

Original Article**Nurses' attitudes toward the obstacles in their relationships with elderly patients***Soheila Bakhtiari**, *Shahla Mohammad zadeh***, *Zahra Moshtagh******Abstract**

Background: The rapid pace of elderly population growth and higher hospitalization of them has raised the need for an efficient relation between the nurses and elderly patients to promote their health. As there are some obstacles in nurses' relation with elderly patients, this study was implemented to clear nurses' viewpoints in order to familiar them how to remove these barriers. The present study has been conducted to find out nurses' attitude toward obstacles in nurse-elderly relations.

Methods: It was a descriptive study. The studied population was comprised of all nurses working in medical surgical wards of Isfahan Medical University hospitals. The 110 subjects were selected by simple random sampling. Data were collected by a questionnaire consisting of four sections and totally 54 closed questions. The data was analyzed descriptively and by binomial test through SPSS software.

Results: The most frequent cited nurse related obstacle was tiredness (89.8%) while the most frequent cited elder's +related obstacles (from nurses' viewpoints) was forgetfulness (92.6%). The most frequent cited institutional obstacle was the existence of critical patients in the ward (97.2%).

Conclusion: The related authorities should have a deeper look at nurses' working condition and try to amend environmental obstacles in their work place. Educational courses on aging related changes and also on nurse-elderly relations should be held for nursing students as well as working nurses.

Key words: Nurses, elderly patients, relation obstacles.

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As stated by American Nurses Association; professional nursing practice is sharing responsibility for the health and welfare of community and participating in programs design to prevent illness and maintain health (1). Nurses are responsible for taking care of hospitalized elderly patients. An efficient relationship with the elderly patients is one of the most important issues in nursing intervention (2). The elderly patients are included in human life spectrum with an increasing number (3). About 50-80% of the clients hospitalized in medical/surgical wards are more than 65 years old (4).

The elders not only are hospitalized more but also have a longer stay (average of 7.3 days

compared to 4.5 days for other age groups) (5). A functional relationship with elders is an essential component of patients' satisfaction. If the relationship is dysfunctional, the social process of the elders will impair and thus their cooperation decrease. This is a possible factor in nurses' stress (6). Relationship with elders needs particular care (7). Wold explained that the first contacts of a relationship will determine one's ideas, values, concepts and worldview; this fact should be kept in mind in caring for elders. Relationships even among those with similar backgrounds and ages are not easy, let alone the interpersonal factors involving differences (8). On the one hand, lack of time and privacy, as well as cultural differ-

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ences, physical and mental disabilities, can all act as obstacles in relationships (9). On the other hand, the changes related to sensory system may affect on elders communication skills (10). Elders face discrimination and disrespect, which may create a defensive wall to protect themselves against disturbing viewpoints. Nurses should remove this wall with honesty and friendliness (11). Lyytinen et al showed that nurses are often too busy with their routine work to have anything more than a limited interaction with elders (12). Choowattanapakorn et al indicated that nurses frequently avoid answering questions of elders and their families and believe that talking with patients is just a way for passage of time (13). Alavis' qualitative research suggested two domains for this dysfunctional relationship and its affecting factors (14). As the rapid rate of elder's growth result in more frequent hospitalization, promotion of their health and the necessity of efficient relation of nurses need particular attention. In this case, special notice to nurses' attitudes regarding the existing obstacles in their relation with elderly patients seems essential. The present study has tried to ascertain nurses' attitudes toward the obstacles in their relationships with elders. The minor goal of this study was to define nurses' viewpoints regarding relationship obstacles.

Methods

This was a descriptive cross-sectional study. The studied population was consisted of all nurses working in medical-surgical wards of Isfahan University of Medical Sciences. 110 subjects were selected by simple random sampling. The inclusion criteria were as following; working with elderly patients in medical/surgical wards, having a bachelor's degree in nursing, having at least one year work experience, and being interested to participate in the study.

This study was conducted in medical/surgical wards of Isfahan University of Medical Sciences in 2005. Data was collected by a researcher using a questionnaire consisted of four sections. The first section contained ques-

tions about demographic characteristics of the subjects such as age, sex, marital status, type and number of working shifts as well as clinical work experience. The second section included 30 questions about nurse related obstacles. The third section contained 11 questions about elder's related obstacles and the fourth section had 13 questions about institutional related obstacles. The questions were yes/no questions. Validity and reliability of the questionnaire were calculated using Content validity and test re-test respectively. As the obtained results had a difference of less than 10%, the reliability of the data collecting tool was approved ($r=0.8$). Those subjects attending test re-test were left out of the study (10 subjects). Descriptive statistics and binomial test were used to analyze the data through SPSS.

Results

The findings showed that 63.6% (70/110) of the subjects were between 30 and 40 years old. 88.1% (98/110) were female and 72.2% (80/110) were married subjects. 50% (55/110) of the subjects were working in changing shifts while 75.9% (83/110) working just in one fixed shift. 70% (77/110) had clinical work experience of more than 10 years.

