MEDICAL UNIVERSITY

'PROF. DR. PARASKEV STOYANOV' - VARNA

SLIVEN AFFILIATE
DEPARTMENT OF HEALTH CARE

Petya Georgieva Krumova

Ethical aspects of health care provided by nurses for the elderly

A B S T R A C T

on

Dissertation work for awarding the educational and scientific degree of ' PhD '

Professional field: 7.4 Public Health

Research major: Health Care Management

Research supervisors:
Assoc.Prof. Emilia Georgieva, PhD
Assoc.Prof. Veselina Slavova, PhD

Sliven, 2023

The dissertation contains 146 pages including 11 tables, 52 figures and 3 appendices. 173 references are cited, 56 in Cyrillic and 117 in Latin. The dissertation has been discussed and proposed for defense at the departmental council of the Department of Health Care at the Sliven Affiliate MU Varna 29.11.2023г.

Scientific Jury:

1. Prof. Galina Stamova Chaneva, PhD - reviewer
2. Prof. Elena Grozeva Zheleva, PhD - reviewer
3. Assoc. Prof Silviya Ivanova Filkova, PhD
4. Assoc. Prof. Kristina Petrova Zaharieva, PhD
5. Assoc. Prof. Pavlina Penkova Teneva, PhD

The public defense of the dissertation will take place on ……2024 at 12.00 hours in online via Webex .

The defense materials are available in the Scientific Department of MU - Varna and are published on the website of MU - Varna.

Note: In the abstract the numbers of figures and tables do not correspond to their numbers in the thesis.

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Abbreviations used :

EU	-	European Union
WHO	-	World Health Organization
UN	-	United Nations
NSI	-	National Statistical Institute
BAHPN	-	Bulgarian Association of Health Professionals in Nursing
DNA	-	Deoxyribonucleic acid
TEMC	-	Territorial Expert Medical Commission
COPD	-	Chronic obstructive pulmonary disease
NHIF	-	National Health Insurance Fund
TU	-	Trakia University
MU	-	Medical University
ECH	-	Elderly care home
HEI	-	Higher education institution
PT	-	Postgraduate training
GPS	-	Global Positioning System
ANA	-	American Nurses Association

INTRODUCTION

'Getting old is boring, but it's
the only way to live long'
Bernard Shaw

'*I know what it's like to be young, but you don't know what it's like to be old'*
George Orson Welles

The demographic, economic and social crises that have occurred in recent years have presented health care professionals with increasingly serious challenges to provide accessible, quality and sustainable long-term care services to the elderly in order to improve their quality of life and to integrate them more fully into society. The lack of an institutional policy of adequate measures to meet the needs of the society, as well as existing demographic trends, will lead to significant changes in society.

By 2025, one third of Europe's population is expected to reach ≥ 60 years of age. Ageing is a global problem. According to the World Health Organization's report on global health and ageing, the number of people aged ≥ 65 years will increase to an estimated 1.6 billion in 2050 and account for 16% of the world's population. Ageing is associated with a range of health problems and rising healthcare costs. This requires the necessary measures to be taken to implement an adequate health policy regarding the provision of health care for the elderly. The elderly represent a vulnerable population group that requires support and special health care. In the context of health care, nurses play a key role in providing treatment and care for these patients. There is also another serious problem related to the shortage of health care professionals and health care in general.

However, the ethical aspects involved in health care for the elderly and the aged are essential and need to be carefully considered. The main ethical challenges nurses face in providing care to this group of patients relate to respect for patient autonomy, equity in service delivery, respect for dignity and quality of life, and use

of resources. It is essential to consider and discuss the options that society has to improve care for the elderly. This includes the implementation of policies and programmes that ensure access to quality medical and social services, create appropriate living and working conditions for older people, and eliminate the social isolation and discrimination they face.

Bulgaria, as well as other EU member states, is facing serious challenges, among which the aging of the population has a central place. This also means an increase in health needs and consequently a rise in the costs of meeting these needs. At the same time, the problem of guaranteeing a higher quality of services in existing specialised institutions for the elderly is also extremely serious. The aim of these institutions is to ensure an adequate quality of life for consumers. According to the WHO, 'quality health care is the one that presents the best health outcome - maximum benefit and minimum risk to the patient; excellent professionalism by all involved in care; efficient and rational use of resources; high level of patient satisfaction and self-esteem, best possible health outcomes' (53).

The increase in lifestyle-related diseases and harmful habits (irrational diet; lack of physical activity; alcohol, cigarettes and drug abuse; low health culture, low income, etc.) as well as the breaking of the tradition of young people taking care of their parents lead to an increase in the number of lonely old people in Bulgaria. It is the responsibility of each country in the framework of their political decisions to ensure an active life for the elderly and to activate and direct efforts towards utilization of the potential of the elderly.

The focus of the dissertation research is the transformation of the elderly patient from a subject of health care into an active person who is able to participate actively in the process of determining their care needs and making informed decisions about their health. This includes respecting and honouring their values, rights and autonomy, as well as supporting them to express their views and involving them in the process of health care planning and implementation. Healthcare

professionals should be committed to creating conditions for interaction and collaboration with patients, providing them with information, support and opportunities to express their personal preferences.

I. AIM, OBJECTIVES, METHODOLOGY AND ORGANISATION OF THE STUDY .

1.1. Aim and objectives of the study

Aim: To research, study, analyse and evaluate the ethical aspects of nursing care for the elderly and old people considering the demographic situation in the country and the medical and social problems in geriatrics.

In order to achieve this aim, the following **tasks** are planned:

1. To research and analyze the literature directly related to the demographic structure of the population in Bulgaria.
2. To make a comparative analysis of the ethical principles laid down in the Code of Ethics of Health Care Professionals and their application to elderly and old people in Bulgaria and in other countries.
3. To investigate the opinion of the students majoring in the 'Nursing' specialty at the Trakia University in Stara Zagora, Trakia University affiliate in Haskovo and the Sliven Affiliate of Medical University - Varna about the degree of care provided to the elderly and old people.
4. To study and analyze the nurses' opinion about the organization of care for the elderly in Bulgaria, in particular in the institutions providing care for the elderly in the territory of the Stara Zagora region.
5. To develop an innovative nursing model of health care for the elderly, the aged people and their families, in line with ethical aspects that will ensure better quality of health care.

1.2. Research hypotheses:

Hypothesis 1 - The health care provided to the elderly by nurses is not consistent with ethical standards of conduct and quality standards.

Hypothesis 2 - The implementation of a comprehensive nursing model of health care for the elderly in collaboration with their families, consistent with ethical standards of conduct, will ensure better quality of health care regardless of geriatric patient's gender, race, religion, sexual orientation, lifestyle, social, mental and health status.

Hypothesis 3 - The set of teaching hours in the academic disciplines: 'Nursing care for the elderly', 'Clinical practice' and 'Pre-graduate internship' in the institutions for working with the elderly is insufficient.

1.3. Organisation, timing and place of the survey

The subject of the study is the ethical aspects of health care for elderly housed in institutions.

The object of the study is:

- Health care professionals working in institutions providing health care for the elderly in the Stara Zagora region.
- Students majoring in 'Nursing' from MU-Varna Sliven affiliate, Trakia University Stara Zagora and its Haskovo affiliate.
- Consumers of health care - elderly and old people placed in institutions in the territory of Stara Zagora region.

Study size - 303 individuals were covered, divided into three groups as follows:

- **First group** - practicing nurses in health care institutions for elderly and old people in Stara Zagora district (n = 55) .
- **Second group** - persons aged 65 years and over, accommodated in these institutions (n = 100).

- **Third group** - third and fourth year students, majoring in 'Nursing' specialty in the above mentioned universities (n = 148).

Criteria for inclusion in the study

- Persons over 18 years of age
- Signed informed consent to participate in the study
- Nurses working in health care facilities and institutions providing health care for the elderly and old people in Stara Zagora region
- Students from majoring in the specialty 'Nursing', related to the care of the elderly in the region of Stara Zagora
- Elderly and old people in institutional care in Stara Zagora region

Exclusion criteria

- Persons under 18 years of age
- Refusal to participate in the study
- Health care professionals who are not engaged in care for the elderly
- Students from disciplines not related to the care of the elderly

1.3.1. Time and place of the survey

The survey was carried out in institutions caring for the elderly in the territory of Stara Zagora region - town of Galabovo, villages Obruchishte, Kamenovo, Yagoda, Shanovo and Stara Zagora Mineral Baths. The opinion of third and fourth year students of the majoring in specialty 'Nursing' at the Trakia University - Stara Zagora, Trakia University Affiliate in Haskovo and Medical University - Varna, Sliven affiliate.

The main part of the research was carried out independently by the PhD student. In exploring the views of nurses and older people in residential care the received collaboration of managers and senior nurses was also used.

1.3.2. Survey organisation

The study will start on 1.02.2023 after receiving approval on 123/15.12.2022 from the Commission for Scientific Research Ethics of Medical University - Varna.

The preparatory stage - the study was launched after a clear formulation of the problem, defining the aim, objectives and design of the study, developing the hypotheses, tools and organizational plan.

Actual research - The research was realized with the assistance of the managers of elderly care homes in the Stara Zagora region and the Deans of the Medical Faculties where the study took place after obtaining the necessary Declarations of Consent.

Informed Consent - informed consent to participate in the study has been prepared, providing details of the nature of the study. The composition of the research team and a contact person in case further information is needed is provided. The anonymity of the participants is guaranteed.

Information about the subjects - each respondent was provided with information about the purpose of the study, benefits to the participant, and confidentiality of the information. It was specified that the participation in the study is voluntary and can be terminated at any time, if the researched person wishes to do so.

1.3.3. Study stages

The study was conducted in 4 main stages following a precise selection of the means, time and place of the study, detailed in *Table 1*.

Table 1. *Stages of the study*

Stage	Activity	Resources	Venue	Time
1st stage	Study the relevance of the problem and formulate the main objective, tasks, working hypotheses and select the appropriate method and means for the study.	Study of Bulgarian and foreign literature sources, as well as scientific databases related to the problem under study.	Stara Zagora	April - August 2022
2nd stage	Preparation of the survey	Preparation of questionnaires for the purpose of the present study and information about the persons surveyed	Stara Zagora	from August 2022 until January 2023
3rd stage	Conducting the survey	Survey - users of the services of the ECH Questionnaire survey - nurses in ECH Questionnaire survey - students specialty 'Nurse'	city Galabovo v. Obruchishte Stara Zagora Mineral Baths v.Kamenovo v. Yagoda v. Shanovo Stara Zagora Sliven Haskovo	February and March 2023 April 2023
4th stage	Development, analysis and synthesis of the data. Final shaping of the dissertation.	SPSS - SPSS for Windows 13.0	Stara Zagora	May - August 2023

Sources of information:

- Accessible scientific literature.
- Available national and international regulatory documents.
- Opinions of students majoring in 'Nursing' at MU Varna - Sliven Affiliate, Trakia University Stara Zagora and its Haskovo Affiliate.
- Opinions of elderly housed in institutions providing care for the elderly in the territory of Stara Zagora region.
- Opinions of practicing nurses in institutions for elderly in Stara Zagora region

1.4. Materials and methods

1.4.1. Documentary method - Bulgarian and foreign normative documents have been studied, analyzing and comparing different sources of information on the researched problem.

1.4.2. Sociological method - a quantitative analysis (Survey method) was carried out in order to explore the opinion of:

- nurses working in institutions providing health care for the elderly and the aged;
- the opinion of the elderly and old people accommodated in these homes;
- third and fourth year nursing students.

1.4.3. Statistical Methods - methods for the analysis and interpretation of data to reveal the nature of observed phenomena and their interdependencies. The data included in the study were collected and presented in MS Excel. Statistical analysis was carried out using IBM Statistics v. 20 for WINDOWS The results obtained were considered statistically significant when the p-value (p-value) <0.05, where the null hypothesis was rejected. Depending on the tasks, the following statistical methods were applied:

A. Descriptive and evaluation methods

- Descriptive statistics for quantitative variables - mean, minimum value, maximum value and standard deviation.
- Frequency analysis of qualitative variables (nominal and rank), which includes absolute frequencies, relative frequencies (percentages), cumulative relative frequencies (percentages).
- Graphical representations through tables, bar and pie charts implemented in MS Excel.

Б. Methods for hypothesis testing

- Kolmogorov-Smirnov and Shapiro-Wilk test to check the normality of the distribution of the given sample.
- Chi-square test for consistency, Chi-square test for independence and Fisher's exact test for mutual influence between qualitative variables.
- Student's t-test to compare means of quantitative variables between different measurements.
- Correlation analysis to establish the relationship between the quantitative and qualitative variables studied.

The data are graphically illustrated by tables, bar and pie charts implemented in MS Excel.

1.5 Survey Instrumentation.

- An individual questionnaire to explore the opinions of medical professionals working in institutions providing health care for the elderly. The purpose of the survey is to provide information on the nature of care, training and job satisfaction, and the attitudes of nurses and towards ECHs. The questionnaire was developed with 25 closed-ended questions.
- An individual questionnaire to investigate the opinion of elderly people living in institutions regarding their health, life in the institution and their satisfaction with the care provided. The questionnaire contains 11 groups of questions and additional sub-questions.
- An individual questionnaire to explore the opinions of 3rd and 4th year students majoring in ‘Nursing’ on their attitudes and desire to work with the elderly, and their preparation at the University to work with this age group. The questionnaire included 21 questions.
- Informed consent - certifies consent to participate in the study by providing full information about the nature of the study.

- Information about the subjects - developed for the specific study, providing information about the purpose and expected benefits of the study.

II. RESULTS OF OWN STUDIES

The opinions of nurses working in institutions caring for the elderly, of the elderly themselves, accommodated in these institutions, as well as the opinions of future nurses, i.e. students third and fourth year majoring in 'Nursing' specialty, were studied. The opinion of the respondents regarding the quality and organization of health care for the elderly in the Stara Zagora region in the view of 'producers' and 'users' of this specific type of service was investigated.

2.1. Data analysis and discussion of the results of a survey conducted among nurses working in institutions for the elderly

The first group of respondents included 55 nurses who provide health care to the elderly in institutional area. The analysis of the collected data on the distribution of respondents by age group shows a significant **prevalence of nurses over 60 years of age**, engaged in the provision of health care for the elderly in an institutional environment. This shows that medical professionals of active age are employed in other areas of the nursing profession, which are paid higher and with more opportunities for professional development and realization.

For the study it was important to assess the quality of care provided to the elderly both at the workplace and at the national level according to a ten-point system (a score of 1 corresponds to a very low quality and a score of 10 corresponds to a very high quality of the service provided). The mean score given by respondents for their workplace was 7.75 (SD±1.898) - Table 2, and the mean score for the quality of care at the national level was 5.42 (SD±2.362) data are presented in Table 3.

Table 2. *Respondents' minimum, maximum and average ratings of the quality of care provided to the elderly at their place of work*

Indicator	N	Minimum score	Maximum score	Average score	Std. Dev
Quality of care	55	3	01	7,75	1,898

Table 3*. Respondents' minimum, maximum and average assessment of the quality of care for the elderly at national level*

Indicator	N	Minimum score	Maximum score	Average score	Std. Dev
Quality of care	55	1	10	5,42	2,362

A large proportion of the participants in our survey said that if they ever find themselves in a 'lonely elderly' situation **they would not want to spend their lives in an institution that cares for** elderly and old people (74.55%, n=41), preferring to be in a family environment surrounded by their relatives and friends if necessary and possible, while 25.45% (n=14) of the professionals who took part in the survey were of the opposite opinion *(Fig. 1)*.

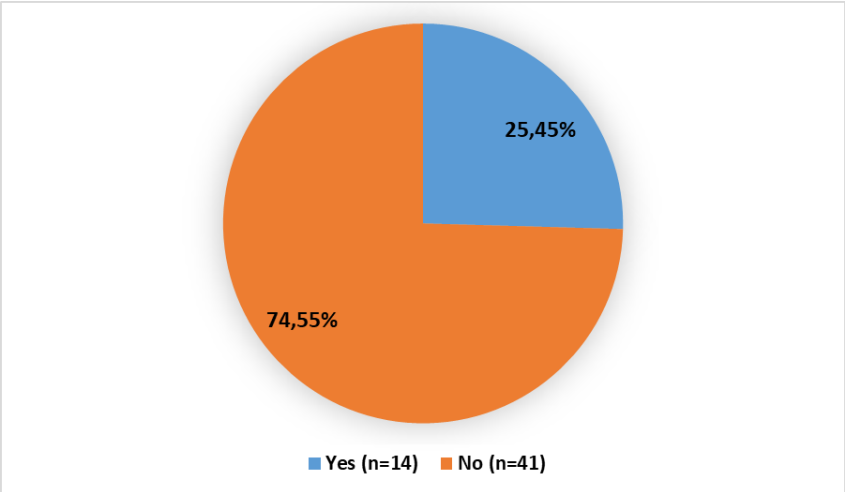


Figure 1. Attitudes to living in an institution caring for the elderly

Based on the statistical analysis of the data, it can be concluded that there is a statistically significant difference in the relative proportions of respondents who say they would spend their life in a specialized institution caring for the elderly and the

relative proportion of those who would not (χ^2 =13.073, p<0.05) in case they find themselves in a 'lonely elderly' situation.

