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Exploring Standardized Patients' Nonverbal Responses Toward LGBTQ Microaggressions

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INTRODUCTION

- Nonverbal behavior* is defined as behavior without linguistic content that:¹
 - Reflects unspoken emotions and concerns
 - Can be used to reinforce or contradict verbal communication
- Correctly interpreting patient nonverbal cues can result in greater patient satisfaction, compliance, and adherence (i.e., appointment return)^{2, 3}
- Nonverbal communication is an important component of a patient-centered approach (e.g., expressiveness, non-dominant tone of voice),⁴ which can help build rapport with marginalized patients⁵
- Therefore, it is necessary to explore and identify nonverbal communication that is indicative of a positive patient experience
- Limited research focuses on nonverbal behavior from the patient perspective⁶

PURPOSE

- Explore standardized patient (SP) nonverbal responses to LGBTQ microaggressions
- Identify which nonverbal behaviors are expressed more frequently by patients after experiencing LGBTQ microaggressions
- Compare changes in nonverbal behavior among patients with different gender identities

METHODS

- We analyzed medical students' standardized patient interactions in a random sample ($n = 84$)
- Patients in the encounters identified as:
 - Cisgender Men ($n = 13$)
 - Cisgender Women ($n = 16$)
 - Genderqueer People ($n = 26$)
 - Transgender Men ($n = 15$)
 - Transgender Women ($n = 14$)
- We adapted a nonverbal behavior scale⁷ to rate 11 items that assess how patients react to LGBTQ microaggressions from students
- For each microaggression, we categorized if the patient's nonverbal behavior was adverse/reactive or neutral/positive and then summarized trends
- This project was approved by the UofL IRB.

RESULTS

Table 1: Standardized Patients' Nonverbal Behavior After Experiencing LGBTQ+ Microaggressions

Nonverbal Behavior	Positive/ Neutral	Adverse/Reactive	Examples and Trends from Observations Following Microaggressions
Facial Expressivity	Adequately expressive	Blank or mismatched	Expression of shock or concern such as gaped mouth or furrowed eyebrows
Speech Rate or Volume	Accorded	Not accorded	Quieter speech; long hesitations; stuttering; increased use of filler words (i.e., "like", "um", "well")
Direction of Gaze	Towards Student	Away from student	Mirrors student: if student provides eye contact, patient does as well
Trunk Angle	Towards Student	Away from student	Mirrors student: when student is more engaged facing the patient, the patient tends to do the same
Gestures	No	Yes	Gestures are often used during lengthier responses and explanations
Smile/Laughter	No	Yes	Smiles and laughter sometimes signify timidity/awkwardness (i.e., a transgender woman smiled widely and laughed when having to disclose her sex assigned at birth to the student who was discussing pregnancy risk)
Nodding	No	Yes	Used frequently throughout the encounter to carry along conversation or for agreement/disagreement
Direction of Lean	Toward Student	Away from student	Mirrors student: when student is more engaged leaning toward the patient, the patient tends to do the same
Self Touching	No	Yes	Self touching often increases after microaggressions, including fidgeting of hands, shaking leg, rubbing arms or legs
Tone	Adequate	Flat	Possible negative association (i.e., when student had a stronger tone, the patient's tone softened)
Gaze	Gaze does not change	Gaze changed	Mirrors student; when student does not maintain eye contact, patient looks to the side, toward students' clipboard, etc.

Figure 1: Proportion of Adverse/Reactive vs Neutral/Positive Nonverbal Behaviors in Response to LGBTQ Microaggressions

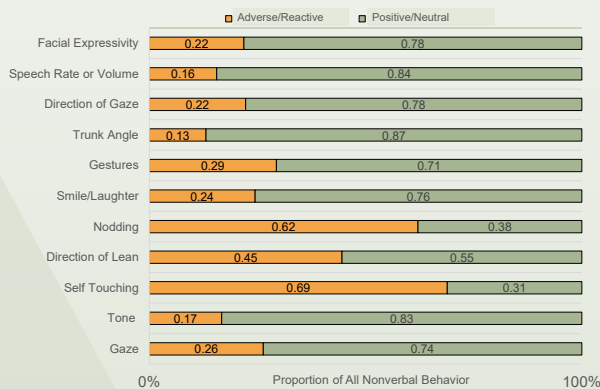


Figure 3: Adverse/Reactive Responses between Cisgender (n=29) and Gender Minority (n=55) Patients

