

Comparison of the Effectiveness of Verbal and Non-Verbal Communication in Nursing Care for Patients with Cognitive Impairments

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ABSTRACT

Background: Effective communication is essential in nursing care, especially for patients with cognitive impairments. While verbal communication is commonly used, non-verbal communication strategies such as gestures, facial expressions, and body language can also play a crucial role in ensuring patient understanding and comfort. However, the effectiveness of these two communication approaches remains underexplored in nursing research.

Objective: This study aims to compare the effectiveness of verbal and non-verbal communication in nursing care for patients with cognitive impairments, evaluating their impact on patient understanding, comfort, and compliance.

Methods: A randomized controlled trial was conducted at a hospital in Ambon, Indonesia, from April to December 2024. A total of 300 patients with cognitive impairments were recruited, with 150 patients in each group (verbal communication group and non-verbal communication group). The effectiveness of each communication method was assessed based on patient comprehension, comfort level, and compliance with nursing instructions, using pre- and post-intervention surveys and observational assessments.

Results: The results demonstrated that both communication methods had a significant positive effect on patient understanding and comfort. However, the non-verbal communication group showed a slightly higher improvement in patient comfort, while the verbal communication group had a more substantial impact on comprehension.

Conclusion: Both verbal and non-verbal communication techniques are essential in nursing care for patients with cognitive impairments. Understanding the strengths of each method and incorporating them into daily practice can enhance the quality of care and improve patient outcomes.

Keywords: Effectiveness, Verbal, Non-Verbal, Communication, Nursing Care, Cognitive Impairments

Introduction

Effective communication is a fundamental aspect of high-quality healthcare and plays a critical role in the nursing process. It facilitates the establishment of trust, enhances patient comfort, and ensures better clinical outcomes. For patients with cognitive impairments, however, communication presents a unique set of challenges due to deficits in processing verbal information,

understanding complex instructions, and expressing their needs or discomfort [1]. Cognitive impairments, such as those caused by dementia or neurological conditions, hinder the ability of patients to engage in conventional verbal exchanges, making it difficult for them to actively participate in their care or communicate their symptoms effectively [2]. These challenges highlight the need for adaptable communication methods that go beyond verbal dialogue to ensure comprehensive care for patients with cognitive impairments.

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Non-Verbal Communication Strategies in Nursing

In light of these communication barriers, there has been growing interest in non-verbal communication strategies, which can bridge the gap between healthcare providers and patients with cognitive impairments [3]. Non-verbal communication includes a variety of non-linguistic methods, such as facial expressions, gestures, body posture, eye contact, and touch, all of which are critical tools in enhancing patient interactions, especially when verbal communication alone is not sufficient. Studies have shown that non-verbal cues can provide emotional comfort, reduce anxiety, and help patients feel understood when they struggle with verbal communication [4].

For example, gentle touch has been found to have a calming effect on patients with cognitive impairments, potentially reducing agitation and improving their emotional state [5]. Similarly, maintaining appropriate eye contact and using positive facial expressions can help patients feel more secure and engaged in their care, facilitating a sense of trust between patients and healthcare providers [6]. These non-verbal strategies can significantly enhance patient-provider relationships, promoting a holistic care approach that prioritizes emotional well-being as much as physical health.

Importance of Holistic Nursing Care

The primary goal of nursing care for patients with cognitive impairments is not only to address their physical health needs but also to ensure that they feel understood, respected, and comfortable. Traditional nursing practices often focus on verbal communication, such as providing clear instructions, asking questions, and delivering information in an easy-to-understand manner [7]. However, as patients with cognitive impairments often struggle with these tasks, relying solely on verbal communication may not be sufficient to meet their emotional and psychological needs.

A more holistic approach involves incorporating both verbal and non-verbal communication strategies to enhance the overall patient experience. Verbal communication may include using simple language, repeating key information, or breaking down complex instructions into smaller steps [8]. On the other hand, non-verbal communication serves as a complementary strategy that helps reinforce verbal messages, ensures better emotional connection, and facilitates understanding when words alone are inadequate [9].

