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The Effort Of Social Workers To Nurture Verbal And Non-Verbal Communication On Client Participation Level

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Abstract:
The main problem in the interaction of social worker and their clients is about communication. To make thediagnosis of client wellness, social workers face a challenge to communicate professionally with their clientsboth verbally and non-verbally. This study tested the variables which impact the client participation level onthe interaction and intervention. In this, researchers used qualitative paradigm with explanatory approach. Ittested verbal and non-verbal communication on client participation level. The analysis result showed thatverbal and nonverbal communication simultaneously improved the client participation level. It is suggestedthat social worker improved their competences both verbal and nonverbal communication through suitabletraining.

Keywords: verbal, nonverbal, communication, social workers, HIV / AIDS

Introduction :

Social workers face a major challenge in taking the wise position in improving the client's welfare and relationships with other professions (Weaver, 1999). One of the important position it is when they have to be a facilitator for clients with HIV / AIDS (Chillag, 2002). The social worker should be able to direct the clients with HIV / AIDS to make a visit to an HIV specialist or to specific clinic to consult and treat their diseases while to educate them to the suitable response (Moon, 2010). In addition, social workers also have responsibility to do an action to prevent the disease spreaded to the health people. Since HIV prevention and awareness education is the main responsibility of social workers, then, they must have knowledge on how to work and partnership with physician and psychologist (Berkman, 1996). In some cases, client pressures and problems sometimes not caused by health aspect, but, more inclined to psychological problems.

For several problem such as stress and sickness, the problems arise mainly from the psychological side caused by the client have to face stigmatization from their neighborhood due to their poor careers and disease. Thus, the success in improving the welfare of the client is determined in part by the active role of social workers to educate clients and collaborate with physicians and psychology (Reese, 2001). In the dynamics of this issue, the role of social workers is becoming increasingly important (Turner, 2011). They must find the best way and best practices in cooperation with HIV clinics, psychology centers, general health practitioners, and hospitals.

In general, physician only give advice and analysis from health perspective, but rarely on social welfare program after returning to the community (World Health Organization, 2008). The clients who are physically ill, they really need the handling is done by providing care for physical ailments. However, sometimes intervention given by physician are not complete since the real problem is not related to the medical pain but it is due to lack of information received by clients about their psychological condition which needs mentoring program to stay healthy and well in the relationship with their neighborhood (Cortis, 1996).

The main problem in this case is in communication (Folger, 1984). Social workers play a major role in the communication process to clients and accompany them during a visit to the physician (Trethewey, 1997). This kind of assistance need to be instituted so that clients feel protected and also get support and suggestion that their burden of psychological stress can be reduced (Pearlin, 1990). This also related to the clients rights to obtain complete information from the physician. This is necessary for the social workers to know their position in the perspective of physician and psychologist. The social workers must know which direction they can forward the clients to the right clinic. The social workers must have suitable knowledge on how severe, why and how to give social counseling and intervention to increase the clients welfare without trespassing border (Tilbury, 2010). The number of instructions to be executed by the client and how to communicate with the suitable clinics will increase the client welfare becomes a faster recovery.

Since each client comes from a different background, then social workers must understand how to be the facilitator for the clients with HIV / AIDS (Chillag, 2002). In fact, many social workers absolutely have no idea about how they can facilitate the clients to get the information due to their lack of knowledge in the health specialist and also the different perspective of tasks and work (Davenport, 2013). This

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impact on the professionalism of social workers in the task, given their clients comes with various problems and background (Payne, 2014). Therefore, improving the communication role in various stages of must be done thoroughly (Lombard, 2002). The social worker must know how to facilitate the clients in finding the information and choose the appropriate intervention and give support on the latest information.

From the study result taken by Mangold (1999) it found that, averagely, from 18 information given by social workers to the clients, the clients only remember about 31% of the total information discussed. Beckett (2006) revealed that 60% of clients could perceive the information provided by social workers whereas the rest lack of clarity of the information. This caused by the physician or psychologist only provided and used the difficult terms of clinical health or psychological terms that are not understood by the clients (Kelly,2003).

