

Exploring The Role of Verbal and Non-Verbal Communication Skills of Nursing in Patients' Healing

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DOI: <https://doi.org/10.63163/jpehss.v3i4.741>

Abstract

Background: Nurses have been an eminent part of the healthcare force. Primarily focusing on patient interactions with nurses, as they are the main healthcare providers. They are also responsible for patient care and wellness during their stay at the hospital or any medical facility. Nurses specialize in patient care, which involves their role as counselors, healers, and caregivers. **Methods:** The paper aims to involve issues on the intersection of nurses' communication and its relative relation with the patient's healing. This paper aims to explore how verbal and non-verbal communication impacts the patient's perception of the disease, develops the notion of one's disease, and impacts patient care delivery. This exploratory research focuses on the significance of nursing staff communication with patients. The research is done in their natural settings, and the methodology involves a qualitative thematic analysis followed by in-depth interviews in hospitals. **Results:** The empirical data were collected from a sample of ten participants, belonging to diverse socio-cultural backgrounds. The six main themes identified in verbal communication are pitch, tone, and choice of words, whereas non-verbal communication includes listening skills, body language, and the sense of social touch. The result indicates that effective communication improves patients' health. Cultural linguistic barrier significantly affects the patients in such a way that they do not comprehend their needs. **Conclusion:** Nurses are essential healthcare providers who specialize in patient care, acting as counselors, healers, and caregivers. This paper explores the impact of nurses' communication on patients' healing, examining how verbal and non-verbal communication affects patients' perceptions of their illness and the quality of care they receive. The study highlights the importance of effective communication between nursing staff and patients and shows that effective communication improves patients' health outcomes.

Keywords: Ethical codes, healing, non-verbal communication, patient care, social health, verbal communication.

Introduction

The hospitals are a place where a person only comes at a time of need, but due to the malpractice and unprofessional behavior of the nurses, the patient's healing is highly disturbed. The patients feel socially impaired and vulnerable, which boosts their stress and weakens their healing process. The major objective of this exploratory research is to configure how the verbal and non-verbal communication of the nurses as the front-line care providers impacts the healing of the patient.

The sense of care provided through their communication in both ways helps impact the patient's health, his perspective on the disease, and the cure (Pachter, 1994). Communication does emphasize the role of language between linguists and speakers (Duranti, 2008). These vary from where it is spoken different genres attached to their notion of understanding, reflecting their impact on the other person. The relative and native speakers have different ways of understanding language, both verbal and non-verbal communication have an impact in giving away the sense of meaning (Danziger, 1997). It underlines the role of linguistics in community engagement in a medical vicinity, especially relevant experts, and the structure of reality in determining the meaning of linguistic expressions by patients (Kalengayi et al., 2012).

Communication is derived mainly from language; thus focus is on the use of theories of meaning, particularly the inferential theory of meaning (a theory saying that linguistic meaning is constituted by those material inferences (transitions, moves) one ought to or may (not) make externalism (Matsui, 2021). Externalism (Burge 1979; Putnam 1975) seems to be very popular in the philosophy of language and mind. The main point made by externalists is that meanings and contents are not determined by internal factors but by external ones as well (Kallestrup, 2013). This may be seen as a two-way relationship between two people communicating, a mind with both external and internal thought. As externalists like to put it, "Meaning isn't in the head". At first glance, inferentialism (after all, inferences are things that one carries in one's head) and externalism (meaning is not in the head) may be considered incompatible (Pelletier, 2017b). I would like to check how inferentialism intersects with externalism, and later part of the paper how it helps in healing. According to the Prague School of thought (Havránek, 2014), language has two dimensions. The first one refers to how it is shaped, as the formation of abstract thought into the concrete concept to deliver them. The second comes with its functionality in the external world, the perception and actual meaning of understanding during the deliverance of the message through communication. Language helps connect people with similar personalities and find their common ground on something connected with being one unified identity (Chomsky, 1968). It plays a significant role in the healing of a person (McGuire, 1983). Language reflects a person's culture. It is expressed to communicate in verbal, written, or symbolic gestures. The body language, the wave of emotion, and posture of a person express a mere depiction of culture which formulates the view of people around him and his view towards people (Miller et al., 2009).

