

Communication of Healthcare Professionals with Geriatric Patients

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Abstract

Background: In their daily professional activity, the nurses constantly communicate with the patients, their relatives and with the members of the medical team. The ability to communicate is fundamental in medical specialist's work. For the development of individual, effective plan for medical care and education, the nurse can rely entirely on her communication skills. Caring for geriatric patients also require professional competence and specific communication skills.

Purpose: To investigate and analyze the level of communication between the nurse and the patient, as well as his relatives, during the hospitalization. Respondents through an anonymous survey of 392 patients aged over 65 received treatment in surgery, internal and emergency department of the Hospital "St. Panteleimon", Hospital "Plovdiv"-Plovdiv, University Hospital "Caspela"-Plovdiv, University Hospital "Trimontsium"-Plovdiv, University Hospital "Eurohospital"-Plovdiv, University Hospital "Pulmed"-Plovdiv.

Results and conclusion: Analysis of the results shows that nurses are able to communicate with patients and no problems during the communication occurred. Disturbing is the fact that not a small percentage of the health professionals do not communicate with the relatives of patients. The respondents placed first as the main reason for disturbances in the relationship between them and the medical staff-the specific age of the patients (51.8%).

Keywords: Geriatric patients; Health professionals; Communication

Introduction

The nursing profession is a specific activity that requires certain communication skills. The path to a good relationship with the patients begins with the formation of positive relationships, which is achieved through the skills for professional communication and interaction. Through interpersonal interaction, the nurse is best able to respond to the patient's needs. The awareness of the modern patient requires not only a good quality and efficiency of the medical service, but also a professional attitude and communication with them and their relatives, which guarantees for his satisfaction [1,2].

For the development of individual, effective plan for medical care and education the nurse can rely entirely on her communication skills [3].

Caring for geriatric patients also require professional competence and specific communication skills [4]. A considerable part of them have the need of more attention and time to digest an information. Absorption and application of communication skills with an adult are a significant factor for understanding and proper evaluation of his condition [5].

Purpose

To investigate and analyze the level of communication between the nurse, the patient and his relatives during the hospitalization.

Materials and Methods

Design: By its nature, the monitoring is retrospective anamnestic.

Settings and subject: The patient survey included 392 people over the age of 65 years, admitted for inpatient treatment. The studied compartments are surgical, internal, and emergency department of Hospital "St. Panteleimon", Hospital "Plovdiv"-Plovdiv, University Hospital "Caspela"-Plovdiv, University Hospital "Trimontsium"-Plovdiv, University Hospital "Eurohospital"-Plovdiv, University Hospital "Pulmed"-Plovdiv [6,7].

Data were obtained for the period from April 2014 to January 2016. The interview method was chosen, taking into account the specifics of the contingent. It allows involvement of observation, which in turn provides greater accuracy and completeness of the received primary information. The anonymous individual survey investigated: the socio-demographic characteristics of the contingent and the opinion of the elderly patients regarding the communication of the healthcare professionals with them and their relatives. The study was conducted on the basis of the written consent of the managers of the mentioned hospitals.

Statistical Analysis

Statistical evaluation was performed by descriptive statistics to describe the results. The results are represented by an arithmetic mean and a standard error (mean and Std Error). The data was processed through SPSS statistical software package ver.16.0.

Results

The patients are divided into three age groups, with the largest share occupying 65 to 70 years (Figure 1). No significant difference in sex distribution of $P > 0.05$ was found. Women are 56.7% and males 43.3% (Table 1).

In our study, the largest proportion is of patients with high school education-47.6%, followed by patients with university degree 19.7% (Figure 2).

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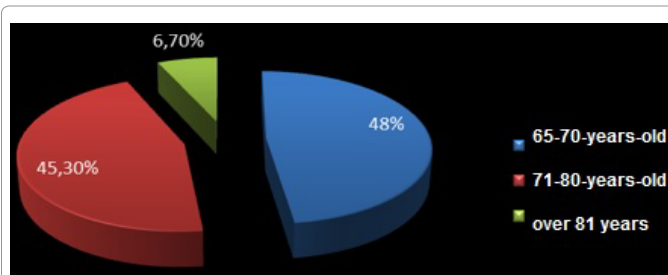


Figure 1: Distribution of patients by age.

