ABSTRACT

Objective: to reveal the understanding of assistant nurses about the rights of the hospitalized elderly and the difficulties for the preservation of those rights. Method: an exploratory-descriptive study with a qualitative approach, performed with ten nurses from a public hospital in João Pessoa/Paraíba, Brazil. The data were built through the interview technique and analyzed by Content Analysis Technique. The research project was approved by the Ethics Committee in Research, CAAE: 03535512.8.0000.5183. Results: The empirical material was organized into two categories: 1. Rights of elderly patients hospitalized and 2. Difficulties experienced by nurses to preserve the right of the hospitalized elderly. Conclusion: Although the nurses claimed to have theoretical knowledge about the rights of the hospitalized elderly, they revealed some difficulties to enforce these rights, due to insufficient of sources, such as: human, material and physical. Descriptors: Elderly Rights; Hospitalization; Nurses.

RESUMEN

INTRODUCTION

The age structure of the world population is in the process of change. Because of this, the elderly population has increased noticeably in the last four decades, particularly in developing countries. This aging process affects the conditions of defense and makes the elderly more susceptible to disease, causing frequent hospitalizations.1,2

In Brazil, the growth of the elderly population has led federal agencies to establish standards to meet those people who have to prioritize their rights from the 1990s. Thus, in 1994, was established the first Act, which includes effectively the rights of the elderly. This is the Law n.º 8.842/94, regulated by Decree n.º 1.948/96, which regulates the National Policy for the Elderly and emphasizes in his art. 17, he is entitled to a preferential treatment in state agencies and private healthcare as clinics, hospitals, laboratories, health plans, among others.3,4 In that same decade, another political tool large for defending the rights of the elderly was the regulation of the National Health Policy for the Elderly (PNSI), through Decree n.º 1.395/99. This policy was last updated in November 2006, through Decree n.º 2.528/2006, and had the primary purpose of recovering, maintaining and promoting the autonomy and independence of the elderly, directing collective and individual measures of health for this mister, in line with the principles and guidelines of the Unified Health System (SUS).5,6

Another important milestone was the 10.741/2003 Law, which provides for the Elderly (EI) and emphasizes the art. 16, which is secured to the elderly or hospitalized under observation the right to a companion, and health agency should provide the appropriate conditions for their stay full time, according to medical criteria. In this sense, it is clear that this population requires specific care and multidimensional. This fact leads to a higher demand of health services, which requires professionals prepared to care for this age group, always looking for respecting their specificities.7,9

In the hospital, it is observed that the elderly hospitalized loses often, the possibility to express their decisions as a patient and therefore its autonomy in relation to opinie about their health and treatment. This is because many professionals believe they have the power to decide on the care relationship with the hospitalized elderly. In other words, these professionals make decisions on their behalf. However, when referring to the conduct of the nurse in relation to the care and respect for the rights of the elderly, this professional's activities are guided by principles and standards that are contained in the Code of Ethics of Professional Nursing (ECE). This is an important document that presents the principles, rights, responsibilities, duties and a prohibition related to the ethical conduct of nursing professionals; and is considered an important tool for directing the conduct of the nurse in the exercise of their profession.10-11

Thus, it is clear that changing the age profile of the population refers to the need to prepare and nursing professionals who provide care for the elderly, since they are considered dually vulnerable: because they are elderly and hospitalized patients as. Furthermore, there are ethical situations involving the rights of the elderly and are present in the daily nursing work, which is why you need to develop skills and practices in order to provide adequate care that focused clientele.

It is believed that this study will provide grants for clinical practice of nurses, due to the importance of this topic for the daily life of these professionals, because the leads to rethinking the development of actions to care for the elderly, involving ethical issues that must be observed in the exercise of profession. Furthermore, the study aims to elicit these professional reflections those allow the awakening of a critical and reflective awareness about the rights of the hospitalized elderly.

Based on the foregoing, the study aimed to:

● Unveiling the understanding of nurses about the rights of hospitalized elderly and difficulties for the preservation of those rights.

METHOD

Exploratory study with a qualitative approach, carried out at the Medical Clinic in Wards A and B, a public University Hospital, in the city of João Pessoa/PB, Northeast Brazil.

That clinic has 15 nurses who perform their professional duties in it. The choice of location was due to the strong demand of hospitalized elderly. Study subjects were 10 nurses from the medical unit, who were exercising their duties during the data collection and agreed to participate and signed the Informed Consent Form (ICF).