Slightly less than ¾ of the respondents in our survey said that they would not recommend that a relative in need of health care be placed in an institution that cares for the elderly (29.09%, n=16), and this advice would be given by the remaining 70.91% (n=39) of respondents in our survey *(Figure 2).*

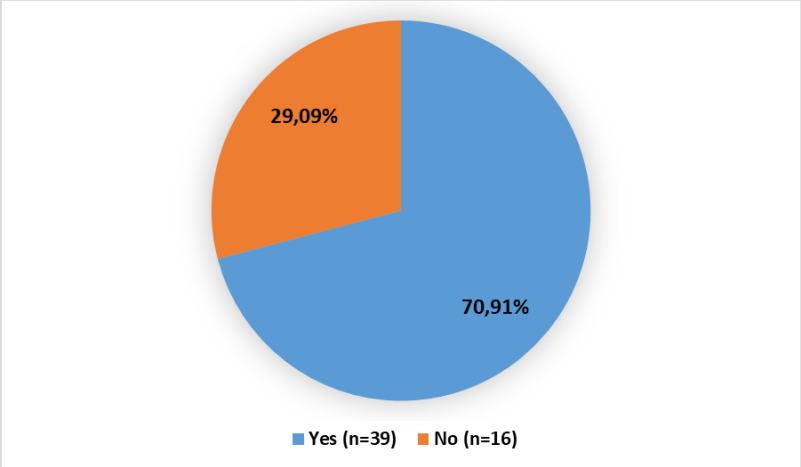


Figure 2. Attitudes towards advice on placement in an institution caring for the elderly

The data show that the higher relative proportion of persons who **would not advise** their relative to be placed for care in an institution caring for the elderly is statistically significantly higher compared to the relative proportion of persons who would recommend placing a needy elderly person in an institution caring for the elderly (χ^2 =9.918, p<0.05).

Nearly half of the participants who took part in the voluntary and anonymous survey said that they felt unprepared to provide health care for the elderly in an institutional environment (43.64%, n=24), and 34.55% (n=19) of the health professionals surveyed self-identified as average prepared. Despite the low relative proportion, the presence of respondents who self-identified as fully prepared (14.55%, n=8) was striking, and four respondents (7.27%) could not assess the extent to which they felt prepared to carry out specialist care activities for the elderly (*Figure 3).*

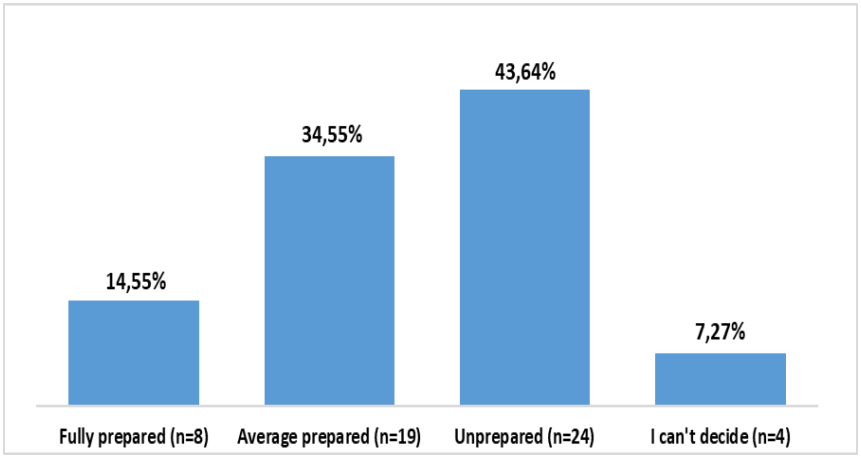


Figure 3. Degree of preparation for the provision of health care for the elderly and their relatives

Statistical analysis of the collected data regarding the perceived preparedness of health professionals in the care of the elderly showed that those who had low self-assessed knowledge, skills and competencies prevailed, who identified their preparation in providing specialized care for the elderly and their relatives as insufficient (χ^2 =18.964, p<0.05).

In the context of the analysis of the self-assessment of the level of training in working with elderly people, we also assessed through a survey question whether the professionals who participated in our study had taken actions to further improve their qualifications by participating in additional training in institutional or non-institutional environment focused on the specifics of working with elderly people. From the data collected, it was found that 12.73% (n=7) had participated in qualification events to further enhance their qualification, while the remaining 87.27% (n=48) had never attended training or other qualification programs to enhance their competence in the provision of care to the aged and elderly (χ^2 =30.564, p<0.05) *(Fig. 4).*

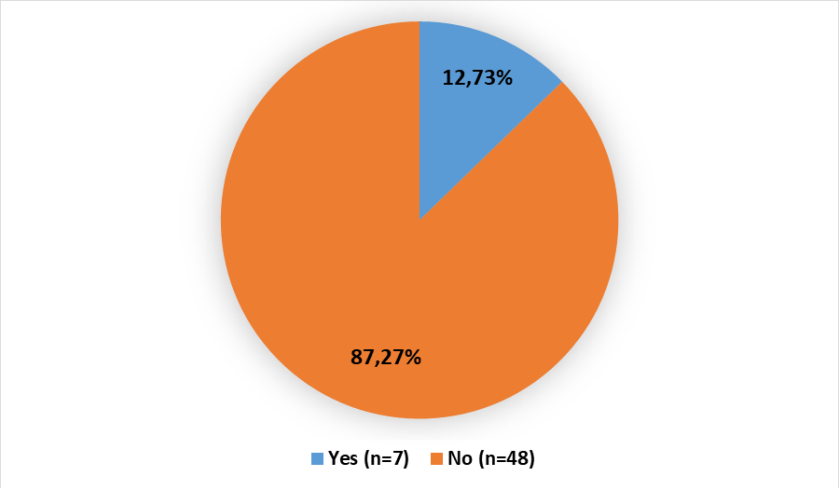


Figure 4. Participation in additional training for working with the elderly

These data show that caregivers of old people should be provided with the opportunity to improve their qualifications through various trainings, and in cases where such an opportunity is available, work towards motivating professionals to take part in these qualification programmes. This would contribute to increasing personal professional competence and, through it, to raising the level of the social service provided to the elderly with a focus on medical care for this group of persons.

Almost all of the nurses surveyed in our study shared the opinion that more in-depth theoretical and practical training is needed in the course of their professional training related to the provision of specialized health care for the elderly (69.09%, n=38), while 14.55% (n=8) felt that the training they had received during their university studies was quite sufficient to provide highly specialized and quality health care for the elderly. The need for such additional training could not be assessed by 16.36% (n=9) of the nurses surveyed *(Figure 5).*

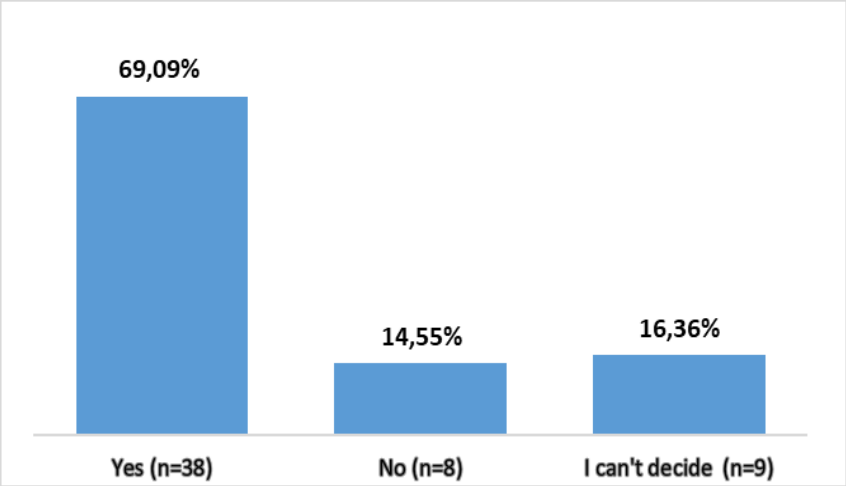


Figure 5. The need for deeper training in health care delivery for the elderly

The analysis of data on nurses' opinions related to their preparation for health care of the elderly showed that the opinion that **more advanced preparation is needed** prevails (χ^2 =3.673, p<0.05). Improving the quality of training and the inclusion of relevant topics related to the specificities of old age, as well as the development of new knowledge, skills and competences of nurses already during their university education would also contribute to improving the quality of health care provided in specialised institutions for the elderly.

Communication skills (81.82%, n=45) emerged as the main skill that health care professionals need to have in order to provide professional and quality care to the elderly and aged people in institutional environment (χ^2 =22.273, p<0.05), the **skill of respecting and honoring the** personality of the elderly (76.36%, n=42) (χ^2 =15.291, p<0.05), the **skill of providing specialized health care (**72.73%, n=40) (χ^2 =11.364, p<0.05). Another important skill that we identified as a result of the survey that a large proportion of nurses (70.91%, n=39) felt they needed to possess was **the skill of ethical behavior** consistent with ethical norms and rules on the one hand and with common life principles on the other (χ^2 =9.618, p<0.05). The data are presented in Table 4 .

Table 4. The additional knowledge, skills and qualities required by the nurse for quality health care delivery to the elderly and the aged people

№	**Skill related to the provision of health care for the elderly and the aged**	**N**	**Yes, this skill must be possessed**		**No, no this skill should not be possessed**		χ^2	**p-value**
			N	**%**	**N**	**%**		
1	Communication skills	55	45	81,82%	10	18,18%	22,273	p<0.05
2	Special health care skills	55	40	72,73%	15	27,27%	11,364	p<0.05
3	Teamwork skills	55	34	61,82%	21	38,18%	3,073	p>0.05
4	Ethical behaviour skills	55	39	70,91%	16	29,09%	9,618	p<0.05
5	Empathy skills	55	21	38,18%	34	61,82%	3,073	p>0.05
6	Skills to respect the individual	55	42	76,36%	13	23,64%	15,291	p<0.05

Although teamwork skill was found to be an important competency for most of the nurses surveyed (61.82%, n=34), the difference in respondents for whom this skill was not important was statistically insignificant (χ^2 =3.073, p>0.05). The same trend was found when the need for the skill of empathy was identified, with this skill being of importance to 38.18% (n=21) of the health care professionals surveyed, and for the remaining 61.82% (n=34), having this skill was not of primary importance (χ^2 =3.073, p>0.05).

A high proportion of nurses reported that in the course of their professional duties, cases in which problems in communication with elderly patients are identified are not exceptional (61.82%,n=34), and these cases are identified in the majority of daily practice and occur in the context of different situations. Systemic problems related to communication were reported by 1/5 of the respondents (20.00%, n=11), and the absence of any problems in terms of communication with the elderly people they care for was reported by 18.18% (n=10) of the nurses surveyed in our study *(Figure 6).*

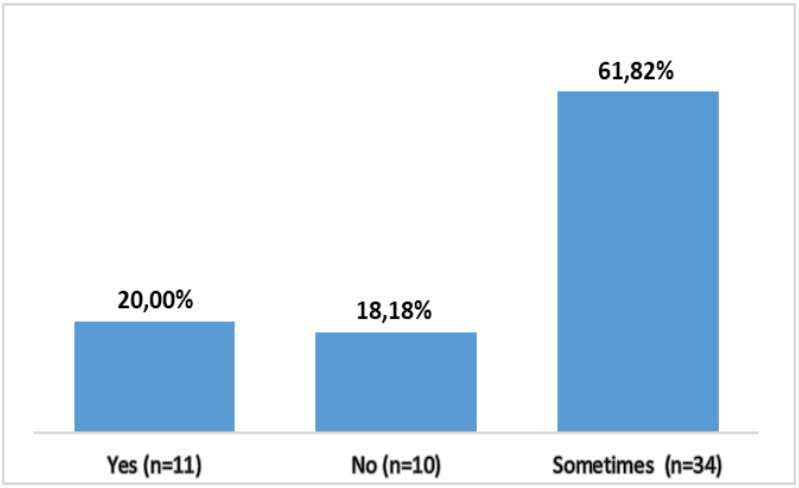


Figure 6. Communication problems encountered with aged patients in the course of performance of professional duties

Communication with the elderly, given the psychological characteristics of this age group, the accompanying diseases and the change in their lifestyle after admission to an institution, explains the reason for the problematic communication encountered by nurses in the performance of their professional duties. However, statistical analysis shows that **problematic communication** between the elderly on the one hand and the nurse on the other hand accompanies nursing practice in the routine daily activities of nursing professionals (χ^2 = 55.236, p<0.05). Reporting problematic communication is a reason to believe that nurses **need to develop skills to improve their communication with the elderly**, thus ensuring better quality of health care.

A large proportion of the nurses surveyed in our study reported that no ethical rules for working with the elderly have been developed and implemented in the institution in which they work (63.64%, n=35), whereas such rules have been created, are implemented, and are monitored in 36.36% (n=20) of the nurses surveyed (χ^2 =4.091, p<0.05) *(Figure 7).*

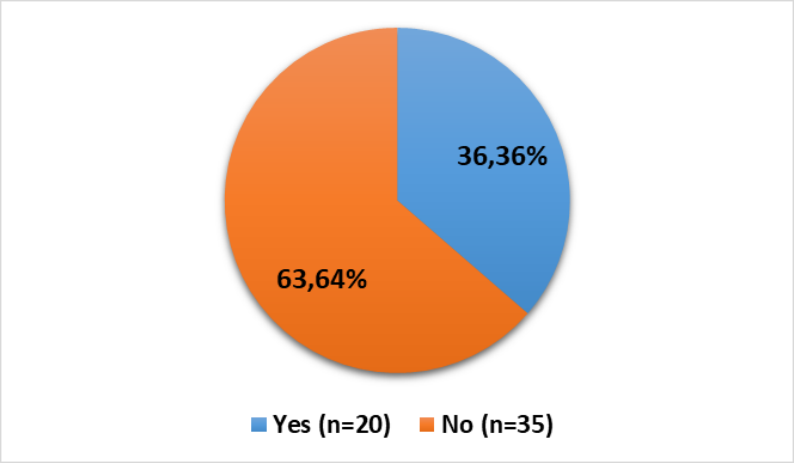


Figure 7: Existence of established ethical rules

During the course of their professional duties, the interviewed health care professionals caring for the elderly often face ethical cases involving the elderly or their relatives. It was important for us to determine who the professionals turn to for advice, guidance or assistance when an ethical case arises. The data collected revealed that more than half of the respondents discussed the existence of such type of case with the manager of the respective facility or the head of the respective structure/unit (54.55%, n=30), with colleagues in the form of collegial discussion, ethical cases were discussed by 29.09% (n=16) of the surveyed nurses. Slightly less than 1/5th of the respondents said that they do not seek discussion or assistance to deal with the case (16.36%, n=9) but leave it to resolve itself. This, of course, does not always happen in the best possible way and is often a precondition for a more serious conflict situation with an unclear outcome (χ^2 =32.647, p<0.05) *(Fig. 8).*

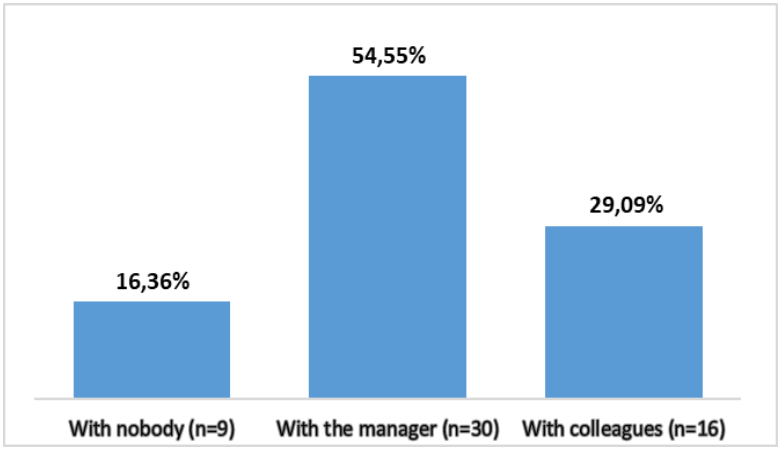


Figure 8. Person to consult when an ethical case arises

The data show that ethical cases are common among medical professionals who work with the elderly and old people. It is important for nurses to find optimal ways to resolve ethical issues.

