INTRODUCTION

A number of authors have raised questions concerning the quality of care and how older patients’ needs are met. Individual articles have generally sought to highlight any difficulties and deficiencies in caring for these patients [1-3]. Two factors in particular are addressed, namely the patient’s age and frailty. The findings and models of care presented in the literature and research projects can accordingly facilitate the development of appropriate strategies and the allocating of resources to improve healthcare for older people [1-3]. As some authors point out, the quality of care for older people is a much broader concept than can be demonstrated by quantitative outputs such as morbidity and mortality [4-6].

In care for older people, the emphasis is not just on the quality and availability of healthcare, but also on other aspects of life such as values and religious beliefs, and human dignity and autonomy. A holistic and caring approach of carers is important, also as a support for families and friends [7,8].

Given the heterogeneous structure of this population, it is essential to adapt the care for older people to their functional capacities and needs in line with their degree of dependence, i.e. whether they are fully or partially self-sufficient or entirely dependent. It must also be stressed that older people today are not just passive recipients of care, but want to decide for themselves and assert their own interests. The patient’s wishes and free will must therefore be respected [9-11].

Moreover, it is generally known that hospitalisations of older people lead to a number of complications that significantly affect the quality of care and patients’ safety, including negative consequences of treatment or even death. The complexity of older patients’ condition (where there is generally a high risk of poor prognoses and complications) is characterised by “geriatric syndromes” [12]. Among the most common are cognitive impairment and impaired consciousness, functional decline, incontinence, falls and injury. The risks presented by individual conditions and complications are often related, e.g. cognitive impairment may be connected with falls, functional decline, pain and incontinence. Impaired mobility tends to be a risk factor for delirium, falls, functional decline, injury and incontinence [13]. A worsening functional condition during hospitalisation is associated with delirium, cognitive impairment, incontinence and injury [13].

1.1 Research into older patients’ needs

It is evident from the preceding, and from the data available in the literature, that the question of care for older patients is receiving more attention [1]. There are several reasons for this; one is that with the rising number of older people in the population, there is also an increasing number of chronically sick older people with acute care needs in healthcare facilities [6]. However, the healthcare system in such facilities is not optimal for older patients, and it cannot respond to the specific needs of older people [3]. For instance in their study Patterson, et al. [14] note that compared with other groups of patients, frail older people receive suboptimal care in hospital. He

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Abstract

**Background and Purpose:** Interprofessional teamwork, positive communication, and the organisation and coherence of services all play a major role in meeting a patient’s needs. This review aims to provide basic information and knowledge on the quality of care provided to older people in hospitals, as viewed and experienced by health professionals.

**Methods:** The following databases were searched for literature: Medline, Web of Science, ProQuest Central, Scopus, Cinahl, PsycINFO and Summon. Articles published in the years 2009-2019 were included.

**Results:** A total of 7 articles were analyzed. The results show that in the attempt to meet all of the requirements for acute care, some of the patient’s fundamental needs and wishes were neglected, undermining human dignity and autonomy.

**Conclusion:** The scoping review reveals that care for older people in hospitals does not take their specific needs into account, and does not adequately accommodate them.

**KEYWORDS**

Older person, Quality of care, Needs, Acute care
also points out that in care for older people, their abilities and skills are underestimated [14].

This scoping review is based on the following research question: “What are the specific aspects of caring for older people in the hospital environment from the perspective of health professionals?” This study seeks to provide overview of care and how older people’s needs are met in hospital care.

2 METHODS

It is related to another study in which we examined how older people’s needs are met in hospital care from the patient’s perspective [15].

