Caregivers' Use of Non-Verbal Cues in Enhancing Patients' Well-Being and Satisfaction

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Abstract— Non-verbal communication is important in patient-doctor relationship in recording accurate conditions during medical interview. Gestures such as social touch and moderate eye contact are effective in improving the chances of fast recovery. Sometimes, when patients are explaining how they feel, caregivers (doctors and nurses) deviate and conclude without trying to understand the patient. Meanwhile, being able to understand the patient's body language and facial expressions is key to making correct diagnosis and finding solutions. The study examines Ikenne Local Government caregiver's knowledge, understanding and extent of use of non-verbal cues in enhancing patient well-being and satisfaction. Anchored on Peplau's theory and the interaction adaptation theory, a survey was conducted among purposively selected caregivers in Babcock University Teaching Hospital in Ilisan and General Hospital Ikenne. Using the total enumeration sampling technique, 256 caregivers participated in the study. A pre-tested questionnaire was used as data gathering instrument. Only 200 copies of the questionnaire were analysed using descriptive statistical tools. Results show that non-verbal cues caregivers use are touch, eye contact, smile, demonstration, body posture and appearance with the most used being facial expressions ($\bar{x}$ = 4.38), and the least being long stare ($\bar{x}$ = 3.78). Caregivers have a high understanding of when and how to use them ($\bar{x}$ = 4.30). The study recommends more education on the professional use of communication.

Index Terms— Caregivers, Non-verbal cues, Patient, Satisfaction, Well-being.

1 Introduction

SIMPLY defined, non-verbal communication is communication without speaking. It is communication produced by some other means including eye contact, body language, or vocal cues. It is a medium through which people determine sincerity and achieve complete understanding of any communication exchange. Without non-verbal communication, communication is never really effective or complete.

Non-verbal communication precedes the invention of spoken communication. Schmitz (2012), revealed that several years prior to the development of the ability to communicate with words, people relied on non-verbal communication. As a matter of fact, non-verbal cues carry approximately two-thirds of a message's communicative value (Sage.com, 2019). This facts underscores the fact that non-verbal communication speaks volume even when not accompanied with words. When used in interpersonal communication, non-verbal communication reveals the state of mind of those involved, including their expectations as well as sense of self. In other words, it is a powerful tool for understanding ourselves and others. Affirming further the importance of non-verbal communication, (Segal et al, 2019) noted that gestures such as posture, tone of voice, eye contact, convey strong messages which can put people at ease, build trust and draw people to one another.

Non-verbal communication is defined as the actions or attributes of humans, including their appearance, use of objects, sound, time, smell and space that have socially shared significance and stimulate meaning in others (Sage.com, 2019). It is as a process of generating meaning using behavior other than words (Schmitz, 2012).

The importance of the use of non-verbal cues between caregivers and patients cannot be over-emphasised in view of the fact that patients may not be comfortable discussing their personal information. While it is true that a doctor-patient relationship is unique as individuals are expected to share intimate details with someone they may not know well, patients often feel nervous sharing their feelings. Sometimes, they may be too embarrassed to share how they feel, thus, it is only a good healthcare professional that will be able to glean additional information through the patients' non-verbal communication. Only then can proper diagnosis can be made and patients satisfied. When these clues are missed possibly due to the inattentiveness of the caregiver, well-being and satisfaction of the patient may be difficult to achieve. Meanwhile, studies have shown that that eye contact and social touch (a handshake or pat on the back) made patients see health professionals as more compassionate just as appropriate eye contact boosted patient ratings of relationship (Montague et al; Harrigan, J., Oxman, T.E. & Rosenthal, R., 1985). Rogers (2002) also noted that physicians who have mastered non-verbal communication are more comfortable with their patients and vice versa. The study therefore examines how caregivers use non-verbal cues to enhance patients' well-being and satisfaction.

