Telecom Business Review
14 (1) 2021, 35-41
http://publishingindia.com/tbr/

Significance of Non-Verbal Communication in Effective Healthcare Management

P. Ravi*, Haebus Solomon Vethabothagam**

**Professor, Department of Management Studies, Manonmaniam Sundaranar University, Tirunelveli, Tamil Nadu, India. Email: ravi@msuniv.ac.in*

***PhD Scholar, Department of Management Studies, Manonmaniam Sundaranar University, Tirunelveli, Tamil Nadu, India.*

Abstract

Non-Verbal communication aids in developing a relationship by revealing the hidden fears and, as well as reinforcing or contradicting verbal statements. Professionals in all fields should be mindful of their body language and how their appearances send a message to communicate effectively, especially medical professionals. Non-Verbal communication plays a vital role throughout the medical interview. Patients may gather as much information from how medical professionals express themselves through their conduct and gestures as they can from their words. Also, medical professionals must learn to recognize and investigate non-verbal clues such as speech patterns, facial expressions, and body position to understand the patients better. This paper aspires to elaborate on the types of non-verbal communication of medical professionals, both favorable and unfavorable, with patients. It underscores the importance of various forms of non-verbal communication that facilitate effective patient compliance. Visiting a problematic patient, dealing with a patient complaint, or coping with stress can trigger unfavorable non-verbal reactions from medical professionals. Mostly the success of the healthcare management relies on the way by which the particular patient interacts and follows the prescription and procedures for the treatment sought. Be it on any type of healthcare, for that matter. Again this practicing and following the prescription and procedures depends upon the type of convincing technique adopted in communicating the procedures by the Doctors/Nurses or other related professionals. Depending upon the nature of disease the treatment and the type of communication is asserted. It is always the style and type of communication which increases patient compliance. This conceptual paper is an attempt to collect the different literatures and its concepts related to the importance of non verbal communication to the success of patient compliance in healthcare management.

Keywords: Non-Verbal Communications-Types, Patient Care, Hospital Management, Patient Compliance, Positive Responses, Negative Responses

Introduction

Patient compliance to treatment is dependent on the physician's ability to convey a safe, encouraging, and efficient connection both vocally and non-verbally. When patients see genuine interest and concern from their doctors, they report a stronger bond with them. The patient's appraisal of the relationship is influenced by the physician's attention, and the patient gains confidence that the physician is sympathetic and understanding. As a result, the patient is more confident and communicative, allowing for better progress in the patient's care because it frequently leads to appointment attendance and medication compliance.

The ultimate goal of any medication management therapy is to achieve specific desired outcomes in the patients involved. These specific outcomes are a necessary component of disease or condition management objectives. Despite the best intentions and efforts of medical professionals, desired outcomes may not be achieved if patients are unwilling to cooperate. This gap could have significant and negative consequences for patient care.

Patient compliance has been a focus of clinical concern since the 1970s, owing to the pervasive nature of non-compliance with therapy. It refers to a patient's compliance with medication, as well as nutrition, exercise, and lifestyle modifications. The most frequently used definition of compliance in healthcare is "the degree to which a patient's behaviours (in terms of taking medication, adhering to a diet, or making lifestyle changes) correspond to healthcare practitioners' suggestions for health and medical advice" (Sackett, 1976).

Healthcare professionals have been battling to identify the plethora of factors that contribute to non-compliance issues in order to mitigate their effects. Patient non-compliance is a complicated issue that is influenced by a variety of factors, but it is well acknowledged that a lack of communication and patient education are significant factors. It degrades the quality of healthcare and can have serious consequences for patients in some cases. Compliance is therefore critical to ensuring effective healthcare.

This paper attempts to explore various types of non-verbal communications and their impact on patient's response to the regimen, both positive and negative, and therefore his compliance to the regimen. As the paper is conceptual in nature, the contents of the body itself go with the literature reviews. The different types of non-verbal communication related to patient care, the nature of responses towards the non-verbal communication, the limitations of the paper and the managerial implications are the different sections of the paper.