The importance of effective communication both verbally and non-verbally by social workers to clients is useful to explain the information and avoid the misperceptions about the information (Seibert, 2002). The clients which do not given understandable information will experience the emergence of anxiety or fear that in the future impact the client's participation.

This study aims to explain the verbal communication on the client's participation level primarily on how much verbal communication and non-verbal can impact on client participation to reach their social welfare.

1. communication

Communication is a planned communication consciously through oral either direct or indirect means with the aims and activities (Allwood, 1976). In social work perspective, It is focused on the client participation (Saleebey, 2012). communications including interpersonal communication with the starting point of mutual understanding between social workers to facilitate client in seeking information about HIV infection, prevention and intervention. The basic problem of this communication is the social worker willingness and their knowledge. however, ethical consideration must be taken in the process as the client should be treated with respect and as a human being with diverse backgrounds and problems (Trevithick, (2005). as a method of communication in social work intervention can be divided into directive, briefing, and action assessment.

2. directive communication

Directive communication is an effort to facilitate and encourage cooperation between social workers and clients (Act II, 2011). It also has a goal to facilitate the clients to get suitable and professional clinic or HIV specialist as they need it (Herbst, 2007). This is important to uncover feelings and assessing problems and evaluating the actions taken by the clients. In addition, it is also important to evaluate the success rate of social workers in helping the clients. The social worker should be able to clarify and reduce the burden of feelings and thoughts through effective intervention (World Health Organization, 2001).

The quality of social services provided to the client is determined by the quality of social worker-client interaction(Kutchins, 1991). When the social workers do not pay attention to this, their interaction is not the interactions that impact and accelerates the client's participation, but could potentially bring negative effect on the achievement of the client's welfare (Compton, 1989).

4. type of directive communication

Communication is a complex process that involves individual's behavior and perceptions to interact each others. Communication occurs at three levels, namely intrapersonal, interpersonal and public levels. Each divided into verbal, written and non-verbal which is manifested in a briefing model. (Potter and Perry 1993: 150)

As state above, directive communication has a goal to achieve the client's participation to direct the clients to work and find suitable intervention from a nearby physician or HIV clinic (Hall, 2009). The communication is addressed to clients either with through persuasion or referral to the nearest certified HIV clinic (Exhibit, 2015). Communication is established interpersonally to produce a good interaction between social worker with the client (Sharma,1999). In the directive communication, there are two main aspects, namely face-to-face communication and indirect meeting. In a directive communication made by a social worker and client, they may use verbal communication as a way to give assistance so that the information or message delivered by social workers can be more easily accepted by the client (Emmitt,2009). Verbal communication and non-verbal also serve to establish good interaction. Establishment of proximity between clients and social workers will serve to provide and receive feedback and respond more quickly from both sides.

Verbal communication which included in this case is clarity of the sentence, ease of understanding, denotative and connotative, tempo, and the communication speed (O'Rourke, 2008). In addition, the elements in non-verbal communication consist of, kinesics, proxemics, haptic, paralinguistic, artifacts, logo and colors (Kalman, 2007). It also includes the physical appearance of the body of the communicator to the communicant, and vice versa (Umran, 2014). Centrality of communication with this directive type will have different result since the diverse backgrounds and different problems of the clients (Berman, 2006). It impacts on the client response to get preferential intervention and the different meaning to identify the disease and improve the client's participation.

With this communication type, it is expected that social workers can better understand the client condition to facilitate open and two-way communication. It is helpful in identifying the client's illness and improves the client participation in the search for appropriate HIV clinic and assists their participation in effort to life healthy (Andersen, 1999). Then another thing that makes this important is on how they can do a coping about the disease and the stress of

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stigmatization which potentially can aggravate the situation. The task of the social worker is to later identify whether the disease suffered by the client was indeed caused by a virus or bacteria, and write or improve the suggestion so that they can identify the way to improve the trust and credibility (Chambers, 2001). In this case the social worker must be able to facilitate the communication to get the proper intervention and accelerate the help from suitable clinics.