The healer's way of communicating has a significant impact on the patient. Language as a healing tool has been used for several years but has purposefully neglected its actual use when it comes to scientific discourse. Language has the energy to radiate power and positively impacts the Mind, Body, and Soul (Iyengar, 2007). Every community is not related only to ethnicity, and place but profession and living (Braine, 2013). Language has been structurally created by humans to communicate with one another. Humans created their own set of signs and symbols as ways to communicate with one another. There are 6700 different languages (Aronoff & Rees-Miller, 2020), each with its own sets of words and speech notions (Comrie, 2017). These are further subdivided into many different dialects, each spoken by a different set of people to communicate within a community. Knowing one's language creates a sense of familiarity and helps one to deconstruct and understand the speaker's message. Purposefully serves a much greater purpose than that (Barthes & Duisit, 1975). The connectivity with language serves as its prime core basis when it comes to identity. Language upholds the power of being a tool to revitalize the mind and thought (Achterberg, 2002). In today's modern world where language is several kinds of computer coding, musical notes, and mathematical axioms, with each its perception of understating and correlation. Language is the code through which communication and connectivity happen. This is not restricted to whether it could be heard or not.

Significance of Study

The power of spoken language is more than the gained knowledge because if you cannot convey it, it's just another thought process in your mind (Flower & Hayes, 1984). It evolved from various factors such as culture, community geology, and social interaction (Mitri & Foster, 2013). According to some research, a patient feels more reliant on their healer (Hussain et al., 2019b), when s/he (faith healer, doctor, nurse, and therapist) talks in the patient's native language rather than the diverse medicinal terms, which often a layman is unaware of (Canagarajah, 2013). Due to this reason most of the medical care systems are based on Western medicine as a substantial standard of treatment due to which traditional medicine that is derived from culture has been neglected (Elujoba et al., 2004).

These things have been in practice for a very long as clinics were first described as separating the outcasts from society. In the book Michael Foucault's *Madness and Civilization* (Foucault, 2001), the clinics and hospitals were built for all the outcasts that did not fit the lens of a civilized healthy human being. Whilst Adler observed, the patient with any physical or mental ailment may be seen as a liability rather than an asset and treated as such (Adler, 1959). This is a common problem here in Pakistan as well. The literacy rate of the country is below average, and people mostly lag the basic knowledge and are completely dependent on their healer when it comes to medicinal problems (Khattak et al., 2017). Psychologically, the patient expects the nursing staff to be a supernatural being to cure his living body (Coward & Reed, 1996). The nursing staff however considers the patient to be another experimental object defying the emotional value of his words on a patient mind. This creates a language barrier and a feeling of distrust, that's why a patient is unable to connect with the nursing staff due to a lag in communication.

Many factors of verbal and nonverbal gestures indicate the meaning of a sentence. For example, '*take care of yourself*' is a mere gesture but in what tone, facial expression, and body language it was spoken holds very strong meaning according to the perception of the patient. Communication is a process that helps in delivering thoughts and ideas to the other person. The words spoken can heavily impact the person's mind (Arundale, 2006b). The process of communication is quite deeply engraved in our sensory memory. The phenomenon of communication is linked with language and language with communication (Streeck, 1993). First, we need to understand the importance of language and how it plays a role in communication. The phenomenon behind the creation of language is quite complex (Lenneberg, 1967). It goes back to the creation of human beings when the only things that were present were mere sounds; groans of animals, splashes of water, and the thumping of leaves. The meaning has somehow evolved as the world is becoming more complex (Vygotsky & Cole, 1978). The terms are no longer simplified or confined to one meaning there is an umbrella term and there are terms that will fall under that category. Then interpreting them according to the context in which the word is given, the tone of voice, the gestures, (Bolinger, 1983), and the environment in which we are speaking add more meaning and creates it easier for the cipher to encode the given word.

