

## Key Competences of Nurses in Elderly Patients Education and Counselling

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**Abstract :** *The article deals with key competences of nurses in elderly patient education and counselling. The aim is to classify the level of key competences of nurses in elderly patient counselling and the way of reflecting these variables in the reality of clinical practice. Knowledge and skills of nurses in elderly patient counselling belong to observed variables. Another goal of the paper is to find out how nurses are provided with support for planning, implementing and evaluating the quality of elderly education in practice. Partial results of quantitative research will be presented in this text. The research sampling was purposive as it was composed of nurses working in geriatrics, long-term care or internal departments. One of the aims was to point out the importance of appropriate preparation and cultivation of competences of nurses counselling elderly patients. The aim of paper is also to emphasize the need to respect the specifics of elderly education.*

**Keywords :** *competences, counselling nurse, counselling process, counselling strategy, education and counselling, specifics of elderly counselling.*

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### I. Introduction

Current as well as expected development shows not only population generally growing old but also growing old of elderly population as such. This brings a whole range of health problems gradually connected with age. As a result a number of elderly patients and persons with decreased self-sufficiency has been increasing which requires qualified health service workers for the specific needs adjusted to this age group patients. Education and counselling then is a part of health service when a patient obtains new knowledge and new practical skills as well. The purpose of such counselling is to keep an elderly patient in the role of an active and constructive co-author of their health care. The aim of counselling process is to reach the required change in actions and lifestyle [1]. However the most frequent issue in everyday practice in patients of all age groups, the elderly including, is a lack of information. Many professional sources point out the fact that it is mainly elderly patients admitted to hospital who get less information than younger patients, however they also keep less information. This happens probably due to the condition of restricted ability of the elderly as well as the fact of involution changes in elderly age together with automatic supposition of their limits [2].

Elderly patients in education and counselling are undoubtedly a group which requires a different approach and idea of counselling (as well as educational) process than other age groups which presents their counselling as a very specific and unique activity. Education and counselling of the elderly according to Mastiliaková [3] needs to be carried out individually and adjusted to physical and mental condition of a patient. In this process it is necessary to aim at fixation of the most important habits and acts. These habits, acts and skills must be constantly repeated, practised and checked. Education and counselling of the elderly thus is much more time consuming and most of all it requires a sensitive and empathic approach of health workers. The following part deals with the issue of key competences of nurses in elderly patient education and counselling. The given information might be used by both, persons who influence work and education of educators/counsellors of the elderly, and providers of education activities for nurses. But those people who in some way determine or influence actual educational processes in nursing practice. Partial results of the quantitative research aimed at nurses working in geriatrics, long-term care and internal departments will be presented in this article. At the same time only certain results connected to the focus of this article will be dealt with. One of the aims of this text is to point out the significance of appropriate training and cultivation of competences of an education and counselling nurse of an elderly patient. The aim of paper is also to emphasize the need to respect the specifics of elderly education.

## II. Review of Related Literature

### Key competences of a nurse

Nursing is an independent, dynamically developing science with its own theoretical base of knowledge and its practical application. Nursing as a science requires understanding and practical application of specific knowledge and skills which nevertheless rely on results of scientific research and practice. Nursing is an interdisciplinary and multidisciplinary field; it is based on as well as supplements educational science. It is this interdisciplinarity and connection of science and scientific knowledge which significantly contributes to defining optimal methodology of education and counselling and to managing technique of counselling of all participants in the context of health care service.

With the advancement of nursing the requirements of nurses' competences are growing both in nursing interventions and in the field of educational and counselling activity. Educational and counselling activity is a vital part of working competence of a nurse. It cannot be carried out without appropriate training as well and suitable abilities and skills. A nurse obtains basic educational and counselling skill during qualification studies and widens them through specifying or continuous education, most of all through clinical experience and interaction with patients [4].