			Sex		Total
			Male	Female	
Age_k	65-70	Count % within age_k	57 46.70%	65 53.30%	122 100.00%
	71-80	Count % within age_k	48 41.70%	67 58.30%	115 100.00%
	81+	Count % within age_k	5 29.40%	12 70.60%	17 100.00%
Total		Count % within age_k	110 43.30%	144 56.70%	254 100.00%

Table 1: Distribution of patients by sex.

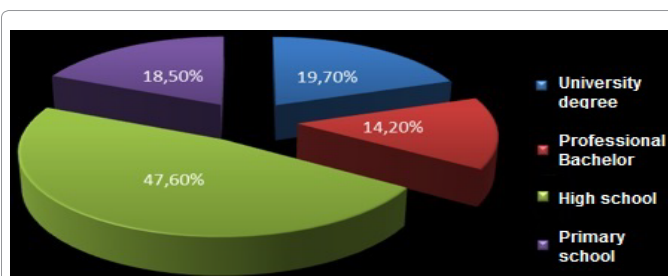


Figure 2: Distribution of patients by education.

The analysis of the data shows that urban patients predominate 67.7%, compared to the patients from the villages-32.3% (Figure 3).

In terms of marital status, the group of married patients is the most numerous 53.1%, followed by a majority of widowed 35.8% (Figure 4).

The majority of surveyed patients within the study are of Bulgarian origin 79.9%, followed fairly closely patients of Turkish origin 13.4% (Figure 5).

We, and a number of other international authors believe that all these conditions have a significant impact and are the basis for the patient's opinion on communicating with the nurse.

It is enough clear from the results that the majority of surveyed patients believe that nurses are able to communicate (83.1%). "Not always" able to communicate responded 15.8% of the respondents. Only three of the respondents answered that nurses are not able to communicate (Figure 6).

To the question: Have you had problems communicating with nurses?

The majority of patients (80.3%) had no problems in communicating with nurses. Slight majority of respondents [4.7%] had problems communicating, and 15% indicated 'only sometimes' (Figure 7).

Given that the communication with geriatric patients is one of the main barriers to healthcare professionals, we wanted to investigate whether nurses communicate with their relatives, because they are the main source from which we can obtain information about the patient's condition.

In-depth analysis shows that there is a strong correlation between the place of residence and problems in the communication with nurse $P < 0.05$ ($\chi^2 = 10.24$). Comparing the obtained data, it came out that patients from villages occurred more problems in communicating with nurses-23.2%, compared to respondents from the city-16.2% (Figure 8).

Data from the surveyed patients indicate that half (52.8%) of them communicate with their relatives after them are the nurses who sometimes communicate (21.7%). 1/5 claims that they do not communicate (20.5%) (Figure 9).

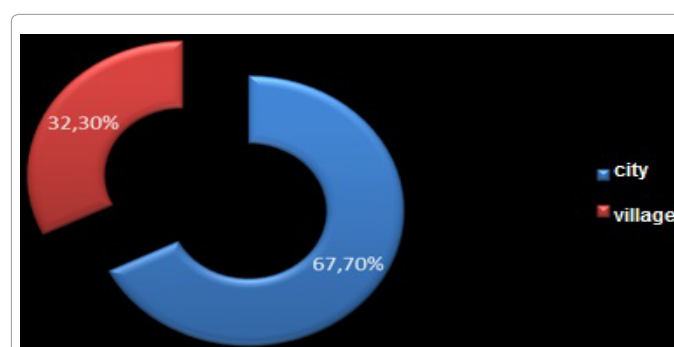


Figure 3: Distribution by place of residence.

