Nonverbal Communication Skill Practiced by Cardiologists at National Heart Institute, Malaysia

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ABSTRACT

Communication perceived as significant process that supports doctors convey the health care information to patients. The purpose of this research is to study nonverbal communication skills practiced by cardiologists to communicate with patients. Qualitative method through phenomenological approach was applied to conduct in-depth interviews and observations with 8 cardiologists who participated as informants in the study at the National Heart Institute, Kuala Lumpur Malaysia. The data were transcribed verbatim and analyzed using ATLAS.ti 7 to code the key themes, sub-themes and inter-relationships. The research outcomes showed the nonverbal communication skills such as touch, body language and gesture, eye contact and tone of voice were essential elements used by the cardiologists during their consulting with their patients. The results suggested that doctors can be provided professional training to improve their nonverbal communication skills while consulting with patients. The nonverbal communication skill training can help the cardiologists effectively deliver health care service to their patients.

1. Introduction

The Malaysian health care system is an efficient and widespread public and private network of health care delivery organizations where doctors are responsible for sharing their medical knowledge, clinical skills, and communication skills with their patients. However, there are many challenges to communicating effectively with patients, including the use of effective Nonverbal communication skills. Nonverbal communication skills are essential for building rapport between doctors and patients, encouraging patient information sharing, and evaluating patients’ responses to information and treatments provided. This study examines how cardiologists use Nonverbal communication skills when interacting with heart patients during consultations at the National Heart Institute (IJN). The IJN is one of the institutes within the Malaysian health care system that provides advanced treatment in cardiac services. Cardiologists at IJN are among the most skilled medical specialists in Malaysia who are capable to treat the most complicated cardiac disease cases. This study examined how the cardiologists at IJN used Nonverbal communication skills to interact effectively with their patients. The research objective in this study is to identify the specific nonverbal communication skills practiced by cardiologists at IJN. This study also focused on the uses of Nonverbal communication by cardiologists to deliver good care. For example, how do cardiologists respond to patients’ Nonverbal cues, and how do they use Nonverbal skills to demonstrate trust. The study examined how the effective use of Nonverbal communication skills by cardiologists can lead to positive health outcomes and enhance patients’ satisfaction.

2. Doctor-Patient Nonverbal Communication

Communication between doctor-patient is primary element in the health care perspective. Literature showed good doctor-patient communication promotes effective health care by enhancing the delivery of relevant health care information, to facilitate diagnoses, and to create kind relations with patients (Bredart, 2005; Duffy, 2004). This accomplished by the use of communication to exchange relevant health information, support patients' self-management, manage insecurity and sentiments, promote informed make resolution and enhance trust in the relationship between doctor-patient (Street, 2009). The past research showed the way a doctor communicates with a patient is as important as the information being delivered (Kreps, Arora & Nelson, 2003; Neumann, Edelhäuser,
Effective nonverbal communication skills play an important expressive part throughout the medical consultation in doctor-patient relations. Nonverbal communication supports to build the relation, provides cues to underlying unspoken concerns and emotions, and helps to reinforce or differ verbal comments (Hall, Harrigan & Rosenthal, 1996). Nonverbal communication skills such as open, attending posture, active listening, eye contact at patient thru responding by looking and nodding help to build understanding by encouraging the patient to talk without disruption and to bring up additional issues or concerns during consultations (Usherwood, 1999 & Buckman, 1992). Scholars clearly defined that nonverbal communication as characteristic of communication where information is exchanged using gesture, touch, facial expression, eye contact clothing and hair style (Hall & Montague, 2013). Scholar pointed physicians’ patterns of nonverbal communication to their therapeutic efficacy (Ambady, 2002). Scholars also added providers’ particular nonverbal behaviors have been found to guess clients’ satisfaction and impression of the physician (Roter, Hall, & Katz, 1987). Moreover, such behaviors could contribute to the progress in self-confidence and to establish in keep interpersonal relations with clients (Ambady & Rosenthal, 1992; Hall, Harrigan, & Rosenthal, 1995).

