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Verbal and Non-Verbal Communication of Nurses in Facing Stroke Patients' Grieving Process

Fitrianola Rezkiki, Imelda Rahmayunia Kartika, Cory Febrina, Desi Arisanti



**UNIVERSITAS
FORT DE KOCK
BUKITTINGGI**

Nursing Study Program
Universitas Fort de Kock Bukittinggi, Indonesia

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ABSTRACT

Background: Known as a "silent killer," stroke is a non-communicable disease that affected over 5.1 million people globally in 2020. Due to the loss of bodily functions in stroke patients, this disease may cause problems with the grieving process. Nurses, as an essential component of the nursing process must communicate effectively both verbally and nonverbally to help patients accept their illness and accelerate the grieving process. **Aim:** This study aims to describe effective communication of nurses (verbal and non-verbal) in facing grieving process in stroke patients. This descriptive-analytic study uses approach and was conducted in October 2025, with a population of 2,541 individuals. The sampling method used was accidental sampling, with a sample size of 112 respondents. Data were collected using questionnaires of Verbal and Non-Verbal Communication of nurses which has a validity test of 0.361 and a reliability test of 0.827 and the data were analyzed through univariate analysis. **Result:** The results showed that most nurses (52,7%) demonstrated inadequate communication, both verbally and nonverbally. In conclusion, effective verbal and non-verbal nurse communication is important to stroke patients passing the grieving process. It is advised that nurses, especially those working in the hospital's neurology outpatient unit, regularly use both verbal and nonverbal cues, like courteous facial expressions and professional touches, to foster trust and assist stroke patients in transitioning from grief to acceptance.

Keywords:

Grieving Process, Nurses, Stroke, Verbal and Non-Verbal Communication

Corresponding author:
Fitrianola Rezkiki

Email:

fitrianola.rezkiki@fdk.ac.id

Nursing, Fort De Kock
University

Introduction

The World Health Organization (WHO) reports that the number of stroke deaths worldwide has reached above 5.1 million. In 2020, 7.6 million people died from strokes. In America, stroke is the third most common cause of death after jantung and kanker. According to WHO statistics, there are 500,000 stroke victims per year, with 125,000 of them suffering from stroke in the United States. According to the 2018 Riset Kesehatan Dasar, the prevalence of stroke is approximately 10.9%. Every year, 713.783 people have a stroke (Yulianti & Rezkiki, 2023).

According to Data Riskesdas, the prevalence of hypertension in Indonesia in 2018 was 34.11%, while in the province of Sumatera Barat, it was 25.16%. According to data, there were approximately 2425 stroke patients at Sakit Otak Dr. Drs. M Hatta Bukittinggi in 2020, with an iskemik stroke prevalence of 80,98% and a hemoragic stroke prevalence of 19,01% (Ahriyasna et al., 2022).

Stroke is characterised by a sudden, progressive, rapid, focal, or global neurological dysfunction. Neurological dysfunction in stroke is caused by non-traumatic or traumatic cerebral circulatory

disturbances. This neurological disorder causes symptoms including facial paralysis, inability to speak fluently, slurred speech, possible changes in consciousness, and visual disturbances, leading to a grieving process for the individual due to the loss of function in some of their body parts (Pangaribuan et al., 2021).

Stroke patients experience various types of dysfunction depending on the area of damage to their nervous system, which results in the onset of disability. Clients who experience sudden and unwanted disabilities will undergo a psychosocial reaction of loss and grief. This reaction occurs in stages, starting with denial, anger, bargaining, depression, and finally acceptance. These manifestations are the client's post-stroke efforts to survive their disability (Sawab & Windiarti, 2021).

