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THE ROLE OF DEMOGRAPHY IN MODERATION THE INFLUENCE OF NONVERBAL COMMUNICATION TO PATIENT'S SATISFACTION

Indrianty Sudirman[1][†] --- **Syahrir A. Pasinringi[2]** --- **Indahwaty Sidin[3]**

[1]*Economic and Business Faculty of Hasanuddin University, Makassar, Indonesia Hasanuddin University Hospital, Makassar, Indonesia*
[2,3]*Public Health Faculty of Hasanuddin University, Makassar, Indonesia Hasanuddin University Hospital, Makassar, Indonesia*

ABSTRACT

Effective nonverbal communication affects patient satisfaction and also affects the optimal level of patient's healthiness. This is primarily caused by asymmetry information between doctor and patient since in most cases patients heavily rely on nonverbal communication as a tool to get information they need. Patient's sensitivity to the nonverbal communication is generally varied in according to their demography characteristics. This research is aimed at analyzing the effect of non-verbal communication to the patient satisfaction with respect to different demographic perspectives. The research was carried out in the inpatient of selected hospitals in the Makassar city of Indonesia involving 420 respondents taken using proportional stratified random sampling technique. The research design is quantitative research using a cross sectional study design with questionnaires as the instrument to collect the data. The result of the study showed that the sixth variables of nonverbal communication (artifact, haptic, kinesics, chronemics, proxemics, and vocalic) significantly influence patient's satisfaction. However, the result of the partial test showed different effects of each nonverbal communication variable to the patients based on the age categorize, gender, ward, ethnics, education level, and occupation.

Keywords: Nonverbal communication, Demography characteristic, Patient satisfaction, Artifact, Haptic, Kinesics, Chronemics, Proxemics, Vocalic.

Contribution/ Originality

This study is one of very few studies which have investigated the role of demographic characteristics of patients in selecting the best models of nonverbal communication between physicians and patients in hospitals.

† Corresponding author

1. INTRODUCTION

Therapeutic communication is very important in health services, particularly in the relationship between physician and patient to achieve optimal healthy stage. Therapeutic communication consists of verbal and non-verbal communication. The most common communication used in health services is verbal communication because of its accuracy. Nevertheless not all of verbal messages can be understood by patients due to asymmetric information between physician and patient on medical knowledge.

The asymmetry information between providers and consumers can be regarded as between physician and patients or their family. Most consumers have limited information about their illness and their treatment options. Consumers with chronic illnesses are supposed to have more access to gather such information, however there is still a fundamental informational asymmetry between physicians and patients [1]. This makes non-verbal communication becoming more relevant in serving health services especially in convincing the patients. In most cases health treatment environment could cause significant fear and uncertainty to the patients and their families. It could be understood if the patients and their families then relay on the observation of non-verbal as an instant tool to obtain such information, even before verbal interaction occurred. This may cause the patients and their families becoming very sensitive to non-verbal communication of professionals [2].

Several previous researchers found that non-verbal communication of physician significantly affects satisfactory level of patients in hospital [3, 4]. Good and effective communication quality between physician and patient will give a significant impact to patient satisfaction. The satisfied patient would then be loyal and return to the same physician when needing health services in the future [5].

In order to comprehend on how to satisfy the patients, it is required to identify their wish, need, and hope by identifying the characteristics of each patient. Patients who are satisfied with hospital or physician health service will be loyal and return if they need health care service [6]. This is primarily due to the sensitivity of patient to non-verbal communication which is varied depending on the characteristics of patient. Therefore, it is important to further analyze the influence of non-verbal communication of physician to the patient with respect to different perspectives of patient's demography.

2. LITERATURE REVIEW

2.1. Communication

Communication is one of quality indicators of health services in hospitals that could alter the patient satisfaction. Communication is an effort to create a mutual understanding and trust through idea exchanges with words, symbols or messages that will lead to mutual relationship between individuals. Effective communication occurs when a message is delivered and understood as what sender's intention and then followed up an action by the receiver without any obstacles. In health services, physicians and patients play an important role as a source of information either

as a sender or a receiver. Effective communication in the context of physician and patient relationship is a professional attitude of a physician to build safe, secured, and trust feelings of the patients. These attitudes have already been exposed since at the beginning of consultation, during consultation process, and at the end of consultation. The ability of physician to dig and exchange the information both verbally and nonverbally with patients, patient's families, societies, colleagues, and other different characteristic of professions is core competency that should be possessed by a physician [7].