Based on the findings, from the nurse's point of view, nurse related obstacles in their relationships with elderly patients are shown in table 1. The binomial test showed a significant difference between answers on above questions with a higher percentage of positive answers compared to negative ($p \leq 0.05$). So, the nurses indicated the above issues as obstacles in their relation with elders.

The findings also showed that from the viewpoint of nurses, elders related obstacles in elderly-nurse relationship were ranked as shown in table 2.

Table 1. Nurse related obstacles in the nurse-elderly patient relationships

obstacles	%	obstacles	%
tiredness	89.8	caring affairs	78.7
short and quick talk	88.9	ignoring patients' feelings	77.8

talking far from the patients	88	guarding against patients' criticism	77.8
talking without eye contact	87	not asking patients' permission for medical procedures	75.9
nurse's indifference	87	having a different language or dialect from the patients	75
ignoring elder's hearing	87	being busy with the wards routine work	70.4
visual problems	87	having too formal and restrict behavior	66.7
using medical terms	86.1	ignoring the patients' anxiety	65.7
not answering to the patients' questions	84.3	interrupting the patients and making them anxious and uncomfortable with talking	63.9
not respecting elders	83.3	asking ambiguous questions	61.1
not listening to the patients carefully	80.6	judging patients' behavior	61.1
not explaining about medical treatment	78.7	talking to the patients while not in a relaxed sitting position	39.8

The binomial test results showed a significant difference between the percentages of yes/no responses in above issues with a higher percentage of positive answers compared to negative ($p < 0.05$). So, the nurses mentioned the above issues as the obstacles in their relation with the elderly.

Table 2. Elder related obstacles in the nurse-elderly patient relationships

obstacles	%	obstacles	%
forgetfulness	92.6	disease and drug side effects affecting patients' talking	80.6
hearing and visual disorders	89.8	intolerance and impatience	79.6
silence and social isolation	87	pretending to understand everything to defend accusation of stupidity or ignorance	79.6
depression	86.1	pain	78.7
fear and anxiety	86.1	taciturnity or having no desire to speak	75

Findings showed that the institutional related obstacles from nurses' point of view included working condition related parameters as shown in table 3.

Table 3. Instruction related obstacles in the nurse-elderly patient relationships

obstacles	%	obstacles	%
existence of critical patients in the ward	97.2	no motivation for creating a good relationship	76.9
crowded patients' rooms	93.5	insufficient rooms in the ward	76.9
shortage of time	93.5	inappropriate relation with managers and authorities	71.3
work overload	91.7	inappropriate design of the ward	71.3
working in more than one shift	88	insufficient light in work place	60.2
no promotion for a good work	77.8		

The binomial test showed a significant difference between the percentages of yes/no responses in above issues and positive answers compared to negative ones were higher ($p < 0.05$). So, the nurses indicated the above obstacles in the way of their relationships with elders.

Discussion

This study focused on the nurses' viewpoints on different obstacles in their relationships with the elderly patients. The nurse related obstacles, according to the findings, can be classified in five categories: Physical obstacles, lack of communication skills, lack of knowledge and information, negative attitude toward aging and the elderly and cultural obstacles. The results showed that nurses' tiredness (89.8%) had the highest percentage among nurse related obstacles from their viewpoints.

Park reported that the most important nurse-related obstacles from their viewpoint were being too busy, having to solving several problems at the same time, talking quickly, using long sentences with no clear message and ignoring listening to the problems of the elders (15). Alavi showed that lack of communication skills among nurses plays a major role in the blockage of their relationship with the elders. Language, as an influencing factor, is another dimension decreasing the sweetness of nurse - patient experience (14). Lafferty et al defined that nurses' attitude toward caring of elders is somewhat negative. Less experienced people in care of the elders, those less than 25 years as

well as male nurses have less pleasant feelings toward the elders (16). McCabe in Ireland found that nurses did not pass enough information to the patients and were worried about their own routine works rather than talking to the patients (17). Since nurse related obstacles can block their relations with the elders, solving these problems is essential.

According to the findings, the most frequent cited elder's related obstacle from the viewpoint of nurses was forgetfulness (92.6%). Park showed that the most important elder's related obstacles expressed by nurses included hearing problem, not speaking clearly, having bad feeling, being forgetful and tired (15). Aging changes cause disturbances in the elder's communication skills. Visual and hearing changes due to aging often increase the obstacles (18). Most of the communication problems that nurses experience during relationship with elders are due to social discrimination, negative attitude and lack of information and understanding about aging changes and its effect on the elders (19). Therefore, nurses should consider the elderly patients as unique persons and try to encourage them to use their hearing aid and glasses appropriately. They also should become familiar with different strategies to communicate with them.