In the context of the busy work schedule of the surveyed nurses, related to both the high volume of work and the number of homebound patients they care for on the one hand and the lack of sufficient staff on the other, almost all of the surveyed professionals (65.45%, n=36) said that they do **not find enough time for each patient**. This time, on the other hand, proved to be quite sufficient for 34.55% (n=19) of the surveyed specialists (χ^2 =5.255, p<0.05) *(Fig. 9).*

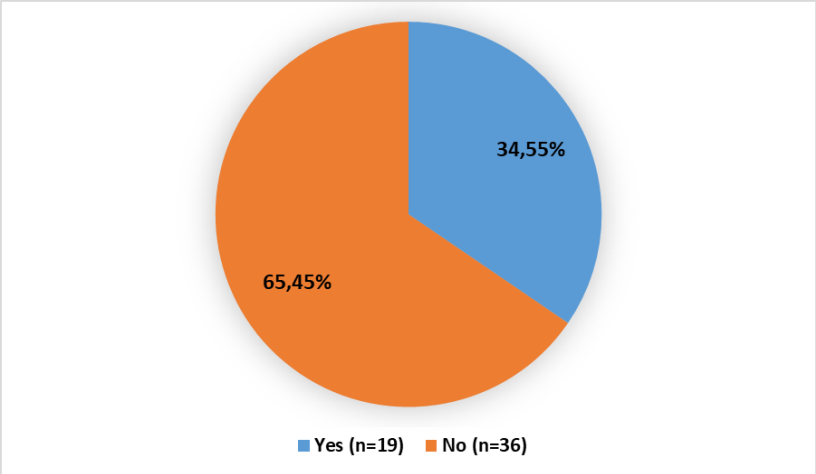


Figure 9. Sufficiency of the time spent on each resident

Nearly half of the respondents (49.09%, n=27) felt that **the care** provided to the elderly in their institution **was insufficient in scope** and not always carried out in compliance with all established standards of good medical practice. According to 30.91% (n=17) of the nurses surveyed, the care they provide for the elderly is completely sufficient in its scope, and 1/5th of them could not give a specific answer to this question from our survey (20.00%, n=11) *(Figure 14).*

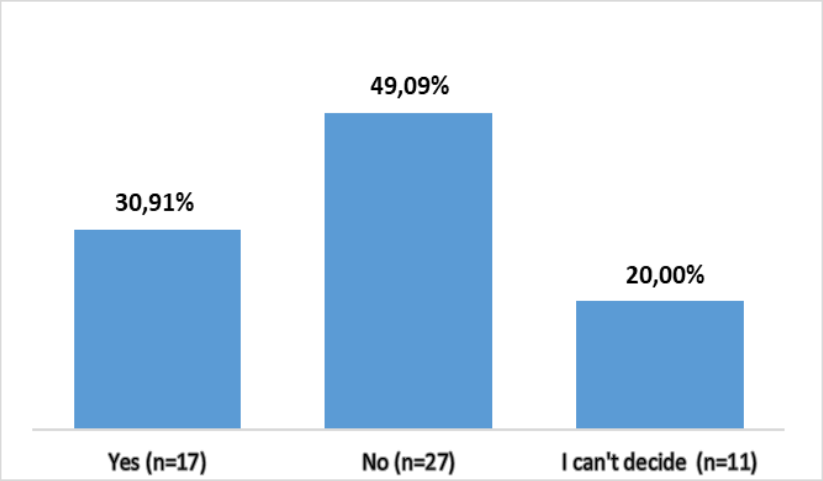


Figure 10. Adequacy of care provided to the elderly

Despite the finding of positive responses, it can be concluded that nurses define the care they provide for the elderly and aged as insufficient in volume and quality (χ^2 =7.127, p<0.05).

In addition to the financial incentive, the satisfaction that the work brings to the person in the profession is also important for the performance of any professional activity. The data from our survey shows that almost all of the nurses surveyed experience satisfaction in their work with the elderly and the aged, with 47.27% (n=26) of them being partially satisfied and 32.73% (n=18) of them experiencing complete satisfaction. At the other pole on the satisfaction scale were 3.64% (n=2) of the nurses surveyed, who represented 1/5th of the population surveyed together with those who could not judge whether they felt satisfied in the course of our study (16.36%, n=9) *(Figure 11)*.

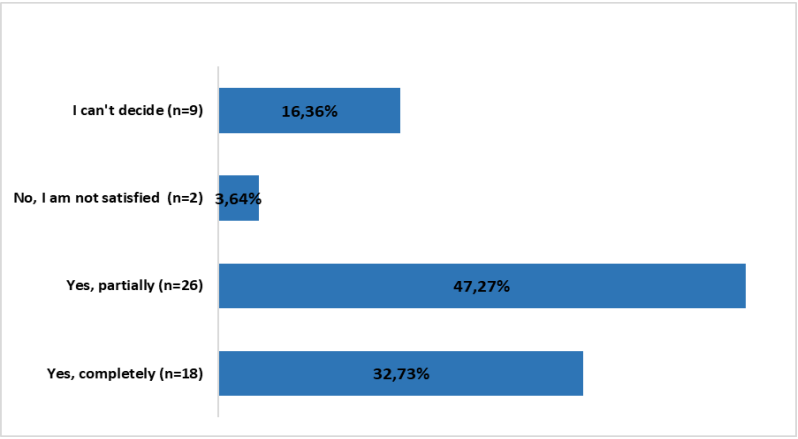
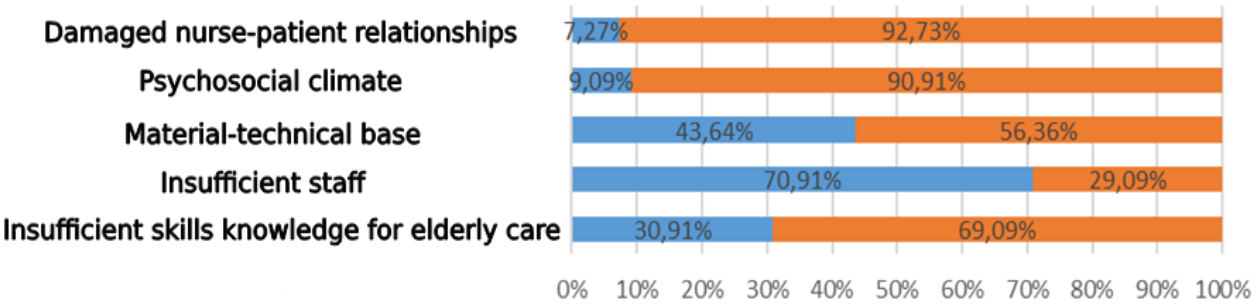


Figure 11. Satisfaction with professional activity

Despite the often unfavourable working conditions, low remuneration and limited opportunities for professional development, nurses who provide health care for the elderly in institutional environment experience varying degrees of satisfaction with their profession and the associated professional duties (χ^2 =23.909, $p<0.05$), which undoubtedly contributes to the conscientious performance of tasks and the improvement of the quality of residential care. There was no statistical significance in the relative proportion of nurses surveyed who reported being dissatisfied with their profession.

For the purpose of this dissertation, we set out to identify the main difficulties that nurses encounter when providing health care to the elderly in an institutional environment. Five main types of difficulties were analyzed: ***1) lack of knowledge and skills in caring for the elderly, 2) insufficient staffing, 3) lack of modern facilities, 4) peculiarities of the psychosocial climate in the nursing team***, and ***5) disturbed nurse-patient relationships***.

The nurses surveyed pointed to **insufficient staffing** (70.91%, n=39) and inadequate **facilities in which to care for the** elderly (43.64%, n=24) as the main difficulties in caring for the elderly. This highlights the tendency that quality care is provided by a sufficient number of qualified medical staff in an environment that meets all modern requirements for the care of elderly and old people with or without health problems, in accordance with the physical abilities and health condition of the residents in the institution or unit concerned. For almost one third of the surveyed medical professionals (30.91%, n=17), the main difficulties in the daily health care of the elderly are insufficient knowledge and skills to provide this type of specialized care in their routine practice *(Figure 12).*



	Insufficient skills knowledge for elderly care	Insufficient staff	Material-technical base	Psychosocial climate	Damaged nurse-patient relationships
Yes	30,91%	70,91%	43,64%	9,09%	7,27%
No	69,09%	29,09%	56,36%	90,91%	92,73%

Figure 12. Main difficulties in caring for the elderly and old people

Regarding the knowledge of the code of ethics of health care professionals in our survey, two groups emerged with almost the same relative shares - 50.91% (n=28) of the surveyed professionals said that they knew the code of ethics well, and 49.09% (n=27) of all participants who took part in our survey said that they were not familiar with this document, its content and the way of its application. In the group of professionals who gave a negative answer 10,91% (n=6) said they were completely unaware of the code, and 38,18% (n=21) of the participants who completed the survey said they were familiar with it but not enough (*Figure 13).*

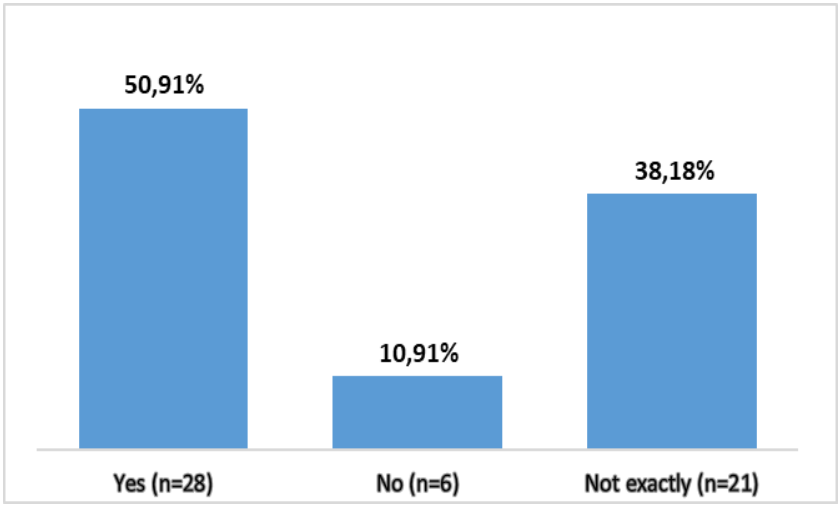


Figure 13. Knowledge of the code of ethics for health care professionals

The difference in the relative proportions of health care professionals who were familiar with the code of ethics for **health care professionals was statistically significant** (χ^2 =13.782, p<0.05). It is a positive trend that half of the medical professionals are familiar with the code of ethics of health care professionals, but importance must also be given to the fact that the remaining half are either not familiar with this document or are familiar to a small extent, which is a prerequisite to conclude that **the ethical rules of the profession are not observed in their entirety**.

Half of the respondents strongly stated that they know the rights of the elderly (50.91%, n=28), respect them and create conditions in which they can be realized in the best possible way, while the remaining 49.09% (n=27) reported not knowing these rights to varying degrees. Slightly more than ¼ of the nurses surveyed reported that they were not very familiar with the rights of the elderly (25.45%, n=14), and 23.64% (n=13) stated that they definitely did not know the specific rights that this population group had (χ^2 =7.673, p<0.05) *(Fig. 14)*.

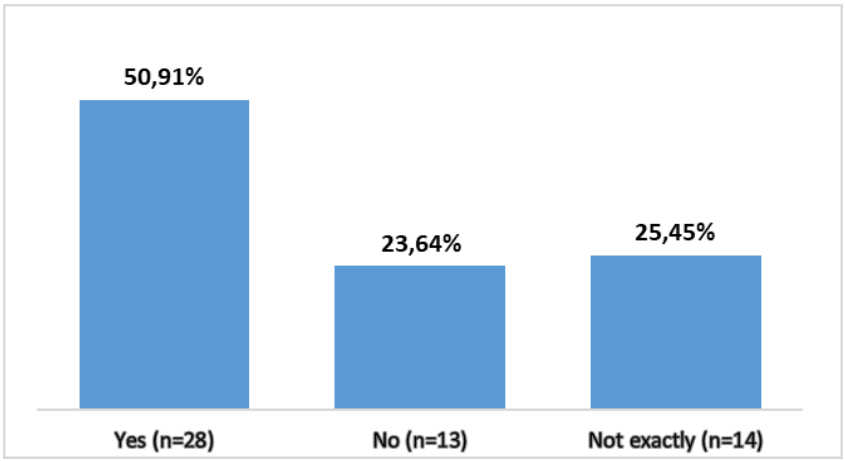


Figure 14. Knowledge of the rights of the elderly

Approximately half of the nursing staff is not aware of the rights of the elderly they care for, and this in itself is a prerequisite for poor quality of care.

Half of the nurses interviewed in the course of our survey felt that older and elderly people have the right to make independent decisions relating to their health and social well-being and to make informed choices, when necessary (50.91%,

n=28), and this opinion was not shared by 16.36% (n=9) of the surveyed nurses, who believed that decisions related to the elderlyshould be made by their relatives, after appropriate assessment of the needs of the person in need. A relatively high proportion (32.73%, n=18) of this group of surveyed professionals were unable to decide whether the elderly and old should be given the opportunity to make decisions for themselves *(Figure 15).*

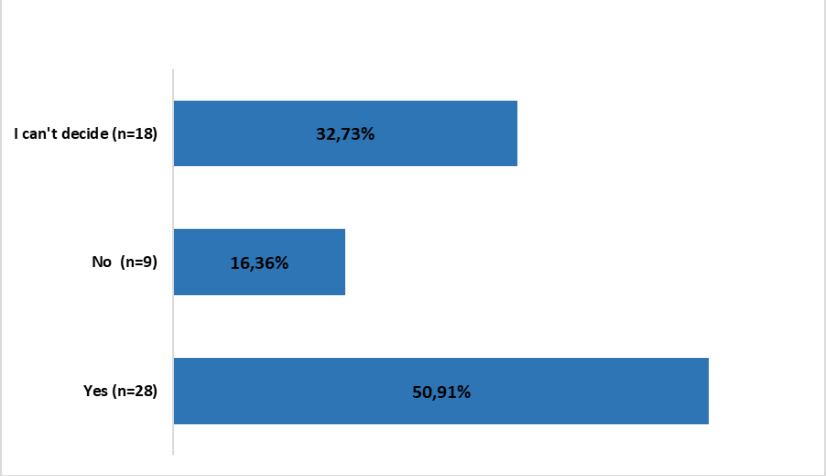
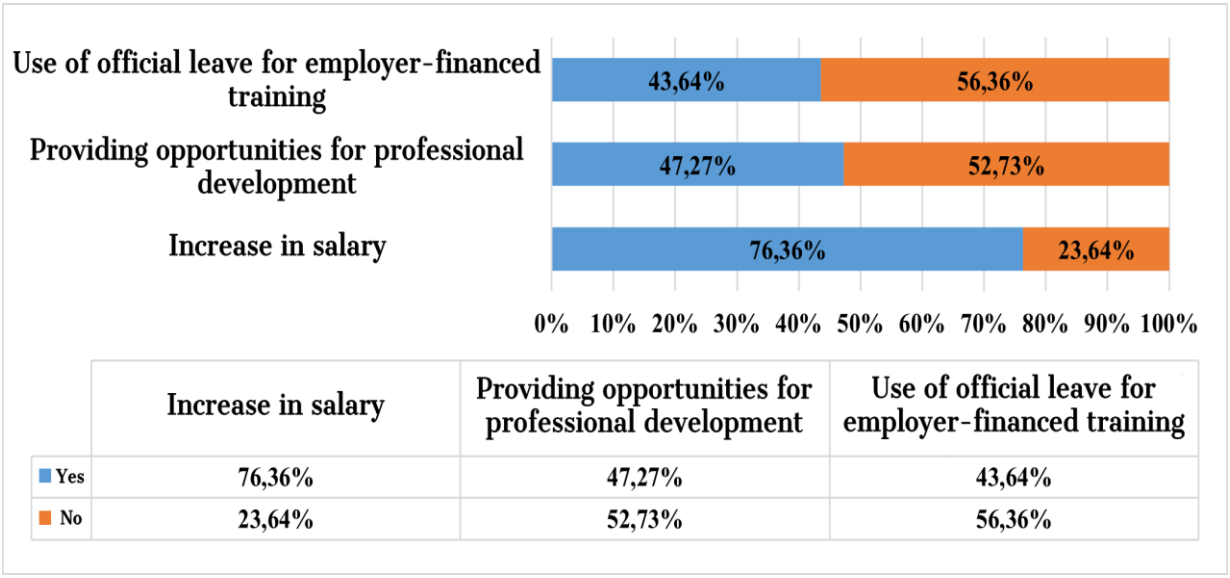


Figure 15. The right to make independent decisions

Based on the statistical analysis, we could conclude that the nurses surveyed are united around the view that **the elderly have the right to make autonomous decisions** of any nature, including decisions about their health status, therapeutic regimens and behaviors related to health and social well-being, and the need for placement in a specialized institution or unit (χ^2 =9.855, p<0.05).