Education and counselling activity is one of the key competences of a nurse and is most frequently used in counselling patients or their family members and wide public, preparation of counselling materials including. Using effective education and counselling strategies a nurse can considerably help with raising health awareness of the healthy and unhealthy as well as contribute to improve quality of their life [5].

This topic is generally presented in publication of many authors who deal with patient education and counselling (rarely the elderly). Patient counselling and competences of nurses for counselling patients are concerned with in monographies of e.g. Juřeniková [6], Krátká [7], Mastiliaková [8], Závodná [9], in Slovakia e.g. Magerčiaková [10], Magurová a Majerníková [11], Nemcová a Hlinková [12].

Nevertheless it is not an easy task to define key competences of elderly patient education and counselling nurse, even though a large number of information connected with patient counselling can be found. Although this key position undoubtedly influences the quality of counselling process for this target group, this area has not been professionally dealt with and any precise characteristics of the position cannot be found either in literature sources or among professionals.

The topic of this article aimed at the elderly education and counselling reflects current needs of education of the elderly (geragogy). From the point of view of necessity of determination of competences of an education and counselling nurse and improving of the counselling interventions in work with patients in elderly age, the aiming of the article can be considered as very beneficial.

## III. Research

### 1. Formulation of the research problem

The research is supported by a defined research question: „*What is the level of knowledge and skills of nurses in counselling elderly patients and what is the way of reflecting these variables in the reality of clinical practice?*“

### 2. Research objective

The aim of the research is to classify the level of knowledge and skills of nurses in counselling elderly patients and what is the way of reflecting these variables in the reality of clinical practice.

### 3. Research questions

The research is focused on a complex of interconnected partial research questions aiming at reaching a defined goal:

- *What is the level of education and training of nurses?*
- *What is the level of education and training of nurses in counselling patients generally?*
- *What is education of nurses in counselling patients of elderly age?*
- *What is knowledge of nurses in counselling patients generally?*
- *What is knowledge of nurses in counselling elderly patients?*
- *Do nurses think that counselling the elderly is more exacting compared to counselling the adults?*
- *Do nurses use any methodology processes in counselling activities?*
- *How can nurses help with problems in training senior patients in practice?*
- *What is the way of using didactic principles in counselling intervention in elderly patients?*
- *What is the way nurses record the counselling process in elderly patients?*

## IV. Research sample

The research sample was purposive. It was composed of nurses, working in selected Slovak hospitals, who were competent to educate and counsel and were working as education and counselling nurses for elderly patients in geriatrics, long-term care and internal departments.

The complex of qualitative research contained 81 respondents. The most of it (54.32%) consisted of nurses with tertiary education and the biggest group consisted of nurses with 21 and more years of working experience.

### **Structure of the research, research methods**

The author of this text carried out the research in selected Slovak hospitals in 2016. This was focused on education and counselling strategies for elderly patients. Before the research managements of these hospitals were contacted to check whether there is a position of counselling nurse as well as to be asked for cooperation in this research. Overall 9 hospitals in Slovakia were contacted, 8 of which participated in the research.

The questionnaire for the research was constructed by the author herself. It contained 25 questions. The aim of the questionnaire was first to obtain personal data, further there were closed questions with suggested possible answers. With the possibility of „other“ participants could complete the answers. These questions were semi-opened. The structure of the questions from the questionnaire was aimed at specifics of counselling the elderly. There were also questions concerned with the level of education and training of nurses for counselling, knowledge and skills of counselling, education for the elderly counselling, knowledge and skills of counselling the elderly, possible difference in counselling adults versus the elderly, possible understanding of counselling the elderly as more exacting experience, documentation of a medical institution relating to the education of patients, skills in formulating the educational goal and compiling an educational plan, counselling records, feedback during counselling the elderly, including family members, appreciating further education for this issue, etc.

The consent for collecting data in particular hospitals was granted on the base of request applied in these health care facilities followed by consent of particular counselled patients. Titles of health care facilities are not a subject of the research and thus will not be presented in the article. The research took place in the months of October and December of 2016.

