

*Original Article***Obstacles in nurse-elderly patient relationship from the patients' point of view***Soheila Bakhtiari**, *Shahla Mohammadzadeh***, *Zahra Moshtaq******Abstract**

BACKGROUND: Elderly population is increasing worldwide. The elderly are hospitalized more and have a longer stay compared to patients of all ages. Nurse-elderly patient relationship has a key role in improving nursing care and increasing patient's satisfaction of health care system.

METHODS: This was a cross-sectional study conducted from June to August 2005. The sample consisted of 110 elderly patients hospitalized in the internal surgical wards of Isfahan University of Medical Sciences, selected by convenience sampling method. Data were collected by interviewing patients based on a structured questionnaire including questions about obstacles related to nurses, the elderly patients, and environment and working conditions.

RESULTS: There were 63 (57.3%) males and 47 (42.7%) females with the mean age of 69 years. From the elderly patients' point of view, the main obstacle related to nurses was that of their disrespect towards the elderly patients (98.2%), the main obstacle related to the elderly patients was that of their diseases and medicine side-effects affecting their talking (76.4%), and the main obstacle related to environment and working conditions was that of crowded wards and rooms (70%).

CONCLUSION: There are important obstacles in nurse-elderly patient relationship. It is necessary to include aging process and its related changes as well as relationship with elderly patient in nursing curricula. Also, nursing staffs should receive in-service education regarding relationship with the elderly patients.

KEY WORDS: Elderly, older people, nursing, nurse-patient relationship, communication skills.

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One of the 21st century achievements is the increase of lifespan and the elderly population. About one million people in the world reach the age of 60 every month. It is predicted that in 2050 more than 21 percent of the world population will be the elderly, and the young population will reduce from 33 to 20 percent.¹ About 50 to 80 percent of patients hospitalized in internal surgical wards are over 65 years old.² The elderly not only are hospitalized more but also have a generally longer stay, with an average of 7.3 days compared to 4.5 days for patients of all ages.³ Hospitalization is often a terrible experience for the elderly patients since the hospital environment and routine is far different from what they are used to.⁴

During the hospitalization, there are some health care personnel and nurses who spend much time with the patients and therefore have the opportunity to help them with the high quality care and also preventing complications.^{3,5}

Communication is an inevitable part of nursing care not only with the elderly but with all patients. Effective communication is one of the most important nursing skills. It is lamentable that some of the health care team members do not know how to make an effective relationship with the elderly patients and do not devote any time for this necessity.⁶ Relationship with the elderly patients needs special considerations.^{7,8} At the onset of a relationship, each of us bring

* MSc, Department of Medical Surgical Nursing, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

** MSc, Department of Medical Surgical Nursing, School of Nursing and Midwifery, Tehran Azad University of Medical Sciences, Tehran, Iran.

*** MSc, Department of Medical Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

Correspondence to: Soheila Bakhtiari MSc.

E-mail: bakhtiari@nm.mui.ac.ir

with our own ideas, values, concepts, and world view.⁹ This fact should be kept in mind in caring for the elderly patients. Changes related to sensory system can affect the quality of communication.^{10,11} Disability to make a relationship leads to disappointment and agitation and cause depression and social isolation, of which the elderly are at a higher risk.¹² Nurse-patient relationships are ideally towards decreasing stress in patient and her/his family and making them capable of self-care.¹³ Lack of communication and ineffective relationship often create problems in health care system, threatens professional credibility, and impose extra expenses on the patient and health care system.⁸ Effective communication between nurse and elderly patient is an important factor into patient's satisfaction, successful treatment, and patient's acceptance of health care and treatment process which in turn increase the credibility of nursing profession in the society as well as nurses' job satisfaction. Evidence has showed that there are important obstacles in nurse-elderly patient relationships.^{14,15} Therefore, it is necessary to consider elderly patients' attitudes towards the obstacles in their relationships with nurses.

The aim of this study was to identify the elderly patients' point of view towards the obstacles in their relationships with nurses in three categories: nurses related, the elderly patients related, and those related to environment and working conditions.

