Barriers to Effective Communication between Student Nurses and Older Patients at Chogoria Hospital

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Abstract

Older adults constitute a majority and growing proportion of people who receive nursing care in Kenya. It's projected that by 2050; there will be a 470% increase in the number of older persons, representing 10% of the Kenyan population. This projected increase calls for action by the government because it's likely to pose a challenge to the health care system, if tomorrow's nurses are not adequately equipped to communicate effectively with this generation. Though they are living longer, 80% of them have at least two chronic conditions known to cause communication problems. However, research findings indicate that the quality of nurse-older person communication has been and continues to be poor. Barriers to effective communication between student nurses and older patients are increasing their length of stay and resource use, eroding the quality of nursing care. The purpose of this descriptive research study was to examine the barriers to effective communication, determine how students and older patients perceive their communication and explore ways of improving communication between student nurses and older patients. This is relevant as today's Nursing students are tomorrow's registered nurses and the manner in which they currently communicate with older persons may indicate how they will interact with them in future. Simple random sampling technique was used to select a total sample size of 172 (patients n=84 and student nurses n=88) participants from Chogoria Hospital and Nursing Training School. Data was collected from the subjects using a questionnaire for both students and patients. Data was analyzed using statistical package for social sciences (SPSS) software version 17.0. The respondents acknowledged that there were barriers to effective communication. Fifty four (64.3%) of the patients and 84 (95%) of the students asserted that age related changes affected communication, 66 (78.6%) of the patients and 76 (87.4%) of the students believed that there was need for additional information. It was found out that Eighty three (98.8%) of the patients and 76 (87.4%) of the students thought that attachment of the students to qualified Registered Nurses would boost communication. These results expand our understanding of the barriers to effective communication between Nursing students and older patients. These insights will be used in training to reinforce a positive attitude of student nurses with regards to effective communication with older patients, improving the quality of nursing care. In subsequent research these findings will be used to study faculty members' attitudes towards older patients since their attitudes have been found in studies to affect their students' attitudes.

Keywords: Barriers to communication, nursing students and older patients at Chogoria Hospital

1.0 Background Information

Older adults constitute a majority and growing proportion of people who receive nursing care in the United States. This represents 50% of hospital days, 60% of all ambulatory adult primary care visits, 70% of home care visits and 85% of residents in nursing homes (NCHS, 2004). The situation is not better in Africa whose population of ageing is currently estimated at 42 million and is projected to grow to 212 million by the year 2050 (ACHPR, 2011). The biggest increase is expected to occur in Kenya, where it is projected that by 2050, there will be a 470% increase in the number of older persons representing 10% of the Kenyan population. Currently, the biggest population of older persons in Kenya is found in Nyanza and Rift Valley provinces (KNCHR, 2009).
The projected increase in the population of older persons calls for action, because it is likely to pose a major challenge to individuals, as well as on government spending on social security and health care systems. Though this population is living longer, 80% of them have at least one chronic health condition such as heart disease, dementia, diabetes or respiratory problems and half of them have at least two, which are known to cause communication problems. Thus even as the population enjoys living longer their health care needs are becoming more complicated, requiring provision of quality care (Grayson & Velkoff, 2010).

Today's student nurses are tomorrow's nursing work-force that will be delivering this care and the earlier they are equipped to deal with barriers to effective communication the better. Most (63%) of the newly qualified nurses report that older adults already comprise a majority of their patient load (AACN 2006) and yet studies have revealed that nursing students, being in their early 20s, showed negative attitudes towards older patients based on myths and stereotypes about them being passive, frustrating, boring, fragile, depressed, lonely and useless (Aud et al., 2006). These inter-generational encounters and negative attitudes can lead to ageism, a process of stereotyping and discriminating against older patients (Kearney et al., 2000). This results in the students not choosing to work with older patients following graduation (McLaffery & Morrison, 2004). Nursing care of the older person is and will be provided in a variety of health care settings and it is likely that all nurses

will be involved in their care.

Communication is an integral part of our social interactions, the pulse of nursing practice and is critical to the survival of the nursing profession whose mandate is to alleviate human suffering. One situation identified as potentially leading to unsafe acts is poor communication (Van Geist & Cummins, 2003). When communication is incomplete, inappropriate or absent, older patients experience fear and confusion, leading to increased risk of their safety (Peplau, 1952).

Tuohy (2002) describes how the ability to communicate with older persons may be compromised by sensory deficits in; eye sight, hearing, touch and over all function as they age, resulting in worsening disease (Erdil *et al*., 2006). Studies on communication with cognitively impaired patients have shown that such patients need clear communication during care procedures, but their inability to provide an accurate history of their problem and to participate in self-care blocks the process of care resulting in medical uncertainty, inadequacy and frustration for the nurse. It also leads to frustration and agitation for the patients especially when they feel that their **needs** are not being met (Wendt, 2003). This clearly indicates that the care of older people globally and regionally is an important issue and the need for governments to adequately prepare nurses to care for this growing population is crucial (Erdil *et al*., 2006). In view of this most countries have promoted patient centered communication.

