is accepted. We try not to talk on top of another and because of that, taking control of speech is easier. For a foreigner it might be difficult to understand this culture of silence. (Väisänen et al. 2009, 19-22, 28-32.) In closer detail, for example, Arab males tend to sit closer and incorporate more eye contact and louder voices than their American counterparts. Students out from Latin America are in closer relationships than students of European background. In Europe, Italians distance themselves closer than Germans or Americans. (Matsumoto 2006, 225.) However, Chan (2013, 1944) notes that perspectives, needs and behavior of patients vary and therefore nonverbal communication should be specifically made for each individual.

Physical touch is important and has multiple different meanings. For example person suffering from acute emotional shock needs another person close by and gives comfort. In elderly care, mentally handicapped and in pediatric care babies require other kind of

physical contact. Therapeutic touch related research shows that touching activates hormones which are related to pleasure. In healthcare we also meet clients who have an illness that has changed their abilities to express themselves verbally. For examples different aphasias make communication harder. In more serious cases client can't understand speech and can't speak himself. While communicating with sick clients you must remember that an adult is an adult, not a child. Persons suffering from reduced mobility also have experiences about not being taken seriously and instead conversations have been held between escort and the nurse even if patient would be perfectly capable of communication. Same might apply to persons that can't fully do facial expressions due to illness or paralyzation. This causes discrimination and suffering due to lack of facial symmetry and requirements of facial expressions. (Väisänen et al. 2009, 28-32.)

Nonverbal communication also include so called reflecting phenomena which means that when two people communicating with each other start to reflect each other subconsciously. This is seen through similar movements of feet, hands or nodding of head. Rhythm and pauses of speech also start to match each other. These can be used in conversation - client's volume can be matched with same volume, like depressed clients' slower and quieter speech. Nurse shouldn't be, at that point, be talking with overly happy or speedy way. Similarly with speech we can calm down overly agitated client by almost matching their voice, but keeping it bit slower and calmer. In psychiatric care this is emphasized. (Väisänen et al. 2009, 28-32.)

2.2. Principle of respect

Respect is important because we all are. Humans have their own intrinsic value. We are all important because we have our own strengths and weaknesses. Openness and trust are gained when we can rely on that our strengths are respected, and our weaknesses don't get abused. When this mutual trust towards opinions and work has begun to grow and participants listen to one another as well as share their opinions while avoiding judging other point of views too hastily, good debates and arguments can be formed. Through arguments different sides can approach each other and find common ground in between. (Järvensivu, Nykänen & Rajala 2010, 64-66.)

Therefore in dialogue no one's professionalism should be questioned. Instead dialogues should be done in atmosphere where everyone's opinions are respected, even if they should differ in their point of views. (Seikkula & Alakare 2004, 293.) If the attitudes are to remain prejudiced and reserved, a proper dialogue can't form. Nurse that has great prejudices and reservations cannot see the client's resources and may lose hope in their work. For example working in substance abuse with youth or chronic alcoholics require open attitude. (Väisänen et al. 2009, 15-19.) When patients are given necessary and clear information they are able to do independent and smart decisions. Ethically nursing staff are obliged to respect those decisions, even if they disagree themselves. (Poikkimäki 2004, 9.) This is further reinforced by law, as it requires

that patient's beliefs and privacy are respected, and their intrinsic value is upheld (L. 17.8.1992/785).

Respecting is active action. Respect is search for the origins of experiences. It comes from a Latin verb that means "look back upon". Reviewing may mean that even though we don't accept his opinions or actions, we cannot deny the right of his existence. Human that respects another doesn't force him- or herself too close, but doesn't retreat too far away either. To reduce the amount of guilt in dialogue the listener may think "this is found in me too". That is why no one is ever complete stranger. However, usually we transfer our own bad qualities onto others, at which point they really start to look awful and this phenomena is revealed in racial discrimination. In groups respect is increased by acceptance of different opinions, supporting those who question subjects and learning to tolerate tensions without reacting to them immediately or too harshly. In work you should therefore stop to think when you encounter clients that have been marked as troublesome. They often carry disappointments from their previous encounters with the personnel, having been disappointed often in them. At that point respect doesn't come to mind as first thought, but friendly attitude and conversation promote co-operation. (Väisänen et al. 2009, 15-19.)