For the purposes of this scoping review, and in the context of the research question and a lack of relevant studies, an review of the literature was produced in line with PRISMA-P (Preferred Reporting Items for Systematic review and Meta Analysis Protocols) [16]. The research question was defined using the PICO model [17] (participants, interventions, comparators, and outcomes), i.e. studies were identified that focused on the needs of older people in hospital care, and which evaluated the issue and how needs were met from health professionals’ perspective. The following databases were searched for literature: Medline, Web of Science, ProQuest Central, Scopus, Cinahl, PsycINFO and Summon. As the Summon search engine allows searches of all information sources available from the National Medical Library, ultimately the results for the articles identified in the aforementioned databases were compared with the results from this latter database, which yielded two more articles related to the issue in question. The search was conducted between May and August 2019.

2.1 Inclusion and exclusion criteria

Studies published over the last ten years were searched by the individual keywords and their combinations, using Boolean operators. Only reviewed articles related to the research question and published in English-language specialist journals were included. Duplicates were excluded, as were studies where it was evident from their titles and abstracts that they did not concern caring for older people in hospital care. Next a full-text analysis was performed, and the selection was narrowed to articles concerning the quality of care and the satisfaction of older people’s needs as viewed by health professionals. Table 1 shows the search criteria. Seven databases were searched, it was evident that some publications could not be found, because grey literature was not included in the review. Also restricting the selection to English-language articles may mean that only some countries are represented in the search results.

2.2 Data analysis

After eliminating duplicates, a total of 785 studies were identified on the basis of the research question, the study’s objective, the keywords and the selection criteria (inclusion, exclusion). Inductive thematic analysis was used to analyze data from the articles retrieved. Significant terms were first inductively assigned codes according to their meaning and content and sorted into related categories. Categories developed by an open coding process were then grouped again according to related topics. The reviewers together discussed their decisions and interpretations throughout the process. A synthesis in the form of a model was developed to portray the findings in a comprehensive way that can inform future interventions in the care of these patients. In line with the methodology for the approach taken, the contents of an article were then divided into quantitative or qualitative research. In the final selection only articles where needs were evaluated by health professionals remained.

3 RESULTS

The final synthesis featured a total of 59 articles about caring for older people in hospital care, but the majority of publications only covered this issue at the theoretical level (n = 37). Of the total number of articles included, substantially fewer articles were identified (n = 7) where aspects of older people’s needs and care were evaluated by health professionals (two of them in combination with patients). Figure 1 shows the results of the search, which identified a total of 837 articles, and the numbers of articles selected. Table 2 lists the publications selected and their basic characteristics.

For the purposes of this scoping review, articles on health professionals’ experiences and views were used. The reason for this was that in caring for older people, health professionals’ perspective is a source of information that is just as important as the opinions of the patients themselves and/or their informal caregivers, and it may potentially affect the quality of care provided. Moreover, care for older people may be negatively affected by factors such as unsuitable working conditions, little support from hospitals’ management, inadequate equipment, lack of training for staff, and insufficient time when caring for these patients.

Of the final number of publications selected, both qualitative (n = 4) and quantitative research was used (n = 2), or a combination of both (n = 1). Questionnaires were the most frequently used research method (n = 4), followed by interviews (n = 3), which in one article were supplemented with observation. A case study was also used (n = 1). The research presented was carried out in acute care departments (n = 5) or emergency departments for adults (n = 2). The most frequent objectives were to determine or verify the quality of the services provided, management, and the system for organising care for older people. Other objectives were mapping health professionals’ attitudes, values and prejudices, including their conduct and experience. Some studies also evaluated pain management and staff’s knowledge of this field. Other topics were the social and cultural climate, and whether workplaces were suitably

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| **Inclusion criteria** | • Published 2009-2019
• English-language publications
• Peer-reviewed articles (before publication)
• Keyword combinations:
• needs, satisfied and unsatisfied needs, older people, older person, frail person, persons aged over 65, acute medical care, hospital care, quality of life, geriatrics | • Duplicate articles
• Theoretical analyses: Integrative reviews, systematic reviews, scoping reviews
• Articles on palliative care
• Evaluations of needs and care as viewed by patients or their families
• Conference reports, books and dissertations |
equipped for older residents. One of the aspects evaluated was dignity. From the research surveys, various themes were identified concerning the quality of care provided. They are summarised in Table 3 below.

