Nonverbal Communication Skills Utilization among Nursing Students: Basis for Enhanced Patient- Communication Program

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ABSTRACT

This study aimed to determine the level of nonverbal communication utilization skills among nursing students and to examine its relationship with the selected demographic variables such as age, gender, place of origin, and year level. The findings served as a basis for developing an enhanced patient-communication program. Effective communication is the foundation of effective patient care. In clinical settings such as the Intensive Care Unit (ICU), Psychiatric ward, and Medical-Surgical ward, patients often have difficulty expressing their needs verbally. Level 3 and 4 nursing students with extensive and specialized clinical exposure, must learn how to properly use nonverbal cues to improve patient interaction and care. A descriptive correlational and comparative research design was employed. Adapted and modified questionnaire was administered to 143 BSN Level III and IV students with clinical exposure in Psychiatric, MS, and ICU wards. The data were analyzed using descriptive statistics, Chi Square Test, and Krus-Wallis Test. Findings showed that nonverbal communication was highly utilized with an overall mean score of 4.00. Vocalics had the highest level of utilization suggesting proficiency in using vocal modulation and empathetic tone as a therapeutic tool. Year level showed a weak significant relationship with kinesics utilization indicating use of body language, gestures, and facial expressions needs improvement as they advance academically. Notably, significant differences were found between vocalics utilization, age, and place of origin, suggesting that age - related experience and cultural or regional communication norms influence how students use vocal elements. The study suggests that nursing students who are level 3 and 4 demonstrated a high level of nonverbal communication utilization skills due to their academic advancement, exposure to specialized areas, and diverse patient populations. However, there are specific nonverbal skills that need further improvement. Hence, an enhanced patient-communication program is recommended to strengthen and promote effective use of nonverbal communication.

Keywords: Nonverbal Communication, Nursing Students, Patient-Communication, Clinical exposure

INTRODUCTION

In order to build rapport and a trusting relationship with patients, nurses must be able to understand the different ways patients communicate. This is especially an important skill to have and utilize in specialized fields like intensive care unit (icu), psychiatry, and medical-surgical (ms), where patients frequently experience communication problems. Effective communication involves both verbal and nonverbal communication. Both the spoken words and its unspoken signals.

Verbal communication includes the words chosen and put together. It is important and used for sharing information, giving instructions, and directly understanding a patient's needs. On the other hand, Nonverbal communication is also a vital component of effective communication. It includes all the ways messages are conveyed without using words. According to Mehrabian's Communication Theory, only 7% of message delivery is attributable to verbal messages, with 93% nonverbal messages predominating. Sadiki (2020) stated that nonverbal communication encompasses a range of important factors including kinesics (body posture, hand gestures facial expressions), proxemics (distance), vocalics (tone, pitch, speed of speaking voice), haptics (touch), and oculesics (eye movement). Utilizing these nonverbal cues is particularly important in the healthcare setting. In psychiatric wards, where patients might struggle to express themselves verbally, a nurse's calm body

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language, gentle touch, and understanding eye contact can convey empathy and reassurance. In an ICU setting, patients may not be able to speak because of tubes or sedation, so nonverbal signals become the only method by which they express distress, comfort, or needs. Also, in medical-surgical wards, a nurse's open posture or reassuring touch may reduce a patient's anxiety. These nonverbal cues can help the nurses understand their patients better and allow them to feel safer and cared for especially when words are difficult to convey.

Nurses play a pivotal role in understanding and providing the needs of the patients. They are often the first healthcare professionals to assess the needs of a patient, starting from admission to discharge. They also spend a lot of time on the bedside with the patients. Therefore, nurses are expected to have appropriate and proper utilization of nonverbal cues.

Nursing students, especially level 3 and 4, are in the critical stage of developing these important communication skills. Thus, their level of utilization of the nonverbal communication cues may contribute to enhancing patient communication. However, given the vital role of nonverbal communication in patient care, especially in specialized areas, there is a clear need for further study on how future nurses use these skills.

This study is focused on nursing students' level of nonverbal communication skills utilization, with a particular focus on their utilization for psychiatric, medical-surgical, and ICU settings. It will examine the relationship between demographic profiles and nonverbal communication skills utilization, and identify specific areas where patient communication can be enhanced.

Background Of The Study

Effective communication is the foundation of effective patient care, influencing patient safety, satisfaction, and overall health outcomes (Ali salehmohsen Alyami et al., 2024). It promotes trust, facilitates accurate information exchange, encourages patient education, and enables smooth care coordination. Failing to establish rapport through effective communication, particularly in vulnerable settings like ICU, medical-surgical, and psychiatric wards, can exacerbate existing healthcare disparities and negatively impact patient outcomes (Mohamed et al., 2020). Indeed, a report by the Joint Commission found that poor communication in healthcare during patient transfers contributed to 80% of serious medical errors (University of St. Augustine for Health Sciences, 2024).

Nonverbal communication, often overlooked, plays an important part in the interplay of human interaction. It encompasses a wide array of cues that transmit meaning beyond spoken language, including facial expressions, eye contact, gestures, posture, touch, and vocalics (Weinland, 2023). In nursing, the ability to effectively utilize and interpret these cues is vital. Nurses, as primary communicators, use nonverbal cues to convey reassurance, understanding, and empathy, especially to vulnerable patients (Babaei, Taleghani, & Farzi, 2022). Positive nonverbal cues like consistent eye contact, an open body posture, a warm tone, and appropriate touch can significantly enhance patient comfort, trust, and the overall perception of trustworthiness. Conversely, negative NVC, such as limited eye contact, irritability, hurried speech, or inappropriate nonverbal behaviors, can lead to patient discomfort, misunderstandings, break trust, and hinder positive patient experiences (Keutchafo et al., 2020).

Despite its critical importance, nursing students frequently encounter challenges in utilizing nonverbal communication skills. This is supported by the study of Berhe et al., 2021 indicating that nursing students often struggle with face-to-face communication, interpreting complicated nonverbal signals, and are not always ready to interact effectively with patients, especially those with special communication needs. Khan et al., 2020 stated that factors such as the decline in nonverbal skills can hinder social interactions and impede communication of care needs, particularly in the context of increasing reliance on digital communication.

Although an abundance of literature exists and has extensively explored nurses' and nursing students' knowledge and perceptions about nonverbal communication, there is a limited body of empirical research that specifically investigates the actual utilization patterns and frequencies of nonverbal communication components among nursing students during their Medical-Surgical (MS), Psychiatric, and Intensive Care Unit (ICU) clinical rotations. Furthermore, while the impact of communication skills on patient outcomes is recognized, there is an under-explored area concerning how specific demographic factors might directly influence or correlate with the

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practical application in utilizing these specific nonverbal cues by nursing students.

This study aims to bridge this knowledge gap by assessing the utilization nonverbal among nursing students. By examining the relationships between their nonverbal communication skills and demographic variables, this study seeks to provide a basis for enhanced patient communication programs. Such a program would enhance nursing students' nonverbal communication skills, fostering more effective and empathetic patient interactions and ultimately contributing to improved healthcare outcomes.

Statement Of The Problem

This study aimed to determine the level of nonverbal communication skills utilization among nursing students.

Specifically, this study sought to answer the following:

1. What is the demographic profile of the respondents in terms of:

1.1. Age;

1.2. Sex;

1.3. Place of Origin; and

1.4. Year Level?

2. What is the level of nonverbal communication skills utilization among respondents in terms of:

2.1. Kinesics;

2.2. Proxemics;

2.3. Vocalics;

2.4. Haptics; and

2.5. Oculesics?

3. Is there a significant relationship between the demographic profile of the respondents and their level nonverbal communication utilization?

4. Is there a significant difference in the level of nonverbal communication utilization among respondents when grouped according to demographic profile?

5. Based on the findings, which components of nonverbal communication may be enhanced?

Statement Of The Hypotheses

Ho1: There is no significant relationship between the demographic profile of the respondents and their level of nonverbal communication skill utilization

Ha1: There is a significant relationship between the demographic profile of the respondents and their level of nonverbal communication skill utilization

Ho2: There is no significant difference in the level of nonverbal communication skill utilization among respondents when grouped according to demographic profile.

Ha2: There is a significant difference in the level of nonverbal communication skill utilization among respondents when grouped according to demographic profile.

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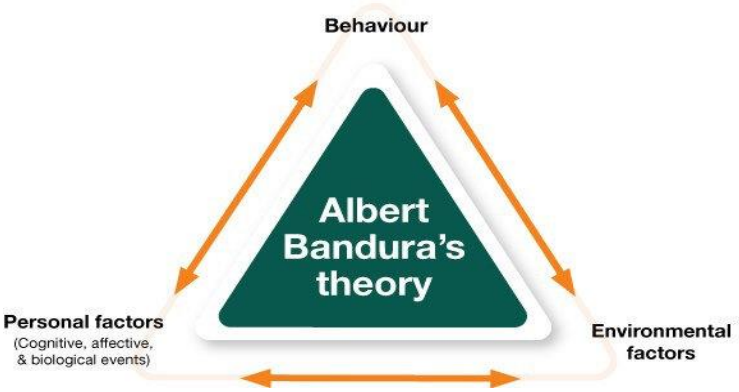
Theoretical Framework

This study was anchored on the Social Learning Theory (SLT) by Albert Bandura and David Kolb's Experiential Learning Theory (ELT).

Social Learning Theory by Albert Bandura

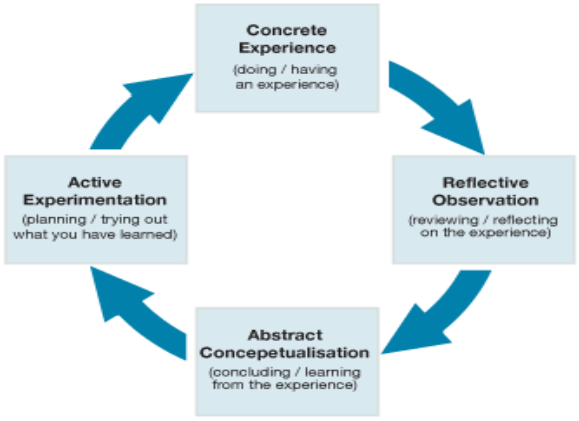


Source: Kurt, S. (2020). Social Learning Theory: Albert Bandura - Educational Technology

Figure 1: Social Learning Theory Model by Albert Bandura

Bandura's Social Learning Theory emphasizes the reciprocal interaction between personal factors, behavioral patterns, and environmental factors. As individuals engage with their environment, their thoughts and feelings influence their behaviors, which in turn shape their environment. In this study, Social Learning Theory will be applied to identify whether the personal factors (such as age, sex, and year level), behavioral patterns (nonverbal communication utilization in kinesics, proxemics, vocalics, haptics, and oculesics), and environmental factors (year level clinical area like the icu, mental, medical-surgical ward) are associated. Using the framework of Social Learning Theory, this study aims to shed light on the complex relationship between personal characteristics, nonverbal communication behaviors, and clinical exposure among nursing students.

Kolb's Experiential Learning Theory



Source: Institute for Experiential Learning. (2023). What is experiential learning?

Figure 2: Experiential Learning Theory Model by David Kolb

Kolb's experiential learning theory emphasizes how an individual learns through their experience by interacting in a continuous cycle of learning. Concrete Experience as nursing students interacts with their patient using the nonverbal cues (kinesics, haptics, proxemics, vocalics, oculesics). Reflective Observation, the nursing student reflects on the nonverbal cues presented and is received by the patient. Abstract Conceptualization, on the other hand, is when the student nurse learns from their experience in using nonverbal communication in the actual

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setting, with this they can understand more on how effective nonverbal communication affects the patients trust and understanding. Lastly, Active Experimentation is when the student utilizes all the nonverbal cues they have learned in a hospital setting as they encounter various clients especially in specialized areas like medical-surgical, mental ward, and icu ward They can immediately adjust their tone of voice, body movement, gestures, and eye contact, and tailor it to much more appropriate cues applicable to the patient, leading to enhanced nurse patient communication.

Paradigm Of The Study

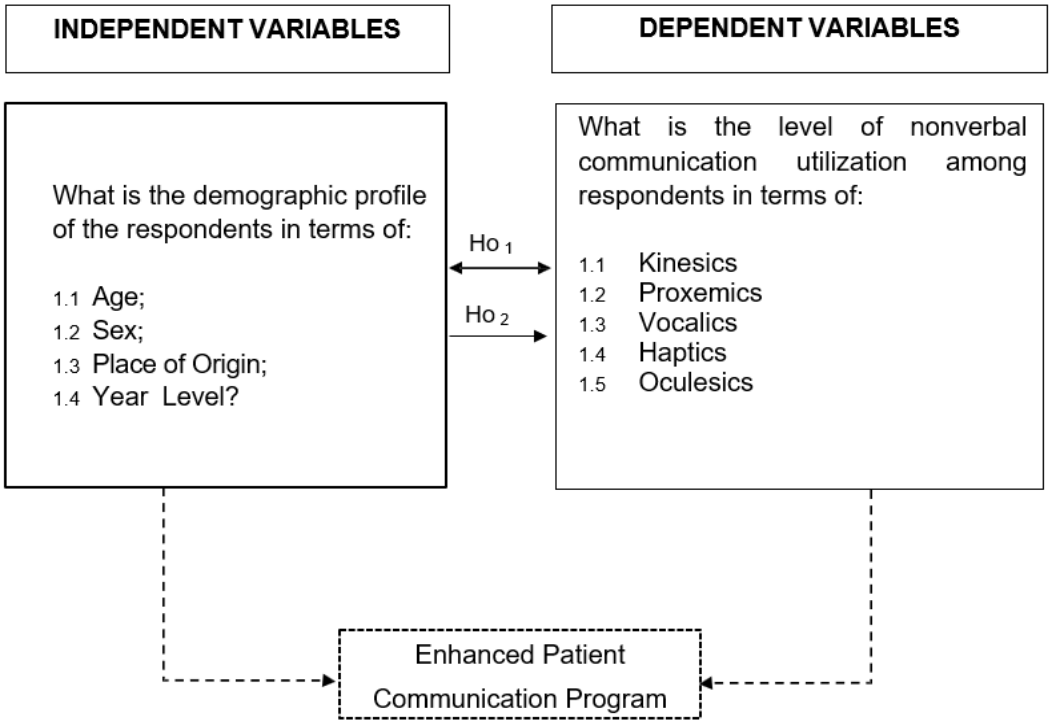

Figure 3: Nonverbal Communication Skills Utilization among Nursing Students: Basis for Enhanced Patient-Communication Program Framework

The paradigm shows the relationship between the variables. The independent variables such as the nursing students demographic profile like the age, sex, place of origin, and year level, is correlated to the dependent variables such as the nonverbal communication component like the kinesics, proxemics, vocalics, haptics, and oculesics. It also shows the presence of the modifying variables like the socio-demographic factors (age, sex, place of origin, and year level) that could affect nursing students' nonverbal communication skills utilization.

The two-tailed arrow shows the potential relationship between the demographic profile of the nursing students and their overall level of nonverbal communication utilization. By applying the Social Learning Theory, it will be applied to identify whether the personal factors (such as age, sex, and year level), behavioral patterns (nonverbal communication utilization in kinesics, proxemics, vocalics, haptics, and oculesics), and environmental factors (year level clinical area like the icu, mental, medical-surgical ward) are associated.

A one-tailed arrow suggests a possible significant difference in nonverbal communication utilization when students are grouped according to their demographic profile. The demographic profile of the nursing students, including age, sex, place of origin, and year level provide insights into the potential level of nonverbal communication skills.