Symbolic interaksionalism

Herbert Blumer and George Herbert Mead was the first to define the term symbolic interactionism (2004). Blumer expressed on three main principles of symbolic interactionism, e.g., meaning, language, and mind. These three things will lead to a concept of 'self' person and socialization to 'community' larger community (Blumer, 1986).

The existence of non-verbal cues and verbal messages can be interpreted differently by each party. Therefore, each party must have mutual agreement to be involved in an interaction that they can agree. In this case are a social worker and a client to form symbols that have agreeable meaning (Ghidina, 1992). A person's behavior can be a symbol to others which result to different response. Through signaling of the symbols, then we can express feelings, thoughts, and intentions in order to read the response displayed by others. To do so, it has three basic ideas of symbolic interactions below.

1. Mind as the media of rethinking the concept. By using specific minds, we can intercept the meaning as the language and interact with others. It also help us to develop what we think and generate purposeful meaning. One of the important activities that person were completed through the thinking is taking the role, or the ability to symbolically put oneself in the other person's position.

2. Self is the media of personality to understand oneself from the other perspective. Through the eyes of others towards us, we will know more about our own personal and imagine how we can see others. Through self, we can be a person who has reflected other in agreeable interactions.

3. People as the actors and means of social interaction. People consist of a network of social interaction where members put meaning to their actions by using symbols. We can not communicate without shared meanings of the symbols to use together. Through a social network created these individuals creates an exchange of symbols and generate meaning.

Uncertainty Reduction Function

Spearheaded by Charles Berger and Richard Calabrese in 1975, their preliminary study explained how communication can reduce uncertainty among foreigners involved in the talks. The reduction of the uncertainty can be a way on how people can understand their social environment and learn more about themselves as well as others(Hogg, 2000). After the initial meaningful introduction, the meeting with a stranger appears an interest and getting more understand as the communication experience increased (McCroskey, 2015).

In association with the communication done by social workers, it can reduce uncertainty and to identify the client situation (Kadushin, 2014). However, since clients have various cultural backgrounds, then, the social worker must learn more to find different approach to establish effective interpersonal communication (Jones, 1973). This is important, when it has been established; the social worker must provide proper intervention to improve client's understanding and finally client participation (Compton, 1989).

dialog function

The core conception of dialogue is the utterance of meaning as a unit of spoken or written exchange between two people. A remark referring to the spoken unit of information in the context of an agreed process (Tannen, 2007). Speech contains a theme and contents which interlinked with the attitude and perception of the communicators on certain subject (Finn, 2005). This also involves some degree of responsiveness on the part of the intended person. Furthermore, communicators express an idea and make a judgment about the expressed idea, anticipating the response of the person concerned (Johannesen, 2008). Speakers not only anticipate the other person's perspective and customize their communications based on such utterance, but also opted to respond, assess and initiate continuous dialogue to other interlinked topic (Hurtig, 2008). Thus, dialog is a network of interactions with complex topics that can be understandable to the direction accepted by both parties. It means that discussion must always be directed to a topic that interwoven in the topics agreeable by both parties to get bigger meaning of something larger.

In relation with the interaction or communication made by the social worker, dialogue must be a two-way communication to bring the utterance from both parties (Ryan, 1995). Dialogue conducted by social workers can include verbal communication and non-verbal, it must have objectives to address the client needs and to help to improve the client participation (Payne, 2014). In addition, communication must be done in order to create closeness and feedback to helps social workers in identifying the client needs and then determine the appropriate intervention (Mullen, 2007).

Hypothesis

H_1	:	There is influence of verbal communication on client participation level.
H_2	:	There is influence of non-verbal communication on client level of participation
H_3	:	There is influence of verbal and non-verbal communication on client participation level.