4 | DISCUSSION

A total of seven articles were identified that present data where health professionals comment on specific aspects of caring for this group of patients, any difficulties that may arise, attitudes and opinions, and their own needs and working conditions. A total of eight themes then emerged from a thematic synthesis of the studies available.

An analysis of the data this a scoping review obtained reveals that although there are many studies concerning older people, they are based more on theory and only rarely on practical knowledge of caring for these vulnerable patients. Most studies are quite general; some examine the quality of care for patients in hospitals. But it is precisely carers’ experience and practical skills that can serve as an important source of information and a stimulus to improve care and adapt it to the needs of older people. In this respect any obstacles carers face are also very important.

4.1 | Quality of care, risk management and safety

Health professionals stated that the requirement to ensure safe care should be a priority when caring for older people. They understand that older patients comprise one of the most vulnerable patient groups, and they are also aware that the higher incidence of risks for older people is caused by patients’ age and frailty. According to health professionals’ experience, frailty syndrome is related to a higher incidence of falls and other injuries, additional complications and stress factors (loneliness, new situation). Patients’ self-sufficiency also worsens [3].

All staff noted the distinctive demands of older people’s acute nursing care work (i.e. the complexity of acute care needs combined with requirements for personal and psychological care). Older patients were reported as increasingly more dependent on nursing staff for care. Most nurses expressed feelings of guilt, low morale and frustration because of their felt inability to offer good care [18]. Staff feel they are insufficiently qualified for working with older people. Moreover, the nature of working in acute care departments often means they have to make compromises when caring for older people in terms of what kind of care they prioritise (e.g. food or hygiene) [18]. Added complications in caring for these patients include changes in their psychological and cognitive condition and consciousness, or behavioural changes such as disorientation and even aggression and self-harm. In this respect communication is also very demanding, as patients often cannot understand instructions, or they forget them, and very often they have impaired sensory perception. Staff at all levels identified safety as being their prime concern when caring for confused older patients [3].

4.2 | Plan

It is evident from the research in this field that health profes-
sionals are aware that older people see pain as a natural aspect of aging and frequently fail to mention any pain they may be suffering from; health professionals therefore stress that greater attention must be devoted to pain symptoms, with regular monitoring [19]. The investigation revealed good results for health professionals’ skills in assessing pain, with the majority of respondents (96%) answering correctly. However, there was insufficient knowledge of health professionals about pain, with only 25% of respondents having completed education or training about pain in the last two years. Staff also reported they were disturbed by the side effects patients experienced because of their medication [19].

4.3 Ethical questions

Dignity, respect for old age, patience and protecting patients’ privacy were frequently investigated and evaluated. Staff were aware of the existence of prejudices about older people that affect the quality of care provided. Negative attitudes and the prioritising of younger patients were documented [20]. Health professionals expressed their fears of undignified care and differences in how staff and patients understood dignity. The majority of those surveyed thought that older people must be approached with sensitivity and consideration [18]. The prevailing view was that dignified care should be the priority, but this required targeted education and practical training. Nurses have a major role in ensuring dignified care for older people in hospital [21]. Other often discussed topics were empathetic care, understanding, politeness and respect. As important factors were highlighted: Positive communication, partnership, cooperation and allowing patients to decide for themselves. It was established that employees’ education and qualifications gave older people more confidence in how they would be cared for [22].

4.4 Communication

Health professionals agree that communication with older people poses greater demands on their time and skills. Some health professionals also expressed their fears about commu-
nlicating with these patients. They see the greatest difficulties and negative aspects of communication in terms of their high workload and their lack of knowledge about how to approach frail older people with dementia. They highlight the need to adopt simpler language, with frequent repetitions of information, and a sensitive and patient approach. It is evident that in this respect there are high demands on staff, with special requirements for communication [3,18,20,22].