### **V. Presentation And Interpretation Of The Research Data**

In the following text partial results of the quantitative research in the context of thematic focus of the article described above will be presented. It is focussed on the analysis of the data aimed at defining the level of knowledge or skills of nurses in the field of counselling elderly patients and the reality connected with counselling practice as such. Another goal of the paper is to find out how nurses are provided with support for planning, implementing and evaluating the quality of elderly education in practice.

#### **Did you encounter the issue of counselling patients during your education? Possibly elderly patients?**

**Graph 1:** Education in the field of counselling patients?

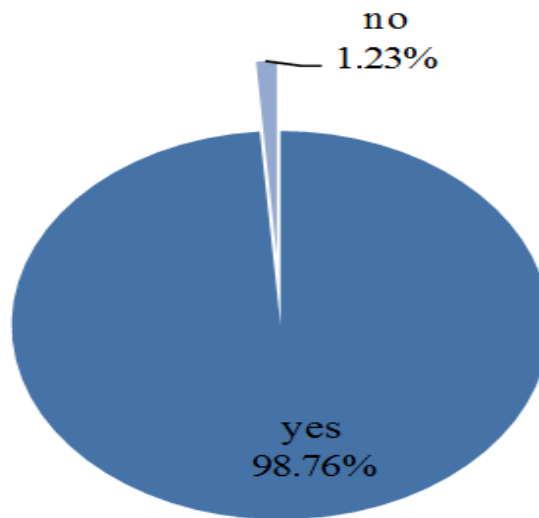


Source: Processed by the author, 2017

Graph 1 displays the level of education and ability of respondents of counsel patients 14. 81% (12) participants stated they did not encounter the issue of patient education and counselling (counselling the elderly) during their education, 85.18% (69) of respondents selected affirmative answer. After affirming they most often stated to encounter this issue during Basics of education classes and counselling in nursing during tertiary or university education although without counselling the elderly, if so then only marginally. They mostly did not encounter this issue during further specialisation or continuous education.

**Do you think that counselling the elderly is more exacting task compared to counselling adults?**

**Graph 2:** Possible differences in specifics of counselling the elderly as more exacting task compared to counselling the adults.

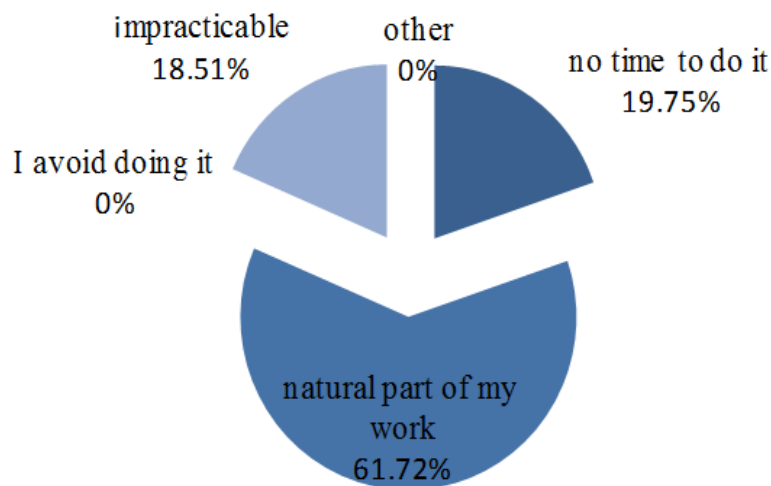


Source: Processed by the author, 2017

Graph 2 displays possible differences in specifics of counselling the elderly compared to education of the adults. As stated before elderly patients are, due to the specifics of their age, a group which requires a very different approach and structure of education and counselling process as a very particular activity. As expected, as many as 98.76% (80) of respondents realise the difference in counselling of the elderly and the adults and only 1.23% (1) negates this statement.

