

## PERCEPTIONS OF PATIENTS ON DOCTORS' AND NURSES' NON-VERBAL COMMUNICATION IN LAHORE, PAKISTAN: A PHENOMENOLOGICAL STUDY

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### ABSTRACT

**Objective:** The study identifies and determines the frequency and types of non-verbal behaviours of doctors and nurses as perceived by patients and elucidates their effect on healthcare delivery.

**Study Design:** Descriptive study.

**Place and Duration of the Study:** The study is conducted in outpatient departments of Red Crescent Hospital, Dina Nath and Fatima Memorial Hospital, Lahore, Pakistan, for a period of 2 weeks.

**Patients and Methods:** Semi-structured Interviews of 40 patients (20 from each hospital) coming for their appointments are conducted and analysed by Heidegger's Phenomenological principles. Purposive sampling method is used to recruit the volunteer patients from various socio-economic strata in this study.

**Results:** The findings revealed that majority of the patients (80%=32) perceived non-verbal behaviours of the professionals spontaneously. The most frequent behaviours affecting healthcare delivery were facial expressions and the tone of voice. It was found that age, class and education are the factors that affect patients' perceptions. In total fourteen kinds of non-verbal behaviours were perceived by the patients amounting to 139 repetitions. The researchers have analysed only those non-verbal cues in the study that were found most frequently.

**Conclusion:** Non-verbal communication plays a significant role for the development of interpersonal relationship between doctors, nurses and patients. As many messages are transmitted paralinguistically, the health professionals must be trained to understand and gauge their own non-verbal cues towards the patients.

**Keywords:** Doctor-patient communication, Linguistics, Non-verbal cues, Paralinguistic cues, Qualitative research.

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### INTRODUCTION

In addition to modernized medical knowledge, problem solving strategies and astute technical skills of medical professionals to cure medical problems of patients; good communication skills of doctors, nurses and allied health professionals are considered as essential components of effective clinical practices<sup>1</sup>. Doctors and nurses all over the world are trained to acquire good communication skills, both verbal and non-verbal, as they promote better interpersonal relationship between interlocutors, which is a prerequisite of patient centred approach for the resolution of medical problems<sup>2</sup>.

Medical professionals in Pakistan face the ultimate challenge of communicating well with patients in medical practice due to an enormous

amount of workload and an inadequate doctor-patient or/and nurse-patient ratio. The introduction of "Behavioural Sciences" as a core subject to medical and nursing students in Pakistan ever since 2007 has improved medical professionals' awareness of the importance of improving interpersonal relations. However, the same suffers due to afore-mentioned barriers along with the proliferation of multiculturalism and multilingualism.

Non-verbal behaviour of doctors and nurses play a crucial role in patient satisfaction<sup>3</sup>, adherence to a medical treatment<sup>4</sup>, regular follow up<sup>5</sup> and clinical outcomes<sup>6</sup>. Non-verbal communication refers to the communication that takes place without the use of linguistic content<sup>8</sup>. It tends to measure our verbal responses, especially when the two are contradictory<sup>7</sup>, to either reinforce or contradict our verbal responses<sup>10</sup>. This explains why patients do not believe in reassuring verbal comment if it is

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not accompanied by appropriate paralinguistic cues by doctors and nurses such as facial expressions and hesitance in voice.

The past studies<sup>13</sup> show an evidence of the relationship between non-verbal communication and increased patient satisfaction. Paralinguistic cues are affected by the gender of not only patients but also of doctors and nurses<sup>14</sup>. Non-verbal cues play a significant role in the treatment of people with disabilities as well as in paediatrics<sup>16</sup>. Eye contact, tone of voice and touch are important paralinguistic features that affect healthcare<sup>17</sup>. Eye contact is mostly used to build rapport with patients especially with elderly and children<sup>18</sup>. If eye contact is combined with active listening it can foster the norms of patient centred approach to communication<sup>19</sup>. However, in the technological era, the use of electronic records and computers during medical consultations create obstacles in establishing eye contact with the patients<sup>20</sup>. Touch is associated with comforting patients<sup>21</sup>. However, professionals' touching patients other than procedural one may be misinterpreted especially by opposite gender<sup>9</sup>, and is usually avoided in the Pakistani cultural context.

To build positive interpersonal relationship between all stakeholders, it is not only important to understand non-verbal cues of patients but doctors and nurses must understand that their own verbal as well as non-verbal communication is constantly interpreted by the patients as well<sup>8</sup>. The study aims to elucidate the frequency and types of non-verbal behaviours of doctors and nurses as perceived by the patients spontaneously. It also aims to explore the effect of non-verbal communication on healthcare delivery.

