



# **"Silent but Significant": The Role of Nonverbal Communication in Elderly Care**

## **A Literature Review**

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Degree Thesis

Bachelor Degree Programme Nursing

2023

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“Silent but Significant”: The Role of Nonverbal Communication in Elderly Care

Arcada University of Applied Sciences: Bachelor’s degree Programme in Nursing, 2023

## Identification number:

27717

## Commissioned by:

Company’s name

## Abstract:

The elderly population requires specialized care, and nonverbal communication plays a vital role in improving the quality of their care. This paper explores the impact of nonverbal communication in elderly care, including its effects on patient outcomes and the nurse-patient relationship. The study draws on research from various nursing articles from PubMed, Sage Journals, and Google Scholar to demonstrate the importance of nonverbal cues such as facial expressions, gestures, touch, and body language. This is a qualitative study with inductive analysis, a method that uses research questions to limit the study’s scope also inclusion and exclusion process was applied; how closely the articles related to nursing, whether articles were suitable for referencing purposes, and if they were eligible for analysis and classification. Barriers of nonverbal communication in elderly care were closely linked to patient characteristics, language, cultural diversity, and nurse personalities. These factors can hinder communication between nurses and elderly patients, making it difficult to provide high-quality care and build strong relationships. The findings suggest that nonverbal communication can enhance patient satisfaction, reduce anxiety, and improve overall well-being. The study concludes by highlighting the need for nurses to develop skills and methods for providing adequate care to elderly people through nonverbal communication.

**Keywords:** Barrier, Communication, Elderly, Nonverbal Communication, Nurse, Patient

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## **FOREWORD**

Many thanks to my Arcada teachers, who provided me with an excellent education and instilled a passion for learning. Their dedication and expertise have been invaluable to me throughout my academic journey.

I will dedicate this thesis to my mother. Her love and support have given me the confidence to write this thesis.

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# 1 Introduction

Effective communication is crucial in delivering quality care to elderly patients, and nonverbal communication significantly enhances the nurse-patient relationship. While verbal communication is essential, nonverbal communication is silent but significant (Mozafaripour,2020).

If nurses want to communicate successfully, paying close attention to nonverbal clues is essential since they might disclose crucial information about someone's thoughts, feelings, and intentions (Sauter,2017).

The background chapter will provide an overview of the elderly care sector, define critical concepts related to nonverbal communication, and discuss types of nonverbal communication.

The theory chosen to guide the literature review is the Neuman System Model Theory, which will be covered in the theoretical framework chapter. This literature review explores the importance of nonverbal communication in elderly care and its role in care.

The methodology chapter will describe the data collection and analysis methods, including the search criteria for identifying relevant articles. This literature review will analyze and present fifteen articles chosen based on their relevance to the research question and the quality of the research presented.

The discussion chapter will present the literature review findings' interpretations, limitations, and strengths. It will explore the implications of the results for healthcare providers and elderly individuals.

In conclusion, the thesis will include a chapter that highlights the significance of nonverbal communication in elderly care.

## **2 Background**

Individuals utilize communication to carry out various tasks in their everyday lives, including work, social and recreational activities, community involvement, maintaining personal relationships, and attending to necessities. Many of these functions alter as people usually age. Humans end their working lives. When people modify their life responsibilities and alter their activity patterns, their social networks and personal connections may also change. They might need more assistance, such as health care services, to meet their everyday needs. The repercussions of communication problems also vary due to these shifting roles. Examining older individuals' activities is a crucial step in comprehending their responsibilities. For example, older people in the community undergoing occupational therapy spent most of their time alone and at home and homecare. They spent almost half of their time doing chores related to essential everyday tasks (Yorkston,2010).

In the past, nonverbal communication was utilized before verbal communication, and it was crucial to the early and significant growth of verbal communication. While verbal communication is often traditional and processed by a younger section of the human brain, nonverbal communication differs from oral communication because both serve different communicative tasks (Schmitz,2012).

Nonverbal actions make up more than half of nurse-patient communication and enable Interpersonal communication to be enhanced by nonverbal cues that convey warmth, empathy, care, assurance, and support. But it may also express boredom, apathy, irritability, rage, or incredulity. In addition, nonverbal communication can transmit meaning through supporting, replacing, or refuting verbal communication, among other things. Also, it affects individuals and controls the flow of conversation (Verdonck-de Leeuw,2004).

### **2.1 Types of nonverbal communication**

Nonverbal indicators like tone of voice, body language, and facial expressions, and it refers to nonverbal cues (Kobiruzzaman,2023). These nonverbal communication examples combine movements and positions of different facial muscles and create a recognizable face that conveys an emotional state or intention.

**Facial expressions** are essential to nonverbal communication and often express happiness, sadness, anger, fear, surprise, and disgust. The ability to recognize and interpret facial expressions is crucial in social interactions and communication, and it plays a vital role in the caregiver-patient relationship in elderly care. Examples include smiling, frowning, and raising eyebrows (Porta-Lorenzo et al.,2022).

**Eye-Contact** refers to looking directly into another person's eyes during communication. It is an essential component of nonverbal communication and can convey various meanings, such as interest, respect, dominance, or submission, depending on the cultural and social context. Eye contact can enhance communication effectiveness by establishing a connection between individuals, regulating turn-taking, and providing feedback on the message's reception. It can also influence the interpretation of verbal messages and affect communication between communicators (Jongerius et al.,2020).

**Gestures** are the intentional or unintentional movements of various body parts, such as the hands, arms, head, or face, used to convey messages or emotions. Gestures can be conscious or unconscious and express various meanings, including greetings, feelings, attitudes, or intentions. Gestures can be used in conjunction with verbal communication or as a standalone means of conveying a message. Gestures can also vary in significance, as different cultures may interpret the same gesture differently. Some gestures include hand gestures, arm movements, and head nod (Dael et al.,2013).

**Postures** are the alignment and positioning of the body to gravity and the surrounding environment. It encompasses the position of various body parts, such as the head, neck, shoulders, spine, and pelvis, and their relationship. Good posture involves maintaining a balanced and stable position that allows for efficient movement, optimal breathing, and minimal strain on the body's muscles and joints. Conversely, poor posture can lead to musculoskeletal problems, pain, and discomfort and affect physical and psychological well-being (Walsh et al.,2014).

