

Maintaining Our Humanity Through the Mask: Mindful Communication During COVID-19

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Short running title: "Only connect...!"

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When it comes to communication, we rely on language at the expense of the rest of our communication toolbox. However, nonverbal communication is just as important as the words we use.¹ In times of the COVID-19 pandemic, the use of face masks has become ubiquitous in many countries.² Many facial expressions are the same across cultures, like happiness, sadness, anger and fear and our faces can express emotions without saying a word. Given widespread masking, this nonverbal communication has become increasingly difficult.

The COVID-19 pandemic for elderly, frail, and cognitively impaired patients in particular is challenging.³ For example, it must be jarring for elders to discuss serious challenges such as the importance of advance care planning or decisions about do-not-resuscitate orders with a doctor wearing a face mask.⁴

Non-verbal communication is thought by many to be the most effective element of communication to connect with a person who has dementia.⁵ Though people with dementia increasingly lose the ability to communicate verbally, body language skills are retained longer than verbal skills in the vast majority of forms of dementia. People with dementia are usually able to interpret facial signals correctly: they interpret a smile as a sign of joy and compressed lips as a sign of anger. They can tell from the sound of our voice, our posture, and our speed whether we are relaxed or stressed, in a good mood or angry. A lot of this is missing right now – and many of us don't even realize it!

Doctors and nurses who are more sensitive to nonverbal cues reinforce the perception of sincerity, dedication, and competence, which in turn improves measures around utilization of health services, functional status, and the overall provider-patient relationship.⁶ Nonverbal communication is a unique opportunity to

connect. Therefore, it's important that we take intentional control of our nonverbal communication in this time of social distancing and masked facies.

The following three steps based on our **ABC mnemonic** can, when embraced with intentionality, positively impact healthcare providers' interactions with elderly patients.

1. Attend Mindfully

Create a ritual to focus your attention before a visit¹ and **reflect on the many asymmetries** in communication with elderly patients: expert - layperson; healthy - sick, independent - dependent, cognitively healthy - cognitively impaired, young - old.⁷ It is important that we think about the ways that we typically communicate, in gesture and tone, when not constrained by distance and personal protective equipment. Once we **become more aware of our characteristic gestures and body language**, we can then go about **aligning our nonverbal signaling with our spoken message**. If we don't practice the habit of underlining everything we say with gestures and pantomime, the message we convey might be harder to interpret.

2. Behave Calmly

People, especially those with functional or cognitive limitations, will become more familiar with you when they feel like they are being respected. By **approaching them from the front**, you will give elders a chance to process who you are and what you are asking. Respect the person's personal space but make sure to **drop down to eye level**; this will allow the individual to feel more comfortable and in control of the situation. Since person with dementia will be able to detect your body language, sudden movements can cause distress on the person and can make it hard to communicate. Therefore, **project a positive, calm attitude and avoid body language that shows frustration, anger, or impatience**, while trying not to interrupt them and give them your full attention.

3. Communicate Clearly

Avoid noise and overwhelming stimulus and make sure the senior is wearing glasses or hearing aids, if needed, then slowly communicate one point at a time. Use short, simple sentences and **underline your words with gestures**. Make your statement or ask your question and then pause. Keep your voice even, tone gentle, and speech slow. Speak louder, if needed, because the lip-reading cues that many with hearing disabilities use to compensate will be absent. Sometimes, it might be helpful subtly **matching the gestures and tone of the older adult** in order to help them feel understood. **Observe first, then try mirroring his mood or tone**, or using a quieter approach.

Greater training efforts are necessary to improve perception and interpretation of patients' nonverbal communication and to enhance clinicians' awareness of their own displays of nonverbal behaviour. Let's use the pandemic to remember why we have chosen the beautiful field of medicine and, as E. M. Forster said many years ago in *Howards End*, "Only connect...!".

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