Patient behavior in accepting diagnosis is determined by a physician including curing treatment, self-treatment as well as pay attention and obey the physician's advices that will be determined by the presence of communication effectiveness. Such communication will also influence the existing therapy whether it will be continued or terminated partially. Physician's feedbacks obtained from the result of communication is a patient's reaction or response during diagnosing patient's behavior in repeated visits, and patient's preferences in implementing the curing.

Different characteristic of patient will give different reactions such that a physician needs to pay attention on the background of patients with respect to a demographic factor in developing communication.

2.2. Verbal and Nonverbal Communication

The most common form of communication used by physicians in delivering their messages is verbal communication. This is simply because the characteristics of verbal communication that is more accurate and punctuate. In verbal communication, words are used to express ideas or feelings to stimulate emotional responses or to describe object, observation, and memory. The advantage of verbal communication in face to face interaction is the possibility to obtaina direct response from each individual.

Despite the fact that verbal communications is more accurate and punctuate, it is not all of verbal messages given by physician can be caught and understood by patients. This is primarily due to asymmetric information on health knowledge between physician and patient. As a result, miscommunication could critically occur due to different characteristics and knowledge gaps between physician and patient, between a certain patient and another patient having different characteristic backgrounds. Therefore, nonverbal communication is required to express attitudes and behaviors to convince patients during curing process.

Nonverbal communication is a transfer of a message without using words. Nonverbal communication can be in the forms of face expression, touching, time, body language, smell, eyes movements, and others. Leather [8] pointed out the important of nonverbal, among others are the importance of nonverbal factors in determining the essence of interpersonal communication; feelings and emotions can be delivered in more accurate way; free from any fakes, lies, distortions, and multi-interpretations in delivering the intention of the message; containing meta-

communicative functions that's required to achieve high quality communication; more efficient compared to verbal communication; and more accurate suggestive medias[13].

Morris [9] in Liliweri (2004) described that nonverbal communication consists of the following types:

1.   Object Communication (Artifact)

Dressing is the most common object communication although it is often considered as one form of stereotypes; but generally people are valued based on their dresses. About 65% of patients expect the physicians wear a white coat during consultation.

2.   Touch (Haptic)

The indicator of this variable is shake hand, grasping hand, kissing, touching back, stroking, hitting and others. The form of this communication is to deliver messages about goal or feeling of the sender. The feelings or emotions of the sender either positive or negative can emerge due to touching. In fact touching can give incredible effect in medication. Touching has a strong effect in delivering message as long as delivered in good and responsible manners. If the touching is conducted in an inconvenience way it will cause trust loss, anxiety, and hostility.

3.   Chronemics

Chronemics is about using time in nonverbal communication. Time is used in precise duration for a particular activity and also punctuality in doing communication.

1)   Body Movements (Kinesics)

Eye contact, facial expression, sign language, and attitude are types of body movements that used to substitute words to explain something, express feeling, and handle a conversation or to release a tense.

2)   Proxemics

Proxemics is a distance between people when they are communicating or having a conversation, including the place or position that you are in.

3)   Vocalic

Vocalic is nonverbal communication such as intonation, accent, swiftness in speaking, and others used during a conversation.

4)   Environment

Environment is also used to send a certain command or instruction including distance, temperature, light, and color