The broken line represents the proposed enhanced patient communication program, which will be developed based on the study findings to enhance the nursing students' nonverbal communication skills utilization during patient - nurse communication. By applying Kolb's Experiential Learning Theory, the study will explore how nursing students' nonverbal utilization in kinesics, proxemics, vocalics, haptics, and oculesics relates to their patient - nurse interactions.

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Assumptions Of The Study

This study aims to provide some assumptions about the level of nonverbal communication utilization among nursing students. The following assumptions that need to be proven at the end of the study. the

1. There is a significant relationship between nonverbal communication skill utilization and nursing students' overall communication effectiveness. The ability to comprehend and utilize nonverbal cues is a crucial characteristic for successful nursing practice.

2. Nonverbal communication skill utilization is essential for nursing students to develop better and more effective communication and social skills with their surroundings, especially with patients from diverse backgrounds.

3. Nursing students are believed to possess a high level of nonverbal communication skill utilization as they are expected to provide empathy, manage stressful situations, and accurately interpret the emotions and needs of others through their nonverbal expressions.

4. The nursing profession is demanding, and nursing students are high. nonverbal communication skill utilization is more likely to be successful in their clinical interactions and professional development than those with low nonverbal communication utilization.

5. Nursing students recognize the crucial role of nonverbal cues in successful and therapeutic communication with patients and healthcare team members.

Scope And Limitations Of The Study

The study focused on the assessment of the level of nonverbal communication skills utilization among nursing students. This study specifically focused on the following aspects of nonverbal communication such as Gestures, Posture, Facial expressions, Eye contact, Use of personal space and distance, Touch as a form of communication, and Tone, pitch, and speed of voice. Additionally, the study explored the influence of demographic factors such as age, sex, place of origin, and year level on nonverbal communication skills utilization.

The Inclusion Criteria for this study were as follows: Level III Nursing Students that are currently enrolled in both Psychiatric Nursing and Medical-Surgical (MS) Nursing subjects during the second semester of the 2024-2025 academic year. Actively participating in related learning experiences (RLE) within these subjects during the same semester. Level IV Nursing Students are currently enrolled in Intensive Care Unit (ICU) Related Learning Experience (RLE) during the second semester of the 2024-2025 academic year. Successfully completed Medical-Surgical (MS) Nursing and Psychiatric Nursing subjects and related learning experiences (RLE) in prior clinical rotations. All participants must provide voluntary informed consent.

The Exclusion Criteria were as follows: Students who have not successfully completed the prerequisite subjects and RLEs as outlined in the inclusion criteria. Students who did not provide voluntary informed consent. Level I and II BSN students, as well as students from other allied health programs such as Midwifery and Respiratory Therapy, were excluded due to their lack of clinical experience in the specified nursing areas.

In the actual study, one hundred forty three (143) nursing students were chosen as respondents from a total of one hundred seventy three (173) level III and IV students. The remaining thirty (30) students participated in the pilot study as respondents. Mary Chiles College was chosen as the locale due to the students' specific exposure and clinical rotations within specialized areas, including Psychiatric wards, Medical-Surgical (MS) wards, and Intensive Care Unit (ICU) wards. This direct exposure to diverse clinical environments is crucial for assessing nonverbal communication utilization in practical nursing settings.

Significance Of The Study

The study was conducted to have significance to the following:

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Curriculum Planner - Incorporation of this study into core courses such as Theoretical Foundation of Nursing and Nursing Practice, Medical-Surgical lecture, and Mental Health subjects can improve their ability to build rapport with diverse patient populations, and promote patient-centered care. By developing a deeper understanding of nonverbal communication, students will be better equipped to provide effective nursing care. This will lead to improved patient satisfaction, increased adherence to treatment plans, and reduced healthcare disparities.

In Theoretical Foundation of Nursing and Nursing practice, it can highlight the significance of nonverbal communication as a fundamental component of therapeutic communication. Students can explore theoretical frameworks like proxemics, kinesics, and haptics.

In Medical-Surgical lecture and practice, it can address the diverse nonverbal communication needs of patients with acute and chronic illnesses. Students can learn how patients respond to pain, treatment, and end-of-life care. Practical sessions can involve simulating patient encounters, focusing on the use of appropriate nonverbal cues to build rapport and provide compassionate care.

In the Mental Health Nursing subject, it can address specific populations and their specific communication needs that include recognizing and interpreting nonverbal cues associated with mental health conditions. Students can learn how to adapt their nonverbal communication to establish trust and facilitate therapeutic communication.

Deans of Nursing Schools or Colleges - The study may serve as a basis for enhanced patient communication programs for students' utilization towards nonverbal communication. This study can identify areas where students may need additional training, and deans can ensure that graduates are well-prepared for diverse healthcare environments.

Nurses – This study will enhance nurses' understanding of the importance of nonverbal communication in patient care. By improving their nonverbal communication skills, nurses can build better rapport with patients, improve patient outcomes, and reduce misunderstandings, particularly in multicultural or non-verbal settings. This study helps nurses become effective in their interactions, fostering trust and empathy in their professional relationships.

Nursing Students - This study will give insights and a deeper understanding of nonverbal communication skills utilization. This will enhance the level of utilization and awareness of nursing students as future professional nurses and healthcare providers.

Family Members - The study provides important insights for families with family members admitted in mental health, medical-surgical, or intensive care units, highlighting how utilization of nonverbal cues can greatly enhance their communication skills. By recognizing the importance of therapeutic communication of utilizing nonverbal cues for their loved ones, the family members can contribute more effectively to provide effective family support. This understanding can strengthen family bonds and create a supportive environment that fosters utilization in communicating nonverbally.

Future Researchers - This study may serve as a basis for other future research relating to the same topic. It could contribute as a guideline to the nonverbal communication improvement strategies and development programs. However, due to some limitations on this study, they may attempt focusing on these limitations to further evaluate other significant factors and elicit noteworthy information.

Definition Of Terms

The following terms are defined conceptually and operationally:

Nonverbal Communication encompasses all the unwritten and unspoken messages, everything except words. It is the communication that does not make use of words (Sadiki, 2020). It plays a crucial role in establishing trust and understanding in nurse-patient interactions (Kwame et al. 2020). It is defined in the study as a type of communication that encompasses all the unwritten and unspoken messages including Body movement, Gestures, Facial expressions, Eye contact, Tone, Speed, and Pitch of voice, Physical and Therapeutic touch, and distance.

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Haptics is a Greek word that means “I touch.” It is the study of touch in communication in different situations (Sadiki, 2020). According to Keutchafo et al. (2022), haptics is included in effective nonverbal communication models such as SURETY, which emphasizes the role of touch in patient interactions. It refers to the study as therapeutic touch, a healthcare practice involving techniques like massage and gentle pats to promote healing and relaxation.

Kinesics involves the study of body movement, gestures, posture, and facial expressions, as it comes from the root word kinesis, which means movement (Sadiki, 2020). It refers to the study as a study of facial expressions like smiling or frowning; and gestures such as nodding, shrugging, or hand signs (thumbs up and OK signs).

Oculesics refers to the study of eye movement and eye behavior (Sadiki, 2020). According to Ali Salehmohsen Alyami et al. (2024), maintaining consistent eye contact can enhance relatability and foster trust between the patient and the nurse. It refers to the study as the eye contact, a direct gaze into another's eyes signaling attention and interest.

Proxemics refers to how communicators use space, how it can make communicators less comfortable, and how communicators arrange themselves in relation to space (Sadiki, 2020). Keutchafo et al. (2020) noted that proxemics plays a significant role in patient comfort and engagement during healthcare interactions. It is used in the study as how close the student nurse is to another when they are talking, how much room or space they put between themselves and their patients.

Vocalics is also called “paralanguage,” as it refers to the vocalized but nonverbal parts of a message (Sadiki, 2020). According to Riess et al. (2024), vocalics, including tone and pitch, can influence patient emotions and perceptions of empathy in medical consultations. It is used in the study as the tone, speed, and pitch of voice of the nursing students. It is the intonation, rate, and quality of voice used to convey meaning and use of vocal fillers, such as "um" or "uh," which can fill pauses in speech.

Place of origin refers to the diverse cultural backgrounds that influence nursing students' experiences and interactions in transcultural nursing (Nuuyoma et al., 2024). In the study, it refers to the place of birth of the participant.

Utilization refers to the act of using something in an effective way (Cambridge, 2025). In the study, utilization refers to the use of nonverbal communication such as touch (haptics), body movement (kinesics), eye contact (oculesics), tone of voice (vocalics), physical space (proxemics) to convey emotions, understanding, and build trust

REVIEW OF RELATED LITERATURE AND STUDIES

This review of literature examines the existing knowledge on nonverbal communication in nursing and its significance in fostering cultural sensitivity.

Related Literature

In Albert Mehrabian’s 7-38-55 rule theory, the rule states that 7% of meaning in a conversation is communicated through actual spoken word, 38% through tone of voice, and 55% of conversations is communicated through body language. This indicates that nearly 93% of communication is nonverbal, and only 7% is the spoken word. This rule highlights the importance and effect that nonverbal cues can have when conversing with someone else.

Nordquist (2024) indicates that the term "nonverbal communication" was formally introduced in 1956 by psychiatrist Jurgen Ruesch and author Weldon Kees in their seminal work. As stated, “Nonverbal communication, often referred to as body language, encompasses a wide range of cues that convey meaning without the use of spoken or written words.” These cues include facial expressions, such as smiles, frowns, and raised eyebrows, which can express emotions like happiness, anger, and surprise. Gestures, such as waving, pointing, and nodding, serve to emphasize or illustrate points, while body posture, including stance and movement, can communicate confidence, nervousness, or openness. Eye contact plays a crucial role in nonverbal

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communication, influencing perceptions of attentiveness, sincerity, and dominance. Just as italics emphasize certain words in written language, nonverbal cues can emphasize or contradict verbal messages. For example, a sarcastic tone might be conveyed through a raised eyebrow and a dismissive gesture, even if the words themselves appear neutral. Their work highlights the different meanings and interpretations of nonverbal cues when conversing with someone else.

Based on the research of Hicham Sadiki (2020), kinesics, a term coined by American anthropologist Ray L. Birdwhistell, encompasses the study of body movement as a form of nonverbal communication. This includes gestures, posture, and facial expressions. Sadiki elaborates that gestures, involving hand, arm, and head movements, are categorized into adaptors, emblems, illustrators, affective displays, and regulators. Adaptors manage discomfort, emblems replace verbal communication, illustrators enhance spoken messages, affective displays convey emotions, and regulators control conversation flow. Sadiki further explains that posture communicates gender, social standing, and emotional states, while facial expressions, considered the most potent form of kinesics, convey universal emotions such as anger, happiness, and sadness, with interpretations varying across cultures.

According to Weinland (2023), proxemics is defined as the study of how humans utilize space in communication. Edward T. Hall, a pioneer in this field, categorized spatial behavior into four distinct zones: intimate (up to 18 inches), personal (18–48 inches), social (48 inches to 12 feet), and public (greater than 12 feet). These zones, ranging from close proximity to distant spacing, reflect differing levels of intimacy and formality, significantly influencing interpersonal interactions. Weinland emphasizes that these spatial zones, although generally applicable, are subject to cultural variations, leading to differing interpretations of appropriate distances.

Furthermore, Hicham Sadiki (2020) describes vocalics, or paralanguage, as the nonverbal aspects of voice that convey meaning beyond spoken words. This includes vocal cues like pitch, tone, volume, and rate, which reveal emotional, physical, and attitudinal states. Sadiki notes that verbal fillers and vocal qualifiers play a crucial role, and cultural differences exist in their interpretation. Weinland (2023) further adds that vocalics includes timbre, tempo, rhythm, and intensity, which contribute to the nuanced communication of meaning. Additionally, pauses, silences, and disfluencies are integral components of paralanguage.

Moreover, Hicham Sadiki (2020) defines haptics as the study of touch as a form of nonverbal communication. He explains that touch conveys various meanings, including affection, comfort, and control, with interpretations heavily dependent on cultural context. Weinland (2023) added that the perception of touch is influenced by duration, frequency, and intensity, impacting social evaluations. Therefore, both the authors cautions that inappropriate touch can lead to misinterpretations, underscoring the necessity of sensitivity and awareness.

Hans and Hans (2022) stated that eyes are powerful conveyors of emotions and social signals. Sadiki (2020) elaborated that eye contact and gaze are essential aspects of oculesics. He explained that eye contact regulates communication and signals intentions. Weinland (2023) added that gender influences gazing patterns and that deviations from typical eye behavior can lead to negative interpretations.

Shreemayee Pati Sthitaprajna (2022) study discussed that non-verbal cues can be unique to each culture and can lead to misconceptions, thereby, understanding the reasons behind non-verbal displays is crucial for effective communication. She emphasized that people are more aware of linguistic diversity but less aware of understanding nonverbal signals and symbols. She noted that nonverbal cues, such as gestures, posture, silence, and emotional responses, play a role in how we interpret social encounters and guide our decisions. She added that nonverbal cues, such as gestures and postures, can be acquired through informal means.

In the context of healthcare, nonverbal communication is significantly vital, as highlighted in the article of Health service executive (2024), Nonverbal skills help communicate emotions and provide emotional support, building rapport and trust with patients and their loved ones. The article also emphasizes that being alert to these cues allows for deeper understanding and can be used as a source of information.

According to Ali salehmohsen Alyami et al. (2024), nurses play a vital role in patient care and experience, providing high-quality care, trust, understanding, and collaboration through effective communication. They

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stressed that effective communication involves non-verbal cues, active listening, and empathetic engagement. They specify that nonverbal cues such as body language, facial expressions, tone of voice can significantly affect the perception of trustworthiness between the patient and the nurse. They stated that nonverbal cues such as consistent eye contact, open body posture, and a warm tone can enhance relatability and foster trust. Conversely, crossed arms or lack of eye contact may signal discomfort or dishonesty. Therefore, the study implies that being attuned to nonverbal cues enhances nurses' ability to engage effectively and reinforces their message being communicated to their patient appropriately.

There are a few nonverbal communication models to help nurses to communicate effectively with patients. Nandini (2020), describes the first model as S.O.L.E.R (Sit Squarely, Open Posture, Leaning, Eye contact, Relaxed). This model was developed in 1975 by Eagan to describe effective body language employed to make others feel listened to. It only includes proxemics (use of space) and kinesics (movements of the body). The S.O.L.E.R acronym outlines essential nonverbal behaviors for effective communication. "S" stands for sitting squarely, conveying attentiveness and engagement. "O" represents open posture, avoiding crossed arms or legs to signal openness and availability. "L" signifies leaning slightly forward, demonstrating interest and encouraging the speaker. "E" emphasizes maintaining appropriate eye contact, fostering trust and showing active listening. Lastly, "R" indicates a relaxed posture, preventing the perception of haste or artificiality, and promoting a comfortable communication environment. Active listening is emphasized by this model, which is applied in counseling and healthcare, by paying attention to verbal cues, tone, posture, and gestures. Effective communication may be greatly impacted by elements such as language, culture, and prior experiences. Nurses use S.O.L.E.R to establish rapport, collect data, and deliver patient-centered care. The model's real-world use improves clinical practice and education.