**Proximity**, the physical separation between people during social interactions, is referred to as proximity. It is a crucial aspect of nonverbal communication, conveying important social and emotional information. Proximity can be categorized into four zones: intimate, personal, social, and public zone (Bogodistov and Dost,2017).



**Appearance** is an individual's physical characteristics, including clothing, hairstyle, grooming, body language, and other external features. Appearance is a crucial aspect of nonverbal communication, as it can convey important social and cultural messages and influence how others perceive and interact with an individual (Riggio and Riggio,2012).

**Touch** is physical contact between two individuals can be intentional or unintentional. Touch can be gentle, comforting, reassuring, aggressive, threatening, and invasive. Touch can also have physiological effects on the body, such as reducing stress, lowering blood pressure, and releasing endorphins. Touch can be achieved by shaking hands, hugging, and patting the back (Thompson and Hampton,2011).

**The tone of voice** is the quality and characteristics of a person's voice, such as pitch, volume, tempo, rhythm, and intonation, that convey emotional and social meaning in communication. The tone of voice can reveal a speaker's attitude, emotion, and intent and affect how the listener perceives and interprets a message. In touch, tone of voice works with verbal and nonverbal cues to convey a complete statement and can significantly impact communication effectiveness (Tiwari and Tiwari,2012).

**Body movement and position** are the physical actions and gestures that a person uses to convey messages or emotions, such as nodding, shaking the head, waving, pointing, or shrugging. On the other hand, body position refers to how a person holds their body, including posture, stance, and orientation about others. Body position can convey various meanings and emotions, such as confidence, defensiveness, openness, or dominance (Reed et al.,2020).

**Silence** can be defined as the absence of verbal communication, where no words are spoken or written. However, this does not mean any communication; it can convey important messages and emotions. Silence can also refer to a deliberate decision to remain quiet or not speak as a sign of respect or protest (Kemerer,2016).

**Micro-expression** is brief and involuntary facial expressions that occur within a fraction of a second, often revealing the person's genuine emotions or feelings. These expressions are difficult to detect and control consciously as they are automatic and subconscious responses to emotional stimuli. Micro-expressions are universal across cultures and can convey emotions like happiness, sadness, anger, fear, and surprise (Bandyopadhyay et al.,2020).

**Object communication** is nonverbal communication, where physical objects or artifacts convey messages or information. These objects can be anything from clothing, accessories, and tools to furniture, artwork, and other environmental items. Object communication can be intentional or unintentional and convey various meanings depending on the context and culture (Marno et al.,2014).

## **2.2 Nonverbal Communication in Elderly Care**

In elderly people, the most prevalent communication issues are the inability to write, hearing loss and poor vision, stuttering, weak facial muscles, and swallowing challenges. In addition, various medical conditions can hamper regular communication, from age-related physical problems like neurological disorders that impact the brain and muscles (D.A. Infante,2019).

Facial expressions are a key indicator of mood and emotions in the elderly. A grin, for instance, can imply contentment or enjoyment, but a frown can denote discomfort or pain. Nurses should also pay attention to the patient's body language to determine how comfortable or uncomfortable they are. For example, if the individual is restless or fidgety, it may imply discomfort or suffering. It may show that someone is at ease if they appear relaxed. In-home care, touch is a crucial component of nonverbal communication. To comfort and assist the patient, nurses should use appropriate touch, such as holding hands or giving a soft pat. Nurses watch the patient's gestures to comprehend any demands or preferences. For instance, if someone gestures at a specific part of their body, it can be a sign of pain or discomfort (Zaletel, 2010).

A communication sent with assurance may be interpreted as well-received and demonstrating interest. However, when the same message is delivered carefully, it might show dissatisfaction and disinterest. Nursing care and the interactions between nurses and patients depend on effective communication. Communication is crucial when providing healthcare to elderly patients, particularly to comprehend each person's needs and promote health and wellness. However, language problems like hearing loss diminished attention, and issues categorizing information may make it harder for older people to connect with, partake in, and communicate effectively (Vertino,2014).

Eye contact, touch, and motions that improve communication strongly relate to patients' assessments of empathy. The connection between nurses and elderly patients has dramatically improved due to positive facial expressions and speech tones demonstrating compassion, respect, and a sense of bonding. However, rapid speech has also been reported as a communication barrier between patients and nurses. On the other hand, patients claim that a lack of time hurts communication and be misinterpreted, as evidenced by irritable gestures that have embarrassed older people (D.A. Infante,2019).

### 3 Theoretical Framework

Neuman's system model offers a thorough, holistic, and system-based nursing approach that incorporates some flexibility. Each Neuman model layer comprises the five-person variables—physiological, psychological, sociocultural, spiritual, and developmental. Fundamental components consist of the essential traits shared by all species members. The factors include hair color, the capacity to regulate body temperature, the capacity of bodily systems to function under homeostasis, physical prowess, value systems, system properties, inherited traits, and the strengths and weaknesses of the system's constituent elements. The human body system is open, dynamic, ever-evolving, and changeable (Neuman,2002).

The flexible line of defense is a barrier or cushion outside the regular line of defense. Resistance lines are triggered if it fails to defend the first line of defense. It is dynamic and subject to change in a little amount of time. The intermediate layer serves as the typical first line of defense. It stands for long-term system stability. It is thought to represent the system's specific level of strength. As people learn to cope or adapt to their surroundings, their regular line of defense may alter over time. Lines of resistance make up the system's inner layer after that. It defends the fundamental basis. It only turns on when external stimuli bypass the body's natural defenses. Support factors, educational attainment, social ties, and attitude on life influence variables that are difficult to alter. A stress reaction will happen if the regular defensive line is crossed, and the flexible line of protection becomes less effective. A severe health consequence will be stopped by activating the resistance line. In other words, when loneliness or social isolation affects seniors, they may respond by activating their resistance line to fend off the stressor. The system can be reconstituted if the lines of resistance are functional, but if they are ineffective, the subsequent energy loss might lead to death (Neuman,2002).