To study the nonverbal communication skills practiced by cardiologists with their patients. The Model of Relational Health Communication Competence (RHCCM) was created in order to describe the process of communication influences competence level in health outcomes (Kreps, 1988; Weathers, Query & Kreps, 2010). The model referred to provider whom the health care professionals on their abilities in establishing health care relations through sharing appropriate health information, and knowledge and manage to achieve preferred health outcomes. The RHCCM recommends that insufficient stages of communication competence will not facilitate the health care delivery wheel to move forward and while the wheel roll backward its consider fail to achieve health care goals and solving health complications.

![Figure 1: Relational Health Communication Competence Model (Kreps, 1988)](image)

3. Methodology

Qualitative research methodology was used in this research to emphasis on identifying and analyzing the nonverbal communication skills cardiologists practiced with their patients. Qualitative research creates an understanding based on clear methodological traditions of question that explore and raise understanding of human experience (Cresswell, 2012). Scholars recognize qualitative method as describing human experience and behavior through the meaning of experience in human activity and is not purely based on objective observation and description (Berg, Welman and Kruger, 1989).

A phenomenological approach was applied in this research to explain life experiences of doctors concerning their use of nonverbal communication skills with patients. A total of 15 cardiologists were in-depth...
interviewed as exhibited in Table 1. Moreover, data were triangulated through observations, field notes, and audio recordings. The informants’ selection was based on purposive sampling with criteria of entry with working experience as medical doctor for several years, focused on their career life experience as cardiologists, and have experience in communicating with patients using nonverbal communication.

<table>
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| Table 1: Summary of informants |

Through the in-depth interview sessions, the interviewer was tied up with the informants by questioning in neutral manner, listen carefully to the informants’ answers, querying follow-up questions and exploratory based on those answers. Face-to-face in-depth interviews were conducted by involved one to one interviewer and informant. Moreover, an observational method was also used in this study. The observational method was also applied for the reason description on the situations, people, activities and the meanings of what is witnessed by informant’s perspective. Observations can create deep understandings than interviews alone, as it offers knowledge in context where the events take place, and can facilitate the researcher perceive that informants themselves not aware of, or that they are reluctant to discuss (Patton, 1990). Direct observations were used to get an accurate scenario and clear picture of nonverbal communication skills practiced by cardiologists during medical consultations with their patients.

Direct observations involved identifying the specific Nonverbal communication skills practiced by the cardiologists with patients, how long the cardiologists used these Nonverbal communication activities with their patients, and where the Nonverbal communication took place. In-depth interviews were conducted for 30 to 40 minutes and the interviews were recorded through audio-recording and later data was transcribed verbatim after each session. The analysis method on constant comparisons was used to identifying the regularity themes and categories from the transcribed interview data. Past literature similarly pointed constant comparison needs frequent revision during the course of the study until the themes and categories meet saturation, moving to a new, or restructured principle or theory of how knowledge is developed, and skills are educated (Corbin & Strauss, 2015).

4. Result of the study: Nonverbal communication skills practiced by Cardiologists.

Based on the thematic analysis, there were several specific Nonverbal communication cues used by the cardiologist. Nonverbal communication was described by the cardiologists as an essential part in the health care practice. Based on the interviews with the doctors, results show that there are several different forms of Nonverbal communication that are frequently used by the doctors with their patients. The following Nonverbal communication themes were found to be especially important for doctor-patient communication by the cardiology doctors.
4.1 **Touch**

Touch is a tactile form of Nonverbal communication between two people. In a health care setting, touch is an especially important communication cue for promoting the development of interpersonal relationships between doctors and patients, that if used sensitively and appropriately can communicate empathy (Jones, 1994). The literature has shown that doctors sometimes touch their patients to express caring and empathy (Harton, 1995). There are several kinds of touch that may occur between a doctor and patient in the exam room.