Chute et al. (2023), describes the second model as S.U.R.E.T.Y (Sit at an angle, Uncross legs and arms, Relax, Eye contact, Touch, Your intuition), which was developed by Theodore Stickleys in 2011. It criticizes and advances the S.O.L.E.R model by including the use of touch, emphasizing the importance of individual intuition, and encouraging the inclusion of therapeutic space. This model provides a framework for effective nonverbal communication in healthcare settings. "S" emphasizes sitting at an angle to the client, respecting personal space and avoiding confrontation. "U" encourages uncrossing legs and arms to convey openness and receptiveness. "R" highlights the importance of relaxation for both the health professional and the client. "E" stresses appropriate eye contact, demonstrating respect and active listening while considering cultural and individual differences. "T" addresses the sensitive use of touch, acknowledging its potential for conveying empathy and caring, while adhering to professional guidelines. "Y" underscores the role of intuition, developed through experience and influenced by personal and professional background. The model emphasizes the importance of cultural sensitivity and individual client needs. This model helps build a therapeutic environment through careful consideration of non-verbal cues.

University of St. Augustine for Health Sciences (2024) indicates that nurses who take the time to listen and understand the concerns of each of their patients are better prepared to address issues as they arise, resulting in better patient outcomes. On the other hand, poor communication, or lack of communication in healthcare, can lead to patients misunderstanding directions and failing to follow treatment protocols. It can also lead to workflow breakdowns on the team, resulting in a medical error. A report by the Joint Commission found that poor communication in healthcare during patient transfers contributed to 80% of serious medical errors.

American Nurses Association (2021) states that effective communication is one of the Standards of Professional Performance established by the American Nurses Association. The standard states, “The registered nurse communicates effectively in all areas of practice.” Hence, effective communication is a fundamental and indispensable skill for all registered nurses.

Madayag et al. (2023) investigated the lived experiences of Filipino nursing students applying the AIDET communication framework, which stands for Acknowledge, Introduce, Duration, Explanation, and Thank You, during their clinical rotations in Angeles City, Philippines. Their phenomenological research revealed that the AIDET framework effectively structured both verbal and nonverbal communication, enabling more organized, empathetic, and patient-centered care. Students highlighted the use of nonverbal cues such as initiating communication with a smile, maintaining gentle eye contact, adopting an open posture, and modulating tone of

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voice as essential in establishing rapport. In challenging encounters, such as those involving pediatric or geriatric patients, or individuals with limited health literacy, illustrative hand gestures, nods, and physical demonstrations were employed to bridge understanding.

Caybot et al. (2024) conducted a qualitative case study in Pagadian City, Philippines, focusing on how teaching interns utilized kinesics, specifically body language, eye contact, gestures, and facial expressions, within classroom settings. The findings showed that strategic use of these nonverbal behaviors enhanced student engagement, classroom management, and instructional clarity. Interns who used expressive facial cues, open postures, and hand movements were perceived as more competent and approachable by learners. Moreover, sustained eye contact and affirming nods encouraged class participation and fostered positive teacher-student relationships. The study underscores that nonverbal communication is just as crucial in education as in healthcare and suggests that kinesics should be more formally addressed in teacher training programs across the Philippines.

Oducado and Montaño (2021) conducted a cross-sectional study across two tertiary hospitals in the Philippines to examine assertiveness among staff nurses, with particular emphasis on the nonverbal aspects of professional communication. The results revealed that assertiveness, expressed through confident eye contact, a firm but calm tone of voice, and composed body posture, was essential in mediating workplace conflict, collaborating with interdisciplinary teams, and advocating for patient care. The study emphasized that assertive communication, while often nonverbal, contributes significantly to the nurse's role in both leadership and clinical decision-making. It recommended continuous assertiveness training to enhance communication competence among Filipino nurses.

Related Studies

According to Kwame et al. (2020), effective communication is one of the most essential components of nursing care and nurse-patient relationships. The study found that nurse-patient communication has been poor. Most nurses neglect patient needs and concerns as well as abuse and humiliate them, especially in maternal/antenatal and primary healthcare settings in public healthcare facilities. Excessive workload, shortages of nursing staff, poor communication skills, and lack of involvement of nursing managers in the care process negatively impacts on nurses' ability to interact effectively with their clients. Their study argues for the inclusion of communication skills in nursing training programs as well as the engagement of nursing managers and healthcare administrators in strengthening communication within the nurse-patient dyad.

The study of Keutchafo et al. (2020), highlights the importance of nonverbal communication (NVC) in nurse-patient interactions, particularly with older adults. Positive Nonverbal Communication (NVC), such as eye contact, touch, and facial expressions, can foster empathy, respect, and bonding. Conversely, negative NVC, like limited time, irritability, and rapid speech, can hinder communication and lead to negative patient experiences. Their study suggests identifying specific Nonverbal Communication (NVC) strategies used by nurses to communicate effectively with older adults in various care settings.

Another study was made by Keutchafo et al. (2022), they developed a model for effective nonverbal communication between nurses and older patients using a Grounded Theory approach. The model, derived from observations and interviews with nurses and older adults, emphasizes the importance of context and influencing factors. Positive outcomes are achieved at the individual, operational, and relationship levels when nurses and elderly patients communicate effectively nonverbally. Better nurse-patient interactions, higher patient compliance, an understanding of unspoken needs, and better patient satisfaction are all examples of individual advantages. In terms of activities, it results in better nurse care, shorter hospital stays, and a more favorable reputation for the hospital. The model highlights how these results are interrelated and how important good nonverbal communication is to reaching them. Important pillars are nurses' inherent qualities, favorable attitudes toward senior citizens, and effective communication abilities. The efficiency of nonverbal communication is greatly influenced by the type of contact and the environment of the healthcare encounter. In the end, this model shows that putting an emphasis on nonverbal communication increases patient satisfaction and raises the standard of healthcare in general. The researchers recommend testing and refining the model to further improve patient care and clinical settings' reputation.

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Alaa Mohammed AlMarzooq et al. (2024) study examined nursing students' communication skills and perceived barriers in patient interactions. The results indicate that students effectively use nonverbal communication such as eye contact, explain procedures, and manage emotional tone, enhancing patient comfort and trust. However, they struggle with skills like sitting during interactions and using appropriate touch, suggesting a need for targeted educational interventions focusing on empathy and patient-centered care. Students perceive moderate communication barriers, with environmental factors like noisy conditions and unfamiliar settings posing the greatest challenges. While patient-related barriers were considered less significant, they should not be overlooked. The conclusions emphasize the need for educational interventions, including simulated patient interactions and constructive feedback, to improve communication skills. Addressing environmental barriers and implementing strategies to mitigate patient-related barriers are crucial for enhancing communication effectiveness.

A familiar study by Jin et al., (2023) Nursing Students' Nonverbal Communication Patterns during Simulation Practice. The study found out that nursing students exhibited a range of facial expressions when communicating with distressed mothers during simulated practice. However, the study also identified areas where students needed improvement, such as maintaining appropriate distance and using appropriate touch.

Khan et al. (2021) study demonstrates a strong link between impaired non-verbal communication and diminished quality of life (QoL), increased neuropsychiatric symptoms (NPS), and caregiver burden in individuals with moderate to severe dementia. Notably, these associations persisted over time, highlighting the significant impact of non-verbal communication deficits. The research suggested that focusing on non-verbal communication could open new avenues for interventions, particularly for those with severe dementia who heavily rely on such cues. This study emphasized the more profound influence of non-verbal communication on NPS and QoL. The decline in non-verbal abilities hinders social interactions, impedes communication of care needs, and may lead to misinterpretations, contributing to agitation and other NPS. Despite existing interventions that incorporate some non-verbal elements, targeted interventions are limited. The study identified retained non-verbal skills, such as hand gestures and eye gaze, as potential foundations for new interventions. The findings advocate for tailored interventions for individuals with severe dementia, emphasizing the need for care staff training in non-verbal communication.

Rehman, U., & Sohail, A. (2023) conducted an exploratory qualitative study to assess how nurses' verbal and non-verbal communication affects patient healing. They collected empirical data through in-depth interviews with ten participants from diverse socio-cultural backgrounds. The study identified six main themes: verbal communication aspects such as pitch, tone, and word choice, and non-verbal elements including listening skills, body language, and social touch. Findings suggest that effective communication by nurses positively influences patients' health outcomes and perceptions of their illnesses. The research underscores the critical role of both verbal and non-verbal communication in nursing practice. It highlights the necessity for nurses to develop strong communication skills to enhance patient care. The study also emphasizes the importance of addressing cultural and linguistic differences to ensure effective nurse-patient interactions.

Kwame, A., & Petrucka, P. M. (2020) demonstrates that effective nonverbal communication is vital for fostering positive nurse-patient relationships. Cues such as touch, smiles, and active listening significantly enhance patient engagement and trust. Conversely, verbal abuse, scolding, and disrespectful behavior, particularly towards vulnerable patient groups, erode trust and compromise care. The importance of nonverbal communication is further underscored by the recognition that open-ended questions, polite language, and shared dialogue promote therapeutic interactions. Therefore, healthcare providers, especially nurses, must prioritize the development and utilization of effective nonverbal communication skills alongside verbal communication to ensure patient-centered care and positive health outcomes.

Ezennakwe et al. (2023) stated that student nurses in Anambra State recognize that effective communication in nursing practice encompasses feedback, documentation, patient education, informed consent, active listening, and body language. They believed the best approaches include dedicating extra time to communication, building rapport, emphasizing non-verbal cues, and ensuring thorough handovers. However, they identified several barriers, such as time constraints, understaffing, language barriers, inadequate communication skills, interprofessional conflicts, age differences, social class disparities, and heavy workloads. Gender and training

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institutions were not significant factors. To improve patient outcomes, lecturers and clinical nurses should reinforce these positive perceptions, healthcare settings should address staffing shortages and interprofessional conflicts, and nursing managers should focus on eliminating or modifying communication barriers. Overcoming these challenges will enable student nurses to apply communication skills effectively in their practice.

Berhe, S. and Gebretensaye, T. (2021) stated that nursing students at Addis Ababa University face significant challenges in their clinical learning environment, primarily centered around learner non-readiness, insufficient clinical supervision, and an unsupportive environment. Students perceive a notable gap between theoretical knowledge and practical application, leading to confusion and demotivation. Their lack of interest and motivation, coupled with inadequate follow-up and constructive feedback from supervisors, hinders skill acquisition. Furthermore, an unsupportive clinical environment, characterized by discrepancies between theory and practice, a lack of respect from staff, and resource limitations like insufficient instructors and equipment, exacerbates these issues. Experiences of discrimination and ineffective communication further discourage students, highlighting the urgent need for improvements in clinical supervision, curriculum integration, and the creation of a more supportive and inclusive learning environment.

Asaad Nasser Salim Al-Yahyai et al. (2021) Effective communication is crucial in healthcare, especially for non-speaking critically ill patients. However, nurses often underutilize modern augmentative and alternative communication (AAC) tools like alphabet and picture boards, instead relying on traditional methods such as lip reading and gestures. This results in frustration and anxiety for patients and nurses, as evidenced by the finding that some nurses reported having no reliable communication method. The study highlights a gap between research recommendations and clinical practice, as AAC strategies have been shown to improve patient satisfaction and reduce distress. The authors advocate for the adoption of standardized, hospital-specific AAC protocols, coupled with comprehensive training for nurses, to enhance communication with non-speaking patients and improve overall care quality.

Donner & Gustin (2020) explored the lived experiences of psychiatric nurses communicating with patients who rarely speak, highlighting challenges in establishing caring conversations. Five nurses from a psychiatric nursing home were interviewed to understand their experiences with non-verbal communication. The analysis revealed three main themes: (1) giving space for the unspoken narrative, (2) remaining in uncertainty, and (3) being in reflective vigilance. These themes emphasized the nurses' need for compassion, patience, and engagement, as they navigate the uncertainty of interpreting non-verbal cues.

Mohamed et al. (2020) describes that communication with hospitalized patients is essential to improve the quality and safety of patients. Patients in the intensive care unit(ICU) are often deprived of speech and their ability to communicate, because of intubation. They also emphasized that the use of nonverbal communication in the form of caring touch with verbal communication has a considerable outcome for unconscious patients, It can enhance the messages patients receive, help to meet patients' psychological needs and prevents psychosis withdrawal and delirium, which may contribute to psychological stress, disorientation, anxiety and isolation.

The study by Babaei, Taleghani, and Farzi (2022) highlights that nonverbal communication, such as eye contact, touch, and facial expressions, plays a crucial role in building trust and emotional connections with patients. Nurses reported that simple gestures, such as holding a patient's hand or maintaining a warm tone, can provide comfort and reduce anxiety. Empathy, a core component of compassionate care, is often expressed through nonverbal cues rather than words. Effective communication, including active listening and appropriate body language, enhances patient-nurse interactions. The study also identifies holistic care, emotional support, and respect for dignity as essential elements of compassionate nursing. In high-stress environments like cardiac wards, nonverbal cues help nurses convey reassurance and understanding to vulnerable patients.

The study of Burgaz Kinas et al. (2025) found that communication skills and attitudes toward clinical practice vary according to class year, with fourth-year nursing students scores the highest in both scales. This suggests that as students advance in their academic year, their communication competencies, including kinesics improved. The cumulative experience of later years of nursing students play a crucial role in shaping the student's nonverbal communication competencies. The study emphasizes that as nursing students advance in their academic year level, they become more proficient in their use of body language and physical expressions as a form of

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communication.

According to Konlan et al. (2024), Clinical utilization for practice among nursing students is a multifaceted concept that lacks a standardized definition and empirical evidence of its usage among academics and clinicians. A concept analysis, guided by the eight-step Walker and Avant method and an integrative thematic data synthesis, identified four interrelated attributes of clinical utilization: professional skills, communication skills, self-management skills, and self-confidence. The development of this utilization is influenced by two main antecedents: personal factors, such as demographic characteristics, prior healthcare experience, income, and emotional intelligence, and educational factors, including the clinical learning environment, internship programs, learning resources, and strategies. The ultimate consequence of achieving clinical utilization is the acquisition of practice skills that lead to improved personal and job-related satisfaction outcomes. This conceptual clarity is vital for nursing educators and healthcare institutions to design effective curricula and support systems, ensuring students are adequately prepared to deliver high-quality, safe, and compassionate patient care in real-world settings.

A study by An et al. (2024) indicates that both RIPL (mean score: 3.91±0.44) and academic self-efficacy (mean score: 3.47±0.42) were at a moderate level among the students. Significant differences in these variables were observed based on participants' sex, grade level, their decision to pursue nursing, and the frequency of their communication with students from other health-related majors. Crucially, the study established a significant positive correlation between academic self-efficacy and RIPL ($r=0.316, p<0.01$), with academic self-efficacy explaining 15.6% of the variance in RIPL. These results suggest that enhancing nursing students' academic self-efficacy could be a key strategy for nursing educators to improve their utilization for interprofessional learning, ultimately preparing them for collaborative practice in the healthcare workforce.

Kobayashi et al (2024) delves into the concept of Pakikipagkapwa, a core value in Filipino psychology emphasizing a shared inner self and identity, and its implications for culturally sensitive, human-centered policy development. While existing qualitative research on Pakikipagkapwa offers valuable insights, it often faces limitations such as small sample sizes, issues with data honesty, lack of standardized measures, and potential for outdated findings due to the dynamic nature of culture. To address these challenges, Kobayashi proposes leveraging the rich, non-elicited digital data generated by Filipinos' extensive social media use. The study demonstrates the potential of social media data analysis through text mining (specifically using topic modeling on data from platforms like X and Reddit) as a viable research tool. The analysis of extracted social media data revealed themes categorized into manifestations, mediums, enablers, and moderators of Pakikipagkapwa. Crucially, these findings showed substantial overlaps with, yet also differences from, concepts discussed in published studies, highlighting the complementary role of text mining in understanding Pakikipagkapwa. This methodological approach offers a means to continuously investigate the evolving nature of this central Filipino cultural concept, with the potential for findings to inform socially inclusive and culturally sensitive policymaking.