Types of Non-Verbal Communication in Patient Care

The ultimate purpose of medical professionals is to heal their patients. Building relationships, demonstrating empathy and concern, and focusing on communication may appear to be unnecessary window dressing. Indeed, research indicates that emphasizing these seemingly insignificant considerations results in enhanced healing and patient satisfaction. As a result, every scale of health care becomes more efficient and effective. Effective patient education is contingent upon patients complying to the prescription precisely. If they are unaware of how or why the procedure is to be carried out, their likelihood of complying to the prescription precisely decreases (Wanko Keutchafo et al., 2020).

Hence the method in which health professionals communicate information has an impact on patient compliance. Patients may interpret the manner in which the health professional presents themselves as indicating that the health professional is uninterested in them as individuals or has overlooked their unique difficulties and concerns. Non-Verbal indicators such as eye contact, a calm body posture with minimal gesticulation, and a warm and welcoming demeanor communicate that the healthcare professional accepts and cares about patients as individuals and is sensitive to their unique needs. Attentiveness and a relaxed demeanor can demonstrate a readiness to address patients' questions (Williams, 2011). Presenting information in a habitual, indifferent manner can be detrimental. If the health professional fidgets, appears tight or uneasy, or appears unsure of himself or herself when providing the information, patients may not take it seriously or question its veracity. As a result, patients may be unwilling to follow the advice and may change the instructions to better suit their needs. Asking patients whether they have any questions is unlikely to get an honest response when the non-verbal conduct of healthcare professionals contradicts their claimed readiness to address them. There are various forms of non-verbal communication. Let us discuss some of the important forms of non-verbal communication that are common in the healthcare industry.

Table 1: Types of Non-Verbal Cues

Haptics	Communicating by using sense of touch.
Kinesics	Communicating thorough gestures, head postures, eye contacts, and facial emotions.
Proxemics	Communicating using space and distance.
Vocalics	Communicating through variations in the voice.
Chronemics	Using time to communicate.
Artifacts & Ambience	Communicating through appearance, style and ambience.

Source: (Non Verbal Communication, n.d.).

Haptics

Haptics is the study of physical touch as a form of non-verbal communication. Handshakes, holding hands, kissing (cheek, lips, hand), back slap, "high-five," shoulder pat, and brushing arm are all examples of touch that can be defined as communication. When it comes to haptics, or communication by touch, there are many different types such as unintentional touch, fun touch, aggressive touch, task related touch, touching to provide emotional support and touching to promote physical comfort. Each of these conveys non-verbal messages about the intentions/feelings of the healthcare professional exercising haptics as part of patient compliance education. This may elicit feelings in the recipient, which may be positive or negative (Miller, 2002). The clinical judgment of health professionals, as well as a variety of other criteria, determines how and when touch is utilized in patient education. Explaining why an antibiotic is prescribed for strep throat may not necessitate touching to communicate reassurance, support, or acceptance in the same way as reaching a patient with

a terminal illness. If the patient and health care provider has never met before, it would definitely be inappropriate to begin the session by giving them a hug, even if it is just the start of the first contact. However, sometimes an arm-around sends a stronger message of reassurance and acceptance than a handshake (Butts, 2001).

Some of the factors to be considered while exercising haptics inpatient care are - the difference in age between the patient and their health professional, the gender of each, and any disparities in cultural mores that may exist between the two. People of different ages, genders, and cultures sense touch differently. Health practitioners can strengthen their ability to determine the degree to which touch should be employed (Park, 2005). In regards to patient education, it is critical for healthcare providers to understand that touch, even when used as a tool to convey information, might be misunderstood. Excellent judgment when using touch depending on the situation is an important aid in fostering rapport between the patient and medical practitioner, making it easier for patients to comply. Touch is not always appreciated, indicating that it can have either positive or negative implications, depending upon the healthcare professional's awareness and intentions (Medvene, 2010).