For study design, we used the following guiding questions: What is the understanding of nurses on the rights of the elderly patient...
hospitalized? What are the difficulties experienced by nurses to preserve the right of elderly hospitalized?

The technique used for data collection was the interview, using the recording system, and the instrument consisted of a list of questions containing identification data and points regarding the rights of elderly patients hospitalized as knowledge and difficulties experienced by nurses to assist the hospitalized elderly. Data were collected in September and October 2012, during the shifts, days and times scheduled in advance with the research participant.

For the analysis of empirical data derived from the interviews, we used the technique of content analysis proposed by Bardin, following three major hubs: pre-analysis, with the aim of organizing initial ideas, which leads the analyst to develop indicators that underlie the final interpretation; exploration of the material, which leads the analyst to perform various readings and group the initial ideas that emerge in the categories and their sub-categories, and the treatment of the results, when the researcher makes the inference or interprets and presents data in categories.12

We emphasize that the construction of the data only started after project approval by the Ethics Committee (CEP), registered under number CAAE: 03535512.8.0000.5183. On occasion, the participants were informed about the purpose and methodology of the study and asked to sign the Instrument of Consent (IC). Such procedures aimed at meeting the observance of ethical principles contained in Resolution n° 466/12, National Council on Ethics in Health for research with humans.13

In order to guarantee the anonymity of participants, each of which was identified as RN (E) and a corresponding number of the interview, for example, E1 referring to the first interviewee nurse, and so on up to E10.

RESULTS AND DISCUSSION

Results are presented considering the characteristics of respondents and identified two categories based on the technique of content analysis adopted in this study.

♦ Characterization of study participants

Ten nurses participated in the study: nine females and one male - aged between 26 and 56 years old. Therefore, for this sample was predominantly female. This is a fact which is part of the daily lives of workers in the area of Health, however, according to the study2 currently has observed more interest for this male profession, showing that the conceptions of Nursing are undergoing transformations, despite the predominance of females.

The operating time of the participants in the nursing profession ranged from two to 36 years. When they were asked about the completion of courses Postgraduate, the ten respondents, only two have strictosensu courses: one, Doctor of Nursing, and one Master in Sociology. The other courses have latosensu: two attended Specialization in Geriatrics and Gerontology, and five Specializations in several areas such as Public Health, Nursing Management, Process and Health Care in the Intensive Care Unit. Only one of them did not attend a graduate.

Scholars14 emphasize that the Geriatrics and Gerontology comprise an emerging area in which there is still a small number of health professionals with training, qualifications or training, which meets the interviewees, according to which only two are specialized in the field of Geriatrics. Claim that the nursing staff should be trained in the area, so act performing their duties with the elderly patient, using the specific skills of care in order to address the biological, psychosocial, cultural and spiritual needs of the elderly. When asked about conducting refresher courses in the area of care for the elderly, only one respondent replied that he took courses in this area, which confirms the shortage of qualified professionals to meet this specific group studied.

As mentioned, from the analysis procedure adopted, it was possible to identify two categories: rights of elderly patients hospitalized and difficulties experienced by nurses to preserve the right of hospitalized elderly.

Discursive category 1 - Rights of hospitalized elderly patients

In this category, the nurses spoke about the rights of the hospitalized elderly patient. Considering the content expressed in their testimonies, there were made two subcategories listed below:

♦ Subcategory 1 - Right to escort

This subcategory, interviewees revealed to have knowledge about the right of the elderly to a companion during the hospitalization period. This is evidenced in the reports below:

[...]
Know what specifically is the right companion that is established by the Elderly. (E6)

[...]
The elderly patient has a right to a family companion, adequate facilities, the biggest role of the multidisciplinary team [...]. (E8)

[...]
is entitled to family support at 24 hours, [...] and also a support for the
Hospitalized elderly rights: understanding...

companion, in order to offer comfort to the sitter. (E10)

The testimonies show that respondents have some knowledge about E1, when mentioning that the right is grounded in the companion document, and not bother to assure you the elderly. This right is provided for in E1, in its art. 16, in which it emphasizes its security when the elder is admitted or observation, and health institution should provide you adequate conditions for the permanence of the companion in these situations.7

Under this approach, the said Statute places the health professional responsible for treatment of the elderly should therefore allow monitoring or, if impossible, to justify it in writing. This fact confirms the speeches of respondents who reported the concern with this issue:

[...] I guide the relatives that they really have to get this right, orienting those who do not have people available in the family to get another type of caregiver for him (old) does not remain alone in the hospital [...]. (E5)

In those patients who have no companions, try to coordinate with social service here that a family member or someone you know come to stay with the patient. (E6)

As it turns out, the testimonies of the respondents show their concern to ensure this the hospitalized elderly. Scholars11,18 highlight the importance of the partner in the treatment and recovery of the elderly, especially when there is work together with the health care team.