A study by James et al. (2020) explored nonverbal communication behaviors between general practice nurses and patients during chronic disease consultations, a crucial yet under-researched area in lifestyle risk modification. Through an observational study involving video-recording 36 consultations from 14 nurses, analyzed using the Nonverbal Accommodation Analysis System, the researchers found that joint convergence of nurse-patient behaviors such as laughing, smiling, and eye contact was most common, occurring in 44% of instances. While patient-nurse eye contact significantly decreased and nurse gesturing significantly increased over the course of the consultations, no significant relationship was found between consultation length and convergent/divergent behavior or nurse-computer use. The study concludes that these high levels of convergent behaviors are promising for person-centered care, but also indicate a scope for enhancing nonverbal interactions related to lifestyle risk reduction. The authors suggest that supporting nurses with communication skills and improved environments could strengthen therapeutic relationships and patient outcomes, highlighting the relevance of these findings for future interventions in clinical practice.

A scoping review by Istanboulian, McCauley, & Bunnell (2022) identified barriers and facilitators to the use of

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augmentative and alternative communication (AAC) and voice restorative strategies for adult patients with advanced airways in the intensive care unit (ICU). Systematically searching five databases for studies published between 1990 and 2019, they screened over 13,000 citations, ultimately including 44 diverse studies (qualitative, quantitative, and mixed methods). The review identified 39 unique barriers and 46 unique facilitators, mapping them to the Theoretical Domains Framework (TDF). Barriers were most commonly related to Skills, Environmental Context and Resources, and Emotion, while facilitators frequently fell under Reinforcement, Environmental Context and Resources, and Social and Professional Roles/Identity. Thematic synthesis of these findings revealed four potentially modifiable factors: context, emotional support, training, and decisional algorithms. The authors conclude that these identified barriers and facilitators to communication strategy use in the ICU setting can potentially be mitigated or enhanced through formal training and role support for healthcare professionals.

A qualitative study by Holm and Dreyer (2022) explored nurses' experiences of communication challenges in the Intensive Care Unit (ICU) when caring for COVID-19 patients, specifically focusing on the impact of personal protective equipment (PPE) and isolation protocols. Through interviews with 12 nurses in a Danish ICU, conducted between September and November 2020, three key themes emerged: (1) communication was limited and distanced, necessitating compromises; (2) nurses' senses were reduced, leading to altered verbal and nonverbal communication practices; and (3) the communicative vulnerability of patients and relatives was exposed. The study coined the term "isolation communication" to describe this phenomenon, concluding that PPE and isolation significantly constrained nurses' caring and communicative practices, leading to physical, emotional, and social distancing from patients, relatives, and colleagues. Holm emphasizes the clinical relevance of these findings, highlighting the urgent need for clinical practice and education to implement optimized communication methods for ICU clinicians, patients, and relatives in situations requiring PPE and isolation, as well as to improve interdisciplinary health communication under such demanding conditions.

Li et al. (2021) investigated the efficacy of touch support, specifically hand holding, in mitigating anxiety, pain, and dissatisfaction during prostate biopsy (PBx). The researchers found that both hand-holding groups experienced significantly reduced pain and anxiety compared to the control group, and expressed greater willingness for repeat PBx. Notably, the Hand-holding Relative group exhibited significantly lower anxiety levels than the Hand-holding Strangers group. The authors suggest that the analgesic effect of hand holding can be partially explained by distraction, but the superior outcomes with relatives point to deeper mechanisms, possibly involving embodied social support, brain-to-brain coupling, and increased empathy activation, especially within close relationships. The study concludes that hand holding, particularly with relatives, is a highly effective, noninvasive adjunct to reduce anxiety and pain during PBx. This intervention can enhance patient comfort and cooperation.

An integrative review by Burgess et al (2022) explored nurses' perceptions of expressive touch. The study identified five key themes regarding nurses' perceptions: comfort with touch and job satisfaction, expressive touch as an essential component of nursing practice, expressive touch as a form of compassion and/or communication, its impact on the humanization of patients, and instances of nurse discomfort with expressive touch.

A systematic review by Buono et al. (2025) indicates that touch operates on a fragile boundary between "reassuring presence" and "control," necessitating carefulness and boundary awareness from practitioners. The review identifies gender, cultural background, and personal preference as significant influences on both the use and perception of touch. The study revealed that patients often preferred being touched by women, and male nurses reported caution due to fear of misconduct allegations, leading them to touch female patients more cautionally. Additionally, the study noted that younger nurses tended to touch more, and older patients received more touch. The importance of patient preferences and consent was also emphasized, with patients valuing professional touch and the ability to explicitly consent, highlighting the need for nurses to read patient nonverbal cues.

Sandnes and Uhrenfeldt (2022) highlights caring touch as a vital, often unspoken, nursing act crucial for confirming patient dignity, encompassing non-procedural actions such as touching skin, holding hands, or hugging. The study employed a secondary analysis of data derived from qualitative, individual semi-structured

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interviews with eight experienced intensive care nurses. Their findings revealed a primary theme, "The speaking body," which encompasses how patients' bodies communicate their needs for touch. This main theme was supported by four distinct sub-themes. In the aspect of Eyes and facial expressions, nurses observed patients' eyes and facial expressions such as tense, worried, or dark look to gauge their receptiveness to touch. Conscious patients often signaled their desire for touch through these expressions. The gut feeling of the nurse played a significant role in interpreting these non-verbal cues and deciding whether to initiate touch, especially when patients gave a dark look suggesting discomforts. On the other hand, Patients' emotional expressions and signs of vulnerability often triggered the nurses' decision to apply caring touch. Desperate expressions, such as those from patients anxious about oxygen masks, prompted nurses to offer a calming touch. While, in the aspect of closeness and distance. It addresses the dynamic balance nurses maintain regarding physical proximity. Nurses adapted their approach based on the patient's condition and responses, ensuring the touch was perceived as supportive rather than intrusive. They recognized that while touch could provide comfort and hope, some patients might prefer distance, especially if feeling vulnerable or agitated, requiring nurses to pull back a bit. Lastly, the ICU nurses' emotional responses. The study revealed that nurses' own feelings and intuition played a crucial role in assessing patient readiness for touch. They described experiencing gut feeling or caring touch when sensing a patient's need or aversion. Nurses recognized that their presence and touch could provide a calming effect but also that inappropriate touch could lead to patient deterioration or an unpleasant treatment.

A study of Calpito et al., (2024) argued that student nurses need improvement in creating conversations that are comfortable for the patients. Their study suggested that nursing programs should focus on techniques such as active listening, empathy, and nonverbal communication skills to enhance patient comfort during interactions.

Hence, Alcorano (2023) conducted a descriptive study to evaluate the therapeutic communication skills of nurses in the medical and surgical wards of a Philippine public hospital. Utilizing surveys and observations, the research assessed competencies in Acting-Response and Active Listening Response techniques. Findings indicated that nurses were proficient in these therapeutic communication skills. Demographic factors such as age, gender, ethnicity, native language, religion, and educational attainment showed no significant correlation with the nurses' communication abilities. However, civil status was notably linked to specific techniques, including opening, paraphrasing, and reflecting. The study recommends that nurses pursue advanced education to deepen their knowledge and practical skills. It also suggested implementing monthly orientation programs and regular seminars to further enhance therapeutic communication. Additionally, nursing curricula should emphasize the development of these essential skills to better prepare students for effective patient interactions.

On the other hand, the study by Cabatac et al. (2023) indicates that facial expressions primarily serve to convey affirmation and dissatisfaction, acting as immediate feedback mechanisms for both teachers and students. Eye contact, as identified in the study, is strategically employed for directing reference, establishing teacher credibility, and fostering a stronger connection with students. This underscores its role in managing classroom dynamics and building rapport. Furthermore, the research revealed that hand gestures, including the use of palms, clapping, and raising of hands, are instrumental in expressing and emphasizing information, thereby enhancing the clarity and impact of verbal instruction. The study posited that teachers' ability to effectively utilize non-verbal cues allows for a more thorough demonstration and delivery of lessons, enabling them to express themselves more completely. Consequently, the research suggests that varied expressions and gestures lead to improved comprehension among students. Ultimately, the study concluded that non-verbal communication is an essential method for teachers, complementing verbal aspects, and significantly contributing to a more engaging and conducive learning process.

Furthermore, Barral et al. (2023) states that cultural skill involves understanding and communicating with patients in a way that respects their cultural values, preferences, and beliefs. Nurses should be able to assess patients' cultural needs, use appropriate communication methods, and provide care that is sensitive to their cultural background. This includes asking questions about patients' health beliefs and traditions and showing respect for their cultural differences. Their study indicates that nurses' cultural competence tends to affect patient outcomes and that the hospital needs training programs for nurses to increase their awareness of their behaviors and their influence on healthcare outcomes.

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Synthesis

The reviewed literature and studies emphasized the crucial role of nonverbal communication in nursing, particularly in fostering trust and empathy within diverse healthcare settings. Mehrabian rule, Nordquist (2024), Sadiki (2020), Weinland (2023) confirm that a majority of human communication is nonverbal and that elements such as facial expressions, posture, eye contact, gestures, touch, and tone of voice significantly influence how messages are received and interpreted.

Local studies echo these findings Madayag et al. (2023) and Oducado & Montaño (2021) highlight how Filipino nurses and student nurses utilize nonverbal techniques such as eye contact, smiles, and open body posture to build rapport and advocate for patient care. Meanwhile, Caybot et al. (2024) and Cabatac et al. (2023) demonstrate that even in non-clinical settings like classrooms, kinesics such as facial cues and gestures foster better interaction, reinforcing the idea that nonverbal communication is universally impactful across fields.

Foreign studies further explore specialized models like S.O.L.E.R. and S.U.R.E.T.Y., which provide structured approaches to therapeutic nonverbal interactions. These models stress behaviors such as sitting at an angle, leaning forward, and appropriate touch. These elements are also evident in real-world nursing practice, as shown in the studies of Chute et al. (2023) and Alyami et al. (2024). Supporting this, the University of St. Augustine (2024) and the American Nurses Association (2021) emphasize that communication failures, especially nonverbal misinterpretations, can result in compromised patient safety and medical errors.

Studies among nursing students, such as those by Burgaz Kinas et al. (2025) and AlMarzooq et al. (2024), showed that nonverbal communication skills develop over time and must be integrated into education through simulated practice and direct feedback. Similarly, Calpito et al. (2024) and Alcorano (2023) note gaps in Filipino students' and nurses' comfort and effectiveness in therapeutic conversations, recommending focused training in empathy, active listening, and nonverbal responsiveness.

Moreover, several studies discussed barriers to effective nonverbal communication, such as cultural differences (Khan et al. 2021), patient cognitive impairments, the use of personal protective equipment during the pandemic (Holm and Dreyer 2022), or even personal discomfort with touch (Burgess et al. 2022). Their findings stressed out the importance of adapting communication strategies based on the patient's condition and context, especially in intensive care or mental health settings.

Overall, the literature confirms that while nonverbal communication is often instinctive, its utilization in nursing practice requires training, self-awareness, and cultural competence. This synthesis supports the relevance of the present study, which seeks to assess the utilization of nursing students in applying nonverbal communication skills. The research aims to fill the gap by focusing not just on knowledge, barriers, and different nonverbal communication models but also on perceived utilization of these nonverbal cues in real-life clinical interactions, to improve patient - nurse communication

METHODOLOGY

This chapter includes the discussion regarding the research design, instrumentation, data-gathering procedure, and statistical tools utilized in the study.

Research Design

This study utilized a quantitative research method of non-experimental descriptive correlational and comparative research design to describe and compare the relationship between level of nonverbal communication utilization and demographic profile variables.

Descriptive correlational design examines how the variables naturally occur and identifies its relationship with each other rather than examining their cause-and-effect relationships. According to Barooah (2025) descriptive correlational research design aims to provide statistical picture and interrelations of the variables at a single point in time. This method is usually used in studies wherein the researchers are not able to manipulate the variables.

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In this study, the descriptive design was used to identify the current level of nonverbal communication skills utilization among respondents in terms of kinesics, proxemics, vocalics, haptics, and oculesics. This allowed the researchers to systematically describe how often and how well nursing students use nonverbal behaviors in actual clinical settings without manipulating any variables. The correlational design was employed to examine whether there is a significant relationship between the nursing students' demographic profile (age, sex, place of origin, and year level) and their level of nonverbal communication skills utilization. Since nonverbal communication is influenced by personal, behavioral, and environmental factors, this design enabled the researchers to determine whether changes in demographic characteristics are associated with differences in nonverbal communication behaviors. Descriptive- correlational design describes the existing nonverbal communication practices and identifies statistically significant relationships among variables, which are essential in developing an evidenced-based enhanced patient-communication program.

On the other hand, Comparative research design determines the comparison between two or more variables in order to identify similarities and differences without manipulating the variables (Williams, 2024). This design examines the relationship and understanding of how variables differ from one another, it identifies if there is a significant difference among the variables in a study. In this study, this design was included to determine whether there are significant differences in the level of nonverbal communication skills utilization when respondents are grouped according to their demographic profile. Through comparison the study was able to identify whether specific groups, such as Level III versus Level IV students, or respondents from different places of origin, demonstrate higher or lower levels of nonverbal communication utilization. This is essential in identifying which groups may require more focused communication training.

Hence, the integration of descriptive-correlational and comparative design strengthened the study by describing the current level of nonverbal communication utilization, determining its relationship with demographic variables, and comparing differences across respondents' groups.

Sources of Data

The study gathered the data information through the use of the adapted modified survey questionnaire. These data were collected firsthand from the nursing students of Mary Chiles College, who are currently enrolled in A.Y. 2024-2025. Other sources of data were retrieved from the published literature which provide valuable information and insight regarding the research study.

Research Locale

The study was conducted in Mary Chiles College. This institution was founded in 1913. It renders quality healthcare education, particularly in nursing. With its rich history and commitment to academic excellence, the college has consistently developed competent healthcare professionals. The college's nursing program is also known for its practical training and emphasis on holistic care. Mary Chiles College was selected as the research locale due to the specific focus of its third- and fourth-year nursing program. These students were exposed and underwent clinical rotations within specialized areas such as Medical-Surgical (MS), Psychiatric wards, and Intensive Care Unit, providing a suitable population for the study's objectives. The direct exposure of these students to these clinical environments aligns with the research aim. Furthermore, Mary Chiles College's accessible location and the availability of a suitable number of nursing students within the specified timeframe contribute to the feasibility of this research. A safe environment for both researchers and participants is a prime concern while conducting this study.

Population and Sampling Procedure

The target population comprised one hundred seventy-three (173) nursing students from BSN level III and IV, who are officially enrolled in the second semester of academic year 2024-2025. One hundred forty-three (143) students were selected as respondents in the actual study. The remaining thirty (30) students served as the respondents for the pilot study. The actual study did not include the respondents who participated in the questionnaire's pilot testing and the researchers.

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The researchers utilized Total Estimate Sampling. It is a type of purposive sampling where the entire population with specific characteristics is selected (Government Canada, 2021). In the study, a total number of level 3 and 4 year students are selected based on year level and related learning experience specifically, the Level III Nursing Students that are currently enrolled in both Psychiatric Nursing and Medical-Surgical (MS) related learning experience during the second semester of the 2024-2025 academic year and Level IV Nursing Students are currently enrolled in Intensive Care Unit (ICU) Related Learning Experience (RLE) during the second semester of the 2024-2025 academic year. A total of 173 respondents from two-year levels were studied. Level III and IV have a sample size of 114 and 59 respectively.