In their study on improving communication among healthcare providers, Dougherty & Lister (2008) asserts that nursing programs are expected to graduate practice-ready nurses who demonstrate quality and safety in patient care and the therapeutics of effective communication delivered through good care is evidence based. For example, social support provides reassurance and can lower blood pressure (Kacperek, 1997). Enhancing the environment by ensuring that the room is well-lit, facing the older patient while speaking so that they can read lips and understanding the influence of normal age changes ensures effective communication.

Researches done on communication indicate that ineffective communication remains a potent barrier to the provision of health care services (Duffin, 2000). Therefore communication with older patients needs to be effective, so that care can be planned on the basis of their authentic problems rather than on what the student nurses think their problems are (Faulkner, 1996).

1.1 Statement of the Problem

Ineffective communication among student nurses and older patients in Kenya is increasing (MOH, 2006). It's estimated that by the year 2050, there will be a 470% increase in the number of older persons representing 10% of the Kenyan population (KNCHR, 2009). The Older patients have reported direct accusations by student nurses who quarreled them saying that they lacked respect, instead of clarifying the hospital procedures (MOH, 2006). The researcher on interaction with patients during the nursing care assessment realized that most of the older patients did not understand what the student nurses were saying. This fails to account for the fact that patients must actively participate in their care, which is only possible through effective two way communication. With the percentage of the older population gradually increasing, if we don't deal with barriers to effective communication, we shall not be able to deliver quality healthcare to this population in future. This descriptive qualitative study aimed at examining the barriers to effective communication between student nurses and older patients at Chogoria Hospital.

2.0 Literature review

Various studies have been done on the topic of barriers to effective communication between students and older patients, but this chapter is going to systematically identify the documents containing related information to the problem being investigated and to build on what is already known. This review will highlight barriers to effective communication, examine how older patients and student nurses perceive their interaction and explore ways in which effective communication can be improved.

2.1 Barriers to Effective Communication
2.1.1 Environmental Factors

An environment that facilitates communication encourages interchange of knowledge, values communication and socially reinforces effective communication, influencing one's health. Nurses are required to provide an appropriate environmental setting that will generate and maintain effective communication, support privacy and emotions, provide a good system of patient identification and allocate enough time for processing information (Von Gunten *et al*., 2000). This will make the older patients feel that they are being listened to and cared about. Many researches show that majority of older patients are affected directly or indirectly by social relationships for example they are unable to handle noisy interactions, especially when nurses use communication to control them (Brown & Draper, 2003). Exposure of the elderly to loud noise can cause temporary or permanent hearing loss since they are more sensitive to noise than young or middle aged patients. Most often this limits their understanding of what is being said. The older patient who is deprived of social contact wants to continue the

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interaction with social talk, while the student nurse wants to hurry because she has other patients to attend to. On the other hand slowing down and focusing on the patient enhances effective communication and social interaction.

The physical environment including inadequate light, architecture of the facility, phones, door bells, lack of adequate staff, loud music and living conditions that slow levels of social interactions, intensely affect older person communication since some of them have hearing and sight problems (Smith, 2006). To promote quality and safe care; provide them with hearing and sight aids, ensure that there is no disturbing background noise, let one person speak at a time and make the environment comfortable or opt to move to a more peaceful and quiet location.

2.1.2   Diseases and Age Related Changes

As people age, certain age related changes occur in their bodies like speech, swallowing and hearing which can affect their ability to communicate effectively. Most of them suffer different types of diseases, illness and disabilities which affect their communication making them more vulnerable to inadequate care. Some of the common diseases and age related factors affecting communication are discussed briefly below.

Hearing loss interferes with communication and the interactional input that is so necessary to stimulate and validate (UWSMPH, 2011). It's estimated that 20.6% of adults aged 48 to 59 years have impaired hearing. When experiencing hearing impairment the older patient may demonstrate subtle conversational cues that might be perceived as inappropriate by the student nurses. This encourages negative treatment like shouting at them or speaking in a fast paced manner which tires them. When they are not able to communicate or understand when student nurses are talking, they feel frustrated and unsafe; this is manifested by withdrawal, depression, loss of self-esteem and cognitive decline (Grayson, 2010). Student nurses need to understand that what the patient is trying to communicate is important enough to make an effort to understand. Hearing can be improved by acquiring a communication gadget, cleaning ears to remove impacted wax, speaking clearly and articulately, directing speech at the individual's face and not to their side, not eating words, moving the mouth and pronouncing each word carefully and precisely (Hampton *et al.*, 1997).