The primary nursing intervention, according to Neuman's paradigm, is prevention. Before the body responds to a stressor, primary prevention takes place. It also manipulates the environment to lessen or diminish stresses. Finally, it strengthens the patient's adaptable line of protection to empower them. As a result, primary prevention also includes maintaining good health and promoting it. After the system has dealt with a stressor, secondary prevention takes place. By boosting internal resistance lines and reducing the stressor, it concentrates on preventing harm to the central core. After the system has been treated with secondary

preventive methods, tertiary prevention also occurs. It increases or decreases the energy required to promote reconstitution while supporting the patient. To enhance health and lessen the possibility of severe health complications, nurses work with seniors to build their bodies' natural defenses and resilience (Neuman,2002; pp 60-76).

## **4 Aim and Research Questions**

The study aims to investigate nonverbal communication's roles and effects in nursing care for elderly patients. The focus will be on how to equip nurses to overcome communication barriers in elderly care.

Research questions:

1. What effects does nonverbal communication have on patient-nurse interaction?
2. What strategies can be used to overcome communication barriers to improve patient care?

## 5 Methodology

This literature review was created as a qualitative study with inductive analysis. This method uses research questions to limit the study's scope.

Inductive analysis typically focuses on either investigating new phenomena or delving into already-existing ones from a fresh angle. During the research process, it is important to maintain a record of all the sources used, to ensure that the work being produced is comprehensive and well-informed. Literature reviews serve the purpose of describing, summarizing, and systematically evaluating each source. (Kynge,2020).

### 5.1 Data Collection

Various search engines were employed to obtain relevant data, keywords, and phrases relevant to the study topics. The data search is divided into categories by systematically searching Google Scholar, PubMed, and Sage Journals. The inclusion and exclusion criteria (Table 2) were used to find the selected articles in the data search procedure.

Table 2. The inclusion and exclusion selection criteria are presented in the table below.

INCLUSION CRITERIA	EXCLUSION CRITERIA
Articles are written in the English language. Reviews Peer-reviewed Full-text Free Access Content is nursing-practice oriented. Articles of publish date of 2013 to date. Articles that are relevant to the research topic and questions	Articles in other languages Not peer reviewed. Paid articles Content not focusing on nursing practice. Articles published before 2013. Irrelevant articles as related to research questions

A total of 542 articles were initially generated, and after using the inclusion criteria, 135 were generated. Articles that did not appear in English or for the elderly but had no bearing on the literature study were also eliminated. Most relevant articles were shown first, followed by the most recent articles. The search was further honed by considering articles fully available in the free text. Articles that met the inclusion requirements had their titles reviewed, and the abstracts of those papers were read to learn more about them. All selected publications must have been published in a peer-reviewed scientific journal and should be 10 years from 2013.

After deleting repeated articles, checking the titles, and reading through the abstracts, 32 articles were selected from manual searching. A total number of 15 articles relevant to the research questions were finally selected.

Table 3. Flow Chart of Search Words and Hits

<b>Manual Search into 2 databases PubMed &amp; Sage Journals, 1 search engine Google Scholar</b>		
<b>PubMed</b>	<b>Sage Journals</b>	<b>Google Scholar</b>
<b>Keywords: with the help of Boolean Operators</b>		
Nonverbal Communication OR Communication barrier, Effective communication, AND nurse-patient relationship AND (Barriers OR Obstacles OR Challenges) AND Elderly Care AND nurse-patient relationship	Nonverbal Communication OR Communication barrier, Effective communication, AND nurse-patient relationship AND (Barriers OR Obstacles OR Challenges) AND Elderly Care AND nurse-patient relationship	Nonverbal Communication OR Communication barrier, Effective communication, AND nurse-patient relationship AND (Barriers OR Obstacles OR Challenges) AND Elderly Care AND nurse-patient relationship
<b>22 Hits</b>	<b>75 Hits</b>	<b>445 Hits</b>
Inclusion and Exclusion Criteria, (Table 2)		
<b>20Hits</b>	<b>15Hits</b>	<b>100Hits</b>
After reading through the Titles, Abstracts and Conclusions		
<b>10 Hits</b>	<b>6 Hits</b>	<b>16 Hits</b>
i)how closely the articles related to the elderly and topic, (ii) how well they addressed at least one of the questions, and (iii) how closely they related to nursing, (iv)reference scanning (v) analysis and classification.		
<b>10 Hits</b>	<b>1 Hit</b>	<b>4 Hits</b>
<b>Final Articles: 15 Chosen Articles</b>		



## 5.2 Content Analysis

Content analysis is a systematic approach for evaluating written, spoken, or visual communication. This method allows for an objective and structured way to identify patterns in the data. It can also be used to test theoretical frameworks by reducing words and phrases into content-related categories (Elo and Kyngäs,2007).

Elo and Kyngäs (2007) define content analysis as a research technique for drawing verifiable conclusions about the data context to impart information and fresh understandings, present the truth and offer actionable advice. The content analysis aims to achieve a condensed and comprehensive description of the phenomenon and its output—concepts or categories—describe it. The authors state that content analysis is well-established in nursing research and provides researchers with several significant advantages despite its criticisms. Its content sensitivity approach is one of them. The other is its adaptability to various study design approaches.

An inductive content analysis was employed to simplify and organize the data using abstraction. This allowed using themes or categories and deeper dives into subcategories or sub-themes to respond to the study's questions. Elo and Kyngäs (2007) utilized an approach that involved open coding, categorization, and abstraction. Open coding involved making notes and headers while reading the documents. Categorization involved grouping related data, and abstraction involved creating categories to construct a general description of the research topic. The classes were further broken down into subcategories to aid in presenting the study's findings.