Research Instruments to be Used

The researchers utilized a single integrated questionnaire that was adapted and modified from the Nonverbal Immediacy Scale (NIS): Measures of self- and other-perceived nonverbal immediacy by Richmond, McCrosky, & Johnson (2003) and Communication Methods Used by Nurses in SQUH (Scale for the Quality of Human Interaction). These two standardized instruments were combined into one structured tool to measure both nonverbal communication cues and quality of interpersonal interaction in nurse-patient communication.

The Nonverbal Immediacy Scale (NIS) measures the extent to which the respondent uses nonverbal behaviors that create closeness, warmth, and approachability in interpersonal interactions. These behaviors include eye contact, facial expressions, body language, tone of voice, gestures, and physical distance. In this study, the adapted and modified NIS was used to assess the respondents' utilization of nonverbal communication in terms of Kinesics (body movements and facial movements), Proxemics (use of space and distance), Vocalics (tone, pitch, and pace of voice), Haptics (therapeutic touch), and Oculesics (eye contact and gaze). According to Choudhary and Singh (2023), Nonverbal Immediacy is directly related to therapeutic communication because nurses who exhibit higher immediacy are perceived as more empathetic, attentive, and trustworthy, which enhances patient comfort and cooperation. Therefore, the Nonverbal Immediacy Scale is highly relevant in measuring how nursing students utilize nonverbal behaviors in patient interactions.

The SQUH (Scale for the Quality of Human Interaction) measures the quality of interpersonal interaction, particularly in caring and helping professions such as nursing. According to Al-Yahyai et al (2021), it focuses on how communication behaviors, especially nonverbal cues promote respect, empathy, responsiveness, and emotional connection. In this study, the adapted and modified SQUH (Scale for the Quality of Human Interaction) was used to determine how nursing students' nonverbal communication behaviors affect the overall quality of nurse-patient interaction. While the NIS measures how often and how well nonverbal cues are used, the SQUH measures how these behaviors translate into meaningful, therapeutic, and humanized communication. The use of SQUH strengthens the study as it allows the establishment of whether higher utilization of nonverbal communication, as measured by NIS, is associated with better interaction quality.

By combining the NIS and SQUH into single adapted and modified questionnaire, the instrument was able to measure both the extent to which respondents use nonverbal communication skills and how these nonverbal behaviors affect the quality of nurse-patient interactions.

The questionnaire consists of questions revolving around nonverbal behaviors such as kinesics, proxemics, vocalics, haptics, and oculesics. The questionnaire has two (2) parts, which consist of Part One (1) for the demographic profile of the respondents in terms of: age, sex, place of origin, and year level. Part Two (2), which consists of 45 items, determines the level of nonverbal communication utilization in terms of kinesics, proxemics, vocalics, haptics, and oculesics. The questionnaire employed a four-point likert scale which uses the following statements:

Table 1: Likert Scale

Point	**Interpretation**			**Range**
4	A	Always	You always utilized or applied this skill at all times.	3.5 - 4.0

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3	O	Often	You often utilized or applied this skill (5-9 times out of 10 occasions)	2.5 - 3.49
2	S	Sometimes	You sometimes utilized or applied this skill (1-4 times out of 10 occasions)	1.5 - 2.49
1	N	Never	You never utilized or applied this skill.	1.0 - 1.49

Construction and Validation of the Instrument/s

The research instrument used in this study was a combined, adapted, and modified questionnaire derived from Nonverbal Immediacy Scale (NIS): Measures of self- and other-perceived nonverbal immediacy by Richmond, McCrosky, & Johnson (2003) and Communication Methods Used by Nurses in SQUH (Scale for the Quality of Human Interaction). The construction of the instrument was guided by the theoretical foundations of nonverbal immediacy and interpersonal communication, which emphasize the role of nonverbal behaviors in creating connection, trust, and therapeutic relationships in nursing care.

The original items from the NIS and SQUH were carefully reviewed and selected based on their relevance to nurse–patient interactions. These items were then adapted and modified to ensure that they reflected the actual communication experiences of nursing students in clinical settings such as medical–surgical units, intensive care units, and psychiatric wards. The wording of the items was contextualized to nursing situations while preserving the original meaning and construct of the scales.

To establish the content and construct validity of the adapted and modified instrument, it was submitted for expert validation, including a Registered Psychologist and Registered Psychometrician, a Master of Arts in Social Science Education (Sociology), and a Registered Nurse. These three validators have significant credentials and experience to improve the study with their knowledge regarding nonverbal communication. The involvement of Registered Psychologist and Registered Psychometrician was essential to ensure that the instruments validly measure psychological and behavioral constructs related to nonverbal communication, interpersonal immediacy, interaction quality. The expert assessed the clarity, relevance, cultural appropriateness, and construct alignment of each item.

After expert validation, the revised questionnaire was subjected to a pilot test thirty (30) nursing students among level III and IV at Mary Chiles College. The purpose of the pilot testing was to determine the reliability and internal consistency of the instrument. The Cronbach’s Alpha was utilized to test the instrument's internal reliability through the pilot study results. This evaluation for internal consistency aims to establish the reliability of the instrument's identity, identifying any items requiring removal or modification to improve its validity. A high Cronbach's Alpha score will indicate a strong correlation between the items, confirming that the respondents examined the same concept and enhancing the validity and reliability of the survey (Frost, 2022). Moreover, the respondents during the pilot testing were not included as the respondents in the study.

The results of the initial pilot study were not reliable. The initial internal consistency of Kinesics, Proxemics, and Haptics Cronbach alpha values are below 0.7 and is categorized as “Questionable.” This indicates that the items within these sections are not consistently measuring their intended constructs and are negatively impacting the overall reliability of the questionnaire. Therefore, specific items from Kinesics and Proxemics, and the whole Haptics section, must be revised or reconstructed. Hence, second pilot testing was needed.

The study subjected to further expert review of the content and construction with the three same expert validators. The expert validators further evaluated each item in terms of clarity, relevance, appropriateness to Filipino culture, and alignment with the dimensions of NIS and SQUH. Suggestions regarding item wording, redundancy, and content alignment were incorporated to improve the overall quality of the instrument. After the second expert validation, the study proceeded for the second pilot testing.

The results from the second pilot study demonstrate a significant improvement in the instrument's reliability. All categories now exhibit acceptable to good internal consistency, with Cronbach's Alpha values meeting or exceeding the conventional threshold of 0.70. Kinesics improved to 0.815 or "Good" while Proxemics improved

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to 0.790 as well as Haptics improved to 0.7, both are categorized as "Acceptable." Both Vocalics and Oculesics maintained strong reliability at 0.739 and 0.761 respectively, both fall under the category of "Acceptable." Given these favorable results, it is now appropriate to proceed with the actual study, as the instrument demonstrates sufficient reliability for data collection.

Additionally, the study used the Content Validity Index Scoring form, the questions such as demographic profile, nonverbal communication components such as kinesics, proxemics, vocalics, haptics, and oculesics were evaluated and rated as highly relevant by the three experts, with a CVI score of 1.0. The results of the reliability analysis showed acceptable coefficients, indicating that the items were consistent and stable in measuring nonverbal communication skills utilization and the quality of nurse–patient interaction.

After the results of the second pilot study and content validity index, the study proceeded on data gathering procedure. By doing so, the researchers ensured that the respondents were well-informed and that all research ethics were being implemented.

Data Gathering Procedures

This study obtained ethical approval from the Dean of the College of Nursing at Mary Chiles College. The population was obtained from the locale and consisted of 173 level III and IV nursing students who were officially enrolled during the Academic Year 2024-2025. From this population, 143 students were utilized as respondents for the actual data collection, while the remaining 30 students participated in the pilot testing of the research instrument. Students who took part in the pilot study were excluded from the actual data gathering to avoid duplication of responses.

Prior to data collection for actual study, a cover letter was included in the survey questionnaire to invite participation and provide detailed information about the study to potential participants, ensuring that they were well-informed about the research objectives and their rights before agreeing to participate. Then, participants were asked to complete and fill - out informed consent, explained by the researchers prior to answering the questionnaire for the participants to know their rights during the entire research. Only those who agree with the informed consent were included in the study.

The researchers used both paper and google form based surveys. The paper based survey was distributed during the participants' break time to avoid disturbing ongoing lectures or duty to facilitate accessibility and to maximize time constraints of the participants. While, the google form based survey was distributed online with the help of the presidents of each class. A respondent can withdraw the research study anytime. When withdrawing from the study, the respondent should tell the research team that he/she wishes to withdraw and the reason/s for withdrawing, but not required to provide any reason. After the participants answered the survey questionnaire, the data was collected on the same day. The data was then analyzed using appropriate statistical tools to generate the findings, conclusions, and recommendations.

Ethical Considerations

A strict ethical compliance was implemented to maintain confidentiality, cultural sensitivity, and obtaining informed consent. In the conduct of the study, the researchers were guided by the following ethical considerations.

The researcher informed the respondents that there were no conflicts of interest or any potentially conflicting relationships, including financial ties or affiliations, between the researcher and the respondents regarding the study's subject matter. Additionally, the researcher had no personal or financial gain from the study, as it was conducted solely for research purposes and professional development.

Furthermore, the researchers took strict measures to protect the confidentiality and anonymity of all respondents. For paper-based surveys, all survey forms and identifying information were securely stored in a locked file cabinet under the researcher's personal supervision. Once the study was completed, presented, and/or published, all physical data will be properly discarded through shredding. Identifying details were removed from the study

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results, ensuring that responses cannot be connected to any individual. For digital data collected via Google Forms, responses were stored on a password-protected cloud server, with access limited only to the researchers, panel members, and advisory panel. All digital data will be permanently deleted after the completion of the research.

The research did not collect personal information from the participants other than what was needed for the study's objectives. In assessing the level of nonverbal communication utilization, their privacy was maintained since the questionnaires did not contain any mention of the respondents' names or any other identifiers that can directly link them to the data.

Participation in this study was entirely voluntary. Respondents have the right to decline participation, and those who chose to take part were required to sign a consent form for paper surveys or provide digital consent via the Google Form. Even after signing the consent form or providing digital consent, respondents may withdraw from the study at any time without providing a reason, and this decision will not affect their relationship with the researcher.

The study involved BSN Level III and IV nursing students as respondents. Participation in the study was completely voluntary. Respondents could choose not to join, and those who agreed to participate signed an Informed Consent Form (for paper surveys) or provided digital consent (for Google Forms) to confirm they understood the study and willingly agreed to take part. Even after signing, they could withdraw at any time without providing a reason, and their decision will not affect their relationship with the researcher, if any exists.

Participants may experience slight mental stress while answering questions related to their nonverbal communication skills utilization. To reduce this risk, the researchers ensured that the questionnaire was clear, simple, and easy to understand, especially after the revisions made following the first pilot study. Additionally, respondents were given sufficient time to complete the questionnaire, whether in paper format or via Google Forms, to minimize pressure and ensure thoughtful responses.

The respondents will directly benefit from the study by gaining insights into their own nonverbal communication utilization, which is crucial for their professional development as future nurses. The findings may also contribute to the enhancement of nursing education curricula related to communication skills at Mary Chiles College.

The finished research paper will be part of the contribution to the institution’s collection of studies. This study may help future researchers improve this research to make it more understandable to readers and to continue this for the sake of future problems that may or may not arise regarding nonverbal communication in nursing. The results can inform educational strategies at Mary Chiles College to further develop the nonverbal communication skills utilization of nursing students.

Statistical Treatment Of Data

This section shows the statistical treatment that was used in representing the data of the study. This includes the Slovin Formula, Cronbach’s Alpha, Frequency/ Percentage Distribution, Weighted Mean, Chi Square, and Kruskal-Wallis Test.

Frequency/ Percentage Distribution

To answer problem number 1, Frequency/ Percentage Distribution, was used to determine the age, sex, place of birth, and year level. The respondent’s demographic profile data was analyzed using the formula of percentage.

Formula:

$$\% = \left(\frac{f}{N}\right) \times 100$$

Where:

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% = Percentage

f = Frequency for Each Category

N = Total Number of Respondents

Weighted Mean

For problem number 2, the researchers used the average weighted mean and four-point likert-scale to describe the level of utilization of nursing students in nonverbal communication. A weighted scale is a satisfied tool that the researchers used to compute the weight of the responses in the questionnaire assigned by the respondents during the actual data gathering procedure.

Formula:

$$Weighted\ Average = \frac{\sum wx}{\sum w}$$

Where:

x = is the repeating value

w = is the Number of occurrences of x (weight)

The following scale used a four-point likert scale, the following are the range of utilization:

Table 2: Likert Scale with Rating, Range, and Verbal Interpretation

Point	**Rating**	**Range**	**Verbal Interpretation**
4	A - Always	3.5 - 4.0	Highly Utilized
3	O - Often	2.5 - 3.49	Moderately Utilized
2	S - Sometimes	1.5 - 2.49	Slightly Utilized
1	N - Never	1.0 - 1.49	Not Utilized

Chi Square

For problem number 3, the researchers used Chi Square analysis to determine the significant relationship between the level of nonverbal communication of nursing students and their demographic variables.

Formula:

$$X^2 = \Sigma \frac{(O-E)^2}{E}$$

Where:

χ^2 = is the chi-square statistic

O = observed data

E = expected data

$\sum$ = summation

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Kruskal-Wallis Test

For problem number 4, the researcher used the Kruskal-Wallis Test to determine the significant difference between the students' level of nonverbal communication skills utilization when grouped according to their demographic profile. This test was developed by William H. Kruskal and W. Allen Wallis. It is also known as "one-way analysis of variance by ranks" and is a non-parametric statistical test used to compare two or more independent groups. It is an extension of the Mann-Whitney U test and is used when the assumptions of one-way ANOVA are not met.

Formula:

$$K = \frac{12}{N(N+1)} \sum_{i=1}^{k} \frac{R_i^2}{n_i} - 3(N+1)$$

Where:

N = total sample size

k = number of groups,

R_i = sum of ranks for group i

n_i = sample size of group i

Slovin Formula

This test is used to determine the sample size in a population. This represents the minimum number of respondents needed to achieve the accuracy of the study.

Formula:

$$n = \frac{N}{1 + N\,e^2}.$$

Where:

N = population size

n = sample size

E = margin of error (constant)

Table 3: Population of Level 3 and 4

BSN Year Level	**Number of Students**
Level 3	114
Level 4	59
Total	**173**

Given:

N = 173

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e = 5% or 0.05

n = ?

Formula:

n = N1+Ne2

Solution:

n= 173/ 1+(173)(0.05)2

n= 173/ 1+(173)(0.0025)

n= 173/ 1+0.4325

n= 173/ 1.4325

n≈120.76 or 120

Thus, 120 is the minimum total of respondents needed.

Cronbach's Alpha

Cronbach's Alpha (or coefficient alpha), was developed by Lee Cronbach in 1951, it measures the reliability or internal consistency of data. "Reliability" is another name for consistency.

Formula:

$$\alpha = \frac{N * \overline{c}}{\overline{v} + (N-1) * \overline{c}}$$

Where:

N = the number of items

C = average covariance

V = average variance

Table 4: Cronbach's Alpha and Internal Consistency

Cronbach's Alpha	**Internal Consistency**
a ≥ 0.9	Excellent
0.9 > a ≥ 0.8	Good
0.8 > a ≥ 0.7	Acceptable
0.7 > a ≥ 0.6	Questionable
0.6 > a ≥ 0.5	Poor
0.5 > a	Unacceptable

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Presentation, Analysis, And Interpretation Of Data

This chapter presents the results and discussions relating to the statement of the problem in Chapter 1. These discussions are based on summarized results of the findings using a tabular presentation.