2 COMMUNICATION: FORMS AND STRENGTHS

Communication can be classified into spoken or verbal communication, non-verbal communication. While the verbal communication involves communication using words or writing, non-verbal communication is a type of communication adopted consciously and subconsciously, without the use of words or writing. It involves facial expressions (such as a smile, frown) pictorial depictions, symbols, gestures, body language, posture, style of clothing, tone of voice, etc. In other words, it is all about the body language of the speaker. Overtime, scholars have argued over which form of communication is more important and under which circumstances is one more relevant than the other. The fact however is that both forms of

communication have their strengths and weaknesses. As such, the best way to approach its use is in a complementary manner. This study is therefore not aimed at deemphasizing the importance of verbal communication, rather, it reinforces its strength especially when used along with non-verbal communication during medical consultations especially when patients' well-being and satisfaction are concerned.

2.1 Non-Verbal Communication: Principles, Functions and Types

Historically, the use of non-verbal communication predates verbal communication playing an early and significant role in the development of verbal communication. As such, both serve different communicative functions in view of the fact that while non-verbal communication is mostly biologically based and is processes by an older part of the human brain, verbal communication is usually traditionally based. This view is further strengthened by the fact that some non-verbal communication has the same meaning across cultures while no verbal communication systems share that same universal similarity (Schmitz, 2012).

Non-verbal communication adds a sense of warmth, empathy, caring, reassurance, and support to interpersonal communication. On the other hand, it can also reveal disinterest, boredom, anger, irritation, or disbelief. Non-verbal communication serve different functions including conveying meaning by reinforcing, substituting for, or contradicting verbal communication. In addition, it has been found to be useful in influencing people and regulating conversational flow. Eunson (2012) further suggested that non-verbal communication is used where it may be impossible or inappropriate to talk; complement verbal communication, modify the spoken word, contradict verbal communication intentionally or unintentionally, regulate conversation, express emotions and interpersonal attitudes, negotiate relationships, convey personal and social identity through dressing and adornment as well as contextualize interaction by creating a particular social setting.

Scholars have identified different types of non-verbal communication. These include facial expressions which communicates the speaker's attitude, emotions, intentions, and so on. The face is the main source of reactions in this instance. Eye gaze is another type which involves the use of the eyes to look, stare, and blink such that when people encounter people or things that they like, the rate of blinking surges and pupils enlarge. Looking at another person can rouse a variety of emotions including hostility, interest, and attraction. Body gestures is the third and it is simply a movement made with a limb, especially the hands, to express, confirm, emphasize or back up the speaker's attitude or intention. Body posture is another form of non-verbal communication which is a more or less steady state distinguishing and presumed for a special purpose or correspondingly to the normal potentials in the perspective of a specific situation. This is the case when one is be lying down, seating, or standing.

Paralinguistic is another form which refers to spoken communication separate from real language comprising such factors as tone of voice, loudness, inflection, and pitch. When a message is delivered in a strong tone of voice, listeners might understand approval and interest but when the same words are said in a cautious tone of voice, it might express dissatisfaction and a lack of interest. Proxemics deals with the need for "personal space," which is similarly a significant kind of non-verbal communication. Haptics has to do with communicating through touch which can be used to communicate affection, familiarity, sympathy, and other emotions.

Appearance is another form of non-verbal communication which has to do with choice of color, clothing, hairstyles, and others. Research on color receptivity has established that altered colors can suggest different moods. Appearance can also modify physical reactions, judgments, and interpretations. Lastly, there are signs or emblems which include all of those gestures that supplant words, numbers, and punctuation marks. They may vary from the monosyllabic gesture to more complex systems as the American Sign Language for the deaf where non-verbal signals have a direct verbal translation. However, it should be emphasized that signs and emblems are culture-specific. The thumb and forefinger gesture used to represent 'okay' in the United States assumes a derogatory and offensive interpretation in some Latin American countries." (Schmidt et al, 2007).