Kinesics

Kinesics is different from haptics in that it relies exclusively on hand, head, and body movements without ever touching a person. When there were few words, kinesics (signaling, acceptance, rejection, resolving difficulties, contact, attentiveness) were utilized for communicating. Gestures, head postures, eye contacts, and facial emotions are some of the many kinds of kinesics. Physician contact eye-to-eye is a highly effective compliance technique. The exchange of eye contact has a critical impact on interpersonal communication. It shows enthusiasm towards others. There is a positive correlation between eye contact with listeners and the speaker's trustworthiness. Healthcare professionals who initiate eye contact and maintain open eye contact can improve communication flow and promote a sense of warmth and credibility (Levy et al., 2011).

If you communicate without gesticulating, you risk being viewed as monotonous, stiff, and unanimated. Head nods, which are a type of gesture, convey positive reinforcement to students and suggest that you are paying attention. Gestures are arm, leg, hand, and head movements. According to few authors, a gesture is a deliberate body movement that conveys the precise and intent meaning.

The majority of healthcare professionals are so accustomed to writing prescriptions and charting that they spend a significant amount of time in the exam room, sending the notion that they are busy doing something for the patient. Even listening is a sort of nonverbal communication. Patients, above all, seek validation for their feelings. Whether they are in the exam room for routing check or a serious illness, patients want to feel as though the healthcare professional is listening to them and that their symptoms and condition are real (McLaughlin et al., 2008).

Obviously, the health care professional is not actively listening, sitting in front of the patient with his computer or pen in hand, ready to write. Shaking their knee, biting their nails, or fiddling with the pen can be seen as signs of nervousness, boredom, or indifference. Fidgeting is a displacement habit and external outlet for whatever you are feeling within, according to Jim Blythe, who is the author of Consumer Behavior.

Negative body language signals may be viewed as aggressive, condescending, hostile, or defiant, and closed body language should be avoided, which includes crossing one's arms and/or legs and not looking at the patient. Due to the strong mind-body connection, these signals block good communication. Negative body language makes it nearly impossible to gather pertinent information (when our body closes down, our ears and thoughts close down as well). The way health professionals sit, stand, and walk reveals a great deal about them to those around them. An upright stance demonstrates calmness, composure, confidence, and competence (Jonas-Simpson et al., 2011).

Proxemics

Proxemics deals with personal space and territoriality. Proximity is often interpreted as a sign of availability, listening and an indication of interest. Healthcare professionals need to be cautious of their personal space. Individuals are generally "sensitive" to their personal space, and invading it might elicit hostility. It upsets people and creates an unsettling atmosphere. Cultural variances in personal space zones must be considered.

Numerous diagnostic and therapeutic procedures are performed by health professionals within the personal and intimate distance zones. Professionals may be required to

intrude on the patient's culturally formed boundaries of engagement, sometimes abruptly. Consider the frail or handicapped patient who requires assistance getting to the treatment table. To bring the patient to the treatment table, the healthcare professional may need to "embrace" him or her and, in certain situations, lift the patient to the table, entering the patient's intimate zone deeply. Maintaining a proper distance from a patient reaffirms the patient's ability to feel secure in the odd new surroundings of health care institutions (Mast, 2007). By being mindful of patients' distance needs, you can help them feel more secure in the sometimes-frightening enormity of the unfamiliar health care setting into which they have been cast.

Compliance and distance have an inverse connection; compliance rates increase as the distance between parties decreases. According to research, solicitors who communicate at smaller distances (one to two feet) are more successful at fulfilling their requests than those who interact at a greater distance (four to five feet). However, healthcare staff must exercise caution while approaching a patient and invading his personal space (Boman et al., 2018). Nevertheless, experts agree that visually appealing; well-dressed healthcare personnel is more equipped to infringe on a receiver's personal space while still obtaining cooperation.