**Do you carry out elderly patient education and counselling?**

**Graph 3:** Counselling elderly patients

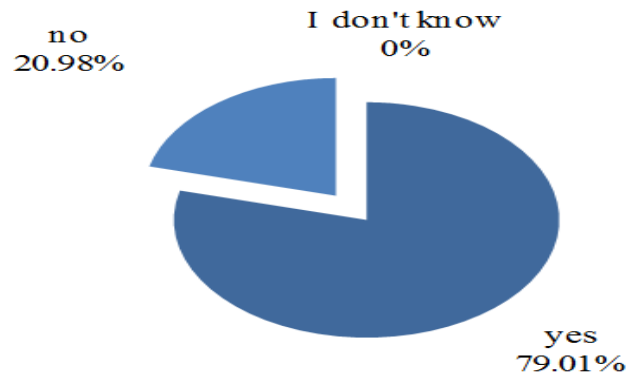


Source: Processed by the author, 2017

Counselling as a natural part of their work was stated by 61.72% (50) of respondents; sadly 19.75% (16) do not have time for counselling; regrettably 18.51% (15) considers counselling elderly patients as impracticable.

**Is patient education and counselling a part of nursing process?**

**Graph 4:** Patient education and counselling as a part of nursing process

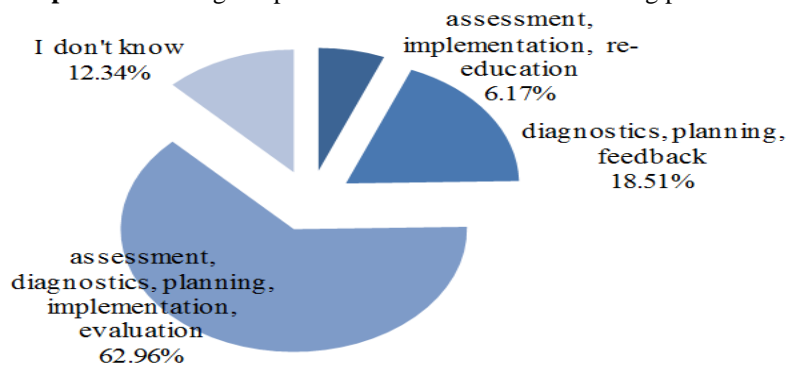


Source: Processed by the author, 2017

Correctly, 79.01% (64) respondents states patient education and counselling is a part of nursing process; 20.98% (17) mistakenly states it is not and 0% (0) respondents do not know the answer.

**What are the phases of education and counselling process?**

**Graph 5:** Knowledge of phases of education and counselling process

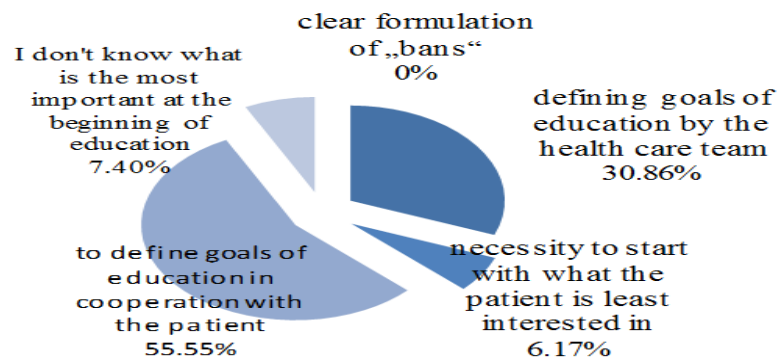


Source: Processed by the author, 2017

6.17% (5) respondents state as phases of education process: assessment, implementation and re-education; 18.51% (15) respondents incorrectly state following phases: diagnosis, planning, feedback; 12.34% (10) respondents do not know the phases of educational process of patients and 62.96% (51) respondents answered correctly that the education process of patients has 5 phases: assessment, diagnostics, planning, implementation, evaluation.

