Kawasaki Journal of Medical Welfare Vol. 15, No. 1, 2009 9–13

Short Report

Nurses' Perception of Necessary Factors in Gaining Consent from Patients: Verbal-mediated Communication and Non-verbal Communication

Kenji TAKAO*, Manabu MIZUKO* and Yoshihiro KANEMITSU*

(Accepted May 20, 2009)

Key words: nurses, verbal-mediated communication, non-verbal communication

Abstract

This research analyzed factors necessary for obtaining consent from the patient as perceived by nurses. Explaining things to patients and listening to the patient's voice were defined as factors of verbal-mediated communication. The attitude toward patients (such as nods, making eye contact) and the tone of voice were defined as factors of non-verbal communication. A questionnaire survey was administered to nurses (n=142) (Mean age=30.2, SD=8.7) in December, 2007. The respondents were asked to rate the extent of importance by degrees of providing a lot of information to patients (explaining), listening to the patient's voice (listening), their attitude toward the patients (such as nods and eye contact), and the tone of voice when talking to the patients. The result suggested that nurses regard non-verbal communication as a factor more important than verbal-mediated communication.

Introduction

Medical skills are not restricted to the ability to perform medical treatment such as performing operations and administrating injections [1]. Effectively communicating with patients, such as listening to what patients have to say and explaining medical treatment to patients in the language that they can understand, is a skill of medical workers as well. Patients would rarely agree with medical workers who do not adequately explain to them the medical treatment and why it is necessary, even if they are highly skilled medical workers. Similarly, if patients perceive the explanation of medical workers as impolite, they would not agree with the explanation of the medical workers or may even feel anger toward them. Inappropriate explanation would hinder the achievement of successful medical treatment. For those reasons, being able to communicate well with patients is an important skill for medical workers.

The means of communicating with patients can be classified into two types: Verbal communication, which concerns the amount of information provided to patients and the attention paid to what patients have to say when explanations are given to them, and non-verbal communication, which concerns the tone of voice and attitude such as nodding and making eye contact [2]. One of the components of socially skilled performance is communication, both verbal and non-verbal [3]. Both verbal communication and non-verbal communication are important for obtaining patient's consent. If medical workers do not care about verbal

* Department of Clinical Psychology, Faculty of Health and Welfare, Kawasaki University of Medical Welfare, Kurashiki, Okayama 701-0193, Japan
E-Mail: takao@mw.kawasaki-m.ac.jp

and non-verbal communication, patients might incur dissatisfaction to them [4]. Obtaining consent from patients would be difficult if either of these two types of communication is insufficient. Therefore, both verbal-mediated communication and non-verbal communications are important factors in order to obtain consent from patients.

Needless to say, communicating with patients such as explaining and listening to what they have to say is part of the process for obtaining informed consent. The Japan Medical Association is promoting the enforcement of consent [5, 6]. In fact, providing patients with information about medical treatment, seeking their understanding, and reaching an agreement are factors that define the process for obtaining consent [7].

Obtaining consent from patients is especially important for nurses who spend a significant amount of time with patients. The role of nurses in communicating with patients is especially important in Japanese society, where patients tend to shy away from directly expressing their opinions to doctors [8]. Nurses, on the other hand, come in contact with patients more frequently and may be perceived as more approachable by patients [9]. Therefore, they are likely to develop a closer relationship with patients.

If nurses do not consider the importance of verbal factors, they might seriously hurt the patient's feelings [10]. Another study suggested that nurses perceive the non-verbal factor as an importance skill [11, 12].These suggestions mean that verbal-mediated communication and non-verbal communication are both important factors for gaining consent from patients. Do nurses regard verbal-mediated communication/non-verbal communication as factors more important than non-verbal communication/verbal-mediated communication? This research analyzed factors necessary for obtaining consent from the patient as perceived by nurses.