This combination of verbal and non-verbal strategies is particularly important for patients with cognitive impairments, as it enables them to receive a more comprehensive, patient-centered approach to care. By addressing both their emotional and physical needs, nurses can improve patient satisfaction and adherence to treatment plans.

Rationale for the Study

Despite the increasing recognition of the importance of both verbal and non-verbal communication strategies, there is a limited body of research comparing the effectiveness of these methods specifically in the context of nursing care for patients with cognitive impairments. Most studies have either focused on the benefits of verbal communication alone or the impact of non-verbal cues without directly comparing the two methods

[10]. This gap in the literature underscores the significance of the current study, which aims to compare the effectiveness of verbal and non-verbal communication in improving key patient outcomes, including comprehension, comfort, and compliance with nursing care instructions.

The findings of this study have the potential to inform nursing practice, guiding healthcare providers in the selection of the most appropriate communication techniques based on patient needs. Furthermore, understanding which methods are most effective for improving patient outcomes could help develop training programs for nurses, ensuring they are equipped with the necessary skills to engage patients with cognitive impairments effectively.

Methods

Study Design

This study employed a randomized controlled trial (RCT) design, which is considered the gold standard for evaluating the effectiveness of interventions. The design allows for comparison between two groups (verbal communication and non-verbal communication) while minimizing potential biases, ensuring that the results are attributable to the intervention. The study was conducted in a hospital setting in Ambon, Indonesia, between April and December 2024. The RCT approach provides robust evidence of causality between communication methods and patient outcomes [11].

Participants

A total of 300 patients diagnosed with cognitive impairments participated in this study. The participants were randomly assigned to one of two groups: (1) Verbal Communication Group (n=150), and (2) Non-Verbal Communication Group (n=150). Cognitive impairments were identified using clinical diagnostic criteria, and participants were classified as having mild to moderate cognitive impairment, based on the Mini-Mental State Examination (MMSE) score [12]. The inclusion criteria were: (1) a confirmed diagnosis of cognitive impairment, (2) the ability to participate in observational assessments, and (3) written consent to participate in the study. Exclusion criteria included severe cognitive impairments (MMSE score <10), significant language barriers, or terminal conditions, to avoid confounding variables that could affect the outcomes [13].

The total sample size of 300 was calculated based on the power analysis for detecting differences between the two communication methods, with an alpha of 0.05 and power of 0.80. This sample size was deemed adequate to detect meaningful differences in the outcomes [14].

Intervention

Verbal Communication Group:

In the verbal communication group, nurses were instructed to use clear, simple verbal instructions and to maintain a patient-centered approach by ensuring that the instructions were understandable and meaningful. Active listening techniques, such as nodding, maintaining eye contact, and using open-ended questions, were employed to encourage patient responses and clarify misunderstandings. If necessary, nurses repeated key points to ensure comprehension, as studies have shown that repetition enhances retention in patients with cognitive

impairments [15]. Verbal communication was conducted in a calm and unhurried manner, with appropriate use of language to match the cognitive abilities of the patient [16].

Non-Verbal Communication Group:

In the non-verbal communication group, nurses used facial expressions, gestures, body language, and touch to convey information and offer comfort to patients. Research suggests that non-verbal communication can be particularly effective in promoting emotional connection and enhancing comfort for patients with cognitive impairments, as they may have difficulty processing verbal information [17]. In this group, nurses minimized the use of verbal cues and focused on non-verbal strategies, such as facial expressions that match the intended message and touch that conveys reassurance [18]. Nurses were trained to maintain appropriate proximity and adjust their body language to signal empathy and understanding, as these behaviors are associated with improved patient satisfaction [1].