Methodology

This research is done in their natural settings and the methodology involves a qualitative thematic analysis followed by in-depth interviews in hospitals and participant observation. This would provide us the insightful views of the participants in the environment without any controlled lifestyle factors around. The questionnaire was kept open-ended in nature, and the answers are gathered through conversation with the patients. It is developed to keep in mind that it could make indigenous sense.

- How was your experience at this hospital?
- Do you think the behavior of nurses was professional or unprofessional?
- Did the nurses make sure that the hospital environment was catering to your inclusive care?
- Do you suggest that a positive hospital environment could help you recover?
- Were your emotional and social needs catered to?

Data Collection and Sampling Location

The sampling of this research was done randomly in two public hospitals, one in Rawalpindi and the other in Islamabad. The total population of these two cities is approximately 4.5 million (Frantzeskakis, 2009), and have a better healthcare system compared to other cities, i.e., available to the public. During the research, I had to go to those public hospitals to interview people with their consent to gain insight into their experiences at the hospital. Such qualitative exploratory research first involves understanding the hospital culture historically, i.e., evolved from the birth of small clinics to the modern hospital today. The hospitals today are the input of cultural heritage along with the amalgamation of Western and Asian medication (Tauqeer, 2017). As Warner shares, though the patients were provided with enough healthcare in a metropolitan city of the country but were faced with these harsh experiences especially on the end of nurses, due to which they redeemed their treatment from other nonmedicinal sources such as faith healers, homeopaths, they were satisfied with them due to their behavior (Warner, 1986).

Demographics of the Patients

The demographics of patients have been explained below in Table 1. The participants were ten in total, two of them were unable to give interviews due to their weak conditions. Their information was given by the caregivers of the patients who were their attendees.

Table 1 Demographics of Patients

Patients	Age in years	Gender	Type of Illness	City	Days of Stay
1	1 year	Female	Neurological	Rawalpindi	3 weeks
2	43 years	Female	Hernia	Rawalpindi	1 week
3	45 years	Female	Ulcer	Rawalpindi	2 weeks
4	52 years	Male	Thyroid	Islamabad	2 weeks
5	32 years	Female	Lungs Infection	Islamabad	3 weeks
6	50 years	Male	Liver dysfunction	Islamabad	2 weeks
7	54 years	Female	Stomach Problem	Islamabad	1 week
8	21 years	Male	Extreme Diarrhea	Islamabad	4 days
9	20 years	Female	Stomach Problem	Islamabad	1 week
10	62 years	Male	Blood Cancer	Islamabad	3 weeks

Analysis and Findings

Thematic analysis was done based on the data retrieved from the interviews. The interview was held in an open-ended discussion which derived the following themes.

Table 2: Verbal and Nonverbal Communication

Themes	Sub-Themes
Verbal Communication	Tone of Voice Pitch of voice Choice of Words
Non-verbal Communication	Listening Skills Body Language Social Touch

Here we would discuss, the parameter of communication and its impact as a part of verbal and nonverbal communication (Arundale, 2006b). The part of verbal communication is pitch, tone, choice of words, and what language we are speaking.

Verbal Communications Themes

a. Tone of Voice

In the medical profession, the concept of tone frequency matters too much and is not appreciated if the nurse is ignorant of it. Nurses are meant to be empathetic due to the nature of the profession. The patient feels a sense of relief when s/he senses calmness, compassion, and empathy in a caregiver's voice (Pembroke, 2019). They are there to comfort their patient. The tone of voice also reflects the level of gratitude, humbleness, or respect the communicator has in his way of speaking (Ruberton et al., 2016). Nurses soft tone gives the feeling of empathy, care, and warmth but a cold tone of voice can also give a sense, not adherent to the patient's pain. As some patients reported, *They had an aggressive tone of voice during conversation as if they were not willing to provide care to them. (P2)*

Nurses spoke in a very ignorant tone of voice. (P4)

The nurses had an aggressive reaction if called more than once or twice for help. (P7)

We don't know what to do, the doctor will come and have a look. (P2)