**In the beginning of patient education and counselling it is the most important to ...?**

**Graph 6:** Introduction of patient education and counselling

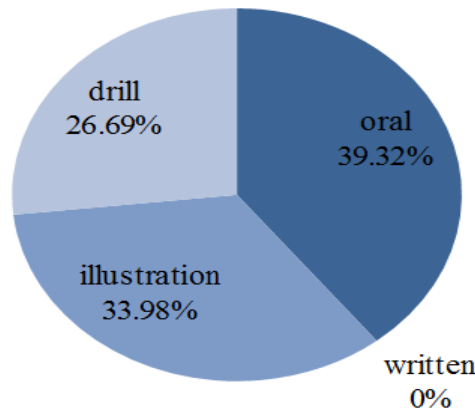


Source: Processed by the author, 2017

According to 30.86% (25) respondents it is the most important to define the goal of patient education and counselling by health care team; 6.17% (5) respondents think it is appropriate to start with what the patient is less interested in, 0% (0) do not state clear formulation of interdiction; 7.40% (6) respondents do not know and correctly according to 55.55% (45) respondents it is important to define the goals of education in cooperation with the patient.

**What counselling methods do you use (you can select more answers)?**

**Graph 7:** Methods of education and counselling

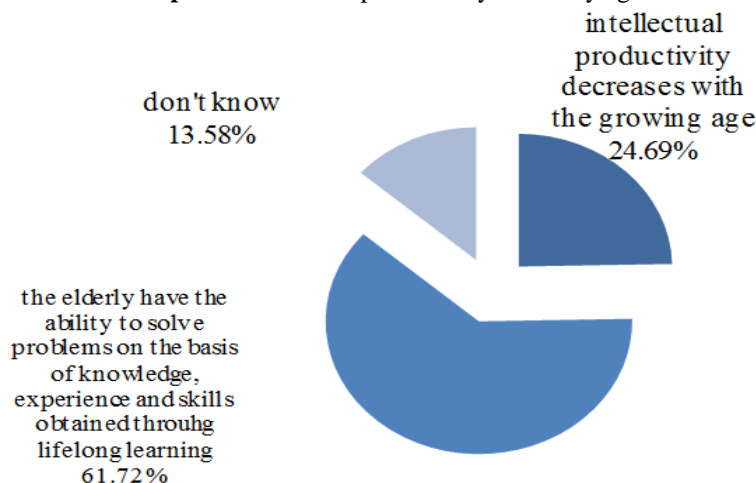


Source: Processed by the author, 2017

Graph 7 displays methods of education and counselling. According to literature the most frequent methods used in nursing are oral (interview, explanation, and description), personal contact and explanation. The respondents mostly mentioned oral instructions (out of 206 (100%) – 39.32% (81 answers). The research also implies that 33.98% (70) of respondents use demonstration and 26.69% (55) of respondents use drill. The data above shows the majority of nurses appreciate benefits of illustrative methods. None of the respondents mentions written instructions 0% (0).

