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# THE MANIFESTATION OF PHYSICIAN'S NONVERBAL COMMUNICATION TOWARDS PATIENT'S SATISFACTION

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***ABSTRACT***

The use of effective nonverbal communication between physician and patient has proven to be significantly affecting the level of patient's satisfaction to the optimum process of patient's recovery. Among six nonverbal communications i.e., artifact, haptic, chronemics, proxemics, kinesics, and vocalic; haptic is the most influence dominant variable. This study explored the manifestation of haptic, vocalic, and kinesics in patients with different demographics characteristics. The results indicate that there are significant differences in the manifestation of these three variables on different demographic characteristics of patients that can be further used as a model of nonverbal communication between physicians and patients.

## 1. INTRODUCTION

Asymmetry of information between patients and physicians has led to the significant role of nonverbal communication in therapeutic communication. Previous researches indicate that an effective nonverbal communication affects the optimization of patient health level through the creation of positive emotions such as patient satisfaction (Sudirman, 2015a). The impact of nonverbal communication consisting of artifacts, haptic, kinesics, proxemics, and vocalic to the satisfaction of the patients showed different influences on the level of significance and strength on different demographic characteristics (Sudirman, 2015a;2016). Interestingly, those findings show that haptic has a significant influence on almost all of demographic characteristics. Unfortunately, until now it is still poorly understood on how the manifestation of haptic could optimize patient satisfaction so that the results of this study can be further applied to improve the practice of non-medical professionals in improving patient satisfaction. Previous research (Sudirman, 2015a;2016) shows that chronemics does not affect to patient satisfaction at all demographic characteristics. Therefore, the manifestations of chronemics are no longer observed in this study.



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Previous research shows that among the six nonverbal communication indicator variables that is the artifact, haptic, chronemics, proxemics, kinesics, and vocalic; the dominant variable influence is haptic. Besides haptic, another variable that influence patient satisfaction and desire to collaborate in the process of treatment as a result of satisfaction with the way physician communication is vocalic and kinemics (Sudirman, 2015b).

Sudirman (2015a) found that nonverbal communication could significantly affect patient's satisfaction simultaneously. The more skilled of a doctor using nonverbal personal communication to complete the nonverbal communication, the greater the satisfaction of patients that subsequently bring a sense of joy, receiving, and desire to collaborate with physicians to think of the best way of healing. However, haptic is partially the dominant variable influencing patient satisfaction regardless of the characteristics of the patients. The study proved that the haptic is a dominant factor influencing patient's satisfaction as well as very important role in the effectiveness of therapeutic communication. However, it still remains unknown how the manifestation of nonverbal communication haptic should be carried out and required by patients based on individual preferences and demographics.

Based on the previous research findings (Sudirman, 2015a;2016) this study is intended to analyze deeply about the manifestation of nonverbal communication variables that significantly influence patient satisfaction at each demographic characteristics. This study will use qualitative approach through in-depth interviews and observations. The results of the study will enrich the professional practices in several interrelated disciplines such as marketing, hospital management, and psychology and the results can also be used as teaching materials for students as well as to provide good practice guidelines that can be applied to the professional practices of hospital services in improving patient satisfaction.

## 2. LITERATURE REVIEW

Therapeutic communication between physicians and patients plays an important role in achieving optimum level healing process of patients in hospital services. Communication is not only carried out verbally but also nonverbally. Patients give serious attention to the nonverbal communication of the professionals; therefore nonverbal communication has a special relevance in health care. Moreover, nonverbal communication also has a logical consequence on the level of patient satisfaction (Sudirman, 2015a).

Nonverbal communication is communication without words and voices made by someone either in the form of facial expressions, touch, timing, gestures, smells, eye movement and others that perceived a meaning by others. Leather (1976) noted the importance of nonverbal message because it determines the meaning of interpersonal communication where the feelings and emotions are more effectively delivered. The variables of nonverbal communication are as follows:

### a. Haptic

Haptic touch is a study about nonverbal communication such as shaking hands, holding hands, a touch on the back, or stroking. Touch can provide remarkable effects in the treatment (Sudirman, 2015a).

### b. Kinesics

Kinesics or body movements are part of nonverbal communication including eye contact, facial expressions, gestures, and posture. The body movements are used to replace a word or a phrase, to illustrate or explain something, show feelings, to regulate or control and flow of conversation, or to release the tension. Eye contact can be used to determine whether a person concentrates and to show that we pay attention to the speaker (Gower and Walters, 1983; Ledbury, 2004; Zeki, 2009).



