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REVIEW

Humanized care of the elderly in critical services: ethical dilemmas, impact and intervention strategies

Cuidado humanizado al adulto mayor en servicios críticos: dilemas éticos, impacto y estrategias de intervención

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ABSTRACT

Introduction: the aging population poses challenges in the care of older adults, especially in critical units, where humanized care that considers physical and emotional needs is required.
Method: a bibliographic review was carried out based on 30 originla scientific articles in Espanish, English and Portuguese, previously selected for their relevance to the problem investigated. The information search was carried out in an organizational manner in known databases, mainly in Latindez, Dialnet, Scielo Medline and Scopus. These sources ensured the quality and diversity of the studies analyzed.
Results: geriatric nursing ethics and humanized care in critically ill patients improve their well-being by prioritizing emotional, physical and social needs, positively impacting and strengthening recovery. However, the lack of resources or trained personnel can hinder the effective implementation of these strategies, limiting their scope in improving the quality of life of patients.
Conclusions: in conclusion, humanized care in geriatrics should focus on the dignity, autonomy, and emotional needs of critically ill older adults. This comprehensive approach includes emotional support, empathy and the participation of patients in their decisions.

Keywords: Frail Elderly; Humanized Care; Intensive Care.

RESUMEN

Introducción: el envejecimiento de la población plantea retos en la atención de los adultos mayores, especialmente en las unidades críticas, donde se requiere una atención humanizada que considere las necesidades físicas y emocionales.
Método: se llevó a cabo una revisión bibliográfica basada en 30 artículos científicos originales en español, inglés y portugués, seleccionados previamente por su relevancia para la problemática investigada. La búsqueda de información se realizó manera organizativa en bases de datos conocidas, principalmente en Latindex, Dialnet, Scielo, Medline y Scopus. Estas fuentes garantizaron la calidad y diversidad de los estudios analizados.
Resultados: la ética en la enfermería geriátrica y el cuidado humanizado en pacientes críticos mejoran su bienestar al priorizar las necesidades emocionales, físicas y sociales, impactando de manera positiva y fortaleciendo la recuperación. Sin embargo, la falta de recursos o personal capacitado puede dificultar la implementación efectiva de estas estrategias, lo que limita su alcance en mejorar la calidad de vida de los pacientes.
Conclusiones: el cuidado humanizado en geriatría debe centrarse en la dignidad, autonomía y necesidades

emocionales de los adultos mayores en estado crítico. Este enfoque integral incluye apoyo emocional, empatía y la participación de los pacientes en sus decisiones.

Palabras clave: Anciano Débil; Asistencia Humanizada; Cuidados Intensivos.

INTRODUCTION

On the world stage, population aging has become a significant phenomenon that impacts several communities. By 2050, the number of individuals over 60 is projected to reach 2 billion, implying a substantial growth in the need for health services.[1]

The 21st century is recognized as the century of aging, becoming one of the most relevant social changes that cause significant challenges in the population, particularly in the healthcare sector, where the quality of services becomes crucial. In this scenario, humanized care is presented as a critical vision for the care of the elderly, especially in intensive care units (ICUs), an environment where patients, due to their critical condition, require continuous monitoring and quality care; however, this environment can be depersonalized and often places more emphasis on technical and medical elements than on the integral well-being of the patient.[1]

Similarly, the National Institute of Statistics and Censuses reveals some data in Ecuador, with around one million older adults representing 9 % of the total population. This suggests that the health status of older adults is increasingly worrying, considering that one in three has some illness, which negatively influences their quality of life, as well as impacting geriatric care services.[2]

On the other hand, it is pointed out that humanized care for older people in critical services represents a growing challenge in health. Elderly patients, especially in intensive care units, require care that not only meets their physical needs but also considers their care's emotional and ethical aspects. Similarly, it is recognized that therapeutic communication and creating an empathetic bond are crucial elements that strengthen the relationship between healthcare personnel and the patient, thus fostering an environment of trust and respect and improving their quality of life.[3,4,5]

Furthermore, the COVID-19 pandemic has revealed ageism and ageist prejudices rooted in society, causing a sense of reduced concern and lower value to be placed on older adults during the health emergency. In certain hospitals during the pandemic, prevention protocols were developed more appropriately for children and young people, considering this age group's lower probability of survival, and the expression of protecting the economy may be more relevant than protecting the lives of older adults.[6,7,8]

Consequently, it is essential to implement specific strategies for intervention in critical care units. These procedures encompass approaches from various disciplines and the implementation of personalized protocols that guarantee survival and a higher quality of life for individuals in highly dependent situations.[9,10]

Based on the reviewed literature, this study aimed to analyze ethical dilemmas and the impact and intervention strategies that arise in critical services during care for older people.