In the context of discussing the professional qualifications of health care professionals who care for the elderly, we set out to identify the incentives that would motivate professionals to take action to improve their professional qualifications and associated knowledge and skills. The main incentive that emerged in the course of the analysis of the data collected was an **increase in the amount of salary**, as this would be a motivating factor for 76.36% (n=42) of the respondents (χ^2 =15.291, p<0.05). Providing the opportunity for professional development at work was an incentive for 47.27% (n=26) of the nurses (χ^2 =0.164, p>0.05), and the possibility of taking paid leave to attend in-service training would be an incentive for 43.64% (n=24) of the

respondents in the nursing group who participated in our survey (χ^2 =0.891, p>0.05) *(Fig. 16).*



	Increase in salary	Providing opportunities for professional development	Use of official leave for employer-financed training
Yes	76,36%	47,27%	43,64%
No	23,64%	52,73%	56,36%

Figure 16. Incentives to improve professional qualifications

Continuous improvement of the qualification of nurses involved in the care of elderly and old people in an institutional environment is a prerequisite for improving the quality of care, therefore opportunities for professional qualification of nurses should be created.

The opinion of the respondent health care professionals was categorical that their religious, life and other views were taken into consideration when caring for the elderly (80.00%,n=44). They do not always, but sometimes comply with 20.00% (n=11) of our survey respondents *(Figure 17).*

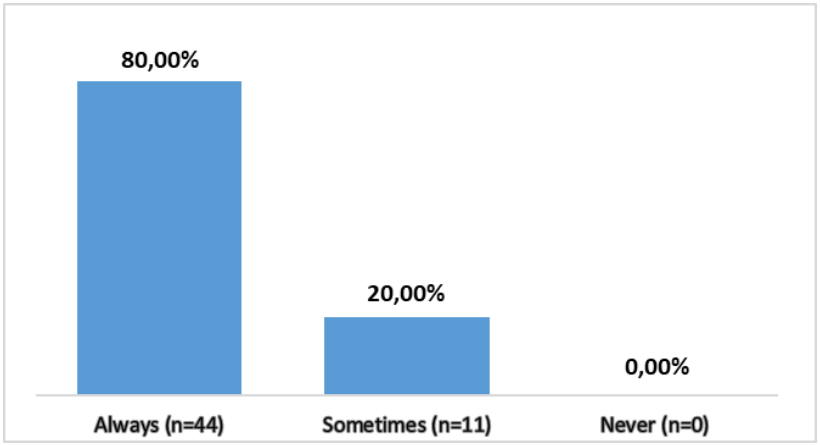


Figure 17. Compliance with the views of the elderly and old people

The aggregated data show that respondents from the group of nurses who care for the elderly and the aged in institutional environment always in one form or another take **into account the views of their patients**, giving respect to the religious, life and social differences of the residents. No respondents were found to ignore the views of the elderly and, consequently, to fail to show respect, consideration and understanding in the course of providing the relevant health and/or social service (χ^2 =19,800, p<0.05).

On the basis of the survey conducted among working nurses in institutions caring for the elderly the following **conclusions can be** drawn**:**

- The care of the elderly is mainly provided by nurses over 60 years of age.
- Nurses rate the quality of health care in the institution where they work with a high average score compared to the national level care assessment, i.e. consider that the services they provide in the institution where they work are at a higher quality level compared to other institutions in the country.
- There is an overwhelming number of nurses who, even from the position of a 'lonely elder', do not wish to spend their lives in an institution that cares for the elderly. The reason for this is most likely rooted in the fact that they are well familiar with the quality of this type of service and do not foresee it as a desirable option for themselves.
- Ethical cases are a common phenomenon in the practice of nurses who work with elderly, but there are no clearly defined ethical standards for dealing with them. This forces nurses themselves to develop and follow 'their' own ethical principles and rules for behavior and interaction with the elderly.
- Nurses do not feel sufficiently prepared to work with elderly, which highlights the importance of continuing education and development of nursing professionals to meet the growing needs and challenges of working with older people and their relatives.

- The lack of nurses is a prerequisite for the deterioration of the quality of health care for the elderly, because the time they devote to each resident in the institution is not enough to ensure quality health care. Proof of this fact is that nurses of retirement age continue to practice their profession.
- Almost half of the surveyed nurses are not familiar with the rights of the elderly, which respectively deteriorates the quality of care offered.

2.2. Data analysis and discussion of the results of a survey conducted among users of services offered in institutions for the elderly

The second group of respondents in the survey included 100 users of services for the elderly and the aged placed in an institutional environment.The distribution of respondents by age group shows that the highest relative share has persons aged over 75 years - 52.00% , followed by persons in the age group between 71 and 75 years 30.00%, and the lowest relative share was found in persons in the age range between 65 and 70 years - 18.00%. Most often, **persons over 75 years of age** are **accommodated** in specialised health and social care institutions for the elderly, and to a lesser extent persons from younger age subgroups. This is probably related to the fact that the need for health and social care for the elderly increases with age.

A diverse profile of physician-diagnosed diseases was found in the group of respondents receiving care. As expected, the highest relative proportion (63.00%, n=63) was cardiovascular diseases ***(hypertension, ischemic heart disease, myocardial infarction, etc.)*** , followed by musculoskeletal diseases (51.00%, n=55) and various chronic diseases (49.00%, n=49). Respondents with endocrine system diseases (44.00%, n=44), digestive system diseases (36.00%, n=36), miscellaneous chronic diseases (49.00%, n=49) were found to a lesser extent, diseases of the central nervous system (33.00%, n=33) and peripheral nervous system (31.00%, n=31), urinary system (29.00%, n=29) and diseases of the biliary-liver area (17.00%, n=17). The data showed that respondents were frequently found to have **two or more**

diseases, with cardiovascular diseases and other various chronic diseases being statistically significant ((χ^2 =59.218, p<0.05). The comorbidities of older people receiving health and social care in specialised institutions should be taken into account in the design of each service in order to provide the maximum level of care for each of the users of that service, tailored to their individual medical needs *(Figure 18).*

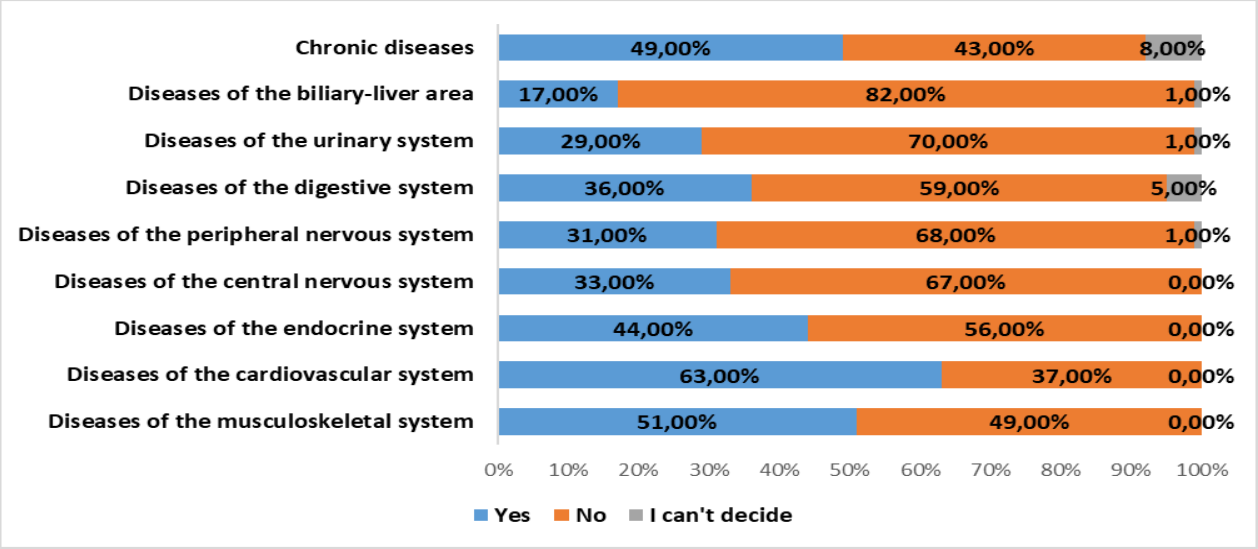


Figure 18. Frequency of diseases diagnosed by a doctor

In terms of needing help with their daily needs prior to admission to the institution, the highest proportion of respondents reported that they needed help cleaning their home (82.00%, n=82), followed by older adults who had difficulty preparing meals independently (71.00%, n=71). Respondents were identified for whom an important need was being able to have someone to communicate with in their daily lives (68.00%, n=68). Other needs of the elderly and aged that were identified in the course of the survey up to the time before they were placed in a specialized institution were 1) assistance in shopping for household goods (67.00%, n=67), 2) assistance with taking prescription medication (65.00%, n=65), 3) assistance with personal hygiene (61.00%, n=61), 4) assistance with taking walks outside the home (59.00%, n=59), 5) assistance with dressing and undressing (45.00%, n=45), 6) assistance with organizing personal monthly budget (43.00%, n=43). The lowest relative proportion of respondents was found to need assistance

with getting around the home (38.00%, n=38) and assistance with feeding and fluid intake (20.00%, n=20), indicating that a low proportion of elderly placed in the respective institution had autonomy and independence in feeding and getting around *(Table 5).*

Table 5. *Type of assistance required before admission to the institution*

№	Type of assistance required	N	Yes		No		I can not judge		χ^2	p-value
			N	%	N	%	N	%		
1.	Reception of medicines	100	65	65,00%	35	35,00%	-	-	9,000	p<0.05
2.	Care for personal hygiene	100	61	61,00%	38	38,00%	1	1,00%	54,980	p<0.05
3.	Help with dressing and undressing	100	45	45,00%	51	51,00%	-	-	39,620	p<0.05
4.	Walk outside the home	100	59	59,00%	37	37,00%	1	1,00%	45,980	p<0.05
5.	Shopping	100	67	67,00%	32	32,00%	1	1,00%	64,061	p<0.05
6.	Help with feeding and fluid intake	100	20	20,00%	77	77,00%	3	3,00%	90,140	p<0.05
7.	Self food preparation	100	71	71,00%	28	28,00%	1	1,00%	74,780	p<0.05
8.	For getting around the home	100	38	38,00%	60	60,00%	2	2,00%	51,440	p<0.05
9.	Cleaning the home	100	82	82,00%	18	18,00%	-	-	40,960	p<0.05
10.	Need for communication	100	68	68,00%	25	25,00%	7	7,00%	58,940	p<0.05
11.	Help with organising finances	100	43	43,00%	44	44,00%	13	13,00%	19,220	p<0.05

The relatively low proportion of respondents expressing a need for assistance with getting around the home, eating and taking fluids may indicate a greater degree of independence and autonomy for these older people.

The data show that for 67.00% (n=67) of the respondents the decision to be placed in an institution was made by their relatives, while only 14.00% (n=14) of the adults surveyed were placed of their own volition. About one third of the respondents

said that they had discussed this decision with their relatives and made the decision jointly, discussing all possible alternatives (29.00%, n=29*)(Figure 19).*

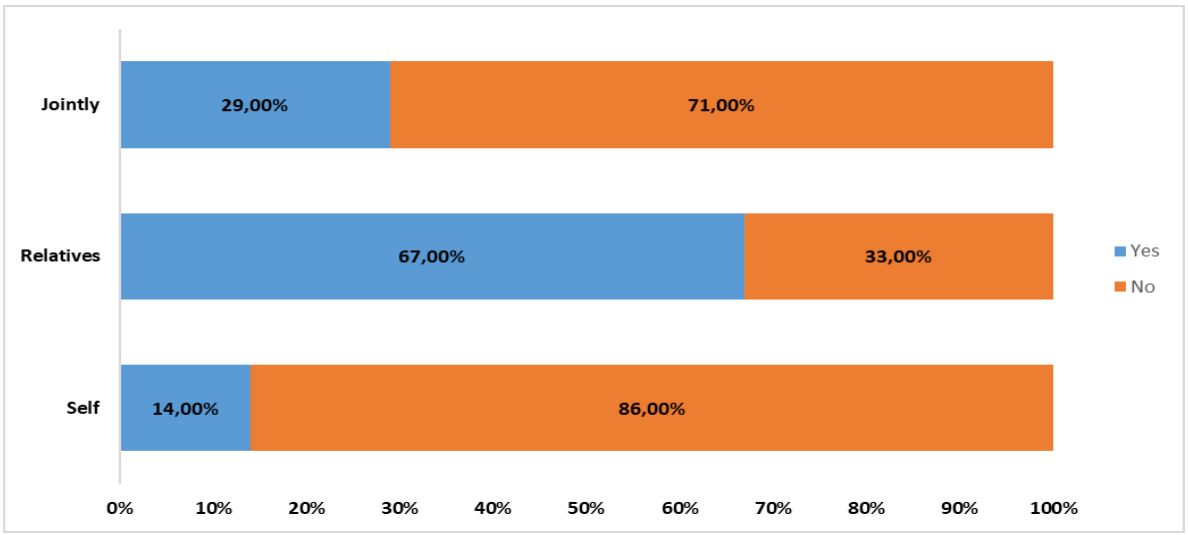


Figure 19. Decision-making for placement in an institution for care of the elderly

Analysis of the data convincingly showed that for almost all of those placed in this type of long-term care facility**, the decision to place them was made by their relatives** (χ^2 =14.745, p<0.05) without discussion with the older person. This limits their right to freely choose how to spend the last years of their life.

For the purpose of this dissertation, we tried to analyze the satisfaction of the elderlyaccommodated in a specialized institution with the conditions provided to them in the institution, namely: ***1) living conditions, 2) sanitary and hygienic conditions, 3) conditions supporting mobility, 4) opportunities for meaningful communication and 5) the quality of food provided.*** It was found that the elderly were most satisfied with the opportunity to communicate with other people (61.00%, n=61), as well as with the conditions facilitating movement (51.00, n=51) through the provision of a special environment supporting independent movement in the building housing the institution and in the adjacent spaces around it, e.g. courtyard. Low levels of satisfaction were found with the quality and variety of food offered (27.00%, n=27), housing conditions (21.00%, n=21) and sanitary-hygienic conditions (48.00%, n=48) *(Figure 20).*

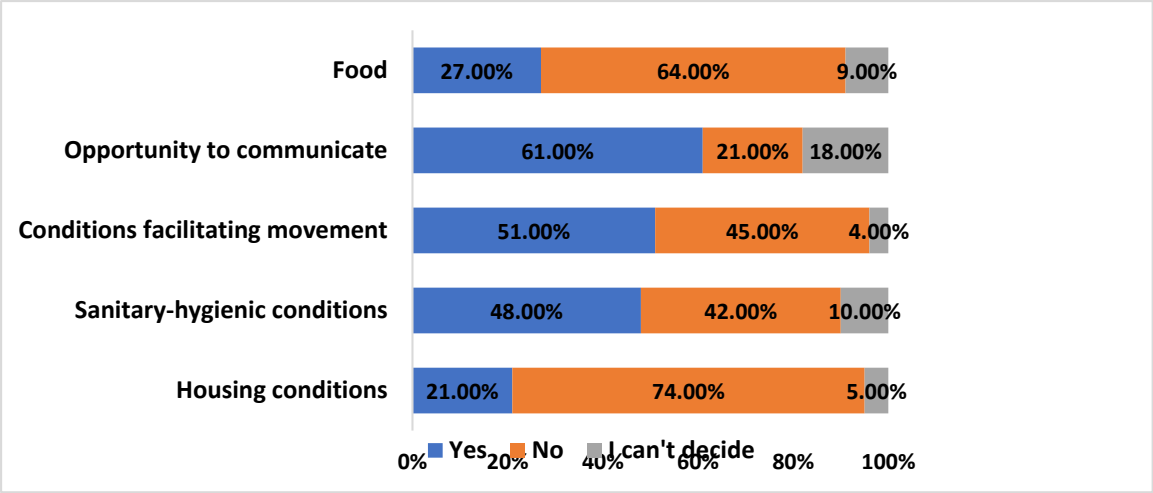


Figure 20. Satisfaction with the conditions provided in the institution

In addition to ascertaining the satisfaction of the elderly with the conditions provided in the respective institution through a question in the questionnaire, we also tried to analyze the satisfaction with the quality of the institutional services provided - ***1) intake of medication, 2) assistance in maintaining personal hygiene, 3) assistance in dressing and undressing, 4) opportunities for going out, 5) quality and quantity of food offered, 6) stimulation of physical activity, 7) mental health care, and 8) opportunity for other entertainment of choice***.