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**c. Vocalic**

Vocalic is a nonverbal element in an utterance or how to talk as a discipline of paralinguistic. An example is tone, tone of voice, loud or weak voice, talking speed, voice quality, intonation, and others. Intonation is influenced by a person's emotional state or condition at the time of communication (Sudirman, 2015a).

## 3. RESEARCH METHOD

The method used in this study is qualitative. Qualitative research methods used to determine the manifestation of nonverbal communication with the patient's physician in accordance with the expectations of the patient. The study was conducted at the hospital in Makassar, Indonesia both government and private hospitals. The study was conducted in April-June 2016. The instrument used in this study was a guided interview. Interview guidelines used by researchers when conducting in-depth interviews.

Informants in this study were inpatients at the hospital as the city of Makassar. The determination of informants uses non-probability sampling method purposive sampling type. The data have been obtained from the depth interviews with informants were analyzed using content analysis (content analysis). These techniques include specific procedures in processing scientific data aims to provide knowledge, opening new insights, and presenting facts (Krippendorff, 1993).

## 4. RESULT AND DISCUSSIONS

### 4.1. Manifestations Nonverbal Communication, Haptic, Vocalic, and Kinesics Based on Demographic Characteristics

The manifestations of nonverbal communication haptic, vocalic, and kinesics based on age characteristics are presented in the following table.

**Table-1.** The manifestations of nonverbal communication haptic, vocalic, and kinesics based on the characteristics of age

| Characteristics of age | Very dissatisfied | Dissatisfied | Adequately Satisfied | Satisfied | Very Satisfied | No answer |
|---|---|---|---|---|---|---|
| Children and Teenager | | | | | | |
| Touch | 0% | 0% | 38% | 25% | 13% | 25% |
| Eye contact | 0% | 0% | 38% | 50% | 0% | 13% |
| Voice | 0% | 0% | 13% | 75% | 0% | 13% |
| Speed of talking | 0% | 0% | 13% | 75% | 0% | 13% |
| Early adult | | | | | | |
| Touch | 0% | 10% | 14% | 57% | 10% | 10% |
| Eye contact | 0% | 14% | 14% | 57% | 5% | 10% |
| Voice | 0% | 0% | 19% | 71% | 10% | 0% |
| Speed of talking | 5% | 10% | 19% | 43% | 14% | 10% |
| Adult | | | | | | |
| Touch | 0% | 11% | 33% | 39% | 11% | 6% |
| Eye contact | 0% | 0% | 39% | 50% | 6% | 6% |
| Voice | 0% | 11% | 11% | 56% | 11% | 11% |
| Speed of talking | 0% | 0% | 39% | 50% | 6% | 6% |
| Elderly | | | | | | |
| Touch | 0% | 0% | 40% | 53% | 7% | 0% |
| Eye contact | 0% | 0% | 13% | 80% | 7% | 0% |
| Voice | 0% | 0% | 40% | 53% | 7% | 0% |
| Speed of talking | 0% | 0% | 20% | 73% | 7% | 0% |

**Source:** Primary Data, 2016

The data presented in the above table shows that the age group of children and adolescents were mostly satisfied with the tone of voice and speaking rate of physicians. Early adult age group was satisfied with the rate of



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speech. Late adult age group was satisfied with the tone of voice. The respondents in the category of elderly felt satisfied with an eye contact made by physicians.

Manifestations of nonverbal communication haptic, vocalic, and kinesics based on the characteristics of the sex is presented in the following table.

**Table-2.** Manifestations of nonverbal communication haptic, vocalic, and kinesics based on the characteristics of gender

| Characteristics of gender | Very dissatisfied | Dissatisfied | Adequately Satisfied | Satisfied | Very Satisfied | No answer |
|---|---|---|---|---|---|---|
| Male | | | | | | |
| Touch | 0% | 8% | 24% | 44% | 16% | 8% |
| Eye contact | 0% | 8% | 28% | 56% | 4% | 4% |
| Voice | 0% | 4% | 16% | 72% | 4% | 4% |
| Speed of talking | 0% | 0% | 20% | 64% | 4% | 12% |
| Female | | | | | | |
| Touch | 0% | 5% | 33% | 41% | 15% | 5% |
| Eye contact | 0% | 5% | 31% | 51% | 5% | 8% |
| Voice | 0% | 3% | 13% | 69% | 10% | 5% |
| Speed of talking | 3% | 8% | 23% | 51% | 10% | 5% |

**Source:** Primary Data, 2016

The data presented in the above table shows that the majority of respondents, both male and female were satisfied with the voice tone of physicians when communicating.

Manifestations of nonverbal communication haptic, vocalic, and kinesics based on ethnics characteristics are presented in the following table.