Problem 1: Demographic profile of the respondents in terms of:

1.1. Age;

Table 5: Frequency and Percentage Distribution of Respondents According to Age

Age range	**Frequency**	**Percentage**
20-24	137	95.8%
25-29	4	2.8%
30-34	1	0.7%
35-39	1	0.7%
Total	**143**	**100%**

Table 5 shows the frequency and percentage distribution of respondents in terms of their age. Based on the gathered data, 95.8% (137) of all respondents are between the ages of 20 and 24. Those who are between 25-29 years old represent a smaller percentage at 2.8% (4), while those aged 30-34 and 35-39 each represent the lowest percentage of respondents at 0.7% (1). This suggests that 20 to 24 years old has a greater impact on the results determining nonverbal communication utilization.

As Konlan et al. (2024) state, individual characteristics like age influence nursing students' utilization for practice and the development of nonverbal communication skills. This suggests that nonverbal abilities can vary with age, indicating that nursing students nonverbal abilities will improve in interpretation and expression with maturity and life experience. Given that most of the respondents are aged 20-24, their nonverbal communication utilization is likely still developing alongside their professional competencies.

Sex;

Table 6: Frequency and Percentage Distribution of Respondents According to Sex

Sex	**Frequency**	**Percentage**
Female	113	79.0%
Male	29	20.3%
Prefer not to say	1	0.7%
Total	**143**	**100%**

Table 6 shows the frequency and percentage distribution of respondents in terms of their Sex. It is shown from the table that the number of the female respondents is larger than that of the male. There are 79.0% (113) female respondents while there are 20.3% (29) male respondents and 0.7% (1) prefer not to say. The age distribution of sex shows that the majority of respondents are female.

As noted by An et al. (2024) on nursing students' utilization for interprofessional learning, which involves various communication aspects, found that female participants had higher utilization scores than male

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participants. This suggests that this difference may be linked to female personality characteristics and the professional nursing environment itself. Furthermore, women are often characterized by higher extroverted personality traits, being more inclined to socialize and communicate. Given this disproportionate sample size, there is a high possibility that female responses may largely influence the study's overall results.

Place of Origin;

Table 7: Frequency and Percentage Distribution of Respondents According to Place of Origin

Place of Origin	**Frequency**	**Percentage**
City	98	68.5%
Province	45	31.5%
Total	**143**	**100%**

Table 7 presents the frequency and percentage distribution of respondents based on their place of origin. The table indicates that the majority of respondents originate from the city, with 68.5% (98 respondents). In contrast, 31.5% (45 respondents) are from the province. This distribution shows that a larger proportion of respondents are from the city.

Kobayashi et al. (2024) suggests that exploring how nursing students from various regions within the Philippines perceive their nonverbal communication utilization is crucial, as their inherent regional cultural backgrounds may shape their default nonverbal communication patterns. Because they highlight the profound impact of cultural values like pakikisama (camaraderie), hiya (shame/dignity), and utang na loob (debt of gratitude) on interpersonal interactions. These values manifest through subtle nonverbal behaviors, including variations in eye contact, personal space (proxemics), touch (haptics), and emotional expression (kinesics and vocalics), which can differ even among ethnolinguistic groups within the Philippines.

Year level;

Table 8: Frequency and Percentage Distribution of Respondents According to Year Level

Year Level	**Frequency**	**Percentage**
Level 3	96	67.1%
Level 4	47	32.9%
Total	**143**	**100%**

Table 8 displays the frequency and percentage distribution of respondents by their Year Level. The data indicates that Level 3 respondents constitute the majority, with 67.1% (96), while Level 4 respondents account for 32.9% (47). This distribution highlights that a significantly larger portion of our respondents are from Level 3.

The study by Burgaz Kinas et al. (2025) provides strong support for this connection, finding that communication skills and attitudes toward clinical practice vary according to class year, with fourth-year nursing students scoring the highest in both scales. This suggests that as students advance in their academic year, their communication competencies improve. As 3rd-year students are introduced to more complex patient interactions, they begin to consciously develop and utilized nonverbal cues such as facial expressions, eye contact, and gestures. Fourth-year students, on the other hand, underwent a more intensive clinical exposure, often handling critical care areas like the Intensive Care Unit (ICU). These demanding situations require them to skillfully use and interpret nonverbal communication. Therefore, the cumulative experience gained in later years of nursing education plays a crucial role in shaping a student’s nonverbal communication competencies.

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Even though Level 3 students comprise the majority of the study sample, their nonverbal communication utilization, while developing, might reflect an earlier stage of clinical experience compared to Level 4 students. This analysis is supported by Burgaz Kinas et al. (2025), which indicates that as nursing students advance in their academic year level, they become more proficient in their use of body language and physical expressions as a form of communication, a proficiency that stems directly from their escalating clinical experiences. This emphasizes the dynamic nature of nonverbal communication as a learned attribute within the nursing curriculum.

Problem 2: Level of nonverbal communication skills utilization among respondents in terms of:

Kinesics;

Table 9: Median and Standard Deviation Distribution of Kinesics

Kinesics Statements	**Median**	**SD**	**Verbal Interpretation**
I observe patient's hand movements and gestures as a form of communication.	4.00	0.603	Always
I pay attention to patient body language and facial expressions for potential signs of physical or emotional discomfort.	4.00	0.526	Always
I observe patient lip movements as part of their communication cues, when appropriate.	4.00	0.670	Always
I use established hand signals to communicate with non-speaking patients such as thumbs up for yes, shake head for No, use OK hand sign, or point to body parts.	4.00	0.680	Always
I use hand gestures when I talk to my patients to reinforce verbal instructions.	3.00	0.786	Often
I consciously try to avoid using distracting hand gestures when speaking to patients.	3.00	0.749	Often
I strive to maintain a neutral facial expression during patient interaction.	3.00	0.896	Often
I used nodding and shaking of the head to indicate understanding during patient communication.	4.00	0.692	Always
I use smiling as a way to build rapport with patients while being mindful of their current situation.	4.00	0.448	Always
Mean	**3.67**	**0.540**	**Highly Utilized**

Note: Always - 4.00 (Highly utilized); Often - 3.00 (moderately utilized); Sometimes - 2.00 (slightly utilized); Never 1.00 (never utilized).

Based on Table 9, while the overall utilization in kinesics communication among respondents is high (mean scores = 3.67 ± 0.540, interpreted as "Highly Utilized"), indicating a general preparedness to use kinesics behaviors, there are specific areas that could be enhanced. Specifically, the items with lower scores that fall under the "Often" interpretation suggest room for improvement in consistent application.

"Consciously trying to avoid using distracting hand gestures when speaking to patients" with a Median score of 3.00 ± 0.749, this indicates that respondents sometimes use distracting gestures. Gestures should serve a clear purpose, rather than being distracting. The S.O.L.E.R model, described by Nandini (2020), emphasizes Open

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Posture, avoiding crossed arms or legs to signal openness and availability. This principle of maintaining an open and non-distracting body language extends to hand movements, promoting an environment where the patient feels listened to. "R" in S.O.L.E.R also indicates a relaxed posture, preventing the perception of haste or artificiality, and promoting a comfortable communication environment, which would include avoiding distracting movements. Similarly, the S.U.R.E.T.Y model, described by Chute et al. (2023), encourages Uncross legs and arms to convey openness and receptiveness. This further supports the general principle of avoiding closed-off or potentially distracting body language. With regard to the study of Alaa Mohammed AlMarzooq et al. (2024), it indicated that nursing students struggle with skills like sitting during interactions and using appropriate touch, suggesting a need for targeted educational interventions focusing on empathy and patient-centered care. Given these points mentioned above, this area of kinesics suggests a general need for training in appropriate hand gestures to enhance patient comfort and trust, which would encompass avoiding distracting movements.

“Striving to maintain a neutral facial expression during patient interaction” with a Median score of 3.00 ± 0.896, this suggests that respondents might not consistently maintain a neutral expression, which could inadvertently convey unintended emotions or bias. Emphasizing the importance of a neutral facial expression, especially in sensitive situations, could enhance professional demeanor and patient comfort. Nordquist (2024) states that facial expressions, such as smiles, frowns, and raised eyebrows, which can express emotions like happiness, anger, and surprise are key nonverbal cues. This directly implies that unintended expressions could convey unwanted emotions or bias. Similarly, Hicham Sadiki (2020) further explained that facial expressions, considered the most potent form of kinesics, convey universal emotions such as anger, happiness, and sadness, with interpretations varying across cultures. This underscores the powerful impact of facial expressions and the risk of misinterpretation if not consciously managed. Furthermore, Ali salehmohsen Alyami et al. (2024) specify that nonverbal cues such as facial expressions can significantly affect the perception of trustworthiness between the patient and the nurse. They also state that conversely, crossed arms or lack of eye contact may signal discomfort or dishonesty. This supports the idea that unmanaged nonverbal cues can send negative signals. Likewise, Babaei et al. (2022) found that nonverbal communication, such as eye contact, touch, and facial expressions, plays a crucial role in building trust and emotional connections with patients. They also noted that empathy is a core component of compassionate care, and is often expressed through nonverbal cues rather than words. This strongly suggests that maintaining a neutral expression when appropriate, or intentionally conveying specific emotions like empathy, requires conscious control to avoid unintended signals.

Given these points, while the overall utilization is commendable, targeted interventions focusing on the consistent and effective application of hand gestures for reinforcement, avoiding distracting gestures, and maintaining neutral facial expressions could further refine and elevate the respondents' kinesics communication skills.

Proxemics;

Table 10. Median and Standard Deviation Distribution of Proxemics

Proxemics Statements	**Median**	**SD**	**Verbal Interpretation**
I typically maintain a comfortable distance (4 - 12 feet) when talking to patients	3.00	0.775	Often
I consciously adjust my distance to patients, considering their physical and psychological well-being.	3.00	0.639	Often
I maintain professional boundaries when patients initiate non-essential touch.	4.00	0.531	Always
I stay closer to the patient with a personal distance of 18 inches to 4 feet when speaking to the patient.	3.00	0.780	Often

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I consider leaning towards my patients to show attentiveness.	3.00	0.869	Often
I maintain a professional distance (e.g., 4-12 feet) during general conversation, but can reduce this space (e.g., 18 inches to 4 feet) when performing physical assessments or providing emotional support.	4.00	0.583	Always
Proxemics Statements	**Median**	**SD**	**Verbal Interpretation**
I maintain professional boundaries and avoid non-essential touch.	4.00	0.570	Always
I adjust my physical distance when there is a need for physical assessment and procedures.	4.00	0.604	Always
I adjust my use of personal space when providing emotional support to my patients.	4.00	0.595	Always
Mean	**3.56**	**0.557**	**Highly Utilized**

Note: Always - 4.00 (Highly utilized); Often - 3.00 (moderately utilized); Sometimes - 2.00 (slightly utilized); Never 1.00 (never utilized).

Based on Table 10, while the overall utilization in Proxemics communication is high (mean = 3.56 ± 0.557, interpreted as "Highly Utilized"), there are specific areas where respondents only "Often" demonstrate utilization, suggesting room for enhancement.

"I typically maintain a comfortable distance (4–12 feet) when talking to patients," with a median score of 3.00 ± 0.775. While respondents often maintain a comfortable distance, its inconsistent application could lead to patients feeling either too close or too distant, impacting rapport and comfort. Enhancing their consistent ability to gauge and maintain an appropriate social distance would improve the initial interaction and overall communication environment. In relation to the study of Edward T. Hall, a pioneer in the field of proxemics, categorized spatial behavior into four distinct zones: intimate, personal, social, and public. The study further notes that these zones reflect differing levels of intimacy and formality, significantly influencing interpersonal interactions. The social zone, as defined by Hall, typically ranges from 4 to 12 feet. This aligns with the statement's mention of a "comfortable distance (4–12 feet) when talking to patients" and supports the idea of maintaining an appropriate social distance for effective interaction.

"I consciously adjust my distance to patients, considering their physical and psychological well-being" (Median scores = 3.00 ± 0.639). This suggests that respondents might not always consider these contraindications. Given that proxemics, or the use of space, significantly influences interpersonal interactions, a lack of consistent consideration of contraindications before entering a patient's intimate or personal space could inadvertently cause discomfort or violate personal space of the patient.

On the other hand, "I stay closer to the patient with a personal distance of 18 inches to 4 feet when speaking to the patient" with a median of 3.00 ± 0.780. Inconsistency here might lead to patients feeling a lack of personal connection or, conversely, feeling their personal space is invaded. There are clinical contexts where this proxemic standard may be contraindicated. In infectious or ICU settings, Holm & Dreyer (2022) described how PPE requirements and isolation measures, coined as “isolation communication,” significantly altered proximity and impeded non-verbal connection, with ICU nurses reporting muffled speech, masked facial expressions, and reduced time spent with patients. Similarly, Istanboulian et al. (2022) highlighted the need for augmentative communication strategies (like boards or gesturing) to bridge the gap caused by proximity and barriers in ICUs. Meanwhile, when working with psychiatric patients experiencing crisis, standard therapeutic distances often need to be adjusted, typically increased, to ensure both patient and provider safety. For instance, Holmes et al. (2020) found in their study on inpatient mental health unit design that while most people are comfortable at a personal space radius of 2–4 feet, individuals in acute mental health crisis often require significantly more space

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behind them to avoid triggering anxiety or aggressive behavior. This means maintaining greater personal distance well beyond the usual 4–12 feet social zone to prevent intrusions and allow patients a sense of control over their environment. Given these points, while maintaining a social distance of 4–12 feet is generally recommended for building rapport through proxemics, it may not always be appropriate in critical care, psychiatric, or high-dependency settings. In these contexts, nurses must prioritize patient safety, infection control, and situational awareness over standardized spatial expectations.

"I consider leaning towards my patients to show attentiveness" with a median score of 3.00 ± 0.869, suggests that respondents do not consistently utilized leaning as a cue for attentiveness. Leaning slightly forward is a key nonverbal behavior in models like S.O.L.E.R, where it demonstrates interest and encourages the speaker. Nandini (2020) explicitly introduced the S.O.L.E.R. model as a mnemonic for nonverbal communication in nursing, where "L" stands for "lean towards the speaker." This clarifies that this "physical inclination demonstrates interest and encourages the speaker, signaling engagement and attentiveness." This directly aligns with the statement's claim that leaning forward demonstrates interest and encourages the speaker, enhancing active listening and making patients feel more heard and engaged. Similarly, the S.U.R.E.T.Y model, also mentioned by Chute et al. (2023), includes "Y" for "yielding to the patient," which involves "leaning forward slightly" to convey active listening. Consistent application of this behavior can significantly enhance active listening and make patients feel more heard and engaged. Additionally, Nordquist (2024) broadly mentions that "body posture, including stance and movement, can communicate confidence, nervousness, or openness." Leaning falls under body posture that communicates openness and engagement. As mentioned above, while respondents generally utilized proxemics well, there is an opportunity to enhance consistency and deliberate application in these specific areas to further improve communication clarity, patient comfort, and the establishment of trust.