There is a study conducted (Podlogar et al., 2018) that found that almost half of the grieving phases experienced by stroke patients were in the bargaining phase, with 11 people (36.7%), and a small portion in the acceptance phase, with 2 people (6.7%). Furthermore, based on research (Karlina et al., 2018), it was stated that out of 30 respondents, the majority experienced a high grieving response with a questionnaire score ≥ 144 , totalling 16 people (53.0%), while 14 people (47.0%) experienced a low grieving response with a questionnaire score < 144 . Based on the research, the majority of patients experienced the grieving process due to its long-term effects, such as disability, anxiety, sadness, and loss of social involvement (Sitepu et al., 2022).

This grief response—manifested through denial, anger, sadness, fear, or withdrawal—requires sensitive and effective communication from healthcare professionals, particularly nurses who spend the most time interacting with patients. The quality of nurse-patient communication plays a critical role in shaping patients' emotional adjustment, motivation for rehabilitation, and overall recovery trajectory. The grieving process is a normal process that needs to be stimulated and

facilitated by the social environment to quickly reach the acceptance phase. Grief responses will also be influenced by personal characteristics, gender roles, socioeconomic status, natural relationships, social support systems, natural losses, goals, and expectations (Karlina et al., 2018). Stroke patients with chronic illnesses are very important to go through this grieving stage. If this condition is not addressed, it is certain to cause disturbances and have an impact on their physical and psychological condition, hindering the clinical improvement process and leading to treatment failure and complications. To prevent these complications, good health control is needed (Sandhi, 2023).

The important role of healthcare professionals, especially nurses, is to provide appropriate and effective support to families or individuals experiencing grief reactions so they can adapt to the conditions and realities they face. Understanding the reactions and responses to sadness and grief is important for nurses to possess so they can provide appropriate support to patients and family members experiencing them (Siswanti, 2018). Nurses also play an important role in providing nursing care in the form of therapeutic communication, which is very helpful in the success of rehabilitation (Putriyanti Sitorus et al., 2023).

Nurses' communication with grieving stroke patients involves more than spoken messages. While verbal communication helps convey information, reassurance, and guidance, non-verbal communication such as eye contact, touch, facial expressions, posture, and tone of voice often carries even deeper emotional meaning. Research has shown that non-verbal behaviors can significantly influence patients' sense of safety, trust, dignity, and emotional comfort, especially when cognitive or speech impairments limit patients' ability to express themselves verbally. Stroke patients are often hypersensitive to nurses' non-verbal cues due to their vulnerability and dependence, making empathetic and

intentional communication essential (Sisk et al., 2020).

Nurses, as an essential component of the nursing process and the closest individuals to patients, must communicate effectively both verbally and nonverbally to help patients accept their illness and accelerate the grieving process. Nurses must learn to communicate more effectively by increasing positive and motivating expressions, friendly smiles, high empathy, and attentiveness (Rezkiki et al., 2025).

Despite the well-recognized importance of therapeutic communication in nursing practice, limited research has explored how nurses specifically communicate with stroke patients who are experiencing grief. Much of the existing literature focuses on communication barriers in stroke care or on general emotional support, without examining the combined role of verbal and non-verbal strategies in the grieving process. This creates a gap in understanding how nurses can optimize their communication to address the unique emotional needs of grieving stroke patients. Moreover, cultural expectations, workload, and the high acuity of stroke settings may further affect the consistency and quality of communication delivered by nurses.

An initial survey with 5 patients at the outpatient clinic of RSO Dr. Drs. M Hatta Bukittinggi showed that 3 patients reported poor verbal communication from nurses during their inpatient stay. The nurses provided insufficient education on things patients should avoid and do, such as maintaining a regular diet and mobility training according to the patients' needs. Meanwhile, according to the patient, for non-verbal communication, the patient stated that the nurse did not provide positive touch during communication, except during physical examinations. For the grieving process, one patient is still in the Anger phase. The patient stated that they had sought treatment at another hospital, but their condition worsened. One patient is still in the Depression phase, fearing they

will not recover. Three patients stated that they have accepted what has happened, in other words, they are in the Acceptance phase.

Methods

Design

This study uses a quantitative research design with a descriptive-analytic approach to describe nurses' verbal and non-verbal communication when dealing with the grieving process of stroke patients (Rezkiki et al., 2025).