**Does intellectual productivity decrease with growing age?**

**Graph 8:** Intellectual productivity in elderly age

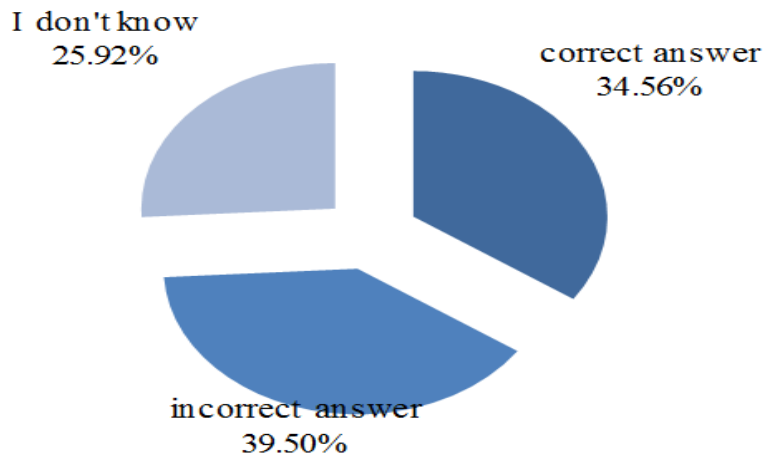


Source: Processed by the author, 2017

According to 24.69 % (20) respondents there is decrease of intellectual productivity connected with growing age; 13.58% (11) respondents do not know; and ability of the elderly to solve problems on the basis of knowledge, experience and skills obtained by lifelong education was correctly selected by 61.72% (50) respondents. This is so called crystallized intelligence which culminates at early elderly age. To certain extent is compensates inevitable decrease of fluid intelligence culminating during adolescence representing the ability of an individual to learn rapidly and react to new situations.

What does the term „geragogy“ mean (complete please)?

Graph 9: Geragogy - term

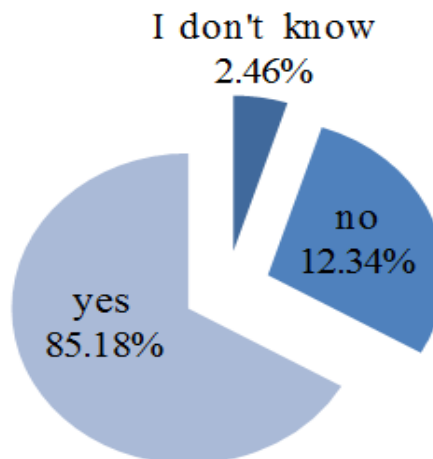


Source: Processed by the author, 2017

Graph 9 also represents knowledge of nurses. The results show that only 34,56% (28) respondents answered correctly – geragogy is an educational discipline dealing with education (learning and studying of the elderly), as many as 39,50% (32) respondents answered incorrectly and 25,92% (21) respondents do not know the answer.

**Do you use any didactic principles accepting psychosocial needs and requirements on elderly education and learning? If yes, what?**

Graph 10: Use and knowledge of didactic principles

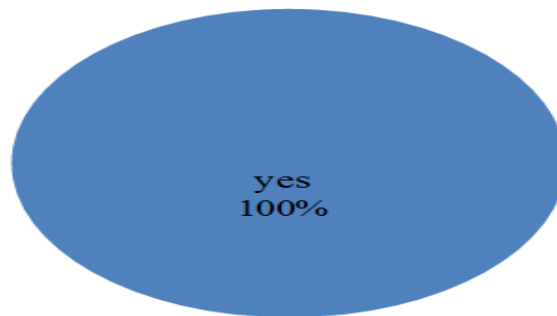


Source: Processed by the author, 2017

Graph 10 displays the level of nurses' use and knowledge in the field of didactic principles. 2.46% (2) respondents selected the „I do not know“ answer, 12.34% (1) respondents chose not the answer, 85.18% (69) respondents selected „yes“. Together with „yes“ the respondents indicated the following principles: adequacy, illustrativeness and individual approach.

**How does the feedback work during patient education and counselling?**

Graph 11: Feedback

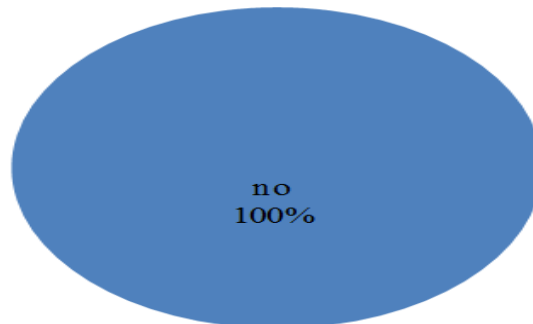


Source: Processed by the author, 2017

Graph 11 shows presence and the way of defining of feedback during patient education and counselling. 100% respondents selected „yes“. 79% (64) also added using follow up questions, such as: Do you understand? Is it clear? Are there any other questions? 20.98% (17) suitably added the question: What do you remember?

