

Client Satisfaction and Preferences Towards Nonverbal Communication(NVC) of Health Care Providers in a Therapeutic Setting, Mangaluru

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Abstract

Non verbal communication refers to the communication and interpretation of information by any means other than language. Non verbal communication is used to express and communicate thoughts, feelings and emotions to establish and maintain relationships and to influence others. In health care setting it is very important to maintain a healthy provider- client relationship. The present study studies the non verbal behaviors between doctors and nurses and ranks the client preference during interaction. The results revealed that there is no significant difference in the non verbal behaviours used by doctors and nurses. Henry Garret ranking was used to rank the preferences rated by Clients. Hence it is concluded that NVC are very much essential in health care.

Key words: Non Verbal communication, Therapeutic settings, Health care provider, Client

Introduction

Establishing good communication, either verbal or nonverbal, with patient is an essential and important component to develop a good health professional-patient relation. Numerous studies have explored the mechanisms and importance of nonverbal communications.¹ Face-to-face interaction (including facial expressions and eye contact), expressive touch, body language, paralinguistic's (vocal communication which is discrete from actual language), interpersonal proximity, physical appearance, and eloquent gestures all make verbal conversation more expressive and meaningful.² Evidence shows that health professionals (doctors and nurses) nonverbal behavior leads to higher patient satisfaction, but this is affected by a number of factors, including gender of the health personnel as well as of the patient. A study, from Switzerland, showed both male and female doctors should display different set of nonverbal behavior to maximize patients satisfaction.³ Nonverbal communication has been shown to be important in dealing with pediatric age groups and with those recovering from disabilities.⁴

A good health care provider begins to care for the patient as soon as he/she looks at him. In a study

conducted 86.1% of the patients eagerly wanted the doctor's attention through his/her eye contact. Even a simple gesture of frowning can have a positive impact on the patient's satisfaction.³ Eye contact and physical touch are commonly used as effective tools in nonverbal communication.^{1,5} Touch can be perceived as comforting and healing.⁶ Health care providers may feel reluctant to use touch other than procedural touch, because of the fear of misinterpretation of such behavior. However, many patients believe that, particularly in distressing situations, expressive touch is acceptable.⁷ Eye contact is another important nonverbal behavior and is especially essential for building good rapport with elderly individuals.³ It is mostly taken as a sign of respect, care, and attention from a care provider.¹ However, if eye contact is coupled with active listening it inclines the interaction towards more patient-centered communication.³ Nowadays, the use of computers and especially the electronic health records (HER), is a big obstacle in using eye contact as an effective way to communicate.⁸ The Present study objectives are: To assess the level of client satisfaction towards NVC of the health care providers during the assessment, consultation and while providing care, to determine the preferences of the clients, To find the association between client satisfaction towards NVC of health care providers and selected demographic variables, To compare the satisfaction level of clients

towards NVC among doctors and nurses

Materials and Method

A Descriptive Survey was conducted among 200 Clients who were admitted to selected Hospital at Mangaluru. Eligibility criteria was clients with simple medical and surgical problems admitted after the initial assessment performed by the licensed doctor and a registered nurse. Samples were selected by convenient sampling. Information was collected by administering the rating scale to check the client satisfaction and a semi structured questionnaire. Apart from this demographic data is collected by giving a questionnaire. The tools after validation and pre-testing were administered to 10 clients admitted with minor medical and surgical problems to test the reliability. The satisfaction rating scale was checked for reliability using Cronbach's Alpha with $r=0.982$. Permission to conduct the study was obtained from Institutional Ethics Committee and from the Hospital Administrator

Section 5: Comparison on satisfaction between Doctors and Nurses NVC

Section I

Table 1: Client Satisfaction towards Doctors NVC

n=200

Satisfaction Score	Satisfaction Score %	Grading	Doctors		Nurses	
			f	%	f	%
101-125	≥80%	Highly satisfied	91	45.5	94	47.0
76-100	61-79%	Moderately Satisfied	70	35	81	40.5
25-75	≤60%	Not satisfied	39	19.5	25	12.5

Maximum score: 125

The above table interprets that 45.5% and 47.0% of the clients were highly satisfied with the NVC shown by the doctors and nurses .