Their tone displayed a sense of disgust which made the patient feel inferior. The tone of voice affects the feelings of care, ignorance, grief, pain, happiness, joy, etc. It also changes with the change of environment, for example, in a family gathering our tone would be friendly but in a professional environment, it would be calm, composed, and polite. This should be a concern that communication should be inclusive according to the illness scale a patient is on. The tone of voice depicts the sincerity of the healthcare giver. The clarity of importance of one thing over another would be clear to us by assessing the tone of voice of a person (Gatehouse & Noble, 2004).

b. Pitch of Voice

In the nursing profession, the sound or pitch of the nurses is advised to be kept low, it causes stress for the patient who is already suffering from an ailment. Sometimes their high-toned voice can be misinterpreted as irrational behavior and cause the patients to suppress their concerns rather than communicate them to the nurse. This type of behavior may impact their ability to communicate their disease and might also camouflage the sick role of their adaptation (Twumasi, 1974).

A patient tells her story,

The nurses are always shouting even though one ward had many patients who were under post-operative care. (P3)

The patients who were asked to take rest were not able to due to constant sound in the patient's wards. According to one patient whenever asked to keep their voice low the usual response was, *We have many patients to attend to, we cannot keep our voices low. (P5)*

Even at night, they were not adherent toward the patients who were sleeping. The patient especially with neurological issues were extremely disturbed due to their behavior. Some of the patients were

mentally disturbed after their experience with the hospital and wanted never to come back to this hospital. One of the patients was an older adult who especially complained,
The pitch of voice of nurses was too demanding and abrasive, they did not care that I was an older adult like their father or grandfather. (P10)

The pitch and voice are key components of communication, understanding the concern, sense of worry, patience, and warmth is one annotation that can be attached to it. However, this may vary with gender biases as well. The variations can also be based on the age of the patient and, how much care s/he requires, the inclusive needs also require that in older adults and children specifically lower or higher volume of voice according to their age (Anderson et al., 2011). An older adult would be having a hearing disability with age due to which s/he would need a hearing aid along with high pitch and sound of the voice to be communicated. Similarly, s/he would respond with the same pitch and voice. A child whatsoever will prefer a lower pitch of voice and would prefer a sweet sound with a soft pitch in terms of communication.

c. Choice of Words

The nursing staff's choice of words (terms and terminologies), during communication and understanding with patients also should be considered, specifically, to convey precise meaning. The vocabulary of words opted in communication may be different and have always different meanings (Chen & Starosta, 1996). In our population, though Urdu is a national language there are several other regional languages spoken with their terminologies and meaning to specific connotations. Thus, keeping in mind also these things public speaking for nursing staff to patients, specifically, should be part of their training and daily routine practice. Using medicinal vocabulary overshadows the patients' knowledge power and s/he might feel illiterate, and this might disrupt his story regarding his illness. Because in this case, the medicinal staff might have an authoritative role rather than a reciprocating role of communication (Cherny et al., 2014).

The nurses were unclear about treatment, upon asking they responded that the doctor knows better. (P2)

This caused uncertainty in the patient's mind due to which he had anxiety about his ailment. Technical language might be used in professional settings, but layman vocabulary should be considered when dealing in a public setting. A patient was confused about what his medicine is for,

The nurses told me I have to take these tablets for my ailment, I don't know what kind of ailment I have. (P10)

Upon looking at his file, I came to know that she had a stomach problem due to which these medicine for further prevention. Her medicine was according to his age along with some multi-vitamin for weakness due to stomach issues. Now the ambiguity of words hindered them to be a barrier for her to follow. Caregivers should be guided about the patient's disease in the correct manner. A mother of the patient I interviewed responded that,

Nurses were unclear about how to treat the patient but instead were dependent on the doctor's advice. (P1)

The nursing staff's choice of words, in particular, should be understandable and convey the exact meaning. In this case, social inclusion is also important. The language of words used in communication may differ and have various meanings.