Vocalics;

Table 11: Median and Standard Deviation Distribution of Vocalics

Vocalics Statements	**Median**	**SD**	**Verbal Interpretation**
I take sufficient time to listen attentively to what the patient says.	4.00	0.495	Always
I modify my speaking volume based on the patient's perceived hearing ability.	4.00	0.405	Always
I use an empathetic tone of voice and adjust my pitch to convey understanding when speaking to patients.	4.00	0.495	Always
I adjust my speaking speed to ensure the patient can comfortably understand me.	4.00	0.462	Always
I try to minimize my use of vocal fillers such as “uhm” or “uh” when speaking to patients.	4.00	0.769	Always
I use simpler language and speak slowly and clearly to suit patients with varying communication needs.	4.00	0.520	Always
I allow moments of silence during conversations to give patients time to think and formulate their responses.	4.00	0.509	Always
I consciously speak slowly for me to be clearly understood by my patient.	4.00	0.590	Always
I use pauses in my speech to allow the patient time to process information.	4.00	0.558	Always
Mean	**4.00**	**0.462**	**Highly Utilized**

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Note: Always - 4.00 (Highly utilized); Often - 3.00 (moderately utilized); Sometimes - 2.00 (slightly utilized); Never 1.00 (never utilized).

Table 11 shows the respondents' level of utilization in Vocalics communication. Overall, the resulting mean of 4.00 (±0.462) suggests that the respondents demonstrated a high level of utilization in Vocalics communication. These results indicate that nursing students have significant experience and training with vocalics techniques and feel very confident in using them effectively in patient interactions. Among the nine items measuring vocalics utilization, all demonstrated high agreement. The consistency in high scores reflects a strong collective confidence in vocalics, with slight variations in the degree of confidence across specific behaviors.

The highest scoring items, such as "I take sufficient time to listen attentively to what the patient says," "I modify my speaking volume based on the patient's perceived hearing ability," and "I use an empathetic tone of voice and adjust my pitch to convey understanding when speaking to patients," underscore the students' strong perceived ability in fundamental vocalic communication. The emphasis on attentive listening aligns with core communication models like the S.O.L.E.R. model and S.U.R.E.T.Y. model, both of which highlight active engagement with patient communication. Similarly, Chan et al., (2024) and Sanjeewa et al. (2025) stated that the confidence in adjusting volume and tone shows improved patient comprehension and empathy when clinicians intentionally modulate their speech.

Conversely, while still indicating high utilization, items like "I allow moments of silence during conversations to give patients time to think and formulate their responses" also scored highly, though potentially with slightly more variation. This suggests that while students recognize the importance of pauses for patient processing, it might be a nuanced skill that requires more deliberate practice. Nandini (2020)'s discussion of the S.O.L.E.R. model, which promotes a relaxed and patient-centered environment, implicitly supports the use of silence to foster comfortable communication, allowing space for patient responses.

Based on these findings, the high level of vocalics utilization among nursing students suggests a strong foundation in using their voice effectively as a therapeutic tool. Their confidence in active listening, modifying volume and tone, and pacing their speech indicates an awareness of how vocal cues impact patient understanding, comfort, and trust. This aligns with the broader understanding that effective vocalic communication is crucial for building rapport and ensuring clear, patient-centered dialogue in healthcare settings.

Haptics;

Table 12: Median and Standard Deviation Distribution of Haptics

Haptics Statements	**Median**	**SD**	**Verbal Interpretation**
I use gentle and light touch, like placing the hand on arm or shoulder, to gain my patient’s attention.	3.00	0.822	Often
I employ therapeutic touch with careful consideration of a patient’s vulnerabilities, ensuring its use is appropriate and safe.	4.00	0.694	Always
I use gentle patting to provide comfort and assurance to patients.	3.00	0.794	Often
I use gentle touch to establish rapport and build trust with patients.	3.00	0.861	Often
I respectfully distance myself from my patient when they inappropriately touch me while we are communicating.	4.00	0.690	Always
I respectfully avoid touching patients when I communicate with them.	4.00	0.659	Always
Haptics Statements	**Median**	**SD**	**Verbal Interpretation**

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I touch my patients only during physical assessment and procedures.	4.00	0.625	Always
I use touch intentionally, explaining its purpose and location before procedures to gain patient consent	4.00	0.588	Always
I hold and squeeze my patient's hand during uncomfortable procedures to provide support, only with consent.	3.00	0.895	Often
Mean	**3.56**	**0.644**	**Highly Utilized**

Note: Always - 4.00 (Highly utilized); Often - 3.00 (moderately utilized); Sometimes - 2.00 (slightly utilized); Never 1.00 (never utilized).

Based on Table 12, while the overall utilization in haptics communication among respondents is high with a mean score of 3.56 ± 0.644, interpreted as highly utilized nonverbal cues, indicating a general preparedness to use haptics behaviors, there are specific areas that could be enhanced. Specifically, the items with lower scores that fall under the "Often" interpretation suggest room for improvement in consistent application.

“I use gentle and light touch, like placing the hand on arm or shoulder, to gain my patient’s attention” with a mean score of 3.00 ± 0.822. While respondents often use gentle touch, its inconsistent application may result in missed opportunities to gain patient attention in a supportive, non-verbal manner. Enhancing nurses’ confidence in initiating light, therapeutic touch especially when verbal cues are inadequate could improve patient engagement. Sandess et al. (2022) found that intentional, non-task-directed touches, such as a hand on the shoulder or arm, significantly increased patients’ perceptions of safety, emotional comfort, and presence in ICU settings, underscoring the importance of integrating brief, culturally sensitive touch into routine interactions.

“I use gentle patting to provide comfort and assurance to patients” with a mean score of 3.00 ± 0.794. While respondents often engage in gentle patting, its inconsistent use may limit the delivery of non-verbal reassurance during times of stress or pain. Strengthening nurses' understanding of when and how to apply this technique could deepen its comforting effect. Buono et al. (2025) in a recent systematic review on touch in healthcare, highlight that expressive touches, such as gentle patting and stroking, convey emotional support and help establish trust and safety when used thoughtfully and with patient consent.

“I use gentle touch to establish rapport and build trust with patients” with a mean score of 3.00 ± 0.863. with a median score of 3.00 ± 0.863. While respondents often use gentle touch, its inconsistent application may hinder the development of a therapeutic connection. Strengthening nurses’ understanding of touch as a tool for emotional support could improve patient trust and care quality. Burgess et al. (2023), in their integrative review of expressive touch in nursing, highlighted that brief, culturally sensitive touches such as placing a hand on the shoulder or gently holding a patient's hand can effectively foster comfort, rapport, and a sense of human connection, when executed with consent

“I hold and squeeze my patient's hand during uncomfortable procedures to provide support, only with consent” with a mean score of 3.00 ± 0.885. While many respondents practice this form of comforting touch, its inconsistent application may result in missed opportunities to offer emotional reassurance during distressing clinical moments. Strengthening nurses’ ability to use this gesture purposefully, with informed consent, could significantly alleviate patient anxiety and enhance therapeutic rapport. Li et al. (2021) conducted a randomized pilot trial involving patients undergoing prostate biopsies and found that hand-holding, compared to standard care, notably reduced patient-reported anxiety and discomfort during the procedure. Their findings underscore that patient preferences often affirm the powerful emotional and physiological benefits of consensual hand-holding during invasive or intimidating care procedures.

As mentioned above, while respondents generally utilized haptics well, there remains an opportunity to enhance the consistency and confidence in applying certain haptic behaviors. To enhance the therapeutic potential of haptics, nurses must be trained not only in when to touch but also how to do so in a way that respects personal,

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cultural, and situational boundaries. For instance, Sandess et al. (2022) found that non-task-directed, culturally sensitive touches such as placing a hand on a patient's shoulder can increase emotional comfort and presence in ICU settings. Similarly, Buono et al. (2025) emphasized the value of expressive touch, such as gentle patting or stroking, in communicating empathy and reassurance. Furthermore, Burgess et al. (2023) reported that therapeutic touch fosters trust and a sense of human connection when delivered with consent. Lastly, Li et al. (2021) demonstrated that hand-holding during painful procedures can reduce anxiety and improve patient experience. These findings collectively suggest that reinforcing proper use of haptic communication through simulation, reflective practice, and cultural competency training can significantly strengthen patient care outcomes and emotional rapport.

Oculesics;

Table 13: Median and Standard Deviation Distribution of Oculesics

Oculesics Statements	**Median**	**SD**	**Verbal Interpretation**
I pay attention to the patient's eye movements (gaze direction, blinking rate, pupil dilation) as potential indicators of their needs.	4.00	0.667	Always
I maintain a level of eye contact that is comfortable for the patient while being mindful of potential cultural differences in eye contact norms.	4.00	0.603	Always
I use soft and sustained eye contact to show understanding towards my patients.	4.00	0.658	Always
I use eye contact to gauge patient attention.	4.00	0.658	Always
I use eye contact to encourage the patient to speak or share their thoughts by looking at them expectantly after asking a question.	4.00	0.638	Always
I briefly look away from patients while speaking to avoid making them feel overwhelmed by direct eye contact especially if they appear anxious or uncomfortable.	3.00	0.723	Often
I initiate eye contact when beginning to speak with a patient.	4.00	0.572	Always
I maintain consistent eye contact with occasional natural breaks in eye contact while a patient is speaking to me to demonstrate that I am listening attentively.	4.00	0.626	Always
I use inviting eye contact to encourage the patient to share their concerns or worries with me.	4.00	0.663	Always
Mean	**3.89**	**0.603**	**Highly Utilized**

Note: Always - 4.00 (Highly utilized); Often - 3.00 (moderately utilized); Sometimes - 2.00 (slightly utilized); Never 1.00 (never utilized).

Table 13 shows the respondents' level of utilization in Oculesics communication. Overall, the resulting mean of 3.89 (± 0.603) suggests that the respondents demonstrated a high level of utilization in Oculesics communication. This indicates that nursing students are using eye behaviors effectively in patient interactions.

According to the results, the highest scoring items, all with a median of 4.00, underscore the students' strong perceived ability in utilizing eye contact for assessment and conveying empathy. This high utilization is

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significant because it reflects the students' awareness of the critical role of eye cues in gauging patient status, respecting diverse cultural backgrounds, and building rapport through nonverbal expression of understanding. Studies consistently highlight the importance of attentive eye contact in healthcare. For instance, studies show that clinicians who maintain appropriate eye contact are perceived as more empathetic and trustworthy, fostering better patient rapport and information disclosure (James et al. 2023).

According to the results, the lowest mean score, at 3.00 (± 0.723), was found for the item "I briefly look away from patients while speaking to avoid making them feel overwhelmed by direct eye contact especially if they appear anxious or uncomfortable." This item, interpreted as "Often," suggests that while respondents recognize the importance of breaking eye contact for patient comfort, its consistent application might be more situational or require more conscious effort compared to other oculesics behaviors. This finding is significant because it points to a nuanced aspect of eye contact management, it's not just about maintaining attention, but also knowing when and how to strategically disengage eye contact to alleviate patient discomfort or anxiety, highlighting a subtle area for ongoing development in their nonverbal knowledge. Studies emphasize that while eye contact builds connection, prolonged or intense eye contact can be perceived as intimidating or aggressive, particularly for anxious patients or those from cultures where direct eye contact is less common (Hicham, 2020). The ability to modulate eye gaze, including strategic breaks, is therefore a crucial component of patient-centered communication that promotes a sense of safety and reduces perceived threat.

Based on these findings, the high level of oculesics utilization among nursing students indicates a strong understanding of how eye contact influences patient perception, trust, and comfort. Their perceived ability to attentively observe, maintain appropriate and empathetic eye contact, and use it to encourage patient sharing demonstrates a foundation for patient-centered communication.

Table 14: Summary Assessment for Nonverbal Communication Skills Utilization

Nonverbal Skills	**Median**	**Standard Deviation**	**Verbal Interpretation**
Kinesics	3.67	0.540	Highly Utilized
Proxemics	3.56	0.557	Highly Utilized
Vocalics	4.00	0.462	Highly Utilized
Haptics	3..56	0.644	Highly Utilized
Oculesics	3.89	0.603	Highly Utilized

Problem 3: Significant relationship between the demographic profile of the respondents and their level of nonverbal communication utilization

Table 15: Results of test of significant relationship between demographic profile of respondents and their nonverbal communication utilization.

Demographic Profile		**Nonverbal Communication**				
		Kinesics	**Proxemics**	**Vocalics**	**Haptics**	**Oculesics**
Age Range	Spearman rho	-0.134	0.019	-0.155	-0.144	-0.15
	p-value	0.111	0.826	0.065	0.086	0.074
	Interpretation	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*

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	Decision	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*
Sex Range	Spearman rho	0.839	1.66	0.886	3.87	2.84
	p-value	0.933	0.948	0.297	0.424	0.584
	Interpretation	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*
	Decision	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*
Place of Origin	Spearman rho	0.833	4.98	5.98	0.511	3.8
	p-value	0.659	0.173	0.05	0.775	0.15
	Interpretation	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*
	Decision	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*
Year Level	Spearman rho	0.199	0.104	0.088	-0.013	-0.019
	p-value	0.017	0.216	0.296	0.878	0.825
	Interpretation	**Weak significant**	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*
	Decision	**Reject Ho**	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*

Note: Spearman P correlation 0.01-0.19 (No or negligible relationship), 0.20-0.29 (Weak relationship), 0.30-0.39 (Moderate relationship), 0.40-0.69 (Strong relationship), >0.70 (Very strong relationship). The level of significance is 0.05.

Table 15 shows the significant relationship between the demographic profile and nonverbal communication utilization of the respondents. The results indicate that the Age, Sex, and Place of origin has a p-value higher than 0.05 means that there is no significant difference between this variable and the nonverbal communication utilization of the respondents. Whereas, the Year Level with a p-value of 0.017 shows that there is a significant relationship between the year level and nonverbal communication utilization. This suggests that as students advance in their academic year level, they may become more proficient in their use of body language and physical expressions as a form of communication.

The study of Burgaz Kinas et al. (2025) found that communication skills and attitudes toward clinical practice vary according to class year, with fourth-year nursing students scores the highest in both scales. This suggests that as students advance in their academic year, their communication competencies, including kinesics improved. As 3rd year students are introduced to a more complex patient interaction, they start to become conscious of their facial expression, eye contact, and gesture when it comes to patient interaction. Fourth year students on the other hand undergo a more intensive clinical exposure as they more often handle critical care areas such as ICU. As these situations require them to skillfully use non-verbal communication. Therefore the cumulative experience of later years of nursing students play a crucial role in shaping the student's nonverbal communication competencies. With this article, it is supported that as nursing students advance in their academic year level, they become more proficient in their use of body language and physical expressions as a form of communication.

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Problem 4: Significant difference in the level of nonverbal communication utilization among respondents when grouped according to demographic profile

Table 16: Results of a test of significant difference in the level of nonverbal communication utilization among respondents when grouped according to demographic profile.

