

Non-Verbal Cues in Physician-Patient Communication

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ABSTRACT- Communication in the health sector is dominated by non-verbal elements, which are an essential variable in doctor-patient relations. Besides helping to develop relationships, nonverbal communication gives clues about unseen fears and emotions, as well as confirming or contradicting spoken statements. Albeit less natural to comprehend, nonverbal correspondence continues in calm and can take numerous structures on the double, capacities on a less cognizant level, and communicates unconstrained signs. It is likewise the channel generally liable for communicating perspectives, sentiments and influence. Patients' and physicians' non-verbal communication is closely connected. Nonverbal signals in speech patterns, facial expressions, and body posture must be recognized and investigated by physicians. Not only this, but patients must also be conscious of their own non-verbal behaviour. A developing collection of exploration has connected physician's nonverbal correspondence, (for example, eye contact, head gestures and signals, and voice position and tone) to the accompanying results: patient fulfilment, patient agreement, doctor discovery of passionate misery, and doctor misbehaviour guarantee history, in the course of the most recent 20 years. Thus, the present paper intends to identify the different types of non-verbal elements that appear to be dominant in physician-patient communication.

KEYWORDS- Non-verbal Cues, Physician, Patient, Communication.

I. INTRODUCTION

Efficient physician-patient communication is a fundamental clinical aspect. It is the heart and soul of medicine. Three main purposes of the present physician-patient contact are a strong working interaction, knowledge sharing, and patient involvement in decision-making. Physician-Patient communication can help patients control their emotions, promote the interpretation of medical knowledge, as well as provide a better understanding of their needs and opinions as well as a better understanding of their expectations. This increases their satisfaction with their care and encourages people to

reveal vital details that can help them diagnose their diseases, seek guidance and take the medication they're given. To what extent patients and doctors agree on their treatment plan and the need for follow-up is directly related to how well they do. By improving their listening skills, doctors can build a stronger bond with their patients. "Communication skills, in addition to medical knowledge, problem-solving ability, and thorough physical examination, are essential components of good clinical practice. Communication is also an important domain of the patient-centred approach from the patient's perspective. A review of the literature shows that non-verbal behaviour of doctors is a significant factor in patient satisfaction, adherence, and clinical outcome. Medical students are educated about the importance of appropriate non-verbal behaviours for building successful doctor-patient relationships. In addition to understanding non-verbal cues from patients, physicians must understand how their own non-verbal behaviours may be interpreted by patients" [1]. "Non-verbal communication is an important aspect of the diagnostic and therapeutic process. It qualifies verbal messages, regulates interaction, and communicates attitudes such as liking, warmth, supportiveness, agreement, and interest. Non-verbal communication is linked to rapport, patient-physician trust, satisfaction, recall, compliance, symptom resolution, long-term improvements in health, and malpractice litigation. In interaction with older patients, skilful non-verbal communication plays an especially important role" [2].

II. LITERATURE REVIEW

"The importance of nonverbal communication in the diagnostic and therapeutic process cannot be overstated" [3]. "In medical settings, the effects of race on nonverbal communication are poorly understood. Nonverbal bias is often manifested in the form of facial expressions, tone of voice, or body language when minorities interact with whites, according to recent research" [4]. "It qualifies verbal messages, regulates interaction, and conveys feelings like liking, warmth, support, agreement, and interest" [5]. "In addition to rapport, patient-physician trust is linked to nonverbal communication as well as

symptom resolution and long-term health improvements” [6].

“When dealing with elderly patients, effective nonverbal communication is especially important” [7]. “As social networks decline, the importance of psychosocial care, which includes important nonverbal components, is accentuated. But when treating older patients, physicians tend to use proximity and direct body orientation less often to express affiliation and attentiveness” [8]. “Patients and physicians communicate with each other in a two-way fashion; therefore, it's important to take into account both the patient's race and the physician's race when researching physician-patient interactions. “The negative effects of minority patient race are lessened when patients see a physician with the same racial background. It's more engaging to visit with people of the same race” [9].

“Non-verbal communication adds a sense of warmth, empathy, caring, reassurance, and support to interpersonal communication. On the other hand, it can also reveal disinterest, boredom, anger, irritation, or disbelief. Non-verbal communication serves different functions including conveying meaning by reinforcing, substituting for, or contradicting verbal communication. In addition, it has been found to be useful in influencing people and regulating conversational flow. Non-verbal communication is used where it may be impossible or inappropriate to talk; complement verbal communication, modify the spoken word, contradict verbal communication intentionally or unintentionally, regulate conversation, express emotions and interpersonal attitudes, negotiate relationships, convey personal and social identity through dressing and adornment as well as contextualize interaction by creating a particular social setting. Scholars have identified different types of non-verbal communication. These include facial expressions which communicate the speaker's attitude, emotions, intentions, and so on. The face is the main source of reactions in this instance. Eye gaze is another type that involves the use of the eyes to look, stare, and blink such that when people encounter people or things that they like, the rate of blinking surges and pupils enlarge. Looking at another person can rouse a variety of emotions including hostility, interest, and attraction. Body gestures are the third and it is simply a movement made with a limb, especially the hands, to express, confirm, emphasize or back up the speaker's attitude or intention. Body posture is another form of non-verbal communication which is a more or less steady-state distinguishing and presumed for a special purpose or correspondingly to the normal potentials in the perspective of a specific situation. This is the case when one is be lying down, seating, or standing” [10].