Nonverbal Communication Themes

The insignificant yet significant form of communication is nonverbal communication. According to studies nonverbal communication plays a very more significant role than verbal communication (Collins et al., 2011). The nonverbal signs of misbehavior included mocking them and not paying attention, holding them like an object, and mistreating them like machines. Often look at them

with disgust due to their present condition (Kenny et al., 2011). This conveys that either this is a normal situation in a hospital that has emptied their emotion or insanity has overpowered them. These were a few examples related to how nurse communication both verbal and non-verbal plays an important role in a patient's understanding of disease and from that their path of recovery (Rosenberg, 2002). The patient's understanding of that particular disease decides what the parameters of that specific disease are according to their view. Unfortunately, such research has not been carried out earlier in Pakistan due to the continuing malpractice of patient abuse (Baig et al., 2018). The understanding of non-verbal communication is very limited for the layman of Pakistan staff. Here are a few aspects of non-verbal communication which include listening skills, body language, and the sense of social touch while interacting with the patient.

a. Listening skills

The person along with being a good speaker, should be a good listener as well. Listening to the patient conveys the message that the person is providing care with full sincerity and devotion (Sheldon, 2009). The nurse should be a good listener as well adhering to the patient's needs. According to one patient over there,

They did not listen to the symptoms and kept on saying do what we are advising you to do. (P8)

A healthcare provider needs to adhere to the patient's concerns by listening to them with patience that can convey what they feel during the illness can relieve stress and gain trustworthiness for the patient. The mental relief that a patient gets that the staff at the hospital especially nurses are adherent to their point of view and concerns can impact the overall healing process (Morgan & Moffatt, 2008). During interviews, I came to know that the patients were more comfortable with nurses who were responding when required to communicate their needs to the doctors,

I asked for that nurse who was listening to me politely, she conveyed my condition to the doctor and treated me patiently. (P9)

A bizarre and ignorant behavior can make the patient feel supported in an alien environment and the willingness to seek treatment and invention regarding the disease decreases. The mental relief that a patient gets from the staff at the hospital eases half of the patient's pain. There was a patient who said,

The patient was ailing in pain, and no one responded to her pain whatsoever. In the morning she was called up for some tests but before that, she had to call some family members to assist. (P2)

According to her the nurses there said they were busy, and it was not their responsibility to take to look at them, they have other patients to attend to. This ensures the patient s/he is in safe hands in the hospital. This will also help increase the reputation of the hospital and his willingness to seek help whenever requires. It also helps resolve conflicts of information (Bowles et al., 2001).

b. Body Language

This is mainly divided into two forms: facial gestures and body movement. These two can be strong reflections of a person's emotions. As a nurse, one should display body language that can convey trust and confidence (McCabe, 2004). They should convey the embodiment of a stable character providing care in the hospital. Body language also displays how self-aware they are about their job; their attentiveness is clearly shown by their body language. A caring nurse would have a smile on her face, even the slightest sign of worry shown in her body language can convey a strong message that the patient is in secure hands. As a nurse, you should project confident body language. According to a patient,

They had a frown on their face when she was treating me. (P5)

The patient should feel calm and relieved by the body language. Looking down upon them with disgust, with a frown the person feels vulnerable and weak because of that. One patient who had blood cancer was complaining,

While getting his blood job they were looking with so much disgust that, he felt venerable instead of feeling better. (P10)

The body language of nurses as a caregiver was supposed to be comforting for the patient but instead turned out to be ignorant and disgusting. As an observer, a comforting smile or only empathizing with the patient release their discomfort and it initiates a positive response in their body. The least they can do is keep a smile on their face to ensure that all will be well. The proper eye contact which describes a calm and composed person, the accurate distance from the patient, the leaning arm movement, and the right amount of body orientation have been having a significant impact on patient satisfaction (Finset & Del Piccolo, 2011). This is also the display of mutual respect and understanding between the patient and caregiver (Rutherford, 2008). Sometimes if the body language is not right the patient may get a false depiction of the message. Body language is very personal to culture as well; the rural or urban culture may be different (Temple & Young, 2004).