### A model of content analysis process (Elo & Kyngäs 2007)

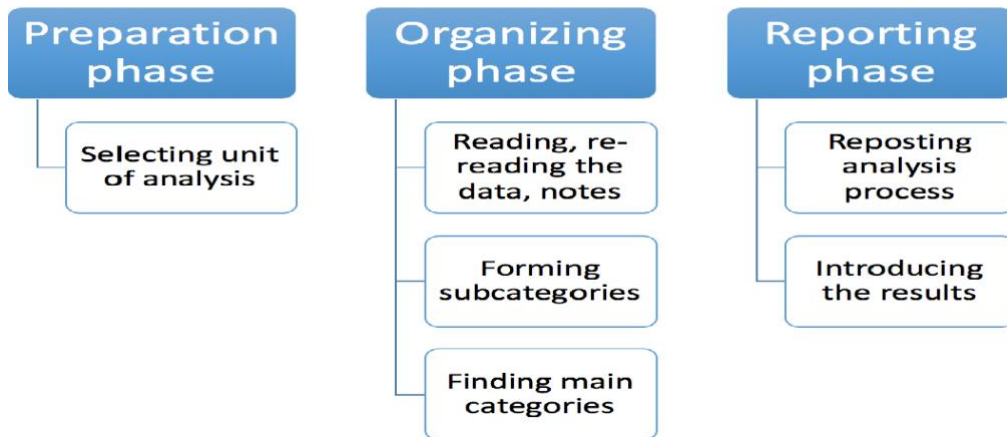


Figure 3. A model of content analysis process (Elo & Kyngäs 2007)

#### 5.2.1 Reading and Coding

*Preparation phase:* The articles were read several times; headings were used for simple identification, manifest and latent content interpretation, and coding.

*Organizing phase:* The author ensured no overlap between the content in the minor categories and grouped similar topics into broader categories. This was ensured by applying a manual coding technique that aided the creation of the categories.

*Reporting phase:* After the analysis, several data sets were stored in files and sent to reference manager Zotero. The information must be presented as a report to enhance easy understanding by the recipient. When reporting results, I made an illustration table so that my results would be informative and understandable. The reporting phase involves a range of activities such as cross-checking the study's final results, spotting any existing patterns, and arranging my data in a given manner and the actual presentation in the form of a report.

Table 5. Illustration of the Results

<b>Nonverbal Communication: Barriers and Strategies</b>	<b>Barriers to effective nonverbal communication</b>			<b>Strategies can be used</b>		
<b>Major Categories</b>	Patient Characteristics	Language and Cultural Diversity	Nurses' Personalities	Therapeutic Communication	Patient-Centered Care	Nursing Interventions
<b>Minor Categories</b>	Age-Related, Spirituality, Religious, Health, and Mental Status	Cultural Competence, Health Literacy, Sensitivity to Diversity	Interpersonal Skills, Emotions, Attention to Details, Adaptability, Professionalism	Active listening, Eye-Contact, Smile, Observation, Empathy, Validation, Open-ended questions	Information, Patient Engagement, Personalized Care	Evidenced Based Training, Nurse Education, Conducive Environment, Patient Advocacy
<b>Unit of Analysis</b>	1,2,5,11,13	2,3,5,7,9,10,11,12,14,15	3,8,9,11,12,15	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15	1,2,3,4,5,7,8,9,11,12,13,15	1,3,5,7,8,9,11,12,13

### **5.3 Ethical Considerations**

This thesis follows the Finnish National Board Research Integrity Guidelines (2023) to maintain adequate research ethics and integrity. The guidelines for effective academic writing were carefully read and comprehended before writing this thesis. Avoiding unethical behaviors like negligence, fabrication, falsification, plagiarism, and infringement is noted. This thesis's most important ethical principle is to respect and acknowledge the intellectual property rights of all the articles used because it is a review of relevant material. All papers and data that were used in the thesis were adequately cited and referenced to give credit to their authors.

## 6 Results

The significance of nonverbal communication in nursing care and how it influences patient outcomes have been highlighted by researchers like Keutchafo(2022a) and Kwame (2021) has similarly emphasized nonverbal communication in patient-centered care.

According to Keutchafo (2022b), cultural, language, and nurse personalities may impact nonverbal communication in nursing care. According to the study, these may affect how well nurses interact with their patients by using nonverbal clues.

Nonverbal cues such as touch and facial expressions are essential in establishing trust and rapport between nurses and older adults; as identified in Keutchafo's (2020) scoping review, communication barriers such as cultural and language differences can make effective communication challenging.

Norouzinia (2018) found different nonverbal communication barriers and ways to overcome them in healthcare, highlighting the importance of healthcare providers enhancing their cultural understanding. D'Agostino (2014) investigated nonverbal accommodation to improve communication and build trust between healthcare providers and patients by paying attention to nonverbal cues like body language and tone of voice.

In Mononen's (2019) research, affective touch improves pleasant interactions and emotional ties between carers and elderly patient. In Forsgren's (2016) research of enrolled nurses working in nursing homes, nonverbal communication challenges such as a lack of time and resources and language and cultural problems were highlighted.

Söderman's (2016) study on the nursing staff caring for older ethnic people living with dementia highlighted the importance of cultural competence and understanding the patient's cultural background. Sundler's (2016) study explored nonverbal communication barriers in the home care of the elderly, identifying barriers such as cognitive impairment and lack of shared language.

The importance of nonverbal communication in building relationships and promoting positive outcomes was emphasized in Small's (2015) and Hafskjold's (2015) Person-centered approach

in the elderly people: A cross-sectional study raised awareness of the value of personalized treatment and nonverbal communication that takes the patient's choices and requirements into account.

The negative impact of poor nonverbal communication and lack of empathy on the experiences of elderly patients in community care was identified in Svanström's (2013) study. Lorié (2017) emphasizes the need for healthcare providers to be sensitive to cultural differences in nonverbal communication.

## 6.1 Barriers to Effective Nonverbal Communication

Effective communication is essential for successful nurse and patient relationships, but many potential nonverbal communication barriers can prevent it, such as patient characteristics, language and cultural diversity, and nurses' personalities. The articles previously discussed in the data analysis section and studied are represented by the number in the bracket (table 5).

### Patient Characteristics

*Age-related* such as cognitive decline and hearing loss, can affect nonverbal communication between patients and healthcare professionals. These barriers can impact a patient's ability to understand and retain important healthcare information, leading to adverse health outcomes (2,5). Age-related health issues highlighted the importance of nonverbal communication and healthcare outcomes. For instance, the elderly with chronic conditions may require more complex healthcare information and support to manage their health effectively (11,13).

