Nonverbal communication usually exerts more influence on communication than verbal communication.

Sundeen, Stuart, Rankin, and Cohen (1994, p. 99) identified several purposes of nonverbal communication: expressing emotion and interpersonal attitudes; establishing, developing, and maintaining social relationships; presenting the self; engaging in rituals; and supporting verbal communication.

The tactile senses represent the most primitive sensory process developed by humans. Bonding between the infant and the parent figure (important to infant development) occurs largely through nonverbal tactile communication. As a child develops into an adult, touch as nonverbal communication takes on specific cultural and personal meanings, and remains a powerful communication tool throughout life.

Nurses must understand taboos concerning touch and distance to engage in purposeful communication. For example, a touch on the knee might mean concern to one person but seduction to another. Touch can be a powerful nonverbal tool for the nurse but only when it is used at the proper time and within the context of the client's culture (see

).

All the sensory processes become powerful components of communication throughout life. For example, the olfactory (smell) and gustatory (taste) senses make it possible for people to distinguish pleasant from unpleasant odors and tastes, respectively. Therefore, nurses need to control odors in health care environments.

The sense of hearing the spoken word also has a nonverbal component: interpreting the qualities of the voice. Hunsaker and Alessandra (1980) identified the following voice qualities as strong determinants of effective communication: resonance (the intensity with which the voice fills the environmental space), rhythm (the flow, pace, and movement of the voice), speed (how fast the voice is used), pitch (the highness or lowness of the voice that relates to the tightening of the vocal cords), volume (or loudness), inflection (the change in pitch or volume of voice), and clarity (the articulation and enunciation capacity of the voice).

During communication, people perform various movements of which they may be unaware or have little awareness. Body movements are largely determined through socialization. Developed in a particular psychosocial and cultural setting, motor actions vary according to gender, socioeconomic status, age, and ethnic background. Misinterpretations of culturally variable kinesthetic behaviors produce barriers to effective communication. For example, eye motions involved with eye contact communicate culturally specific messages. If the nurse and the client assign different meanings to this nonverbal communication, the effectiveness of the nurse–client relationship may be hampered.

Culture and Nonverbal Communication

Culture affects all aspects of nonverbal communication (Hosley & Molle, 2006; Leininger & McFarland, 2006). For example,

- Proximity/spacing: People from various cultures define appropriate personal space differently. For example, Americans prefer more personal space (6 in to 4 ft) than Latin Americans. Nurses must acknowledge and respect client preferences for personal space to facilitate effective communication.