Nursing care of the hospitalized elder: a bioethical approach

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Abstract Populational aging requires trained professionals to assist elders and to deal with bioethical issues. This qualitative study aimed at understanding how nurses in public hospital in Feira de Santana-BA perceive the bioethical dimension of hospitalized elders' care. The collection of data was undertaken through interviews. Data were analyzed according to content analysis method. Nurses recognize the importance of values in care, such as respect and responsibility, they identify bioethical problems such as violation of patient and elder's rights, conflicts in the care relationships and patient selection for ICU. It is necessary that this issue should be worked in health services, that the Code of Ethics for Nursing Professionals be more streamlined among professionals of the sector, that the rights of elderly patients should be disseminated among patients and their families, in order to ensure that those who are involved in caring know and exercise their rights and duties.

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The age structure of the Brazilian population is a the process of change. It is observed that, especially with the decline in fertility and increased life expectancy, the population is aging rapidly.

In 2000, the elderly population in Brazil configured a contingent of nearly 15 million, representing 8.6% of the total population, according to data from the Brazilian Institute of Geography and Statistics (IBGE) 1. Also according to the institute, the projections for 2020 indicate that this population could exceed 30 million people, representing about 13% of the total population.

Population aging is a phenomenon observed not only in Brazil: it is global. In 1950, the world had about 204 million elderly people. In 1998 this number rose to 579 million - an increase of about eight million seniors

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Per year. Projections indicate that by 2050 the elderly population will be 1,900 million people, equivalent to the population of children 0-14 years [1].

Coupled with this transition, there is also the epidemiological transition characterized most often by reduced morbidity and mortality from infectious and parasitic diseases and increased morbidity and mortality from chronic diseases. Chronic diseases are generally incurable, require ongoing treatment, and have complications that can lead to functional disabilities

Advanced age contributes to susceptibility to disease and greater likelihood of death. Thus, the elderly are vulnerable not only in the biological aspect, but also in the social aspect due to the differing situations experienced in daily life and related to cultural, economic, and political issues [2].

When there is a need for hospitalization of the elderly, it is expected not to be long and that he and his family receive guidelines for home care. However, what we see is the lack of training of health professionals to fulfill this educational activity, especially at the time of hospital discharge [2,3]. In Sao Paulo, the elderly use hospital services more intensively than other age groups due to long periods of hospitalization or a high rate of re-hospitalization [4].

We suppose that this is a reality across the country and that health professionals are also responsible for it when they do not deliver the care directed to the needs of the elderly by not providing instructions to the family for continuing care at home. Therefore, there is a lack of training of health professionals to work with rehabilitation and health education, which influences the successive admissions submitted to the elderly with chronic diseases.

The rapidly growing elderly population leads to greater demand for health services, which therefore requires professionals trained to care for this age group, while respecting their specificities, and the creation of public policies [5]. Given this scenario, it is clear that changing the demographic and epidemiological profile of the population brings the need for better training of health professionals to provide care to the elderly; situations involving ethics that are present in the everyday care of nursing work and that nurses have difficulties in coping with them.

Based in these assumptions, we established as a research problem the following discussion: how do nurses perceive the bioethical dimension of care for the hospitalized elderly? To answer this question we defined as our objective to understand how nurses in clinical medicine, at the unit of long-term and emergency unit of a public hospital in Feira de Santana/BA share this perception.

We believe that this study will provide subsidies to nursing, given the scarcity of studies on the subject, as shown in the literature, and tends to increase the care practice of the hospitalized elderly, seen through the current epidemiological and population dynamics.

The bioethical dimension of nursing care to the elderly

With regard to elderly care, we can say that there are peculiarities as susceptibility to development of chronic disability[6] and development of incapacities [2], iatrogenic risk [7], presence of sensory and cognitive deficits [8], which should not be ignored. Therefore, he should be considered in his uniqueness and context of life, in order to preserve the maximum possible autonomy and independence.

The loss of autonomy is a problem faced not only by the elderly, but by the majority of hospitalized patients. The study by Clark, Costa and Lunardi [9] investigated whether there was compliance by the nursing staff, to hospital patients' rights at the Unified Health System (SUS) and at private healthcare, comparing the results. It was observed that patients admitted by both SUS and private clinics had no knowledge of the right to consent or not with procedures to be performed, as well as of being asked to allow the implementation of care itself.