c. The social touch

When someone enters your personal space (Paulos & Goodman, 2004), that is referred to as a social touch. The social touch of a caregiver can provide task-oriented contact, touch promoting physical comfort, and touch providing emotional containment. Social touch at first may be alienating feel but this sense develops over time. The touch that has a comforting impact on the patient can develop a sense of comfort in the patient. This however discriminates with a cross-gender version of social touch (Masood, 2019). In the nursing profession, there are more female nurses than male nurses (Chur-Hansen, 2002). Female nurses are prioritized when it comes to receiving touch from them. Male nurses, due to their basic view of being hard and rough, are mostly not considered when it comes to receiving touch. But they are available for carrying people from one ward to another or doing hard tasks (Rajacich et al., 2013). Thence, females would avoid if male nurses were in that department. A female nurse is considered much more soft-handed when it comes to performing tasks, such as inserting needles, assisting mobility, or transferring the person from operation theaters, etc. During a discussion of their behavior, one of the patients responded that,

I felt like they were treating me like an object, I politely asked them to hold me softly, but they did not listen. (P9)

Older adults mostly require a soft hand of the notion when touched, and they primarily need assistance. Upon questioning, the patient responded that,

They held me with hard hands. (P3)

They need to be gentle while injecting them. The patient's perception of vulnerability while ill is affected by this sense of social touch (Mele et al., 2022). However, in Pakistani culture, cross-gender reservations exist. One response was,

A nurse refused him and asked the male technical staff to deal with him: He quoted that they are either harsh or refuse, especially to younger people. (P8)

The right amount of pressure, with hand movement, can ease the pain of the patient. There have been many studies showing that touch can reduce high heart rate, decrease the rate of depression (Fischer, 1997), and anxiety in a patient, and boost the immunity as a healing response (Wardell & Weymouth, 2004). Even a calm pat on the back and a comforting touch can aid in healing the patient. Nurses have to touch patients in their daily practice, but fail to recognize that humanizing touch is more important (Drew, 1986). Soft touch is preferred; being rough with the patient can lead to negative medical treatment. Socially permissible touch is also dependent on culture (Fleischer et al., 2009). Cultural appropriation is to be kept foremost in mind during social touch. It is to refrain from crossing boundaries and maintain a healthy patient-nurse relationship. This factor is also dependent on the age, gender, and cultural community of the patient. A child would

be dealt with in utterly gentle hands; the same goes for an older adult. This aspect is also influenced by the condition of the patient. A patient with mild illness and a patient in post-operative care require two different levels of social touch in care (Klopper et al., 2006). The nurses are to be trained properly when handling such cases, care of the patients.

Overall Experience of the Patients

All these interviews were taken by people who were admitted to those hospitals or had stayed there very short while ago. All these patients were already stressed due to the behavior of the nursing staff. It is undeniable that they have a load of patients, and nurses are short-staffed in our country (Naseer et al., 2012), but this does not justify their treatment of the patients. The patients were socially looked down upon by the nurses due to their status. A layman suffers the insufferable to maintain their health (Illich, 1974). In medicine, communication is the most evident element in understanding the patient-nurse relationship. The patient's care is entirely dependent on the patient's expressed feelings. Pain, for example, can be physical, mental, or social. The account for the pain that a patient expresses both verbally and non-verbally. Expression of pain also explicitly explains the adaptation of the patient to a sick role and its treatment (Kasl & Cobb, 1966). This is developed through sound communication of the disease between nurses and patients.

Discussion

Verbal Communication:

All the patients responded that certain factors are dependent on the perception of care a patient receives is a direct connotation of verbal indicators that are considered inevitable and inconsiderate in terms of communication but hold a significant impact on the patient (Sered & Tabory, 1999). All these factors have been ruled down in various responses. Voice and pitch were significantly associated with the behavior of the nurses. The vocabulary of nurses has a significant impact on undermining the intensity of the disease in the patient. It is clear from the responses that this choice of words needs to sensitize and align with the layman's understanding of the disease. The least that should have been done is to understand their disease to adopt preventive and curative intervention behavior regarding their disease. Verbal communication contributed of the nurses contributed a factor to the behavior of patients, they were stressed in the hospital environment and most of them were willing to leave without being treated. The nurses in Pakistan are lower in ratio as compared to doctors thus they have an immense amount of workload (Ardebili et al., 2021).