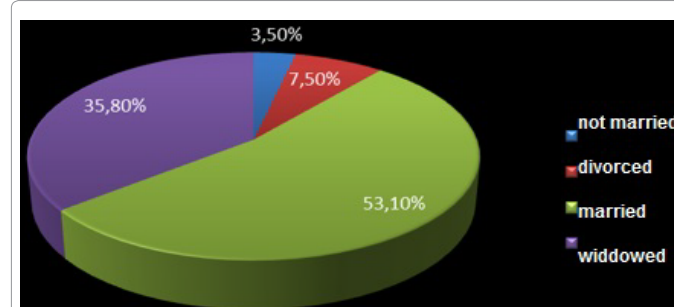


Figure 4: Distribution of patients by marital status.

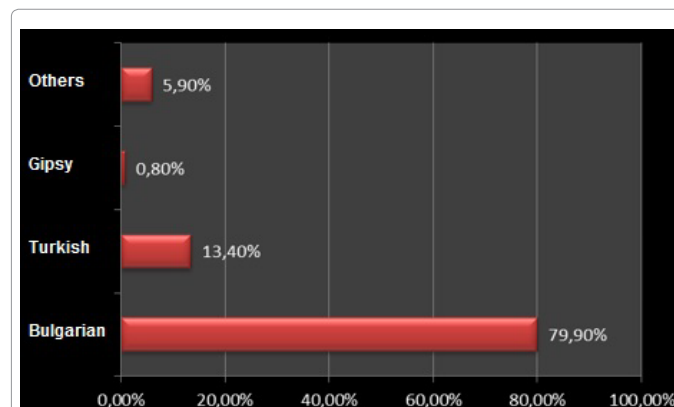


Figure 5: Distribution of patients by ethnicity.

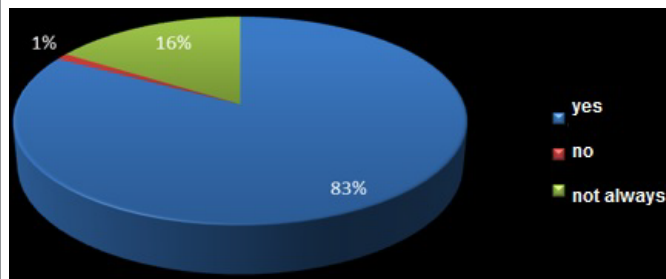


Figure 6: Nurses ability to communicate according to the patients.

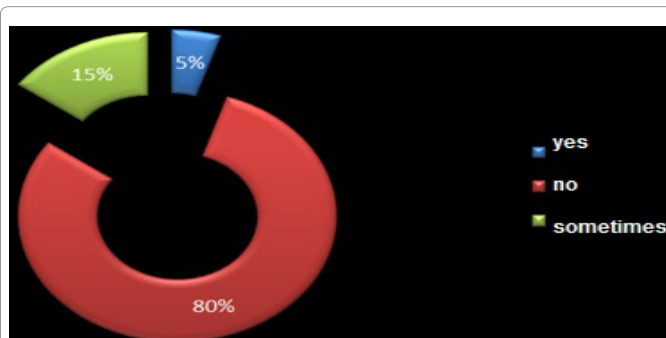


Figure 7: Problems in communication with the nurses according to the patients.

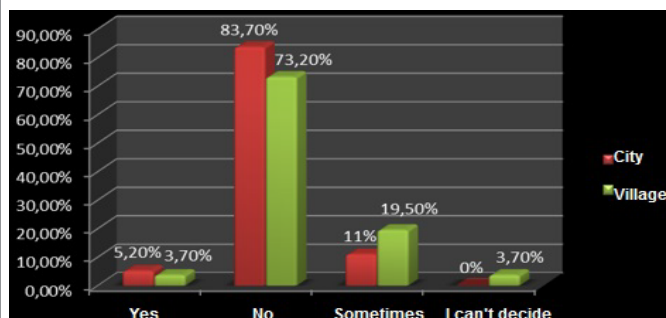


Figure 8: Correlation between problems in communication with the nurse and residence.

In order to clarify the reasons for this situation, patients were asked questions and were given the opportunity to appoint more than one answer: Who do you think are the reasons for the lack of good communication with medical staff?