Table 2: Area Wise Mean, Standard Deviation and Mean Percentage of Client Satisfaction towards Doctors Non Verbal Communication

n=200

Area	Item	Max. score	Doctors			Nurses		
			Mean ± SD	Mean satisfaction %	Level of Satisfaction	Mean ± SD	Mean satisfaction %	Level of Satisfaction
Gestures and interpersonal proximity	16	80	61.80±13.07	77.25%	Moderately Satisfied	63.54±11.50	79.42%	Moderately Satisfied
Facial expression, eye contact, touch, body language, appearance	9	45	35.41±7.32	78.68%	Moderately Satisfied	36.41±6.64	80.91%	Highly satisfied
Total	25	125	97.22±20.06	77.77%	Moderately Satisfied	99.95±17.85	79.96%	Highly satisfied

Findings

Master data sheet is prepared and the coded data was entered. SPSS-16 version was used to analyze coded data. Frequency and percentages of baseline variables were analyzed. Chi-Square test was used to find the association. Henry Garrets Ranking is used to interpret the client preferences for NVC

The data collected were organized under the following headings

Section 1: Client Satisfaction towards Doctors NVC

Section 2: Association of Doctors and nurses Satisfaction with baseline variables

Section 3: Client Preferences towards NVC

Section 4: Henry Garrett Ranking for priority in Preferences for NVC

From the above table it is clear that there is large deviation from the mean value in the satisfaction level of clients.

Section: II

Table 3: Association of Client Satisfaction of Doctors NVC with baseline variables n=200

Sl.No	Variables	< Median	≥ Median	p Value
1	Age			0.000*
	≤40	66	45	
	>40	21	68	
2	Education			0.006*
	≤ 12th std	30	61	
	Graduation and above	57	52	
3	Occupation			0.000*
	unemployed	50	37	
	employed	37	76	
4	Marital status			0.000*
	Married	24	79	
	others	63	34	
5	Living with			0.273
	Nuclear/alone	64	75	
	others	23	38	
6	Type of personality			0.350
	Optimistic	66	79	
	Pessimistic/dont know	21	34	
7	Gender			0.034*
	Male	25	49	
	Female	62	64	
8	Place of residence			0.78
	Rural	33	57	
	Urban	54	56	

p<0.05

* significant

* significant

Data in table 6 shows that p value computed between clients Satisfaction of Doctors Non Verbal Communication and age (0.000), Education (0.006), Occupation (0.006), Marital Status (0.000), Gender (0.034) is < 0.05, at 0.05 level of significance. Hence null hypothesis was accepted only in case of age, education, occupation, marital status and gender.

Table 4: Association of Client Satisfaction of Nurses NVC with baseline variables n=200

Sl.No	Variables	< Median	≥ Median	p Value
1	Age			0.037*
	≤40	51	60	
	>40	28	61	
2	Education			0.784
	≤ 12th std	35	56	
	Graduation and above	44	65	

Cont... Table 4: Association of Client Satisfaction of Nurses NVC with baseline variables n=200

3	Occupation unemployed employed	47 32	40 81	0.000*
4	Marital status Married others	29 50	74 47	0.001*
5	Living with Nuclear/alone others	60 19	79 42	0.109
6	Type of personality Optimistic Pessimistic/don't know	56 23	89 32	0.680
7	Gender Male Female	25 62	49 64	0.034*
8	Place of residence Rural Urban	33 46	57 64	0.458

p<0.05

* significant

* significant

Data in table 7 shows that p value computed between clients Satisfaction of Nurses Non Verbal Communication and age (0.037), Occupation (0.0001), Marital Status (0.001), Gender (0.034) is < 0.05, at 0.05 level of significance. Hence null hypothesis was accepted only for those areas.

