AWARENESS AND EXTENT OF KNOWLEDGE OF TAXONOMIES OF NONVERBAL COMMUNICATION CHANNELS AMONG HEALTHCARE PROVIDERS IN SOUTH EASTERN NIGERIA

Ogochukwu N. Onyenekwe
&
Ogochukwu C. Ekwenchi
&
Ifeanyichukwu Ezebialu
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Abstract

Communication is vital between health care providers and their clients. Though not often studied, nonverbal communication has been found to be a vital element within the total communication process. Its place in healthcare provision cannot be overemphasized. With various taxonomies or channels of nonverbal communication, the purpose of this study was to ascertain healthcare providers' ability to identify the taxonomies of nonverbal communication. Participants for the study were healthcare providers at the antenatal clinic of three Tertiary Health Institutions in South Eastern Nigeria. The instrument for data collection was questionnaire. Statistical analysis of data was performed using Chi-square. Significant level was placed at p<0.05. Findings showed that all the healthcare providers were aware of nonverbal communication. Predominant numbers of health care providers use nonverbal communication to interact with their clients (X2=8.167, p<0.05) and significant numbers of the healthcare providers did not show gender bias in attending to their clients (X^2=5.638, p<0.05). However, insignificant numbers of healthcare providers did not apply their knowledge of proxemics

and chrone Verbalmics (X^2=1.333; p=0.248 & X^2=1.286; p=0.257) respectively nor did they understand the taxonomies of kinesics, chronemics, haptics and proxemics. The finding in this study, showed poor understanding of taxonomies of nonverbal communication channels amongst the healthcare providers despite widespread awareness of nonverbal communication. This study thereby concludes that nonverbal communication may be poorly taught in medical school possibly due to non-existence of a curriculum tailored to suit the training.

Key words: Communication, Taxonomies, Non-Verbal Communication,, Verbal Communication, Awareness.

Introduction

Communication, as a fundamental human activity, is the process of sending and receiving messages through verbal and nonverbal means. Most people think about communication chiefly as a word that is written or spoken, that is verbal communication. They rarely focus on the nonverbal aspect of communication (Okunna, 2018, Xu, Staples & Shen, 2012). Studies show that the majority of communication is nonverbal (Cherry, 2021; Mehrabian, 2007; Ali, 2018). Nonverbal communication has been defined as communication without linguistic content (Fernandez, 2010). It includes apparent behaviours such as facial expressions, eyes, touching, and tones of voice, as well as less obvious messages such as dress, posture and spatial distance between two or more people. Everything communicates, including material objects, physical space, and time systems. Although verbal output can be turned off, nonverbal cannot. Even silence speaks.

Judee Burgoon, (1994) identified seven different nonverbal dimensions: 1) Kinesics/Body Movements including facial expressions and eye contact. 2) Vocalics/Paralanguage that includes

volume, pitch, rate and timbre of voice. 3) Personal appearance 4) Physical environment and the artifacts or objects that compose it. 5) Proxemics or personal space. 6) Haptics or touch. 7) Chronemics or time. It has been noted for instance, that good communication between healthcare professionals and pregnant women is essential (Jennings, Yebadokpo, Affo, & Agbogbe, 2010 ; Wiechula, Conroy, Kitson, Marshall, Whitaker & Rasmussen, 2016). It should be supported by verbal, written and nonverbal information tailored to the women's needs, treatment and care. Experts in nonverbal communication are of the opinion that the information women are given about care during pregnancy should be culturally appropriate, accessible to women with additional needs such as physical, sensory or learning disabilities, and to women who do not speak or read English (Fagbamigbe & Idemudia, 2015).

Whether in interpersonal or group communication, nonverbal communication is significant and of great importance. Humans use nonverbal communication because words have limitations. There are numerous areas where nonverbal communication are more effective than verbal. For instance, when explaining the shape, directions, personalities involved in a given situation, nonverbal expressions give weight to the verbal expressions. Travaline, Ruchinskas and D'Alonzo (2005), opine that much of what is conveyed between a physician and patient in a clinical encounter occurs through nonverbal communication. For both physician and patient, images of body language and facial expressions will likely be remembered long after the encounter than any memory of spoken words. This been the case, the study sought to ascertain the healthcare providers' level of awareness and knowledge of these taxonomies of nonverbal communication during antenatal care.