Method

1. Participants

The participants of the questionnaire were nurses who attended a seminar held at a general hospital in Okayama in November 2007. All the participants were female (n=142) and their mean age was 30.2 (SD=8.7).

2. Measures

The participants were first given the following direction: "How important are the following factors to you in order to obtain consent from patients (or their families) about medical treatment?" The participants were asked to judge the importance of these factors on a 5-point scale, with 1 being 'not important at all' and 5 being 'very important'.

The following items were presented in the questionnaire. The factor of verbal-mediated communication was rated by two items: "taking time to listen to opinions of patients or their families" and "the amount of information provided to patients or their families". These two items were added, and used as "factors of verbal-mediated communication". Whereas, the factor of non-verbal communication was rated by two items: "use of different tones of voice when explaining medical treatment to patients or their families" and "attitude when listening to opinions of patients or their families (e.g. nodding, making an eye contact)". These two items were added, and used as "factors of non-verbal communication".

Results

A t-test was conducted to compare the score with verbal-mediated and non-verbal communication. The analysis showed that nurses regarded non-verbal factors (M=9.57; SD=1.09) as more important than verbal-mediated factors (M=8.78; SD=0.73) ($t_{(139)} = -9.38$, p<.001).

Discussion

Why did the nurses perceive non-verbal communication, such as the tone of voice and attitude, as more important than verbal-mediated communication, such as the amount of information provided and the time spent to listen to patients and their families, despite their apparent importance? There are at least three possible reasons for the results.

One possible reason for this finding is the workload that nurses are faced with. As other medical workers, nurses are pressed with their duties every day [13-16]. Especially for nurses who work at hospitals with a large number of patients, especially general hospitals, it may be difficult to maintain good communications with all of patients. Because nurses have time constraints, there are limits to how much time nurses can spend listening to what patients have to say. Considering these limitation in the actual everyday practice in the medical field, the priority for nurses is to communicate with patients effectively. In order to achieve effective communication, nurses need to be creative with how they communicate with patients (e.g. by using different tones of voice and attitude) in addition to paying attention to the content of the information that is being communicated. Even when a minimum amount of information is being communicated, rich non-verbal communication can cause patients to feel satisfaction toward the nurses, depending on use of different tones of voice and attitude. Thus, it can be assumed that non-verbal communication was perceived as more important than verbal-mediated communication.

A second possible reason for our finding is variability in levels of transmission to patients. Even if nurses provide patients with the exact same information in the same words, levels of transmission of the information by individual patients will differ. If patients are confused by their illness, they regard non-verbal factors as more important than verbal factors [17]. The level of transmission of the information by the patients would depend on how the expression is made involving attitude or tone of voice properly. Simply providing patients with a large amount of information would not guarantee that nurses gain complete consent from patients. Rather, when nurses communicate with patients in order to provide explanations, it is necessary to carefully observe their attitude toward patients and to constantly make assessments of the patients' understanding of the information being communicated.

A third possible reason for our findings is the influence of the nurse's background in learning about communication. There are learning programs for the communication studies in nursing schools [18, 19] and medical schools [20-22]. These organizations support learning about successful communication with patients. These three factors would affect a nurse's perception about the importance of non-verbal communication.

However, it is not denied that both of the mean values of the factor of non-verbal communication and that of verbal-mediated communication are high. It seems unreasonable to conclude that the nurses do not regard verbal-mediated communication as important at all. Speaking relatively about the results of the statistical analysis, we are able to conclude that the nurse's perception of non-verbal communication is regarded as a more important factor than verbal-mediated communication. The perception of nurses toward verbal and non-verbal communication should be examined more precisely in the future.

Note

This work was supported by a grant from the Japan Society for the Promotion of Science of the Aid for Scientific Research (C) to Kenji TAKAO (Grant no. 18530499).

