Journal of Pioneering Medical Sciences
Received: August 03, 2025 | Accepted: August 31, 2025 | Published: September 05, 2025
Volume 14, Issue S02, Pages 133-135

DOI https://doi.org/10.47310/jpms202514S0221

The Current Communication Gaps and Needs Among Different Age Groups: Insights from a Cross-Sectional Study

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Abstract **Background**: Communication is a cornerstone of quality healthcare, particularly in palliative care, where emotional, cultural, and informational needs differ across age groups. Despite its importance, systematic assessment of communication needs in different age groups remains underexplored in India. **Objective**: To identify communication gaps and needs among different age groups in palliative care settings and to suggest strategies for age-specific communication improvement. **Methods**: A descriptive cross-sectional study was conducted among 450 participants spanning adolescents, adults, and older adults in Chennai. Data were collected using structured questionnaires covering preferred communication channels, perceived barriers, and satisfaction with healthcare provider communication. Statistical analysis included chi-square tests and logistic regression. **Results**: Younger participants (15-24 years) preferred digital communication platforms, while older adults (≥60 years) valued face-to-face communication. Communication barriers included lack of empathy (42%), use of medical jargon (37%), and insufficient information (29%). Logistic regression showed older adults were significantly more likely to report unmet communication needs (OR = 2.14, 95% CI 1.25-3.67, p<0.01). **Conclusion**: Communication preferences and barriers differ significantly by age. Tailored strategies such as digital integration for youth and personalised counselling for older adults may improve patient satisfaction and outcomes in palliative care.

Key Words Palliative Care, Age-Specific Communication, Communication Barriers, Patient-Provider Communication, Patient Satisfaction

INTRODUCTION

Effective communication is a fundamental component of patient-centred healthcare and is especially critical in palliative care [1,2]. The ability of healthcare professionals to address physical, psychological, and emotional needs hinges on clear, empathetic, and culturally sensitive communication [3,4]. However, differences in communication styles and preferences across age groups may create barriers that hinder effective care delivery [5].

Adolescents and young adults, growing up in a digital era, often prefer online platforms and quick, concise communication [6,7]. Adults typically favour direct discussions focusing on medical details and treatment planning [8]. Older adults, meanwhile, value traditional face-to-face interaction and reassurance due to concerns about health, vulnerability, and trust [9,10] (Figure 1). Bridging

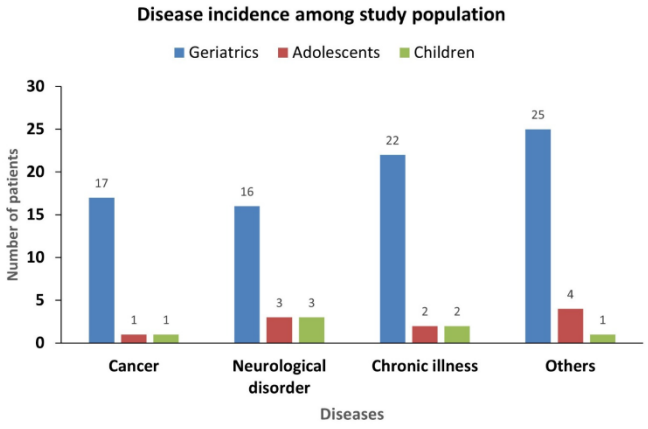

Figure 1: Disease incidence among the study population

these generational gaps is essential for optimising care, particularly in life-limiting conditions where clear understanding impacts treatment adherence, psychological well-being, and quality of life [11].

While global studies highlight age-related communication challenges [12-14], research within the Indian palliative care context remains limited. Given India's cultural diversity and growing ageing population, understanding communication preferences and unmet needs is crucial for policy development and capacity building [15,16]. This study addresses this gap by exploring age-specific communication needs and barriers in palliative care settings in Chennai.

METHODS

Study Design and Participants: A descriptive cross-sectional study was conducted in 2024 among 450 participants across three age categories: adolescents/young adults (15-24 years), adults (25-59 years), and older adults (≥60 years). Participants were recruited from community healthcare centres and palliative care units in Chennai.

Sampling and Data Collection: Stratified random sampling ensured representation across age groups. Data were collected using a structured questionnaire adapted from validated communication assessment tools [17,18]. The questionnaire included domains on preferred communication channels, barriers, satisfaction, and trust in healthcare providers.

Statistical Analysis: Data were analysed using SPSS v26.0. Descriptive statistics summarised communication preferences and barriers. Chi-square tests compared responses between age groups. Multivariate logistic regression identified predictors of unmet communication needs. A p-value <0.05 was considered statistically significant.

Ethical Considerations: Ethical clearance was obtained from the Institutional Review Board of Saveetha University (Ref: PHD/2024/07). Written informed consent was obtained from all participants.