3. Nonverbal communication

Nonverbal signals factor over half of messages that we send. When verbal and visual messages are in conflict, humans tend to let visual

expressions to overtake verbal messages, evidenced from neuropsychology, clinical, and social psychology. Again we have to remember that brains work in their own ways, and thus our subconscious tend to overpower open mindedness and non-judgmental thinking. Good body language affects positively and brings forth empathy on the other person - bad reflections cause opposite effect. (James 2002, 9; Stone, Markham & Wilhelm 2013, 311.)

It's known that besides words spoken aloud, nonverbal poses, movements, gestures, territorial behavior, colors, touch, clothing, hairstyle, makeup and smells can be ways of communication. Nonverbal communication relays emotions more easily than verbal communication does. These listed things can be supportive, but also against, to the spoken way of communication. Cultures also have differences and have an effect how communications relay from person to another. (Enäkoski & Bjuström 2011, 118, 136-138.)

When we want to reflect ourselves through eyes of another, we should be able to reflect ourselves in front of a mirror and think upon following factors while paying attention to how we look:

1. Pay attention to face. How does my face look at resting stance? If my face was a T-shirt that had a slogan, what would the slogan say? "Hello and welcome", "Life is wonderful", or perhaps "Go away, I want to be alone."
2. How do I look? Do I look trusting, or do my face have distrustful and painful look? Would I trust myself, if I were to

see myself across the table? Would I want to talk to myself at a party? Would I want to make deals, if someone like I would enter into my office?

3. Eyes. Do they reflect trustworthiness, arrogance or passive acceptance? Do I look like I complain all the time? Do my eyes reflect enthusiasm or happiness? Or do my eyes perhaps have empty stare?
4. Finally, your pose as well. Am I standing straight, or lying down, bowed? We should examine our body's posture and wonder, how it looks on the outside. Shoulders' posture is also of importance because there's a difference whether they look relaxed or tense. Same occurs at our feet, they too have importance in nonverbal communication. How do they settle when we stand still, or sit down? Also remember where hands are, and where they tend to go when not actively thinking. (James 2002, 24-30.)