METHOD

This study was carried out with a qualitative approach that allowed a thorough analysis based on the search for information from various scientific articles related to the problem. In the same way, it seeks to contextualize how the different views of the authors relate to a topic of study.[11]

Similarly, the descriptive design accurately represents the characteristics and circumstances of the subject; it should be noted that the information obtained has not been modified. Furthermore, it is a bibliographic review that involves collecting, examining, and synthesizing the existing literature on the subject under investigation, thus providing a theoretical framework that contextualizes the study.[12]

Thus, 120 pieces of research were found, and by applying a convenience sample, a total sample of 30 articles was obtained by applying inclusion and exclusion criteria:

Inclusion criteria

- Articles related to the subject of care for the elderly
- Articles published in Spanish, English and Portuguese
- Articles that are within the last 5 years

Exclusion criteria

- Postgraduate theses
- Grey literature articles or incomplete articles

The bibliographic search was carried out using keywords related to the concepts "Care," "humanized,"

"adult," "elderly," "services," and "critical," among others, as well as their equivalents in English, combining them using Boolean operators (AND, OR) to obtain better results.

An organized search for information was carried out in different databases, such as REDIB, Latindex, LatinREV, EBSCO, Diadorim, Dialnet, Scielo, Doaj, Redib, Pubmed, Medline, and Scopus.

Subsequently, the information from the stored articles was saved in an Excel matrix, which served as an instrument for ordering, preserving, and synthesizing valid documents. This matrix saved authors, year, title, abstract, methods, results, findings, indexes, and bibliographic references. The information collected will be analyzed using the inductive method.

DEVELOPMENT

From an ontological perspective, ethical dilemmas are presented in caring for older adult patients in critical care services

It is recognized that ethics in nursing faces significant challenges, especially in geriatric patients; considering that the treatment they receive does not prioritize the technical aspects of care over their emotional, psychological, and spiritual needs, this depersonalization generates a gap between ideal care and perceived care, affecting their trust in healthcare personnel and the healthcare system; this translates into feelings of abandonment, loss of dignity and a negative impact on their general well-being; this problem impacts both the physical and emotional well-being of geriatric patients, affecting their quality of life and their dignity.[13]

On the other hand, humanized care in the recovery of geriatric patients during the COVID-19 pandemic was affected by the lack of emotional support due to the absence of family members and the lack of assertive communication due to the biosecurity policies implemented to prevent contagion.[14]

Furthermore, the limited evaluation of recovery to clinical parameters, without considering qualitative indicators such as the perception of quality of life or stress mitigation, led to the violation of rights of those who could access critical care due to the generalization of the geriatric age group of patients, ignoring their diversity and promoting decisions that prioritize care for young patients over the elderly, which aggravates discrimination, as well as the stigma that affects their equitable access to care; as a consequence of a notable lack of the ethical sensitivity necessary to make informed decisions that respect the dignity of patients.[15]

Likewise, multiple ethical challenges were identified in this context, especially considering the vulnerability of this group. Among the central dilemmas are age discrimination, lack of respect for the dignity of older people, and deficiencies in the quality or sufficiency of medical care. In addition, conflicts of interest arise in clinical or administrative decisions that affect the care provided. To address these issues, it was proposed that a committee be created to issue recommendations that protect the rights of this age group, guarantee ethical and equitable treatment, and ensure an adequate balance in medical care, avoiding both excesses and deficiencies in care.[16,17]

On the other hand, the article also delves into the ethical dilemmas in geriatric care and essential points such as respectful end-of-life care, dealing with the patient's emotional labor, and the feeling of helplessness. In addition, it highlights the tensions between family members and medical teams, the excessive workload of healthcare personnel, and the lack of institutional support. These problems act as barriers to the provision of quality care, as they affect the ability of healthcare personnel to deal with these situations effectively.[18]