The most frequently institutional related obstacles mentioned by nurses were existence of critical patients in the ward (97.2%) and lack of

time (93.5%). Pasco et al reported that work overload did not leave any time for nurses to speak with patients, and it results in a not well-developed nurse-patient relation (20). McQueen showed that non supportive working environment, overload of work in the ward and shortage of time were the major factors leaving the nurses far from patients' beds. This latter issue together with nurses' own problems makes it difficult for the nurse to have an efficient relation with the patients. This necessitates a supportive environment with needed resources for the nurses to devote their time and emotional energy to play this important aspect of their role appropriately (21). Considering the findings, it is obvious that ignoring nurses' professional problems directly affects their caring process for the patients. Therefore, related authorities should have a deeper look at nurses' environmental and working condition and make necessary plans to decrease the institutional obstacles in nurse-patient relations. Information on aging process and its related changes as well as nurse - elderly relations skills should be particularly considered in nursing curriculum, in order to promote nursing students' attitude and knowledge about the elders. Nurses should learn the necessary communication skills in this regard, both in college courses and in-service education.

References

1. Taylor C, Lillis C, LeMone P, Lynn P. *Fundamentals of nursing: The nursing concepts*. Trans. Scientific group of nursing faculty of Shahid Beheshti University. 4th ed. Tehran: Boshra & Tohfe publication; 2003.
2. Mohr WK, Mohr W, Johnson BS, editor. *Johnson's psychiatric-mental health nursing: Adaptation and growth*. 5th ed. Philadelphia: Lippincott Williams & Wilkins; 2002.
3. Miller CA. *Nursing for Wellness in Older Adults: Theory and Practice*. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2003.
4. Ignatavicius DD, Workman ML. *Medical-Surgical Nursing: Critical Thinking for Collaborative Care*. 4th ed. Philadelphia: Saunders; 2003.
5. Chang E, Chenoweth L, Hancock K. *Nursing needs of hospitalized older adults. Consumer and nurse perceptions*. *J Gerontol Nurs* 2003; 29(9):32-41.
6. Choowattanapakorn T, Nay R, Fetherstonhaugh D. *Nursing older people in Thailand: Embryonic holistic rhetoric and the biomedical reality of practice*. *Geriatr Nurs* 2004; 25(1):17-23.
7. Potter PA, Perry AG. *Basic Nursing: Essentials for Practice*. 5th ed. Mosby; 2003.
8. Wold G. *Elderly nursing*. Trans. Abedi HA, Shahriyari M, Alimohammadi N, Yousefi H. Isfahan: Oruj publication-Isfahan University of Medical Sciences; 2002.
9. Rogers J. *Caring for people: Help at the frontline*. Trans. Keshvadi L. 1st ed. Tehran: Gostarde publication; 2001.

10. Maas ML, Buckwalter KC, Hardy MD, Tripp-Reimer T, Titler MG, Specht JP. *Nursing care of older adults: Diagnoses, outcomes, and interventions*. C.V. Mosby; 2001.
11. Roach SS. *Introductory gerontological nursing*. 1st ed. Lippincott Williams & Wilkins; 2000.
12. McLafferty I, Morrison F. *Attitudes towards hospitalized older adults*. *J Adv Nurs* 2004; 47(4):446-53.
13. Lyytinen H, Liippo T, Routasalo P, Arve S. *Older patients' first 72 hours in hospital*. *Int J Nurs Pract* 2002; 8(4):191-7.
14. Alavi M. *Experiences of nurse-elderly relation in hospital wards*. Nursing MSc thesis. Isfahan University of medical sciences, School of nursing and midwifery. 2005.
15. McCabe C. *Nurse-patient communication: an exploration of patients' experiences*. *J Clin Nurs* 2004; 13(1):41-9.
16. Park EK, Song M. *Communication barriers perceived by older patients and nurses*. *Int J Nurs Stud* 2005; 42(2):159-66.
17. Pasco AC, Morse JM, Olson JK. *The cross-cultural relationships between nurses and Filipino Canadian patients*. *J Nurs Scholarsh* 2004; 36(3):239-46.
18. Craven RF, Hirnle CJ. *Study guide to accompany fundamentals of nursing: Human health and function*. 4th ed. Lippincott Williams & Wilkins; 2002.
19. Arnold EC, Boggs KU. *Interpersonal Relationships: Professional Communication Skills for Nurses (Interpersonal Relationships)*. 4th ed. Saunders; 2002.
20. Worsowicz GM, Stewart DG, Phillips EM, Cifu DX. *Geriatric rehabilitation. 1. Social and economic implications of aging*. *Arch Phys Med Rehabil* 2004; 85(7 Suppl 3):S3-S6.
21. McQueen A. *Nurse-patient relationships and partnership in hospital care*. *J Clin Nurs* 2000; 9(5):723-31.