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## Communication as a tool in social work within an interdisciplinary approach to clients with health disabilities

 <https://doi.org/10.15633/ssc.13103>

**ABSTRACT**

*Communication as a tool in social work within an interdisciplinary approach to clients with health disabilities*

Effective communication plays a key role in social work, especially in supporting clients facing serious health or social challenges. This paper emphasises communication as a tool enabling coordinated, quality care. Empathetic dialogue between the social worker, the client, and their close environment facilitates trust, emotional safety, and client participation in decisions. A sensitive communicative approach helps manage difficult life situations, reduces psychological burden, and supports autonomy. As a part of an interdisciplinary team, the social worker not only shares information but also fosters understanding and support, improving clients' quality of life during illness or crisis. The paper also underlines the need for the systematic development of communication skills as a core professional competence in social work.

**KEYWORDS:** communication, social worker, client, empathy, interdisciplinary team, care

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Effective communication is an essential competency in the professional practice of social work, particularly when supporting individuals facing serious health challenges. Within interdisciplinary teams composed of professionals from diverse fields, the social worker serves a vital role as a mediator between the client, their family, and the healthcare system. A central responsibility of the social worker is to identify the social determinants of health and assess the risk factors that influence the client's life circumstances.

In addition to supporting the client, social workers provide assistance to their close relatives, thereby contributing to a holistic and individualised approach to care. Clear, purposeful communication enables the accurate assessment of client needs, facilitates their active participation in decision-making processes, and helps alleviate the psychological distress associated with illness or medical treatment. Furthermore, effective communication supports the continuity of care and promotes coordination among all members of the professional team.

An empathetic, respectful, and sensitive communication style fosters trust, which is an essential foundation for successful intervention. In today's healthcare environment, which faces numerous challenges and an increasing reliance on multidisciplinary collaboration, the development of advanced communication skills is an indispensable component of a social worker's professional competence.

This article offers a theoretical contribution based on a descriptive approach, enriched with practical examples. It emphasises the essential role of communication in providing high-quality, coordinated, and comprehensive care in social work within healthcare. While it does not employ a formal analytical methodology, it delivers expert reflection and practical insights supported by case studies that illustrate the key challenges and dimensions of communication in practice.

## The role of communication in coordinating health and social care

Social workers play a vital role in supporting individuals with health-related challenges, acting as intermediaries between clients and the healthcare system. Within the framework of social assistance, effective communication within teams is not only necessary but also a critical factor influencing the quality of services delivered (Braicu & Drăghia, 2024, p. 27).

Communication forms the foundation of this support. It enables social workers to accurately assess clients' needs, build trusting and supportive relationships, and foster mutual understanding. Furthermore, it is essential for the effective planning and implementation of appropriate interventions.

Conversely, inadequate communication skills can result in a misinterpretation of client needs, poor decision-making, reduced client satisfaction, deterioration of the client's condition, and even the premature termination of support services.

According to Boykins (2014, p. 42), effective communication is a two-way, constructive dialogue between the client and the social worker, in which both parties actively participate. This process extends beyond the mere exchange of information; it involves active listening without interruption, asking clear and purposeful questions, expressing opinions, and striving for a shared understanding of the messages being conveyed. Henly (2016, p. 258) emphasises that effective communication is essential for successful social work interventions, particularly because clients often experience crises, loss, or marginalisation, all of which profoundly impact their quality of life. This underscores the need for a sensitive and intentional communication approach. Henly also noted that the emotionally challenging nature of clients' circumstances can create barriers to communication. In such contexts, a high level of empathy, patience, and

respect is required from the social worker. From his perspective, client-centred communication is not only vital for achieving positive social outcomes but also aligns with the core values of social work, including dignity, respect, and individualised care (Kwame & Petručka, 2021, p. 2).

Communication in social work represents a highly complex and sensitive aspect of professional practice. It is primarily a dynamic process shaped by multiple factors, including the client's individual characteristics, the social worker's professional approach, and the context in which the interaction occurs. It is important to emphasise that effective communication skills are predominantly developed through direct experience within the client's environment. These skills cannot be fully acquired through theoretical study, attending lectures, or strictly adhering to protocol-based procedures. Communication in the care of clients with disabilities is particularly demanding, as it involves numerous specific and often emotionally intense situations. It constitutes an integral part of multidisciplinary collaboration and plays a crucial role across various professional contexts. Physicians use communication to convey serious diagnoses, the clergy provide hope and spiritual support, and social workers accompany patients and their families through difficult life moments and crises. Delivering bad news is among the most sensitive and complex facets of professional communication, and this responsibility extends beyond physicians. Social workers frequently participate in these difficult discussions, helping to interpret information in an accessible manner, acknowledging the emotional responses of clients and families, and facilitating participatory decision-making. Effectively managing such situations requires advanced communication skills, including the capacity for empathetic and clear dialogue, assessment of the client's level of understanding, responsiveness to emotional needs, and the promotion of open communication among all involved parties. The manner in which these communications are conducted significantly influences how clients and their families receive information, make decisions regarding subsequent steps, and cope with illness. Social workers play a pivotal role in this process, not only as mediators of information but also as sources of emotional support. They align client needs with available services while safeguarding individual rights, dignity, and autonomy. The communication process within healthcare also encompasses elements of participatory decision-making, where clients actively engage in selecting further treatment or support options. Professional and transparent communication additionally involves discussions surrounding advance care planning, potential medical errors, treatment side effects, and the

use of alternative or complementary therapies (Stiefel et al., 2024, p. 2; Gessesse et al., 2023, p. 411).