Methods

A descriptive cross-sectional study was carried out at six university hospitals in Isfahan (Iran) from June to August 2005. The study population included the elderly patients hospitalized in the internal surgical wards of the six university hospitals of Isfahan University of Medical Sciences in 2005. The sample consisted of 110 patients aged 60 years old or over who were willing to participate in the study, selected by convenience sampling method. Data were collected by interviewing the patients based on a questionnaire structured by the researchers. The questionnaire included four sections; first sec-

tion included demographic characteristics of the patients and other three sections included questions on communication obstacles related to nurses (28 questions), patients (10 questions), and environment and working conditions (9 questions).⁷ To make answering easy for the elderly patients, the questionnaire was designed with yes/no questions. To assess the content validity, the questionnaire was sent to lecturers of the Nursing and Midwifery School and was edited according to their comments. To assess the reliability with test-retest method, 10 elderly patients filled out the questionnaire with one week interval. The correlation between the two measurements was 0.85 which was acceptable.¹⁶ The data from these 10 elderly patients was not included in the study. This study was approved by the ethics committee of the Tehran University of Medical Sciences. Patients were informed about the purpose of the study and informed consent was obtained verbally from all patients. Participation was entirely voluntary and the decision to participate or not to had no impact on the care of the patient. Data were analyzed using SPSS software (version 11.5) and descriptive statistical methods (frequency distribution, percentage, and mean) and bi-nominal test.

Results

There were 63 (57.3%) males and 47 (42.7%) females with the mean age of 69 years. Sixty patients (54.5%) were illiterate and 9 (8.2%) had some high school education. Ninety five patients (86.4%) had a history of hospitalization and 59 (53.6%) were hospitalized once or twice. Also, 46 patients (41.8%) had some vision and 22 (20%) had some hearing problems. Using binominal test, items with significantly more "Yes" responses were considered as obstacles. The relationship obstacles related to nurses, the elderly patients, and environment and working conditions from the elderly patients' point of view are shown in table 1, 2, and 3 respectively. Items with no significant difference between "Yes" and "No" responses and items with significantly more "No" responses are also presented at the end of each table.

Table 1. The relationship obstacles related to nurses

	Percentage of agreement
Nurses' disrespect towards the elderly patients	98.2%
Not responding to the patients' questions	93.6%
Cold shouldering the patient	92.7%
Not listening to the patient carefully	91.8%
Guarding against patients' criticism	88.2%
Neglecting patient's vision or hearing problems	87.3%
Talking too fast and quick	84.5%
Nurses being tired	84.5%
Ignoring the patients' feelings	80.9%
Being busy with the ward's routine works	80%
Talking to the patient from a far distance	79.1%
Talking without eye contact	76.4%
Not explaining medical treatment interventions to the patients	73.6%
Not introducing themselves to the patient	72.7%
Not seeking permission from patients for medical treatment interventions	71.8%
Using medical terms which are not familiar for the patient	69.1%
Postponing talking to the patient to a time suitable according to themselves	68.2%
Calling the patient with first name	65.5%
Ignoring the patients' anxiety	65.5%
Having a language or dialect different from that of the patient	61.8%
Having too formal and restrict behavior	61.8%
Items with no significant difference or with significantly more no response	
Significant difference between nurse and patient age	58.2%
Difference between nurse and patient in educational level	54.5%
Talking to patients in standing position	47.3%
Judging the patients behaviors	42.7%
Not being continuously on patient bedside	37.3%
Providing patients with advice and suggestions for their decision making	22.7%
Having behavior in an intimate way	10%

Table 2. The relationship obstacles related to the elderly patients

	Percentage of agreement
The influence of diseases and drug side-effects on the way of talking	76.4%
Terseness and unwilling to talk	75.5%
Depression, fear, and/or anxiety	73.6%
Forgetfulness and lack of memory	70.9%
Physical problems such as pain	70%
Isolation and seclusion	64.5%
Items with no significant difference or with significantly more no response	
Acoustic and visual deficit	59.1%
Impatience and intolerance	55.5%
Delay in answering the questions	47.3%
Tardy motion	28.2%

Table 3. The relationship obstacles related to environment and working conditions

	Percentage of agreement
Crowded wards and rooms	70%
Having very sick patients in the ward	66.4%
Small wards and rooms	62.7%
Heavy work load of the nurses	60%
Items with no significant difference or with significantly more no response	
Not well designed ward (not having easy to use phone system)	59.1%
Nurses in lack of time	56.4%
Cold or hot weather	50
Not adequate light in rooms and wards	43.6%
Communication with other staffs of medical caring system	26.4%

Discussion

The findings of the present study revealed some important points:

a) From the elderly patients' point of view, the obstacles in relationship with nurses that are related to the nurses can be categorized in five groups, 1. physical obstacles such as tiredness of the nurse (84.5%), 2. nurse's lack of communication skills such as not listening carefully to the patient (91.8%), 3. lack of knowledge and information such as not responding to the patient's questions (93.6%), 4. negative attitude of nurses towards aging and the elderly patients such as disrespecting their age (98.2%), and 5. cultural obstacles such as having a language or dialect different from that of the patient (61.8%).