Outcome Measures

The primary outcomes measured in this study were:

Patient Comprehension:

Comprehension was assessed using a series of questions designed to evaluate whether the patient understood the nursing instructions. This included questions about treatment plans, medication adherence, and understanding of the nurse's guidance. A higher score on the comprehension assessment indicated better understanding of the information provided. Previous research has demonstrated the importance of clear communication in enhancing comprehension in patients with cognitive impairments [19]. The assessment was conducted before and after the intervention, and patients were asked to summarize the instructions in their own words.

Patient Comfort:

Patient comfort was measured using the Patient Comfort Scale (PCS), a validated tool that assesses a patient's comfort level during healthcare interactions. The PCS evaluates comfort based on patients' emotional well-being, ease of communication, and feelings of reassurance. Comfort is an essential factor in patient satisfaction, particularly for those with cognitive impairments, as it influences their overall care experience and adherence to treatment [20]. The PCS was administered both before and after the intervention to capture any changes in comfort levels.

Compliance with Nursing Instructions:

Compliance was evaluated based on the patient's ability to follow through with the nursing instructions. These included tasks such as taking prescribed medications, performing prescribed physical activities, and adhering to hygiene routines. Non-compliance can be a significant challenge in nursing care, particularly among patients with cognitive impairments, where understanding and remembering instructions can be difficult [21]. Compliance was tracked through nurse observations, patient self-reporting, and medical record documentation.

Data for all outcomes were collected both pre- and post-intervention. Pre-intervention data were gathered during the initial patient assessment, while post-intervention data were

collected immediately following the final communication session, ensuring that the outcomes accurately reflected the effects of the communication methods [22].

Results

Data were analyzed using descriptive statistics and comparative analysis through chi-square tests and independent t-tests where appropriate. The analysis revealed statistically significant differences between the two intervention groups (verbal and non-verbal communication), indicating distinct advantages for each approach.

Comprehension Outcomes

Patients in the verbal communication group demonstrated significantly greater comprehension of nursing instructions, with an 85% comprehension rate, compared to the non-verbal communication group at 70%. Verbal cues, such as simplified language, repetition, and clarification, enhanced the patients' cognitive processing and understanding of tasks and health-related information. This finding is consistent with recent studies highlighting the effectiveness of verbal reinforcement for cognitively impaired populations [23,24].

Comfort Outcomes

In contrast, the non-verbal communication group exhibited higher comfort levels, with 90% of patients reporting emotional ease and reduced anxiety, compared to 75% in the verbal group. Non-verbal cues such as eye contact, touch, and facial expressions may serve as empathetic reassurance, reducing psychological distress during care interactions [10,25].

Compliance with Nursing Instructions

In terms of adherence to nursing instructions, the verbal group achieved a higher compliance rate (80%) compared to 65% in the non-verbal group. Clear verbal guidance likely contributed to more structured task completion and follow-through. However, the lower compliance in the non-verbal group suggests that while comfort was achieved, understanding may have been compromised, affecting task execution [26].

Overall, both communication methods demonstrated unique strengths: verbal communication improved patient understanding and compliance, whereas non-verbal communication enhanced comfort and emotional well-being.

Table 1: Patient Comprehension Between Groups

Communication Method	Total Patients (n)	Patients with Adequate Comprehension (n)	Comprehension Rate (%)
Verbal Communication	150	128	85%
Non-Verbal Communication	150	105	70%

Table 1 presents the comparison of patient comprehension between those who received verbal communication and those who received non-verbal communication.

Verbal Communication Group: Out of 150 patients, 128

demonstrated adequate comprehension of nursing instructions, resulting in an 85% comprehension rate.

Non-Verbal Communication Group: In this group, 105 out of 150 patients were able to understand the instructions adequately, yielding a 70% comprehension rate.

Interpretation:

The data indicate that verbal communication is more effective in enhancing patient comprehension compared to non-verbal methods. Patients responded better to spoken instructions, likely due to the clarity, structure, and directness of verbal interactions. This finding supports the use of verbal communication strategies—such as simplified language and repetition—especially for patients with mild to moderate cognitive impairments who still retain auditory processing abilities.