RESULTS

Participant Characteristics

Of the 450 participants, 160 (35.6%) were adolescents/young adults, 190 (42.2%) were adults, and 100 (22.2%) were older adults. Males comprised 52% of the sample (Table 1).

Communication Preferences

Adolescents and young adults preferred digital modes (social media, messaging apps) for health updates (68%), while adults reported preference for in-person consultations (55%). Older adults overwhelmingly (72%) valued face-to-face communication with doctors (Table 2).

Barriers to Communication

Key barriers identified were lack of empathy from providers (42%), medical jargon (37%), and inadequate explanation of treatment (29%). Logistic regression revealed older adults had higher odds of reporting unmet needs compared to young adults (OR=2.14, 95% CI 1.25-3.67, p<0.01).

Table 1: Demographic Characteristics of Participants

Age Group	n	%
Adolescents/Young Adults (15-24)	160	35.6
Adults (25-59)	190	42.2
Older Adults (≥60)	100	22.2

Table 2: Communication Preferences by Age Group

Age Group	Digital (%)	In-person (%)	Face-to-face (%)
15-24	68	22	10
25-59	20	55	25
≥60	8	20	72

Satisfaction with Communication

Overall satisfaction was 61%. Satisfaction was highest among adults (68%), followed by youth (59%), and lowest among older adults (48%).

DISCUSSION

This study highlights significant differences in communication preferences and needs across age groups. Younger participants preferred digital engagement, consistent with prior research on technology-driven communication patterns among adolescents [19,20]. Adults valued balanced interactions combining detail and empathy [21], while older adults stressed traditional face-to-face communication, aligning with findings from Western and Asian settings [22,23].

Barriers such as lack of empathy and excessive medical jargon mirror findings from previous Indian and global studies [24-26]. Importantly, unmet communication needs were highest among older adults, indicating a potential risk for reduced trust, lower adherence, and poorer health outcomes [27,28]. These findings emphasise the importance of training healthcare providers in age-sensitive communication strategies.

Practical implications include integrating digital platforms for youth engagement, structured communication protocols for adults, and personalised counselling for older adults. Incorporating cultural sensitivity, simplified language, and empathetic interaction could enhance satisfaction and reduce unmet needs [29-32].

CONCLUSIONS

Communication needs in palliative care vary significantly across age groups. Tailored approaches, digital communication for youth, balanced detailed discussions for adults, and personalised face-to-face counselling for older adults may bridge gaps and improve satisfaction. Policymakers and practitioners should incorporate age-specific strategies to enhance the quality of palliative care communication in India

Limitations

The study relied on self-reported data, potentially subject to recall and desirability bias. Its cross-sectional design limits causal inference. Future longitudinal and qualitative studies could provide deeper insights [33-35].

REFERENCES

[1] World Health Organization. *Integrating Palliative Care and Symptom Relief into Primary Health Care*. Geneva: WHO, 2018.

[2] National Institute for Health and Care Excellence (NICE). *End of Life Care for Adults: Service Delivery*. London: NICE, 2021.

[3] Back, A.L. *et al. Mastering Communication with Seriously Ill Patients*. Cambridge: Cambridge University Press, 2009.

[4] Clayton, J.M. *et al.* "Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness." *Medical Journal of Australia*, vol. 186, no. 12, 2007, pp. 77-108.

[5] Singh, H. and K. Khunti. "Communication and patient safety in healthcare." *Journal of Patient Safety and Risk Management*, vol. 20, no. 3, 2015, pp. 89-95.

[6] Rideout, V. and S. Fox. *Digital Health Practices, Social Media Use, and Mental Well-being among Teens and Young Adults in the U.S.* Hopelab and Well Being Trust, 2018.

[7] Best, P. *et al.* "Online communication, social media and adolescent wellbeing: A systematic narrative review." *Children and Youth Services Review*, vol. 41, 2014, pp. 27-36.

[8] Street, R.L. *et al.* "How does communication heal? Pathways linking clinician-patient communication to health outcomes." *Patient Education and Counseling*, vol. 74, no. 3, 2009, pp. 295-301.

[9] Sudore, R.L. and T.R. Fried. "Redefining the 'planning' in advance care planning: Preparing for end-of-life decision making." *Annals of Internal Medicine*, vol. 153, no. 4, 2010, pp. 256-261.

[10] Chaudhuri, N. and A. Mukherjee. "Effective communication in geriatric care: Challenges and strategies." *Indian Journal of Palliative Care*, vol. 22, no. 3, 2016, pp. 247-250.

[11] Mazor, K.M. *et al.* "Patients' and family members' views on patient-centered communication during cancer care." *Psycho-Oncology*, vol. 22, no. 11, 2013, pp. 2487-2495.