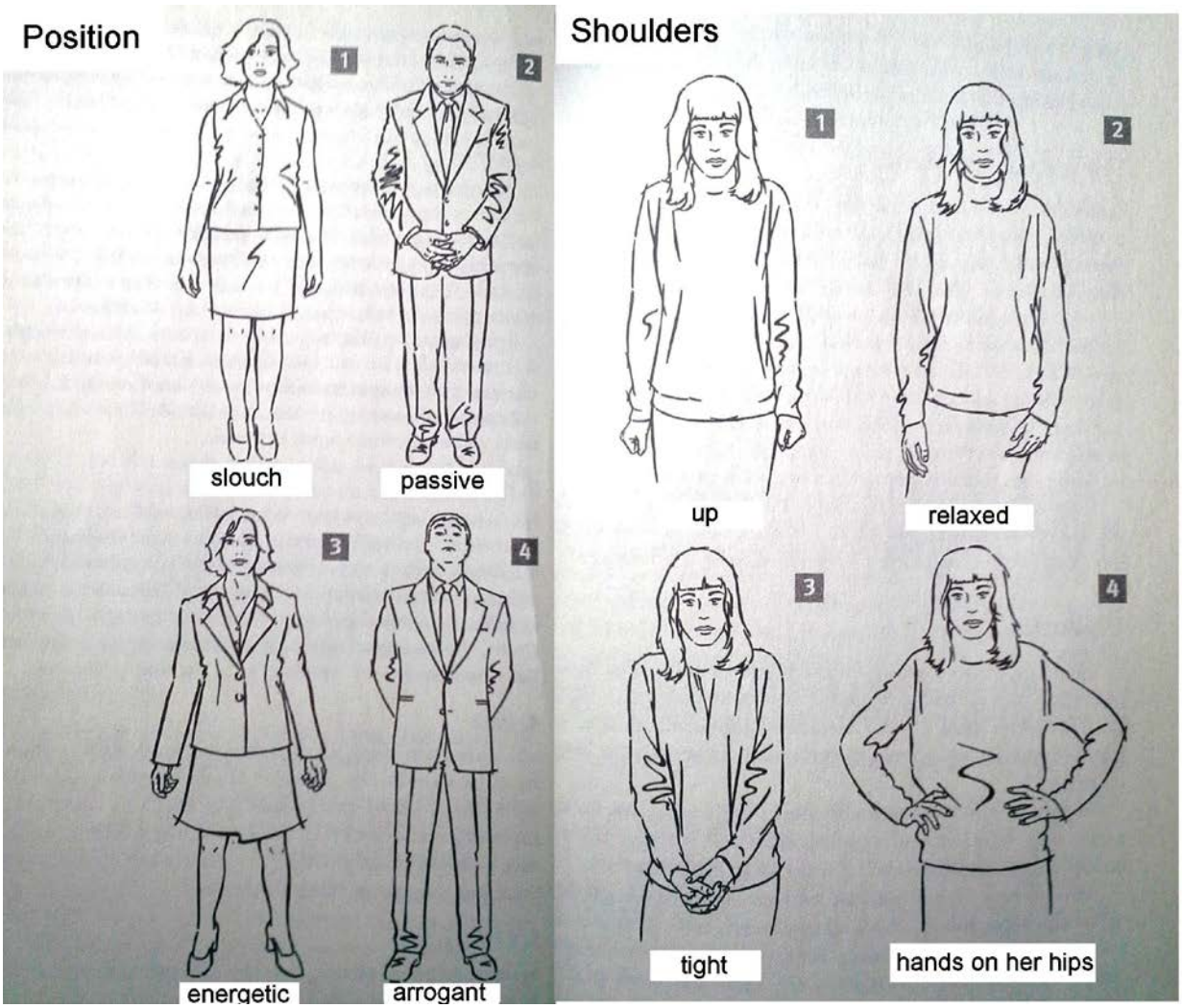

Figure 1. Figure of different postures (adapted from James 2002, 26-27)

In the figure we can see differences on what we communicate with shoulder and arm positioning. Forceful gestures strengthen verbal communication. Hands themselves are a message when we hold conversation and their movement hinders speech more than they support conversation. Therefore it's important to remember where your hands are, and never let gestures take precedence over words. (James 2002, 75.)

Unconscious nonverbal habits are in multitude and these are not easily noticed by oneself. You should avoid following body language, as it never works in your favor: Cleaning yourself (nails, tooth or digging your nose), banging your knuckles, sniffling, anxious coughing, continuous tapping, half-silent whistling, touching jewelry, sucking teeth, making quotation marks in the air, eating mouth open gobbling, for example. (James 2002, 24-30.)

Should situation be stressful, for example when performing, nonverbal message are usually sent as tensing muscles, causing your shoulders to rise. Eye blinking may occur more often. Your movement becomes abrupt and clumsy. Your gestures and looks may become as spontaneous as your speech. “Drain” of your body language increases. Smaller gestures, as putting your hands into a fist and tapping or touching reveal your anxiety. It also appears in your face. Your pupils go larger and eyebrows go higher. You should, therefore, remember that stress doesn’t make your body language any better and in fact, causes the opposite effect. Signals from your body language can be divided into six categories. Signals seen from afar (your stance and movement), signals from your hands and feet, micro movement (fingers, tip of your feet), face acting (eyes, face muscles), your personal space usage and touch. (James 2002, 43-46, 62-66.)

You should never inspire of one singular body language skill, because it’s about the whole. Nice smile may be a good way to welcome a person, but the effect is lost if you did not consider the messages your hands made, or eye contact that you didn’t make. For us to know why we react and act differently in nonverbal

communication without us even knowing about it there has been found few different reasons. (James 2002, 62-66.)