Nonverbal Communication

The patient's response clearly shows that non-verbal cues are as important as verbal cues in the communication of the patient. From my observation and the responses, the patient felt that they were being treated like objects which need fixation. There was no empathetic factor involved in them. The nurses were oblivious to them. They were whining about how the workload is more, due to which they are unable to respond to the inclusive needs of the patient (Hegney et al., 2019). The absence of humanism or social touch was noticed. The patients asked their families to stay there to assist them with their needs. Nurses did not realize the importance of how their study contributed to their healing process. Their occupational environment may be a factor molding their behavior towards this attitude, but the patient is unaware of the challenges that nursing staff have to face in their workplace.

Result Analysis

The data analyzed during research also emphasized the same point; the behavior of the nurses is mainly their sense of communication, which is based on both their verbal and non-verbal aspects. The interview and the data gathered through participant observation clearly stated and reflected the importance of their behavior on the patient's health. The patient's complaints were mostly being, 'they don't want to work', or 'they were not responsive enough to their needs or catering to

their needs'. These were the set of common verbatim phrases I got from the patient. The non-verbal signs of misbehavior included mocking them and not paying attention. Holding them like objects, mistreating them like machines. Often looked at them with disgust due to their present condition. The patient's understanding of that particular disease decides what the parameters of that specific disease are (Eisenberg, 1977). If a patient has influenza, it would be a mere disease of bacterial or viral infection that could be treated with broad-spectrum antibiotics. This in his language, would be a common cold or flu, which could be treated with medicine and some care. Now, if this medical perceptive of the disease is explained to the patient, this may develop a concern in the patient, and he might be alarmed by this simple situation. This can cause stress in his body and slow the process of healing. If the nurse explains that the situation is normal and it's curable. This might ensure the patient the pathway to his full recovery. This is how language impacts the patient. This process involves the feeling of empathy for the nurse (Reynolds, 2017).

The patient-nurse relationship is defined as a dynamic, reciprocal, personal bond of trust and confidence that develops over time (Dinç & Gastmans, 2013). Trust in nurse-patient relationships: A literature review. *Nursing ethics*, 20(5), 501-516.

The patient-nurse relationship is an important one because it impacts many aspects of a patient's life and their attitude toward receiving care (Molina-Mula & Gallo-Estrada, 2020). Nursing is a profession that requires a special kind of person to be a nurse because they have to deal with people's emotions daily (Driscoll et al., 2018). Unfortunately, nurses do not define their role as the primary persons in patient health and care. The nurse's role in the patient's life is to provide health care services, but it also includes education, counseling, and advocacy (Young & Flower, 2002). It begins with taking data, medical history, basic sense of manners, which ensures the patient's trust and gives them a sense of relief that they are in safe hands. Effective patient-nurse communication can help improve patient satisfaction, nurse morale, and overall nursing practice effectiveness (Curley, 1998).

These are just some things that do matter in the treatment. These behaviors have led to mistrust between the patient and the nurses. Some of these patients were losing hope of recovery because of this behavior. Given the current situation of our country, health is mostly a burden to bear out-of-pocket (Khan et al. 2018). Even then, the mistrust between the patient and nurses can further increase the variation of patients reaching towards malpractice clinics (Pols, 2010).

Conclusion

The following exploratory research is just a few experiences of patients of what they have experienced in the medical vicinity in the hospital. The relationship between a patient and a nurse is important because it impacts many aspects of a patient's life and their treatment. In particular, good communication between patient and nurse can help prevent problems from arising and resolve them more quickly. The data analyzed during research showed that the nurses' behavior is very important to the patient's health (Fakhr-Movahedi et al., 2016). The interview and the data gathered through participant observation showed that their communication skills are very important, both verbally and non-verbally.

Understanding patients' needs is a two-way process: First, nursing staff must be able to understand patients' needs, and second, patients must be able to express them. Understanding patients' needs is important for effective communication in nursing because it allows you to provide them with the care they need. Effective communication can be used to improve health outcomes for patients. This kind of inclusivity in the treatment of patients should be integral in bringing about change in our healthcare system. Pakistan has a health burden, but this can be decreased if an efficient healthcare system improves in the public sector (Hussain et al., 2019).

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