*Spirituality and religious* coping have been shown to be protective factors for mental health among patients with chronic diseases. Patients facing chronic illnesses often experience a range of emotional and psychological challenges such as depression, anxiety, and loss of meaning and purpose. Nonverbal communication can enhance the spiritual and religious experience by conveying warmth, empathy, and connection. (5).

*Health and Mental status* disorders are prevalent among patients with chronic diseases and can negatively impact their quality of life and treatment outcomes (1). Patients with chronic conditions are at increased risk of mental health disorders, Nurses are crucial in identifying mental health problems in patients with chronic diseases and providing appropriate interventions (2).

## **Language and Cultural Diversity**

*Cultural competence* in healthcare involves understanding and respecting different cultural beliefs, practices, and languages. Cultural competence is vital to effective nonverbal communication and improving health outcomes, especially in diverse populations (2,9,10,11,12,14).

*Health literacy* two articles highlight the need for health literacy in diverse patient populations, which refers to understanding and using health information to make informed decisions. Low health literacy can be a barrier to effective nonverbal communication (5,15).

*Sensitivity to Diversity* is another important aspect of effective nonverbal communication, especially in diverse patient populations. Healthcare providers must be aware of the impact of cultural beliefs, values, and practices on patient care and nonverbal communication (3,12).

Language limitations in healthcare provide serious difficulties that may harm patient results. Nonverbal communication is more crucial when patients and healthcare professionals do not speak the same language. The gap created by the absence of a common language can only be partially filled through nonverbal communication. (3,7).

## **Nurses' Personalities**

*Interpersonal skills* are crucial for healthcare professionals to do to improve patient happiness and health outcomes. Interactions between patients and providers may be greatly influenced by nonverbal communication, which is a crucial part of interpersonal skills. (8).

*Emotions*, nurses who managed their feelings effectively and coped with stress had better job satisfaction and lower burnout rates (12). Nurses with high emotional intelligence had better interpersonal skills, nonverbal communication is a key aspect of emotional intelligence and plays a critical role in how nurses interact with patients and colleagues. (15).

*Nurses' attention to detail* is essential in identifying and addressing patients' health issues, and nonverbal communication plays a critical role in this process. Nurses can spot tiny changes in a patient's condition that might not be noticeable through verbal communication alone if they pay close attention to these nonverbal clues. (3).



*Adaptability* and flexibility are essential qualities for nurses, and nonverbal communication can play a crucial role in demonstrating these qualities. Nonverbal cues such as a calm and reassuring tone of voice, maintaining eye contact, and using open body language can convey to patients that the nurse is adaptable and flexible in handling unexpected situations (9).

*Professionalism* is an essential aspect of nursing practice, and nonverbal communication can convey it effectively. Nonverbal cues such as maintaining appropriate physical distance, using a professional tone of voice, and displaying confident body language can signal to patients that their nurse is upholding ethical standards, providing evidence-based care, and maintaining patient confidentiality. (11).

## **6.2 Strategies that can be used**

The strategies mentioned, such as therapeutic communication, patient-centered care, and nursing intervention, are crucial for improving nonverbal communication skills in the context of elderly care. These strategies can be used to help nurses overcome nonverbal communication barriers to effective communication, such as language and cultural differences, as well as emotional barriers that may arise when caring for elderly patients.

### **Therapeutic Communication**

*Active listening* can raise patient disclosure of crucial information and enhance patient satisfaction. Nurses may aid in the development of a strong patient-provider relationship based on mutual respect and trust by establishing a safe and supportive environment, by using nonverbal indicators including eye contact, nodding, and an attentive posture. Nurses may communicate to patients that they value and respect their opinions by employing active listening strategies. (1,2,3,5,6,7,8,9,10,11,13,14,15).

*Eye contact* can also enhance nonverbal communication. When healthcare providers make eye contact, they can pick up on subtle cues from the patient, such as facial expressions and body language, that can help them better understand the patient's needs and concerns. (1,2,3,7,8,9,11,12,13,14,15).

*Smiling* during patient interactions can have a significant impact on the patient's emotional state, leading to positive affect and increased satisfaction with their care. Smiling can be a nonverbal cue that communicates warmth, friendliness, and openness, which can help to establish a positive relationship between the nurse and the patient. Smiling can also contribute to building rapport between the nurse and the patient, which can lead to greater trust and cooperation (1,3,5,7,8,10,11,12,14,15).

*Observation* of nonverbal cues, such as body language and facial expressions, has enhanced patient-provider communication, improved patient satisfaction, and facilitated the detection of unspoken concerns or discomfort, by paying attention to these cues, healthcare providers can gain valuable insights into their patients' emotional states, including their fears, anxieties, and discomfort, which may not be communicated verbally (1,3,5,7,8,11,12).

*Empathy* is a critical aspect of patient care, and nonverbal communication plays a significant role in conveying it, using appropriate nonverbal communication, healthcare professionals can convey their understanding of the patient's emotional state and show that they are actively listening and responding to their needs (1,3,4,5,7,8).

*Validation* is an essential component of patient-centered care, and nonverbal communication can convey it effectively. Nonverbal cues such as eye contact, nodding, and using a calm tone of voice can signal to patients that their healthcare provider is acknowledging and accepting their feelings and experiences as legitimate (3,5,9,10).

*Open-ended questions* refer to questions that allow patients to provide detailed and personalized responses. These questions do not have predetermined answers and encourage patients to express their thoughts and feelings (11,12,13,14,15).

### **Patient-Centered Care**

*Patient-centered care* is an approach that involves treating patients as individuals, respecting their values and preferences, and involving them in their care decisions. The articles emphasize the benefits of patient-centered care in improving patient outcomes, satisfaction, and care quality (1,2,3,4,5,7,13,15).

*Information:* The articles discuss the importance of providing patients with accurate and reliable information about their health and healthcare options. It emphasizes the role of information in empowering patients, improving patient-provider nonverbal communication, and enhancing patient satisfaction (1,2,3,5,9,13).

*Patient engagement* involves actively involving patients in their care decisions and encouraging them to manage their health actively. The benefits of patient engagement are improving patient outcomes, reducing healthcare costs, and enhancing patient satisfaction (1,2,3,5,11,15).