Methodology

The study was conducted using three randomly selected Tertiary Health Institutions namely, Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Awka, Nnamdi Azikiwe University Teaching Hospital (NAUTH) Nnewi and Enugu State University Teaching Hospital (ESUTH) Parklane Enugu. All the Tertiary Health care facilities are situated within the South Eastern part of Nigeria. The antenatal clinic of these Health Institutions was the point of participant recruitment and administration of copies of the questionnaire.

A total of 26 healthcare providers recruited randomly from the selected Tertiary Health Institutions participated in the study. The health care providers were aged between 24years and 54years. They were midwife/nurses and specialists in Obstetrics and Gynaecology. They all had first degrees with a greater proportion of them possessing a postgraduate degree.

The questionnaire was administered on 29 healthcare providers but only 26 copies of the questionnaire were recovered. This represented a recovery rate of 89.7%. The content of the questionnaire was developed by the authors and experts in the field of health sciences. The questionnaire contained two sections. The first section covered demographics like age, gender, duration of practice as a healthcare provider and in the present tertiary health facility. The questionnaire was pretested on 5 healthcare providers.

The Ethics committee of the Tertiary Health Institutions granted ethical clearance for the study. Informed consent was also obtained from the healthcare providers. The variables were expressed in percentages. The test statistics used for analysis of data were Chi-square. Significant level was placed at $p<0.05$.

Results/Findings

The predominant age range of the healthcare providers was 20 to 49years while predominant years of work experience of the healthcare providers was 1 to 15 years. Male and female health care providers constituted 50% each of the study population. Table 1.

Table 1: Demographic presentation of healthcare providers

Variable	Frequency	Percentage
Age (year)		
20 to 29	5	21
30 to 39	9	37.8
40 to 49	5	21
50 to 59	3	12.6
≥60	2	8.4
Gender		
Male	13	50
Female	13	50
Duration of practice of HCP		
1 to ≤ 5	9	36
>5 to ≤ 10	8	32
>10 to ≤15	5	20
>15	4	16

All the Healthcare providers were aware of nonverbal communication. While 16 (64%) of the health care providers did not receive any formal/ informal training in NVC, 9(36%) received formal/informal training in NVC (X^2=1.960; p=0.162). There were no significant differences in proportions of Health care providers that had formal or informal NVC training compared with those that

did not have such trainings (X^2=3.600; p>0.05 & X^2= 0.400; p>0.05) respectively. Table 2.

Table 2: Awareness of nonverbal communication channels and type of nonverbal communication training of healthcare providers.

Observation	Yes (%)	No (%)	X^2	P-value
Have you heard about NVC	26 (100)	0 (0)		
Formal/informal training in NVC	9(36)	16(64)	1.960	>0.05
Only Formal training in NVC	8(80)	2(20)	3.600	>0.05
Only informal training in NVC	6(60)	4(40)	0.400	>0.05

Predominant numbers of healthcare providers 19(79.2%) use nonverbal communication in interactions with their clients compared with 5(20.8%) that did not use nonverbal communication in interacting with their clients (X^2= 8.167; p=0.004). Similarly, predominant numbers of the healthcare providers 19(73.1%) did not have gender bias while interacting with their clients compared with 7(26.9%) that had gender bias (X2= 5.638; p=0.019). However, the proportions of healthcare providers that claimed to apply their knowledge of proxemics and chronemics were not different from the proportion that did not apply the knowledge of proxemics and chronemics (X^2=1.333; p=0.248 & X^2=1.286; p=0.257) respectively. Table 3.