## **PATIENTS AND METHODS**

Individual interviews were conducted and tape recorded (for a period of 2 weeks) from 40 volunteer patients (20 from each hospital) who came for their appointments in outpatient departments of the two hospitals in Lahore (Red Crescent Hospital and Fatima Memorial Hospital). Purposive sampling technique was

used to maximize variety in the data (urban vs. rural patients; upper class vs. lower class; literate vs. illiterate). Study design was descriptive in nature and was conducted for a period of two weeks. The purpose of selecting Red Crescent hospital is that it is located in the outskirts of Lahore and the population of patients belonging to this hospital is mostly from rural areas, is illiterate and is from lower social class. The purpose of selecting Fatima Memorial hospital is that it is located in the heart of the city. The population of patients that come for consultations here is from all social classes. The authors were able to interview patients belonging to middle educated class as well as from working uneducated class, obtaining a diverse sample belonging to various socioeconomic strata.

The main aim of the study was to explore the satisfaction level of patients by understanding the lived experiences of the patients about medical professionals' non-verbal communication. The factors such as class, education and sex of the patients were also considered while understanding how participants made sense of their lived experiences.

Data was collected by using the protocols of phenomenology which uses unstructured, open ended questionnaire from patients, in which researcher tries to understand participants making sense of the phenomenon. The questions were asked by the respondents in Urdu language, as it is the national language of Pakistan. These questions were asked from the patients:

"What is the first thing you observe about a doctor/nurse when you confront them for a medical interview?"

"What are the non-verbal cues of doctors and nurses that motivate/de-motivate you to adhere/hold loose of a medical plan?"

Patients were invited to take part in interviews while they were waiting for their turn in the waiting area of the hospital. A maximum of five interviews were conducted each day. The interviews lasted for 10-15 minutes and were conducted by the first author. The data was tape

recorded by the consent of patients, coded and transcribed in full line by line and themes were formulated manually by the researcher. The respondents' names were kept anonymous.

Data was analysed by using the principles of phenomenology. Each participant's voice was given importance, keeping idiographic focus in mind. Any information about non-verbal communication was noted in the margins using standard manual techniques of open coding.

participants who perceived the presence of non-verbal cues was lesser than the mean age of the patients who did not. The former tended to have higher education and social class than the later. The demographics of the patients who participated voluntarily are shown in the table.

In total fourteen kinds of non-verbal behaviours were perceived by the patients amounting to, 139 repetitions; tone of voice 19, pitch 8, smile 7, frown 16, silence 12, eye contact 21, hand

**Table: Participants' Demographics details of the study.**

Demographics	Participants who perceived non-verbal Communication n=32	Percentage 80%	Participants who didn't perceive non-verbal Communication n=8	Percentage 20%	Total n=40
Average Age	38		60		
Standard Deviation	5.25		3.1		
<b>Sex</b>					
Males	14	43.75%	6	75%	20 (50%)
Females	18	56.25%	2	25%	20 (50%)
<b>Education</b>					
Illiterate	7	21.875%	3	37.5%	10 (25%)
Primary	12	37.5%	1	12.5%	13 (32.5%)
Secondary	7	21.875%	4	50%	11 (27.5%)
University	6	18.75%	-	0%	6 (15%)
<b>Class</b>					
Lower Social Class	12	37.5%	5	62.5%	17 (42.5%)
Upper/Middle Class	20	62.5%	3	37.5%	23 (57.5%)
<b>Chronic Health Condition</b>					
Yes	8	25%	2	25%	10 (25%)
No	24	75%	6	75%	30 (75%)

Next, the themes were grouped into mutual exclusive categories as identified in literature. The two researchers analysed the data independently and discussed the findings later on. Some of the quotes of the participants are included in the paper. Mean and standard deviation were calculated for quantitative variable. Categorical variables were presented by frequency and percentage.

**RESULTS**

From a total of 40 participants, 32 indicated the presence of non-verbal cues of doctors and nurses that are observed spontaneously by the patients. On the other hand, 8 patients indicated the absence of any such cues that affect the healthcare delivery practices. The mean age of

movements 6, body gestures 7, posture 4, interpersonal distance 6, hospital environment 12, room environment 10, touch 8 and medical professionals' getup 3. The researchers have analysed only those non-verbal cues in the study that were found most frequently.

**Facial Expressions**

The data shows that the first thing that a patient observes about doctors and nurses is their facial expressions. 80% educated middle class patients and 65% uneducated working class patients were of the opinion that facial expressions of the medical professionals were crucial in shaping positive or negative judgements about the professionals. A total of 56 facial expressions were perceived by the patients spontaneously.

Facial expressions are further divided into four categories. Each category accompanied the other, either along with or without verbal communication, in the construction of meaning for patients. Smile and eye contact; and frown and silence are analysed together as most patients found the relation between the two pairs crucial.

### Smile and Eye Contact

The majority of the patients deemed smile as an important factor in effective healthcare delivery. One of the patients said: *"I have no doubt about the doctor's skills. However, I trust those doctors who would greet me with a smile and listen to me attentively."*

### Frown and Silence

The major barriers in effective healthcare delivery which also effects doctor-nurse-patient relationship were silence of medical professionals accompanied with frown on face. One of the patients went on to say: *"This doctor, though competent, is always angry and he speaks too little about anything. I remain as ignorant of my ailment after consultation as I was before that.... I want to know fully about what is going wrong with my body."*

### Tone of Voice

The second most frequently noticed non-verbal cue was tone of voice. One of the patients said: *"I would like to get my cannula changed by that nurse as she speaks so softly."* Another patient said that: *"The tone of voice of the doctors and nurses either motivates or de-motivates me to ask further questions."*

The other non-verbal cues of doctors and nurses noticed by patients were: touch, hand movements, body gestures, posture, interpersonal distance, hospital environment, room environment and medical professionals' getup. However, these non-verbal cues, though important, were not that frequently and spontaneously noticed by the respondents in our data set and are not therefore discussed in details.