Researchers have identified two types of touch which are closely related to the interpersonal communication skills used by doctors; (i) social touch, which have specific social meanings, such as handshakes or patting the shoulders and (ii) Physical touch, which is touch that has a clinical purpose, such as a clinician’s touch during an examination. Doctors use social touch in their daily career lives as an adjunct to verbal communication and they use physical touch during the scope of health care practice. These were some of the factors concerning touch that were highlighted by the respondents:

4.1.2 **Social touch**

Generally, touch perceived as a nonverbal communication element to show positive emotions. Furthermore, scholars have identified social touch can establish and sustain social ties such as common positive reactions, hope and care among the dyad that keep individual closeness to others and restrain interpersonal behaviour (Ainsworth, 1989; Hazan, 1987). A social touch in healthcare perspective can be classifying as kind touch on patient’s hand, arm, or shoulder which conveys concern and care which can improve communication between doctors and patients. Most patients believe expressive touch is acceptable, especially in distress circumstances (Cocksedge, George, Renwick & Chew-Graham, 2013). Most of the responding doctors in this current study were aware of their use of touch, but some explained that their patients may be concerned by doctors’ use of touch in consultations, such as hand shaking and tapping shoulders in the way of giving encouragement and support. The responding doctors expressed their concerns about the appropriateness of touching their patients as social touch. Below are some relevant quotes concerning touch from the interview sessions:

*I will shake hands with my male patients but I am always aware and won’t touch my Muslim female patient unless they are willing to shake hands. For me, touch during the consulting session is necessity as its implies the symbol of care for the patients* (Dr. D)

*Nonverbal communication can be also touch ya... It is kind of expression we show patients that we care about them. We doctor used to examine patients and another one I touch that we used to shake hands, pat patients’ shoulder or arm in the way of giving hope to them. (Dr. H).*

*Doctors most likely are good companions to the patients as they show empathy during their visit. Sometimes the doctors always involved in a few “social touches” such as a handshake or pat at a patient’s shoulder.* (Dr. G)

Dr. D said he is willing to shake hands with his male patients, however, only if his female patients are willing to shake hands with him will he do so with them. Dr. D practices his consultation session using touch as more of an empathetic symbol. Literature has supported that social touch helps enable sharing emotional experiences between doctors and patients for providing support and empathy (Adolphs, 2009). Based on these interview responses, social touch was found in this study to be an important Nonverbal communication channel for doctors to convey reassurance, friendliness, approval, concern, and affection to their patients.

According to Dr. H, nonverbal communication is important for showing and expressing kindness, caring and empathy to patients. This doctor explained that in doctor-patient interactions, nonverbal communication plays an important role in expressing caring and empathy concerning patients’ health related issues. Dr. H clearly stated that as a doctor, typically examined patients by touching them without discriminating about patient gender. These findings supported by literature that patient consultations doctors must make the special value and passion towards their patients’ emotions, pain, symptom, and doctors need make positive hopes, by providing emotional support patient treatment (Friedman, 2010). This research suggests that social touch may have symbolic value in healing, but it also may affect the interpersonal nature of the doctor-patient interaction.
Social touch is an important element for every patient during medical visits. Dr. G shared his experience that social touch is clearly connected to patient’s health and doctor’s empathy. Dr. G stated that doctors play a role as a good health care companion during the consultation session. These responses are reinforced by Hirsch (2007) who explained the doctor who recognizes every patient on their individual level views a better chance of facing and conveying sympathy and treating the patient’s illness efficiently. Patients seek empathy from their physicians. The data collected in this study shows that social touch reflects a doctor’s empathy and understanding about patient feelings and concerns. Social touch also enables doctors to strengthen their relationships with patients.