Building on the above, high-quality communication serves as a fundamental tool for establishing trust between the social worker and the client. Within such a safe and supportive environment, it becomes possible not only to effectively gather pertinent information but also to assist in decision-making, support advance care planning, and facilitate opportunities for personal growth throughout the course of illness.

Coordinated and transparent communication among the social worker, healthcare professionals, and the client helps prevent misunderstandings, frustration, emotional tension, and anxiety. In this process, the social worker serves a vital role as both mediator and guide, ensuring the delivery of accurate, clear, and honest information alongside appropriate counseling. They support the client in making informed decisions that align with their personal needs and preferences regarding their care.

Equally important is fostering two-way communication, which enhances collaboration among all parties. This collaboration improves the quality of decision-making and results in more positive experiences not only for the client but also for their family and the entire team of professionals engaged in their care.

Effective communication is a fundamental pillar of safe and high-quality social work worldwide (Griffiths et al., 2012, p. 123; Boynton, 2015; Šip, 2018, p. 56). The safety and well-being of clients throughout the entire social service delivery process closely depend on the social worker's ability to engage in coordinated, professional, and multidisciplinary communication (Kavanagh & Szweda, 2017, p. 59).

This necessity highlights the critical role of collaboration within multidisciplinary teams, where social workers frequently act as facilitators and intermediaries, bridging communication between clients, their families, and other professionals.

Active participation in decision-making processes significantly contributes to the adoption of informed, value-based, and professionally grounded decisions aimed at improving clients' social and health outcomes. Furthermore, effective communication supports continuity of care, enhances coherence among interdisciplinary team members, and facilitates the efficient operation of organisational and procedural structures within social service delivery (Chard & Makary, 2015, p. 332). Consequently, it fundamentally promotes the safety,

effectiveness, and overall quality of services tailored to the individual's needs (Emory et al., 2018, p. 286).

Communication plays a vital role in conveying information to clients and their relatives, particularly concerning the nature, progression, and potential consequences of illness or social challenges. A key function of communication is to ensure mutual understanding among all parties involved, whether between healthcare professionals, social workers, and clients or between clients and their families. The accurate, empathetic, and clear delivery of information contributes to better management of emotional distress, enhances comprehension of the illness or life situation, and facilitates coping for both clients and their loved ones in difficult circumstances. This process also supports clients and their families in balancing hope for improvement with acceptance of the limitations imposed by the illness or social condition. Equally important is the role of social workers in helping clients navigate the complexity of their social and health-related needs, while providing emotional and practical support that empowers them to confront life's challenges effectively (Rosa, 2015).

Similarly, Astudillo and Mendinueta (2005, p. 65) emphasise that effectively coping with a diagnosis and prognosis requires a mutual exchange of information, including active listening and empathetic communication. Active listening enables identification of what truly matters to the patient or client and clarifies their needs, thereby facilitating adaptation to illness. Empathy, conveyed through statements such as "This must be very difficult..." or "I understand that it is hard to accept the illness..." acknowledges the emotional aspects of care and reinforces the patient's sense of being understood. Acceptance, demonstrated by a sincere interest in the patient's feelings and experiences, is crucial for building a trusting and supportive relationship throughout the adaptation process (Šip, 2018).

In this context, Abiven (in Rosa, 2015) emphasises that even when a person is in an advanced stage of illness and their ability to communicate is severely impaired, support from social workers, other members of the multidisciplinary team, and family remains critically important. Such support plays a fundamental role in preserving the patient's or client's dignity, sense of security, and overall quality of life, even when verbal communication is no longer fully possible.

Care providers offer emotional support through continuous contact and communication, which fosters a sense of emotional fulfilment and closeness for the patient. This process plays a crucial role in alleviating feelings

of loneliness, reassuring the client that despite their difficult circumstances, they are not alone. Rather, they perceive that both their family and the care team remain actively responsive to their emotional and psychosocial needs (Šip, 2018, p. 59).

To illustrate the points discussed above, we present two specific case studies involving clients with cancer and their families: “When the family was informed of the father’s serious diagnosis, the news was profoundly painful and shocking for all involved. Such revelations are invariably difficult to accept, especially when they concern a loved one. Despite the initial shock, the family united, becoming an indispensable source of support throughout this challenging period. Their support extended beyond practical assistance to encompass emotional care, which was of extraordinary significance to the father. Through their collective efforts, they provided him with hope, strength, and encouragement, positively influencing his psychological and emotional well-being. Some family members drew strength from their faith, particularly the father, whose spiritual beliefs offered him comfort and inner peace. Simultaneously, the family remained attentive to his psychosocial needs, striving to create a stable, supportive, and loving environment that facilitated his coping at each stage of treatment. This demanding process impacted not only the patient but also profoundly affected family dynamics. Their mutual closeness and solidarity were reinforced, further uniting the family in their shared effort to confront the challenges posed by the illness.”