The patients put first the age-specific characteristics of the patient 51.8%, second place is for the logistical 40.9%. All this is followed by the personal qualities of the nurse 36.2% and last but not least they put education 24.4% (Figure 10).

Discussion

Establishing an effective relationship between the nurse and the patient requires knowledge of human behavior as well as the availability of knowledge and skills for conducting conversation and effective listening [8-10].

The analysis of the results we obtained shows that the majority of patients surveyed think that the nurses are able to communicate with hospitalized geriatric patients.

In nursing practice, communicating with the patient should be based on a number of modern nursing concepts, as well as pedagogical principles, to meet patients' needs and to speak of quality of prenatal care [11,12].

The therapeutic communication between healthcare professionals and patients could be influenced by a number of conditions that would impede its effectiveness. In our opinion, some of the reasons for the communication difficulties that have arisen are: the insufficient number of nurses in certain wards, the use of specific nursing terms by the nurses, and last but not least, the short stay of the patients in the hospitals according to the duration of the clinical path. The results obtained by us are similar to other similar studies [5,10,11].

According to Dimitrova and Stambolova [11], communication is not only a matter of desire but also of opportunity in terms of the time spent by the nurse [8,9].

The causes of communication problems can be many and varied, but in most cases, they are due to the lack of skills and knowledge to communicate with people [13-17].

The expressed statistical dependence on the problems of communication between the nurses and the patients from the villages is a lasting tendency in recent years and is present in studies of other authors working in this sphere [18-20]. We believe that another reason for this is the lower educational attainment of these people and their less frequent residence in the big city.

Disturbing is the fact that not a small percentage of health professionals do not communicate with relatives of patients. Different authors point to quite a variety of reasons [12,17]. In our opinion, this is due to the fact that the dialogue between the nurse and the patient's relatives is basic in his acceptance and writing, and the physician is that medical specialist who performs more frequent and in-depth communication with the patient's relatives.

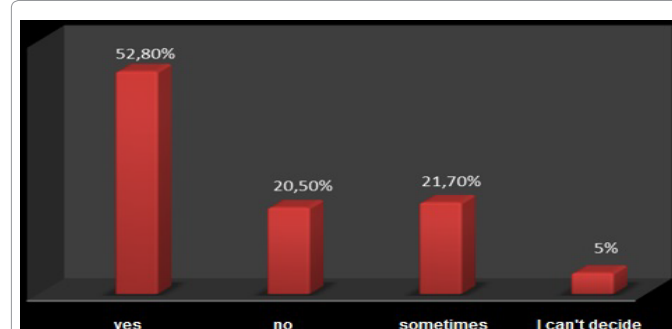


Figure 9: Communication between the nurses and the patients' relatives.

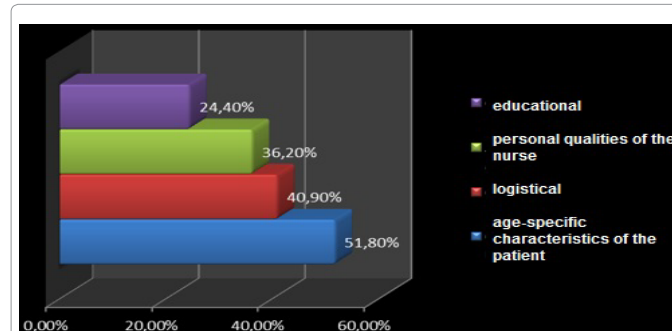


Figure 10: The reasons behind the lack of good communication according to the patients.

Conclusions

An essential element in the work of a medical specialist is the ability and knowledge on how to interact with geriatric patients. In fact, without effective communication, the efforts of the healthcare professional will not have the necessary effect, because in the communicative process, important information, which is the key to quality health care, is exchanged.

Regardless of the new technological challenges of the 21st century, the patient will always look for contacts with professionals who will expect human communication, understanding, sympathy, empathy and support. That is why specialized knowledge and compensations are needed to provide quality nursing care for hospitalized geriatric patients.

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