In practice, it is observed that the patients generally are not aware of their rights. This result was presented by Veloso and Spindola [10] in the study on the perception of hospitalized patients about their rights and duties. Lack of knowledge about them has been a constant expressed in the speech of the interviewees. The authors believe that the health team does not value the information and explanations to patients,

because when informed their claims are best established. Thus, the patient becomes active, no longer accepting control by the team that takes their freedom and autonomy over their body and life.

Often, when caring for their patients, elderly or not, health professionals are involved with the disease and the command of technological resources, not prioritizing the human aspect [10]. They forget that patients have identity; they experience problems and need to have their rights respected. Every hospitalized patient has the right to considerate and respectful care; personal dignity; to confidentiality or professional secrecy; to know the identity of personnel involved in their treatment; to clarify information, in accessible language, about their diagnosis, treatment and prognosis; to refuse treatment and be informed about the consequences of that choice; and also to complain of what they disagree with, without changing the quality of their treatment [11].

Even with the current discourse of respect for autonomy, freedom and other previously mentioned rights of patients, health professionals maintain against them an authoritarian and oppressive stance: *despite the discourse on self-care to enhance customer's participation in their care or the planning of their care, perception and approach the client while being able to think, reflect, know and choose, deciding for themselves and by themselves what is best, as a being endowed with reason, desire and ability to exercise their freedom, it does not seem to be done satisfactorily, since the person that determines the process still seems to be the health professional* [12].

This situation is even more common when it comes to elderly patients, seen as socially weak and disabled beings, and ignorant, therefore of what is best for them. Often, the family itself makes the decisions for them, without even consulting them, even if they can decide. Based on the foregoing, it is clear that illness and hospitalization cause great impact on the lives of the elderly. The condition of being sick, either temporary or permanently, leads to a change in values. The elderly person reflects on what he is, was, and could become [13].

Thus, care to anyone, especially the elderly, requires knowledge and actions based on ethical values. To do so, we must learn the means to develop bioethical principles-based care in order to create a culture of nursing care to the elderly, based on respect and sensitivity, permeated by reciprocity [14]. Accordingly, *we urge that integral care becomes a reality in the care for the elderly, therefore, respect to old age and its process; using an approach focused on the individual person, not the disease; consider the elderly as an active participant in the control and treatment of health, and fight for more human assistance conditions, which are anchored in daily practice, on minimum care, while respecting and preserving the dignity of our clients* [15].

The actions of care to the elderly guided by bioethics include their effective participation, highlighting their experiences and encouraging professionals to seek accountability, creating conditions for improving the quality of life.

All our actions are the result of a choice that takes into account personal values. However, these values are not so personal, because they are influenced by the social environment in which we operate [16]. In the field of ethics, it is considered that the values express the guidance model or those representations guiding our actions. Reflection on these values gives birth to ethics, while a search for radical understanding of the principles that guide man's way of acting[17].

If care should be guided by ethics, we can then ask: what is ethics? *Ethics begins with the individual who, being required to act, takes upon himself the interest and concern of responsibility for himself. Without care or concern, the action would not be possible because these elements form the impetus for resolute moral action by the individual capable of reflecting and acting with purpose* [18]. Ethics has its basis in the human ability to transcend his own desire to take decisions towards the welfare of the other [18].

By applying this concept to nursing, we agree with Souza [19] when he states that *nursing is intended to be the care/caring for people*. *This profession has meaning, achieves its purpose, when it concerns, goes back to attention by acting specifically on behalf of people*. The ethical action requires nurses to develop ideasfor making decisions relating to technical activities with ethical principles [14].

The Code of Ethics for Professional Nursing (Cepe) is an important document that presents the principles, rights, responsibilities, duties, and prohibitions pertaining to the ethical conduct of nurses[20], becoming a tool for directing the conduct of nurses in the profession.

Cepe presents fundamental principles as respect for life, dignity and human rights and all its dimensions, and the competence to promote the integrity of the person in accordance with the principles of ethics and bioethics [20], present in most of the text, such as respect, freedom, autonomy, justice, commitment, fairness, dignity, responsibility, honesty, loyalty and prudence.

In section I of its Chapter I, which deals with relations with the person, family and community, between the duties and responsibilities of the professionals are observed other ethical actions, such as providing adequate information to patients and their families, to respect patient autonomy and his privacy even after death, and protect him against damage from malpractice, negligence or recklessness on the part of any health professional. Therefore, an approach to principlist ethics is perceived, based on the basic principles of autonomy, justice, beneficence and non-maleficence [21].