The case of a family with a patient diagnosed with cancer illustrates the importance of comprehensive psychosocial support as an integral element of the treatment process. Upon receiving the serious diagnosis, all family members experienced an intense emotional shock, which is a natural reaction to the sudden threat to a loved one’s health. However, this shock can also impair their ability to respond adequately and provide support if it is not processed through effective communication.

In this case, the family system was adapted by consolidating emotional support and practical assistance, thereby creating a stable and secure environment for the patient. This family cohesion represents a crucial social determinant that supports coping with the illness. The study confirms that social support is directly correlated with better psychological resilience in patients and more positive treatment outcomes.

Special attention should be given to the spiritual dimension of care, which plays a role in the patient’s search for meaning and inner peace. Spiritual support

can be a significant protective factor in managing chronic and life-threatening illnesses, highlighting the need for its integration into a holistic care approach.

After the diagnosis, family dynamics deepened and mutual solidarity increased, laying the foundation for collectively coping with challenging situations. This case emphasises that effective social work intervention must also include support for the family, their education, and facilitation of communication among the patient, family, and healthcare team.

A similar need for emotional support and assistance arose in the case of another client, referred to here as Mr V. During his hospitalisation and after discharge, he consistently refused to communicate. Mr. V. experienced considerable stress, confusion, and disappointment due to inaccurate information provided by both his doctors and family concerning his health status and treatment plan.

One day, his physician informed him that he would be discharged the following day. On that day, Mr V. packed his belongings and awaited the discharge report. However, after some time, the nurses informed him that, due to the negative test results, his discharge would be postponed by an additional week. His reaction was marked by a range of emotions, including distrust, anger, and disappointment. He helplessly shrugged, raised his hands in frustration, and returned to bed. He refused to engage in communication and did not respond to basic questions from the medical staff that were necessary to assess his cognitive functioning. This attitude persisted even after his eventual discharge and return home.

Mr V. felt deceived and believed that everyone around him was being dishonest. Upon later reflection during our conversations, he expressed that he would have preferred if the medical team had explained that the decision regarding his discharge depended on the test results. Had he been informed of this possibility in advance, he could have mentally prepared himself for the potential delay. He felt that such transparency would have acknowledged his feelings and emotions, rather than treating him as merely an inconvenient case. As he stated, „Some people treat us mechanically. Another case... and another case. “No one cares about how I feel or how I carry my burden.”

The case of Mr V. highlights the severe negative consequences that can arise from insufficient and inconsistent communication within healthcare settings. A lack of transparent and accurate information regarding the patient's health status and treatment plan resulted in a loss of trust and increased stress, which manifested as a refusal to communicate and cooperate.



Inadequate notification about the patient's discharge, particularly the unexpected delay, triggered emotional overload in Mr. V., expressed through resignation, frustration, and a sense of helplessness. This state significantly impaired his ability to actively engage in treatment and to follow professional recommendations.

An analysis of the dialogue with the patient revealed his need to be actively informed and involved in decision-making processes, an essential factor in preserving his autonomy and psychological integrity. His remark, "Some people treat us mechanically..." underscores the absence of empathetic care, which represents a critical barrier to effective healthcare delivery.

This case underscores the necessity of multidisciplinary collaboration, where the social worker plays a crucial role as a communication facilitator and provider of psychosocial support. It is imperative that the healthcare team acknowledge and address the patient's emotional and psychological needs, thereby minimising the risk of communication conflicts and enhancing treatment adherence.

For practitioners, emphasising active and empathetic listening to clients and their families is essential to accurately identify their psychosocial needs. Transparent and timely communication regarding the health status and treatment plans fosters patient trust and cooperation. Social workers should systematically facilitate coordination between the healthcare team and the family, thereby strengthening comprehensive care and psychological support for clients.

Both case studies highlight the critical importance of effective and empathetic communication in contexts involving serious illness. Accurate information and consistent support from family members and the multidisciplinary care team are essential for helping patients and their loved ones navigate difficult life circumstances and find the resilience to confront the challenges posed by the illness. Without such support, patients may experience confusion, isolation, and feelings of being misunderstood, which can significantly deteriorate their mental well-being and reduce their willingness to engage cooperatively in their treatment.

Effective communication is a fundamental prerequisite for successful collaboration within multidisciplinary teams, particularly in cases where patient or client needs are complex and demanding. Such situations necessitate a coordinated effort among various professionals, including physicians, nurses, social workers, psychologists, and spiritual care providers (Boyle et al., 2018, p. 81). High-quality, systematic communication is essential for integrating diverse expert perspectives into a coherent, client-centred care model. This integration

significantly influences clinical outcomes, enhances patient and family satisfaction, and improves the quality of teamwork among professionals (Smith et al., 2024, p. 42; Cerqueira et al., 2024, p. 2).