**Do you prepare a written counselling plan in your department?**

**Graph 12:** Preparing a counselling plan.

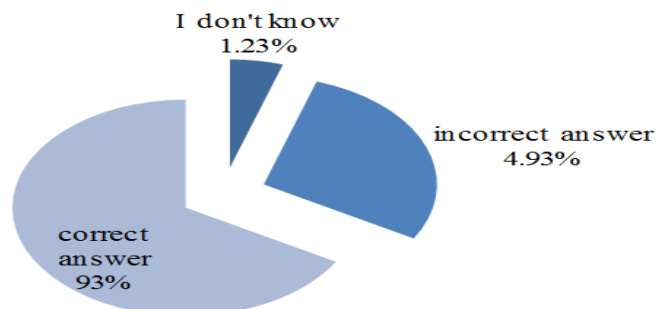


Source: Processed by the author, 2017

Graph 12 displays preparing education and counselling plan in the department. Counselling record of a patient is an important document about providing appropriate care and it is also important for workers' protection. An education and counselling plan as a part of nursing record ought to be prepared in writing, ideally in cooperation with a patient and kept as a part of patients' record. The research implies that none of the respondents states using counselling plans or standardized written plans in their departments. 100% (81) of respondents negates a written form of a counselling plan.

**Could you formulate at least one example of education goal in a patient suffering from diabetes mellitus? In the cognitive, psychomotoric, affective or behavioural area?**

**Graph 13:** Nurses skills to formulate education goals in patients suffering from diabetes mellitus in cognitive, psychomotoric, affective or behavioural area.



Source: Processed by the author, 2017

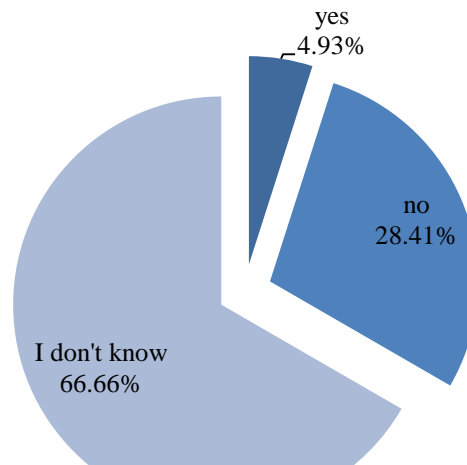
Encouraging results are brought by graph 13 which displays answers of respondents to formulation of education goals in patients suffering from diabetes mellitus in cognitive, psychomotoric, affective or



behavioural area. 93% (76) respondents selected correct formulation of the goal; 4.93% (4) respondents selected incorrect answer and 1.23% (1) respondents do not know how to formulate education goals.

**Is there a nursing standard for counselling at your work place?**

**Graph14:** Existence of nursing standard for counselling patients



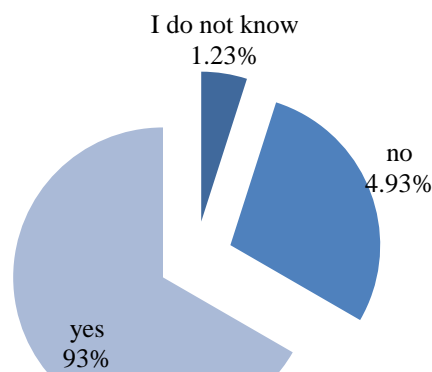
Source: Processed by the author, 2017

Graf 14 displays existence of nursing standards as definition of quality which defines minimum standard of provided care.

According to the author's earlier findings none of the departments has a standard for counselling. Surprisingly 4.93% (4) of respondents stated there is a standard to follow; 66.66% (54) of respondents do not know if there is one and only 28.41% (23) of respondents know there is not any. The author thinks this might be a consequence of excessive administration and information about operational changes in the departments.