Beneficence relates to do good and preserve the interests of patients; non-maleficence requires that any professional intervention prevents or minimizes risks and damage to them; autonomy presupposes the provision of adequate information before obtaining consent to begin therapy; and justice concerns the distribution of resources, rights and obligations equitably [21]. The ethical principles underlying the Cepe and the values present in care settings overlap. As stated by Waldow, *care is in its essence ethical*. *For me caring, the unifying focus of nursing, is its ethics* [13].

It is recognized that care is multidimensional, identifying its dimensions or concepts. Souza [19] re-viewed the five concepts identified in the work of Morse and others: care as a human characteristic; as a moral imperative; as affection; as interpersonal interaction and as therapeutic interven-tion. Care as a human trait is perceived as inherent in all people. Care as a moral imperative *leads to concern for the good of the patient, while maintaining his dignity and respect to him as a person* [19]. Care as affection is described as the feeling of compassion or empathy that motivates the nurse to care [19]. In the perspective of care as an interpersonal interaction, this is a reciprocal action, mutual between the nurse and patient. Finally, care as a therapeutic intervention is focused on the patient's needs identified by the nurse, which he should aim to meet.

Waldow [22] presented two dimensions of care: the aesthetic and the ethical dimensions. *The aesthetic dimension of care refers to the meanings and values that underlie action in an inter-relational context, so that there is coherence and harmony between feeling and thinking (understanding/ knowledge) and doing.* On the ethical dimension, he affirms that in nursing care is an action that encompasses behaviors and attitudes that express values like commitment, responsibility, and hope. Care is therefore understood by the author [13,22] as the very ethics of nursing.

In elderly care, health professionals, especially those in nursing who work closest to the patient may be faced with dilemma situations that involve ethical judgments for decision making. Many don't even recognize such situations, they may already consider them common or do not feel responsible for them: *the identification and recognition of a dilemma situation can be understood as an important step in our constitution as ethical beings, as many of us don't even realize, in many everyday situations, conflicts, problems or doubts. There is a double blindness: we can not even see that we cannot see. To render problematic the daily tasks, perceive problems, difficulties, contradictions, and questions is the first step for talking about ethics* [9].

However, there are many professionals who in face of ethical dilemmas seek answers based on autonomy, justice and respect for dignity, seeking to ensure the human dimension of relations [23]. Thus, they try to improve the quality of care and humanize their implicit relationships in the face of various problems faced everyday in Brazilian hospitals, such as

work overload, few professionals, incompatible with the high demand of patients and shortage of basic material resources for care.

Method

In order to understand the perceptions of nurses about the bioethical dimension of the hospitalized elderly care, we used a qualitative approach in developing this research of exploratory and descriptive type. The study subjects were eight nurses who care for hospitalized elders in a public hospital in the municipality of Feira de Santana, Bahia, in different sectors of the institution: medical clinic, emergency room and long-stay unit – in which we observe the greater number of hospitalized elderly.

The choice of participants was intentional, considering the important subjects, from the viewpoint of the researchers for clarification of the issue addressed; the ease in finding people; time of the individuals for interviews, among other factors[24]. Due to difficulties in finding professionals to be interviewed and the observed saturation of the data, we ceased interviewing.

To facilitate the interviews, we designed a tool with two parts. The first deals with the characterization of the subject using data such as gender, age, years of professional experience, the sector where they operate, years working in the sector and area of expertise; the second is the interview schedule itself, with questions about the values that guide the care provided to elderly patients and which bioethical issues are perceived in this care.

The collected data were categorized and interpreted according to the technique of content analysis used for the study of motivations, attitudes, values, beliefs and trends [24]. According to Resolution 196/96 [25] of the National Health Council (CNS), the research project was referred to the Research Ethics Committee (CEP), at Universidade Estadual de Feira de Santana. Research continued after approval.

The consent of subjects to participate in the study was registered by signing an informed consent formulary (IC). Interviewees were assured that the information would be used only for research purposes and they would be free to stop participating at any time without any problem, even after the start of the interview.

The scientific and social return to the institution where the research was carried out came from the commitment to submit the results to respondents and other stakeholders, as well as to provide a copy for the library of the hospital.

Results

We interviewed eight nurses: four worked in the medical clinic, two in the emergency unit and two in long-stay unit of the hospital. The only criteria for inclusion of the subject in the survey were working in the mentioned sectors and agreement to participate. We were unable to establish criteria based on the minimum time of operation in the sector because there were many nurses with recent labor contracts.

Females predominated among the participants, with only one male. The age ranged from 25 to 52 years and the time of professional work, from 2 to 28 years. It was thus possible to establish the views of nurses with varying levels of experience. All respondents held graduate-level specialization, except one, who has a master's degree.