Respondents of elderly were most satisfied with the service related to taking medication (84.00%, n=84). This service is of paramount importance for them in order to regularly take the medication prescribed by the attending physician. A high relative proportion (73.00%, n=73) of respondents also expressed a high degree of satisfaction with assistance in maintaining personal hygiene and assistance with dressing and undressing (77.00%, n=77). Stimulating physical activity was rated as a quality service provided by just over half of the respondents in our survey (51.00%, n=51). The lowest levels of satisfaction were found for services related to mental health care and improvement (19.00%, n=19), the opportunity for a variety of optional entertainment (21.00%, n=21) and the quantity and quality of food provided (31.00%, n=31*) (Figure 21).*

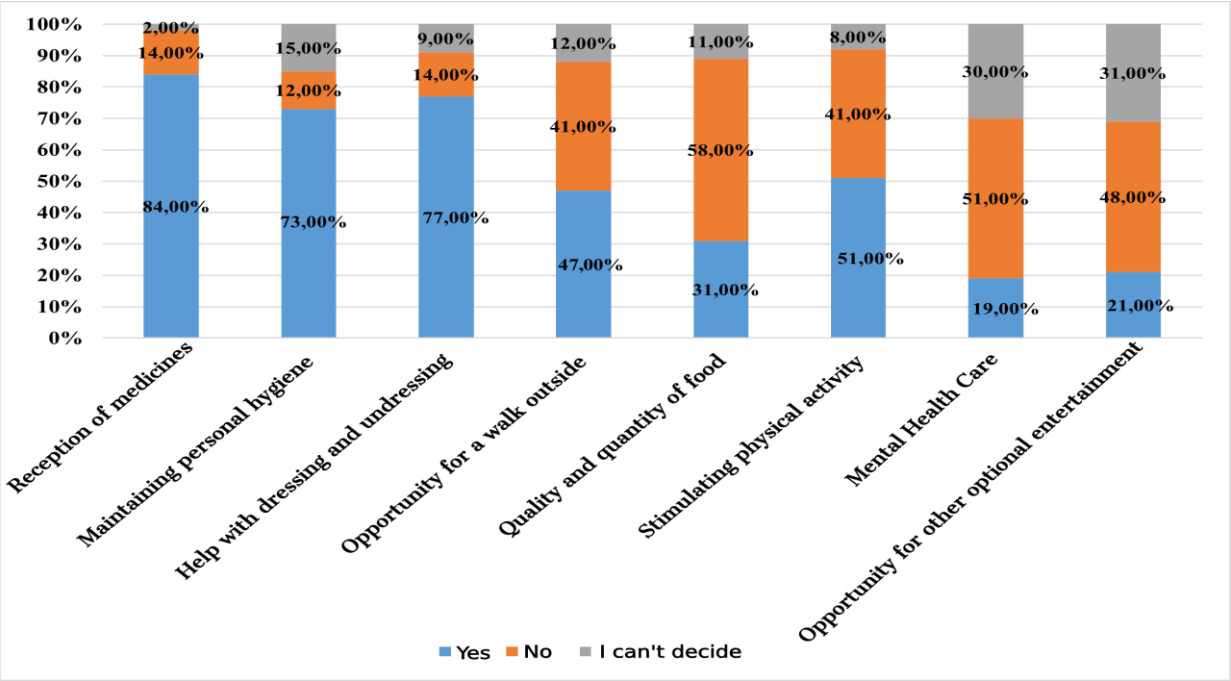


Figure 21. Satisfaction with services provided in the institution

A high relative share (77.00%, n=77) of respondents in our survey answered affirmatively to the question whether they would use the services of a Comprehensive Centre for Health and Social Care for the Elderly if such a centre existed in their locality, while 23.00% (n=23) of the elderly respondents stated a definite reluctance to use such a comprehensive service (χ^2 =47.220, p<0.05) *(Figure 22).*

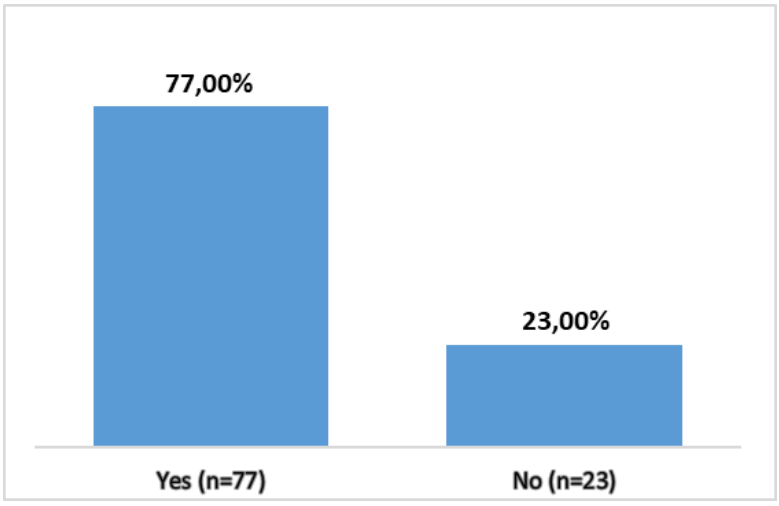


Figure 22. Use of the services of the Complex Centre for Health and Social Care

Evidence shows that older people need a comprehensive service to meet their needs. A service of this kind would be successful among this population group, as an

opportunity to prevent institutionalisation of the elderly. It is impressive that in the group of respondents who said that in the presence of a Comprehensive Centre for Health and Social Services for the Elderly 54.55% (n=42) **would use the services provided even after payment** (χ^2 =14.745, p<0.05).

Almost ¾ of the participants in our survey say that if they had the opportunity to meet more with their loved ones, this would have a positive impact on their health and self-esteem for the time spent in the respective institution (74.00%, n=74) (χ^2 =81.920, p<0.05). The respondents who stated that they need more outdoor walks (73.00%, n=73) have almost the same relative share (χ^2 =72.020, p<0.05). A little over half of the surveyed elderly and old people answered this question from the survey, sharing that if they had the opportunity to visit relatives and friends more often (52.00%, n=52) (χ^2 =15.740, p <0.05) this would improve their life in the institution and the possibility of adopting it as their new home. Among the activities that would not lead to a significant improvement in the daily life of the elderly and old people are going on organized excursions (43.00%, n=43) (χ^2 =4.340, p>0.05) and providing more opportunities to practice independent activities and hobbies (8.00%, n=8) (χ^2 =0.560, p>0.05) *(fig. 23).*

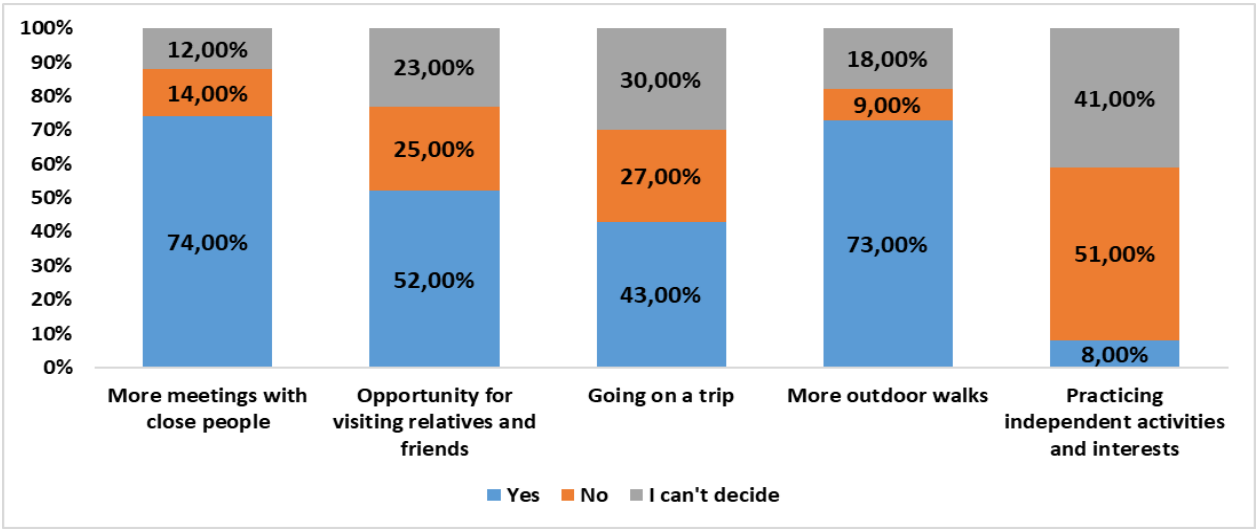


Figure 23. Events that would improve the daily life of the elderlyaccommodated in a specialized institution

Just over ¾ of the respondents in our survey said that they would feel most relaxed if the necessary **care for them was provided in their own home (**76.00%, n=76), and for 15.00% (n= 15) it would give them peace of mind if the care was

taken in the home of their loved ones and rela tives. The relative share of respondents who state that care in a specialized institution would provide them with the highest level of peace of mind is low (11.00%, n=11) *(fig. 24)*

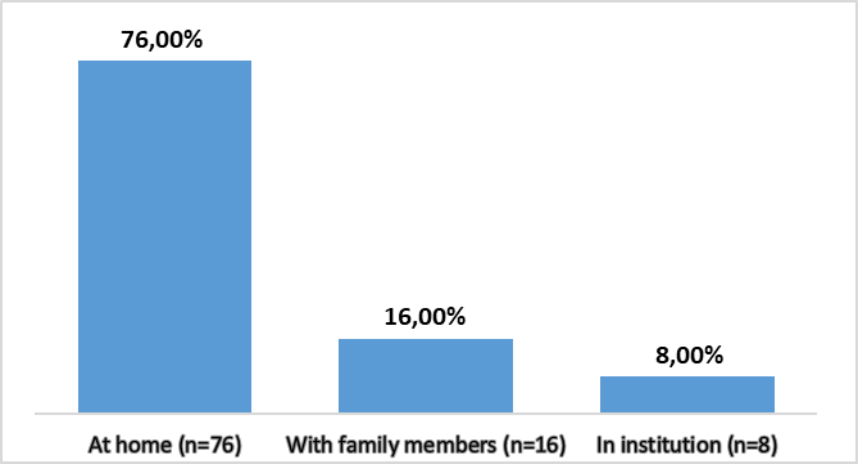


Figure 24. A place where the elderly and old people would feel most at ease in their care

The own home emerged as the place that would provide the greatest peace of mind for the elderly and aged in their care. Almost all respondents would prefer to be cared for in a home environment rather than an institutional environment (χ^2 =13.167, $p<0.05$).

In institutions where health care is provided for the elderly and the aged, the main professionals who exercise their profession are nurses, who play a key role in the provision of health care in the respective structure or unit. Each of the elderly people living at home appreciates the professionalism and work of the nurses and expresses their gratitude for the quality of the care provided. Almost all respondents said they trusted **the nurses** and implemented their recommendations (93.00%, n=93) (χ^2 =160.220, $p<0.05$); respected and valued their profession (94.00%, n=94) (χ^2 =165.680, $p<0.05$) and felt **gratitude for the nursing** care they received (91.00%, n=91) (χ^2 =150.380, $p<0.05$). The opinion of nurses was important to 83.00% (n=83) (χ^2 =111.140, $p<0.05$) of the respondents, and 62.00% (n=62) (χ^2 =38.480, $p<0.05$) of them reported that interacting with health care professionals at their institution was enjoyable. The survey data are shown in more detail in Table 6.

Table 6. Attitudes towards nurses providing health care

№	Type of assistance required	N	Yes		No		I can not judge		χ^2	p-value
			N	%	N	%	N	%		
1.	I respect their opinion	100	83	83,00%	7	7,00%	10	10,00%	111,140	p<0.05
2.	I implement their recommendations regarding my health	100	93	93,00%	4	4,00%	3	3,00%	160,220	p<0.05
3.	I feel gratitude for the care	100	91	91,00%	1	1,00%	8	8,00%	150,380	p<0.05
4.	I love to communicate with them	100	62	62,00%	14	14,00%	24	24,00%	38,480	p<0.05
5.	I respect and honor their noble profession	100	94	94,00%	4	4,00%	2	2,00%	165,680	p<0.05
6.	I accept the staff as friends I can count on	100	55	55,00%	20	20,00%	25	25,00%	21,500	p<0.05
7.	They're just doing their job	100	70	70,00%	12	12,00%	18	18,00%	61,040	p<0.05

In the event of a conflict with a resident or a member of the health care team, the majority of respondents (81.00%, n=81) would seek assistance from their family members and 12.00% (n=12) would seek assistance from a member of the facility team. A low relative proportion (7.00%, n=7) of this group of respondents would refer their problem directly to the manager of the respective institutions *(Figure 25).*

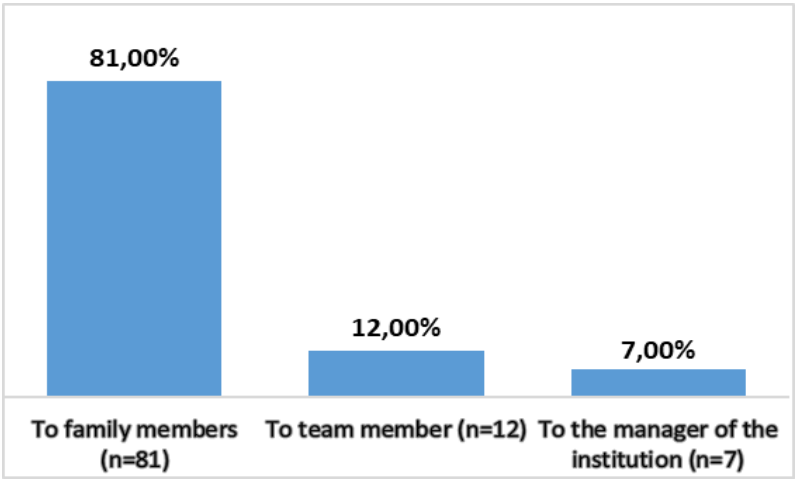


Figure 25. Person to whom elderly people would turn in case of conflict

When critical conflict situations arise, homebound elderly and old people would definitely seek assistance from their relatives (χ^2 =35.786, $p<0.05$), which means that maintaining a relationship with relatives is essential when conflicts arise where the relatives can play a mediating role to clarify the conflict situation and provide peace of mind to their loved ones housed in the institution. The low percentage of persons who would seek help from the manager is probably due to the fact that the elderly have limited contact with the managers of the institutions, and, accordingly, the relationship to build trust is missing.

Findings of the study conducted among elderly people housed in institutions providing care for this age group:

- Institutions providing care for the elderly mainly accommodate persons over 70 years of age, who are often diagnosed with two or more diseases, most often of the cardiovascular system and other chronic diseases. The co-morbidity of the elderly must be taken into account when offering each of the services in order to ensure maximum care.
- A significant proportion of the elderly, before being placed in a specialised institution, need help with their daily needs. Most often, they need help with cleaning the house and preparing meals, as well as the opportunity to have someone to communicate with in their daily life.
- The decision to place the elderly in a specialised institution was taken mainly by their relatives. The elderly have limited control and participation in the decision-making process for placement in such institutions.
- Although the elderly are satisfied to varying degrees with one or another of the services provided to them in the institution, the data emphasize the importance of improving the conditions in specialised institutions, especially with regard to the food provided, living conditions and sanitary hygiene. This can help to

increase the satisfaction and quality of life of the elderly who are housed in these institutions.