4.1.3 Physical touch

As discussed earlier, a clinically-oriented touching can be a big part of doctors’ care for their patients. These forms of physical touch have different degree of importance for different people. Clinical physical touch, if used appropriately, can trigger a cascade of chemical responses in human bodies that relieve stress and pain; create feelings of security, happiness, and comfort; enhance the immune system; decrease blood pressure; and improve blood sugar levels. In the health care perspective, physical touch is commonly used for clinical purposes during medical examinations. In this study, the researcher identified that doctors use this form of physical touch when they examine patients, as well as to gather biometric data from their patients, such as blood pressure, heart rate and blood sugar levels. The respondents were highlighted their experience in using clinical physical touch with their patients. The quote from the interviews, as follows.

As a doctor, we have to do the basic physical examination on patients. So whenever I need to examine my patients, I have to touch my patients, for example, to check the pulse, listen to heart beat and so on... (Dr. I)

Touch during the consulting session, for instance the purpose of patient's physical examination such as check heartbeat, pulse checking, touch their leg and other touch related to medical purpose (Dr. B)

When I listen to their hearts, I make sure to touch my patients by holding their arm or hand. Sometimes, I will hold them after the physical examination. I think it is enormously important to touch patients before I further the medication or treatment process of the patients (Dr. J).

Dr. I in this research shared his experience as he uses this touch to check pulse and check heartbeat. He pointed out that physical touch is an important element for every patient during medical visits. Dr. I’s quotes were strongly supported in the literature suggesting that medical touch is a casual element in doctors and patient relationship as the physical exam and generally patients trust doctors whom has to use physical touch for examine purposes (Blair & Wasson, 2015). These responses from the doctors illustrate that sensitive touching of patient during examinations promotes the development of trust by demonstrating physician commitment to the rapport by taking the time to see, listen to, and sense what the patient's body react and reveals. Cardiologists are physicians who are qualified with the ability to detect cardiac ailments by listening to the sounds of the heart and treat a continually rising number of people who suffer from heart disease. This is their competitive advantage in establishing trust with sensitive clinical touching.

Dr. B, one of the cardiologists, stated that physical touch during the consulting session is an essential form of Nonverbal communication in the doctor and patient health care relationship. More specifically, skilled doctors with many years of experience, always recognize the importance of this type of touching during patient visits. Dr. B’s statement is strongly supported in existing literature that explains that the doctor’s touch can be diagnostic, therapeutic, and, perhaps most importantly, a mean for communicating that the doctor is deeply attuned to the problems, needs, and fears of the patient (Roter & Hall, 2006). Dr. B had a gentle, Nonverbal communication skill that extended to shaking hands with every patient and ability to work with patients on a simple, person-to-person level, illustrating that doctors touch their patients to create a sense of trust during physical examinations. Almost all the doctors interviewed mentioned that they took the initiative to touch their patients with the purpose of healing; explaining that touching could promote good health, stress relief, recovery from an injury if the touch was gentle, relaxing, and penetrating.

Dr. J explained that she continually touched her patients throughout the physical exam and held their hand or arm until the end of the consultation session, especially with elderly patients. Dr. J’s continuous touch of a
patient's arm or hand, demonstrated to the patient that she remained being concerned and supportive of the patient in the medical care process. Dr. J's actions are strongly supported in the literature that suggest that skillful touching behaviors during physical examinations can have considerable therapeutic importance (Gordon, 2006). Scholars also pointed the patient trust by allowing the doctor to touch in the sense of examine the patients and how the body react on the physical examination (Olson & Roth, 2007). These results indicate that it is important to use sensitive clinician touching during patient medical visits, and that patients prefer doctor's touch during consultations because these touches often indicate that the doctor is concerned about and supportive of the patients' health.

### 4.2.1 Body language and gesture

Body language forms a major part of nonverbal communication with feelings, purposes, or outlooks are conveyed by physical manners, such as body positions, facial expressions, movements, eye contact, touch and the space usage. Body language is an essential part in health as it can enhance effectiveness of the consultation by applicable communication of empathy and understanding. Doctors use different forms of body language with their patients to maintain effective doctor-patient relationships.