After analyzing the interviews, the results were divided into the categories *ethical values in elderly care and bioethical issues in elderly care*, listed below.

Ethical values in elderly care

Ethics aims at understanding the criteria and values that govern the judgment of human action in its many activities [26]. Starting from values, it searches the fundamentals that guide behavior in order to ensure social cohesion and harmonize individual and collective interests. Thus, ethics becomes increasingly necessary in the exercise of any profession [27], particularly nursing.

Nurses, like all others, is imbued with the values of the society in which they are inserted, which influence their way of caring. Therefore, care has its own meaning for each one, according to the values, beliefs and experiences in their personal and professional path [28].

Ethical values are understood in the present work as the principles that guide our actions

Therefore, we analyzed the values that guide the nursing care of the hospitalized elderly, present in the speeches of nurses, grouping them into two subcategories that represent two fundamental values: *respect and responsibility*.

Respect in elderly care

Care depends on an ethical conception that contemplates life as a valuable asset in itself [22]. In exercising the profession, the nursing professional must respect the life, dignity and human rights in all their dimensions [20] – respect is a fundamental value in professional practice.

In this study, respect was broadly present in the speech of subjects, mentioned in several respects. The elderly patient is respected by nurses and others who are not elder, which shows that subjects also seek to act equally with all patients, as exemplified below: *"For me, it does not matter whether the patient is a child, adult, old, man or woman, my values are the same* (...) *I seek to treat all patients with respect"* (Int. 6).

Elders are also respected in their specificity, which shows that nurses in general, are attentive to the physical, psychological and cultural characteristics of aging: "Prioritize the elderly patients, because they really have certain peculiarities (...) they are patients who require more care in assistance because, due to a normal state, they are patients that depend more on care" (Ent. 2).

Today the great challenge of health care professionals is to care for the human being in its entirety [29]. In fact, a challenge because there are many barriers to achieve comprehensive care. Mentioned difficulties were to ensure respect and dignity for the patient, elderly or otherwise, regarding the poor physical structure and insufficient human and material resources: *"You treat him with dignity, although we're in a health service that has no quality regarding comfort, individualized care, with time to be heard, listened to, so you can give a care that will lead him to improve*" (Int. 4).

Thus, according to Int. 4, elderly patients are prioritized by nurses and other team members, because they believe they are more fragile: "We have to prioritize in the absence of litters, if the patient is sitting. *We'd rather just give him these structural issues. If there is any examination, the priority is with him because he is a patient who may have a lower understanding and go without taking the exam. You have to go after it for him* [...]*I also see this in all workers, they say: give it to that guy, because he is an elderly person. Lets give priority to that old man*" (Int. 4).

The elderly should be valued for having more experience and longer life history. He cannot, therefore, receive the same treatment given to a child. This concern was present in nurses' discourse: *"One thing I worry very much is treating the elderly as if they were children, which is something I do not think is right. Even if he looks like a child, he is not a big kid"* (Int. 6). When we treat the elderly like a child, we end up not respecting their autonomy, because when we judge them like that we do not believe that they have the power to choose the best for themselves [6].

Finally, patient's rights were mentioned, how to maintain his/her privacy, provide information to him and his family: "...*we respect the privacy very much here, although we have difficulties with material resources, so we try to improvise in order to try and solve the problem* (Int. 8); *"So today, I try to respect this elderly patient, I try to come and talk with the family, explain what is happening, if there are available beds, if not, explain why he didn't do the exam"* (Int. 7).

Nurses have respect as one of the key values to guide the care provided for hospitalized elderly patients, a fact widely identified in the speech of all participants. The respect reported encompassed secondary values such as sensitivity, faith, equality, humanity, and dignity. However, respondents did not mention respect for autonomy, an important right of patients. According to Oliveira and Fortes [30], the autonomous person is one who makes decisions freely, chooses among the options presented to them according to their values, beliefs and life goals. So, to respect the autonomy of the person is to recognize that he/she may have views, values and goals different

from ours, different from what is prevalent in society and among health professionals.

Therefore, autonomy is a right which should not be forgotten, because it is the duty of nursing, according to Cepe's articles 17 and 18 [20], to provide adequate information to the person on the rights, risks, benefits and complications of nursing care, in addition to respect, recognize and take action to ensure the right of the person or his legal representative to make decisions about their health and treatment.

Responsibility in elderly care

The responsibility is related to freedom, considering that one can only be responsible for what he has voluntarily chosen. Thus, the responsibility for an act starts when choosing it and carrying it out, not just when its consequences appear [31].