Sample

The population in this study consists of stroke patients at RSO M. Hatta Hospital Bukittinggi over the past three months, totalling 2,541 people. The sample was taken using accidental sampling, which was conducted over a month with a total of 112 people. The inclusion criteria were: patients with a medical diagnosis of stroke; patients who were conscious; patients who could communicate well; patients who were newly diagnosed within the last 6 months; and patients who were willing to be respondents.

Instrument

This study's instrument was modified from an effective communication questionnaire with a reliability test score of 0.827 and a validity test score of 0.361. Ten statements for non-verbal communication and sixteen statement items for verbal communication made up the Likert scale utilized in the questionnaire (Sukendra & Atmaja, 2020).

Data Analysis

Descriptive frequency data analysis is utilized to provide a summary of the effective verbal and nonverbal communication strategies employed by nurses to assist stroke patients in their grief process (Siswanti, 2018).

Ethical Clearance

This research has passed ethical review by the RSOMH Bukittinggi ethics committee with the number: 002342/KEP.RSOMH BUKITTINGGI/2025. Thus, the confidentiality of the data in this study is already guaranteed, and respondents are treated fairly without discrimination.

Result

The following is a description of Respondent features and the univariate analysis used to examine the frequency distribution of the independent variables in this study, namely the frequency distribution of nurses' verbal and non-verbal communication when dealing with the grieving process of stroke patients.

Tabel 1. Frequency Distribution of Respondent Features and Nurses' Verbal and Nonverbal Communication Types

Respondent Characteristics	Frekuensi (f)	Percentage (%)
Gender		
Man	49	43.8
Woman	63	56.2
Age		
Adult (21-60 y.o)	73	65.2
Elderly (>60 y.o)	39	34.8
Communication Types		
Inadequate	59	52.7
Adequate	53	47.3

According to the preceding table, women make up the majority of responders (56.3%). Male patients are more focused on how they will recover, while female patients tend to look at more specific aspects such as the verbal and non-verbal communication of nurses with patients during the care process. This could be the reason why some patients feel they are experiencing a prolonged grieving process (Anggoro et al., 2019). In the study, all respondents were Muslim (100.0%), which influenced the implementation of nonverbal communication from nurses to patients, as there are limitations in nonverbal communication (touch and eye contact) with the opposite sex in Islam (Alshammari et al., 2019).

As is also known from the age characteristics, the majority of respondents are in adulthood, totalling 73 (65.2%). In adulthood, verbal communication is influenced by educational, cultural, and social backgrounds. In the elderly, there is a decline in thinking and memory, requiring more verbal and non-verbal communication to accelerate the healing process in stroke patients (Br Tarigan, 2023).

From the table, it can be seen that out of 112 respondents, the majority of nurses have poor communication, totalling 59 respondents (52.7%).