First are reactions we were born with. These are gestures that you would use even if you had been raised alone in the woods. These cases, however, are very rare. Therefore it's hard to know for sure, which gestures are born with, and which are taught to us. Smiling as representation of pleasure and swinging the head as refusal for offered food, appear to be gestures that we would use in any case. Multiple other expressions of feelings have main objective of survival. For example when being surprised our pupils enlarge and eyebrows go up, which increase our eyesight in danger situations. Secondly there is imitating. These are gestures that we copy from other humans. Most of our body language is imitating. Children learn by imitating adults, and even as adults we imitate more or less. We can learn knowingly or unknowingly. For example we will start to talk with another dialect when living far from our home, thus mimicking the environment unconsciously. Thirdly there is unwilling imitation. You start to use body language gestures and routines that you would not want to do. For example you see some annoying habit of a relative of yours, like tapping pencil to the desk and you are happy that you don't do so yourself. Then, to your horror, you find doing the exact same thing. Good side of this is that they are easily gotten rid of. Fourth and last are skills that are learnt. Chains of movements that we knowingly try to learn as part of a new skill. Like driving a car requires totally new knowledge in body language, very much the same as some simple gesture like putting the power on to a machine. If we train these movement sets hard enough, they go into our muscle memory where we can use

them without active thinking and we can become very skilled in it. Sometimes we have to alter our gestures or stances due to sickness or injury. (James 2002, 62-66.)

These four categories of body language are under your control, even though changing some of them is harder than other. It's important to remember that you can always alter your behavior, even if you can't alter your natural personality. Body language is always controllable, discounting muscle twitching that some people naturally suffer of. (James 2002, 62-66.)

Chan (2013, 1945-1947) compare nonverbal communication in mental health nursing as few metaphors. One of them include nursing as a pill, consumed in order to make patient better, and nonverbal communication as water, making it easier to swallow the pill. Another participant of his thought nonverbal actions as hints. Further explaining as an example, he meant that through nodding and making eye contact to patient could either ignore, meaning patient is not ready to communicate or nod back as a possible hint of being ready to have a conversation. (Chan 2013, 1945-1947.)

3.1. Feelings and their counter reactions

Counter reactions mean everything that another person arises in a nurse. What the nurse feels is reflected from the client's emotional space. We interpret their mind and it activates different feelings in us. Happy person make us feel happy, while angry person can cause fear, or sad person compassion. During interview with client it's

equally important to hear their story, but also listen what you start to feel during that conversation. During the course of discussion this forms up into more complete picture, message just like spoken or seen communication. The skills to identify these feelings within yourself get better during the course of working years. (Väisänen et al. 2009, 32-34.)

In hospital setting it's been found out that if patient's experience that attention is focused elsewhere, it's decided by the direction where staff is looking and their body directing - for example this could negatively be computer screen. Total focusing should be towards the patient and their message of why they arrived. This is an easy and efficient way to show interest in the patient. Another point is that negative emotions are arisen from bad news. Friendlier way to provide these bad news is to ask for patient's opinion of situation first, and then adapt your bad news piece to this point of view. (Ruusuvuori 2014, 1782.)

During nonverbal communication it's good to remember that facial expressions and gestures reflect their emotions and other parties of conversation can sense them very easily. Good mood, calmness and kindness stick and situation becomes positive. Eyes have considerable nonverbal message. Calm and open eyes calm the whole performance, while aberrant makes it nervous. Naturalness should be kept and you shouldn't imitate others but instead act as it's natural to your personality. Each of us have that personality, and it's a strength and differences enrich us. If you are comfortable with yourself, your message is more convincing. Listeners can tell whether the speaker is interested in the subject or not - it's well

visible and you don’t need to hide it. (Kaloinen, Suntinen, Vallisaari & Söderström 2008, 54-55.)