2.2 Non-Verbal Behaviours and Caregiver-Patient Relationship

According to Manusov & Patterson (Eds.), there are two aspects of non-verbal behaviors that are usually studied when it comes to caregiver-patient relation. These are the affiliative behaviors and controlling behaviors. Affiliative non-verbal behaviors are all non-verbal behaviors that aim at creating a positive relationship between the caregiver and the patient by paying attention, showing interest, empathizing with patient, as well as friendliness. Specifically, such behaviors as smiling and nodding, signs of participation such as facial expressiveness, body posture, and forward leaning. On the other hand, controlling non-verbal behaviors include all non-verbal behaviors that aim at gaining or preserving control over the communication partner. They include, for instance, talking in a loud voice or adopting an extensive body posture (i.e., occupying a maximum of space).

Among these two types of non-verbal behaviors found among caregivers, affiliative non-verbal behaviors have been shown to absolutely impact patient outcomes. The result of an experimental study revealed that when caregivers embrace affiliative non-verbal behaviors such as making eye contact with the patient, hardly looking at the patient chart, using non-apprehensive facial expressions, smiling regularly, leaning forward, and sitting moderately close (two feet) to the patients, they are more pleased with their caregivers, trust them more, and remember more medical information than when caregivers embrace less affiliative behaviors (e.g., little eye contact, frequent looking at the chart, neutral facial expressions, leaning backward, and sitting four feet away from the patient). In the same way, when physicians touch their patients gently on the forearm for one to two seconds at the end of the visit while emphasizing the significance of following the medication, patients were more likely to essentially take their medication as prescribed (i.e., they showed more medication adherence) than when the physician strained the significance of following the medication without touching the patients (Mast and Cousin,

2013).

On the other hand, correlational research discovered many relations between caregivers' affiliative behaviors, as uttered non-verbally, that reproduce the results of experimental studies in real medical settings. For example, meta-analytical results show that physicians' and nurses' affiliativeness (warmth) and listening to the patient are connected with more patient satisfaction. Noting that even in silence, messages are transmitted deliberately or accidentally, Ali (2018, explained that a nurse who stands when a patient enters a room and steps forward with a welcoming smile is in stark contrast to the one who remains behind a desk looking at the patient's note. Correlational research also recommends associations between caregivers' nonverbal affiliativeness and patient outcomes that have not (yet) been shown by experimental research. For example, caregiver's staring at the patient has been related to more positively identifying his or her psychological suffering. Caregivers' emotion (operationalized perversely across studies, e.g., through nodding, smiling, frowning, gestures, and variations in the tone of voice) is correlated to more patient satisfaction in patients of different ages, as well as to better improvement of physical and cognitive functioning in elderly patients.

2.3 Patients and Physicians' Non-Verbal Behaviours: The Nexus

According to Robinson (2006), patients' non-verbal behavior has been influenced by physicians' non-verbal behaviors. Research shows for example that patients tend to reflect affiliative behaviors in the physician (e.g., gazing, facing orientation) and that interactional synchrony between the physician and the patient with respect to non-verbal behavior (i.e., when physician and patients display similar behavior at the same time) is associated with more interactional comfort (i.e., patients and physicians feel more at ease). Equally, it has been established that healthcare providers use of non-verbal communication predicts several important patient outcomes (Thompson & Golson, 2013).

In the psychotherapeutic field as well, therapies are more positively effective when therapists and patients mirror each other's body movement and posture than when they do not. This might be explained by the fact that mirroring is associated with greater observed rapport and liking between the interaction partners.

Non-verbal sensitivity which is defined as correctly gathering others' traits and states on the source of their non-verbal behavior, is an important skill for physicians and other caregivers to possess. A possible area of challenge for caregivers in this respect is that caregivers may lack non-verbal sensitivity when it comes to identifying emotional states in their patients or assessing patient satisfaction and liking of the physician. Research has shown that female medical students show more non-verbal sensitivity than male medical students. Lack of non-verbal sensitivity in physicians is theoretically a problem, particularly because this skill is supplementary with more patient satisfaction and better appointment keeping.