*Personalized care* involves tailoring healthcare to meet patients' unique needs and preferences. The articles emphasize the benefits of personalized care in improving patient outcomes, enhancing patient satisfaction, and reducing healthcare costs by avoiding unnecessary tests and treatments (1,2,3,8,12,15).

### **Nursing Intervention**

Nonverbal communication strategies for elderly suggest that healthcare professionals use specific communication strategies when interacting with older patients. For example, visual aids and simplified language can improve communication and patient outcomes (1,3).

*Evidence-based training* for nurses is essential in ensuring they are equipped with the latest knowledge and skills; Nonverbal communication can demonstrate a nurse's ability in putting this training to good use. Patients may tell whether their nurse is aware and proficient in using evidence-based practices by looking them in the eye, keeping eye contact, and exhibiting attentive body language (3,5,8,12,13).

*Nurse education*, including simulation-based training and continuing education, has a significant impact on nurse performance, and nonverbal communication can effectively communicate the advantages of such education to patients. Patients can be informed that their nurse is competent and skillful as a result of their education by nonverbal signs such a confident and comforting tone of voice, keeping eye contact, and exhibiting attentive body language (3,5,7,12).

*Conducive environment*, A supportive and accommodating work atmosphere has a major influence on nurse job satisfaction and patient outcomes, and nonverbal communication can indicate the value of such an environment to patients (3,7).

*Patient advocacy* is a crucial aspect of nursing practice, and nonverbal communication can help nurses effectively communicate the need to empower and speak up for their patients' rights and preferences. Improved patient trust, satisfaction can result from nurses demonstrating their dedication to patient advocacy through the use of appropriate nonverbal cues. (9,11).

## 7 Discussion

Nonverbal communication can assist nurses in monitoring elderly patients' health status. Any changes in nonverbal cues might signal that something is wrong, or other health-related issues must be addressed. It is vital that nonverbal communication can be utilized to build trust and rapport with an elderly patient because it can reduce misunderstanding and confusion (Keutchafo,2022a).

For nurses to be better communicators, nurses must be knowledgeable and can identify the different types of nonverbal communication. Improving the use of nonverbal cues makes the nurse-patient relationship more effective in the long run (D'Agostino,2014).

The Neuman system model was used to outline the clarification of the findings. The Neuman System Model is a holistic view and systems-based approach to nursing that simultaneously and thoroughly considers the five-person variables: physiological, psychological, sociocultural, spiritual, and developmental. The model's genetic qualities, system properties, and the strengths and weaknesses of the system's component elements, in addition to the fundamental survival traits that all individuals of the species share. The model also recognizes the open design of the body, which is dynamic and constantly changing. To lower the risk of significant health issues and enhance the well-being of the aged, it promotes primary, secondary, and tertiary prevention and stresses the need for primary prevention to build the patient's initial line of defense. Neuman's System Model can be implemented by including flexibility and a holistic nursing approach. Ultimately, Neuman's system model offers a nursing practice that is evidence-based and intended to support nurses in giving their patients the best care possible. It provides a thorough and adaptable approach to nursing care and highlights the significance of considering all patient health aspects (Neuman,2002).

By concentrating on the five-person variables—physiological, psychological, sociocultural, spiritual, and developmental—Neuman's system model helps to improve nonverbal communication in elderly care. These variables are crucial for comprehending how elderly people interact with their surroundings and could interpret nonverbal cues. For instance, it's vital to consider the physiological and psychological needs of elderly people when communicating and any physical or cognitive limitations they may have. The elderly person's

cultural and spiritual beliefs should also be considered because they may affect how they interpret nonverbal cues. Nurses can better understand and interpret nonverbal communication in elderly care using Neuman's system model, which incorporates these factors. Neuman's system model can also be utilized to develop a more individualized care method for the elderly because it considers each patient's unique requirements and preferences. Nurses can better ensure that each patient's needs and preferences are addressed by developing a more personalized approach, which can enhance nonverbal communication and patient care.

Patient characteristics issues significantly influence nonverbal communication, as age-related groups like the elderly may have different cultural and societal norms. Elderly patients are more reserved in their body language, and nurses need to be alert to these differences and adjust their communication styles (Kwame,2021; James,2020; Sandler,2016; Hafskjold,2015). More religious patients use nonverbal cues through prayers and meditation to convey their emotions; nurses must respect these practices (James,2020). Health status is also essential in healthcare communication, for it can impact nurses' interpretations of nonverbal cues (Keutchafo,2022a; Kwame,2021; Norouzina,2015; Söderman,2016).

Different cultures have different norms when applying nonverbal cues in language and cultural diversity. Eye contact, facial expressions, and gestures can have different meanings in different cultures. Nurses not trained or unfamiliar with these cultural differences may misinterpret the nonverbal cues and create conflicts (Kwame,2021; Forsgren,2016; Söderman,2016; Sandler,2016; Small,2015; Svanström,2013). Limited health literacy barriers can affect an individual's health literacy by making it more complicated obtaining health information; altered nonverbal cues can lead to confusion and miscommunication and may create harmful decisions related to their health (James,2020; Lorie,2017). Lack of sensitivity to diversity, if a nurse is not familiar with a particular group's cultural norm, may mistakenly be engaged in nonverbal behaviors that are disrespectful towards that group. This can undermine trust between a nurse and a patient relationship and hinder effective nonverbal communication (Keutchafo,2022b; Small,2015).

Introverted and shy nurses who need more social skills may have difficulty establishing connections with their patients. While extroverted, outgoing nurses with excellent nonverbal communication skills can easily connect with their patients and find good relationships (Mononen,2019). Nurses often experience patients who are stressed, anxious, and in pain; they

must be able to handle different emotions while providing care. If the nurse feels already frustrated, they will become impatient with elderly patients who need more time and attention, leading to misunderstanding and fights (Small,2015; Lorié,2017). If a nurse is not detailed-oriented, they may miss critical nonverbal cues or fail to notice changes in patients' conditions which can cause later consequences compared to a nurse who is more sensitive and has the initiative to read details can provide better care (Keutchafo,2022b). Nurses must be flexible in their approach to patient care if a nurse resists or cannot adapt to a new change. In that case, they may struggle to provide care for the patients compared to a more adaptable nurse who can adjust easily according to certain changing circumstances, which may result in a high quality of care in various settings (Forsgren,2016). Nurses must always be professional, even when interacting with elderly patients. A nurse lacking professionalism may cause communication breakdowns, and a professional nurse can build strong relationships (Sundler,2016).