“It is less well understood how white physicians interact with white patients. In part, this is because minority physicians are under-represented in the medical workforce, but their numbers are expected to increase as medical schools actively recruit minorities into the professions. We can use gender studies as a basis for reasoning about the communication processes of these pairs. Race and gender are associated with widely held cultural beliefs about competence that can have an impact on the workplace” [11].

III. METHODOLOGY

The present study uses a qualitative research design approach. Data were collected through literature survey of research done in the said field and through interviews of patients, with the help of unstructured interview schedule. The unstructured interview consisted of Open-ended questions. Following a medical consultation, respondents were invited to participate in the study. The interviews ranged in length from 30 minutes to 2.5 hours. Only a few interviews were conducted on the day of the consultation, and the entire interview was completed within two weeks of the invitation. The data was analysed using thematic analysis.

IV. TYPES OF NON-VERBAL ELEMENTS APPEARING IN PHYSICIAN-PATIENT COMMUNICATION

Not only can you speak vocally, but you can also communicate in a variety of ways. It's almost as good as using your mouth to communicate nonverbally. Communication may be seen in a person's body language, facial expressions, motions, touch, eye contact, and stance. Nonverbal communication can exert five times as much effort on a person's interpretation of a message as words stated at the time. Non-verbal communication refers to communication without linguistic content. Nonverbal communication is categorised in this paper as the following: Silence, Facial expressions, Eye contact, Body Language or Body Movements (Kinesics), Distance, and Paralinguistic.

A. Silence

One of the numerous ways to communicate with the patients is to be silent. The physicians must simply pay attention to what the patient has to say. Patients' words are easier to understand when physicians are silent, as they can concentrate on what they have to say. It aids physicians to comprehend a patient's issues, in a better way, and express their care for them. As a result of the listener's lack of judgement, the listener's silence also demonstrates empathy. A little pause after a query or response will allow the patient to comprehend what has been said. It allows an angry patient to emotionally calm down by slowing down a discourse.

B. Facial Expressions

A patient's worries about the physician's competence, as well as sentiments of irritation and rage, are exacerbated by a negative facial expression. Patients notice subtle expressions that indicate disinterest in addition to overt negative facial expressions. Again, positive expressions like smiles, are more successful in communicating emotions and attitudes than words. It demonstrates a loving attitude as well as a readiness to attend to the patient's requirements. Most importantly, it aids in the development of trust. Another unfavourable message is conveyed by frowning or an uneasy countenance. A poker face or a face devoid of facial expressions may convey a bored demeanour. A dearth of facial expression communicates a note of poor personalised care. Patients comprehend that, physicians have a lot on their plates on a daily basis, but it's always a new experience for them.

The least the doctors can do is avoid expressing their fatigue to their patients.

C. Eye Contact

Due to the growing and extensive usage of technology, a dearth of eye contact can unintentionally lead to communication problems. The use of consulting room computers has been linked to a dearth of eye contact, poor body posture, and clinicians providing inadequate information. Maintaining eye contact with a patient is critical because gaze communicates curiosity in a person and aids in information gathering. Screen gaze, on the other hand, interferes with the physician's psychosocial inquiry and emotional responsiveness.

Another form is eye gaze or eye contact, which is utilising the eyes to look, stare, and blink in such a way that their pupils enlarge and their blinking rate increases when people or things they enjoy are around. Looking at someone else can provoke a variety of feelings, including animosity, interest, and attraction.

To make the interaction more fruitful, the physician should look into the eyes of the chatting patient/person while speaking or listening. Eye contact expresses attention and encourages the patient/person to express interest in the physician.

D. Body Language or Body Movements (Kinesics)

Gestures, posture, head and hand movements, and whole-body movements are all examples of body movements. One of the most fundamental types of communication is body language. Several studies have been carried out in an attempt to have a better understanding of how body language functions. Body language can convey a lot more information than words alone. An open stance with arms relaxed at the physician's sides, communicates to those around him/her that he/she is approachable and willing to listen. Even if they are made accidentally, nonverbal actions like smiling, holding hands to the side, and positioning the body to face the patient send good messages. Body language can frequently stifle conversation before it even begins. Even the most challenging conversations may be made to flow more smoothly with proper posture and an approachable stance. This type of behaviour reveals how engaged and active the physician is in the dialogue, as well as if the patient agrees or disagrees with him/her or appreciates certain things.