Vision loss among the elderly can significantly affect communication, functional ability, safety, quality of life and is a risk factor for falls (National Eye Institute, 2010). As a result of these changes the elderly are not able to see distant objects or people, certain colors and side by side making them feel threatened, isolated and frustrated. To improve vision, use warm incandescent lighting, control glare by using shades and blinds, suggest sunglasses that block all ultraviolet light, select colors with good contrast and intensity and recommend reading materials that have large, dark and evenly spaced printing. To enhance effective communication, student nurses should introduce themselves and explain what they are doing or what they are about to do to the older patient in the simplest manner possible.

Aging of the skin is a factor associated with reduced ability to feel touch including wrinkling and sagging, loss of resilience, diminished absorption, altered thermal regulation, decreased sensitivity to pain and pressure, decreased inflammatory response, decreased protection from UV light and delayed healing. The older patients without the ability to feel touch, like the stroke patients are at risk of harm because they are not able to react and communicate effectively if they are hurt. This is because they take time to process information and give feedback. The student nurses in this case may label them difficult assuming that they are pretending (Hampton *et al.*, 1997). Introducing texture (textured upholstery and soft blanket) into the older adult's environment can enhance tactile input contributing to safety. The use of caring, expressive touch cannot be overemphasized.

National Aphasia Association (NAA) defines Aphasia as an "acquired communication disorder that impairs a person's ability to process language, but does not affect intelligence." Elderly persons with aphasia have difficulties with communication whereby their comprehension is damaged, affecting communication functions like speaking, reading, writing and their ability to understand others (Salter, Teasell, Foley, Orange & Speechley, 2005). Stroke is the loss of blood flow to a specific area of the brain leading to brain cell destruction in specific areas of the brain which can further lead to loss of hearing and communication. In many cases these patients have receptive or expressive aphasia affecting their communication abilities. Students need to understand these patients and their conditions so that they can change their communication skills and provide effective care.

Speech in the elderly can be impaired by loss of teeth due to the aging process and other conditions. These conditions include use of anti-cholinergic drugs, dehydration, gum diseases and oral cancer. This in turn contributes to bad breadth which leads to communication difficulties especially with the young generation student nurses who may be uncomfortable with the odor. Students need to provide proper oral hygiene to stop halitosis, improving communication.

Hampton *et al*. (1997) states that some lung deterioration is age related and fatal in the elderly because their lungs cannot store oxygen in sufficient amounts. When there is inadequate oxygen going to the lungs or the lungs are unable to perform normally, the person's ability to speak, hear or understand is affected.

It is the duty of the nursing student to consider the older people's health problems before engaging in communication, since some of them may be having hearing problems, speech problems and memory loss which complicate communication.

2.1.3   Language and Culture

Nordqvist (2009) states that communication between nurses' and patients' is the most important aspect of patient satisfaction. Globalization is common and many foreign nationalities are finding themselves in different cultures. This calls for intercultural communication competence since sociocultural beliefs and values regarding respect, nutrition, pain and death influence communication. Nursing students who have problems with language will find it even harder to communicate effectively with older patients suffering from cognitive diseases. For communication to be effective, student nurses must interact in a language the older patient understands, gain trust, actively engage them in the care processes, respect the patient's personal space, recognize and understand cultural differences and be aware of nonverbal cues.

To be culturally competent, student nurses need to be culturally sensitive and willing to use cultural knowledge while interacting with patients and consider culture during discussions and recommendations for the treatment of older patients (Ulrey & Amason, 2001). In a multi-cultural environment, there is need for formal educational programs and more consistent use of interpreters who not only speak the language but truly understand their culture.

2.1.4 Generation Gap

As the age gap between the younger workforce and the increasingly older patient gets wider, awareness of those variations is essential to provide effective nursing care. Generation gap makes effective communication between the student nurses and the older patients difficult, since older people have different values and different expectations from the young (LeMay & Redfern, 1987). The older people are unlikely to question and challenge student nurses, get involved in decision making or even discuss any psychological issues Grayson & Velkoff (2010) since they seem to know everything.

When effective communication lacks, older patients feel threatened and end up withholding information that might be crucial for their care. On the other hand (Sherman 2006) states that the young generation nurses became frustrated with the older generation because of their resistance to, and incompetence with technology. These differences can be reduced by increased information, focus on the positive aspects, understanding values and appreciating each ones strengths rather than being judgmental.