Under Cepe [20], it is the duty of the nursing professional to pursue professional responsibility and protect the person in their care of damages caused by malpractice, negligence and recklessness. Negligence is the lack of attention; clumsiness, lack of knowledge, skill or dexterity; and recklessness, the hasty attitude, decision making without thinking about the consequences [32].

Caring means putting oneself in the other's place, usually in disadvantage situations[23]. This conception was present at the interviews, which reported that empathy led them to be more careful and responsible in carrying out their activities: *"If I put myself in the place of the patients, if it was a relative of mine, I would not like it, as I do not like to see*" (Int. 4).

To put oneself in the place of another involves an understanding of otherness, to realize that others have needs not met. Otherness *is the representation of the other within us and the capacity to live with the different other, to provide an inside look from the differences. It means that I recognize the other as well as an individual with equal rights* [33].

The recognition of otherness causes the professional to adopt an attitude of commitment, searching to solve patient's problems. The feeling of empathy and commitment to it motivates nurses to act beyond their professional duties, and to perform professional activities pertaining to other members of the team.

"Sometimes I stop and think, sometimes you're there, you can do well to a person, and you do something extra that we have to do. Us nurses, we do it all the time, because we do what the doctor didn't do, what the nutritionist did not do, for the patient. So if we stop, the patient dies there, and that is the fact" (Int. 7).

The nurses cited laws relevant to the care of elderly patients, as Cepe and the Elderly Statute - which allows us to suppose there is a concern to know and enforece the laws, showing prudence

and responsibility:

> *"...see the code of ethics, resolutions, what we can, to what extent we can, what we cannot, what is really appropriate to nursing care.* (...) *Within the code of ethics which is the responsibility of nurses and how far it is appropriate to the nurse to perform care"* (Int. 3);

> *"...Then the people in nursing care have to be careful not be negligent with this patient, we are not (...) to have more, how can I say, give access to this patient because he has the right protected by the statute with respect to universal and equal access of care"* (Int. 1).

Responsibility leads to prudent and fair decision-making [26].Thus, recognition of differences in each patient and the adequacy of care for their needs show sensitivity to equity, i.e., offering more attention to those who need it most: "...*I'm becoming more mature about it, I'm looking to provide differentiated care to the elderly, since they have specific needs, don't they? The need of an elderly person is not the same need of a youngster.* [...] *I have to go changing this way, to give more attention to the issues of the elderly and try to match the needs of each one, which are different"* (Ent. 7).

Another aspect identified in the interviews was the responsibility of nursing as a profession, compared to the difficulties experienced in the hospital routine, which negatively influence the care of patients and respect to their rights as workers: "...*health is a greater good that the person may have. So imagine the other all the time suffering there sometimes the consequences of a health system that is not effective, that is not appropriate and is also our fault because we do nothing, we do not fight for our rights"*(Ent.7).

In fact, it is the right of nursing staff to participate in movements in defense of the profession and to demand better conditions of assistance, work and pay, and can even suspend their professional activities [18]. However, according to Lunardi and colleagues [12], the fear of losing their jobs leads nurses to submit to the conditions imposed by the health services, remain passive, unaware that they represent the largest category of health professionals.

Bioethical problems in elderly care

In their daily routine, professional nurses are faced daily with bioethical issues, designed as classical dilemmas [12], circumstances in which they need to judge about the best approach to be taken based on ethical values. In this study, we questioned the subjects about the bioethical problems experienced in caring for elderly patients. The nurses reported situations construed as bioethical issues, which were grouped into subcategories, as described below.

Breach of rights in caring for elderly patients

Every hospitalized patient has the right to considerate and respectful care, personal dignity, confidentiality, or professional secrecy; to know the identity of the professionals involved in their care; to clear information in accessible language, about their diagnosis, treatment and prognosis; to refuse treatment and be informed about the consequences of this option and also to complain of what he disagrees without the quality of their treatment being changed for the worse[11]. According to the Elder's Statute [34], people in this age group have the fundamental rights to life, liberty, respect, dignity, food, health, education, culture, sport, leisure and exercise a profession, social security and welfare, housing and transportation. Therefore, nurses should be aware of these rights and respect them not only as professionals but also as citizens.

> *"The violation of rights to confidentiality and privacy has been cited by many of the subjects as a result of the technicality of the actions of the nursing staff, which is explicit in the statements: "Sometimes we find ourselves talking about the diagnosis in the industry. So the we have to be careful" (Int.1); "In the emergency, care for the elderly is still inhumane, because the structure is muffled (..) there are many people who care for him and he gets embarrassed, not everyone treats with the same care" (Ent. 4).*

There were reports of assault and negligence on the part of team members and informal caregivers hired by families. Elder's frailty and illness condition leaves him even more vulnerable to these events.