In the context of caring for individuals with serious illnesses, where decision-making is often accompanied by intense emotions and ethical challenges, communication skills become even more critical. Effective communication within multidisciplinary teams extends beyond merely exchanging information; it serves as a vital tool for fostering interdisciplinary collaboration and facilitating informed decision-making (Jackson et al., 2018). Each team member brings specialised expertise: physicians concentrate on pharmacological management and symptom control, nurses deliver daily care to ensure patient comfort, and social workers address the psychosocial dimensions of illness and provide support during difficult times while facilitating access to essential social and material resources. Spiritual care providers attend to patients' spiritual and existential needs, irrespective of religious affiliation, thereby contributing to a holistic model of care (Lopez-Leon et al., 2021; Cerqueira, 2024, p. 4).

The communication skills of social workers are instrumental in providing comprehensive support and ensuring that the patient's or client's needs are effectively aligned with the available services.

In conclusion, it is crucial to highlight that effective communication extends beyond professional boundaries, creating opportunities for the exchange of expert knowledge and experiences through regular team meetings, case conferences, and informal interactions. This open and continuous flow of information fosters a comprehensive and coherent understanding of the patient's or client's needs, enabling the development of interventions that address their biological, psychological, social, and spiritual dimensions (Nguyen et al., 2019, p. 390).

Social workers play a vital role in this process by identifying and addressing the psychosocial needs of clients and their families and facilitating access to social services, financial support, and legal assistance. This ensures that the planned interventions adhere to a holistic framework and reflect the unique needs and preferences of both the client and their family. Consequently, coordinated and continuous care is maintained, respecting the individual values, preferences, and requirements of clients and their families, while upholding a holistic approach to care delivery (Cerqueira et al., 2024, p. 5).

## Key components of effective communication in client care

In contemporary social work practice, effective and continuous communication between social workers, clients, and their families plays a crucial role, especially when supporting individuals with serious illnesses (Li et al., 2020; Engel et al., 2023; Palanido et al., 2023). This process requires a sensitive and open dialogue that allows support to be tailored to the client's and their loved ones' current informational, emotional, and psychosocial needs. It is essential to respect their values, goals, and preferences throughout the care process, which places high demands on the communication skills of social workers.

Research (Li et al., 2020; Engel et al., 2023; Palanido et al., 2023) also highlights the importance of creating a safe space where clients can freely express their concerns and negative emotions. An empathetic and respectful response from the social worker not only improves the quality of communication but also fosters acceptance of the care provided. Inadequate or delayed communication that fails to consider the broader context of the client's life, including psychosocial, emotional, and cultural factors, leads to diminished support quality, increased client suffering, and moral distress among professionals.

As Sharkiya (2023) emphasises, actively involving clients in communication and decision-making processes strengthens their sense of control and responsibility over their situation. Mutual trust and respect create a safe environment in which clients feel accepted and understood, positively impacting their mental health and overall well-being. Therefore, the systematic development of social workers' communication competencies must include not only theoretical knowledge but also practical skills such as active listening, sensitive responding, appropriate questioning, and interpreting nonverbal cues. Cultural sensitivity and the ability to reflect on clients' diverse life experiences are also indispensable.

In conclusion, high-quality, culturally sensitive communication between social workers and clients forms the foundation of individualised, empathetic, and effective support. This approach not only enhances client satisfaction and sense of security but also helps social workers prevent burnout and maintain balance in their demanding professional roles.

## Active listening

Active listening and meaningful dialogue are widely recognised as essential components highly valued by clients, who consistently highlight their positive impact on the overall care experience (Azarabadi et al., 2024, p. 2). These communication elements are equally critical in social work practice, where empathetic approaches and attentive interactions help build trust, foster understanding, and promote psychological well-being as clients navigate illness and life transitions.

Beyond its traditional definition as a primarily cognitive act influenced by emotional disposition and attentional willingness, listening is increasingly recognised as an existential stance, a mode of being present in the world that reflects a profound interest in another person. This expanded perspective shifts the understanding of listening from a mechanical process of information reception, comprehension, and storage to the capacity to convey genuine positive intent and openness towards the speaker. Research indicates that such attentive listening can significantly enhance the speaker's autonomy and self-esteem (Lipari, 2020, p. 28). Lipari conceptualises "listening being" as the readiness to suspend one's habitual assumptions, beliefs, and knowledge in order to remain fully present and aware in the moment. In this way, listening becomes a state of existential connection where one both experiences and comprehends the essence of another. It transcends the mere exchange of information, embodying a deeper process of understanding (Bodie, 2023).

Active listening goes beyond merely hearing; it requires the social worker's full presence and focused attention on the client's words. It involves genuinely understanding the client, accurately interpreting their message, and responding appropriately to their narrative. This effective dialogue, built on mutual trust, fosters a more open and willing exchange. To enhance active listening skills, social workers should maintain eye contact, use verbal affirmations such as "I understand" or "I see," take brief notes during sessions, and practice patience by allowing clients to express their thoughts without interruption.