2.1.4   Time Constraints

Time constraints are frequently noted as barriers to effective communication, since nurses are expected to multitask. For effective communication to occur adequate time for sharing information is essential, this is possible through recognizing teachable moments, making effort to explain or demonstrate important concepts, identifying those who may require additional communication to build understanding and providing written material or videos to back up what is discussed. Verify patient understanding by allowing questions to be asked and be effectively answered (NSO, 2004). The most important skill student nurses can acquire to deal with this population is the ability to listen with respect, caring and empathy.

2.2 Student Nurse and Older Patient Perception of their Interaction

Studies investigating nursing students' attitudes towards older patients have reported ageist attitudes based on myths and stereotypes about them being passive, frustrating, boring, fragile, depressed, lonely and useless Aud *et al.* (2006) and they view it with depression, fear and anxiety. These beliefs can interfere with the ability to communicate effectively. For example, if the student nurse believes that all older people have memory problems and are unable to learn or process information, he will be less likely to engage them in conversation, provide appropriate health information or treat them with respect and dignity. Some see nursing older patients as wiping dirty bums and cleaning mouths that dribble, or having to decipher the rambling of a confused patient and wishing they would go away when they scream the ward down. One student stated that "It's just that I must complete this placement before moving to the next one." Nolan *et al.* (2006) states that students tended to overestimate older patients' services such as their need for ADL while underestimating their economic contributions.

While sharing their experiences students' revealed shock and horror when they were first confronted with a naked older patient. They were unprepared for intimate contact with their real bodies compared to the safe controlled environments of the classroom where they practiced on each other's healthy bodies (Brown & Draper, 2003). A bed bath can be embarrassing for the patient but far worse when the student nurse is the one embarrassed. Another student said "There was a patient, and she did not permit me to care for her, she yelled at me. Older patients have communication problems, thus it is difficult to obtain the right data about them."

Nurses show interest through being alert, keeping good eye contact, being good listeners, asking considerate questions and giving accurate information (Kwekkeboom 1997) this is the only way that the older patient will trust that the student nurses do care about them and are concerned with their well- being.

Despite of a wide theoretical knowledge and how perfect the duties are performed, the patient recognizes that there is something lacking and this is the skilled touch, the keenness to detect changes in symptoms, the patience, the power to control temper, self-reliance, kindly sympathy for the sorrowing and the peculiar power of soothing suffering which can be acquired only by much practice. The nurse without these attributes will never be seen as a successful one by the patients (Warner, 2003). The emphasis towards increased patient participation in healthcare interaction raises questions of what is considered appropriate and clinically effective communication within nursing. Dougherty and Lister (2007) highlighted potential pain-reducing implications and increasing recovery rates when patients are provided with additional informative and useful information about their diagnosis, prognosis, care and treatment. This encourages them to take more interest and ask questions about their condition. In the process they develop greater understanding and self-care.

In a Diabetes mellitus study, patients claimed that their knowledge about their condition and its management was not heard by health care professionals (Erdil, *et al*., 2006). The significance of listening to patients' stories is to enhance health professionals' understanding and to improve patients' physical and psychological healing. A commonwealth Fund survey found that patients between 30 – 80% reported that their needs during primary care visits were not met. This was attributed to less than optimal communication between patients and healthcare workers, inadequate time with patients and exclusion of patients from decision making. There is ample evidence that patients desire more information as well as more involvement in their medical care decision making (Coatsworth et al., 2006).

The student nurse did not recognize the client who had an illness with needs therefore; the clients avoided her and perceived the nurse as avoiding them. One patient reported, "The nurses stayed in their central station. They didn't mix with the patients ... The only interaction you have with them is medication time." Another one stated, "no one cares, it's just that they don't want to hear it." The relationship that developed depended on the nurse's personality and attitude. These findings bring awareness about the importance of the nurse - patient relationship (Coatsworth *et al*., 2006).

Building trust is beneficial to how the relationship progresses. Yamashita et al., (2005) interviewed 15 participants who reported that trust was promoted through attentiveness, competence and comfort measures, and relief of pain, personality traits and provision of information. One said "they are with you all the time." A good personality was stated by five participants as important. One said, "They were all friendly and they made you feel like they had known you for a long time."

Astedt, *et al.* (2006) asked readers to write about experiences with humor while in the hospital through a patient newsletter and one participant stated, "When you are sick and can do nothing but lie down and another person does everything in her power to help, humor really makes you feel good." The student nurse with a sense of humor is the sort of nurse you can trust and turn to because it's easier to discuss difficult matters with her.

2.3 Ways of Enhancing Effective Communication
2.3.1 Composing Self
For good care provision, student nurses need to master effective ways of communicating with the older patient. For example, one nurse says "I try to take a breath and focus on the patients before approaching them." In a way, quieting her own thoughts helps her slow down, greet her patient, find out how they are doing and speak with them for a while before moving on to routine. "You have to be able to connect with them or they will not listen or do what you ask," she says. Creation of rapport with older patients through effective communication increases the rate at which the patient's condition improves (Wilkinson, 2003).