- A large percentage of the elderly people surveyed prefer to be cared for in their own home, but there are also those who prefer institutional care. Individual needs and motives are relevant in this case.
- In case of conflict with another resident or with the staff in the institution, the elderly prefer to turn to their relatives for assistance. This emphasizes the importance of support and help from the relatives of the old people. There is a need to improve communication and interaction with staff in the institutions to facilitate help-seeking and conflict resolution.
- Quality communication, trust and interaction between older people and nurses within institutions can improve the quality of care and create a positive environment for older people.

2.3. Data analysis and discussion of the results of a survey on the opinions of third and fourth year students majoring in 'Nursing'

The third group of respondents in our survey included 148 students majoring in the 'Nursing' specialty in the city of Stara Zagora, Haskovo and Sliven. The respondents were students from the upper year of study who have gained experience and developed an idea and personal impression about the nature of the nursing profession in Bulgaria, as well as about the opportunities for professional realization in different areas of health care in the country.

Nearly half of the students surveyed reported that they **would not work in an institution that cares for the** elderly after completing their education (43.92%, n=65). Almost the same relative share (40.54%, n=60) has students who say that at this stage of their studies they cannot assess whether a professional career in this type of institution would satisfy them and respectively cannot express a definite opinion on the matter. The low relative share of the surveyed students who say unequivocally

that they are ready to start their professional realization in an institution for elderly care (15.54%, n=23) is impressive *(Fig. 26).*

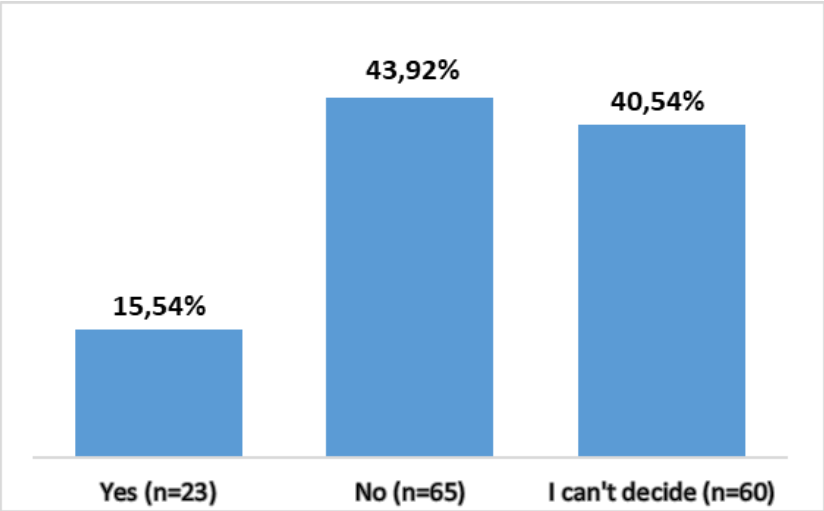


Figure 26. Attitude to starting work in a care institution the elderly

The analysis of the data regarding students' attitudes towards starting work in a health care institution for the elderly convincingly shows that this is an **unattractive** career option for this group of students. This may reflect a lack of interest or preference in this area of health care. A very small relative proportion of these students would be willing to start working in the field of elderly and aged care in an institutional environment immediately after their graduation (χ^2 =21.238, p<0.05).

Slightly over half of the students who participated in our survey (58.78%, n=87) reported feeling unprepared to provide care for the elderly in an institutional environment, and nearly ¼ of all survey respondents (23.65%, n=35) reported feeling fully prepared to provide professional health care for the elderly and elderly. A medium level of preparedness was self-identified by 6.76% (n=10) of respondents, and 10.81% (n=16) of students who participated in our survey could not identify their level of professional preparation (*Figure 27).*

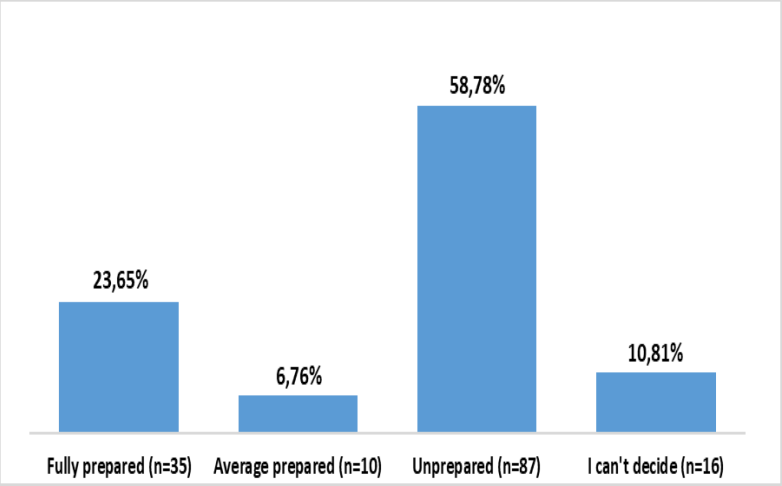


Figure 27. Feelings of preparedness to provide health care for the elderly

The opinion of the nursing students strongly indicates that the majority of them feel unprepared to take care of elderly and old people in a specialized institution. The low relative proportion of students surveyed who reported that they were fully prepared indicates that the **quality of training needs to be improved** with a focus on nursing care for the aged and elderly (χ^2 =99.297, p<0.05).

Regarding the need for more in-depth professional training, focused on the provision of health care for the elderly and their relatives, ¾ of the surveyed respondents (75.00%, n=111) are united around the opinion that such additional training is highly necessary for their formation as professionals ready to provide health care for this age group. According to 9.46% (n=14) of the surveyed students, their training in health care is completely sufficient and there is no need to upgrade or expand it, and 15.45% (n =23) of the surveyed students could not decide on a specific opinion (*fig.28*).

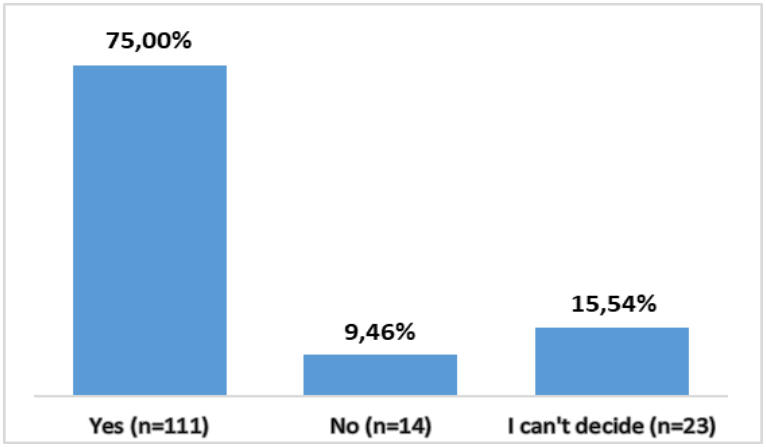


Figure 28. The need for additional training in the provision of health care for the elderly in the course of university studies

The analysis of the data related to the students' opinion on the need for more in-depth training in the provision of health care for the elderly convincingly shows that the future medical professionals unite around the opinion that the **existing training is currently insufficient** and it is necessary to take action to improve it in order to create professional competencies in young professionals that would later be useful to them when working with the elderly and their relatives (χ^2 =116.446, p<0).

A large proportion of the respondents from the group of students surveyed believed that providing health care for the elderly is a difficult task requiring specific knowledge, skills and competencies (66.22%, n=98), while 21.62% (n=32) did not find this type of work difficult and it should be part of every health care professional's routine practice. No particular opinion was expressed on this issue by 12.16% (n=18) of the prospective health professionals who participated in our survey (*Figure 29).*

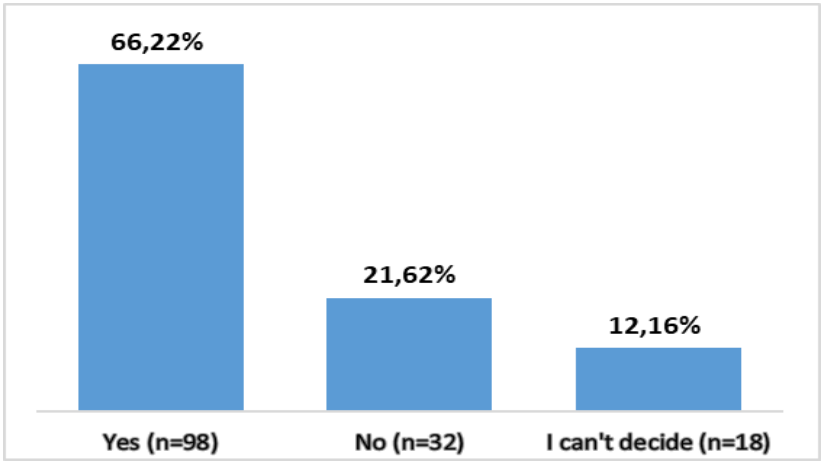


Figure 29. Difficulties in providing care for the elderly

On the positive side, almost all of the nursing students surveyed are aware that providing health care for the elderly is a task that requires specific knowledge and skills and competencies, which, in addition to their studies at the respective university, should also be upgraded after graduation through participation in various courses, seminars, formal and informal trainings (χ^2 =74.000, p<0.05).

A large proportion of the students surveyed reported that there was an elderly person in their family for whom they personally or their relatives needed to provide certain care to varying degree and intensitiy (79.73%, n=118), while such care was never provided by the remaining 20.27% (n=30) of the students surveyed *(Figure 30)*.

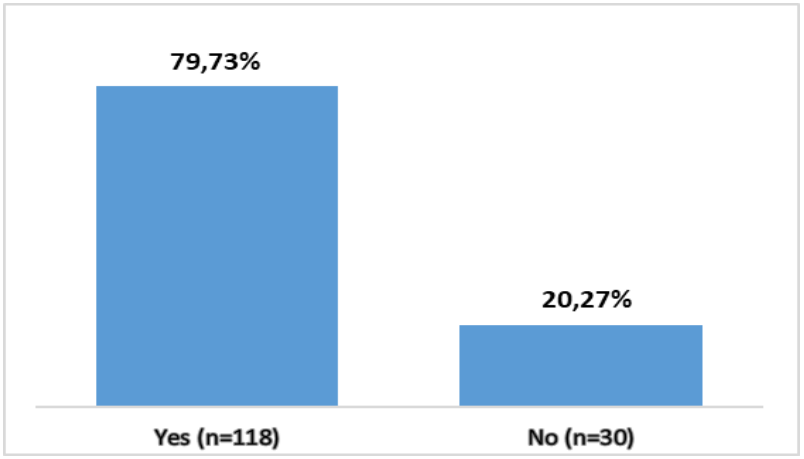


Figure 30. Caring for an elderly family member

These data show that in the group of respondents - students majoring in 'Nursing' - first-person knowledge of the specifics of care for the elderly is established, which is a prerequisite for knowing the needs of their future patients as professionals, providing medical care for elderly in an institutional or non-institutional environment (χ2=53.324, p<0.05).

For the purpose of this dissertation, we have tried to clarify the reasons why elderly care is unattractive to future medical professionals. The main factor influencing reluctance to start work in an institution caring for the elderly and the elderly is the low remuneration for 63.51% (n=94) of the surveyed respondents (χ^2 =10.811, p < 0.05). Unfavorable working conditions would have an impact on the

decision for professional realization in an institution for the elderly and the elderly for 58.78% (n=87) of the future medical specialists ($\chi^2 = 8.745$ $p < 0.05$). With the lowest relative share are those respondents for whom emotional commitment is a prerequisite for reluctance for professional realization in an institution caring for the elderly and the elderly ($\chi^2 = 0.973$, $p > 0.05$) *(fig. 31)*.

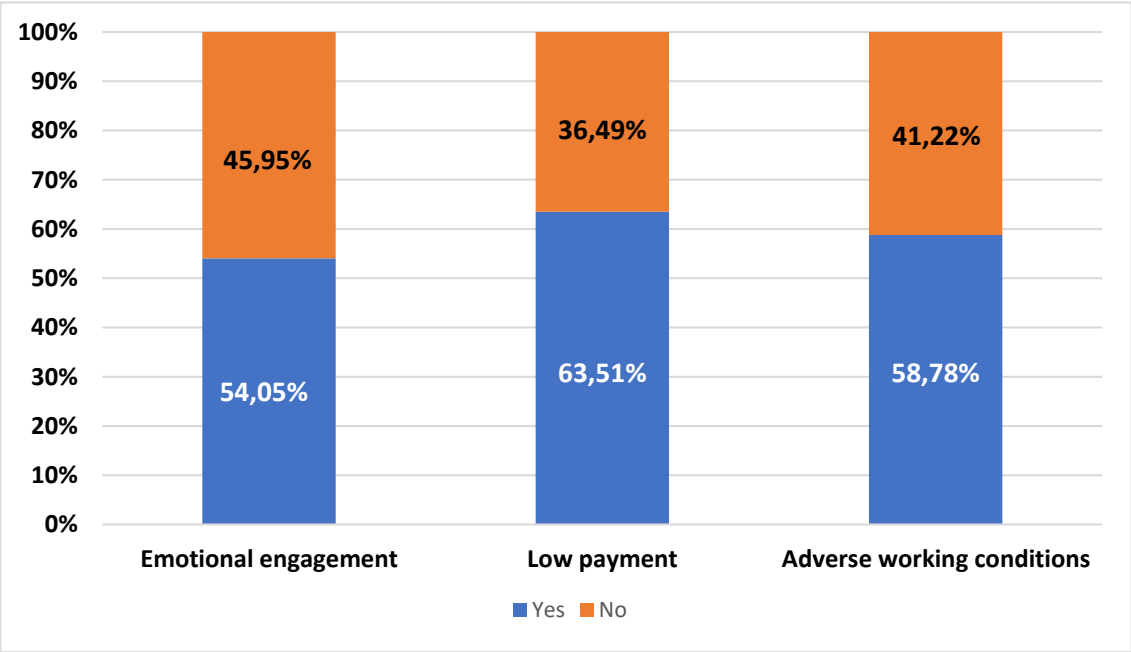


Figure 31. Factors influencing reluctance to work with the elderly in institutional environment

The main factor that would increase the motivation of future health care professionals to provide specialized care for the elderly in an institutional environment is an increase in salary (72.30%, n=107) ($\chi^2 = 29.432$, $p<0.05$). We also analyzed several other factors with presumed impact on students' motivation to start working with elderly and old people: 1) **Opportunity for professional growth, 2) Taking additional paid annual leave, 3) Receiving more comprehensive professional training, and 4) Changing the stereotype of elderly caregiving in Bulgaria.** The data are presented in Table 7.

Table 7. Factors that would increase the motivation for health care for the elderly

№	Factor	N	Yes, this factor would increase motivation		No, this factor would not increasemotivation		χ^2	p-value
			N	%	N	%		
1.	Salary	148	107	72,30%	41	27,70%	29,432	p<0.05
2.	Opportunity for professional growth	148	49	33,11%	99	66,89%	16,892	p<0.05
3.	Taking additional paid annual leave	148	29	19,59%	119	80,41%	54,730	p<0.05
4.	Fuller professional training	148	41	27,70%	107	72,30%	29,432	p<0.05
5.	Changing the stereotype of health care for the elderly and old people	148	83	59,08%	65	43,92%	2,189	p>0.05

We found that getting an opportunity for professional growth and development would motivate only 33.11% (n=49) of the respondents, and for the remaining 66.89% (n=99) it was not a prerequisite for increasing personal motivation for choosing this career path (χ^2 =16.892, p<0.05). Increasing the number of paid annual leave days for people working in institutions caring for the elderly would also not lead to an increase in the willingness of young professionals to direct their career in this direction. This is a factor that would matter to 19.59% (n=29) of the students surveyed and would not matter to 80.41% (n=119) of them (χ^2 =54.730, p<0.05). The provision of career opportunities and advanced training was also not found to be a significant factor in changing the attitude of young professionals to work in an aged care and elderly care institution (χ^2 =29.432, p<0.05). There was no statistically significant difference in the relative proportions of student respondents who indicated that they would start working in this type of specialist institution after changing stereotypes about caregiving for the elderly (59.08%, n=83) and those for whom this would not influence their choice (43.92%, n=65) (χ^2 =2.189, p>0.05).