Nurses face an excessive workload due to understaffing, which affects the quality of care for older people and increases the risk of occupational accidents. The shortage of supplies and personal protective equipment limits efficient and safe care. In addition, poor infrastructure and bureaucratic processes hinder the provision of care. The lack of autonomy of nurses and patients, added to the resistance of relatives and rigid biomedical structures, interferes with decisions and the rehabilitation of the elderly. Abandonment and lack of privacy compromise their dignity and well-being. The absence of training in geriatrics for staff and relatives complicates recovery after discharge. There is an urgent need to implement continuous training and improve communication to guarantee dignified and effective care.[19,20]

Similarly, it is emphasized that nursing professionals in South America face ethical dilemmas and barriers due to the lack of human and material resources in public and private institutions. The shortage of trained personnel and deficiencies in infrastructure make it difficult to provide comprehensive care, affecting older adults by limiting their access to timely and safe care. Work overload deteriorates the quality of care and increases the risk of errors, compromising their safety. In addition, bureaucratic processes and budgetary restrictions prevent improving working conditions and guaranteeing essential supplies. The lack of autonomy of nurses and conflicts with family members delay the recovery of older people. These tensions, together with the lack of social recognition and rigid biomedical models, reduce the effectiveness of care and compromise the dignity and well-being of older people during their hospitalization and rehabilitation.[21]

On the other hand, one of the main difficulties in caring for elderly adults in critical care is the lack of training in palliative care, which limits the ethical and humanized management of end-of-life situations. Fear of legal repercussions leads to the application of invasive and futile treatments, prolonging the patient's

unnecessary suffering. Internal conflicts within the multi-professional team, derived from divergences in prognoses and therapeutic plans, affect the quality of care and delay critical decisions. Poor communication between professionals, patients, and family members prevents the wishes of elderly persons from being respected, compromising their dignity.[22]

Thus, the lack of ethics and humanization in the care of older adults in intensive care units is evidence of a profound crisis in the health system that affects both staff and patients. Work overload, lack of adequate training, and an excessively technical view of care create depersonalized environments where older people lose their dignity and well-being. It is crucial to promote comprehensive care that considers not only the clinical aspects but also patients' emotional and spiritual needs. Creating ethical policies such as continuous training and greater sensitivity to moral dilemmas is essential to bridge the gap between ideal and genuine care, thus fostering more empathetic and respectful care.

Humanized care impacts the recovery of elderly patients admitted to critical care services

A humanized approach significantly influences the recovery of elderly patients in critical care. Warm, compassionate treatment focused on the individual needs of each geriatric patient contributes to overall well-being, reducing stress and anxiety. This humanized care accelerates physical recovery and improves the quality of life by strengthening the patient-family bond and fostering a positive attitude toward their complex situation.[23]

Quality of care has a transformative effect on the care of older adults, ensuring a fuller and more satisfying life. Geriatric patients in intensive care but receiving high-quality, empathetic, and humanized treatment experience less pain, greater independence, and mental well-being. This reduces the risk of complications and repeated hospitalizations, which in turn impacts the satisfaction of the elderly patient and the family.[24]

In this sense, critical illnesses can leave sequelae, but recovery opens new doors for geriatric patients. Many patients regain their independence and improve their general well-being through specialized therapies and humanized care. This translates into a higher quality of life, counteracting the adverse effects of the disease and promoting a more satisfactory and dignified recovery, allowing them to enjoy more time with their loved ones.[25]

Therefore, humanized care positively impacts the recovery of older adults in critical care, integrating the social determinants of health (SDOH) into clinical care. Evaluating SDOH at key moments, such as decisions about life support and care transitions, strengthens trust between doctors, patients, and caregivers, promoting care centered on individual values. Involving multidisciplinary teams, such as nurses and social workers, facilitates a comprehensive view of the patient, positively impacting clinical outcomes. This approach is crucial to addressing older adults' physical and social barriers, ensuring more compassionate and effective care.[26]