Vocalics

Vocalics is the study of paralanguage, which encompasses the vocal characteristics that accompany verbal messages, such as pitch, volume, tempo, vocal quality, and verbal fillers (Andersen, 1999). Paralanguage is critical for contextualizing the verbal content of speech. For instance, volume aids in the communication of intensity. While a stronger voice is typically associated with greater intensity, a soft voice mixed with the right tone and facial expression can be just as passionate.

Professionals who communicate at a slower rate of speech are considered less appealing than those who speak quickly. Thus, faster speech rates are often more effective at eliciting compliance. Hesitations and pauses in speaking have a detrimental effect on the messenger's perceived appeal and persuasive skills. The perceived pleasantness, neutrality, or hostility of the speaker's tone of voice also has an effect on receiver compliance rates. Speaking in a harsh and demeaning tone, as well as speaking excessively, rapidly or loudly, can have negative consequences, but speaking calmly or slowly can yield positive results . In contrast, speaking quietly contributed to the development of reciprocal trust in healthcare professional-patient relationships in a study suggesting that healthcare workers can develop communication and empathy via clinical experience. Slower speech enabled them to be understood by their patients and a pleasant tone enabled professionals to boost the knowledge of patients, particularly the elderly. Additionally, a study examining the proxemics of communication between a nurse and an old patient during a nursing consultation discovered that the tone facilitated communication with patients and enabled comprehension of what was being stated (Kaakinen et al., 2001).

Chronemics

The study of the role of time in communication is known as chronemics. It's one of several subcategories of non-verbal communication research. Chronemics is the study of how time is used. The amount of time patients spend in waiting rooms should be considered by health care practitioners. Making a patient wait for his treatment can make him feel more anxious. For chronemics problems, empathy with the patient might be a useful guide. It was observed that spending time with parents improved their favorable attitude towards healthcare providers, which was describes as being respectful, acknowledging and exhibiting interest and approval (Feo & Kitson, 2016). Spending more time with patients, particularly the elderly, was observed in a reflection on active listening as a way to develop feelings of acceptance, as well as exercising patience as the most challenging aspect of the communication process. Time has also been proven to have a positive impact on healthcare professional and patient.

Artifacts and Ambience

Artifacts were communication aids and supports that could help professionals communicate with older people. Brochures, pamphlets, written instructions books and educational files were considered as artifacts, whereas notes hands-on learning instruments are communication tactics. Artifacts are the things we wish to wear on our body which communicate powerful messages through non-verbal communication. Some examples of artifacts are uniforms, jewelry and other accoutrements. Artifacts are important in non-verbal communication because they transmit signals without an individual saying anything (McLayghlin et al., 2008).

Non-Verbal cues resulting from the usage of technology can also annoy or alienate patients. Healthcare professionals should avoid habits that create obstacles to patient involvement, such as typing with your back to the patient, gazing at the computer during sensitive discussions, or forgetting to clarify what you include in the record to the patient. While explaining patient compliance procedures and regimens, leaving the computer aside or utilizing a scribe to document the clinical visit are some techniques that might help. The use of a computer to preserve electronic records has hampered the development of a good patient-doctor relationship, as a significant percentage of respondents in a survey were distracted from objects in the clinical environment and believed that less attention is being devoted to them. There has been a significant decline in the usage of computers by GPs during consultations (from 2001 to 2008), a study reveals.

A medical interview becomes more patient-centered when the patient is seen, listened to, and given informative responses. This leads in a better treatment outcome and proper patient compliance. Response is elicited by non-verbal communication and cues.

Responses of the Patient to Non-Verbal Behavior of Healthcare Professionals

Some studies have identified that healthcare professionals' non-verbal communication behaviors elicited positive patient responses found that caregivers' NVC activities elicited positive responses from their patients. While studies have shown that a pat on the shoulder is observed as a sign of respect, comfort touch from healthcare professionals can improve self-esteem, social processes, self-actualization, well-being, life satisfaction and faith. An investigation into the experience of being listened to revealed that patients expressed satisfaction, gratification, and unburdening, as well as a sense of closeness and familiarity with the nurses who listened to them. Patients characterized their interaction with the nurses who listened to them as being close to them and similar to their family or friends.