> *"As a nurse, I have experience with a technician [...] underestimating the ability of elderly people to understand things and then do it anyway, to be aggressive with the elderly patient (...) there are families that pay a caregiver who does not care right, who lets the patient uncared for because, especially when the elderly is in a state of torpor, he can't talk, how to communicate and then he got worse because he has no way to complain to us also" (Int. 2).*

In such cases the nurse has an ethical-legal obligation to intervene because, according to art. 21 of Cepe [20] the nursing professional have a responsibility to *protect the person, family or community against damage from malpractice, negligence or recklessness on the part of any member of the healthcare team.* Furthermore, art. 34 of the Code expressly prohibit the professional to provoke, cooperate, and be silent or complicit with any form of violence. Being responsible for the nursing staff, the nurse should direct it about these issues.

Bias was also present in the stories of nurses who observe the discriminatory treatment given to elderly patients through neglect by family members and other team members: *"The elderly are at the end of life, so people do not care. The concept of old is still very present. Something old is something people do not want anymore because it isn't utile and there is often contempt for the elderly patient because he has lived too long"* (Int. 6).

Aspects related to inadequate physical structure of the hospital, the workload and the unpreparedness of the professionals were cited by subjects to explain the difficulties in providing a humanized care: *"I feel powerless in relation to some aspects. The elderly, like other patients, might have a better care if we had a better structure. Our structure is not good and the professionals are not well qualified"* (Ent. 6).

An environment of care, according to Waldow [13], is one in which people feel recognized and accepted as they are. They can express themselves authentically, care about each other, offer support and help, taking responsibility and pledging to maintain this atmosphere of care. It can be seen in reports that many times the hospital in which nurses work is not ideal for the treatment of patients. Even if you strive to act differently, the environment is still an impediment to the humanization of care.

This fact goes against a fundamental right of the elderly: *dignity*. On this, the Elder's Statute [34], paragraph 3 of art. 10, states: *it is the duty of all to protect the dignity of the elderly, putting him safe from any inhuman, violent, terrifying, harassing or embarrassing treatment.* To maintain the dignity of the elderly is the duty of every citizen, not just from family and health professionals - including public and private institutions and organizations, which must offer fair treatment about the environment, material resources and staff training.

Motta and Aguiar [35], medical professionals' training, say that this is still insufficient to care for the elderly and argue that contents related to such care be included in undergraduate courses and that investments be made for the reformulation of graduate courses. This need for training can be extended to other categories of health professionals, because improving the quality of care for elders requires qualification of the people who do it[6].

Health professionals, especially nurses, must not only respect the rights of the hospitalized elderly but also demonstrate care, respect and understanding, providing the information to which they are entitled, thus stimulating their participation in decisions about their treatment [9] – promoting their independence, since these actions make a difference in provided care.

Conflict in relationships that involve care

Conflicts in relationships that involve the care of hospitalized elderly occur when the actors involved have different values. The conflicts identified in the speech of the subjects occur both between the family and the multidisciplinary team and between members of the team.

The relationship between the multidisciplinary team and family of the elderly is often conflicting. Such conflicts arise from disagreements over the conduct of the team, lack of responsibility or excessive care of the family, as well as due to bureaucratic issues deriving from elder's care - most common situations in the discourse of nurses working in medical and long-stay unit.

There were reports of disagreement with the family regarding discharge of patients, often resulting from its lack of preparedness to care for dependent elders: *"A patient already in hospital discharge, already assessed by medical and nursing care that meets the criteria for going into home care program [...] and the family refuses to take him because they have the vision that the patient is unable to receive care at home*" (Int. 1).

There are also situations in which the family exempts itself from the responsibility of caring for the elder, who legally belongs to it, expressed in the Elder's Statute [34], leaving him in the care of health professionals: "*...a good part is patients that sometimes the family does not have much interest in being in contact with them, you see? So then, sometimes they transfer the responsibility to the hospital*" (Int. 2).

The excessive care of the family is considered a generator of conflict, because in such circumstances the family requires greater attention from staff than necessary for that patient, interfering in the care of others: *"The relationship between parents and the elderly, or is of extreme caution or of extreme neglect. Sometimes it disturbs because they imagine that the nursing staff is exclusive to their patient, then conflicts arise because they want us all the time and we need to pay attention also to other patients"* (Int. 6).