Research literature has supported that the following forms of a doctor's body language are powerful and visible Nonverbal signs of encouragement to patients, such as maintaining an upright body posture, with straight shoulders and back, and with the chin lifted slightly upward (Tacheva & Violeta, 2013). Interview responses suggested that doctors' body language plays an important role in the daily consulting session. The respondents shared and highlighted the body language in their career life as follows:

\[\text{Nonverbal communication... Hmmm, I think it is about the actions without verbal. Normally I use Nonverbal communication, for instance listen and responding them by saying "hmm... hmm", nodding my head, body position, smiling, eye contact and touch. (Dr. B)}\]

\[\text{Well... Patients nowadays aware how the doctors communicating with them. So, we also aware in communicating with patients. Using Nonverbal communication hmm... body movement, eye contact, facial expressions and our tone of voice. Sometimes... yes... we using during the consultation with patients. (Dr. I)}\]

\[\text{Nonverbal communication is a step of communicates without using words. It is a skill to interpret our message through eye contact, body language and facial expressions. (Dr. K)}\]

Dr. B explained that nonverbal communication is used during consulting sessions with patients with the use of body language. For example, he stated that sometimes he nods his head when the patients tell their health related issues, and comments nonverbally with “hum hmm”. His responses are supported in the literature as the “right” body language, presenting an open approachable which can help health professionals to gain relevant health care information to treat patient's diagnosis and treatment (Gordon, 1995; Cole, 1993; Winfield & Robinson, 1998). These results suggest that the doctor's body language can make a promising impression and promote a patient's respect. For example, in this research, doctors practice uses open body language, such as good eye contact and nodding, listening, hand movements, body posture, eye contact, and use of a neutral facial expression towards their patients. The literature suggested that good body language can make a favorable impression and receives a patient's respect, including the use of open body language, hand actions that are calm, good position with held up head, a calm jaw, strong eye contact (but not staring), an impersonal facial expression, and one that is applicable for the situation (Gordon & Edwards, 1995; Cole, 2000; Winfield & Richard, 1998; Nyman, 1996; Robinson, 1998, Kacperek, 1997; Egan, 1990).

Dr. I stated that patients seek positive nonverbal communication to reflect positive energy. Patients appreciate reassuring verbal cues that are not accompanied by inconsistent facial expressions and vocal caution. Dr. I’s perception is strongly supported by the literature, as scholars pointed out that doctors can tie up a person's body position which reflecting their level of gestures and activities. On the other hand, doctors' voice in term of tone, volume, speed, rhythm, and pauses is also very influential during consultations with patients (Mackenzie, 2002). In this study respondents described how nonverbal communication that involves face and voice expressions, body position, movements, and even presence can contribute to the delivery of quality health care services.
Dr. K considers all nonverbal communication from eye contact to tone of voice to body language to be relevant to the delivery of care to patients. Dr. K pointed out that the use of nonverbal communication must be consistent with the total behavior pattern of a person. Dr. K’s responses are supported by the literature that shows that doctors’ nonverbal behaviors are clearly related to achieving important patient outcomes, especially when physicians provide patients with direct eye contact, lean towards the patient, provide responsive head nods and gestures, and establish close interpersonal distances (Roter, 2006). These results suggest that doctors who are more emotionally communicate using nonverbal behavior are observed more favorable by patients. This area of results was most consistent and positive.