2.3.2 Communication Simulation
This is the use of interactive mannequins that are capable of realistic physiologic responses including respiration, pulses, heart sounds, breath sounds, urinary output and pupil reaction. The more advanced models can communicate with the student nurse, responding to questions posed in real time during the simulation exercise, (Jeffries, 2005) allowing them to practice empathetic communication skills, deliver bad news and conduct motivational interviews (Rosenzweig, *et al.*2008) prior to practice in the wards. With the demands of increased enrollment and more accountability for quality education, many nursing programs are using computer-based simulation systems, which have proven to enhance pre-service professionals' instrumental skills (Feingold, *et al*, 2004). Active learning with immediate feedback reinforces the nursing student's performance and confidence in relating to patients and other professionals in the healthcare setting (Billings & Halstead, 2005).

2.3.3   Involvement in Evidence Based Research
Use of research-based communication techniques, will enhance communication and attitude. Feingold *et al.,* (2004) developed a useful evidence-based model for improving patient communication and medication compliance rates. He found out that those prescribed for self-administered medications, may take less than half of it. Later, understanding and memory were enhanced and patients were more satisfied with their care and were more likely to comply with treatment. Understanding and memory can also be improved by avoiding jargon, simplifying language and highlighting key issues at the start and end of the consultations. Written explanations

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in the form of patient information or mail and email reminders are also important.

2.3.4   Improve Student Attitudes towards Older Adults

Offering interesting course content taught by enthusiastic and knowledgeable faculty paves the way for the growth of student interest in gerontology. To engage students and increase student demand for gerontology coursework, faculty should provide a strong introduction to geriatric nursing early in the nursing program. This process cultivates positive attitudes and first impressions and identifies interested students as potential geriatric nursing mentors and future specialists. This can be ensured through non-verbal communication which is very effective when communicating to the elderly with cognitive disorders. Egan (2009) recommended the use of SOLER. To use this technique effectively, student nurses must understand the patient well and create a professional relationship in which they will provide them with information and reassurance.

2.3.5   Connect Students with Registered Nurses (RNs)

RNs in the clinical settings offer valuable learning opportunities for students by demonstrating the role of an independent nurse practitioner's patient management. Positive attitudes about caring for the elderly are often fostered when students have close interactions with Registered nurses who model leadership in older patient nursing care. Students are exposed to an interdisciplinary collaborative care model via their clinical rotation with a Geriatric Nurse Practitioner (GNP) who provides primary care to older adults. This gives the student nurse the competence, confidence and skill that is required in older patient care.

2.3.6   Role Model

Role modeling is a form of silent communication where instructions are more caught than taught. This is the time when learners stretch their imagination to understand and interpret teachers' behaviors. In her study student nurse-older person communication, Tuohy (2002) suggests that role modeling by qualified staff is central to student learning within the clinical area and it can be seen as a primary source of learning from experience, which enables student nurses to discover knowledge in clinical practice. Learners can develop strong bonds with their role model (teacher) through observation. Teachers' role modeling strategies in the classroom strongly influence learners' thinking and attitudes. This is the time when unspoken instructions resound across the classroom and are caught by students for their betterment, if the teachers' silent instructions harmonize with his/her verbal instructions and life style. It is for worst, if non-verbal teaching conflicts with the teachers' verbal instructions and life style.

3.0 Research methods

3.1 Study site and respondent selection

The study was carried out at Chogoria hospital, a faith based institution in Tharaka Nithi County, Eastern province in Kenya. The hospital offers health care to a catchment population of 300,000 and serves as a referral hospital and has a bed capacity of 312 in-patients. Within the hospital is a nursing training college offering diploma for Kenya Registered Community Health Nurses. The college has a total population of 144 students. The Hospital provides care to the patients and an area for clinical experience for the nursing students. Chogoria Hospital was purposefully selected because it had the desired target population (older in-patients and nursing students). The study targeted 106 older patients (> 50 years) in the Medical and Surgical wards at Chogoria Hospital and 120 nursing students in their 2nd, 3rd and 4th year of training. Simple random sampling was used to select the study sample. The accessible population (N) was 226 and the sample size calculated was 179.

3.2 Interviews

Data was collected from student nurses and older patients through self-administered questionnaires at Chogoria Hospital. The researcher divided the student respondents into groups of 10 and administered the questionnaire to each group. They completed the instrument at the same time and handed in. The researcher handled two groups of students daily for two weeks. The researcher with the help of research assistants went to different wards daily and administered at least 8 questionnaires to respondents. The researcher administered questionnaires were completed and handed in. This helped in maximizing the return of questionnaires, allowing the researcher to clarify any possible misunderstanding about the instrument.