4.5 Hospital environment

Hospitals’ acute care and emergency departments are not usually suitably equipped or designed for caring for older people [22]. Patients and their families find orientation and movement difficult here, with a risk of falls and injuries. Health professionals agree that in the view of the specific care requirements, these environments must be furnished and designed to be more user-friendly. The acute environment was viewed as a barrier to optimal care delivery [3]. Policy- and decision-makers are called upon to implement strategies to foster practice environments that prioritize the care of older people [23]. Senior managers and leaders need to invest in staff work environments to ensure quality patient care [18].

4.6 Health professionals’ conduct

The majority of those questioned reported that working with older patients is physically and mentally demanding and stressful, which can result in staff feeling overworked. Caring for these patients is highly demanding work, where important factors include the specific knowledge and skills of staff caring for patients with dementia and delirium. Adequate time and a sensitive approach are also important. Some health professionals reported that care for these patients was influenced by what they sensed was a generally negative attitude towards them [3,18]. The research also established that health professionals’ conduct was influenced by other factors such as age, sex and education. A positive approach from staff was recorded more among women, as well as among those sharing a household with an older person, and those who had previous experience of caring for older people. Evaluation of the approaches of nurses and physicians towards older patients showed that the majority were more respectful and patience towards older patients [20]. Some of the nurses said they were aware that these patients received average or lower-quality care. Health professionals also expressed their anxiety and unease if they were unable to satisfy a patient’s needs [22].

4.7 Cooperation

The quality of care provided is influenced by how the work is organised, the quality of interpersonal relationships and communication within the team. There is also an emphasis on coordinated interdisciplinary cooperation. Staff see the patient’s family and loved ones as an important element in optimising care, and they prioritise cooperation with the family [18]. In terms of the specific geriatric nursing practice environmental supports, nurses perceive that they have mid-range inter professional collaboration and organizational value of older people’s care and slightly below average geriatric resources [23].
4.8 | Education and working conditions

Health professionals report a lack of theoretical knowledge and practical skills. They point out that ongoing education or training can help them to improve care for these patients, and can also facilitate such care [22]. When caring for patients with dementia, it is essential to be able to diagnose these symptoms promptly and to choose an individual approach accordingly. Staff lack support from hospital management, and their work is further complicated by unsuitable environments, insufficient time and staff shortages [3,18,22]. However one study points out that nurses’ perceptions of older people’s care and the geriatric nursing practice environment differ by professional designation but not hospital teaching status [23].

4.9 | Strengths and limitations

The findings presented in this study provide an evidence based framework that can serve as a guide for person-centered hospital care planning. Restricting the selection to English-language articles may mean that only some countries are represented in the search results. This in the review, representing a limitation for holistic validity and transferability to different cultural environments. It is also possible that our search strategy missed some relevant studies as the automated search failed to find numerous eligible articles.

5 | CONCLUSION

The scoping review findings reveal that in health professionals’ view, care for older people in hospitals’ acute and emergency departments is inadequate and fails to take into account the specific context of care for such patients and their needs. An inductive thematic analysis identified eight key themes that provide a comprehensive overview of the available information. The results show that in the attempt to satisfy all of the requirements for acute care, some of the patient’s fundamental needs and wishes are neglected, undermining human dignity and autonomy. These findings can help in designing an appropriate strategy, staff training and models to improve the quality of care for frail older people. Further research could contribute to developing and evaluating other interventions required when caring for such patients (for example support for self-sufficiency, prevention of loneliness and social isolation, respecting independence). Given that older people comprise a significant and increasingly large patient group, much more attention must be paid to this issue, both in research and in practice.

6 | ACKNOWLEDGMENT

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7 | CONFLICT OF INTEREST DECLARATION

None. On behalf of all of the authors, the corresponding author states that there is no conflict of interest.

8 | ETHICAL ASPECT

Compliance with ethical standards - respected. Ethical approval and informed consent - not conducted, as this is a scoping review.

9 | REFERENCES

20. Polat U, Karadağ A, Ulger Z, et al. (2014) Nurses’ and physicians’ perceptions of older people and attitudes towards...