## Empathy and emotional intelligence

Client-centred care demands that social workers not only possess professional knowledge and practical skills but also demonstrate the capacity to respond

emotionally to their clients' needs and experiences. Empathy is thus recognised as a crucial professional competency that helping professionals must actively cultivate. Establishing an empathetic relationship between professionals and clients enhances collaboration in developing individualised therapeutic and social plans, which in turn increases client satisfaction with the care process. This approach improves the quality of care, reduces the incidence of errors, and raises the proportion of clients reporting positive experiences with therapy or social support (Bowlby, 2008a; Bowlby, 2008b). Moreover, research indicates that fostering empathy during care promotes better client adherence to therapeutic or social recommendations, thereby enhancing therapeutic and social outcomes (Fletcher et al., 2016, p. 1854).

In the professional literature, empathy is recognised as a multifaceted concept encompassing both emotional and cognitive components. Emotional empathy refers to the capacity to share and experience the feelings of another person, whereas cognitive empathy involves the ability to comprehend and accept others' perspectives. Within social work practice, cognitive empathy is particularly crucial for fostering trust, facilitating effective communication, and accurately assessing clients' needs across diverse social contexts. Research indicates that social workers who demonstrate an empathetic approach contribute to higher client satisfaction, improved cooperation, and greater client motivation to actively participate in problem-solving processes. Moreover, empathy positively affects social workers themselves by enhancing psychological resilience, increasing professional fulfilment, and mitigating the risk of burn-out when managing emotionally demanding cases over time (Moudatsou et al., 2020, p. 2; Ardenghi et al., 2022, p. 2885).

The starting point for analysing contemporary approaches to interpersonal communication in the helping professions is the clear definition of key concepts that significantly impact the quality of the services provided. Among these concepts are empathy, emotional intelligence (EI), and interprofessional skills, all of which are essential for effective collaboration within multidisciplinary teams (Moudatsou et al., 2020, p. 2).

Empathy, as defined by Ioannidou and Konstantikaki (2008, p. 119), is the capacity to put oneself in another's position and understand their emotional and cognitive experiences. In health care and social work, empathy transcends mere emotional compassion; it serves as an active tool for recognising both verbal and non-verbal cues, enabling more accurate identification of client or patient needs. This process facilitates the development of a trust-based

relationship, which is fundamental for delivering effective care and alleviating the psychological distress associated with illness or life crises.

Emotional intelligence (EI) is widely recognised as a fundamental component of professional interaction. It encompasses a set of emotional and social competencies that enable individuals to respond effectively to emotional stimuli and regulate their own emotions (Batson, 1991). Today, EI is understood as a multifaceted ability that promotes emotional stability, enhances social adaptability, and fosters resilience to stress (Turner, 2009, p. 98).

In social work practice, where emotional engagement with clients constitutes a fundamental aspect of daily activities, competencies such as emotional awareness, adaptive stress management, and the capacity to navigate ethically sensitive decisions significantly affect the quality of interventions and overall client satisfaction. Interprofessional skills, which facilitate effective collaboration among diverse professionals, further highlight the necessity of a balanced, holistic approach to client care. When combined with empathy and emotional intelligence, these competencies not only enhance therapeutic and social outcomes but also promote the well-being of both clients and practitioners, fostering the development of a high-quality and sustainable environment within the helping professions (McNulty & Politis, 2023, p. 240).

According to Moudatsou et al. (2020, p. 3), empathy involves the capacity to understand and share another person's emotions, while emotional intelligence encompasses self-awareness of one's own feelings and the ability to accurately perceive and respond to the emotions of others. These psychological and interpersonal skills enable social workers to establish deeper connections with clients, fostering an environment characterised by trust, respect, and safety. Empathy can be intentionally developed through methods such as active listening, posing open-ended questions, reflecting clients' emotions, and engaging in role-playing exercises to gain a more profound understanding of others' perspectives.

The assessment process in social work should not be regarded as a mere mechanical collection of data. Instead, it constitutes a dynamic and complex activity that necessitates the establishment of a supportive, respectful, and trusting environment in which the client feels genuinely heard and accepted. The social worker's capacity for active and empathetic listening, sensitivity to non-verbal cues, and responsive engagement with the client's needs is paramount. This approach not only improves the quality of information obtained but also plays a vital role in building a trustworthy, collaborative relationship, an essential

foundation for effective intervention. A sensitive and empathetic response fosters client cooperation, strengthens their autonomy, and motivates active participation in addressing their circumstances.

## Nonverbal communication

From an early age, humans naturally communicate through nonverbal means such as gestures, eye contact, facial expressions, physical presence, body movements, and vocal tone (Šip et al., 2023, p. 3). These forms of communication continue to play a crucial role in adult interactions as well (Öhrling et al., 2024, p. 4).

Verbal and nonverbal communication are inherently interconnected, with research demonstrating that gestures are closely linked to language processing. Individuals interpret both verbal and nonverbal cues within the context of their interpersonal relationships, and the consistency between these signals fosters trust, enhances clarity, and supports the development of positive relational bonds (Hall et al., 2019, p. 276).