### 4.2.2 Eye contact

Eye contact is another influential element of body language skills. Similarly, to other body language elements, eye contact is a very influential form of doctor-patient communication. Eye contact enables communicators to express their emotions, including levels of personal involvement and attraction. Generally, the accurate level of eye contact from a presenter shows honesty and holds the listener's responsiveness, while the exact eye contact level from a listener specifies they are giving attention and remain attentive. In the health care system, high levels of eye contact perceived as strong influence on patients, illustrating that doctors are empathetic. This can encourage active patient involvement in their care, adherence to medical and treatment advice, and to actively seek health care information concerning their illness (Martin, Williams, Haskard & DiMatteo, 2005). Scholars also pointed eye contact helps make a positive impression by showing that the doctor is focused concerning his/her patient. Similarly, during the doctor’s visits eye contact making meaningful by making patients feel that the doctors understand and care about their needs (Wood, 2013). Eye contact was mentioned by respondents in this study as a way to create relationships with patients that focus on the patient's health care. Here are some of the comments provided by the respondents about eye contact:

_Eye contact… one of the communication tools which does not involve speech. Eye contact is something that shows we pay attention to the patients. It can be accomplished with a combination of facial expressions, eye contact and body language. (Dr. I)_

_Eye contact is looking and observing people at the same situation. Doctors usually use eye contact at the beginning of every conversation and discussion. (Dr. E)_

_I feel a doctor can give attention to the patient's health by eye contact by focusing on their health issues. I always maintain eye contact and been kinder and focused on patients (Dr. H)._

Dr. I perceived eye contact is a communication element not involving speech. He also pointed out that eye contact is a behavior that is similar to other nonverbal communication such as body gestures, facial expressions and body language. The respondent’s quotes are strongly supported by the literature that finds that eye contact is an important form of nonverbal behavior that is necessary for constructing good relationship with senior people (MacDonald, 2009). In addition, literature stated patients perceived eye contact as sign of care, respect and kindness from a doctor (Marcinowicz, 2010). The data collected in this study illustrates that doctors used eye contact effectively with their patients to demonstrate that they were listening to what the patients were saying.

Dr. E pointed out that eye contact with the doctor was prominent in defining what the patient exposed in the conversation during the consulting session. Dr. E also pointed out eye contact is a mix of verbal and nonverbal communication as viewing, attending and speaking to patients during the consultation session. Literature specified doctor’s eye contact is most active when it is applied appropriately using nonverbal cues and attention. It generates emotion that doctor is responsiveness where doctors not only listening to the patient but note down on their chart (Gorawara-Bhat, 2013). These responses illustrate that eye contact can consume a big effect on patients’ perceptions of doctors’ empathy.

Dr. H commented that eye contact is an element doctors used to demonstrate their attention to patients and their health related issues. In this regard, Dr. H said she tries to always maintain good eye contact with her patients. The literature supported a good doctor creates attention for the patient as he or she looks at the patient and strongly emphasized that a simple gesture of lowering the negative impact on patient satisfaction compared to a regular brief visual interactions which can increase patient satisfaction (Khan, 2014). Based on these
response, it was observed that the doctors in this research study try to use good eye contact when interacting with their patients about their health related issues. Doctors in this study focus on providing eye contact during conversations with their patients to show that they are listening and paying attention to their patients.

4.2.3 Tone of voice

Tone of voice was another Nonverbal communication element that the doctors in this study said they used in the health care setting, in addition to the practice of body movements and facial expressions (Silverman, 2010). Tone of voice, sometimes referred to as paralinguistic, concerns the ways that words are spoken, instead of the actual words themselves (Schuller, 2013). Tone of voice can indicate whether the speakers pleasant and friendly, angry and upset, or irritated and frustrated. In this study, tone of voice was found to frame the ways in which verbal messages are interpreted.

Debra Roter & Judith Hall (1989) pointed out that different vocal styles can have powerful expressive influences with patients. Tone of voice is an important part of doctor-patient communication. Based on the interviews conducted in this study, the doctors expressed how they use tone of voice during their consultation sessions with their patients.

“I believed a doctor’s tone of voice is significant in the doctor’s daily career life with their patients. It reflects the doctor’s concern on the message conveys to their patients in the emphatic way. (Dr. O)

Basically doctor’s tones of voice can be a positive point for patients on their health. For example, if I talk in positive voice, then the patients will perceive as it is caring and if I talk negative tone, then patients will disappoint with me (Dr. H).