**If you have any problems in education, you know where - who to turn to?**

**Graf 15:** Support for problems with practical training



Source: Processed by the author, 2017

The following graph presents the results of respondents' answers in case of possible problems with the education of patients in senior age in practice. 93% (76) of the respondents answered yes, in the open answer: doctor, nurse leader, family; 4.93% (4) of the respondents chose the answer, not in the open answer: there is not or is not always possible; and 1.23% (1) of respondents do not know, where or to whom they turn to problems with the education of elderly patients.

**VI. Discussion**

The level of nurses knowledge was enquired by questions of knowledge. Ignorance of specifics of education and counselling in elderly age thus can be considered as essential and ought to be a part of further education. Before the initiation of education and counselling it is essential to collect important information from all accessible sources and to define the problem of a particular patient with respect to their individuality, to state education diagnosis, define goals, best in cooperation with the patient. Then prepare education and counselling plan, define appropriate intervention the patient is required to adopt. Next steps are to implement the plan, evaluate and obtain feedback to check reaching of the goal. Goals of education are presupposed, expected changes in client behaviour. Exact definition of the goals enables objective check of results of education and counselling activity and operational diagnostics of changes in the structure of knowledge, skills, habits, approach, and ideas of a participant of an educational and counselling process. E.g. cognitive area - patient can name suitable food for diabetic diet, psychomotoric area – patient can prepare menu for 3 days, affective area – patient understands necessity of diabetic diet, behavioural area – patient keeps the diet.

Respecting didactic principles, which simplify the process of learning and help the effectivity of results, ranks among requirements of education and counselling process. Some of the most significant didactic principles which must be kept by the lecturer are: principle of consciousness and activity, principle of illustrativeness, principle of adequacy, principle of permanency, principle of method, principle of differentiated and individual approach, principle of complex and scientific approach, principle of connection do education and life, principle of unity of theory and practice, principle of continuous feedback, principle of variability of educational stimuli, principle of social consensus, principle of opinion pluralism and other [13]. It is important to reflect not only if patient understands but also what they understand during feedback i.e. validation of communicated – patient's understanding of education. As stated in literature the question is „What do you understand? /what do you remember?“ not „Do you understand“ - We investigate the extent of understanding [14]? Educational constructs are used in education, which in some way determine or influence real education processes. Existence of a nursing standard as a definition of minimum level of provided care [15], can also provide a lead and feeling of confidence for nurses. Education and counselling plan as a part of nursing record ought to be kept in writing [16], ideally in cooperation with the patient and kept in the patient's record.

Records of patient education and counselling is an essential document about providing appropriate care and it is also important for protection of health workers. The education record ought to contain the amount of patient's knowledge at the beginning and the end of education, the goal of education, contents of used methods and forms, teaching aids, barriers of education, evaluation of goals, who educated who when and where, signatures of the nurse and patient. Adequately kept records enable continuity of education, controlling of education sources, record progress, evaluate patient's results. It also serves to provide education to other members of health care team.

## VII. Conclusion

The article concerns with the issue of nurses competence in elderly patient education and counselling. The aim of the text was to find out the level of nurses key competences in elderly patient education and counselling process, and the way these variables are reflected in the reality of clinical practice. Knowledge and skills of nurses in elderly patient education and counselling are among observed variables. Another goal of the paper was to find out how nurses are provided with support for planning, implementing and evaluating the quality of elderly education in practice. The aim of paper was also to emphasize the need to respect the specifics of elderly education. Partial results of quantitative research are presented in the article. The research sample was purposive, composed of nurses working in geriatrics, long-term care and internal departments.

One of the goals of this text is to point out the significance of appropriate preparation and cultivation of elderly patient education and counselling nurse competences. The above mentioned quantitative research shows certain imperfections in nurses knowledge and skills in education and counselling process of elderly patients which are vital toward the reality of clinical practice. Education of nurses targeted at specifics of elderly patient education and counselling and the reality of provided education in practice requires raised attention. It is necessary to be prepared for work with this specific age group as early as during post gradual study of nurses. The research also shows that educative constructs that somehow determine or influence real education processes in nursing practice play a key role, of course, not only in the education of elderly patients.

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