On this issue, Mendes and others [36] state that excessive zeal is harmful, because elders becomes increasingly dependent, burdening the family itself, which now perform tasks that could be mostly done by the elder. The family and health professionals must work to preserve and promote the autonomy and independence of the elderly.

Other factors that generate conflict in team-family relationship are the bureaucratic issues that permeate the care of elderly patients, such as lack of information, lack of medical team, inability to perform exams etc: *"... often the family gets upset because of that,*

because it does not have adequate information or sometimes because the doctor did not come and sometimes they demand it all from the nurse [...] the family wants no part in the problem, it wants the problem solved, you see? So it sometimes creates a conflicted relationship with the team" (Int. 7).

One realizes in reports that the socioeconomic and cultural context in which the family is inserted influences team-family relationship, in addition to the health institution organizational problems. Regarding the political dimension, it is necessary to improve the health system as a whole: to expand access to services, improve the quality of care regarding human and materials resources, providing support to family caregivers, minimizing conflicts and better managing those that might arise.

Conflicts also occur among team members. Conflicts also occur among team members. Health team work is multidisciplinary: professionals from different fields who work in a segmented way. According to data, it was not yet possible to move to interdisciplinary work in which professionals from different backgrounds work together, assessing and deciding the best approach for each case. Therefore, it is common for team professionals to act differently: "*So we have also these multidisciplinary conflicts. We have a multi-differentiated professional conduct, there is no harmony"* (Int. 3).

There were reports about specific conflicts with the medical team, particularly with respect to lack of commitment of these professionals with patients and nursing team. As is evident from the interviewees' speech, the medical team's role leaves gaps in some aspects. If physician listens the patient, he cannot evaluate him fully. Therefore, his conduct will not be adequate to demanded needs. Thus, nurses realize the need to seek for, at times, other physicians to meet the needs left behind by physicians who treat the patient - for the his own sake.

Team-patient relationship must be permeated by dialogue. When the patient is heard, he gets information about his health and treatment, and he can opine about it - we establish a relationship of respect and trust. Therefore, it is essential to recognize patient as an autonomous being, a citizen, subject of his own will and care[6].

A change is necessary in the multidisciplinary team's professionals, which must pass through restructuring of academic and institutional framework so that they may act, finally, in an interdisciplinary way [35]. Interdisciplinarity enables understanding the whole person in the health-disease process, aiming to overcome the fragmented view of the individual, governing until then.

Conflict in selecting patients for the intensive care unit (ICU).

The intensive care units (ICUs) are complex, targeted to the care of critically ill patients that require specific physical space, specialized human resources, and advanced technological equipment, representing a high cost to health institutions [37].

Brazil has few intensive care beds available to meet patient demand, which is justified by high cost of maintenance. This reality leads managers and physicians to establish criteria for resource allocation and patient selection. One expects that such criteria be effective (in a pragmatic perspective) and right (the moral point of view). Thus, the acceptance criteria must be guided by the scientific objectivity, like gravity, emergency, time of treatment and prognosis, to ensure fairness to the treatment. However, it is recognized that *managers and physicians in intensive care are subject to moral conflicts, especially the fair allocation of micro resource elders in intensive care centers* [38].

Elders, due to their comorbidities and advanced age, are considered patients with less chance of recovery, with less chance of occupying an ICU bed, as described in nurses' statements: "*This issue of choosing which patient will to ICU is the one that best reflects the insurgency of what is ethical or not, the lack of vacancy. The elder is regarded always by age at those critical moments. Sometimes it takes time for him to go because a younger patient arrived, from an accident and we have to put him there fast because he will recover faster, and that bed will turn out as well*" (Int. 4).

Thus, it is a dilemma situation to decide the extent to which therapy investments should apply in face of reduced prospects of survival or of limited quality of life after discharge, without harming the equal treatment right, guaranteed by the Elder's Statute, under which the age cannot be an exclusion factor[37]. Medical literature describes using age as ICU admission criterion. However, it is not solely responsible for the lower survival of the elderly, but also the individual's functional capacity prior to ICU admission and severity of the illness that led to hospitalization [39,40].

Controversial, age cannot and should not be the only criterion used for selecting patients to the ICU. However, it is still the most used. Coupled with the reduced number of vacancies, it determines elder's low access to treatment resources available in ICU: *the preferential distribution of hospital services for younger patients does not seem to be based on the characteristics of acute disorders. Perhaps the real reason is the fact that some physicians still believe that older patients respond less to certain therapeutic measures*[40].