**Table-3.** Manifestations of nonverbal communication haptic, vocalic, and kinesics based on characteristics of ethnics

| Characteristics of ethnics | Very dissatisfied | Dissatisfied | Adequately Satisfied | Satisfied | Very Satisfied | No answer |
|---|---|---|---|---|---|---|
| Bugis-Makassar Ethnics | | | | | | |
| Touch | 0% | 5% | 29% | 50% | 12% | 5% |
| Eye contact | 0% | 2% | 36% | 55% | 2% | 5% |
| Voice | 0% | 5% | 14% | 69% | 5% | 7% |
| Speed of talking | 2% | 5% | 21% | 57% | 5% | 10% |
| Non Bugis Makassar Ethnics | | | | | | |
| Touch | 0% | 0% | 7% | 14% | 43% | 36% |
| Eye contact | 7% | 0% | 21% | 57% | 14% | 0% |
| Voice | 0% | 0% | 7% | 71% | 21% | 0% |
| Speed of talking | 0% | 7% | 7% | 57% | 21% | 7% |

**Source:** Primary Data, 2016

The data presented in the above table shows that the majority of respondents, both from Bugis-Makassar Ethnics or Non Bugis-Makassar Ethnics were satisfied with the voice tone of physicians when communicating.

Manifestations of nonverbal communication haptic, vocalic, and kinesics based educational characteristics are as described in the following table.

The data presented in the above table indicates that respondents from all categories of the education characteristics ranging from primary school, junior high schools, high schools, and college were satisfied with the voice tone of physicians.

Manifestations of nonverbal communication haptic, vocalic, and kinesics based on job characteristics are presented in the following table.



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**Table-4.** Manifestations of nonverbal communication haptic, vocalic, and kinesics based on characteristics of education

| Characteristics of education | Very dissatisfied | Dissatisfied | Adequately Satisfied | Satisfied | Very Satisfied | No answer |
|---|---|---|---|---|---|---|
| Elementary and junior high school | | | | | | |
| Touch | 0% | 0% | 33% | 48% | 14% | 5% |
| Eye contact | 0% | 0% | 29% | 67% | 5% | 0% |
| Voice | 0% | 5% | 10% | 76% | 5% | 5% |
| Speed of talking | 0% | 5% | 24% | 57% | 0% | 14% |
| Senior high school | | | | | | |
| Touch | 0% | 5% | 30% | 45% | 15% | 5% |
| Eye contact | 0% | 5% | 40% | 50% | 5% | 0% |
| Voice | 0% | 5% | 10% | 76% | 5% | 5% |
| Speed of talking | 0% | 5% | 24% | 57% | 0% | 14% |
| College | | | | | | |
| Touch | 0% | 11% | 11% | 42% | 21% | 16% |
| Eye contact | 0% | 11% | 21% | 42% | 11% | 16% |
| Voice | 0% | 5% | 5% | 68% | 16% | 5% |
| Speed of talking | 5% | 0% | 21% | 47% | 16% | 11% |

**Source:** Primary Data, 2016

**Table-5.** Manifestations of nonverbal communication haptic, vocalic, and kinesics based on characteristics of occupation

| Characteristics of occupation | Very dissatisfied | Dissatisfied | Adequately Satisfied | Satisfied | Very Satisfied | No answer |
|---|---|---|---|---|---|---|
| Unemployment | | | | | | |
| Touch | 0% | 5% | 29% | 37% | 18% | 11% |
| Eye contact | 0% | 5% | 42% | 42% | 5% | 5% |
| Voice | 0% | 3% | 13% | 74% | 5% | 5% |
| Speed of talking | 3% | 5% | 24% | 53% | 8% | 8% |
| Employed | | | | | | |
| Touch | 0% | 5% | 23% | 50% | 14% | 9% |
| Eye contact | 0% | 5% | 14% | 68% | 5% | 9% |
| Voice | 0% | 5% | 9% | 68% | 14% | 5% |
| Speed of talking | 0% | 0% | 14% | 64% | 9% | 14% |

**Source:** Primary Data, 2016

The data presented in the above table shows that respondents who are unemployed were satisfied with the voice tone of physicians; while those who are employed were satisfied with an eye contact and voice tone of physicians.

### 4.2. The Design of Intervention Haptic, Vocalic, and Kinesics Based on Demographic Characteristics of Patients

The findings of this research could be further derived into more practical appropriate technology and also contribute to the enrichment of science and technology in various disciplines such as marketing management, hospital management, communication, etc.