Demo Profile	**K-W Test**	**Nonverbal Communication**				
		Kinesics	**Proxemics**	**Vocalics**	**Haptics**	**Oculesics**
Age Range	x2	3.91	2.41	7.9	3	3.47
	df	3	3	3	3	3
	p-value	0.271	0.492	0.048	0.391	0.324
	Interpretation	*Not Significant*	*Not Significant*	**Significant**	*Not Significant*	*Not Significant*
	Decision	*Fail to reject Ho*	*Fail to reject Ho*	**Reject Ho**	*Fail to reject Ho*	*Fail to reject Ho*
Sex Range	x2	0.673	1.166	0.349	3.682	2.228
	df	2	2	2	2	2
	p-value	0.714	0.558	0.84	0.159	0.328
	Interpretation	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*
	Decision	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*
Place of Origin	x2	0.452	0.435	5.689	0.444	0.969
	df	1	1	1	1	1
	p-value	0.501	0.464	0.017	0.505	0.325
	Interpretation	*Not Significant*	*Not Significant*	**Significant**	*Not Significant*	*Not Significant*
	Decision	*Fail to reject Ho*	*Fail to reject Ho*	**Reject Ho**	*Fail to reject Ho*	*Fail to reject Ho*
Year Level	x2	5.6203	1.5406	1.0984	0.0236	0.0492
	df	1	1	1	1	1
	p-value	0.018	0.215	0.295	0.878	0.824
	Interpretation	**Significant**	*Not Significant*	*Not Significant*	*Not Significant*	*Not Significant*
	Decision	**Reject Ho**	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*	*Fail to reject Ho*

Note: Spearman P correlation 0.01-0.19 (No or negligible relationship), 0.20-0.29 (Weak relationship), 0.30-

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0.39 (Moderate relationship), 0.40-0.69 (Strong relationship), >0.70 (Very strong relationship). The level of significance is 0.05.

Table 16 shows the significant difference between the level of nonverbal communication skills utilization among the respondents when grouped according to their demographic profile. Age and Place of origin was found to have a significant difference in vocalics, this shows that different age groups vary in their use of vocalics. The regional or cultural background of the respondents may influence how the individuals use cues in communication. According to the study Keutchafo et al. (2020), a nurse's vocal behavior, such as the tone of the voice, like speaking calmly and slowly, fosters trust and understanding in interactions with older adults. Contrary, speaking loudly or rapidly was perceived as a barrier to communication. This suggests that with age and experience, nurses may develop more effective communication strategies in enhancing patient communication. Older and experienced nurses often speak more calmly, slowly, and gently in communicating to patients which foster trust and understanding especially to older patients. According to the study of Keutchafo et al. (2022), misunderstandings in communication between nurses and older adult patients can happen due to negative experiences with nurses, critical conditions, or different cultures or religions between the nurse and the patient. People living in the province used a more formal language compared to people living in the city; this may be a barrier for nurses to communicate to various clients. These articles support that age and place of origin has a significance in using vocalics.

A significant difference in year level and kinesics is also found, this suggests that student nurses in different year levels differ in their use of body language, gestures, postures, and body language. This may be attributed to the clinical exposure of the nursing students. According to the study of Burgaz Kinas et al. (2025), nursing students' communication skills and attitudes toward clinical practice improves as theory progresses through their academic years. This indicates that as students advance in their education, their nonverbal skills, such as kinesics also develops. As third year nursing students began to encounter more complex patient interactions, making them more aware of their non-verbal cues such as their facial expression, eye contact, and gesture. In contrast, fourth year nursing students gain deeper clinical experience, as they begin to work in high pressure environments like intensive care units (ICU), where effective nonverbal communication is essential. This study supports that the higher the level of nursing students, the more skilled they become in using body language and facial expressions as an effective tool for patient communication.

Problem 5: Recommendation for proposed enhanced patient communication program flow:

Enhancement Program titled “CONNECT BEYOND WORDS: Enhancing Patient Communication through Nonverbal Mastery” from the study Nonverbal Communication Skills Utilization among Nursing Students: Basis for Enhanced Patient Communication Program.

Program Objectives:

Knowledge Objective:

- Nursing students will demonstrate increased knowledge of therapeutic kinesics such as attentive posture, non-distracting hand gestures, and appropriate facial expressions.
- Additionally, they will also express increased knowledge of appropriate proxemics such as social and personal distance.
- And, nursing students will be able to apply therapeutic and effective haptics appropriately.

Skill Objectives:

- Nursing students will demonstrate attentive leaning, avoiding common distracting hand gestures, and maintaining appropriate facial expressions during patient communication.
- Additionally, they will also exhibit appropriate maintenance of social (4-12 feet) and personal (18-36 inches) distances during patient interactions.

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- And, nursing students will consistently and appropriately use comforting touch during distress moments and gentle patting during patient encounters.

Attitude Objectives:

- Nursing students who are participating in the study will report a higher perceived importance of consistent utilization of appropriate kinesics, proxemics, and haptics in patient care, as measured by Likert scale survey.

Program:

This program will be structured in three components of nonverbal communication namely kinesics, proxemics, and haptics. Each will include a specific initiative that aims to increase knowledge, improve skills, and enhance attitude towards utilization of these nonverbal communication, to establish effective patient - nurse communication.

Phase 1: Planning and Preparation

Pre-assessment activities are carried out prior to program implementation to collect baseline data on participants' knowledge, skills, and attitudes about nonverbal communication. The Program Committee creates pre-tests and structured observation checklists that concentrate on kinesics, proxemics, and haptics. These methods ensure that the program is data-driven and responsive to nursing students' identified learning requirements, laying the foundation for assessing program effectiveness.

Phase 2: Implementation

The program is presented through a series of brief, targeted learning activities connected with the following three nonverbal communication components:

Activities in kinesics include Mindful Gestures, Show You Care, and Smile with Care, which aim to develop students' awareness of body movements, posture, gestures, and facial expressions. Speaker-led talks, graphical booklets, posters, and simulation activities with mannequins or peer participants are examples of learning tactics that allow for hands-on experience and skill application.

Proxemics activities center on recognizing personal space and comfort zones in healthcare. Mastering Your Bubble: Comfort Zone in Healthcare teaches participants to recognize optimal physical distance during patient interactions. Visual aids, digital banners, and pocket-sized checklists are used to promote proper spatial behaviors in therapeutic settings.

Activities for haptics include The Art of the Healing Touch and Beyond Words, which highlight the appropriate and ethical use of touch in patient care. These sessions focus on sensitivity, consent, cultural issues, and professional boundaries. Multimedia elements, such as brief educational videos, are used to increase engagement and contextual comprehension.

Phase 3: Monitoring and Evaluation

After implementation, program outcomes are assessed using post-tests and observations. A complete report is written and delivered to the Nursing Department, describing the program's effectiveness in increasing nonverbal communication skills. The program will be constantly refined in response to evaluation outcomes. Modules, activities, and instructional styles are adjusted as needed to address identified deficiencies. This process guarantees that kinesics, proxemics, and haptics continue to improve over time, ultimately increasing patient-nurse communication and encouraging better treatment.

SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATION

This chapter presents the summary of findings, conclusions, and recommendations

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Summary of Findings

The followings are the findings of the study:

1. In terms of age, most of the respondents are in the age bracket of 20-24 years old, with 137 individuals (95.8%), indicating that the study mainly represents the use of nonverbal communication by young adults. As to the respondent's sex, there were more female 79.0% (113) than male respondents 20.3% (29), suggesting that female communication tendencies may strongly influence the study outcomes, indicating a potential impact of gender-related communication characteristics on nonverbal utilization. Furthermore, in terms of place of origin, most of the respondents came from the city 68.5% (98). The remaining 31.5% (45) came from the province. This suggests that exposure to urban culture may have a greater influence on nonverbal communication practices than backgrounds in rural areas, potentially reflecting differences in social interaction norms and communication environments. Additionally, Level 3 students make up the majority of participants (67.1%, 96), whereas Level 4 students make up 32.9% (47), indicating that the majority of respondents are in the early phases of advanced clinical exposure. This distribution suggests that as students advance through higher academic levels and acquire more clinical experience, their use of nonverbal communication continues to grow.

2. The findings indicate that nursing students demonstrate an overall high level of nonverbal communication utilization, with a general mean score of 4.00, suggesting strong preparedness in applying nonverbal behaviors during patient interactions. Across all domains, Vocalics yielded the highest utilization (mean = 4.00), indicating consistent confidence in voice modulation, active listening, and empathetic tone. This suggests that students are most proficient in using vocal cues as a therapeutic tool. Similarly, Oculesics showed a high level of utilization (mean = 3.89), implying effective use of eye contact to convey attentiveness, empathy, and trust, although strategic disengagement of eye contact was applied less consistently, suggesting a nuanced skill that requires further refinement.

In contrast, while Kinesics (mean = 3.67), Proxemics (mean = 3.66), and Haptics (mean = 3.56) were also interpreted as highly utilized, several items within these domains were rated as “Often,” indicating areas for improvement in consistency. Specifically, this pattern suggests that respondents may not always consciously regulate hand gestures, facial expressions, interpersonal distance, leaning behaviors, and therapeutic touch across varying clinical contexts. These findings imply that although students generally apply body movement, spatial awareness, and touch effectively, more deliberate and situational use is needed to enhance patient comfort, rapport, and trust. Overall, the results suggest that nonverbal communication utilization improves with intentional practice and contextual awareness, highlighting the importance of targeted patient communication skill enhancement program to strengthen consistency across all nonverbal domains.

3. The age, sex, and place of origin of the respondents has a resulting p-value of 0.087 (spearman rho = -0.144), 0.937 (spearman rho = 0.813), .407 (spearman rho = 1.8), implying that there is no significant relationship between the variables and failed to reject the null hypothesis. In contrast, year level demonstrates a statistically significant relationship with nonverbal communication utilization, particularly kinesics (p = 0.017–0.018), implying that students’ use of body language, gestures, and facial expressions improves as they advance academically. This suggests that increased clinical exposure and academic progression contribute to greater awareness and more effective application of kinesic behaviors during patient interactions.

4. The significant difference between the kinesics utilization of nursing students and their year level has a resulting p value of 0.018, implying there is a significant difference between kinesics utilization and year level. This indicates that academic year level plays a crucial role in the development of kinesics, reflecting the impact of progressive clinical exposure on body language awareness and control.

Furthermore, there is also a significant difference between the vocalics utilization of nursing students and their age, it has a resulting p value of 0.048 implying there is a significant difference between vocalics utilization and age. This finding suggests that age-related experience may shape how nursing students regulate vocal elements such as tone, pacing, and volume, with older students potentially demonstrating greater control and intentionality in their vocal delivery during patient interactions.

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The significant difference between the vocalics utilization of nursing students and their place of origin has a resulting p value of 0.017, implying there is a significant difference between vocalics utilization and place of origin. Thus indicating that cultural and regional communication norms influence how vocal cues are expressed, interpreted, and adjusted in clinical settings. Students from varying geographic backgrounds may carry distinct speech patterns, levels of formality, and expressive styles, which can affect how vocalics are used to convey empathy, clarity, and reassurance.

Overall, these findings strongly emphasize that while most demographic factors do not significantly affect general nonverbal communication utilization, specific nonverbal domains are shaped by distinct influences. In particular, academic year level plays a crucial role in the development of kinesics, reflecting the impact of progressive clinical exposure on body language awareness and control. Concurrently, age and place of origin meaningfully influence vocalics utilization, underscoring the importance of experiential learning and cultural context in shaping vocal communication behaviors. These results highlight that nonverbal communication skills among nursing students do not develop uniformly but rather evolve through a combination of educational progression, lived experience, and cultural background.

Conclusion

The majority of the 143 respondents assessed on the nonverbal communication utilization of nursing students are female, aged 20-24 years old in the third-year level.

The findings revealed a high level of nonverbal communication utilization among these future healthcare professionals, indicated by an impressive overall mean of 4.00. This suggests that the students are largely aware of and report actively utilizing various forms of nonverbal cues in their interactions, which is crucial for establishing rapport, conveying empathy, and understanding patient needs in the complex healthcare setting.

Breaking down this utilization into specific dimensions, it is evident that students highly utilize kinesics (body language), proxemics (use of space), vocalics (voice qualities), haptics (touch), and oculesics (eye contact). Notably, vocalics stood out with a perfect average mean of 4.00, implying a consistent and strong application of voice-related nonverbal cues. While these high scores are encouraging, they also underscore the importance of integrating cultural sensitivity into their nonverbal communication practices.

The demographic profile of the respondents generally did not demonstrate a significant relationship with their overall nonverbal communication utilization. This suggests that, across different ages, sexes, and places of origin, the reported utilization for nonverbal communication remains consistently high among these nursing students. This broad utilization provides a strong foundation upon which to build more culturally competent communication skills.

However, a closer examination revealed some specific distinctions. A weak but significant relationship was identified between year level and kinesics utilization, indicating that as nursing students progress from Level 3 to Level 4, there is a slight but measurable increase in their reported utilization of body language. This could be attributed to increased clinical exposure, professional development, or greater awareness gained through their advanced studies and exposure to specialized areas such as the Intensive care unit, where they likely encounter diverse patient populations.

Furthermore, significant differences were observed in vocalics utilization based on both age and place of origin. Specifically, older students (25 years and above) and those from city areas reported higher vocalics utilization compared to their younger and provincial counterparts, respectively. These differences could stem from varying life experiences, exposure to diverse communication styles, or even different educational environments, all of which might influence their awareness and modulation of vocal cues.

These findings suggest that while nursing students generally show high nonverbal communication utilization, targeted educational interventions are crucial to address specific gaps, particularly in kinesics and vocalics among younger or provincial students. Targeted patient communication skill enhancement program to strengthen consistency across all nonverbal domains will ensure more tailored and impactful strategies, fostering truly

holistic patient care.

Recommendation

In light of the research findings, the researcher hereby presents the following recommendations to the following:

Curriculum Planners. Integrate the findings of this study into core nursing courses such as Theoretical Foundation of Nursing and Nursing Practice, Care of the Motherly and Child (lecture and practice), Medical-Surgical (lecture and practice), Mental Health, Pediatric, and Gerontological Nursing subjects. This integration should emphasize nonverbal communication as a fundamental component of therapeutic communication. Developing student understanding of nonverbal cues (kinesics, proxemics, vocalics, haptics, oculesics) can significantly improve ability to build rapport with diverse patient populations and promote patient-centered care. This will lead to improved patient communication, increased adherence to treatment plans, and reduced healthcare disparities.

Deans of Nursing Schools or Colleges. Utilize the findings of this study as a basis for developing patient communication campaigns for students, especially focusing on utilization towards nonverbal communication. Identify areas where students may need additional training. Ensure that graduates are comprehensively prepared for diverse healthcare environments by fostering highly competent nonverbal communicators.

Nurses. Utilize the finding of this study as an evaluation to nurses to enhance their nonverbal communication skills. Evaluation from their superior about nonverbal communication to see what nonverbal cues (kinesics, proxemics, vocalics, haptics, oculesics) they can further improve. Participating in any training or workshops to further improve their nonverbal communication and can also increase patient satisfaction.

Student Nurses. Actively seek opportunities to improve proficiency in kinesics, proxemics, haptics, and oculesics. Participate in any workshops or training provided by the institution to fine-tune these skills. Self awareness and reflection by self-observation like practicing in front of a mirror, recording, or asking for feedback from peers and instructors about nonverbal communication. Also, to observe experienced nurses on how they experienced and use effective nonverbal cues with patients. Learn from their interactions.

Family Members. This study will serve as a guide to the family members of the patient to positively utilize nonverbal communication to enhance emotional support and understanding. Through this study family members of the patient will know the different nonverbal cues that they can use to help them. Effective nonverbal communication can help reduce patient anxiety, promote patient comfort and trust, and support the overall patient well-being.

Future Researchers. This study serves as a valuable foundation for further inquiry into nonverbal communication skills utilization in nursing students. Expanding the sample to include multiple nursing schools and lower year levels would enhance generalizability and allow for developmental comparisons. Incorporating observational methods or clinical simulations could complement self-reported data and provide a more objective assessment of nonverbal skills. A mixed-methods approach, including qualitative interviews, may yield deeper insights into how students apply nonverbal communication in real clinical scenarios.

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