Someone's posture can reveal their level of engagement in a conversation. Individuals may take a step forward and look straight at the speaker, sit back in their seats and fold their backs, stand motionless and look ahead, or move around and change their eyes frequently, each representing a different level of commitment. For example, if a patient sits back and glances about the room of the physician during a check-up or consultation, the physician may assume can tell that the patient is not paying attention. To cite another example, "Gestures and posture conveying an unhurried attitude were noted by two participants. One participant was pleased that the physician does not look at a watch, is not impatient. Another participant noted that the physician's relaxed posture contributed positively to the physician-patient interaction: The doctor is not stiff in his manner, never sitting behind the desk or looking only from the doctor's

position; he will sometimes sit comfortably, open a book when looking for a medicine; he looks casual, not stressed by the patient's visit; you can sit down and talk ... In this way, the talk is more personal" [1].

Now, talking about hand and face movements, for individuals and small groups, the physician should make the entire body speak and employ smaller gestures. As the number of the group being addressed grows, so should the motions. Certain nonverbal forms of communication differ from society to society. Nonetheless, such head motions as nodding yes are almost widespread. Hand signals, such as pointing or showing a number while raising the fingers, are frequently used to communicate. A physician, for example, can indicate to a nurse where to implant a patient's IV by pointing to the vein in the patient's arm.

E. Distance

Like posture and tone, physical space can indicate someone's attitude and level of attention in a conversation. Although conversing with others from a distance does not speed up the conversation, speaking too close can be seen as invasive. There is a sort of nonverbal communication between the physician and the patient that is often overlooked: the physical space between them. "According to studies, the average social distance between persons is between 125 cm and 360 cm. When it comes to personal space, the gap is between 45 and 125 cm. After an arduous overnight shift, it may be especially tough to take a few more steps towards a patient, yet communications are more effective when the physicians get closer to the patients. When, a physician exhibits concern and establishes a bond with the patient, it is beneficial. At the same time, it allows the patient to better listen to and read the physician's varied facial expressions, providing them with more reassurance" [12].

F. Paralanguage

Paralanguage is another type of nonverbal communication that includes factors such as tone of voice, volume, inflexion, and pitch. When a message is provided in a powerful tone of voice, patients may understand approval and interest, but unhappiness and a lack of interest when the same words are offered in a cautious tone of voice. "The finding that tone of voice was the non-verbal cue most frequently perceived by patients is supported by previous findings. Recently, a detailed examination of voice tone in doctor-patient and nurse-patient primary-care medical visits. They suggested that healthcare professionals and their patients reflect each other's emotional experiences of satisfaction in their tone of voice; in particular, they found a relationship between positive voice tone and patient satisfaction" [1]. Voice tone, like facial gestures, can influence how words are perceived by a listener. While voice tone is a component of verbal speech, nonverbal cues provide information to the audience about the speaker's context. For example, if a physician tells a patient that he/she needs to take the prescription several times a day, the tone of voice may emphasize the importance.

V. SCOPE AND LIMITATIONS

The application of Open-ended interview questions, which helps to explore exhaustive information, is the strength of the study. This paper's findings are intended to help researchers, medical students, and physicians better understand how physicians' nonverbal behaviour affects patient happiness, adherence, and clinical outcomes. It will further educate them on the significance of appropriate nonverbal behaviours in the development of successful physician-patient relationships. Again, the paper's qualitative data can serve as a springboard for future quantitative studies on Physician-patient communication. Qualitative procedures, although are tough to measure, yet can offer a profound understanding of the patients' and physicians' subjective insights.

However, the findings of the study are limited to a few literature surveys and feedback received through the questionnaire from small number of samples. If the literature survey in the said arena is extended, and the sample size is increased, there is a scope of identification of additional diverse information. Despite this, the fact that is important is the quality of the information gathered. Eventually, if other non-verbal cues are to be identified in the said context, then additional research is needed. The ability to generalize is limited, and it is influenced by its size and usual characteristics. Nonetheless, this limitation applies to the majority of qualitative studies, and there is a lot of information to be gained from this type of research design.

VI. CONCLUSION

To the progress of every relationship, particularly between the physician and the patient, clear communication is important. Non-verbal cues provide empathy, care, assurance, and support to patients, according to physicians. They do use non-verbal cues to show complete attention, comprehension, patient's feeling, adaptation to patient's communication style, give proper diagnosis, among others.

According to the findings of this study, physicians should be aware of and monitor their own nonverbal behaviours, particularly tone of voice, eye contact, and facial expressions. Touch, interpersonal space, and gestures are also important communication components for patients. Physicians must also ensure that the venues in which they engage with their patients are friendly and engaging. Finally, physicians should be taught how to recognise and interpret their own nonverbal behaviours, as they are one of the most essential kinds of communication and a key element in how patients spontaneously rate their contacts with physicians. A variety of hurdles are expected to hinder a physician's contact with the patient. Many physicians are under tremendous pressure in today's quickly changing healthcare climate. Therefore, at times they may become victims of faulty non-verbal cues, while dealing with their patients. This can lead to misconceptions and an overall misunderstanding between the physicians and patients thereby negatively effecting the desired outcome.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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