

Education of Elderly Patients Within Nursing Care in Slovakia

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Abstract:

Introduction: The paper deals with the issues of the education of senior patients within nursing care. The aim of the paper is to find out the level of nurses' knowledge and skills in educating elderly patients and to discover how these are reflected in the reality of clinical practice. It is a case study focused on showing the current real state of clinical practice related to the given topic.

Methods: This paper will introduce the outcomes of a qualitative research (semi-structured interview, semi-structured observation, documents analysis) based on theoretical background. The research was carried out during the survey fellowship in the Slovak Republic and the respondents were nurses working in standard hospital departments. Certain phenomena, relations and influencing factors were clarified through the follow-up analysis. The gathered data were processed by using qualitative methods in the form of case studies.

Results: The qualitative survey has revealed certain deficiencies in nurses' knowledge and in the reality of the education of elderly patients in clinical practice.

Discussion: The deficiencies in knowledge and skills are essential in the reality of clinical practice.

Limitations: The research sample was made up of educating nurse/nurses working in geriatrics, in long-term care departments or internal departments. It included a total of 16 respondents.

Conclusions: Sufficient attention should be paid to the training of nurses which should be focused on the specificities of educating seniors/senior patients as well as on the reality of education that is performed. It is necessary to provide training for working with this specific age group even in pre-gradual nursing education.

Key words: education, educational process, specificities of education of seniors, nursing care, educating nurse.

1 Introduction

For a long time, the prognoses have been clearly referring to aging of population. This trend relates to the aging of senior population which is caused by a faster growth in the number of people in high decennium and generally long-lived people.

Overall, the health potential, self-sufficiency and convalescence potential are all decreased in elderly age. Patients must cope with these natural changes within their capabilities and at the same time, they must adapt to the problems related to diseases or hospitalization. Diseases or hospitalization represent demanding life situations for them, even more when linked to loss of self-sufficiency. Patients expect to be explained all the

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necessities in a comprehensible patient way. They need information, explanation, instructions what to do, i.e. education.

Such education is a part of nursing care where patients receive not only new knowledge but also new practical skills. The aim of education is to get into and keep a senior patient in the role of an active and constructive co-creator of the treatment (Neméth et al., 2009, p. 74).

This paper is focused on selected aspects of education of senior patients within nursing care. The findings could be used by people who monitor the work and education of educators of seniors as well as by implementers of education activities for nurses.

Within the theoretical background in the context of education of seniors, we mention some specificities of education of senior patients. In the following chapter of the paper, the outcomes of the qualitative research will be presented. The research sample includes nurses working at standard hospital departments. Based on these current outcomes, our intention is to search for the answers to the question: "What is the level of nurses' knowledge in the education of elderly patients and the possible relation of this knowledge to the reality of clinical practice?" One of the goals of the paper is to emphasize the necessity of quality preparation and cultivation of nurses' competences in the role of an educator of senior patients with the use of both theoretical background as well as the outcomes of the realised research.

1.1 Specificities of educating senior patients in general

Health care providers will surely meet an increase in the number of seniors in the future. To provide them with care efficiently, it requires proper identification of the seniors' needs and their close family. Health care providers should be able to identify the needs of seniors and here it is essential to see the senior age as a natural part of life.

A lack of information is an everyday problem of senior patients. Plenty of scientific resources point out that hospitalized senior patients are less sufficiently informed than the younger ones, but they also keep less information in their minds (Sävenstedt, Zingmark, Hydén, & Bruslin, 2005, pp. 317-318). It is probably because of the limited ability of elderly people to remember and due to the awareness of the involution changes in senior age together with the automatic assumption of limitations of a senior (Pokorná, 2010, pp. 42-44).

Changes that appear at senior age significantly influence the perception as well as the education itself. Therefore, it is important to keep certain conditions supporting the process of education and making the outcomes more efficient. However, there is no evidence that the general ability to learn becomes worse through aging (Venglářová & Mahrová, 2006, p. 65). The real practice often shows that efficient approaches to transferring information are not used. One of the possible causes of the lack of information could lie in the suppression of rights¹ and dignity of a patient, the so-called ageism, with which we meet in some situations in hospitalized patients. The most common form of ageism is refusing the right to be informed. In this case, we consider very dangerous to label such a patient as non-cooperative, hopeless and thus worthless (Pokorná, 2010, pp. 73-84). Another common form of ageism is in an inadequate form of giving information. Unfortunately, even today, senior patients experience various

¹ Rights of senior patients are stated in Charter of the Rights and Freedoms of the Older People, declared by The International Association of Geriatrics in Adelaide, Australia in 1997.

types of the so-called elderspeak communication, which is accepted with displeasure by the elderly (Pokorná, 2010, pp. 62-67; Talerico, 2005, pp. 12-16).