Variables Operationalization

Variables Operationalization is an elaboration of dimensions as variables to measure the suitable indicators. Verbal and

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non-verbal communication dimensions can be defined conceptually as constructs in the following section.

a. Verbal communication

Verbal communication has conceptual definition as an exchange of information verbally through face-to-face meeting. Verbal communication is usually has more accurate and timely effect than non-verbal one. Words are the tools or symbols used to express ideas or feelings, evoke an emotional response, or outlines of objects, observation and memory.Operational Definition: Communication of social worker with clients that include such things as the following:

- Clarity and quick
- Ease of understanding of the word
- The meaning of the connotative and denotative
- Pause or a chance to speak
- Time and Relevance
- Humor

b. Non Verbal Communication

Conceptual Definition: Non-verbal communication is the transfer of messages without using words. Is the most convincing way to convey the message to others? Operational Definition: Cues or non-verbal messages used by social workers in their communication with the client, the coverage is as follows:

- Kinesics (sign language)
- Proxemics (distance)
- Paralinguistic (use of sounds in communication)
- Artifacts (use of analogy to certain things and objects around)
- Physical appearance of the body

The dependent variable is the variable that become the result after meet the independent variables. In this study, it used client participation level as the dependent variable. The physical appearance of the body is observed from the situation of the clients and how they perceived or displayed their health and psychic feeling. As the component of the variables, the dimensions are explained below.

a. Freshness

It has a conceptual definition as a person's ability to perform daily activities back to normal without feeling excessively tired, and still have reserve energy to enjoy their spare time and prepare for unexpected events and needs. From the operational definition, it explained how the client can perform activities of daily simple their selves such as eating and bathing.

b. Health

It has conceptual d definition as the state of being kind of body, soul and social practice to enable more people to live socially and economically productive.From operational definition, it has a direction that client began to feel the direct result of participation of both physical and psychological participation as the indicator of wellness such as reduced consumption of drugs and treatment and the activeness in the participation or interaction with the social workers including increased communication intense with the neighborhood.

Recovery

It has conceptual definition as the returns of something situation and condition so that it becomes like n original situation and condition.Recovery has operational definition as the client situation and condition to be able to resume daily activities and no longer burdened by the diseases that has happened to them, e.g., the outpatient from hospital or clinic, their return to go back to the normal activity and their recovering ability from either physical or psychological illness.

METHODOLOGY

In this study, researchers used a positivistic paradigm (Johnson, 2004). Within the framework of the philosophical positivism, human knowledge is considered significant if it can be achieved and proven through empirical observation senses (Kim, 2003). The implication is that any statement must come from scientific knowledge is deemed valid and obtained through rigorous scientific procedures positivistic (Pomeroy, 1993). It means that a methodology is needed as a process that relies on observations and experiments with empirical senses.

This process is so-called methodology. In this study, it is an explanatory. In addition, since it used multi variable (Bock, 1985). In addition, it will be tested whether there was relationship of verbal and non-verbal communication on the client participation level, and also on how much both variables related.

The population comes from the participated respondents of several social workers which affiliated with department of social in Jakarta and Bandung. According to the data in October 2015, the number of clients which actively seek information to department of social or related institution where social worker posted is 100 respondents consisted 50 from social workers and 50 from clients. They are randomly selected.

Measurement of the item validity was performed using SPSS software. For this process, it used Pearson Product Moment Correlation. Each item will be tested for their relation to get total score of the variables.

Result and discussion

Table 1 Multicollinearity Test Results

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Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	4.327	1.306		3.312	.001		
	Verbal Communication	1.063	.126	.859	8.035	.000	.111	9.040
	Non Verbal Communication	1.055	.089	.489	7.867	.005	.557	1.796

a. Dependent Variable: client participation

Source: Data processed by SPSS ver.16.00

Multicolinearity test results in Table 1 showed that the Verbal Communications (independent variable) has tolerance value 0.111 with VIF 9.040. Non Verbal communication (independent variable) has tolerance value 0.557 with VIF 1.796. From both tests it showed that the tolerance values of both variables are greater than 0.10 (tolerance> 0.10) and VIF of the four independent variables is less than 10 (VIF <10). It can thus be concluded that the regression model has no multikolinearity symptoms.