Section: III

Client Preferences towards Health care providers Non Verbal Communication

The analysed data reveals that majority, 177(88.5%) showed approval of physical touching of their body by the health care provider during Interaction. More than half, 118(59%) consider the touch of health care provider as therapeutic. Most, 125(62.5%) consider hand and

105(52.5%) consider shoulder as the comfortable part to be touched during the interaction. Most of them 178 (89%) wants their health care provider to maintain eye contact during interaction. 161(80.5%) feel comfortable when health care provider of opposite gender maintains eye contact. Almost all clients 189(94.5%) expect their health care provider to acknowledge with a pleasant smile. 167(83.5%) prefer their health care provider to wear apron and ID card during interaction/consultation. 106(53%) expect the health care provider to make them comfortable before starting the interaction and 107(53.5%) wants their health care providers to build confidence. Majority 176(88%) expect family member to be present during consultation/interaction. More than half 108(58%) prefer senior health care provider during consultation.

Section: IV

Table 5: Henry Garrett ranking for Preferences of Clients towards health care providers NVC

n=200

Factor No.	Factors	Rank
1.	Greeting with a smile	1
2.	Making comfortable	2
3.	Asking problems	3
4.	Nodding head	4
5.	Maintaining physical distance	5
6.	Allow a family member to accompany during interaction	7
7.	Give complete instructions regarding treatment	8
8.	Give time to discuss your problem with the health care provider	6

Section: V

Table 6: Comparison on satisfaction between Doctors and Nurses NVC (Independent Samples Test)

F		Levene's Test for Equality of Variances		t-test for Equality of Means						
		Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	
T test	Equal variances assumed	3.838	.051	1.440	398	.151	2.73500	1.89904	-.99840	6.46840
	Equal variances not assumed			1.440	392.702	.151	2.73500	1.89904	-.99856	6.46856

There is no statistically significant difference between the satisfaction of doctors and nurses towards non verbal communication (p>0.05).

Conclusion

The present study attempted to determine the client satisfaction towards non verbal communication of doctors and nurses in a therapeutic setting at Mangaluru. The following conclusions were made based on the findings of the study:

- Clients were moderately satisfied with the health services provided by doctors and nurses

- There was significant association was found with few of the selected demographic variables with the satisfaction level

- There is no difference observed between client satisfaction towards non verbal communication among doctors and nurses.

The study concludes by interpreting that periodic training sessions on communication, soft skills

development, making the availability of sign boards and discussion of feedback obtained by the clients helps in improving the quality care.

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References

1. Marcinowicz L, Konstantynowicz J, Godlewski C. Patients' perceptions of GP non-verbal communication: a qualitative study. *British Journal of General Practice* 2010; 60(571) 83–87.
2. Knapp ML, Hall JA. *Nonverbal Communication in Human Interaction*, Wadsworth, Cengage Learning, 7th ed .Boston,USA: 2010.
3. Fahad HK, Raheela H, Rumina T et al. Patient Attitudes towards Physician Nonverbal Behaviors during Consultancy: Result from a Developing Country .*ISRN Family Medicine* 2014; Article ID 473654,(6).
4. Martin AM, Connor MO, Lyons R. Nonverbal communication between Registered Nurses Intellectual Disability and people with an intellectual disability: an exploratory study of the nurse's experiences.,” *Journal of Intellectual Disabilities*. 2012; 16(2)97–108.
5. Araujo MM, Da Silva M. Communication strategies used by health care professionals in providing palliative care to patients. *Revista da Escola de Enfermagem*.2012 ;46(3),626-632.
6. Osmun WE, Brown JB et al. Patients attitudes to comforting touch in family practice. *Canadian Family Physician*. 2000;46, 2411–2416.
7. Cocksedge S, George B et al. Touch in primary care consultations: qualitative investigation of doctors' and patients' perceptions. *The British Journal of General Practice*.2013;63(609),283–290.
8. McGrath MJ, Arar HN et al. The influence of electronic medical record usage on nonverbal communication in the medical interview. *Health Informatics Journal*. 2007;13(2) 105–118.