2.3. Conceptual Framework

The nonverbal communication of physician in delivering health services consists of artifact, haptic, kinesics, chronemics, proxemics, and vocalic considered as influence factors of patient satisfaction. The significance and level of each nonverbal communication variable to the patient satisfaction will be different in according to the characteristic of patient demography. Each variable of nonverbal communication is analyzed with respect of age, education, type of health services, ethnics, and occupations.
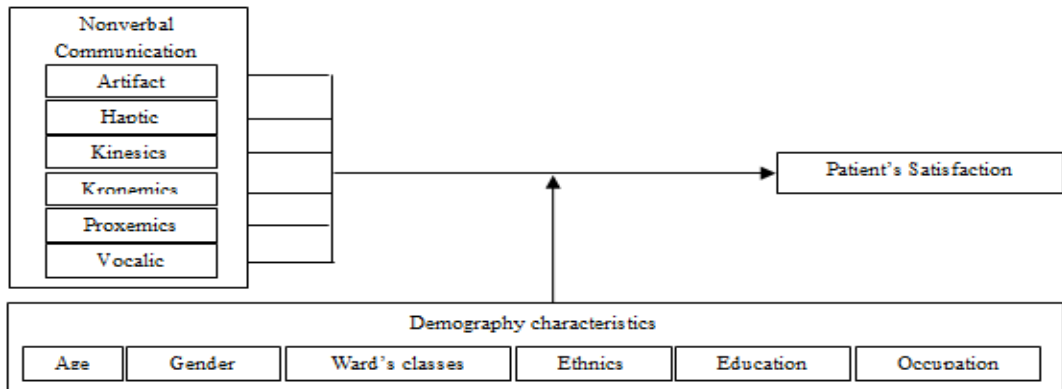
Figure-1. Conceptual Framework

Source: Primary Data, 2015

3. RESEARCH METHOD

This research was carried out using a quantitative study with cross sectional design and questionnaire as the instrument of the research. The population was all of the inpatient patients in fourteen hospitals in Makassar. The samples in this study were determined by proportional stratified random sampling with total numberof 420 respondents. The study was conducted in June, 2015.

Physician's nonverbal communication was considered as an independent variable and while patient's satisfaction was considered as a dependent variable in accordance of demographic characteristics of patient which was further categorized as age, gender, wards, ethnics, education level, and occupation.

4. ANALYSIS AND DISCUSSION

Description of respondent is categorized based on age, gender, ethnics, education, and occupation as illustrated in table 1. Age category is divided into teenager (< 25 years), adult (26-45 years), elderly and oldest (> 46 years). Most of the respondents are in adult group (56,2%). Another respondent's percentage were teenager (19,5%), elderly and oldest (24,2%). Gender category is divided into male and female. Most respondents are female (66%) while male counted only 34%. Ward category is divided into VIP class, first class, second class, and the third class. Most of the respondents are treated in the third class (41,7%). Percentage for another class are VIP (12,9%), first class (15,2%), and the second class (30,2%). Ethnic categories, however, are dominated by Bugis (42,9%), then followed by Makassar (39,3%). Another ethnics is only 17,8%. Education category is dominated by respondents in elementary school and high school (65,2%) while respondents in higher education levels are 34,8%. Occupation category is dominated by unemployed (56,9%) in which civil servant counted for 67% while non-civil servants is counted about 27,1%.

Table-1. Respondent Characteristics

No	Demography Characteristic	N	%
1	Age		
	Teenager (< 25 years)	82	19,5
	Adult (26 − 45 years)	236	56,2
	Elderly and the oldest (> 46 years)	102	24,2
2	Gender		
	Male	143	34,0
	Female	277	66,0
3	Ward's classes		
	VIP	54	12,9
	First Class	64	15,2
	Second Class	127	30,2
	Third Class	175	41,7
4	Ethnics		
	Bugis	180	42,9
	Makassar	165	39,3
	Others	75	17,8
5	Education		
	Elementary and High School	274	65,2
	Higher Education	146	34,8
6	Occupation		
	Unemployed	239	56,9
	Public Sector	67	16
	Private Sector	114	27,1

Source: Primary Data, 2015

Simultaneously, all variables of physician's nonverbal communication significantly influence patient's satisfaction as summarized in table 2.

Table-2. Summary of Simultaneous Analysis Results

	Model	Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.811	6	.802	10.289	.000[a]
	Residual	32.187	413	.078		
	Total	36.998	419			

Source: Primary Data, 2015

But partially, only three variables significantly influence patient's satisfaction as presented in table 3. The three variables are artifact (Sig = 0,012), haptic (Sig = 0,000), and proxemics (Sig = 0,035).

Table-3. Partial Analysis Result

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.225	.215		10.355	.000
	Artifact	-.078	.031	-.130	-2.530	.012
	Haptic	.167	.032	.263	5.232	.000
	Kinesics	.022	.034	.034	.651	.515
	Chronemics	.043	.027	.080	1.622	.106
	Proxemics	.069	.032	.105	2.112	.035
	Vocalic	-.033	.020	-.081	-1.684	.093

Source: Primary Data, 2015

As presented in table 4, based on the age characteristic categorization, only three variables significantly influence teenager patient.