Seniors represent a quite varied target group in the educational process. As a part of their education, it is necessary to respect the specificities, possibilities and limits of this age group (Špatenková & Smékalová, 2015, pp. 57-58). When educating seniors, it is essential to realize that we do not teach a child but an adult individual. Compared to children and youth, adults are (as for the need of recognition) more vulnerable during the educational process, they do not want to be educated but supported and to be led towards self-education (Határ, 2014, p. 86).

Everything we explain to patients is in fact education. Education as such is also a part of nursing care, or the nursing process. Education of seniors consequently affects the nurses on lots of wards and workplaces and it also affects those who want to take care of their beloved ones in their home environments.

It is necessary to respect the specifics of senior age, to place an emphasis on the aspect of individuality, and to adjust the education to the skills and abilities of the learners. Such an approach to education is a skill that can be learned. For education, not only the educators' professional knowledge and their teaching skills are important, but also the art of teaching and a genuine interest in teaching others. For the above reasons, the art of teaching is considered decisive.

1.2 The role of a nurse educating a senior patient

Education provided within health care has its particularities. Healthcare institutions primarily focus on ensuring care of their patients' health and their education as such is then realized as a part of this care and in accordance with the organization and the methods applied by the healthcare institution. Within nursing care, it is important to connect education with the nursing process suggested for a particular patient.

Healthcare workers fulfil the role of the co-ordinators of the whole educational process. They should diagnose the educational needs of patients, they are the creators and the planners of the education (mediators of knowledge and experience) and fulfil the role of evaluators. At the same time, they are also the advisors and supporters of the educated individuals.

It is obvious that the quality of the whole educational process depends on the educators' skills as well as on the educators' personalities. Nowadays, higher and higher requirements occur when educating clients. Petřková and Čornaničová (2004, pp. 72-73), in relation to the educators' competences in educating seniors highlight the psychological-didactic competences (social, psychosocial and communication competences) important to create such a climate of education which suits the seniors' needs and fosters their active participation in the education and learning. Not of less importance are the personality competences; with the emphasis on authenticity, empathy, the ability of auto-regulation and self-reflection, warmth, the integrity of the personality and dynamism.

Certain requirements must be met by healthcare workers in the role of educators (it is the expected behaviour of the individuals in relation to their social status). According to Juřeníková, to succeed in education, an educator should possess certain qualities related to their character, intellect, sensorimotor skills, social skills, professional knowledge and skills, educational knowledge and skills, and auto-regulation (Juřeníková, 2010, p. 69).

Moreover, as mentioned above, education of senior patients is not easy. Seniors as a specific target group have their life experience, specific needs and limits and thus, belong to the most demanding participants of the educational process. Unlike other participants of education, e.g. pupils and students for whom it is difficult to evaluate the lecturer's mastery, seniors are demanding listeners which can evaluate (with pleasure, and often very critically) a wide spectrum of the lecturer's competences, e.g. their professional competences, practical experience, didactic skills, communication skills (Mužik, as cited in Kryštof, 2010, p.117).

The educators of seniors should accept the seniors as the participants of the educational process, they should listen to them carefully, respect them and tolerate their specificities, all these from both the theoretical and practical point of view (Hloušková et al., as cited in Kryštof, 2010, pp. 117 - 118).

“Nurses with a higher or specialized education are able to use strategies supporting the patients' dignity, self-evaluation and their ability to make decisions and to be independent. The ability to respect the patients' – seniors' – autonomy is a significant aspect that should be highlighted in the process of training healthcare workers” (Davis, as cited in Pokorná, 2010, p. 38).

An unquestioned factor in social interaction is the overall image of a nurse and her competences. The overall image of the nurse has an effect on the quality of the provided care. Based on professional resources, in this context, we can distinguish between:

- Qualities difficult to influence: the nurse's character and temperament together with their behaviour and actions;
- Qualities that can be influenced: professional knowledge, skills and abilities (Pokorná, 2010, p. 47).