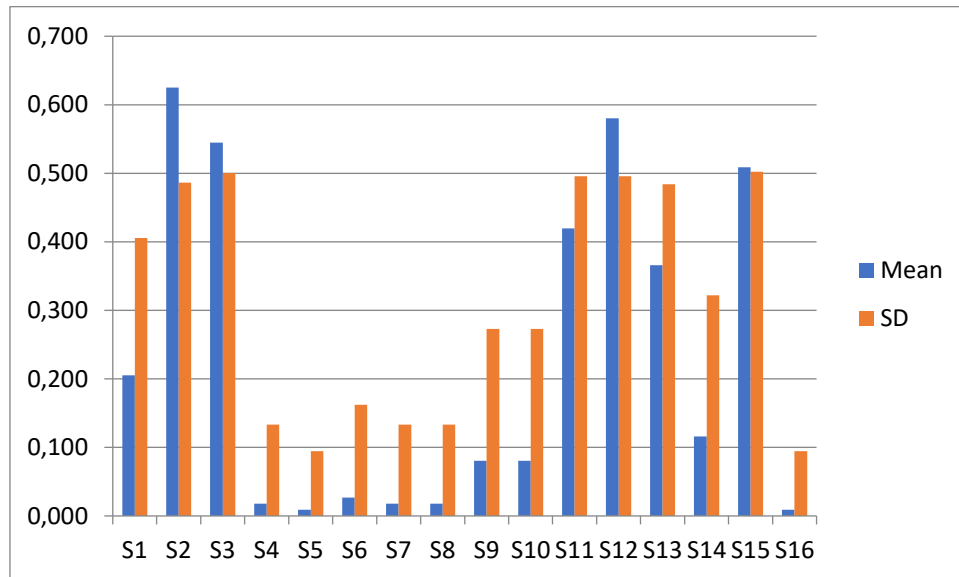


Diagram 1. Frequency Distribution of Responses for Each Statement Item on the Verbal Communication Questionnaire

Based on the questionnaire about verbal communication used in this study, there are several question points that received poor ratings from respondents during the research, including: nurses not introducing themselves to patients when conducting

examinations, nurses using medical jargon making it difficult for patients to understand what is being communicated, and nurses not ending the interview properly after completing the examination of the patient.

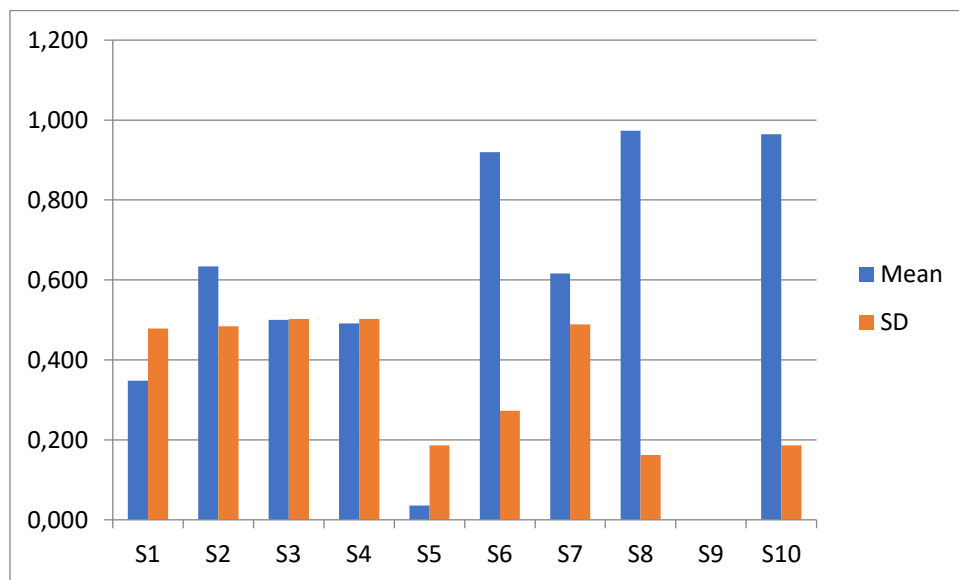


Diagram 2. Frequency Distribution of Responses for Each Statement Item on the Non-Verbal Communication Questionnaire

For the non-verbal communication questionnaire, many respondents felt it was poor. This can be proven by the fact that the non-verbal communication score was poor for several questions, including: nurses not making eye contact with patients, nurses not showing friendly facial expressions, and nurses not touching patients in a friendly and professional manner.

Therapeutic communication, which includes verbal and nonverbal communication used to build a relationship between the nurse and the patient in meeting their needs (Sisk et al., 2020). Verbal communication is communication that uses spoken and written words. This communication is most often used in interpersonal relationships. The communicator expresses their feelings, emotions, thoughts, ideas, and intentions through words, conveying and explaining facts, data, and information, exchanging feelings and ideas, and engaging in mutual discussion (Sarfika et al., 2018).