Table-4. Summary of Statistical Analysis Based on Teenager Category

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.965	.553		3.555	.001
	Artifact	-.183	.076	-.267	-2.403	.019
	Haptic	.152	.074	.219	2.058	.043
	Kinesics	.180	.081	.252	2.224	.029
	Chronemics	.065	.051	.137	1.266	.209
	Proxemics	.072	.072	.110	.996	.323
	Vocalic	-.031	.050	-.068	-.620	.537

Source: Primary Data, 2015

Satisfaction of adult patients is significantly influenced by haptic and proxemics but mostly influenced by haptic as illustrated in table 5.

Table-5. Summary of Statistical Analysis Based on Adult Category

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.663	.190		3.487	.001
	Artifact	.078	.046	.106	1.687	.093
	Haptic	.308	.049	.431	6.232	.000
	Kinesics	.011	.054	.015	.208	.835
	Chronemics	.087	.044	.123	1.948	.053
	Proxemics	.110	.054	.146	2.039	.043
	Vocalic	-.002	.028	-.003	-.055	.956

Source: Primary Data, 2015

Those variables are artifact, haptic, and kinesics in which most dominant variable is artifact.

For the elderly and the oldest patients, their satisfaction are significantly influenced by haptic, proxemics, and vocalic but mostly influenced by haptic variable as indicated in table 6.

Table-6. Summary of Statistical Analysis Based on Elderly and the Oldest Category

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.490	.169		2.898	.005
	Artifact	-.007	.057	-.012	-.124	.902
	Haptic	.243	.059	.386	4.142	.000
	Kinesics	.111	.062	.175	1.797	.076
	Chronemics	.072	.048	.123	1.496	.138
	Proxemics	.143	.054	.231	2.622	.010
	Vocalic	.085	.035	.152	2.407	.018

Source: Primary Data, 2015

Based on gender characteristic as shown in table 7, partially there are three variables significantly influencing male patient's satisfaction. Those variables are haptic, proxemics, and vocalic. Among those three variables, haptic is dominant variable significantly influencing male patients.

Table-7. Summary of Statistical Analysis Based on Male Category

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.490	.169		2.898	.005
	Artifact	-.007	.057	-.012	-.124	.902
	Haptic	.243	.059	.386	4.142	.000
	Kinesics	.111	.062	.175	1.797	.076
	Chronemics	.072	.048	.123	1.496	.138
	Proxemics	.143	.054	.231	2.622	.010
	Vocalic	.085	.035	.152	2.407	.018

Source: Primary Data, 2015

On the other hand, female patient's satisfaction is influenced by haptic, chronemics, and proxemics. Similar to male patients, the dominant variable is haptic. Therefore, based on patient's gender, haptic variable dominantly influenced patient's satisfaction. The result is presented in table 8.

Table-8. Summary of Statistical Analysis Based on Female Category

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.817	.184		4.429	.000
	Artifact	-.017	.043	-.024	-.396	.693
	Haptic	.319	.045	.433	7.026	.000
	Kinesics	.074	.049	.099	1.491	.137
	Chronemics	.085	.038	.130	2.233	.026
	Proxemics	.098	.043	.140	2.274	.024
	Vocalic	-.017	.026	-.031	-.632	.528

Source: Primary Data, 2015

Basically ward category reflects the financial ability of patients. Simultaneously, none of physician's nonverbal communication significantly influences patient's satisfaction in the VIP class as presented in table 9.

Table-9. Summary of Statistical Analysis Based on VIP Category

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.437	.648		3.764	.000
	Artifact	.120	.084	.208	1.429	.160
	Haptic	-.082	.091	-.131	-.905	.370
	Kinesics	-.032	.095	-.049	-.339	.736
	Chronemics	.149	.076	.265	1.952	.057
	Proxemics	.085	.070	.171	1.215	.230
	Vocalic	-.092	.059	-.210	-1.566	.124

Source: Primary Data, 2015

Similar phenomenon also occurs for patients treated in the first class ward. Partially, however, proxemics significantly influences patient's satisfaction at both VIP and first class category as illustrated in table 10.