Findings related to the manifestation of nonverbal communication (haptic, kinesics and vocalic) will be the basis of making the design of interventions. The learning needs in the design of interventions are based on an operational program with the general and specific instructional objectives. Stages of intervention include the determination of learning needs based on the results of previous studies, the design of intervention, the implementation of intervention, and evaluation (Figure 1).

After administering the interventions were then further evaluated to determine if there is a change in the study sample in accordance with the purpose of intervention that have been set. This evaluation can be a reference for improvement on the previous stages. The design of interventions will be focused to minimize the existing gap



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between the real condition of the physicians with ideal conditions, which include nonverbal communication skills which should be available to physicians can treat patients effectively.

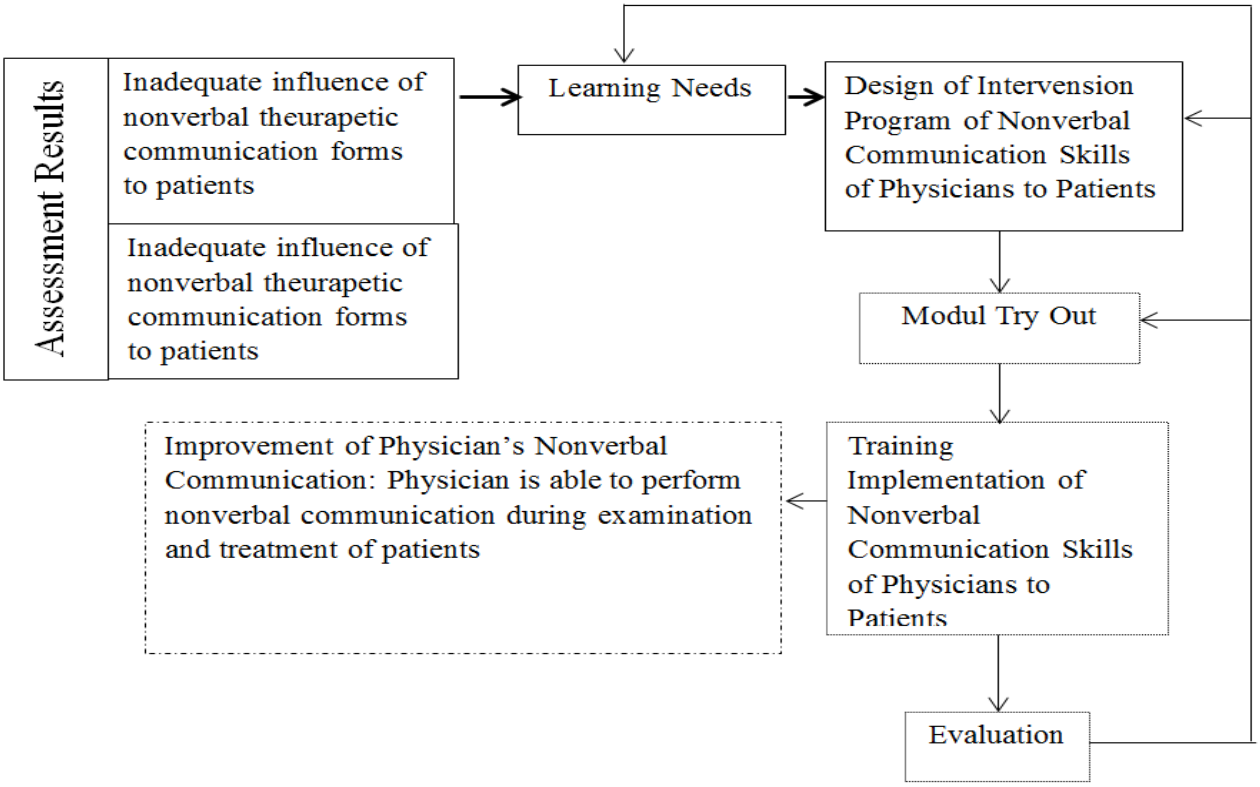


**Figure-1.** Design of the framework for Intervention Skills Nonverbal Communication Physician to Patient

## 5. CONCLUSION

1. A part of the body that is comfortable to be touched during examination is in the area of complained sick, hand, leg, and head generating feelings of comfortable to the patients.
2. Patients prefer that physicians are always looking towards the patient at the time of the examination. A small portion of patients (elderly patients) does not like such an eye contact during examination which might be caused by local culture.
3. Patients prefer to a soft voice of physician with moderate of tone and easily understood.
4. Based on those findings, physicians need to learn nonverbal communication in order to provide optimal health care as well as comfortable feelings during patient's examination according to their demographic characteristics.
5. Intervention program to improve physician's nonverbal communication skills can be designed based on the manifestation of nonverbal communication.

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