The fact remains that patient non-verbal behaviors are usually helpful to therapists when diagnosing because non-verbal features accompany most psychopathologies (e.g., mood disorders, schizophrenia, autism, substance dependency). Individuals suffering from depression or from schizophrenia typically show reduced emotional expressiveness (e.g., non-expressive facial displays, gaze aversion, scarcity of gestures, monotonous voice tone). Similarly, such patients have a poorer ability to correctly understand others' emotional states on the foundation of others' non-verbal behavior (i.e., less non-verbal sensitivity) associated to healthy individuals. Additionally, patients' non-verbal behavior also provides information about the patient to the therapist that the patient is not willing or able to give verbally (e.g., distress, deception). Finally, non-verbal training can be part of the therapy, for example when patients with non-verbal discrepancies (e.g., autistic patients who normally have difficulties in understanding others' emotion) are trained to encode and decode non-verbal behavior in order to enhance their social skills (Mast and Cousin, 2013).

2.4 Modern-Day Challenges to Physician Non-Verbal Communication

In contemporary times, the challenges of physicians' use of non-verbal communication are numerous. In this section, we will discuss some which include the difficulties of increased participation. Impliedly, modifications in the society as well as medical practice have fortified the expectation of greater patient contribution in consultations. Patients are encouraged to ask questions and expect to be more involved in decision making. One might expect this to lead to improved communication between doctor and patient. Unfortunately, it has been observed that that doctors respond to improved patient contribution with non-verbal blocking behaviors.

The use of computers is another challenge affecting physicians' use of non-verbal cues especially in the last two decades which saw businesses going completely high-tech. Although such technologies as computers should have improved healthcare services, the effect of losing eye-contact with the patient by looking at the records, whether paper or computer has been noted. Needless to say that this behavior reduces patient confidence while increasing the chance of doctors missing or forgetting information. (Silverman, J. & Kinnerseley, P., 2010)

2.5 Theoretical Framework

Two theories provided the theoretical background for this study. These are interaction adaptation theory and peplau's theory. The interaction adaptation theory suggests that people tend to modify their behavior in response to the behavior of another person in conversations (Infante, Rancer, Avtgis & MacGeorge, n.d). This can be likened to the interaction between the caregiver and patient in in the context of this study. Impliedly, the behavior of the caregiver as well as the patient is important as this will determine how each will adapt to the communication process. In the long run, the outcome will also be affected.

Peplau's theory on the other hand is one of the earliest theorists in nursing described as a landmark theory in nursing that places importance on reciprocity in the interpersonal

relationship between nurses and patients. Although, it is not a new theory, it is relevant to medical practices in the sense that it recognizes the fact that interpersonal relations idea offers a contextual framework for understanding many of the challenges, which lie within the medical profession (Peplau, 1991). The theory challenges caregivers' logical thinking from "what caregivers do to patients" to "what caregivers do with patients". In other words, it advocates for patient-minded care which can only come with a full knowledge of the patient's condition.

2.6 Empirical Review

Khan, Hanif, Tabassum, Qidwai, and Nanji (2014) conducted a study on patient attitudes towards physician non-verbal behaviors during consultancy at a community health centre (family practice clinic), at the Aga Khan University Hospital, Karachi, Pakistan (Akuh). Out of 120 patients interviewed, 75.8% said they can be taped on their shoulder, 38.3% on their upper back, 14.2% on their hands while 59.1% do not want to be touched on either their knee. 38.5% if tapped on their shoulder, they will take it as a gesture of comfort, 24.1% will take it as respect, 21.6% as healing and 19.1% as a way to increase mutual understanding.

Banaser, Stoddart and Cunningham (2017) found from a qualitative study on patient satisfaction in oncology wards setting in Saudi Arabia, that patient satisfaction levels were suggestively prejudiced by the interpersonal aspects of care. Doctor-patient and nurse-patient relationships were considered core to patients' experiences, with person-centered, interpersonal skills being particularly significant. In addition, sociocultural issues such as language barriers and non-disclosure negatively impacted on levels of satisfaction. As such, the study recommends attention to such factors as necessary to improving quality of care in oncology ward settings.