The choice of who goes to the ICU determines which patient will receive more treatment resources and, therefore, is more likely to survive, and who will wait for a vacancy in an unit that does not provide adequate support to their needs - and thus with more probably to die. Generally, the

physician is the health professional responsible for this decision. How-ever, nurses opine and participate in decision-making, which makes selec-tion a serious bioethical problem faced by nurses in elderly hospital care.

Final considerations

From analysis of nurses' statements, we perceive that they recognize the importance of ethical values in hospitalized elders' care, especially respect and responsibility, with a stronger presence.

We realize also that they identify situations experienced in hospitalized elders' care: bioethical problems such as violation of patient's rights and the rights of the elderly, conflicts in relationships that involve the care and ICU selection of patients. But there are nurses who do not have this critical view, revealing an idealization of reality or narrow understanding of bioethical issues, understood only in the dimension of professional conduct, as a synonym for Cepe violations.

The nurses with less training time, i.e. less time in the profession, and those involved in teaching, had a wider and honed vision on the bioethical dimension of elder patients' care. We can infer that training in nursing has evolved to work bioethics issues and caring for elders in undergraduate courses, sharing values, preparing future professionals to work in a more humane and responsible manner and making them recognize patients' specific characteristics and to respect those.

However, this change is not enough to modify the care for hospitalized elders. It is necessary to work the bioethical issues in the everyday life of health services not only with the nursing staff, but with the whole multidisciplinary team, aiming to practice ethical values.

Although currently, the situation of Brazilian public hospitals submits the health professionals to long working hours, the lack of beds, insufficient human and material resources - conditions that contribute to the insurgency of bioethical issues in everyday life – it is possible to fight for better conditions work, which will certainly contribute to the humanization of care.

Cepe needs to be streamlined more among nursing professionals. as well as the hospital's patient rights and elder's rights, which also should be disseminated among patients and family member, to ensure that those involved in care know and exercise their rights and duties. Nursing can do and be the differential in the relations of care within the hospital environment, acting ethically.

It is necessary, above all, the effort to treat hospitalized elderly patients by recognizing their specificities, encouraging their independence by ensuring their access to the available treatment resources and indicated to their case, and respecting their autonomy.

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Resumen

El cuidado de los enfermeros a los ancianos hospitalizados: un enfoque bioético

El envejecimiento de la población requiere profesionales capacitados para atender a este grupo de edad y hacer frente a cuestiones bioéticas. Se trata de un estudio cualitativo que tuvo como objetivo comprender cómo los enfermeros en un hospital público en Feira de Santana-BA perciben la dimensión bioética de la atención a ancianos hospitalizados. La recogida de datos fue a través de entrevistas. Los datos fueron analizados según el método de análisis de contenido. Los enfermeros reconocen la importancia de los valores en la atención, como el respeto y responsabilidad, identifican problemas de bioética, tales como violación de los derechos de los pacientes y los ancianos, los conflictos en las relaciones de cuidado y selección de los pacientes de UCI. Es necesario que esta cuestión sea trabajada en los servicios de salud, que el Código de Ética de los Profesionales de Enfermería sea más difundido entre los profesionales del área; que los derechos del paciente anciano sean divulgados entre pacientes y familiares, a fin de garantizar que los involucrados en el cuidado conozcan y ejerciten sus derechos y deberes.

Palabras-clave: Bioética. Atención de Enfermería. Anciano.

Resumo

O cuidado do enfermeiro ao idoso hospitalizado: uma abordagem bioética

O envelhecimento populacional exige profissionais preparados para cuidar de idosos e lidar com problemas bioéticos. Trata-se de estudo qualitativo que objetivou compreender como enfermeiros de hospital público de Feira de Santana/BA percebem a dimensão bioética do cuidado ao idoso hospitalizado. A coleta de dados ocorreu por meio de entrevista. Os dados foram analisados por método de análise de conteúdo. Os enfermeiros reconhecem a importância dos valores no cuidado como respeito e responsabilidade, identificam problemas bioéticos, como violação dos direitos do paciente e do idoso, conflitos nas relações de cuidado e na seleção de pacientes para UTI. Faz-se necessário que esse tema seja trabalhado nos serviços de saúde; que o Código de Ética dos Profissionais de Enfermagem seja mais difundido entre os profissionais da área; que os direitos do paciente idoso sejam divulgados entre pacientes e familiares, a fim de garantir que os envolvidos no cuidado conheçam e exercitem seus direitos e deveres.

Palavras-chave: Bioética. Cuidados de enfermagem. Idoso.

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Authors' participation in the study

Authors collaborate equally in carrying out the study.