In some cases, nonverbal communication can be even more effective than verbal language in conveying thoughts and emotions, often operating at a subconscious or unconscious level (Pentland, 2008; Tversky & Jamalian, 2021, p. 754). Nonverbal cues, such as eye contact, facial expressions, gestures, posture, and vocal tone, play a vital role in expressing empathy, understanding, and support. In social work, professionals must be mindful of their own nonverbal behaviour and skilfully interpret clients' nonverbal signals to enhance communication effectiveness. For instance, maintaining appropriate eye contact and using affirming gestures can demonstrate engagement, while a genuine smile can increase the social worker's perceived approachability (Öhrling et al., 2024, p. 4).

Nonverbal communication encompasses nonverbal yet informative aspects of behaviour, such as head and body movements, that can be interpreted by a receiver and used to draw inferences (Hall et al., 2019, p. 276). Research indicates that people can quickly and accurately form social judgments based on nonverbal signals (Todorov et al., 2015, p. 521). For instance, individuals can recognise pain in others, which may trigger an empathetic response, or identify expressions of empathy in those around them.

Various forms of nonverbal behaviour have been associated with the components of empathy and related concepts such as warmth and compassion. Examples include maintaining eye contact, ensuring equal eye level, leaning

towards the other person, directly facing them, mirroring facial expressions and posture, displaying facial expressions of concern, smiling, nodding, using a gentle tone of voice, and offering a soft touch on the shoulder or hand (Lorié et al., 2017, p. 418; Marcoux et al., 2024, p. 5).

According to Novel (2013), several key aspects must be considered in non-verbal communication:

- Silence always carries meaning and should be interpreted accordingly. It can indicate a need for space to reflect or process emotions, or it may simply serve as a brief pause. It is crucial to understand what the other person is trying to express through silence.
- Gaze reveals the other person's comfort or discomfort and conveys self-confidence, interest, and support for the ongoing conversation. It demonstrates attention to both the individual and the relationship. The gaze is an important anchoring element and should be actively used in effective communication.
- Body movements and facial expressions provide valuable insights into emotional and dispositional states. The communicator should recognise and correctly interpret these signals to facilitate smoother and more effective communication.
- The physical distance between interlocutors can significantly influence the quality and intensity of their interaction. It is important to manage this distance sensitively, avoiding excessive proximity, which can feel intrusive and excessive distance, which can create barriers and disrupt the natural flow of communication.
- Spatial arrangement – the position participants assume within the physical space, plays a critical role in creating favourable conditions for effective communication. Maintaining good eye contact fosters trust and a sense of security. Ensuring that participants are at the same height avoids power imbalances and supports equal exchange. Additionally, ensuring comfort can help prevent physical discomfort or fatigue, which may otherwise interrupt or prematurely end the conversation.

According to Rakici (2023, p. 246), doctors and social workers should be thoroughly familiar with body language, the most powerful element of nonverbal communication. Such knowledge enables them to build trusting and stable relationships with patients, clients, and their families. By attentively reading nonverbal signals, they can more effectively provide relevant information and



address the concerns and needs of the other party. Body language serves as a rich source of data for social understanding and interpersonal interaction.

The eyes play a particularly important role in this process. They are the central features of the face and among the most expressive and accurate tools of nonverbal communication. For example, changes in pupil size can independently convey signals that reflect a person's physiological and emotional state. However, these expressions are usually inferred through observation, and their interpretation can be quite complex. Accurately identifying the meaning of various emotional cues and related nonverbal expressions, especially those involving the eyes, is a challenging task. Each person has a unique and limited behavioural repertoire, and the same nonverbal expression may have different meanings for different individuals. Furthermore, emotions often occur in combinations or can change rapidly, further complicating the reading and interpretation of body language.

Therefore, professionals in the helping professions, such as doctors and social workers, must approach nonverbal communication with sensitivity, an appreciation for individuality, and an awareness of the context in which the interaction occurs.

## Conclusions

Based on the findings presented above and according to Stiefel et al. (2024, p. 4), communication can be unequivocally regarded as a fundamental pillar of high-quality healthcare and social care. In the context of serious illnesses, effective, open, and empathetic dialogue between professionals and patients/clients is crucial not only for the therapeutic process itself but also for providing psychological and social support. Stiefel et al. (2024) highlights that quality communication reduces anxiety levels and increases satisfaction among both patients and healthcare and social work professionals. Similarly, research by Choi (2022) demonstrated that cancer patients satisfied with communication with their physicians showed better mental health outcomes. Another study by Świątoniowska-Lonc et al. (2020) confirmed that effective communication enhances patients' sense of self-efficacy in self-care and improves adherence to treatment, positively influencing their overall well-being.