## DISCUSSION

Consistent with the results of<sup>22</sup>, this study indicates that a majority of patients are sensitive

to non-verbal cues of medical professionals. The factors such as class, education and age affect patients' perceptions of doctors and nurses' positive and negative non-verbal cues. The younger patients with higher social class and better education perceived more positive and negative paralinguistic cues. The fact that patients of lower class with less education observed fewer spontaneous non-verbal cues of doctors and nurses is not because they are not sensitive to this phenomenon but because they are more likely to not being accustomed to express themselves in analytical observations.

The findings reveal that majority of the patients are sensitive to medical professional's facial expressions which include smile, frown, silence and eye contact. Facial expressions are always composed of more than two of the above mentioned factors that contribute in shaping various meanings to the professional's intended message. Although overwork, mounting piles of administration, targets, work shifts of nurses and doctors make it extremely hard for the doctors to show empathy to patients by using non-verbal cues especially by smiling or by keeping eye contact with the patient throughout an interaction, however, the same is esteemed of great value by the patients<sup>23</sup>. The Patients linked keeping an eye contact during an interaction to doctors' listening actively to the patients. Consistent with the results<sup>3</sup>, this research shows that the patients perceive that doctors or nurses, no matter how much competent they may be, who take history of patients without introducing themselves, without words of empathy or smile on face, are considered robotic and unconcerned. Smiling and keeping an eye contact with patients create rapport with them; it establishes a relation of trust and easiness to allow the patients to discuss their medical problems with their doctors or nurses. It breaks the ice between them and provides confidence to the patient to discuss all issues related to their medical problem. It saves time of not only doctors but also of patients and creates positive culture in the hospital. The

patients perceive that hospital is a place where care is provided to them.

Patients from all social classes considered silence and frown as a signal of communication stopper. The patients believed that the doctors and nurses who either remained silent throughout the medical encounter or spoke too less were rude and proud. Educated middle class patients understood that medical professionals are under enormous work pressure. However, they too considered silence and frown of doctors and patients affect badly on doctor-patient interpersonal relations.

Patients noticed positive and negative effects of the tone of voice of medical professionals. Some of the respondents were of the view that if the tone was robotic, loud, rude and displayed no empathy it had bad effect on them as they would not like to revisit the same doctor or they may not want to stick to the treatment plan. On the other hand, soft tone was linked to the factors such as empathy, care and concern towards the patients. The patients stick to the treatment plans of those doctors/nurses and would like to revisit them.

The result findings that tone of voice perceived by patients is the most frequent factor that affects positively or negatively on patients is not supported by the previous findings<sup>27</sup>. The findings reveal that facial expressions are the most frequent factors. However, tone of voice is considered as the second most frequently observed factor that affects the patients. The relationship between positive voice, tone of doctors and patient's satisfaction was found by<sup>28</sup>.

The proliferation of the use of patient centred approach in medical interviews entails rendering more power to patients. Instead of having positive effect on healthcare delivery, the results have been quiet disappointing in some contexts due to the patient's never ending questions that are blocked by doctors and nurses mostly by the use of non-verbal cues<sup>24,25</sup>. There has to be a midway between paternalistic approach and patient centred approach of medical problem solving.

The study findings are limited due to the small sample size that was interviewed to get perceptions about non-verbal behaviours and their effect on healthcare delivery. However, the emphasis of qualitative study is on quality rather than on quantity of the data gathered, dealing with limited data sample to get rich descriptions of the phenomenon under observation<sup>26</sup>. In-depth interviews of the participants are conducted till the point of saturation for the aims and objectives of the given research study.

In short, doctors and allied health professionals must be trained in both verbal and non-verbal communication not only as part of regular syllabus taught in medical colleges but also in actual clinical contexts. Results reveal that a medical professional's words accompanied with positive non-verbal cues have a deep positive or negative impact on patient's satisfaction level.

The perceptions of patients about non-verbal cues of doctors and allied health professionals provide a guideline for the improvement of the quality of healthcare practices. This qualitative endeavour can be a leading point for quantitative research on how to implement a teaching programme that introduces the importance of non-verbal communication in tandem with verbal communication in doctor-nurse-patient interaction.

## CONCLUSION

The findings of the study show that non-verbal communication is an important component in medical interviews which must not be ignored as patients constantly evaluate physicians' non-verbal signals and consider them as determinant for healthcare delivery. The results reveal that doctors, nurses and allied health professionals must be on a constant guard of their gestures including tone of voice, pitch, eye contact and facial expressions etc. to ensure maximum satisfaction of patients.

## CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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