The physician's non-verbal behavior has an effect on patient outcomes, such as patient satisfaction. Physicians' affiliative nonverbal conduct (e.g., eye look and proximity) is associated with increased patient satisfaction. However, the relationship between various physician non-verbal behaviors and patient satisfaction is also dependent on the physician's personal characteristics, such as gender. Patients may be more receptive to a variety of non-verbal and non-specific verbal behaviors, such as social conversation and back-channeling, than to standard verbal behaviors. A changing consultation dynamic may also be beneficial, transitioning from professional 'coolness' at the start to being warmer and avoiding non-verbal cut-offs at the conclusion.

Three studies revealed positive reactions to healthcare professionals' non-verbal communication behaviour. The available literature suggests that medical professionals' comfort touch can boost a patient's sense of well-being, social dynamics, self-esteem and overall health , whereas a pat on the shoulder is a gesture of respect. According to the latest research that explored how patients felt when they were listened to, the patients described being satisfied, gratified, and liberated. They also remarked that patients considered nurses who listened to them as their family, friends and felt close to them . Some of the studies have revealed negative responses to healthcare professionals' non-verbal behavior. Vocalics were seen by the healthcare professionals as harshness, apathy, infantilization, and "adultification". Healthcare professionals report that speaking further away, without eye contact, wearing a mask, and speaking at a volume that is excessively loud is seen as being rude, providing inadequate care, and lacking respect by their patients.

By becoming aware of their non-verbal communication, healthcare professionals can gain a better grasp of the communications transmitted. When the foundation of communication in healthcare services is compromised, all subsequent initiatives have a higher chance of failure in eliciting patient compliance. Therefore, healthcare professionals must be self-aware of their nonverbal behavior and the potential for message meanings to be misconstrued by the patients. When healthcare professionals recognize that the patients are not a homogeneous group susceptible to generalized assumptions about care, communication obstacles generated by them can be avoided.

Scope and Limitations of the Paper

Though the different non-verbal cues are discussed in this conceptual paper, the discussions are not pertained to any specific types of disease or treatment; this could be the limitation of this paper and a major scope of further researches. Empirical research is very much possible taking any specific type of healthcare services like medical tourism, equipment based medical service, etc.

Managerial Implications of the Paper

The purpose of this conceptual paper is to provide a few implications that can be used by the management professionals of healthcare. The many types of non-verbal cues can be exercised with respect to the nature of the treatment. For example, to get effective results in medical tourism Haptics and Kinesics would play a major role as it deals with the sense of touch and emotions, similarly for orthopedic treatment in addition to Haptics, Kinesics: Proxemics will play a role to earn confidence and willpower of the patients. On the other hand in Ayurvedic treatment, apart from the above, the ambiance and appearance will play a role in getting a successful treatment and patient compliance. The management professionals of healthcare services have to adopt suitable and appropriate non-verbal cues to get efficient results. This could be the major managerial implications of this conceptual study.

Conclusion

Numerous health care environments elicit significant anxiety and apprehension in patients. To mitigate this, patients become hyperaware of information in their environment and their health provider's body language. This is why it is critical in maintaining control over non-verbal messages. A doctor who is conscious of his non-verbal cues has a lot to gain. In an editorial written by Dr. Henry A. Nasrallah, editor-in-chief of Current Psychiatry, he suggests that doctors can have a considerably more powerful placebo effect by being compassionate and by developing a personal connection with their patients. Thus non-verbal communication by a physician is connected to better patient outcomes. Distant and detached views of physicians are correlated with worse patient outcomes. Patients who receive a lot of non-verbal support from their doctors report having a higher pain threshold and expressing less discomfort. Patients are more likely to receive effective treatment if they perceive their physician to be approachable and empathetic, which are established through positive non-verbal communication of health care professionals.