McCabe (2003) explored nurse–patient communication on patients' experiences. Data was gathered through unstructured meetings after which four themes came up. These were, 'absence of correspondence', 'visiting', sympathy' and 'agreeable medical attendants'. The findings of this investigation show that, as opposed to the earlier assumption that proposes that attendants are bad at speaking with patients, medical caretakers can discuss well with patients when they utilize a patient-focused methodology. Nonetheless, medicinal services associations do not seem to esteem or perceive the significance of attendants utilizing a patient-focused methodology when speaking with patients to guarantee the conveyance of value understanding consideration.

In order to comprehend the connection between non-verbal correspondence practices (eye to eye connection and social touch) to tolerant appraisals of clinician (compassion, connectedness, and loving), Montague et al. (2013) conducted a study on non-verbal interpersonal interactions in clinical encounters and patient perceptions of empathy. The findings showed that length of sitting and eye-to-eye connection among clinician and patient were decidedly identified with the patient's evaluation of the clinician's compassion. Eye-to-eye connection was altogether identified with patient impression of clinician characteristics, for example, connectedness and loving.

In a review of literature on electronic databases aimed at knowing the influence of communication between nurses and physicians on patient outcome in hospital settings, Hakami and Hamdi (2013) discovered that correspondence among human services suppliers face different hindrances because of a few factors such as arrangements, control's assortment, workplace and doctor's capacity than different experts in social insurance. In addition, positive correspondence among attendants and doctors may improve employment fulfillment, understanding result and decline in therapeutic blunders.

Mast (2017) conducted a study on the importance of non-verbal communication in the physician–patient interaction. The objective of the study was to demonstrate that non-verbal perspectives in the doctor quiet association assume a critical job. This investigation presumes that the manner in which the doctor acts non-verbally influences persistent results, for example, tolerant fulfillment. Affiliative non-verbal conduct (e.g., eye stare and vicinity) of the doctor is identified with higher patient fulfillment.

Carrard et al., (2018) hypothesised that physician behavioral adaptability to their patient's preferences would lead to better patient outcomes and the physician interpersonal accuracy was positively related to behavioral adaptability. The result partially confirmed the hypothesis that female physicians who adapted their non-verbal behavior had patients who reported more positive outcomes. In addition, the study considered the differences in gender and discovered that the more female physicians were accurate interpersonally, the more they showed verbal and non-verbal behavioral adaptability. As for the male physicians, the study established that more interpersonal accuracy was linked to less non-verbal adaptability. This fact underscores the assumptions of the interaction adaption theory, one of the theories on which the study rests.

3. METHODOLOGY

The study adopts the quantitative research using the survey research method to sample a population comprising all caregivers (doctors and nurses) working in Ikenne Local Government. Two of the major healthcare facilities in the Local Government were purposively picked to represent all healthcare providers in the locale. The only private teaching Hospital in the local government - Babcock University Teaching Hospital (BUTH) and the only General Hospital also in IKLG were chosen. BUTH has a total of 246 doctors and nurses while IKLG General Hospital has a total of 10 doctors and nurses. Using the total enumeration sampling technique since the sample size is manageable, a total of 256 nurses and doctors participated in the study. Data was gathered with the use of a pre-tested questionnaire and results were presented using simple percentages and tables. Only 200 copies of the questionnaire were returned and anlaysed.