Therapeutic communication strategies are essential in nonverbal communication. Active listening can help them feel worthy and heard, especially when lonely or isolated (Svanström,2013). Eye contact can help nurses establish a connection and show that nurse cares about what they are saying (Keutchafo,2020). A smile is a universal symbol of warmth and friendliness; it can help nurses to put the elderly at ease and make them feel more comfortable during communication. (Keutchafo,2022a; Keutchafo 2022b; D'Agostino,2014; Mononen,2019). The observation helps nurses understand the elderly's needs even if they cannot express them verbally (Keutchafo,2022a; Keutchafo, 2022b; D'Agostino,2014; Mononen,2019; Söderman,2016). Nurses must apply empathy to understand the viewpoint of the elderly patient to assess if they are going through emotional or physical difficulties (Mononen,2019). A validation strategy helps patients reduce anxiety and build self-esteem in the elderly who feel ignored (Keutchafo,2022b; James,2020; Forsgren,2016; Söderman,2016). Nurses must ask open-ended questions that call for a response other than a simple yes or no. In that way, nurses encourage the elderly to share more thoughts (Sundler,2016; Small,2015, Hafskjold,2015; Svanström,2013; Lorié,2017).

Complex medical information may be difficult to interpret for elderly people, so nurses need to communicate clearly and straightforwardly (Keutchafo,2022a; Kwame,2021; Keutchafo,2022b; James,2020; Forsgren,2016; Hafskjold,2015). Engaging elderly patients in treatment might enhance their general well-being because they may feel alone or disregarded. Patients' sense of empowerment and satisfaction with treatment may be improved by including

them in decision-making and promoting participation (Keutchafo,2022a; Kwame,2021; Keutchafo,2022b; James,2020; Sundler,2016; Lorié,2017). Nurses should tailor their treatment to each patient's unique requirements and preferences. This may entail altering the tone or tempo of nonverbal communication to suit the patients needs better (Keutchafo,2022a; Kwame,2021; Keutchafo,2022b; Mononen,2019; Small,2015; Lorié,2017).

Nurses receive the information and abilities necessary to interact with elderly patients via evidence-based training. Understanding elderly patients' unique requirements and preferences might help nurses better adapt their communication style to meet those demands (Keutchafo,2022b; James,2020; Mononen,2019; Small,2015; Hafskjold,2015). Nurse education may assist nurses in comprehending the value of nonverbal communication and how it affects the care and results of older patients. It can assist nurses in acquiring the abilities necessary to interact with older patients appropriately (Keutchafo,2022b; James,2020; D'Agostino,2014; Small,2015). A setting that encourages efficient communication between the nurse and the patient is conducive. This might involve giving the patient enough lighting, ensuring they are comfortable, and utilizing nonverbal cues like touch to express empathy and understanding (Keutchafo,2022b; D'Agostino,2014). Nurses must advocate for the patient's interests and rights, known as patient advocacy. This might involve speaking out in favor of successful patient-provider communication, ensuring the patient's preferences and requirements are considered, and removing barriers to good nonverbal communication (Forsgren,2016; Sundler,2016).

Nurses need to be aware of potential problems in nonverbal communication and take appropriate actions to guarantee that all patients can completely comprehend the message and receive answers to their inquiries. For instance, healthcare professionals, including nurses, should consider offering human or computer translators technology and other aid forms if a patient has language challenges. Providers must also be mindful of and respectful of various cultural conventions. By overcoming nonverbal communication barriers, healthcare providers can guarantee that all patients receive the best care possible.



## **8 Conclusion**

The study's findings suggest that nonverbal communication has proven viable strategies to improve the standard of care for elderly patients. The quality of interaction between a nurse and a patient can be uplifted by integrating nonverbal cues to cultivate trust and empathy among elderly patients. This approach can further foster a conducive and constructive environment at elderly care facilities, thereby curbing such patients' distress and anxiety levels. Nonverbal communication within the care process can augment the quality of care rendered to the aged population. Nonverbal communication is a powerful tool for healthcare nurses to develop trust and empathy with older patients. Thus, it should be encouraged as part of routine caregiving tasks. To thoroughly investigate the potential advantages of nonverbal communication in elderly care, additional research should be done on this topic.

The growing global aging population and the rising need for healthcare services for this demographic make these findings relevant. Nurses can improve patient outcomes and the entire healthcare experience by acknowledging the role of nonverbal communication in elderly care.

## **Recommendation**

Nonverbal communication skills should be taught to nursing staff and multi-professional groups, and they should be encouraged to apply them when interacting with elderly patients. The study suggests that additional research be done in various clinical settings to distinguish better the elements that served as barriers and enablers of efficient nurse-patient communication. More research is required to understand patients' families' perspectives on nurse communication because nurses often interact with family members while patients cannot speak due to health issues. Additional training can be implemented to better prepare nurses for difficult communication situations, teach them good communication techniques, and increase their openness to patient nonverbal cues.