Table 2; Patient Comfort Level Between Groups

Communication Method	Total Patients (n)	Patients Reporting High Comfort (n)	Comfort Rate (%)
Verbal Communication	150	113	75%
Non-Verbal Communication	150	135	90%

Table 2 illustrates the comfort levels reported by patients in two different communication groups—verbal and non-verbal. The non-verbal communication group had a notably higher comfort rate of 90% (135 out of 150 patients), compared to the verbal communication group, which reported a comfort rate of 75% (113 out of 150 patients).

This suggests that non-verbal methods—such as touch, facial expressions, and body language—may have provided more emotional reassurance and a sense of safety for patients, especially those with cognitive impairment. Non-verbal communication appears to foster a more empathetic environment that reduces anxiety and enhances patient well-being during care interactions.

These findings imply that incorporating non-verbal strategies into nursing communication may significantly enhance patient comfort, making them a valuable complement to verbal approaches.

Table 3: Patient Compliance with Nursing Instructions

Communication Method	Total Patients (n)	Patients Showing Compliance (n)	Compliance Rate (%)
Verbal Communication	150	120	80%
Non-Verbal Communication	150	98	65%

Table 3 presents data comparing patient compliance with nursing instructions between two communication approaches: verbal and non-verbal. The findings indicate that verbal communication was more effective in promoting adherence. Specifically:

80% of patients in the verbal communication group (120 out of 150) followed nursing instructions correctly and consistently.

In contrast, only 65% of patients in the non-verbal communication group (98 out of 150) demonstrated similar compliance.

This suggests that clear verbal instructions likely help patients understand the rationale and steps involved in their care, leading to better task execution and health outcomes. Conversely, while non-verbal communication may enhance comfort, it may lack the clarity necessary for instructive purposes, especially for patients with cognitive challenges.

The results underscore the importance of tailoring communication strategies based on the desired outcome—comfort versus compliance—and highlight the value of combining both verbal and non-verbal cues in clinical practice to maximize patient cooperation and overall care effectiveness.

Discussion

The findings of this study emphasize the critical role of both verbal and non-verbal communication in providing effective nursing care to patients with cognitive impairments. In line with previous literature, verbal communication was shown to be more effective in enhancing patient comprehension, as it provides direct and structured information. This aligns with the results of a study by Patel et al., which found that patients with mild cognitive impairment better understood care instructions when clear, simple, and repetitive verbal cues were used, especially in structured clinical environments [27].

However, the importance of non-verbal communication in nursing care cannot be overstated. Patients with cognitive limitations often struggle with verbal processing, making them more responsive to facial expressions, tone of voice, gestures, eye contact, and therapeutic touch. These elements provide emotional reassurance, foster trust, and reduce anxiety—factors that directly influence patient comfort and satisfaction [28]. In our study, the non-verbal communication group showed higher scores in perceived comfort, which supports the argument that empathy and presence, often conveyed through non-verbal cues, are essential in patient-centered care [29].

Furthermore, the integration of both verbal and non-verbal communication reflects a holistic approach that acknowledges not just the cognitive, but also the emotional and psychological dimensions of patient care. This integrated method is particularly effective in dementia care, where behavioral symptoms can often be mitigated by adapting communication styles to individual patient needs [30].

From a clinical perspective, these findings underscore the need for nurses to be trained not only in clear verbal instruction but also in non-verbal responsiveness, such as mirroring, proximity awareness, and managing personal space. According to Lin et al., training programs that include simulated patient interactions have been shown to significantly improve nurse-patient communication outcomes, especially in geriatric and neurocognitive care settings [31].

The implications extend beyond immediate patient outcomes. Effective communication influences long-term patient engagement, including adherence to care plans and follow-up visits. Patients who feel heard, respected, and emotionally supported are more likely to follow prescribed treatments and participate in self-care [32]. Our study indicates that while verbal communication ensures task completion, non-verbal cues provide a therapeutic layer that strengthens the nurse-patient relationship—an essential component for long-term compliance and mental well-being.

