# COLUMBIA

#### COLLEGE OF DENTAL MEDICINE

### Nonverbal communication between dental student providers and **Spanish speaking patients: A case study**

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## INTRODUCTION

- The literature demonstrates that provider non-verbal communication (NVC) plays a major role in the clinical setting and is especially important when a language difference is present
- In a subset of data from a pilot study, three providers with varying degrees of Spanish fluency exhibited distinct differences in their NVC scores while treating their monolingual Spanish-speaking patients
- This case analysis highlights that the presence of a language difference in the dental clinic negatively influences providers' NVC
- Convergence strategies can be used to mediate communication barriers
- We aim to promote a greater understanding of NVC in the dental clinic setting to overcome communication gaps and, in turn, inform dental education

Table 1.	Table 2.	
Provider Scoring Criteria	Provider	Provider Scoring
<u>Immediacy</u> <b>Posture</b> • Sitting= + 1 • Infrequent Posture = 0 • Standing = - 1 <b>Position</b> • Facing Patient = + 1 • Facing Away from Patient = - 1	Provider A Bilingual Spanish speaker with no interpreter	Immediacy <ul> <li>Posture: +1</li> <li>Position: +1</li> <li>Eye contact: +1</li> <li>Responsivity</li> <li>Nods: +1</li> <li>Hand gestures: +1</li> <li>Total = 5</li> </ul>
<ul> <li>Eye Contact</li> <li>Eye contact for 2- 5 second intervals 6+ times = +1</li> <li>Eye contact for 2 - 5 second intervals 3-5 times = 0</li> <li>Eye contact for 2-5 second intervals &lt; 2 times = -1</li> <li>Responsivity</li> <li>Nods</li> <li>Head Nods = +1</li> </ul>	Provider B Spanish speaker with partially used interpreter	<ul> <li>Immediacy</li> <li>Posture: +1</li> <li>Position: +1</li> <li>Eye contact: +1</li> <li>Responsivity</li> <li>Nods: +1</li> <li>Hand gestures: 0</li> <li>Total = 4</li> </ul>
<ul> <li>No Nods = 0</li> <li>Hand Gestures</li> </ul>	<b>Provider C</b> No Spanish, interpreter	<ul> <li><u>Immediacy</u></li> <li>Posture: +1</li> <li>Position: +1</li> </ul>

#### **METHODS & MATERIAL**

- The case analysis focused on a subset of three providers (A, B and C) from a larger observational, retrospective, non-interventional and non-randomized pilot study
  - The pilot study aimed to assess provider NVC in the patient-provider interaction using clinic videos from the Fifth Floor Vanderbilt Clinic (VC5)
  - Recruitment was limited to **new patients** presenting for intake appointments to avoid any confounding variables
- VC5 video footage was analyzed using an NVC grading sheet, scored on a scale from -4 (unfavorable) to +5 (favorable)
- The nonverbal behaviors were adapted from the work of Dr. Albert Mehrabian, categorizing NVC as either *immediacy* (eye contact, body posture and position) or *responsivity* (head nods and hand gestures)
  - Grading for eye contact was adapted from The Preferred Gaze Duration (PGD) principle, which states that gazes lasting from 2.9-4.6 seconds during interaction are most meaningful
  - Behaviors for which a negative counterpart did not exist were graded using a **frequency construct**, an approach that grades behaviors on whether or not they occur

- Hand Gesticulation = +1
- Absence of Gestures = 0
- Crossing arms = -1

• Eye contact: 0 <u>Responsivity</u>: • Nods: 0 • Hand gestures: +1 Total = 3

# **DISCUSSION & CONCLUSION**

- The case analysis highlights the relationship between convergence techniques and communication barriers as well as raises awareness regarding NVC in the context of utilizing a healthcare interpreter
- Providers' NVC scores seemed to be associated with their Spanishspeaking capabilities Figure 1.
- There is a conceivable Convergence Techniques interconnection between nonverbal behaviors, verbal behaviors, Verbal Nonverbal and convergence techniques Communication Communication
- The ability to communicate verbally can directly influence the ability to effectively communicate nonverbally and vice versa
  - **Provider B** serves as an example for how to incorporate convergence techniques when treating a monolingual patient as a non-native speaker
- Modifications for future studies include obtaining provider language fluency information rather than relying on telephonic interpreter usage as a surrogate, diversifying the languages studied and increasing the provider sample size
- Videos were scored individually and to ensure consistency and interrater reliability (IRR), each researcher graded the same nonverbal behavior for all the videos
- All three providers received varying NVC scores
- Providers' NVC scores were compared with their level of Spanish fluency determined through their degree of usage of a telephonic interpreter

# RESULTS

- The use of more favorable NVC was consistent in providers who either shared the same language or used convergence techniques with their patients
- **Provider A** (bilingual) displayed the most favorable nonverbal behaviors and illustrates that the ability to communicate verbally influences NVC
- **Provider B** (English speaker, partial interpreter use) scored higher on the NVC grading than **Provider C** (English speaker, full interpreter use)
  - **Provider B** adopted convergence techniques to bridge the communication gap
- The degree of interpreter usage negatively influences *responsivity* more than immediacy
  - **Providers' B and C** each received deficient scores in one *responsivity*

• We seek to set a framework for future studies, which will expand on the findings from this case analysis, guide dental education, and ultimately promote a greater understanding of NVC in the dental clinic setting to overcome communication gaps

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subcategory - hand gestures and head nods, respectively

- Convergence techniques can positively modify nonverbal behaviors in the *immediacy* category
  - **Provider B's** *immediacy* score was favorable across all three subcategories as compared to **Provider C**, who was deficient in eye contact

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