It is noteworthy that the Ordinance of the Ministry of Health n. 280/99 becomes mandatory in public hospitals contract or agreement with the Unified Health System (SUS), the permanence of the accompanying hospital for elderly patients. This decree states that the hospital receives the SUS daily companion when properly formalized by the Authorization for Hospitalization.16

♦ Subcategory 2 - Right to a humane treatment

In relation to this subcategory, the dignified treatment of the elderly was present in the speeches of the participants and was widely quoted in several respects. Rights emphasized by respondents were: right to privacy, autonomy, confidentiality, appropriate treatment, to respect, to meet prioritized and an environment adapted to their conditions of elderly. This can be demonstrated in the following reports:

[...] Have an environment adapted to his condition. [...] Security as caged beds, privacy procedures where we do not always have a screen, or private environment [...]. (E1)

[...] Right to know what he has; respect them regardless of color, race or ethnicity. In general, patients' rights are always included in the [rights] of the elderly. (E3)

[...] The right to maintain their dignity and autonomy, [...] refuse treatment, [...] adhere to drug therapy and therapeutic care that is established, [...] be respected as person and decide on your life, that there is also autonomy. (E6)

[...] Right to respect has to be treated with respect as any other patient [...]. (E7)

These statements demonstrate that nurses mentioned rights that are not specific to the hospitalized elderly, but that should be guaranteed to any patient, such as confidentiality, privacy, right to respectful treatment, among others.

According to the Ordinance of the Ministry of Health n° 1286/93, every patient has the right to a human service and respectful by all the professionals in Health, a local worthy and appropriate for where it can be serviced and keep your privacy to satisfy needs.19

In this sense, it is important that nurses recognize such rights, so you can guide the actions relating to the care of elderly patients hospitalized and provide you with a more effective service and quality.

There are reports of the right to privacy in situations such as making procedures, in order to preserve the privacy of the elderly patient. Indeed, privacy is a need and a human right to preserve his body from exposure and manipulation by others, and disregard that right characterizes its invasion; under this approach, CEPE, in its art. 19 mentions that it is the duty and responsibility of the nurse "to respect modesty, privacy and intimacy of the human being." Should still preserve the intimacy and privacy of the patient through the use of screens, to guarantee you a service based on respect, which is an ethical action.11,18,20

In the statements above, only one respondent reported the patient's right to autonomy. This is an important right for all patients, including the elderly, and it must always be remembered by the nurse, as set out in ECE in art. 17 and 18, as this professional duty: to provide information to the person on the rights, risks, benefits and complications of nursing care, and respect, recognize and take action to ensure the right of the person or its legal representative to make decisions about their health and treatment.11

The relationship between nurse and elderly patient in the hospital, assumes relevance when the elderly are configured as the
primary users of the health service, and nurses, as professionals more present in this context. So, respect, without discrimination, to the elderly patient is reported by respondents, avoiding relate them to the bed number or even employ terms with "little grandfather or little grandmother." Consider the following statements:

[...] The elderly call by name, call avoid Uncle, Grandpa, sometimes relate to the bed, but is a matter of our code, to connect the patient to know the number and so we're talking about. (E2)

[...] Talked with the team for not treating elderly using terms like "little grandfather". (E3)

Such statements corroborate what is inserted into EI, in his art. 4 and on the Ordinance nº 1286/93, art. 2, emphasizing that no patient will be subject to any kind of discrimination and has the right to be identified by name and surname, rather than being called by the name of the disease or health problem or generic form or any other form inappropriate, disrespectful or prejudiced.7,11

Discursive category 2 - Difficulties experienced by nurses to preserve the right of hospitalized elderly

The speech that this category reveal the point of view of nurses, the difficulties they experience in order to preserve the rights of hospitalized elderly. Among the difficulties listed, include: inadequate physical structure, work overload, lack of family support, lack of support from a multidisciplinary team; professional unpreparedness. Most respondents replied that all alternatives fit into the daily difficulties faced. Thereafter, there were three subcategories, namely:

Subcategory 1 - Inadequate physical structure

The EI in its art. 48, paragraph 1, which deals with “the assistance entities are responsible for providing physical facilities in adequate conditions of housing, hygiene, health and safety.”7 In this sense, the reports of respondents differ from what is recommended by the Statute, as explained in following:

[...] Still have an ancient structure, archaic it is not renewed, the hospital is not ready to receive this portion of the population that has limitations [...]. (E6)

[...] Is not here for a non-slip flooring, safety bars, the beds are high, the patient needs to climb stairways [...] the toilets are very low, no adapter for seat [... ] are still those scales manual. (E7)

[...] Does not have a shower chair to pass the door of a bathroom, beds, sometimes we need to move from one ward to another and they is not wide enough for that, there is the matter of the floor that is slip resistant some bathrooms have no handrail. (E5)

According to Decree nº 810/89, the Ministry of Health, the physical area designed to meet the elderly should be planned taking into account that a significant portion of users presents or may present difficulties in walking and more vulnerable to accidents, justifying the creating a suitable environment. It also establishes that, in the case where the toilet side walls being spaced apart a support structure to be installed on both sides of the vessel to replace the bars installed on the wall. In relation to floor coverings should be preferably monochrome and easy to clean material and non-slip in circulation areas and toilets.22

Accordingly, for improvements to preserve the rights of hospitalized elderly, respondents pointed suggestions for improvements, in order to promote quality care for these patients. This can be evidenced in the stories those follow:

[...] Need adequate lighting, the floors should be slip resistant [...] (E2)

[...] Should have an adequate physical infrastructure, like here because patients are prolonged hospitalization, could do some fun activities. (E3)

The interviewees’ statements show the urgent need for the service to undergo changes in the physical structure. It is remarkable to realize that basic tools such as seats in the toilets, safety bars and non-slip flooring in bathrooms, are not offered by the service. Thus, respondents are concerned that the service seeks to adapt the physical structure to meet the rights of the elderly in this aspect.

Under this approach, the EI in his art. 37, § 3º and art. 50, IV, states that the institutions that house seniors are required to maintain housing standards consistent with their needs, and provide physical facilities in adequate conditions of habitability.7

Subcategory 2 - Work overload and lack of professional preparation

Respondents report that there is an overload of work in the service, because the amount of professionals is insufficient to meet demand, making it difficult to conduct a more complete service and more direct family.

[...] There is a lack of personnel, the demand is very large, has very elderly patients and also bedridden and we only have three or four assistants. (E3)

[...] Always worked with a few professionals, but was to have a larger team, as caring for the elderly is different
of many patients, there are insufficient human resources and the specific care required. Despite this heavy workload, the nursing staff seeks to undertake activities in line with the guidelines established, as evidenced in this report:

Try to actually adapt because they have many things that are not directly compatible with the old [...] the amount of people working is deficient in relation to the large number of patients who are chronically ill. (E4)

Upon passage presented in the speech of the interviewee, there is a deficit of service in relation to the number of staff, suggesting impairment in the quality of care provided. To the authors' shortages in resources, whether material, physical and human, involving the reduction of quality in patient care and requires a greater effort of workers, mental or physical in nature.

Also in this subcategory, nurses pointed the lack of professional training as one of the difficulties they face in ensuring the rights of older hospitalized since such unpreparedness hinders a greater commitment of professionals in elderly care in condition of hospitalization. Argue the need for professional training in the area and institution-specific protocols to better serve this specific population.

[...] We are not prepared to work with the elderly patient; the University does not form the professionals to it, in any category [...]. (E5)

Professionals are also unprepared because there are hardly any courses that promote professional training in this area. (E9)

Should also have a greater involvement of other professionals, and also we have not yet established protocols. In our nursing service already has, but the medical, social work has not [...]. (E8)

The EI, in its Article 50, XVII, shows that it is the obligation of the customer service the adequacy of the professional staff when there are elderly hospitalized: “the obligations of the service entities: [...] to keep the staff, professional with specific training.”. (E7)

Accordingly, the acquisition of knowledge of nurses and other professionals of the health team in the area of Gerontology helps to identify the various aspects involving specific assistance in order that the period of hospitalization of the elderly is driven by actions more resolutive with respect to their health problems. (E4)

However, in these reports, the nurses emphasized not the specifics of the hospitalized elder care, suggesting that their professional actions with these patients are based on the practical experience gained during the training, and not in a training targeted to this type of clientele.