We shouldn’t forget the voice we use either. It’s part of our personality. It’s affected by our genetic material and how people close to us use their voice. Voice itself is affected by breath, posture, awareness and different emotional states. Meaning that, for example, depressed person speaks quieter and deeper voice than that of an angry person that has higher pitch. Good voice is clear, loud enough, soft, warm and definite. Opposite of that is mumbling, quiet, boring and strained voice which requires high awareness and concentration from the listener. Just by voice we can get information about speaker’s age, characteristics, mood, opinions and even their values. With tone we can confirm or weaken the message we are sending. Words can be emphasized in encouraging, appreciative, mocking or dismissive way. (Kaloinen et al. 2008 55-56.)

Our body is the center of human communication. Sometimes it can tell things that even we’re not aware of. Experienced healthcare professionals are good at reading these details in gestures. Their eyes are good at noticing if something is wrong, even if test results and measurements look good. There’s nothing mysterious in it, because due to long experiences they have adapted the ability to understand and interpret gentle messages the body sends. During the meeting of another person a quick look is enough to capture multiple details. According to multiple studies cited by Kihlström (2007) we are surprisingly correct when doing these quick observations, because sight and hearing influences go deeper than

spoken words. Subconscious expressions of one's being. Grin, intense gesture or sigh at the wrong place have great influence to interpreting the message. (Kihlström 2007, 40-44.)

It's possible to accustom the body language to convey strength and reassurance to create charismatic influence. Therefore we can knowingly use our body to send messages and practice it. People often remember not the words after speech, but instead they remember the image the speaker left through gestures, expressions and tone. For nonverbal communication important parts are also clothing, jewelry, bags, phones and other accessories that emphasize authority, status or position in society. Everyone sends messages, for example clothing can relay a person to be modest, powerful or interesting. (Kihlström 2007, 46-47.)

To grow our personal radiation of nonverbal messages we have to work on multiple levels. First is to acknowledge everything our being sends without us knowing. Change what you must to create wanted reaction. You may ask from some relative how they interpret signals of your body. Videos can be used to see how you move. Second is to practice your expressions so that our messages itself seem attractive and convincing. You simply have to act with more strength and dare to throw in your voice, body and face. Third way is to note what others are sending and improve their interpretation. If we improve our ability to read our surroundings, our ability to say something at the right moment is also improved. (Kihlström 2007, 51-52.)

3.2. How to improve nonverbal communications?

According to James' (2002, 62-66) listening is one of the most important communicational skills. Good ways to show good skills in listening are, for example:

1. Stop working. Speaker thinks you are rude or thinking something else if you just continue working without paying attention.
2. Turn towards the speaker with all your body.
3. Keep up eye contact. If you turn your head away even for a second, you may appear to be thinking something else, or trying to find something more interesting.
4. Tilt your head to show that you are truly interested.
5. Raise your eyebrow. Raising one eyebrow includes lots of feelings from minor worry or surprise to total immersion.
6. Put your hand to the face. Putting your knuckles towards your chin or keeping a finger on your mouth is a sign of silent listening.
7. Nod and repeat, it shows empathy by repeating speakers pose and looks.
8. Be silent and allow speaker to continue. Even if the speaker appears to have stopped, because they might want to talk more, even if they don't show it.

On the contrary you should avoid, for example overreacting (attributed into pretending and not listening at all), stopping gesture (used when wanting to commentate, gesture signs that everything

speaker says afterwards is ignored), yawning and looking at the clock. (James 2002, 62-66.)

4. Aim and purpose

Aim of this thesis is firstly to provide video clips that show how meaningful nonverbal communication can be to be used as teaching material. This is done through examining nonverbal communication in depth as a theoretical background, as well as examining its ties to verbal dialogue, and then filming video clips based on them.

5. Implementation of thesis

This is a practice-based thesis, which is a form of a thesis. Aim in practice-based thesis is to guide practice or organizing a project. Practice-based thesis combines practicality and professional skills, research, theories and reporting. Practice-based thesis may be, for example a guidebook or a project. It does always include both a report (documenting and evaluating the thesis) and a product. (Vilkka 2010; Airaksinen 2009.) In practice-based thesis development and working is in constant interaction. This can mean discussion, evaluation or redirection of product. (Salonen 2013.) In this case, the product of the thesis are three video clips that are meant to be used as a teaching material. These clips are meant to showcase how nonverbal communication affects communication as a whole. Project was started during late 2014. Timetable was quite flexible, aim was to have a complete product and report ready for graduation in spring 2015. The start for our work was quite slow with work interfering and causing delays in material gathering.