According to these findings, the main obstacle related to the nurse from the elderly patients' point of view was that of nurses' disrespect to the elderly (98.2%). Indeed, aging increases the expectations from the people around, and the elderly expects a high respect. The nurses are significantly younger than elderly patients and it sounds that nurses have not been able to make a relationship with the elderly based on the respect and polite behavior they expect. This can be due to the nurses' negative attitude towards aging. McLafferty and Morrison¹⁷ showed that the nurses' attitude towards working with elderly is rather negative. They also found that those who had little experience in elderly care, those under 25 years old, and men (compared with women) had less positive attitudes towards the elderly. McCabe's study¹⁸ on the patients' experiences of nurse-patient communication in Ireland defined four major notions: lack of communication, attending, empathy, and friendly nursing accompanying with a sense of humor. In contrast to the literatures which suggest that nurses are not good at communicating with patients the findings of this study indicated that nurses can communicate well with patients when they use a patient-centered approach.

b) The second group of obstacles from the elderly point of view was related to themselves and the main obstacle was the influence of diseases and drug side-effects on the way of talk-

ing (76.4%). Indeed, physical and psychological illnesses as well as natural changes of aging process affect the nurse-elderly relationships. Alavi¹⁹ in a qualitative study showed that the psychological situation and characteristics and also the social and economic status of the patients are among the obstacles in nurse-elderly patient relationships. Cegala et al²⁰ studied how educating patients about communication skills affects their acceptance of medical advices. Results showed that the patients in the first group, who received educational booklet along with instructions 2-3 days before visiting a doctor, accepted all the medical advices in comparison to the patients in the third group, who received no instruction. Also, they accepted medical advices more than the patients of the second group who received and read a brief pamphlet containing the key points of the educational booklet while in the waiting room to visit the doctor. In addition, patients with higher education accepted medical advices more. But there was no significant relationship between race, sex, age, or severity of disease with acceptance of medical advices.

c) The third group of obstacles from the elderly patient's point of view was related to the nurses' working conditions and environment. These obstacles can be categorized in two groups: obstacles related to environment such as crowded wards and rooms (70%), and obstacles related to the working conditions such as having very sick patients in the ward (66.4%) and having heavy work load (60%). The main obstacle related to the nurses' working conditions and environment was that of crowded wards and rooms (70%). In the educational hospitals, the high number of medical and nursing students in the wards can turn to an obstacle in nurse-patient relationship. Alavi¹⁹ found that some factors such as crowded and noisy wards, lack of time, stress, and work load pressure are important obstacles in nurse-elderly patient relationships. Another study by Lyytinen et al²¹ determined the kind of care older patients receive in hospital during the first 72 hours after admission. The results showed that the patients' arrival on the ward consisted

of routine procedures and periods of waiting. The patients' daily schedule was determined by the ward's routines. They had very little control or influence over their own care and limited privacy. Interaction between the patient and personnel was minimal and lasted for only short periods of time.

There are some limitations to the present study and suggestions for future researches. In the present study, we reported obstacles in nurse-elderly patient relationship from the elderly patients' point of view. Park and Song¹⁵ studied the differences between nurses and elderly patients' understandings of their relationship obstacles. Results showed that even though there was no significant difference between their understandings of the obstacles, each side highlighted obstacles related to the other, but both gave the same scores to the obstacles related to working conditions and environment. To reach an effective nurse-patient communication we should consider both patients' and nurses' attitudes towards the relationship obstacles. Although our study was a multicenter, it was done only in one city that according to cultural, educational, and socioeconomic differences may affect the results. Also, communication patterns may be different in various care settings and further studies in nursing homes are warranted.²²

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Conclusion

According to the findings of this study, there are important obstacles in nurse-elderly patient relationship which could be addressed in three groups: related to nurses, to patients, and to the setting in which nursing care takes place. It seems necessary to include a course on aging process and its related changes as well as skills of relationship with the elderly patients in the nursing education curricula to improve the knowledge and attitude of nursing students towards the elderly patients. Also, the hospital administrators should highly take into consideration the working environment and conditions of the clinical nurses. The communication skills to make an effective relationship with elderly patients should be included in the in-service education of the nursing personnel and nurses' knowledge and practice of these skills should be evaluated continuously.

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