The importance of open communication is further supported by international studies emphasising that the opportunity to discuss details of the illness,

prognosis, or the dying process leads to higher patient satisfaction (Curtis et al., 2018; Houben et al., 2015). Such communication also strengthens the trust relationship between patients and healthcare providers (Abdul-Razzak et al., 2016; Paladino et al., 2020), with well-informed patients experiencing greater control over their treatment and a sense of security, enabling them to make informed decisions (Brom et al., 2017; Epstein et al., 2017). Conversely, patients who perceive a lack of open information often feel isolated (Hilário, 2020; Rohde et al., 2019). Accordingly, Masefield et al. (2019) emphasise that open and transparent communication is a key factor enabling patients to better prepare for decision-making regarding their treatment (in Engel et al., 2023).

This intensive and empathetic collaboration between healthcare and social work professionals significantly contributes to improving the continuity of care and the quality of life of patients/clients throughout the course of illness. Empirical evidence clearly demonstrates that high-quality communication positively impacts not only health indicators and psychosocial aspects but also the professional satisfaction of specialists providing differentiated care.

## References

- Ardenghi, S., Rampoldi, G., Montelisciani, L., Antolini, L., Donisi, V., Perlini, C., Rimondini, M., Garbin, D., Del Piccolo, L., & Strepparava, M. G. (2022). Emotional intelligence as a mediator between attachment security and empathy in pre-clinical medical students: A multi-center cross-sectional study. *Patient Education and Counseling*, 105(9), 2880–2887.
- Astudillo, W., & Mendinueta, C. (2005). Cómo mejorar la comunicación en la fase terminal? *Ars Medica*, 11, 61–85.
- Azarabadi, A., Bagheriyeh, F., Moradi, Y., & Orujlu, S. (2024). Nurse-patient communication experiences from the perspective of Iranian cancer patients in an outpatient oncology clinic: A qualitative study. *BMC Nursing*, 23(682), 2–9.
- Batson, C. D. (1991). *The altruism question: Toward a social-psychological answer*. Erlbaum.
- Bodie, G. D. (2023). Listening as a positive communication process. *Current Opinion in Psychology*, 53.
- Bowlby, J. (2008a). *Loss: Sadness and depression (Attachment and loss)*. Random House.

- Bowlby, J. (2008b). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Boykins, A. D. (2014). Core communication competences in patient-centered care. *The ABNF Journal*, 25(2), 40–45.
- Boyle, M. A., Ortman, M. E., Beckman, A. C., Aholt, S. L., & Keenan, G. L. (2018). Functional communication training and noncontingent reinforcement in treatment of stereotypy. *Behavioral Interventions*, 33(1), 79–86.
- Boynton, B. (2015). *Successful nurse communication*. F. A. Davis Company.
- Braicu, C., & Drăghia, C. L. R. (2024). Effective communication in social work teams: A key to managerial success. *Hyperion Economic Journal*, 11(1), 25–31.
- Cerqueira, P., Pereira, S., Costa, R., & Sousa, B. (2024). Unlocking team potential: Mastering communication in palliative care. *Cureus*, 16(11), 1–7.
- Chard, R., & Makary, M. A. (2015). Transfer-of-care communication: Nursing best practices. *AORN Journal*, 102(4), 330–338.
- Compete High (n.d.). *Effective communication skills for social workers*. Retrieved from <https://competehigh.com/effective-communication-skills-for-social-workers/> (11.04.2025).
- Engel, M., Kars, M. C., Teunissen, S. C. C. M., & van der Heide, A. (2023). Effective communication in palliative care from the perspectives of patients and relatives: A systematic review. *Palliative and Supportive Care*, 21(5), 890–913.
- Emory, J., Kippenbrock, T., Lee, P., Miller, M. T., & Reimers, J. (2018). Communication apprehension and willingness to listen in nursing education. *Journal of Professional Nursing*, 34(4), 284–288.
- Fletcher, I., McCallum, R., & Peters, S. (2016). Attachment styles and clinical communication performance. *Patient Education and Counseling*, 99(11), 1852–1857.
- Gessesse, A. G., Haile, J. M., & Woldearegay, A. G. (2023). Exploring effective communication strategies employed by physicians in delivering bad news in Ethiopian state hospitals. *Patient Related Outcome Measures*, 14, 409–425.
- Griffiths, J., Speed, S., Horne, M., & Keeley, P. (2012). A caring professional attitude: What service users and carers seek in graduate nurses and the challenge for educators? *Nurse Education Today*, 32, 121–127.
- Hall, J. A., Horgan, T. G., & Murphy, N. A. (2019). Nonverbal communication. *Annual Review of Psychology*, 70, 271–294.
- Henly, S. J. (2016). Health communication research for nursing science and practice. *Nursing Research*, 257–258.