In this way, several key aspects must be addressed to positively impact the recovery of older adults admitted to the ICU: the health system, doctors, and patients/caregivers. This approach mitigates problems such as fragmentation of care and communication gaps in the ICU. In addition, it strengthens the relationships between medical teams, patients, and their caregivers, providing clarity in medical roles and fostering personalized care. For older adult patients, this care enhances their autonomy and self-realization and their speedy recovery, while for caregivers it facilitates adaptation to their changing role.[27]

It is mentioned that the conceptual model developed highlights the importance of two-way collaboration between hospitals and primary care, positively improving the well-being and quality of life of older adult patients admitted to the critical care unit.[28]

Likewise, the importance of preventing morbidity in very elderly patients in the critical care unit is emphasized, as they face a more significant burden of comorbidities and severity of illness, which increases mortality and readmission rates. Despite this, an improvement in risk-adjusted mortality has been observed over time, thanks to humanized strategies. These include personalized clinical management, optimized communication, and care focused on the patient's emotional and physical needs, which reduces complications and improves discharge outcomes. A humanized approach is essential to ensure continuity of care and improve outcomes in this vulnerable population.[29]

Similarly, several studies agree that humanized care in ICUs is essential for the recovery of patients, especially older adults. Comprehensively addressing patients' emotional, psychological, and physical needs creates an environment of trust and respect that favors communication, reduces stress, and improves adherence to treatments. In addition to preserving the patient's dignity and autonomy, this care optimizes clinical outcomes, accelerates recovery, and provides a better experience in the ICU. However, it is essential to note that factors such as workload and lack of environmental support can hinder the implementation of these practices.[30]

It should be emphasized that humanized care in the ICU, through personalized interventions and empathetic attention, improves the recovery of older adults. The optimization of pharmaceutical treatments and preventive measures guarantees safer care, reducing complications and improving well-being. Based on constant communication, this patient-centered approach facilitates a favorable evolution during and after their stay.[31]

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On the other hand, it is emphasized that family participation, through flexible schedules and integration in care, has a positive impact by fostering trust, reducing anxiety, and improving the emotional state of the older adult. Effective communication between the medical team and families facilitates decision-making and understanding of the health process. In addition, the well-being of healthcare personnel is key, as their emotional stability directly influences the quality of care. Strategies against professional burnout and an adequate infrastructure are required to guarantee the well-being of all. Despite biosecurity restrictions, quality and humanized care is essential for the recovery of older adults admitted to the ICU.[32]

The recovery of older adults in critical care depends on an approach beyond medical treatment and encompasses emotional, social, and psychological dimensions. It is essential to promote humanized care that integrates empathy, respect, and understanding, as it promotes a positive therapeutic relationship and facilitates treatment adherence. In turn, raising the awareness of healthcare personnel about the particularities of aging helps to reduce prejudice and improves interaction, promoting a speedy recovery of geriatric patients.

Healthcare professionals implement intervention strategies to guarantee humanized care in critical care services for elderly adult patients

A fundamental strategy for promoting humanized care in geriatric patients hospitalized in intensive care units is establishing therapeutic communication based on active listening, respect, and understanding. This practice, characterized by accessible language and the manifestation of empathy, allows nurses to create a caring environment focused on the elderly patient, favoring their emotional and physical well-being.[33]

On the other hand, through words of encouragement, gestures of affection, and moments of prayer, the nursing team fosters a sense of purpose and well-being that contributes significantly to the patient's quality of life. These practices reinforce the importance of treating the geriatric patient as a whole human being, recognizing their values, personal history, and the importance of their family and social context in the critical care process.[34]

Similarly, these interventions go beyond the medical aspects, demonstrating that humanized care is a key strategy for accompanying geriatric patients in their grieving process and providing them with comprehensive support in the most vulnerable moments of their lives. This approach not only addresses the physical needs of patients but also focuses on their emotional, psychological, social, and spiritual aspects.[35]

On the other hand, healthcare professionals in critical care services implement intervention strategies focused on the humanization of care, such as working in multi-professional teams, including the family in the process, and creating a welcoming environment. These actions seek to provide comfort to the patient, respect their dignity, and reduce suffering. However, challenges such as the prevalence of the biomedical curative model, the lack of emotional preparation of the team, and the difficulty in defining palliative care criteria limit its effectiveness. To improve, theoretical and practical training in palliative care should be encouraged, interdisciplinary discussions should be promoted, and humanitarian and ethical values should prioritize comprehensive and personalized care.[36]