3.2.1   Participant Selection

The researcher used the Stat Trek's Random number generator (sampling without replacement), which used statistical a logarithm to select 95 students from a population of 120, and 84 patients from a population of 106. The students whose admission number had been selected, were informed the nature and purpose of the study. Informed verbal consent was obtained from each respondent and those who consented to participate were given questionnaires to fill. The patients who met the study criteria, were informed the nature and purpose of the study. Informed verbal consent was obtained from each respondent and those who consented to participate were given questionnaires to fill.

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3.3 Ethical Clearance

The study adhered to the ethical requirements of Kenya Methodist University and National Research Ethical Committee, in Kenya. The respondents were given the following rights; right to self-determination, right to privacy, right to maintain self-respect and dignity, right to refuse to participate, right to no harm and right to service. Confidentiality was ensured at all levels by anonymity to respondents. The respondents were not coerced into participation and their names were not included on the questionnaire. The information sheet (APPENDIX I) provided the respondent with the blue print and the dimensions of participation. Each signed the consent form (APPENDIX II) before answering the questions in the questionnaire (APPENDIX III).

The researcher sought for permission from the Kenya Methodist University, research committee and the Hospital Research Committee, Chogoria Hospital, before data collection. Clearance was sought from the research ethics committee.

3.4 Data Analysis

The study provided numerical data. The collected data was organized in frequency tables to address the research question in the order stated above and each objective was further described statistically. Scores from the data were computed to calculate the adaptation level which was directly translated as effective communication. The adaptation levels were used to determine the level of the student nurse effectiveness in communication, as perceived by the older patients. The results have implications for nurse educators. Responses from the questionnaires were statistically analyzed to facilitate coding, processing and entry into the computer in preparation for analysis. Data processing exercise commenced with the coding of all the responses obtained to facilitate easy analysis using computer statistical package for social science (SPSS). A master code-book was designed to ensure that all the questionnaires were coded uniformly. The results were presented in form of tables and graphs.

4.0 RESULTS

▸ A total of 172 (88 students and 84 patients) questionnaires were completed by the respondents and collected by the researcher. This was 96% rate of return.

4.1 **Bar graph on Barriers to Communication**

Figure 4.1.1 Bar graphs Showing Comparison of the Highly Rated Barriers
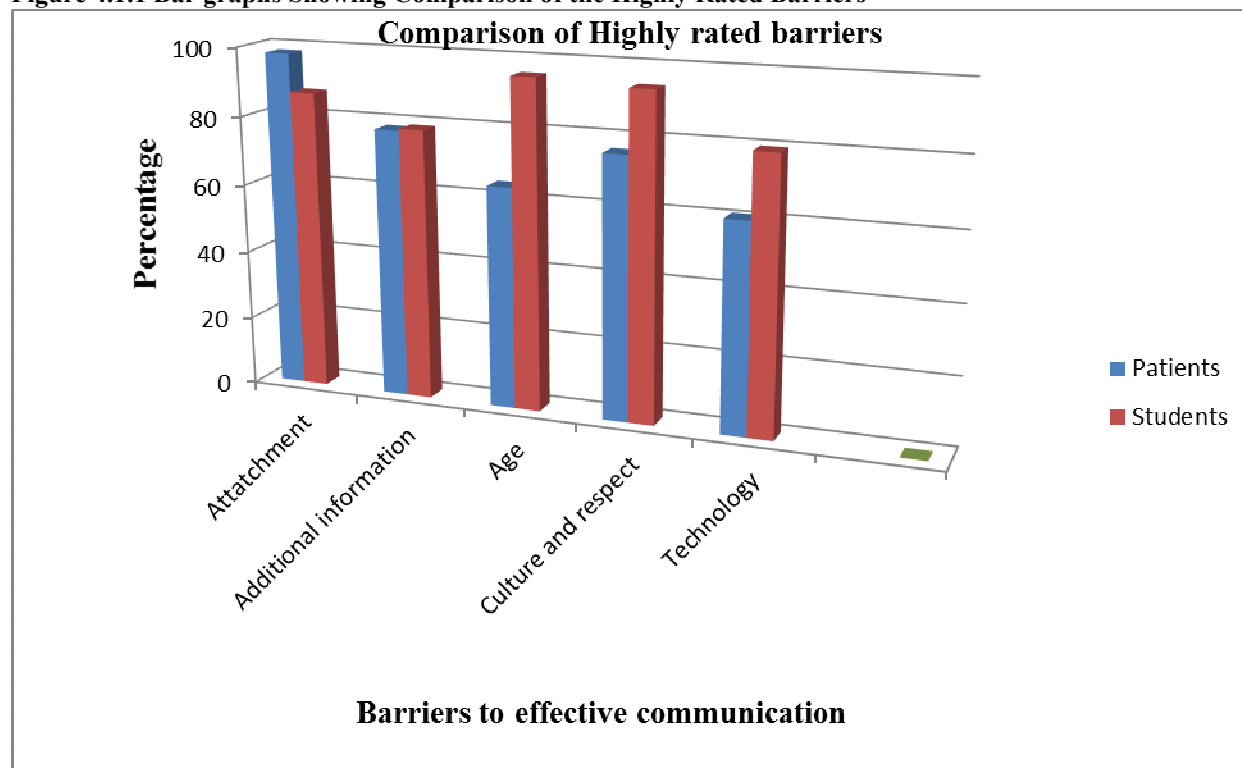
Among the barriers highly rated by the students were advanced age 84(95.4%), followed by culture and respect 84(94.3%) as compared to other barriers. On the other hand, Patients highly rated lack of attachment to qualified staff 83(98.8%) as the most important barrier, followed by culture and respect 83(94.3%) and lack of additional information 78(88.6%)