A high proportion of the students surveyed did not assess at this stage of their studies whether they would be willing to pursue a career as a medical professional

caring for the elderly outside Bulgaria (41.89%, n=62). A categorical positive answer was given by slightly more than 1/3 of the respondents in the survey (33.78%, n=50), and nearly ¼ of them (24.32%, n=36) said that they had no desire to realize themselves as medical specialists in other countries, regardless of the conditions and opportunities for professional realization provided there *(Fig. 32).*

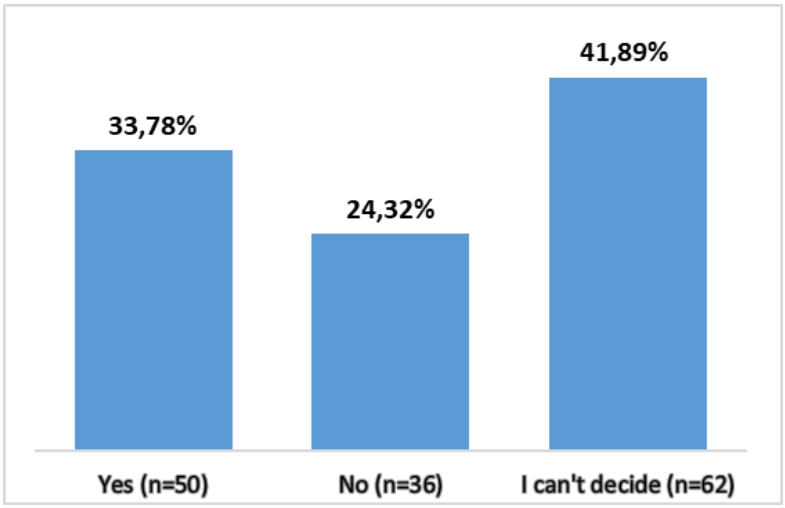


Figure 32. Working as a professional carer for the elderly in another country

Statistical analysis of the data showed that the difference in the relative proportions of respondents sharing different opinions regarding starting work in another country as health care professionals caring for the elderlywas statistically significant (χ^2 =6.865, p<0.05), and apart from those students who at this stage have a definite willingness to pursue a career abroad, the group of students surveyed who have not yet considered this option, i.e. have not formed a definite decision, is also of research interest. It would be interesting to analyse what factors would change the opinion of this group of respondents in one direction or the other and respectively what decision they would make after a certain period of time after completing the questionnaire for the purpose of this dissertation. In the group of respondents who indicated that they would pursue a career outside Bulgaria, several main reasons for this are identified - higher salary (n=14), better working conditions, incl. Higher standard of health care and quality of health care provided (n=2), better organization of health care and better conditions for the elderly(n=3), availability of more staff,

which is a prerequisite for preventing burnout syndrome among medical professionals (n=4).

The opinion of the respondent students that they would take care of their elderly relative who is unable to cope on his/her own is categorical (97.30%, n=144), while only 2.70% (n=4) of all respondents would not engage in caring for their elderly relative and would respectively delegate this responsibility to another relative or a specialized institution (χ^2 =104.011, p<0.05) *(Figure 33).*

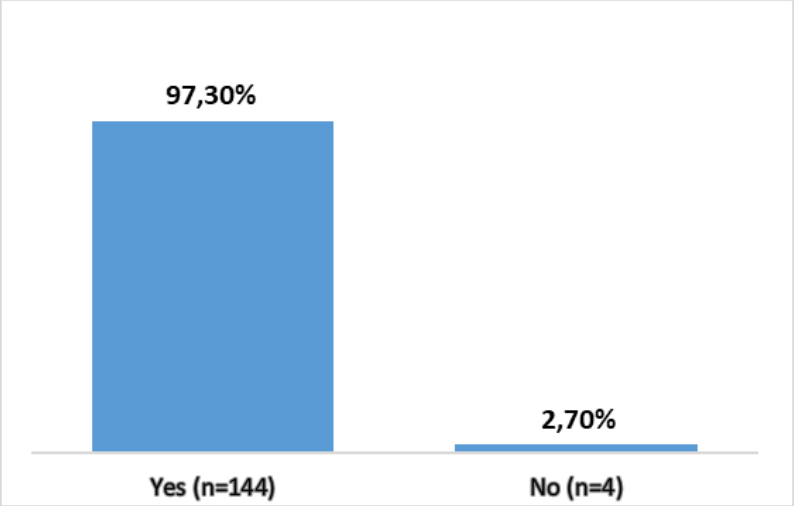


Figure 33. Caring for an elderly loved one who is unable to manage independently

The data summarized in the course of the survey convincingly indicated that future medical professionals are responsible people towards their relatives of the third age, to whom they would provide the necessary care, both as concerned relatives and as full-fledged medical professionals. In the subgroup of respondents who stated that they would care for a relative who was unable to manage independently in their daily life in case of need, the following monetary reasons were found:

- commitment to family issues;
- sense of professional and moral duty;
- gratitude for the care the troubled relative took of them when they were children;
- older people feel more comfortable in a family environment, surrounded by their relatives and loved ones.

For this study, we were interested in determining in an indirect way the attitudes of the surveyed nursing students towards specialised institutions for the care of the elderly, by analysing their attitudes towards the placement of their elderly relative in need in this type of structure. The data convincingly show that a significant proportion of respondents would never and under no circumstances place their loved one in this type of specialised structure (70.95%, n=105), while just under a third of all students surveyed had the opposite attitude (29.05%, n=43) *(Figure 34).*

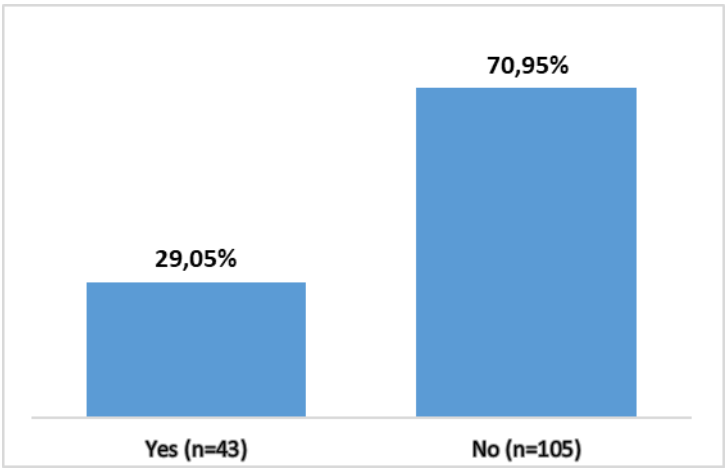


Figure 34. Placement of a close elderly person in a specialized institution

The data analysis shows the **students' disagreement** that their elderly loved one should be placed in a specialized institution (χ^2 =25.973, p<0.05), which can be considered as an indirect form of evaluation of the structure, organization and quality of care provided in this type of specialized structures in the care of elderly and old people nationwide.

A high relative proportion (75.00%, n=111) of the students surveyed felt that there was a need to increase the number of clinical practice hours in institutions that provide specialist care for the elderly and elderly. This would increase students' professional training and practical skills in caring for the elderly in institutional and extra-institutional environment. This would directly lead to their fuller development as professionals ready for the labour market. The teaching horary is sufficient for the remaining ¼ of respondents, who do not think that there is a need to increase the

number of hours in this field of the compulsory clinical practice accompanying the training process (χ^2 =120,662, p<0.05) *(Fig. 35).*

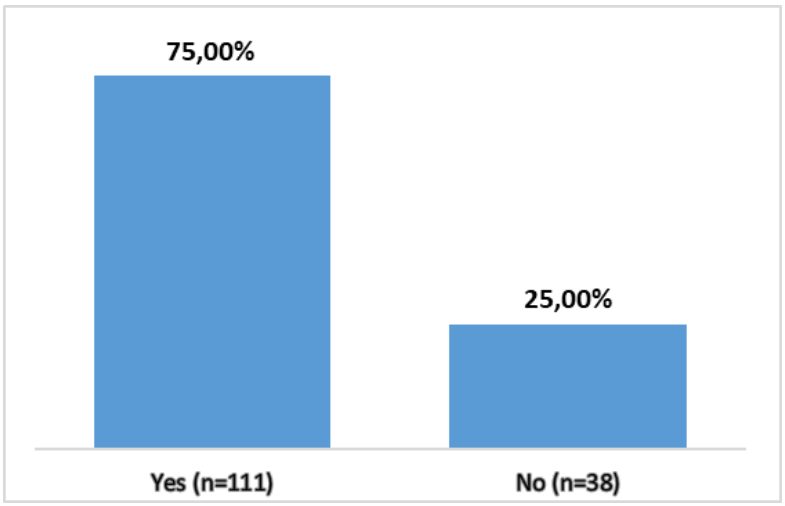


Figure 35. Need to increase clinical practice hours in elderly care facility

The opinion expressed by the surveyed students regarding the need to increase the hours of clinical practice in specialized institutions for the elderlyshould be taken into account and action should be taken in the direction of increasing the hours of practical training in a specialized institution with a profile of activity care for the elderly.

Ethical standards accompany each of the nursing professions, but few are those ethical standards that affect different subdivisions of the general nursing profession, such as caring for the elderly and the aged. For this reason, we analyzed students' attitudes regarding the need for the existence of established ethical rules and standards when specialized care is provided to the elderly and the aged. Almost all students (75.00%, n=111) agreed that there is a need for such standards to govern the relationship between the elderly person and the nurse in the course of providing the relevant specialised care. This need could not be assessed by just under ¼ of all respondents (23.65%, n=35), and a minority of students surveyed (1.35%, n=2) felt that they did not identify a need for the creation and implementation of established ethical standards in practice *(Figure 36).*

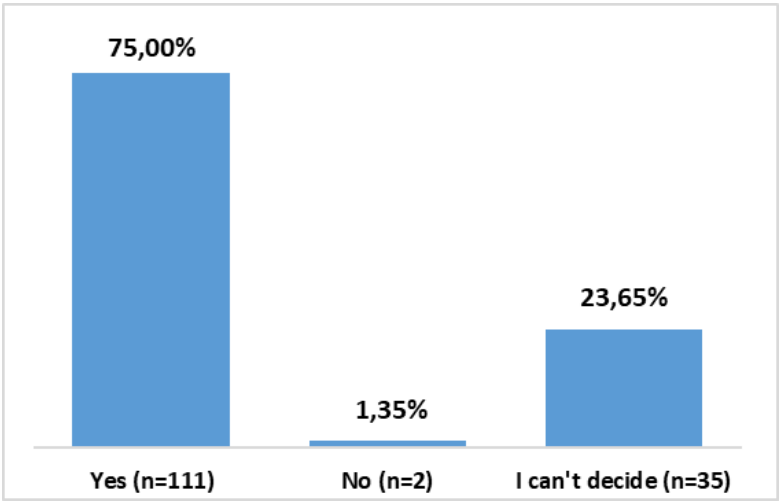


Figure 36. The need for ethical standards

The high relative proportion of students surveyed in the course of the research who felt that there should be ethical standards for health care professionals who provide care for the elderlyindicates that this group of future professionals highly value the importance of their future profession and the attendant responsibility they would have in providing care for the elderlyin an institutional environment, Undoubtedly, students are united around the view that the existence of professional ethical standards would lead to increased.

The students were asked about the main priorities in caring for the elderly. The answers here are extremely varied, with priority given to: respect for the individual; communication; emotional support; appropriate living environment; individual approach; creating an appropriate living environment; treating the elderly; respecting the rights of the elderly; mental health care and much more. We can summarize the result of the survey on this issue to the possibility that only nurses who are truly concerned about the elderly and the aged should work in the ECH. What is important according to the respondents is the demonstration of respect for the individual and care with strict adherence to the daily routine preserving their dignity and assisting them in their daily living. Others expressed that the most important thing for the elderly is to avoid depressive states and to feel continuously supported and that they are not alone in this stage of their lives. Certainly here the responses are refracted

through the prism of their own views of institutional living and of their own modest experiences of caring for older and elderly people.

It was important for us that the students rate the quality of health care provided to the elderlyin Bulgaria on a ten-point system (a score of 1 corresponds to very low quality, and a score of 10 corresponds to very high quality of the service provided). The mean score given by respondents in the student group was 4.68 (SD±1.663) with a minimum score of 1 (one) and a maximum score of 9 (nine). The results are presented in more detail in *Table 8.*

Table 8. Respondents' minimum, maximum and average assessment of the quality of care for the elderlyin Bulgaria

Indicator	N	Minimum score	Maximum score	Average score	Std. Dev
Quality of care	148	1	9	4,68	1,663

A large majority of the participants in our survey said that if they ever find themselves in a 'lonely elder' situation they would not want to spend their lives in an institution that cares for the elderly (62.84%, n=93), while the opposite opinion was held by 37.16% (n=55) of the students who took part in the survey, who would prefer to be in a family environment, surrounded by their relatives and friends if necessary and possible *(Fig. 37).*

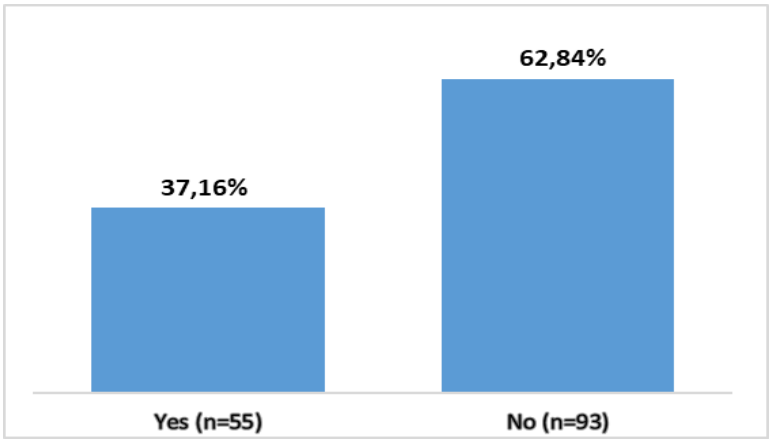


Figure 37. Attitudes to living in an institution caring for the elderly

The attitudes of the respondents from the group of nursing students clearly indicated that in case of necessity, they would not want to spend their lives in an institution caring for the elderly and the aged (χ^2 =12.367, p<0.05). This is probably due to personal observations, both in the course of their professional training and from observations and impressions of their personal and family life.

The highest relative proportion of students surveyed was of the opinion that during their studies at the University, focus should be placed on:

1) training in special nursing care for the chronically ill and their families (85.81%, n=127) (p<0.05);

2) studying characteristic psychopathological changes in the elderly (79.73%, n=118) (p<0.05);

3*) age-specific manifestations of diseases* (79.05%, n=117) (p<0.05);

4) age-related changes in psyche and behavior (73.65%, n= 109) (p<0.05);

5) ***appropriate communication approaches*** (65.54%, n=97) (p<0.05);

6) ***regulatory requirements and European standards for quality of care for the elderly*** (50,00%, n=74) p>0.05);

7) ***prevention and prophylaxis of aging*** (58,78%, n=87) (p>0.05) The studied data are presented in Table 9.

Table 9. Focus on thematic areas of learning

№,	Field of study	N	Yes		No		p-value
			N	%	N	%	
1.	Age specificities in the manifestation of diseases	148	117	79,05%	31	20,95%	p<0.05
2.	Age-related changes in psyche and behaviour	148	109	73,65%	39	26,35%	p<0.05
3.	Characteristic psychopathological changes in old people	148	118	79,73%	30	20,27%	p<0.05
4.	Appropriate communication approaches	148	97	65,54%	51	34,46%	p<0.05
5.	Regulatory requirements and European standards for the quality of care for older people	148	74	50,00%	74	50,00%	p>0.05
6.	Training in special nursing care for the chronically ill and their families	148	127	85,81%	21	14,19%	p<0.05
7.	Prevention and prophylaxis of aging	148	87	58,78%	61	41,22%	p>0.05

These findings highlight the need to update and adapt curricula in aged and elder care to meet the needs and preferences of students. This will help in preparing future nurses to provide competent and quality health care to elderly patients and meet the challenges in this field.

From the analysis of the data on the opinion of the students of the 'Nursing' specialty, we can draw the following **conclusions:**

- There is a need to attract more students and young professionals in the field of health care for the elderly. It is important to present the advantages and opportunities for development and satisfaction in this field, as well as to develop strategies to overcome the challenges associated with working in elderly care institutions.
- The lack of interest or preferences among students to work in health care for the elderly reflects various factors, such as lack of information, prejudice, preferences to work in other areas of medical practice.
- It is necessary to improve education and training in the field of health care for the elderly, by developing and implementing new programs to prepare students to work with the aging population and the specific needs of this group.
- Future nurses express a preference to take care of their loved ones themselves instead of placing them in an institution offering care for the elderly, which is associated with their responsibility to the family.