Study material for our thesis is quite diverse with multiple different databases being used. Theoretical background was first built up by few baseline text, then multicultural studies were acquired that could support this baseline text. While theory were Finnish in majority, studies were all done outside Finland. This wasn't exactly planned course originally, but the theoretical sources we had proved themselves to be thorough and broad for our thesis arguments. Our material also pointed out differences (see e.g. Matsumoto 2006, 225) in cultures and our aim was to focus on Finnish culture, theoretical information can partially differ from culture to another, therefore possibly even invaliding suggestions in worst case. Many of the sources we thought to be good at first glance were found to be inapplicable for healthcare and instead they were working in business world, where there is no nurse-patient relationships. Therefore they were not something we thought to be fitting in our thesis aims.

After having done most of the theoretical text a script was written for video clips. We opted to use the same script for all three clips with slight deviation of having the patient speak more the better nonverbal communication nurse had. We thought that to be fitting after thinking how the situation would likely resolve in real life, and how the patient could open up to speak more, if he feels that the nurse really cares in comparison to having a feeling that the nurse doesn't care at all. We also hope that it sends positive feedback for the watchers, remembering that the better nonverbal communication, the better reaction from patient. The script was slightly edited as per suggestions from tutoring teacher, as well kept eye on for possible changes in accordance to the materials behind it.

The clips were filmed in May 2015, and edited and given access to us a few days later. Filming went well in our opinion, despite our own tensions in the filming in front of cameras. Controlling nonverbal actions to be so different than our own personas are were quite hard to achieve while still going through script. We did, however, find them to be good in once we saw the end product.

Target group for our thesis fits for anyone in social & health care profession with emphasis on healthcare students in mental health. Video usage is intended for during mental health -related courses, during which communication is more prevalent subject and therefore this thesis more central (JAMK course information 2014).

While our video clips target mental health in detail and it's our main focus in our studies, nurses interact with patients throughout the hospital. We haven't made distinction between these different wards (but most of our material is based on psychological journals), as we think there is no difference as far as nonverbal communication go. Culturally we target Finnish population in both videos and in text, only briefly examining that there are cultural differences and thus while our thesis suggestions may be beneficial in other nations than Finland, they may also be incorrect outside of Finnish cultural sphere.

6. Discussion

While part of our thesis have been sounding obvious, they are important parts that can't be forgotten when moving onto more

advanced theories. If one thing is clear after this thesis it's that communication can be read as multiple different ways depending on multiple factors such as cultural background (see, e.g. Matsumoto 2006) or age (see, e.g. Chan 2013). In worst case, our messages thought to be good can be deciphered as negative, as each person has their own personal nonverbal expressions (see, e.g. Chan 2013).

Dialogue itself is old instrument and an important one, especially in the field of healthcare. Listening is the most important part of it, as it allows us to understand more of what our patient is saying, but also it makes us seem approachable and open for conversation (see, e.g. Ennis et al. 2013), therefore increasing the chances of patient communicating about difficult subjects, increasing our possibilities to help them due to knowing more about their background.

Our emotional reactions during conversations in field are perfectly normal. We might suddenly feel anxious, sad or even frightened and not understand why. They are subconscious nonverbal messages that we can pick up during a conversation. This is something that may come as a surprise to especially those new in the field, while more experienced nurses can take full advantage of these reflected feelings. While you feel these feelings, they may originate from your conversational partner instead (see, e.g. James 2002). This can be used in advantage by a nurse in trying to understand the patient and the messages they are sending. In our experience, this can be something such as purposely hiding some fact, or even something as nurse being able to anticipate possible violent outburst and

prevent it from happening by adapting to this situation and calming the patient's feelings.

On the other hand we can improve our nonverbal messages through sending different signals that we knowingly decide send. Some of them have to be trained, others come naturally to some. It improves how the recipient takes our messages and even helps them to remember our message better afterwards. Our experience is that completely changing your nonverbal characteristics can be difficult as we found out during our shooting of videos.