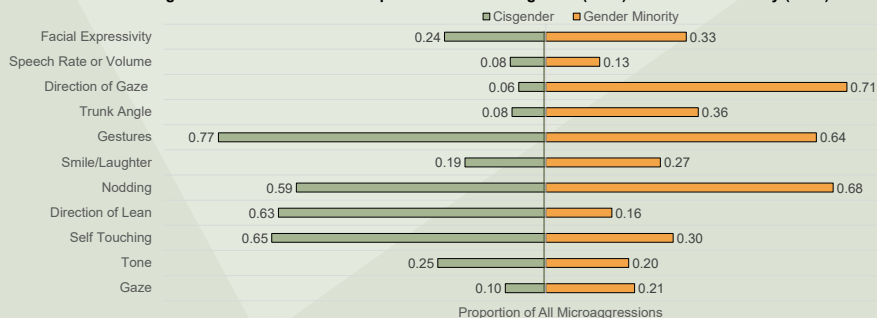
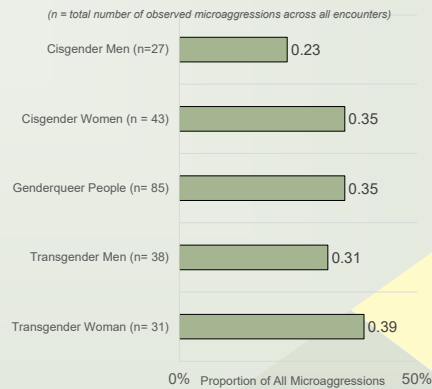


Figure 2: Frequency of Nonverbal Behavior Changes in Response to LGBTQ Microaggressions



CONCLUSION

Frequent Nonverbal Behaviors:

- Self touching, nodding, leaning away from the student, and gestures** were the most frequent adverse/reactive nonverbal behaviors exhibited.
 - Gender minority: Gazing away from student, nodding, and gestures were common
 - Cisgender: Gestures, self touching, and leaning away from the student were common

Application:

- Provider training can benefit from understanding patient nonverbal communication, especially in response to bias or uncomfortable interactions
- Future Directions:
 - Address how patient nonverbal behavior affects: 1) Physician follow-up questioning, 2) Diagnosis, and 3) Treatment plan
 - Explore relationship between physician and patient nonverbal behavior

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REFERENCES

- Krippel ML, Hall JH. Nonverbal communication in human interaction. 5th ed. Fort Worth: Harcourt Brace; 2002.
- D'Mello MR, Papp RD, Pines LM. Relationship of physicians' nonverbal communication skills to patient satisfaction, appointment noncompliance, and physician workload. *Health Psychol*. 1998;17:541-546.
- D'Mello MR, Tavana A, Friedman HD, Pines LM. Predicting patient satisfaction from physicians' nonverbal communication skills. *Medical Care*. 1990;28:67.
- Levinson W, Linn LS, Epstein RM. Developing physician communication skills for patient-centered care. *Health Affairs*. 2012;31(7):1310-8.
- Raja S, Pearson M, Saldanha-Jones T, Harrod J, Shah R, Horvath M. Identifying elements of patient-centered care in underserved populations: a qualitative study of patient health care. *Health Affairs*. 2015;34(5):927-933.
- Blair C. The importance of nonverbal communication in the physician-patient interaction. *Patient Education and Counseling*. 2007; vol. 47 no. 3, p. 375-378.
- Yoshikawa H, Hoshimoto H, Kishimoto M, Fujisaki S, Shimizu T, & Yano E. (2006). Evaluating medical students' non-verbal communication during the objective structured clinical examination. *Medical Education*, 40(12), 1180-1187.