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## Appendices

List of 15 articles

Author's	Title	Country and Year of Study	Design	Samples	Conclusion
1. Keutchafu, W., Kerr, Jane Baloyi, Olivia B.	A Model for Effective Nonverbal Communication between Nurses and Older patient	Basel, 2022a	A Grounded theory	open-ended participant observation and 1-on-1 interview. 13 nurses, 4 nursing students, and 8 elderly clients.	The findings demonstrated that effective nonverbal communication was a co-phenomenon that was dependent on context, environment, and a number of other variables.
2. Kwame, A., Petrucka, P.M.	A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward	Nigeria, 2021	A qualitative research approach	21 healthcare professionals, aged 27 to 59, with 10 female and 11 male individuals	The study emphasizes several elements that potentially compromise patient safety in primary healthcare settings, including a lack of education and training, insufficient staffing, a lack of resources, and poor

					teamwork and communication. The authors contend that resolving these issues would enhance patient safety in these circumstances.
3. Keutchafo W. Kerr Jane, Sinegugu Duma	Conditions Influencing Effective Nurse Nonverbal Communication with Hospitalized Older Adults in Cameroon	Cameroon, 2022b	A qualitative design	30 nurses and 60 hospitalized older adults in Cameroon	The results of the study emphasize how critical excellent nonverbal communication is in the nurse-patient interaction, particularly when caring for elderly patients. The study also found several factors that could help or impede this population's ability to communicate effectively nonverbally.
4. Norouzinia, R.,	Communication Barriers Perceived by Nurses and Patients	Alborz, 2015	A qualitative- Cross sectional design	270 participants— 135 patients and 135 nurses.	Language hurdles were the most frequently mentioned by both nurses and patients as communication barriers in a hospital setting in Saudi

					Arabia. Different cultural perspectives. The authors suggest treatments to overcome these obstacles, such as offering language interpreting services, fostering cultural awareness, and enhancing healthcare personnel' communication abilities.
5. James, S.	Nonverbal communication between registered nurses and patients during chronic disease management consultations: Observations from general practice	United Kingdom, 2020	A Qualitative Study Design	24 nurses participated in the study, and data was gathered through focus groups	Explores how nonverbal communication affects patient outcomes and satisfaction during nurse-patient consultations for the management of chronic diseases, leading to the development of solutions for improved nurse-patient interactions.
6. Wanko Keutchafo, E. L., Kerr, J., & Jarvis, M. A.,	Evidence of nonverbal communication	South Africa, 2020	Systematically Scoping Review	22 research articles that were examined	Nurses should be conscious of their nonverbal



	between nurses and older adults: A scoping review				communication styles and the potential for misinterpretation of their signals when speaking to elderly patients. Also, nurses should recognize their own nonverbal communication style and comprehend that it may need to be modified in accordance with patient needs.
7. D'Agostino	Nonverbal Accommodation in Health Care Communication	New York, USA 2014	A Comprehensive analysis of the body of Literature	Included a variety of research with diverse samples, including patients and healthcare workers from various healthcare settings and populations.	In providing care for the elderly, this article stresses the value of nonverbal communication and how it might improve patient outcomes.
8. Mononen, K.	Embodied care: affective touch as a facilitating resource for interaction between caregivers and residents in a care home for older adults	Helsinki, Finland 2019	A qualitative Research Design	12 people were involved, including 6 carers and 6 residents.	The study concluded that emotive touch has the potential to be an important tool for fostering contact and communication between caregivers and residents in senior care facilities.

9. Forsgren E., Skott C., Hartelius L.	Communicative barriers and resources in nursing homes from the enrolled nurses' perspective	Sweden, 2016	The study used a qualitative exploratory design with content analysis.	8 nurses who worked at six nursing homes in Western Sweden	It was discovered that there was a dynamic relationship between social interactions, daily activities, and the management of communicative handicap. The enrolled nurses were well-versed in supportive techniques and conscious of the value of forging close bonds with residents in order to encourage interaction. Yet, communication was hindered by environmental circumstances.
10. Söderman, M., Rosendal Pietilä S	Caring for Ethnic Older People Living with Dementia – Experiences of Nursing Staff	Sweden, 2016	A qualitative Semi-structured Interview	16 nursing staff members who cared for ethnic older adults with dementia in a residential care setting in Sweden	Demonstrates the difficulties faced by nursing professionals when providing care for dementia to racial or ethnic older people. According to the report, staff training and development are necessary to address these issues and raise

					the standard of care provided to this demographic.
11. Sundler, A. J., Eide, H., van Dulmen, S.	Communicative challenges in the home care of older persons—a qualitative exploration	Sweden, 2016	Use of a qualitative, descriptive observational design	100 audio recordings of actual interactions between 19 nursing assistants and 43 elderly people receiving home care made up the data.	The researchers discovered several issues through in-depth interviews with 10 home care staff, including obstacles in building trust and comprehending the requirements and preferences of the elderly. The study also noted a number of techniques employed by home health aides to deal with these difficulties, including developing a rapport, employing nonverbal cues, and including family members in the patient's care.
12. Small, J., Chan, S. M.,	Verbal and nonverbal indicators of quality of communication between care staff and residents in ethnoculturally and linguistically diverse	British Columbia Canada, 2015	A qualitative study using qualitative descriptive and interpretive analysis	27 employees (aged 31 to 61, on average 51) and 27 residents (aged 60 to 93, on average 83) in a home care.	The results imply that nonverbal communication behaviors may be particularly significant in long-term care settings that

	long-term care settings.,				are ethnoculturally and linguistically diverse, and that training programs or interventions intended to enhance care staff members' communication skills should take into account the significance of nonverbal behaviors in addition to verbal communication.
13. Hafskjold, L	A cross-sectional study on person-centered communication in the care of older people	Norway, 2015	Qualitative Cross-Sectional Design	In Norway, the Netherlands, and Sweden, 500 home healthcare visits will be audiorecorded	The study found that time and resource constraints, language hurdles, and a lack of care worker training were among the obstacles to person-centered communication.
14. Svanström, R.	Suffering Caused by Care- elderly patients experience in Community Care	Sweden, 2013	Empirical Study Design	Open-minded, phenomenological interviews and conversations	The suffering—that is, unnecessary suffering—was brought on by different acts of kindness. Because the caregiver was unable to be present, to show their face, and to meet

					the patient, anguish was induced by the care that was provided.
15. Lorié, Á., Reinero, D. A., Phillips, M,	Culture and nonverbal expressions of empathy in clinical settings: A systematic review.	Netherlands, 2017	A Systematic Review Design	The studies that matched the authors' inclusion criteria were included after a thorough search of multiple databases	According to the study, nonverbal displays of empathy in healthcare settings can be influenced by cultural factors, and healthcare professionals who are more culturally adept are more likely to do so. Patient satisfaction and health outcomes can be significantly impacted by nonverbal displays of empathy. The report emphasizes the demand for additional studies and initiatives aimed at enhancing cultural competence among healthcare professionals.