- Choi, B. M., Obeng-Kusi, M., & Axon, D. R. (2022). Association between patient-provider communication and self-perceived mental health in us adults with cancer: real-world evidence through medical expenditure panel survey. *Diseases, 10*(4), 88.
- Ioannidou, F., & Konstantikaki, V. (2008). Empathy and emotional intelligence: What is it really about? *International Journal of Caring Sciences, 1*(3), 118–123.
- Jackson, M. A., Verdi, S., Maxan, M. E., Shin, C. M., Zierer, J., Bowyer, R. C. E., Martin, T., Williams, F. M. K., Menni, C., Bell, J. T., Spector, T. D., & Steves, C. J. (2018). Gut microbiota associations with common diseases and prescription medications in a population-based cohort. *Nature Communications, 9*, 2655.
- Kavanagh, J., & Szweda, C. (2017). A crisis in competency: The strategic and ethical imperative to assessing new graduate nurses clinical reasoning. *Nursing Education Perspectives, 38*, 57–62.
- Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: Barriers, facilitators, and the way forward. *BMC Nursing, 20*(158), 1–10.
- Li, J., Luo, X., Cao, Q., Lin, Y., Xu, Y., & Li, Q. (2020). Communication Needs of Cancer Patients and/or Caregivers: A Critical Literature Review. *J Oncol.*
- Lopez-Leon, S., Wegman-Ostrosky, T., Perelman, C., Sepulveda, R., Rebolledo, P. A., Cuapio, A., & Villapol, S. (2021). More than 50 long-term effects of COVID-19: A systematic review and meta-analysis. *Scientific Reports, 11*(1).
- Lorié, Á., Reineró, D. A., Phillips, M., Zhang, L., & Riess, H. (2017). Culture and nonverbal expressions of empathy in clinical settings: A systematic review. *Patient Education and Counseling, 100*(3), 411–424.
- Marcoux, A., Tessier, M. H., & Jackson, P. L. (2024). Nonverbal behaviors perceived as most empathic in a simulated medical context. *Computers in Human Behavior, 157*, 1–19.
- McNulty, J. P., & Politis, Y. (2023). Empathy, emotional intelligence and inter-professional skills in healthcare education. *Journal of Medical Imaging and Radiation Sciences, 54*(2), 238–246.
- Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukouli, S. (2020). The role of empathy in health and social care professionals. *Healthcare (Basel), 8*(1), 1–9.
- Nguyen, D. B., Arduino, M. J., & Patel, P. R. (2019). Hemodialysis-associated infections. In *Chronic Kidney Disease, Dialysis, and Transplantation* (pp. 389–410). Elsevier.

- Novel, G. (2013). *El mediador y el manejo de las emociones*. Universidad de Barcelona.
- Öhrling, C., Sernbo, E., Benkel, I., Molander, U., & Nyblom, S. (2024). "They must have seen it, you know." Body talk, extension talk, and action talk: A qualitative study on how palliative care patients and their significant others express experiencing these nonverbal cues. *PLoS One*, 19(4), 1–12.
- Paladino, J., Sanders, J. J., Fromme, E. K. et al. (2023). Improving serious illness communication: a qualitative study of clinical culture. *BMC Palliat Care*, 22(104).
- Pentland, A. (2008). *Honest signals: How they shape our world*. MIT Press.
- Rakici, S. Y. (2023). A study on body language in oncology patients: Eyes are the mirror of the feelings. *World Social Psychiatry*, 5(3), 242–249.
- Rosa, S. C. S. (2015). *A família do doente em fim de vida: O papel do Assistente Social*. Retrieved from [https://repositorio.ipcb.pt/bitstream/10400.11/2700/1/Tese%20final\\_.pdf](https://repositorio.ipcb.pt/bitstream/10400.11/2700/1/Tese%20final_.pdf) (11.04.2025).
- Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: a rapid review. *BMC Health Serv Res*, 23(1), 886.
- Smith, J. R., Johnson, R. L., Brown, A. B., Clark, C. D., Miller, E. F., & Wilson, F. G. (2024). Exploring the impact of effective communication strategies between nursing and medical secretarial teams on patient outcomes. *Journal of Healthcare Management*, 28(3), 45–58.
- Stiefel, F., Bourquin, C., Salmon, P., Achtari Jeanneret, L., Dauchy, S., Ernstmann, N., Grassi, L., Libert, Y., Vitinius, F., Santini, D., Ripamonti, C. I., & ESMO Guidelines Committee (2024). Communication and support of patients and caregivers in chronic cancer care: ESMO Clinical Practice Guideline. *ESMO Open*, 9(7), 1–16.
- Świątoniowska-Lonc, N., Polański, J., Tański, W., & Jankowska-Polańska, B. Impact of satisfaction with physician-patient communication on self-care and adherence in patients with hypertension: cross-sectional study. *BMC Health Serv Res*, 20(1). 1046.
- Šip, M., Kuzyšin, B., Sabolík, M., & Valčo, M. (2023). Human dignity in inpatient care: Fragments of religious and social grounds. *Religions*, 14(6), 1–6.
- Šip, M. (2018). *Sociálno-spirituálne atribúty v paliatívnej starostlivosti*. Prešov.
- Todorov, A., Olivola, C. Y., Dotsch, R., & Mende-Siedlecki, P. (2015). Social attributions from faces: Determinants, consequences, accuracy, and functional significance. *Annual Review of Psychology*, 66, 519–545.

- Turner, K. (2009). Mindfulness: The present moment in clinical social work. *Clinical Social Work Journal*, 37, 95–103.
- Tversky, B., & Jamalian, A. (2021). Thinking tools: Gestures change thought about time. *Topics in Cognitive Science*, 13(4), 750–776.