4. DATA PRESENTATION AND DISCUSSION OF

FINDINGS

Table 4.1: Non-verbal cues caregivers' use in enhancing patient well-being and satisfaction

Items	SA F %	A F %	D F %	SD F %	U F %	Mean $\bar{x}$
I use different facial expressions such as (smile)	110 55.0%	70 35.0%	4 2.0%	13 6.5%	1 0.5%	4.38
I maintain eye contact with my patients	93 46.5%	93 46.5%	31 15.5%	8 4.0%	2 1.0%	4.34
I appear well to improve patient interaction	93 46.5%	85 42.5%	4 4.0%	18 9.0%	0 0%	4.27
I touch my patients	90 45.0%	89 44.5%	6 3.0%	11 5.5%	2 1.0%	4.27
I use body gesture such as (demonstration)	92 46.0%	87 43.5%	3 1.5%	16 8.0%	2 1.0%	4.26
I use body posture such as folded arms & crossed legs during patient consultation	64 32.0%	83 41.5%	19 9.5%	34 17.0%	0 0%	3.89
I make long stare at my patient during consultation	58 29.0%	76 38.0%	4 2.0%	33 16.5%	2 1.0%	3.78
Maximum Scale Score = 35; Actual Scale Score= 29.16; Average Mean =						**4.17**

(*NOTE: Items are on a five point scale, maximum score for each item is 5; least is 1*)
Decision Rule: if $\bar{x}$ is ≤ 1.49 = Undecided; 1.5 to 2.49 = Strongly Disagree; 2.5 to 3.49= Disagree; 3.5 to 4.49= Agree; 4.5 to 5 = Strongly Agree
Source: *Author's computation of Field Survey Data (2019) using SPSS version 23*

Table 4.1 suggests that caregivers agreed they used non-verbal cues in enhancing patient well-being and satisfaction ($\bar{x}$ = 4.17). Caregivers were able to achieve this with different facial expressions such as (smile) to pass a message to their patient during consultation ($\bar{x}$ = 4.38), they maintained eye contact with their patients during consultation ($\bar{x}$ = 4.34). In addition, caregivers agreed their appearance (clothing) could improve patient's interaction during consultation ($\bar{x}$ = 4.27); caregivers also agreed they touched their patients to understand how they felt and reassured them ($\bar{x}$ = 4.27). They likewise used body gesture such as (demonstration) during patient consultation ($\bar{x}$ = 4.26), they in the same vein used body posture as (folded arms & crossed legs) to indicate complete attention during patient consultation ($\bar{x}$ = 3.89) and they made long stare at their patients during consultation ($\bar{x}$ = 3.78). Chahal (2017) confirmed that physicians can enhance patient satisfaction and adherence with appropriate eye gaze, proper distance or forward leaning, direct body orientation, uncrossed legs and arms, as well as arm symmetry. Mast and Cousin (2017) affirmed that looking at the patient, nodding or leaning forward has a positive impact on patient satisfaction.

Table 4.2: How non-verbal cues enhance well-being and satisfaction

Items	SA F %	A F %	D F %	SD F %	U F %	Mean $\bar{x}$
Non-verbal cues such as (smile, eye contact, body posture, appearance) can improve patient well-being and satisfaction	123 61.5 %	68 34.0 %	5 2.5 %	2 1.0%	2 1.0%	4.54
Using non-verbal cues convey a sense of warmth, empathy, care, reassurance and support	89 44.5 %	95 47.5%	8 4.0 %	4 2.0%	4 2.0%	4.31
As a caregiver, I can use non-verbal cues to enhance patient-well-being and satisfaction	83 41.5 %	99 49.5 %	8 4.0%	3 1.5%	7 3.5%	4.24
Maximum Scale Score = 20; Actual Scale Score= 17.38; Average Mean =						**4.35**

(*NOTE: Items are on a five point scale, maximum score for each item is 5; least is 1*)
Decision Rule: if $\bar{x}$ is ≤ 1.49 = Undecided; 1.5 to 2.49 = Strongly Disagree; 2.5 to 3.49= Disagree; 3.5 to 4.49= Agree; 4.5 to 5 = Strongly Agree
Source: *Author's computation of Field Survey Data (2019) using SPSS version 23*