Table-10. Summary of Statistical Analysis Based on First Class

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.352	.607		3.872	.000
	Artifact	-.120	.074	-.286	-1.615	.112
	Haptic	.038	.076	.067	.502	.617
	Kinesics	.133	.077	.292	1.725	.090
	Chronemics	-.043	.092	-.070	-.468	.641
	Proxemics	.168	.075	.314	2.239	.029
	Vocalic	-.026	.062	-.058	-.415	.679

Source: Primary Data, 2015

In opposite, all nonverbal communications significantly influence patient's satisfaction treated at second and third class wards. Partially only artifact and haptic significantly influence patient's satisfaction in second class ward in which the dominant variable is haptic as shown in table 11.

Table-11. Summary of Statistical Analysis Based on Second Class

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.647	.386		4.267	.000
	Artifact	-.146	.054	-.222	-2.722	.007
	Haptic	.456	.071	.560	6.417	.000
	Kinesics	-.051	.075	-.058	-.675	.501
	Chronemics	.067	.050	.111	1.358	.177
	Proxemics	-.004	.076	-.005	-.058	.954
	Vocalic	.030	.037	.060	.803	.424

Source: Primary Data, 2015

While in the third class as illustrated in table 12, haptic and vocalic variables significantly influence patient's satisfaction in which the dominant variable is vocalic. In summary, patient's satisfaction in the VIP and first classes showsa pretty similar situation as well as those at second and third classes.

Table-12. Summary of Statistical Analysis Based on Third Class

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.960	.316		9.355	.000
	Artifact	-.075	.049	-.125	-1.540	.125
	Haptic	.085	.043	.157	1.986	.049
	Kinesics	.018	.045	.032	.397	.692
	Chronemics	-.037	.036	-.083	-1.038	.301
	Proxemics	.075	.045	.129	1.659	.099
	Vocalic	-.079	.025	-.248	-3.093	.002

Source: Primary Data, 2015

Table-13. Summary of Statistical Analysis Based on Bugis Ethnics Category

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.039	.350		5.825	.000
	Artifact	-.046	.049	-.070	-.929	.354
	Haptic	.202	.051	.301	3.999	.000
	Kinesics	.003	.052	.004	.053	.958
	Chronemics	.002	.041	.005	.060	.952
	Proxemics	.111	.057	.148	1.954	.052
	Vocalic	-.047	.033	-.105	-1.452	.148

Source: Primary Data, 2015

Based on ethnics category, statistical analysis shows that either Bugis and Makassar ethnics, all nonverbal communication models significantly influence patient's satisfaction. For Bugis ethnics, partially only haptic variable significantly influence patient's satisfaction. The result is presented in table 13.

For the Makassar ethnics as shown in table 14, artifact and haptic significantly influence patient's satisfaction partially. Similar to Bugis ethnics, the dominant variable is haptic.

Table-14. Summary of Statistical Analysis Based on Makassar Ethnics Category

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	**Std. Error**	**Beta**		
1	(Constant)	2.245	.313		7.176	.000
	Artifact	-.117	.048	-.223	-2.416	.017
	Haptic	.132	.045	.228	2.922	.004
	Kinesics	.067	.052	.117	1.274	.205
	Chronemics	.059	.039	.121	1.509	.133
	Proxemics	.080	.042	.148	1.902	.059
	Vocalic	-.029	.028	-.083	-1.030	.305

Source: Primary Data, 2015

Other ethnics issignificantly influenced by haptic variable as presented in tables 15. This is similar situation with previous ethnics which haptic is the dominant variable in influencing patient's satisfaction.

Table-15. Summary of Statistical Analysis Based on Other Ethnics Category

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	**Std. Error**	**Beta**		
1	(Constant)	2.631	.581		4.532	.000
	Artifact	-.107	.071	-.172	-1.519	.133
	Haptic	.273	.111	.398	2.457	.017
	Kinesics	-.028	.105	-.032	-.268	.789
	Chronemics	.137	.074	.224	1.845	.069
	Proxemics	-.149	.113	-.215	-1.310	.195
	Vocalic	-.034	.057	-.072	-.599	.551

Source: Primary Data, 2015

Based on the education level, artifact, haptic, and vocalic significantly influence patient's satisfaction with elementary and high school educational background in which the dominant variable is haptic. The result is presented in table 16.