The multiple regression analysis is used to predict how fluctuations of the dependent variable toward the independent variables. This study used two independent variables e.g., verbal communication and non-verbal communication, while client participation level as dependent variable.

Table 2. Regression result of the variables

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.327	1.306		3.312	.001
	Verbal Communication	1.063	.126	.859	8.035	.000
	Non Verbal Communication	1.055	.089	.489	7.867	.005

a. Dependent Variable: client participation

Source: Data processed by SPSS ver.16.00

T test results as showed in table 2 explained about the simple linear regression concept as below.

H_1: There is influence of verbal communication on client participation level.

Based on the analysis results of simple linear regression, the verbal communication obtained regression coefficient 1.063 and t value 8.035 with 0.000 significance level.

In significance level 0.05, it obtained t table 0.677.This means t count is greater than t table, e.g., 8.035 is greater than 0.677, then Ho is rejected and Ha accepted. Thus, the first research hypothesis (H1) is accepted or proven. The directions which showed the positive regression coefficient means that verbal communication has a significant positive effect on client participation level. It means that verbal communication which done by social workers is important and influential in increasing the client participation.

H_2 : For the second hypothesis, it tested the influence of non-verbal communication and the relation to the client participation level.

The simple linear regression analysis result showed that the variable non-verbal communication obtained regression coefficient 1.055 and t count 7.867 with a significance level of 0.000.

In significance level 0.05, it obtained t table 0.677. This means that t count is greater than t table, e.g., 7.867 is greater than 0.677, then Ho is rejected and Ha is accepted. Thus, the second hypothesis (H2) can be accepted or proven. The positive directions of the regression coefficient have meaning that non-verbal communication has a significant positive effect on the client participation level. In other words, it can be concluded that non-verbal communication is important and influential in increasing client participation.

H_3 : Based on the testing results of the hypothesis with significance level 5%, it obtained F count 174 110 with significance level 0.000. In addition, F table gives numerator df (k-2) and denominator df (n-k) of F (2:98) as 3.09. Therefore, a Ho is rejected and Ha accepted. Thus, the third research hypothesis (H3) can be accepted or proven. It can be concluded that verbal communication and non-verbal communication simultaneously are important to give

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significant effect in increasing the client participation. This is logical since the more intense communication will lead client to get higher understanding and finally their client participation.

Furthermore, the effective communication of social workers in providing services also affects the client intention which not tested in this study. However, the social worker communication is also related to their attitude and behavior in providing services which also has impact to improve client participation. Conversely, when social workers attitude of is not good, then it can reduce the client participation.

In addition, some clients explained that facial expressions of social workers in increasing client participation are quite good, as they stated that their expressions in the communication is really natural with smile and tenderness.

The intonation of social workers and their voice also have a considerable impact on the meaning of the message they conveyed. It is logical since their personal emotions may directly affect the tone and voice perceived by the clients. The social workers have been perceived to be aware of his emotions while communicating with clients.

A positive image or a negative image that is perceived by the clients upon the form of verbal communication and nonverbal communication can be caused by the psychological situation faced by the social workers. They are supposed to be run in accordance with the norms or Standard Operating Procedures (SOPs) and ethics as set by the ministry of social.

Conclusion and suggestion

The analysis result above showed that verbal communication and nonverbal communication simultaneously impacted the client participation. In addition, it also improves the quality of public services, especially from their verbal and nonverbal communication. To do so, it needed to improve the training for social workers.

Client perceptions about verbal and nonverbal communication conducted by social workers in have been perceived as good level as showed from the analysis result. The indicators of each variables showed that the communication method has impact on higher participation especially through the social workers' expressions and tone of voice. The physical appearance of conduct also improves the easiness and chance to speak which improve the understanding of the words.

From the perspective of social workers, communication skill both verbal and nonverbal is important means to establish better communication between social workers with client. It implied that social workers must have competencies which improved through the social worker politeness polite and friendly muss be institutionalized as the standard attitudes or behavior and not being ignorant or indifferent in providing services. Facial expressions and tone of voice when providing services are the characteristics of professional social worker which must be nurtured and developed further.

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