From Table 4.2, participants agreed they had the knowledge on how nonverbal cues could enhance well-being and satisfaction ($\bar{x}$ = 4.35). Specifically, respondents strongly agreed that non-verbal cues such as (smile, eye contact, body posture, appearance) could improve patient well-being and satisfaction ($\bar{x}$ = 4.54). Furthermore, respondents agreed that using non-verbal cues convey a sense of warmth, empathy, caring, reassurance and support ($\bar{x}$ = 4.31), participants also noted that they had a good understanding on how to use non-verbal cues ($\bar{x}$ = 4.30) and that they could use non-verbal cues to enhance patient-well-being and satisfaction ($\bar{x}$ = 4.24).On the part of the physician, the results shows what caregivers aim to achieve when they use specific non-verbal cues. Khan, Hanif, Tabassum, Qidwai and Nanji (2014) confirmed that what physicians hope to achieve is many instances is what patients experience. The study showed that patients will take a physicians' tap on the shoulder as a gesture of comfort, respect and healing.

Table 4.3: How Caregivers use Non-verbal Cues in Enhancing Patient's Well-being and Satisfaction

Items	SA F %	A F %	D F %	SD F %	U F %	Mean $\bar{x}$
I use eye contact to show complete attention to my patient's during consultation	93 46.5 %	97 48.5 %	2 1.0%	5 2.5%	3 1.5%	4.36
I use facial expressions to show comprehension of patients complain during consultation	70 35%	98 49.0 %	24 12.0%	5 2.5%	3 1.5%	4.14
I touch my patient during consultation to	69 34.5%	72 36.0 %	46 23.0%	11 5.5%	2 1.0%	3.98

know how they feel						
I use body posture to adapt to my patient's communication style	54 27.0%	99 49.5 %	25 12.5%	17 8.5%	5 2.5%	3.90
I use body gestures to give proper diagnosis during consultation	63 31.5%	85 42.5 %	22 11.0%	24 12.0 %	6 3.0%	3.88
Maximum Scale Score = 25; Actual Scale Score= 20.25; Average Mean=						**4.05**

(*NOTE: Items are on a five point scale, maximum score for each item is 5; least is 1*)
Decision Rule: if $\bar{x}$ is ≤ 1.49 = Undecided; 1.5 to 2.49 = Strongly Disagree; 2.5 to 3.49= Disagree; 3.5 to 4.49= Agree; 4.5 to 5 = Strongly Agree
Source: *Author's computation of Field Survey Data (2019) using SPSS version 23*

Table 4.3 indicates that participants agreed with the scale ($\bar{x}$ = 4.05). Respondents agreed that they used eye contact to show complete attention to their patient's during consultation ($\bar{x}$ = 4.36). Furthermore, they used facial expressions to show comprehension of patients complaints during consultation ($\bar{x}$ = 4.14), they touched their patients during consultation to know how they felt ($\bar{x}$ = 3.98), they used body posture to adapt to patient's communication style ($\bar{x}$ = 3.90) and they used body gestures to give proper diagnosis during consultation ($\bar{x}$ = 3.88). The study shows that caregivers use different methods as appropriate to the situation to communicate with their patients during consultation. This confirms the view of McCabe (2003) who advocates for a patient-focused methodology to improve the value of nurse-patient communication.

5. CONCLUSION

Just as in many professions, customer satisfaction is always top priority in every well-meaning organization. In the fields of medicine and nursing, this is even more critical when it comes to improving patient outcomes. Patient well-being denotes a state of health which is signified by an improvement in the condition of a patient. In other words, it is a state where all physicians work with their patient to attain. Effective communication is however crucial in this wise as it has been proven to be the reason why a patient may show some improvement in their health condition or not. While emphasizing this fact, Mast and Cousin (2013:40) noted that "physician non-verbal communication has been linked to patient outcomes such as satisfaction, adherence, trust, patient behavior and better health".

Therefore, the study concludes that non-verbal cues caregivers in Ikenne Local Government use in patient consultation include facial expressions, touch, body posture, body gesture, among others. Caregivers agree that these non-vernal cues convey a sense of empathy, care, reassurance and support to patients. Caregivers use different non-vernal cues to show complete attention, comprehension, patient's feeling, adaptation to patient's communication style, give proper diagnosis, among others.

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