References

Wanko Keutchafo E. L., Kerr, J., & Jarvis, M. A. (2020). Evidence of nonverbal communication between nurses and older adults: A scoping review. *BMC Nurs*., *19*(53). doi:https://doi.org/10.1186/s12912-020-00443-9

Guéguen., N., & Vion, M. (2009). The effect of a practitioner's touch on a patient's medication compliance. *Psychology, Health & Medicine, 14*(6), 689-694.

Kleinke, C. (1977). Compliance to requests made by gazing and touching experimenters in field settings. *Journal of Experimental Social Psychology, 13,* 218-223.

McLaughlin C., Olson R., & White, M. J. (2008). Environmental issues in patient care management: Proxemics, personal space, and territoriality. *Rehabil Nurs., 33*(4), 143-147. doi:https://doi.org/10.1002/j.2048-7940

Williams, K. N. (2011). *Communication in elderly care: Cross-cultural perspective* (pp. 1-19). London: Continuum, Elderspeak in institutional care for older adults. Retrieved from https://ir.uiowa.edu/nursing_pubs/1890

Miller, L. (2002). Effective communication with older people. *Nursing Standard, 17*(9).

Sørensen, A. L. (2009). Developing personal competence in nursing students through international clinical practice: With emphasis on communication and empathy. *J Intercult Commun., 19,* 1-7.

Tuohy, D. (2003). Student nurse–older person communication. *Nurse Education Today*, *23*(1), 19-26.

Johnson, A., Boman, Å., Wagman, P., & Pennbrant, S. (2018). Voices used by nurses when communicating with patients and relatives in a department of medicine for older people - An ethnographic study. *Journal of Clinical Nursing*, *27*(7-8), 1640-1650.

Medvene, L. J., & Lann-Wolcott, H. (2010). An exploratory study of nurse aides' communication behaviours: Giving 'positive regard'as a strategy. *International Journal of Older People Nursing*, *5*(1), 41-50.

Kaakinen, J., Shapiro, E., & Gayle, B. M. (2001). Strategies for working with elderly clients: A qualitative analysis of elderly client/nurse practitioner communication. *Journal of the American Academy of Nurse Practitioners*, *13*(7), 325-329.

Levy-Storms, L., Claver, M., Gutierrez, V. F., & Curry, L. (2011). Individualized care in practice: Communication strategies of nursing aides and residents in nursing homes. *Journal of Applied Communication Research*, *39*(3), 271-289.

Jonas-Simpson, C., Mitchell, G. J., Fisher, A., Jones, G., Linscott, J., (2006). The experience of being listened to: A qualitative study of older adults in long-term care settings. *J Gerontol Nurs., 32*(1), 46-53.

Butts, J. B. (2001). Outcomes of comfort touch in institutionalized elderly female residents. *Geriatr Nurs., 22*(4), 180-185.

Jonas-Simpson, C., Mitchell, G. J., Fisher, A., Jones, G., & Linscott, J. (2006). The experience of being listened to: A qualitative study of older adults in long-term care settings. *J Gerontol Nurs., 32*(1), 46-53.

Mast, M. S. (2007). On the importance of nonverbal communication in the physician-patient interaction. *Patient Educ Couns. Aug., 67*(3), 315-323. doi:https://doi: 10.1016/j.pec May 2. PMID: 17478072.

Williams, K. N., & Warren, C. A. (2009). Communication in assisted living. *Journal of Aging Studies*, *23*(1), 24-36.

Park, E. K., & Song, M. (2005). Communication barriers perceived by older patients and nurses. *International Journal of Nursing Students, 42*(2), 159-166.

Sudirman, I., & Sidin, I. (2016). Does demography matter in nonverbal communication between physician and patient. *Research Journal of Business and Management*, *3*(1), 1-10.

Feo, R., & Kitson, A. (2016). Promoting patient-centred fundamental care in acute healthcare systems. *International Journal of Nursing Studies*, *57*, 1-11.

Non Verbal Communication. (n.d.). Retrieved November 25, 2021, from https://www.sagepub.com/sites/default/files/upm-binaries/53604_Gamble_(IC)_Chapter_6.pdf