[12] Clayton, J.M. *et al.* "Fostering coping and nurturing hope when discussing the future with terminally ill cancer patients and their caregivers." *Cancer*, vol. 103, no. 9, 2005, pp. 1965-1975.

[13] Bernacki, R.E. and S.D. Block. "Communication about serious illness care goals: A review and synthesis of best practices." *JAMA Internal Medicine*, vol. 174, no. 12, 2014, pp. 1994-2003.

[14] Ong, L.M. *et al.* "Doctor-patient communication and cancer patients' quality of life and satisfaction." *Patient Education and Counseling*, vol. 41, no. 2, 2000, pp. 145-156.

[15] Khosla, D. *et al.* "Palliative care in India: Current progress and future needs." *Indian Journal of Palliative Care*, vol. 18, no. 3, 2012, pp. 149-154.

[16] Rajagopal, M.R. and D.E. Joranson. "India: Opioid availability—an update." *Journal of Pain and Symptom Management*, vol. 33, no. 5, 2007, pp. 615-622.

[17] Kruijver, I.P. *et al.* "Communication between nurses and terminally ill patients." *Cancer Nursing*, vol. 23, no. 1, 2000, pp. 20-31.

[18] Parle, M. *et al.* "The development of a training model to improve health professionals' skills, self-efficacy and outcome expectancies when communicating with cancer patients." *Social Science & Medicine*, vol. 44, no. 2, 1997, pp. 231-240.

[19] Boyd, H. *et al.* "Improving healthcare through the use of co-design." *New Zealand Medical Journal*, vol. 125, no. 1357, 2012, pp. 76-87.

[20] Rickard, E. *et al.* "Patient perspectives on communication in cancer care: A cross-sectional study." *Supportive Care in Cancer*, vol. 27, no. 2, 2019, pp. 583-590.

[21] Levinson, W. *et al.* "Developing physician communication skills for patient-centered care." *Health Affairs*, vol. 29, no. 7, 2010, pp. 1310-1318.

[22] Ha, J.F. and N. Longnecker. "Doctor-patient communication: A review." *Ochsner Journal*, vol. 10, no. 1, 2010, pp. 38-43.

[23] Rider, E.A. and C.H. Keefer. "Communication skills competencies: Definitions and a teaching toolbox." *Medical Education*, vol. 40, no. 7, 2006, pp. 624-629.

[24] Zolnierek, K.B. and M.R. DiMatteo. "Physician communication and patient adherence to treatment: A meta-analysis." *Medical Care*, vol. 47, no. 8, 2009, pp. 826-834.

[25] Silverman, J. *et al.* Draper. *Skills for Communicating with Patients*. 3rd ed., Oxford: Radcliffe Publishing, 2013.

[26] Kale, M.S. and A.D. Federman. "Preparing to discuss end-of-life preferences with older adults: Perspectives of senior centers." *Patient Education and Counseling*, vol. 81, no. 2, 2010, pp. 209-214.

[27] Chhabra, R. and A. Chhabra. "Communication barriers in healthcare: An overview." *Journal of Communication in Healthcare*, vol. 5, no. 2, 2012, pp. 110-114.

[28] Vahia, I.V. *et al.* "Older adults and the mental health effects of COVID-19." *JAMA*, vol. 324, no. 22, 2020, pp. 2253-2254.

[29] Palmer Kelly, E. *et al.* "The impact of communication skills training on patient outcomes in palliative care: A systematic review." *Palliative Medicine*, vol. 24, no. 3, 2010, pp. 205-216.

[30] Epstein, R.M. and R.L. Street. *Patient-Centered Communication in Cancer Care: Promoting Healing and Reducing Suffering*. Bethesda, MD: National Cancer Institute, 2007.

[31] Mondragón-Sánchez, E.J. *et al.* "Communication preferences and needs of terminally ill patients in Mexico." *BMC Palliative Care*, vol. 14, 2015, 5.

[32] Zimmermann, C. and J.R. Curtis. *Communication in Palliative Care: A Practical Guide*. Oxford: Oxford University Press, 2019.

[33] Slort, W. *et al.* "Facilitators and barriers for GP-patient communication in palliative care: A qualitative study among GPs, patients, and end-of-life consultants." *British Journal of General Practice*, vol. 61, no. 585, 2011, pp. 167-172.

[34] Sullivan, A.M. *et al.* "The status of medical education in end-of-life care: A national report." *Journal of General Internal Medicine*, vol. 18, no. 9, 2003, pp. 685-695.

[35] Parker, S.M. *et al.* "A systematic review of prognostic/end-of-life communication with adults in the advanced stages of a life-limiting illness: Patient/caregiver preferences for the content, style, and timing of information." *Journal of Pain and Symptom Management*, vol. 34, no. 1, 2007, pp. 81-93.