The tone of voice of the doctor... is kind of “warm and supportive” in positively. A doctor’s tone of voice will lead to the patient satisfaction in the health care setting. We cannot harsh to the patient. Right… (Dr. F)

Dr. O believes a doctor’s tone of voice is an important factor in working effectively with patients. He explained that tone of voice shows the doctor's concern in conveying messages to patients. The literature strongly supports this finding that with tones of voice described as “warm and supportive” or “capable and concerned”, patients expressed that they had been given more “choice and/or control”, additional “satisfied” with doctor's communication, sensed they given additional “information” and required better “trust”. When the doctor's voice was more “enthusiastic”, the result was similar, but it was also positively associated with medication adherence (Joyce, 2015). From the responses provided in this study we found that the doctors use of “warm and supportive” vocal tones were positively related to patient satisfaction with their health care.

Doctors use tone of voice to communicate with their patients to create a trusted situation. Dr. H believed tone of voice of the doctors will make the patients trust their doctors and continue to overcome their illness. On the other hand, she also pointed that if the tone is harsh, then the patients will show disappointment with their doctors and also create a bad reputation for other doctors at IJN. This response is supported in the research literature that suggest that the most negative tone of voice is seen as hostile and disrespectful and is associated with significant and sustained pain and patients’ poorer physical health (Hall, Stein, Roter & Rieser, 1999). Obviously, the physician’s tone of voice reflects his/her satisfaction with patients (Hall, Stein, Roter & Rieser, 1999). Based on these interview responses it was concluded that the doctors’ tone of voice reflects the doctors’ levels of empathy and understanding of the patient. The research findings also suggest that doctors use appropriate tone of voice sincerely to support the patients by providing clear and also encouraging messages during the consultation sessions.

The vocal tones that doctors use with their patients have also been associated with patient satisfaction (Roter, 2006). Dr. F perceived that patients were more satisfied with the doctors who used vocal tone that were calm when delivering health care information. Dr. F feels that negative tone of voice that may sound anxious and irritated can lead to bad patient perceptions on their doctors and lead to patient dissatisfaction. The literature supported respondent’s in this study as tone-of-voice able to precise sentimental feelings and understanding. Scholars pointed a doctor who communicates with a patient in an undesirable way, such as using a cruel or irritated tone of voice, was more likely to cause litigious feelings than a doctor who communicates with a patient in a positive manner (Ambady, LaPlante, Nguyen, Rosenthal, Chaumeton & Levinson, 2002).
5. Conclusion

Based on the research reported in this study, the doctors interviewed explained that they showed empathy through tone of voice, which is related to better conclusions, with fewer negligence claims in their career life. At the same time, the study results showed that doctors express themselves with brief and kind voices to avoid hostility with their patients. Based on these findings, it was concluded that there were several main themes concerning the doctors’ use of Nonverbal communication during interactions with their patients. These main themes are presented in Table 4.3 as follows.

<table>
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<td>ii. Body language and gesture</td>
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<td>iii. Eye contact</td>
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</table>

Four main themes were identified from the main category.

This research concentrated on how cardiology doctors used Nonverbal communication with their patients at the IJN Malaysia. Results from the interviews and observations suggested that the cardiology doctors depend on their use of Nonverbal communication cues:

1. When they touch their patients. Touch is a form of Nonverbal interaction that was found to be especially important for the development of empathy. For example, doctors touch their patients to express kind and responsiveness. The study identified two types of touch in the consultation: social and physical touch. Social touch has particular social importance, such as a handshaking, and physical touch is used for the purpose of medical examination.

2. When they communicate with patients using eye contact. Eye contact in this study particularly point out the nonverbal cues related to understanding, trust, empathy, and relationship.

3. Tone of voice of doctors can be related to nonverbal communication which show warmth that can be conveyed by eye contact, interest, caring tone of voice, a touch on the arm, or a smile, or simply leaning forward and establishing eye contact.

REFERENCES