Table-16. Summary of Statistical Analysis Based on Education Level Category (Elementary and High

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.916	.214		13.630	.000
	Artifact	-.067	.032	-.144	-2.108	.036
	Haptic	.136	.033	.256	4.083	.000
	Kinesics	.017	.034	.035	.503	.615
	Chronemics	.036	.028	.083	1.294	.197
	Proxemics	-.065	.035	-.118	-1.868	.063
	Vocalic	-.044	.020	-.137	-2.188	.030

Source: Primary Data, 2015

While the higher education respondents, haptic and proxemics significantly influence patient's satisfaction in which the dominant variable is proxemics as shown in table 17. However, for unschooled respondents, relationship between physician's nonverbal communications could not be analyzed due to unsatisfactory answer during interview.

Table-17. Summary of Statistical Analysis Based on Education Level Category (Higher Education)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.484	.492		.984	.327
	Artifact	-.054	.063	-.062	-.847	.398
	Haptic	.164	.066	.202	2.478	.014
	Kinesics	.068	.076	.068	.892	.374
	Chronemics	.098	.054	.136	1.822	.071
	Proxemics	.331	.064	.422	5.194	.000
	Vocalic	.041	.042	.071	.958	.340

Source: Primary Data, 2015

Based on occupation category, patient's satisfaction of unemployed respondents is significantly influenced by artifact, haptic, and vocalic in which haptic is the dominant variable as illustrated in table 18.

Table-18. Summary of Statistical Analysis Based on Occupation Category (Unemployed)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.608	.295		8.845	.000
	Artifact	-.138	.045	-.205	-3.072	.002
	Haptic	.204	.042	.316	4.883	.000
	Kinesics	.082	.049	.117	1.663	.098
	Chronemics	.044	.036	.079	1.219	.224
	Proxemics	-.030	.049	-.039	-.612	.541
	Vocalic	-.077	.028	-.171	-2.737	.007

Source: Primary Data, 2015

Table 19 present about employed respondents either civil servant or public sector indicates that haptic significantly influence patient's satisfaction.

Table-19. Summary of Statistical Analysis Based on Occupation Category (Civil Servant)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	.776	.761		1.020	.312
Artifact	.014	.088	.019	.160	.873
Haptic	.218	.089	.345	2.433	.018
Kinesics	.089	.106	.110	.838	.405
Chronemics	.044	.073	.078	.609	.545
Proxemics	.136	.096	.211	1.416	.162
Vocalic	.087	.059	.200	1.492	.141

Source: Primary Data, 2015

While those who work in the private sector as shown in table 20 indicates that proxemics significantly influences patient's satisfaction.

Table-20. Summary of Statistical Analysis Based on Occupation Category (Private Sector)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	2.493	.361		6.909	.000
Artifact	.004	.045	.009	.084	.933
Haptic	.016	.060	.026	.265	.792
Kinesics	-.042	.049	-.083	-.844	.400
Chronemics	-.030	.047	-.060	-.632	.529
Proxemics	.204	.047	.430	4.366	.000
Vocalic	-.026	.030	-.084	-.869	.387

Source: Primary Data, 2015

Generally haptic variable significantly influenced patient's satisfaction in all categorizations. Physician's touch excluding patient examination can be treated by holding patient's hand, touching the shoulder or patient's head. Touch will result in comfortable feelings to the patients and also can reduce the illness [10]. The conceptual structure of physical touch is caring. Previous findings revealed that touch in caring centered on five aspects of goals for touch: promoting physical comfort; promoting emotional comfort; promoting mind-body comfort; performing social role and sharing spiritually [11]. Gender can affect someone when they communicate or accept a command or instruction. Basically male and female has a different way to communicate [12]. Patient's gender or doctor, both affect to the medical communication.

5. CONCLUSION

Previous works showed significant influences of nonverbal communication to patient's satisfaction. However, little attention focused on the demography of patients. This research

demonstrates that demography plays a significant role to moderate the influences of physician nonverbal communication to patient's satisfaction. Understanding the way the demographer think and perceive would be useful to design nonverbal communication style to encourage positive feelings and emotions of patients that subsequently lead to optimum health treatment.

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