4.2 Tables on perception of communication between student Nurses and Older Patients

Table 4.2.1 Table on Students' perception of their communication with older patients

Perception	Percentage
Passive, boring, fragile, depressed, lonely and useless	98
Having memory problem and thus unable to process information quickly.	96

Table 4.2.2 Table on Patients' perception of their communication with Nursing Students

Perception	Percentage
Lack of the skilled touch, patience and sympathy for the sorrowing	94
Inability to provide them with additional information about their diagnosis, prognosis, care and treatment.	88
Knowledge about their condition and its management was not listened to by students.	86

4.3 Bar Graph on ways of improving effective communication between older patients and student nurses
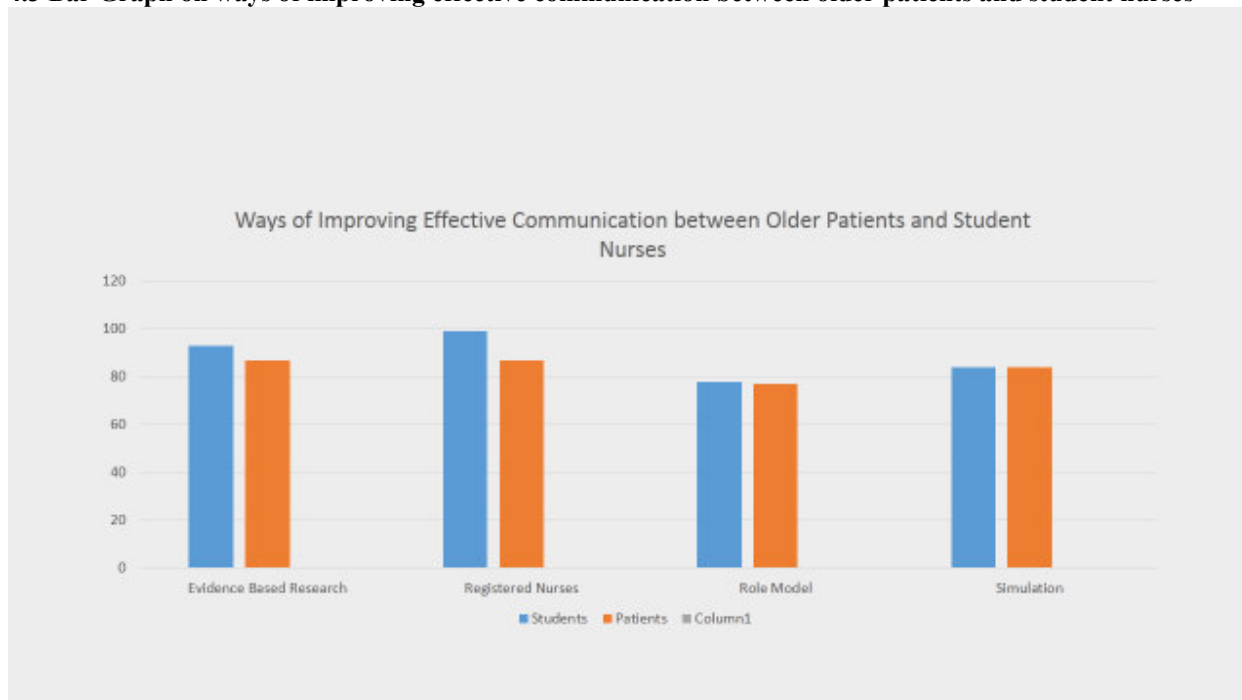
Among the ways of improving effective communication, 78(93%) of the patients and 76(86%) of the students said use of Evidence Based Research, 83(94%) of the students and 73(87%) of the patients thought that attachment to Registered Nurses would improve their communication. Eighty eight (78%) and 69 (79%) of students and patients agreed to the fact that use of role models would improve their communication. Eighty four percent of both patients and students asserted to the fact that use of Simulation as a method of teaching would improve their way of communication.