Nonetheless, this study has limitations. It focuses on short-term outcomes and does not address how sustained communication strategies may impact mental health, trust, and coping mechanisms over time. Future studies should consider longitudinal designs to investigate how communication strategies affect emotional resilience, health literacy, and satisfaction across the care continuum.

Moreover, technology-mediated communication, such as video calls and telehealth, presents new challenges and opportunities in balancing verbal and non-verbal cues, especially when physical presence is limited. Exploration of these modern modalities in the context of cognitive impairment care remains an important avenue for further investigation.

Conclusion

Verbal and non-verbal communication methods are both fundamental components of effective nursing care, particularly when addressing the complex needs of patients with cognitive impairments. Each method serves a distinct yet complementary role in facilitating meaningful interactions between nurses and patients. Verbal communication enables the delivery of clear, structured information and supports patient understanding, especially when tailored to the individual's cognitive level. On the other hand, non-verbal communication—such as eye contact, facial expressions, tone of voice, touch, and body posture—conveys empathy, builds trust, and offers emotional reassurance, which is vital for patients who struggle to process verbal cues.

The integration of both communication styles allows for a more holistic, personalized, and compassionate approach to care. This dual strategy not only improves patient comprehension and comfort but also fosters stronger nurse-patient relationships, reduces anxiety, and enhances adherence to treatment plans. As healthcare environments grow increasingly diverse and technologically advanced, nurses must be equipped with the skills to adapt their communication strategies to the unique preferences and limitations of each patient.

Ultimately, embracing a blended communication approach contributes to better clinical outcomes, higher patient satisfaction, and greater professional fulfillment for nurses. Future efforts should focus on embedding communication training into nursing education, promoting interdisciplinary collaboration, and supporting further research into the long-term effects of communication practices on vulnerable patient populations. By doing so, the quality and equity of care across diverse healthcare settings can be significantly improved.

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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References

1. Koh S, Chan M, Tan Y. Exploring non-verbal communication strategies in nursing care for patients with cognitive impairments. *Nurs Res Pract*. 2020. 21: 76-83.
2. Barkley RA, Cuellar AR, Beers SA. Cognitive impairment in older adults: A review and implications for practice. *J Clin Nurs*. 2019. 28: 953-61.
3. Huang Y, Chou Y, Tsai Y. The impact of non-verbal communication on patient comfort in clinical settings. *Int J Nurs Stud*. 2021. 58: 93-100.
4. Anderson E, Williams M, Smith J. Non-verbal communication in nursing practice: A comprehensive guide for patient-centered care. *Nurs Res Pract*. 2022. 2022: 1-8.
5. Beaumont S, Whitehead E, Miller D. The role of touch in reducing agitation in patients with dementia: A systematic review. *J Gerontol Nurs*. 2023. 49: 34-40.
6. Meyer A, Nunez C, Wu S. Eye contact and patient outcomes in dementia care: A review. *J Clin Nurs*. 2020. 29: 1903-1912.
7. Smith J, Brown K, Clarke H. Verbal and non-verbal communication in nursing: A comparative study. *J Adv Nurs*. 2022. 76: 420-428.
8. Vasilenko SA, Kelly M, Edwards K. Enhancing nurse-patient communication: Improving outcomes for patients with cognitive impairments. *J Clin Nurs*. 2020. 29: 2047-55.
9. Hernandez M, Rodriguez S, Tran H. Integrating non-verbal communication into nursing practice: Strategies for improving patient outcomes in geriatric care. *J Gerontol Nurs*. 2021. 47: 34-42.
10. Huang Y, Chou Y. The effect of non-verbal strategies on patient satisfaction in geriatric care. *Int J Nurs Stud*. 2021. 115: 103868. Williams S, Clarke D, Carter A. Randomized controlled trials in nursing: Design and implementation. *J Nurs Res*. 2021. 49: 155-163.
11. Williams S, Clarke D, Carter A. Randomized controlled trials in nursing: Design and implementation. *J Nurs Res*. 2021. 49: 155-163.
12. Cheng S, Lee L, Tan W. Cognitive impairment and its diagnosis in elderly patients. *Clin Geriatr*. 2019. 15: 123-130.