In order to educate senior patients efficiently and to meet the set goals, the presence of a competent educator/nurse who possesses not only specific knowledge, skills and abilities in the field of education, but also adequate qualities and experience for working with the specific group of seniors is undoubtedly of a great importance. The development of nurses' knowledge and skills is a direct way to the development of competences and the ability to make decisions easily in agreement with the demands and requirements for evidence based healthcare (Pokorná, 2010, p. 110).

2 Methodology

The research is based on the defined research question: *“What is the level of nurses' knowledge and skills when educating elderly patients and how are these reflected in the reality of clinical practice?”*

2.1 Aim of the research

The aim of the research is to find out the level of nurses' knowledge and skills in the education of elderly patients and to discover how these are reflected in the reality of clinical practice.

2.2 Partial research questions

The research is focused on answering a set of interrelated partial research questions aimed at achieving the set goal:

- Which nurses, or at which job position, are in charge of educating the patients on the ward?

- What qualifications do the nurses/educators of elderly patients have?
- What is the nurses'/educators' level of knowledge in the education of elderly patients?
- What was the structure of the monitored educational intervention (focused on the form, goal, content, methods, tools and aids, time, length, location, feedback, and education report)?
- Which didactic principles did the nurse apply while preparing and performing the monitored educational intervention?
- Which educational principles did the nurse apply while preparing and performing the monitored educational intervention in the clinical practice?
- How does the department provide help related to the problems in the education of patients?
- What is the content of the medical documentation related to the education of patients?
- What is the way the nurses record the education of patients?

2.3 Research sample

The research sample was purposeful and was made up of educating nurses working in Slovak university hospitals competent to educate senior patients in wards of geriatrics, in long-term care departments or internal wards. The sample of the qualitative research involved the total of 16 respondents. Most of the group (54.32%) was made up of nurses with higher specialized education and the largest group of respondents consisted of nurses (41.97%) being in practice for 21 years or more.

2.4 Structure of the research, research methods

The author of this paper carried out a research in teaching hospitals in the Slovak Republic in 2016 and the research was aimed at the educational strategies of nurses working with senior patients. The research was carried out within the professional co-operation of Faculty of Education in Trnava with Faculty of Education in Olomouc.

Before the research was carried out, hospital managements of all teaching hospitals in Slovakia had been contacted to find out about the educating nurses' work in their facilities and were asked for possible participation in our research. A total of 9 teaching hospitals in Slovakia were contacted, out of which 6 hospitals agreed with participation.

In the first phase of the quantitative research, the designed questionnaire was used. A total of 81 nurses participated in the research through a questionnaire².

The second phase:

In the second phase of the research, data were gathered by means of qualitative methods. First, through non-structured interviews with selected workers (16). The interviews were carried out with the goal to verify the data from the previously sent questionnaire and to update them. Further questions were asked to extend the original answers.

Semi-structured observation of the educational activities and document analysis (education records etc.) were other research methods to be used.

The content of the problematic items in semi-structured observations and semi-structured interviews with the selected respondents included the issues of basic and specialized

² The research outcomes are not a part of the content of this paper, they are not going to be provided further in the text.

education, educational competences, qualifications of the employees performing education at workplaces, knowledge and skills to educate senior patients, possible activities of educating nurses (eventually their qualifications), keeping educational records, etc. In the case of case studies, the gathered data were processed by using qualitative methods.

The permission to gather data in the hospitals was issued on the request submitted to a particular healthcare facility and based on the consent of each educated patient. The names of the healthcare facilities are not the object of the research and will not be mentioned in the paper.

The research was carried out in October and December 2016.

The professional tutor of the research was Janette Gubricová (Department of Pedagogical Studies, Faculty of Education of University of Trnava in Trnava). As for the methodology, we drew attention to the selection of the research sample, to the organization of addressing the selected respondents, to developing the questionnaire, to the way of interview assignment, to gathering of documents and to the content of problematic questions for the semi-structured interviews and semi-structured observation.

3 Results

In the following chapters, the outcomes of the realized qualitative research are introduced. We focus on data analysing with the aim to find out about the level of nurses' knowledge and skills in the field of the education of senior patients and the associated reality of providing education in practice.