Likewise, to guarantee humanized care in critical care services for elderly patients, healthcare professionals implement strategies such as continuous training in palliative care and integrating educational approaches during professional practice. These interventions seek to improve the level of knowledge of nursing staff so that they offer care based on respect for the patient's dignity, comfort, and empathy. In addition, multidisciplinary teamwork and the inclusion of the family in the care process are fundamental to guarantee comprehensive and quality care adapted to critically ill patients' physical, emotional, and spiritual needs.[37]

Similarly, it is recognized that healthcare professionals integrate technical knowledge and continuous training of the nursing team and the use of standard operating protocols to guarantee uniform and quality care, effective communication with patients and their families must be encouraged, respecting their dignity and individual values. Identifying risk factors and applying personalized preventive measures are essential to prevent adverse events, which promotes a safe and comfortable environment, minimizing patient stress and facilitating recovery.[38]

Healthcare professionals in critical care for older adults implement strategies focused on empathy, emotional support, and effective communication to ensure humane care. They act as a link between patients and their families, especially in situations of isolation, and use translation tools to overcome language barriers. In addition, the psychological well-being of staff is promoted through check-ups at the end of shifts and emotional support programs. The availability of adequate protective equipment is also prioritized to ensure safe care. These actions seek to provide comprehensive care in complex and challenging contexts.[39]

In the same way, health personnel guarantee humanized care in critical services, prioritizing communication with patients and families through calls and video calls to maintain the emotional connection in the face of visiting restrictions. They perform personal acts of care, such as offering comforting contact, talking to patients, and caring for their appearance. In addition, they ensure that no patient dies alone, acting as emotional support in the absence of family. These actions not only mitigate the isolation of patients but also strengthen

the resilience of staff in the face of adverse contexts, preserving humanity in care.[40]

On the other hand, it is recognized that health professionals guarantee humanized care by prioritizing emotional support to reduce fears and doubts. The constant training of staff, received by 80 %, improves care in the face of the challenges of the pandemic. In addition, biosafety equipment is used to protect patients and workers, although some face limitations in their access. Care includes detailed monitoring of vital signs and adaptations according to individual needs, following theories such as Watson's that emphasize the uniqueness of each person. These strategies seek to improve care, mitigate staff stress, and preserve dignity in critical contexts.[41]

Similarly, healthcare professionals implement various strategies to guarantee humanized care in critical care services for older adults, especially palliative care. They emphasize continuous training, which improves pain and symptom management, as well as the attitude and confidence of professionals. The importance of specific educational programs that include stress management, human and material resources, and spiritual care is emphasized. In addition, effective communication with patients and their families is promoted, adapting to individual needs according to the type of illness. These interventions seek to integrate holistic care, ensuring dignity and respect for patients while strengthening the competencies of professionals in complex and emotionally demanding contexts.[42]

Humanized care for geriatric patients in critical services integrates physical, emotional, social, and spiritual dimensions, emphasizing therapeutic communication, empathy, and the inclusion of the family to promote their well-being and dignity. Although these practices improve the patient's experience and strengthen the bond with professionals, they face barriers such as the predominance of the biomedical model, the lack of training in palliative care, and limited resources. Overcoming these challenges requires continuous training, humanized protocols, and interdisciplinary work, guaranteeing comprehensive care that benefits the patient, reduces staff stress, and preserves humanity in critical contexts.

CONCLUSION

Humanized care must be consolidated as an essential axis in caring for older adults in critical conditions to ensure quality geriatric care. This personified approach not only promotes protecting patients' dignity, human rights, and autonomy but also seeks to make visible and attend to the emotional and psychological needs that often go unnoticed, especially when their cognitive abilities are impaired.

For this reason, it involves adopting a comprehensive model that is not limited solely to treating the clinical aspects but also considers emotional support, empathy, and sensitivity towards the particularities of each geriatric patient. This includes recognizing patients as active subjects of their care, encouraging participation in decisions that affect their well-being, and respecting their life history, values, and preferences. Therefore, the results invite us to reflect on the need to transform geriatric care, where privacy and dignity are the central axis of any intervention

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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