Table 3: Evaluation of uses of nonverbal communication channels by healthcare providers

Observation	Yes (%)	No (%)	X^2	P-value
Use of NVC in interactions	19(79.2)	5(20.8)	8.167	<0.05
Reservation using NVC with clients	7(26.9)	19(73.1)	5.638	<0.05
Applied knowledge of haptics to clients	9(81.8)	2(18.2)	4.455	<0.05
Applied knowledge of proxemics to clients	8(66.7)	4(33.3)	1.333	>0.05
Applied knowledge of chronemics to clients	5(71.4)	2(28.6)	1.286	>0.05

There were no significant differences in number of healthcare providers that know what the various nonverbal channels of haptics, proxemics, chronemics and kinesics compared with those that did not know the nonverbal channels. Table 4

Table 4. Evaluation of knowledge of nonverbal communication channels of healthcare providers (HCPs)

Observation	Yes (%)	No (%)	X2	P-value
Do you know what haptics in NVC is?	9(37.5)	1562.5)	1.500	>0.05
Do you know what proxemics NVC is?	7(70)	3(30)	1.800	>0.05

Do you know what chronemics NVC is?	9(42.9)	12(57.1)	0.429	>0.05
Do you know what kinesics NVC is?	9(45)	11(55)	0.200	>0.05

Discussion.

All the healthcare providers think they were aware of nonverbal communication and its taxonomies. In responding to the question if they have heard about nonverbal communication, they all claimed to have heard about it. Awareness of nonverbal communication will lead to a greater understanding of the messages exchanged (Sudirman, Pasinringi & Siden,2016) between healthcare provider and patient. In healthcare settings, communication has been shown to be essential in establishing client –healthcare relationship (Wiechula, Conroy, Kitson, Marshall, Whitaker & Rasmussen, 2016). There is significant evidence that doctors need to pay considerable attention to their own nonverbal behavior (Silverman & Kinnersley, 2010)

The finding of the study revealed that the healthcare providers had not subjected themselves to any definite form of training in nonverbal communication. They could not decipher between formal and informal training in nonverbal communication. This is an indication of possible lack of formal exposure to nonverbal communication in their professional training (Keutchafo, Kerr & Jarvis, 2020).

Predominant numbers of the healthcare providers use nonverbal communication in interacting with their clients and did not have gender bias when interacting with their clients. Studies have shown that effective communication is needed in developing confidence between healthcare provider and clients (Kounenou, Aikaterini & Georgia, 2011; Martin, O'Connor-Fenelon & Lyons,

2010). In this study, a predominant number of the healthcare providers were not gender biased in their interactions with their clients. This connotes that the clients will have maximal benefits from interactions with their healthcare providers. While a significant number of the healthcare providers applied haptics in the course of care to their clients, most were not at home with proxemics and chronemics. This finding tallies with a nine year review by Keutchafo,Kerr & Jarvis, (2020) which stated that twenty two studies met eligibility standards and showed limited use of chronemics and artefacts.

The study observed that the inability to apply chronemics, kinesics and proxemics in the care of their clients was borne out of lack of understanding of what these channels really mean. Considering that the healthcare providers have being in practice ranging from 1 to over 15 years is an indication that they are not rooted in knowledge and understanding of nonverbal communication. In fairness, most of the procedures employed in interacting with their clients are part of taxonomies in nonverbal communication in action. Therefore, it may be necessary to document the various procedures or acts of healthcare providers in a bid to enlighten them on the taxonomies of nonverbal communication.

Conclusion

This study concludes that though all the healthcare providers were aware of nonverbal communication, the taxonomies of nonverbal communication are strange to them. This may be an indication of the nonexistence of nonverbal communication as part of the curriculum in their professional training. This study thus recommends that a formal curriculum be introduced to healthcare

professionals during training because in their practice of the art of healthcare, a lot of nonverbal communication channels are expressed.

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AUTHORS' NAMES AND ADDRESSES
Ogochukwu N. Onyenekwe
Mass Communication Department,
Nnamdi Azikiwe University, Awka, Nigeria.
&
Ogochukwu C. Ekwenchi
Mass Communication Department,
Nnamdi Azikiwe University, Awka, Nigeria.
&
Ezebialu Ifeanyichukwu
Obstretric & Gynaecology Department,
Chukwuemeka Odumegwu Ojukwu University Teaching Hospital,
Awka. Nigeria.