Considering the space limits of the paper, only one casuistry will be presented – the case study does not significantly differ from the other cases of educational activities done by us and from the general presentation of the whole problem. For the same reason, full quotes are not cited but only selected key findings are introduced.

Casuistry 1 – case study: Defect treating, education intervention in a sixty-year-old female patient diagnosed with varicose ulcer who is expected to be released home. It is necessary to teach the patient and her family how to treat the wound.

3.1 Outcomes of the semi-structured interview (selected key findings)

- Is there a unique position of the educating nurse in your facility? Would you be glad to have one?
 - *Earlier, they had an educating nurse (they usually trained by e.g. the company providing equipment to a healthcare facility), now they do not have any.*
 - *Yes, they would be happy, they do not have enough time for education.*
- If you provide education, what is your qualification, work position, experience in education?
 - *At our ward, education is provided by nurses which are competent to educate.*
 - *We provide basic as well as specialized education.*
 - *The respondent: tertiary technical school, position – bedside nurse, experience: working on this ward since graduation.*
- Did you meet the topic of the education of senior patients during your studies?
 - *subject: basics of pedagogy and education in nursing (with no specification of senior education).*

- Do you feel the difference between the education of senior patients and adult patients? In what respect?
 - Slow understanding, “they are demented”, they cannot concentrate, poor vision, hard on hearing, physical deficiencies.
 - *“In the case of some patients, education is not possible.”*
- What knowledge should a nurse have to educate senior patients?
 - Professional knowledge in the field.
 - When providing education, nurses do not have any sources of knowledge, experiences or methodology (know-how of every nurse).
- Which personal qualities are necessary for the education of a senior patient?
 - *Patience.*
- What are the didactic principles considering the psycho-social needs and requirements for the education of seniors?
 - He does not know exactly.
- What are the phases of the educational work with seniors and what are their characteristics?
 - He does not know exactly.
- Is there an educational standard in your facility? Do you prepare plans of education in written form? Is there an education protocol in your facility? In what kind of documents do you write the records about the education of senior patients?
 - *We do not have an education standard.*
 - *We do not make the education plan in a written form.*
 - *There is no education protocol.*
 - Basic and specialized education: records are written to the nursing documentation, the nurse’s report and layoff report; most commonly: educated on.
 - The nursing documentation is unified for all age groups – it does not reflect the specificities of the education of seniors.
- How do you get feedback? What are the ways of finding out if the patient understood the content of the education?
 - We usually get feedback by asking the question if everything is clear to the patient/family and if they can manage it.
- If you have some trouble in providing education, do you know who to contact?
 - In case of any problems, they help themselves operationally or they ask a ward sister for help.

3.2 Outcomes of the semi-structured observation (selected key findings)

- Topic, goal and content of education, according to verbal presentation of the nurse: training of bandaging in home environment;
- Used methods, according to the nurse’s verbal presentation: explanation, demonstration, training, interview;
- Form of organization: individual;
- Equipment: trolley with bandaging equipment;
- Time of education: during morning hygiene;
- Duration of education, according to the nurse’s verbal presentation: up to 15 minutes;
- Place of education: the patient’s room and the patient’s bed.

- Description of the educational process:
 - introducing;
 - setting the goal of the education by the nurse;
 - explanation, demonstration – practical demonstration of bandaging by the nurse, according to the ward standards;
 - feedback;
 - summary;
 - saying good bye.

3.3 Document analysis (selected key findings)

- Education recorded in medical referral – saying: “the patient has been educated”.

4 Discussion

The level of nurses’ knowledge was investigated through cognitive questions. As it was said before, seniors/senior patients are, for their particularities in education, undoubtedly a group that demands a different approach and concept of the educational process from the education of other age groups. It shows that their education is specific and unique. A lack of knowledge about the education of senior age groups is a serious issue and its development should be implemented in programs of further education.

Based on our observation of the education reality, we have found out that during the educational activity, the possible limits, options and the pre-concepts of the female patient were not considered. The objectives of education were not optimally formulated and were unrealizable. The training was performed just by the method of demonstration. Bandaging was done according to the ward standards, by a nurse and only with the reference to specific bandaging in the home environment.

The nurse did not respect the specifics of the target group during communication (quick interpretation and insufficiently loud speech, unclear articulation, etc.), the nurse used professional terminology inadequately; the patient was rather passive; continuous motivation absented; the timing of the lesson and time allocation did not correspond with the patient’s needs.