13. Carvalho J, Pereira C, Pinto A. Inclusion and exclusion criteria for randomized controlled trials in nursing studies: A systematic review. *J Adv Nurs*. 2020. 76: 297-305.
14. Ho Y, Tan H, Lee J. Sample size estimation for nursing research. *Nurs Res Methods*. 2020. 22: 45-50.
15. Lee M, Lee H, Kim S. Enhancing communication with patients with cognitive impairments in nursing practice. *Int J Nurs Stud*. 2021. 45: 1042-1050.
16. Pinto T, Martins J, Ferreira C. The role of active listening in nursing communication. *J Clin Nurs*. 2022. 30: 112-120.
17. Zhang Y, Chen L, Wang X. Non-verbal communication in elderly patients with cognitive impairments. *J Gerontol Nurs*. 2020. 46: 47-54.
18. Garcia R, Stevens A, Brown C. The effectiveness of touch in nursing practice for patients with cognitive impairment. *J Nurs Pract*. 2021. 12: 200-208.
19. McCarthy M, Zhang W, Tan W. Improving communication for patients with cognitive impairments in nursing practice. *Nurs Educ Perspect*. 2019. 40: 21-29.
20. Brown K, Williams T, Clarke R. Comfort and satisfaction in patient care: The role of communication. *J Patient Cent Nurs*. 2022. 23: 297-305.
21. Jones R, Stevens H, Lee J. Compliance with medical instructions in patients with cognitive impairments: The role of communication. *J Clin Nurs*. 2021. 28: 213-219.
22. Xie H, Li Z, Wang J. The impact of communication strategies on nursing outcomes for patients with cognitive impairments. *Int J Nurs Sci*. 2021. 9: 305-313.
23. Chang T, Lee H. Enhancing patient understanding through verbal communication in cognitive impairment. *Nurs Educ Today*. 2023. 122: 105725.
24. Koh K, Tan WS, Ahmad A. The impact of verbal guidance on patient adherence: A study on cognitively impaired older adults. *J Nurs Pract*. 2021. 17: 265-271.
25. Smith J, Brown K, Clarke H. Comfort through connection: The role of non-verbal communication in dementia care. *J Adv Nurs*. 2022. 78: 1562-1570.
26. Lee M, Hong S, Damaris R. A comparative analysis of communication modes in nursing practice. *J Clin Nurs*. 2024. 33: 444-453.
27. Patel M, Kumari S, Agarwal N. Verbal communication strategies to improve care understanding in cognitively impaired older adults: A randomized study. *BMC Geriatr*. 2021. 21: 213.
28. Zhou Y, Lin J, Chen X. Enhancing patient comfort through non-verbal communication: A focus on nursing care for cognitive decline. *Int J Nurs Stud Adv*. 2022. 4: 100084.
29. Nguyen L, Sanders R, Wu H. The power of presence: How non-verbal empathy improves patient-nurse interactions in dementia care. *J Clin Nurs*. 2023. 32: 1345-1354.
30. Liu P, Tsai S, Huang W. Communication training for dementia care: Effects on nurse empathy and patient behavioral responses. *Nurse Educ Today*. 2021. 100: 104865.
31. Lin C, Wang Y, Hsu L. Simulated communication scenarios improve clinical communication competency among nurses in elderly care units. *Nurs Educ Pract*. 2023. 71: 103623.
32. Chen J, Xu L, Zhou H. Linking nurse communication skills to long-term patient adherence: Mediating role of perceived empathy. *Patient Educ Couns*. 2022. 105: 2782-2788.