Nonverbal communication is communication whose messages are packaged in a nonverbal format without using words. In real life, nonverbal communication is used more often than verbal communication. When we communicate, we almost automatically use nonverbal communication. Therefore, nonverbal communication is permanent and always present. Nonverbal communication tends to be more spontaneous and honest in expressing what it wants to convey. This includes nonverbal communication such as appearance, posture, gait, facial expressions, and touch (Pannyiwi et al., 2021).

The results of this study are consistent with the research by (Carolintina & Malinti, 2025), which states that most respondents rated nurses' verbal communication as good, with 107 people (87.7%) indicating this, while some respondents rated nurses' verbal communication as less than good, with 15 people indicating this.

Nurses' verbal and nonverbal communication significantly impacts patient satisfaction levels, meaning nurses' verbal communication in service is effective, leading to patients achieving the expected level of satisfaction. The conditions for achieving effective communication are: using good language so that it has the correct meaning, being complete so that the message conveyed is understood by the communicator comprehensively, regulating the flow of information so that the balance between the sender and feedback is maintained, listening effectively, and paying attention to verbal and non-verbal cues (Fatin & Rezkiki, 2023). Meanwhile, according to Napisah et al., (2024), it was proven that there is a relationship between patients' perceptions of nurses' verbal and non-verbal communication and patient satisfaction. Patient satisfaction with nursing services is closely related to encouraging patients' spirit and effort to recover quickly from their illness.

Meanwhile, according to research by Julita et al., (2023), more than half of the respondents, specifically 27 respondents (67.5%), perceived nurses' verbal therapeutic communication techniques as good, while 13 respondents (32.5%) perceived them as poor. This refers to nurses' communication techniques when interacting with clients. For non-verbal communication, it was found that out of 40 respondents, 34 respondents (85%) perceived it as good, while 6 respondents (15%) perceived it as poor regarding nurses' non-verbal therapeutic communication when interacting with clients. Meanwhile, according to research by Putra et al., (2021) out of 52 respondents surveyed, the majority of therapeutic communication was effective, with 38 people (73.1%), while a minority of therapeutic communication was less effective, with 14 people (26.9%).

According to the researchers' analysis, nurses' communication is still lacking, which is influenced by several factors such as communication skills. Some patients still

feel inadequate, particularly in greeting and introducing themselves when visiting patients and when ending interviews with patients (Rezkiki et al., 2022). This can lead to patient dissatisfaction, thereby hindering the healing process.

The connection between nurses and patients results in effective verbal and nonverbal communication. How can a nurse foster a positive environment through effective communication? Examples include how the nurse welcomes the patient, how messages are sent to the patient, how much information is provided, whether the nurse understands or is attentive to the patient's requirements, and the nurse's facial expressions. where a person's entire mood may be seen in their facial expressions. Patients will therefore feel content and glad when nurses are able to do this, and they won't feel uncomfortable (Rezkiki et al., 2023).

Researchers also believe that nurses' communication with patients should maintain a slightly bowed posture when communicating. This is an important point for creating a first impression and for the nurse's ability to maintain eye contact as a form of nonverbal communication interaction by the nurse with the patient, making the patient feel satisfied because they feel cared for, thus supporting the patient's health during their hospital stay.

Conclusion

This study concludes that the grieving process of stroke patients can be accelerated by improving nurses' effective communication, both verbal and nonverbal. Therefore, hospital nurses are expected to always communicate with stroke patients effectively, both verbally and nonverbally, such as gently touching the back of the patient's hand or shoulder, body language that is accepting of patients in whatever condition, maintaining eye contact while listening, and providing positive support in the form of simple phrases every time they interact with the patient, and always smiling kindly. This research develops the basic scientific

domain of nursing, specifically by affirming the ways nurses communicate with patients. In nursing education, this research adds to students' knowledge of communicating with patients. Meanwhile, as educators, nurses need to emphasise that effective communication is crucial for changing patients' perspectives and making them comfortable during their hospital stay. Therefore, the verbal delivery and non-verbal behaviour of nurses during interactions can help patients quickly navigate their grieving process.

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