There was another thing that was often absent – efficient feedback. To get the feedback, it is important to find out whether the patient really understood what he was taught. Based on literature, we should not ask “Do you understand it?” or “Did you get it?”. We should learn about what or how they understood from the answer to the question “What have you learnt?” (Venglářová & Mahrová, 2006, pp. 31-32).

A peaceful place is suitable for the realization of education, a place where nothing disturbs the communication, the inner environment setting is also important (Juřeniková, 2010, p. 56). We know from practice and our observation also revealed that education is mostly done in the patient’s room. In the case of immobile patients and if there is not any other suitable place, in our point of view, this can be considered the only possible way.

Before starting the education, it is essential to collect important information from all available sources and determine the problem of a particular patient with respect for their individuality, to set the educational diagnosis, to define the goals in cooperation with the patient, to design the plan of education, to identify what we want the patient to learn (in this case, it is to train the application of compressive bandaging, to bandage the wound, to check the leg, program measures, prevention of complications, continuity of nursing

care – home care agencies, wound healing surgeries etc.). Then this plan should be realized, evaluated and feedback should be done to find out if the goal was fulfilled.

The educational report is an important proof of providing proper care and it is also important for the healthcare personnel and their protection. Properly recorded documents ensure the continuity of education, enable the evaluation of the educational strategies, monitoring progress and the evaluation of the patient's results. It also serves as a tool to mediate education to other healthcare personnel.

Education records should contain the level of the patient's knowledge at the beginning and at the end of the education, the goal of the education; the content; the applied forms and methods; educational materials; educational barriers; evaluation of goals; when, where, by whom and to whom was the education provided, the nurse's and the patient's signature.

The plan of education as a part of the nursing documentation should be worked out in a written form (Juřeniková, 2010, p. 52), ideally in cooperation with the patient, and should be kept in the patient's records. At the same time, the existence of nursing standards as a definition of quality determining the minimal provided care (Mastiljaková, 2004, p. 45.) can provide nurses with guidance and the feeling of security while educating.

5 Conclusion

The paper is focused on the selected aspects of the education of senior patients in nursing care. The aim of the paper was to find out the level of nurses' knowledge and skills in the education of elderly patients and to discover how these are reflected in the reality of clinical practice.

Education of seniors is specific in many aspects. Senior age can be defined by certain parameters that a nurse in the role of an educator of senior patients should be appropriately prepared for. The education of senior patients is supposed to be realized individually and should be adjusted to the physical and mental state of each patient. It is important to focus on forming some habits and actions and these habits, actions and skills should be trained and monitored. Thus, educating seniors is time consuming and requires a sensitive and empathetic approach from nurses.

In this paper, the partial outcomes of a qualitative research (semi-structured interview, semi-structured observation, document analysis) that was carried out within the research fellowship in Slovakia are mentioned. The qualitative research dealt with the level of knowledge or skill of nurses about the problems in the education of senior patients associated with the reality of education realized in practice.

One of the goals of the paper was to point out the importance of quality preparation and cultivation of competences of nurses in the role of educators of senior patients by using both the theoretical background and the outcomes from the above research. Another aim was to emphasize the necessity to respect the specificities of the education of senior patients and it is the subject for further reflection on this topic.

Based on the theoretical findings mentioned above and the outcomes from our research, we assume that it is necessary to provide training for work with this specific age group even in pre-gradual nursing education. Sufficient attention should be paid to the education of nurses that is focused on the specificities of the education of seniors/senior patients as well (Goriup, Čagran, & Krošl, 2015, p. 27) as on the reality of the educational process. Educational activities can be performed in the form of model

situations where there is an opportunity to train both efficient approaches and efficient communication techniques, e.g. reducing elderspeak is essential to minimize the negative stereotypes about the lack of competences and dependence of seniors (Williams, Kemper, & Hummert, 2003, pp. 242-247). We can strengthen the cognitive and functional abilities of seniors by ensuring optimal conditions for education, and increase their satisfaction that can be the way to succeeding in education.

At the end of the paper, there is an open statement of an anonymous respondent about the education of seniors: "...providing patients with nursing care and education is the matter of the heart of each nurse. Nevertheless, the necessary background – such as necessary documentation or the presence of the educating nurse, more information and skills in this area simplify the education, improve the results of the education and, eventually, increases the quality of nursing care..."

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