6.1. Recommended for future research

For future research it would be important to get to read these nonverbal messages as they are sent real life setting in order to further improve capabilities of understanding the messages that a person can and will send during the course of day. Personally we are unsure how this can be organized though, as we found ourselves that our nonverbal messages alter easily when we are in front of a camera and we had to take multiple takes just in order to get our nonverbal messages to go through properly, without having them to be in extreme levels that are unnatural for us.

Another idea for future research is how long-term care is affected by reactions from nonverbal communication. For example Henry et al. (2011, 300-301) state that there is lack of studies made over longer periods of time. Therefore it's unknown whether patient satisfaction is only thing gained, or if there are further benefits.

7. Conclusion

This thesis concludes that nonverbal communication is integral part of communicating to patients and is integral part of increasing at least short-term patient satisfaction as well as increases likelihood of patient keeping their appointment times. Video footage was found to be useful tool by ourselves, but usage of it was also supported by study. Cultures have different ideas on what is acceptable nonverbal communication. However, individual behavior of patients vary even within cultures, so thought should be given how to communicate nonverbally for each individual.

Thesis found multiple different easy steps on how to improve nonverbal communication and steps on how to prevent making mistakes in your nonverbal messages. Body language can be divided into different categories, and it may differ based on, for example stressful situation. Your posture and listening skills are important part of how approachable you are.

In the end we would like to remind that it has been argued that nonverbal and verbal communication are inseparable in between, and that their relationship creates greater meaning together than what they are be independently.

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Appendices

Appendix 1: Scripts for video clips

Setting is based on first meeting to a patient. This is filmed thrice. During the first clip aim is to film more visible nonverbal errors. During the second these are made less noticeable, and on the third video clip our aim is to have perfect nonverbal language, including positive nonverbal actions that we had found during gathering of theoretical background.
Videos were filmed with two cameras, one for each of two actors to catch as much nonverbal messages as possible.
Patient is depressed and doesn't defend himself and has no baseline expressions, to force patient in as neutral situation as possible.

First clip, errors made by the nurse: Painting the paper in addition to recording during the interview, raising finger in order to comment, watching the clock.
N stands for nurse and P for patient.

N: So, since it's the first time we're meeting, would you like to tell me why do you think that you are here?
P: Well, doctors say that I'm depressed
N: How long have you felt this feeling down then?
P: I suppose it's been rougher for a few years, but **(N raises finger, interrupting)**
N: Have you looked for help before?
P: No…

N: Any particular reason for not asking?

P: Well I've meant to but... I guess I never really bothered. Didn't matter much to me, I guess…

Second clip: Tapping pen, overreacting, touching jewelry.

N: So, since it's the first time we're meeting, would you like to tell me why do you think that you are here?

P: Well, doctors say that I'm depressed

N: How long have you felt this feeling down then?

P: I suppose it's been rougher for a few years, but I haven't really thought about it. You know, it feels like I've been this way as long as I've lived. Never knew other way, I suppose..

N: Have you looked for help before?

P: No…

N: Any particular reason for not asking?

P: Well I've meant to but... I guess I never really bothered. Didn't matter much to me, I guess.

Third clip: Repetition and nodding as good nonverbal communication.

N: So, since it's the first time we're meeting, would you like to tell me why do you think that you are here?

P: Well, doctors say that I'm depressed

N: Depressed? How long have you felt this feeling down then?

P: I suppose it's been tougher for a few years, but I haven't really thought about it. You know, it feels like I've been this way as long as I've lived. Never knew other way, I suppose...

N: A few years? Have you looked for help before?

P: No... Not really...

N: No? Any particular reason for why not?

P: Well I've meant to but... I guess I never really bothered... well, I guess I never had courage to just admit it to total strangers... I mean many must've seen and known it already, but never like this…

Appendix 2: Link for video clips

http://moniviestin.jamk.fi/ohjelmat/opetusvideot/nonverbal-communication-examples