5.0 Discussion

5.1 Barriers to Effective Communication

A majority of the student respondents 70 (79.5%) viewed patients as people with limitations in the use of technology, this agrees with (Sherman, 2006) who stated that the young generation nurses became frustrated with the older patients because of their resistance to and incompetence with technology and Parks Associates (2006) asserts that "digital divide" that develops between generations threatens the widespread implementation of telemedicine. Older adults tend to be indifferent in closing the generational gap in terms of new technology usage. On the other hand 51 (60.7%) of the patient respondents' asserted to being seen by students as incompetent with technological changes, as emphasized by (Parks Associates, 2006) who asserted that Older adults aged above 60, may not readily adopt telemedicine because they have difficulties using and accepting new technology.

Culture and respect are factors that a majority 83 (94.3%) of the students agreed upon as affecting communication between them and the patients. This is in line with Ulrey & Amason (2001) who asserts that in a multi-cultural environment, there is need for formal educational programs and more consistent use of interpreters who not only speak the language but truly understand their culture.

Age related changes have been found out in this study to be affecting communication with students, this is in line with (UWSMPH 2011) who said that an estimated 20.6% of adults aged 48 to 59 years had impaired hearing, causing them to demonstrate subtle conversational cues that might be perceived as inappropriate by the student nurses. The National Eye Institute (2010) stated that vision loss among the elderly can significantly affect communication, functional ability, safety and quality of life. Communicating with elderly patients can also be complicated by diseases, cognitive impairments, functional limitations and sensory deficits. Therefore Nursing students must choose the best way to communicate effectively. Rule of thumb is to listen actively and grasping hidden data for utilization.

Majority of the students 78 (88.6 %) agreed to the need for additional information on care and treatment, this correlates with the fact that the age related changes affect their understanding, making it necessary for the nurses to recognize teachable moments, when the patients are sober and share important concepts. Majority of the patients (78.6%) asserted to the need for provision of additional information on care and treatment, which correlates with Dougherty and Lister (2007) who highlighted potential pain-reducing implications and increasing recovery rates when patients are provided with additional informative and useful information about their diagnosis, prognosis, care and treatment.

5.2 Perception of their Communication

Negative attitudes among students has been noted in this study with 98% of them viewing patients as passive and boring, this is similar to studies investigating nursing students' attitudes towards older patients which reported ageist attitudes based on myths and stereotypes about them being passive, frustrating, boring, fragile, depressed, lonely and useless Aud *et al.* (2006). The students view it with depression, fear and anxiety.

Some of the beliefs that students have can interfere with the ability to communicate effectively with patients. For example if they believe that all older people have memory problems and are unable to learn or process information, they will be less likely to engage them in conversation, provide appropriate health information or treat them with respect and dignity.

Despite of a wide theoretical knowledge and how perfect the duties are performed, 94% of the patients recognized that there was something lacking and this is the skilled touch, the keenness to detect changes in symptoms, the patience, the power to control temper, self-reliance, kindly sympathy for the sorrowing and the peculiar power of soothing suffering which can be acquired only by much practice. The nurse without these attributes will never be seen as a successful one by the patients (Warner, 2003). Dougherty and Lister (2007) highlighted potential pain-reducing implications and increasing recovery rates when patients are provided with additional informative and useful information about their diagnosis, prognosis, care and treatment.

5.3 Ways of improving Communication between Older Patients and Student Nurses

Both patients and students agreed that attachment of students to qualified staff was a way of boosting confidence among student nurses, this ultimately boost their communication. Positive attitudes about caring for the elderly are often fostered when students have close interactions with Registered nurses who model leadership in older patient nursing care.

The study shows that 93% of the patients and 86% of the students asserted to the use of Evidence Based Research as a means of enhancing communication, a good example is a research done by (Feingold *et al.,* 2004) who developed an evidence-based model for improving patient communication and medication compliance rates.

5.4 Conclusion

There are barriers to effective communication among Student Nurses and older patients, which includes: - advanced age, lack of attachment to Registered Nurses and lack of additional information. Students perceive older patients as passive, boring, fragile, depressed, lonely and useless. Patients believe that their knowledge about their condition and its management is not listened to by the students. Communication can be improved through attachment to RNs, Use of evidence based practice, Role models and use of simulation.

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