Thus, respondents justified the importance of conducting training courses for all professionals in order to improve the care provided to the elderly and make them aware about the rights of patients, considering that the great demand of the clinic in the study was conducted which are elderly patients. The nurse, in turn, does not feel prepared to work with these patients. This can be evidenced in the statements that follow:

[...] Should invest in training of professionals who work with seniors, because here at the medical clinic in some periods, 80% of the capacity of hospitalized patients are patients from 60 years [...]. (E5)

[...] I think there should be recycling a continuous training of professionals in the health program for the elderly, which leaves much to be desired at this time. (E9)

[...] I believe that training courses because the team needs is qualified, since the vast majority of the clinic's patients are elderly. (E6)

From the interviewees, there is a need to promote training courses in the field of Gerontology, considering the importance of the workers is cleared to the specific care for the elderly. In this perspective, the EI provides in its art. 18, “health care organizations should promote training and capacity building of professionals to meet the needs of the elderly.”

Before the speech of respondents, it is evident the creation of training courses for employees of Nursing institution where the study was conducted, in order to promote continuing education and, therefore, the improvement of them and the remaining team, with regard to the rights of the hospitalized elderly.

♦ Subcategory 3 - Lack of support from the family and the multidisciplinary team

Regarding the lack of family support to the hospitalized elderly, respondents reported
that, on the one hand, there are families that come, participate in the whole process of hospitalization of the elderly and others argue that there are families who abandon the elderly in hospital.

[…] Many elderly patients are left without companions, sometimes when they get a companion who is not family does not have much psychological support for the patient. (E2)

Some patients are neglected here, and even many bedridden or family comes to visit, and only comes when the patient is about to die [...]. (E4)

[…] Some are clearly present, but many seniors who are served here we have the difficulty of bringing the family to stay with the patient. (E5)

There are also here some seniors who already raise families here have to get rid of at home, [...]. But there are also families who attend, to take turns and are 24 hours with the patient. (E10)

In these reports, the nurses say, during hospitalization, many elderly people are left without the company of family, since it does not give due importance to the elderly, and some families are more present.

Studies by26,27 emphasized the importance of family presence during the hospitalization of the elderly, as a component of the treatment process, as it provides protection, security and affection for elderly patients.

The work of the multidisciplinary team is an important tool necessary to the accomplishment and execution of good procedures, and allows assistance to continue. However, in the view of respondents, it is not possible to observe the work of the multidisciplinary team in providing care to the hospitalized elderly, although they recognize its importance.

[…] The multidisciplinary team, often only restricted to the doctor and nurses sometimes have psychologist and depending on the patient's condition has physiotherapist. The diettitian spends every day, but do not have a very complete team. (E3)

[…] Lack integration of multidisciplinary team [...]. needed to have a more targeted assistance, a full team, which operates social service working with families, the psychologist to realize the limitations that the elderly will acquire throughout life [...] and even integration of the medical staff with the nursing staff [...]. (E6)

In the interviews, it is clear that although the service relies on a multidisciplinary team; its performance is still not effective in the care of hospitalized elderly. It is necessary that the multidisciplinary team has several technical, human, scientific and ethical to promote continuity and consistency of care, and better decision making.28

Although the reporting of respondents can be seen that there is a concern of them to promote a multidisciplinary care to the elderly hospitalized, but the lack of communication in the team hinders this process.

[…] We sometimes try to make this work, but sometimes there is such a lack of communication, the barrier between all professionals [...]. (E7)

It was noticed that although the service rely on doctors, nurses, physiotherapists, nutritionists and psychologists, the team does not act in an integrated manner, as each does their part in the disease process of the individual.

Thus, teamwork, health, is an important tool in meeting the needs and problems of human health, since people cannot always be met by a single specialty and neither individually.29

CONCLUSION

The results of this study showed that although the nurses claimed to have theoretical knowledge about the rights of hospitalized elderly, they showed some difficulties to effect them, due to insufficient number of human, material and physical sources.

The quantitative insufficient staff in the industry Medical Clinic where they operate has caused an overload of work for professionals in the field of nursing, which is a factor that interferes with the effective nursing care to the elderly hospitalized with the required quality. In addition, there is the fact that these professionals are not prepared to work with the elderly, given that they have not received specific training to work with them during graduation and there are currently actually studied courses that enable to this end. It is noteworthy also that the service has adequate physical resources to the targeted nursing care to the elderly can be implemented.

The study results show the urgent need for training courses for nursing workers, since they do not feel prepared to work with the elderly, which shows the need to improve service to the rights of the elderly, as well as improvements in physical structure of the service in order that the high demand of the clinic in which the study was conducted, is elderly.

Therefore, it is necessary to emphasize the importance of conducting further studies, resulting in subsidies to guide professionals.
about the rights of elderly patients hospitalized and to compare the results with those of other studies conducted in hospitals similar size and complexity.

REFERENCES