References

1. Donabedian A: *The definition of quality and approaches to its assessment.* Ann Arbor, MI, Health Administration Press, 1980.
2. King IM: *A theory for nursing: systems, concepts, process.* New York, Wiley, 1981.
3. Argyle M: Doctor-Patient Skills, in *Doctor-Patient Communication*, edited by Pendleton D, Hasler J, London, New York, Academic Press, 1983, pp57–74.
4. Tsuruta M, Kitashiro N, Ito E: Communication busoku ga maneku kanjya: kazoku no fuman ni taiou su ru. *Jpn J Nurs*, **67**: 543–549, 2003. (in Japanese).
5. Ikegami N, Campbell JC: *Nihon no Iryou- Tosei to Valance Kankaku.* Tokyo, Chuokoron-sha Inc., 1996. (in Japanese)
6. Hoshino K: *Informed Consent- Nihon ni najimu muttsu no teigen.* Tokyo, Maruzen Inc., 1997. (in Japanese)
7. Chatani N: On the relation disclosure and understanding in informed consent: The possibility of analogical explanation. *J Jpn Ass* **14**: 176–183, 2004. (in Japanese)
8. Chatani N: Nurses' role of Informed Consent. *Aichi-φιλοσοφια* **17**: 76–84, 2005. (in Japanese)
9. Ruditis SE: Developing trust in nursing interpersonal relationships. *J Psychosoc Nurs Ment Health Serv* **17**: 20–23, 1979.
10. Tomiyama M: Chotto shita "hito koto" ga kanjya wo kizu tsu ke ru. *Jpn J Clin Nurs* **34**: 1893–1901, 2008. (in Japanese)
11. Maeda E. Tsuchiyama M. Hashimoto H, Ishibashi K: Kangoshi no non-verbal communication no jittai to keiken nensu to no kanren: Byoreki chousyu bamen no video satsuei no bunseki kara. *Nihon Kango Gakkai Ronbunsyu: Kango sogo* **33**: 206–208, 2002. (in Japanese)
12. Blodis MN, Jackson, BE: *Nonverbal communication with patients: Back to the human touch.* 2nd edition New York, Wiley, 1982.
13. Kurosawa I: Innai ni okeru kangoshi futan keigen no kokoromi. *Byoin* **67**: 327–331, 2008. (in Japanese)
14. Komada T: Kinmu taisei no kaizen: Tokuni kango jyosyu yakin ni kanshite. *Byoin* **67**: 320–322, 2008. (in Japanese)
15. Yamada Y, Ishii E: Study of nurse's shift systems affecting fatigue and sleep. *Med Biol* **152**: 195–202, 2008. (in Japanese)
16. Tsuge N, Nozawa S, Endo R, Tsukamoto Y, Saito N: Kinmutaiseibetsu ni mita kangoshi no seishinkenkojyotai to syokumu manzokudo. *Nihon Kango Gakkai Ronbunsyu: Kango Kanri* **38**: 30–32, 2007. (in Japanese)
17. Kojima K: Informed consent and Communication. *Jpn J Clin Nurs* **34**:1884–1892, 2008. (in Japanese)
18. Fujisaki K: Rinsyou de ikiru communication skill: Kangoshi wa donoyouni kanjya to kaiwa shiteiruka. *Jpn J Nurs Sci* **33**: 771–775, 2008. (in Japanese)
19. Nakaoka N, Okita T: Kangorinri kyouiku ni motomerareru shiten. *Jpn J Nurs Sci* **33**: 940–946, 2008. (in Japanese)
20. Wakeford R: Communication Skills Training in United Kingdom in *Doctor-Patient Communication*, edited by Pendleton D, Hasler J, London, New York, Academic Press, 1983, pp233–248.
21. Hasler L: The consultation and postgraduate general practice training in *Doctor-Patient Communication*, edited by Pendleton D, Hasler J, London, New York, Academic Press, 1983, pp249–258.

22. Schofield T: The application of the study of communication skills to training for general practice in *Doctor-Patient Communication*, edited by Pendleton D, Hasler J, London, New York, Academic Press, 1983, pp259–271.