2.4. Comparative analysis on the opinion of practicing nurses and the opinion of students of the specialty 'Nursing'.

In order to test the hypothesis that the mean score of the quality of care for the elderly is the same for the respondents from the group of nurses and nursing students, an independent-sample t-test was conducted by Student's t-test, which found that there were no differences between the mean scores given by the group of students

(M=4.68, SD=2.362) and the group of nurse practitioners (M=5.45, SD=1.663): t(201) = 1.47, p=0.18 *(Table 10).*

Table 10. Respondents' minimum, maximum and average assessment of the quality of care for the elderly at national level

Quality of care	N	Minimum score	Maximum score	Average score	Std. Dev
Nurses	55	1	10	5,42	2,362
Students of specialty 'Nurse'	148	1	9	4,68	1,663

The analysis of the collected data related to the assessment of the quality of care for the elderly at national level shows a unity of opinion expressed by both groups of respondents. In the group of respondents formed by nurse practitioners and nursing students (n=203), a higher relative share (66.01%, n=134) has the persons who say that they would not like to spend their life in an institution that provides health care for the elderly and the aged compared to the relative share of those who express the opposite opinion (33.99%, n=69) *(Figure 38*).

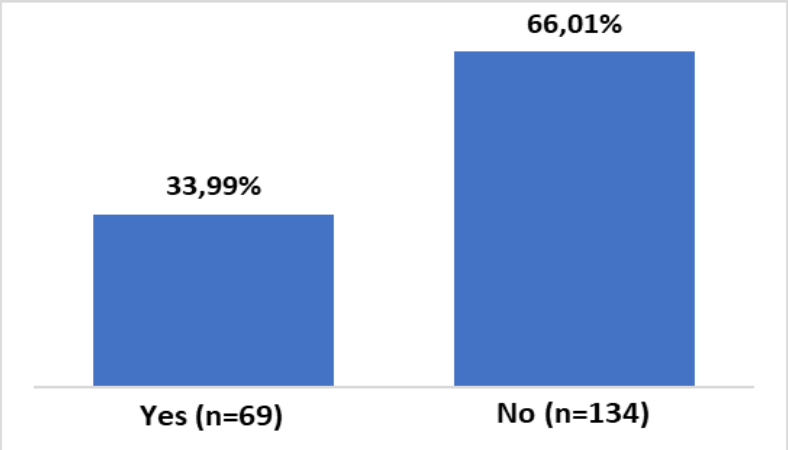


*Figure 38. Attitudes to living in an institution caring for the elderly **

***** *Relative proportions are presented relative to the total number of respondents (n=203) from the group of nursing students (n=148) and practicing nurses (n=55).*

The difference in relative proportions was found to be statistically significant at the p<0.05 level of significance. This can be interpreted as a **clear reluctance of the current** and future medical professionals in case of necessity at a certain point in their life to be placed in an institution caring for the elderly.

Of all the respondents who gave an affirmative response to this survey question (n=69), the highest relative proportion was from the student subgroup (79.71%, n=55) compared to the relative proportion of nurse practitioners (20.29%, n=14). A similar trend was found in this group of respondents who indicated a negative response to the question, with nurses accounting for 30.60% (n=41) and students having a higher relative proportion of 69.40% (n=93) *(Figure 39).*

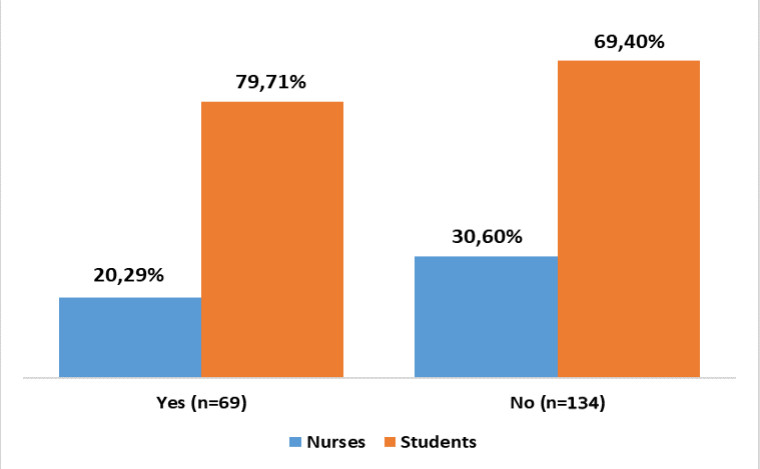


Figure 39. Attitudes to spending life in an institution for the care of the elderly in the group of nurses and students

There was no statistically significant difference in attitudes depending on the professional affiliation of the two groups - nurse practitioners and future health care professionals ($p>0.05$).

In terms of feeling prepared to work with the elderly and the aged, there was a statistically significant difference between the respondents in the nurse practitioner subgroup and the future health care professional subgroup. In the group of respondents who indicated that they felt fully prepared to work with the elderly(n=43), the relative proportion of students (81.40%, n=35) prevailed, and in the group of those who self-identified with a medium level of preparation (n=29), the relative proportion of working nurses (65.52%, n=19) was higher. A high relative proportion of students (78.38%, n=87) of the group of respondents considered themselves unprepared to work with the elderly in an institutional environment. Impressively, of those who responded that they could not judge their level of

preparation, a very high relative proportion were respondents from the student group (80.00%, n=16). This can be explained by the fact that they are still in the process of training **without much practical experience**, which prevents them from giving a clear assessment of their knowledge, skills and competencies without having had the opportunity to apply knowledge in actual practice, while nurse practitioners have a clear idea of their professional skills *(Table 11).*

Table 11. Sense of preparedness to provide health care for the elderly and the aged

Sense of preparation	N	Medical practitioners Sisters		Students of specialty 'Nurse'		p-value
		N	%	N	%	
Fully prepared	43	8	18,60%	35	81,40%	p>0,05
Medium prepared	29	19	65,52%	10	34,48%	p>0.05
Unprepared	111	24	21,62%	87	78,38%	p>0.05
I can not judge	20	4	20,00%	16	80,00%	p>0.05

Aggregated data over the course of our survey related to perceived preparedness to provide health care for older adults and elders indicated statistically significant differences ($p<0.05$) in perceived preparedness between the two groups of respondents.

The need for more in-depth professional training related to the provision of care for the elderly appeared to be of paramount importance to both groups of respondents. Exactly ¼ of the students (75.00%, n=111) felt that there was a need for more in-depth additional training during their studies, with a similarly high relative proportion of respondents from the nursing group holding the same view (69.09%, n=38). There was no statistically significant difference in the opinion of the two groups of respondents ($p>0.05$), which means that both students and nurse practitioners believe that the preparation they currently receive in the course of their training is insufficient and needs to be further upgraded *(Fig. 40).*

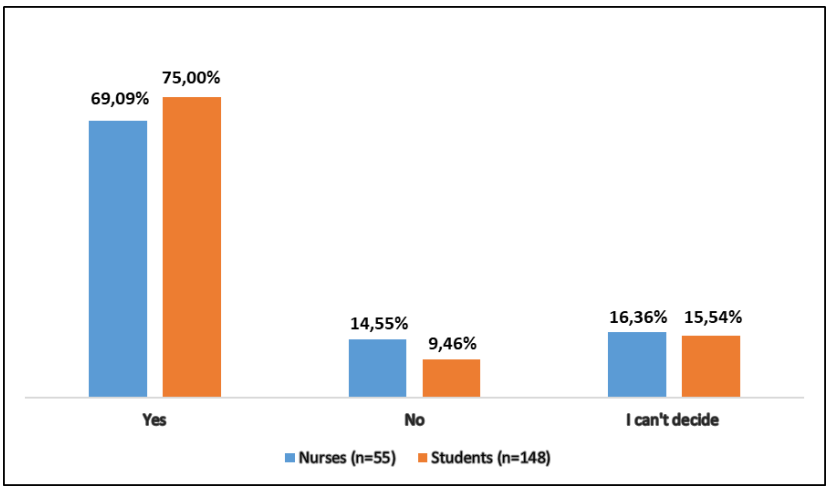


Figure 40. Need for additional training to provide health care for the elderly and the aged

Both students and nurse practitioners believe that there is a need for more in-depth professional training in the field of care for the elderly.

From the comparative analysis we can summarize the following **conclusions:**

- The average assessment of the care provided to the elderly and the elderly at the national level according to the ten-point system obtained as a result of a survey of the opinion of working nurses and future nurses is approximately the same. This result leads us to believe that the two groups of respondents have similar perceptions of the quality of care provided to the elderly.
- There is a definite reluctance of current and future nurses to be placed in institutions caring for the elderly. This information highlights the importance of alternative forms of care or the need to improve the quality of existing ones.
- Students express a high degree of confidence and feel fully prepared to work with the elderly, compared to nurses already practicing their profession, who believe that there is room for new knowledge and competences. This can be explained by the fact that the students are still in the process of learning and do not have enough practical experience, which prevents them from giving an unequivocal assessment of their training .

III. A MODEL FOR INTRODUCING ETHICAL NURSING CARE IN A NURSING HOME

3.1. Ethics of Nursing Care in Elderly Care Homes

The Ethical Nursing Care Model has been developed specifically for institutions caring for the elderly for the benefit of nurses, institution managers and users of this type of service, namely the elderly and their relatives.

'*A nursing home is an institution* that provides care and support to elderly people who need specialized care. This may include providing shelter, food, medical care, social services and entertainment. The aim of nursing homes is to provide a safe and comfortable environment where older people can live with dignity and receive the care and attention they need' (173).

By creating a model of nursing care based on ethical norms of behaviour and respect for human rights, the aim is to respect autonomy, cooperation and support, holistic care, improving the quality of life of the elderly. This includes providing emotional support, social connections and activities to sustain the spiritual and psychological needs of the elderly. It is necessary to create conditions for self-realization and participation in the community where the elderly can feel valued and useful.

The implementation of the 'Model for Ethical Nursing Care in ECH' will lead to improved quality of care, staff role satisfaction, the satisfaction of the users of these services in the face of the elderly individuals and their relatives, as well as the possibility for the managers to get feedback on the quality of the services offered. The preparation of the 'Plan for Ethical Nursing Care in the ECH' should start from the moment of admission of the individual to the institution. The manager of the institution, together with a nurse, welcomes the person in need of care and his relatives, giving them the opportunity to look at the institution, familiarize themselves with the Rules and Procedures in place and provide them with the necessary information about the services offered. They should ensure that the person and their

relatives are fully informed about their rights, responsibilities and obligations during their stay in the institution. It is the manager's or nurse's duty to assure relatives that they will provide a safe and appropriate environment for the person to stay, ensuring continuous monitoring and care tailored to the individual's specific medical and psychological needs. In addition, they should be available for consultation, to answer questions about concerns of the person and their relatives, to ensure continuous improvement of care. The senior nurse in conjunction with the duty nurse undertakes the completion of:

- A questionnaire about the preferences and interests of the person who will be placed in the ECH.
- A questionnaire about the health condition of the person accommodated, filled in by their relatives.

Step 1 - The older individual upon admission to the ECH

The most crucial point from which the care planning process for older people starts is the first contact with the person using the services of the ECH. It is at this stage that the foundations are laid to build mutual trust and respect that the older individual needs to feel supported and concerned for their health and wellbeing.

Step 2 - Analysis and assessment of the individual's needs

The next step prior to care planning for the elderly is to define their needs when placed in a ECH.

Questionnaire on the person's preferences and interests entering an institution

- ✓ Do you need help with activities of daily living - eating, maintaining personal hygiene, dressing/undressing, taking medication, etc.?
- ✓ What are your eating habits and would you like us to exclude certain foods from your menu?

- ✓ Can you get around independently or do you need help and aids - a wheelchair, walker, cane or other aids?
- ✓ Do you want to be in a room with another person or do you prefer private accommodation?
- ✓ Would you participate in an activity offered at the institution of your choice?
- ✓ What additional requirements or preferences do you have that you would like to share with us?
- ✓ Do you need help managing your finances or communicating with banks and other institutions?
- ✓ Do you use hearing or vision aids and do you need special care to maintain these aids?
- ✓ Do you have a hobby you would like to pursue in the nursing home?
- ✓ Would you like additional care for your appearance, such as make-up, hairstyle or clothing?
- ✓ How would you like the visits of your relatives and friends to be organized?
- ✓ Other .....

<u>Step 3</u> - Analysis and assessment of the health status of the service user in the ECH

For health care to be individualized, it must be tailored to the individual's physical and psycho-emotional state. The health status is established through a detailed knowledge of the available medical documentation on the presence of proven somatic diseases - epicrises; decisions from the TEMC and dispensation; examinations and consultations; rehabilitation plan; medical prescriptions; accompanying letter from the personal physician. A detailed history is taken from relatives about the physical, mental and emotional state of the older individual using a second questionnaire.

Health Questionnaire for the Adult Individual

- ✓ What diseases does your ..... (parent/brother/sister etc) suffer from?
- ✓ Does his/her health condition(s) require adherence to a dietary regimen? If 'YES' - what kind?
- ✓ Has he been having seizures and fits?
- ✓ Do you have allergies?
- ✓ What is his/her psycho-emotional state?
- ✓ Does he get into depressive states?
- ✓ Have you noticed disoriented behavior?
- ✓ Have you noticed a frequent change in his mood ?
- ✓ Have you experienced problems communicating with him/her?
- ✓ What medications does he/she take and can he/she manage on his/her own?
- ✓ Is your parent/brother/sister etc a conflicted person ?
- ✓ Other .....

On the basis of this thorough analysis of medical records, information from the person entering the institution and their relatives, the persons are divided into 3 groups with a view to planning their care:

- ➢ ***Free mode*** - they cope perfectly with their daily life. They may leave home with the stipulation of maintaining contact with the institution.
- ➢ ***Semi-independent mode*** - copes independently with most activities, but experiences difficulties in certain activities. Independent movement is allowed only within the boundaries of the institution under continuous supervision.
- ➢ ***Dependent mode*** - need comprehensive care from nurses and other support staff. Mobility is assisted by staff.

Step 4 - Care Planning

On the basis of the information received, the nurse prepares a plan for adequate care in accordance with both the state of health and the psycho-emotional state of the individual. In planning care, the nurse must take into account the individual's needs and expectations, as well as his or her habits in general. This is also where ***informed consent*** comes in - any 'action' or 'inaction' by the nurse takes place after voluntary, informed consent has been given by a competent person or their relatives. It is a guarantee of freedom of choice.

Step 5 - Establish communication channels

The members of the work team, in the form of nurses, rehabilitators, social workers and orderlies, create channels for the exchange of information regarding the implementation of planned health care and any problems encountered during their implementation.

Step 6 - Care

Planned health care is carried out by the working team in compliance with the rules of good medical practice and ethical standards of conduct.

- **Support for physical and mental health:** comprehensive care should also include support for the physical and mental health of older people. This may include exercise, dietary recommendations, stress management, mental health support for the elderly, and support for social activity.

- **Communication and collaboration** - between health professionals, older people and their relatives. Open and mutual communication should be ensured, allowing information to be shared, problems to be discussed and solutions to be found together.

- **Support for independence and autonomy** - the overall care of older people should promote their autonomy and independence. This may include training

and assistance with activities of daily living such as dressing, feeding, hygiene and mobility.

- **Respect for the person** - older people should be involved in decision-making about their health and well-being
- **Personal space** - intrusion into this space should be done carefully and gradually after consent has been obtained.
- **Adult Authority** - the focus is on the person's personality, not their problems.
- **Collaboration with relatives** - this will lead to open relations with staff and mutual trust, and subsequently to the provision of quality long-term care.

Step 7 - Monitoring and evaluation of care

It is important to assess the outcomes of all care for the elderly. This includes measuring health indicators, assessing quality of life, satisfaction of the elderly and their relatives. On the basis of these assessments, measures should be taken to improve and optimise the care provided. This assessment provides information on whether everything has been implemented as planned or whether there are serious challenges or problems. If the care provided is implemented as planned and there are no problems the work team continues their work.

If there is a problem, move to step 8.

Step 8 - Problem/challenge emergence

A problem is a condition or situation, a complex issue that creates a difficulty, causes disagreement, or makes it difficult to achieve desired goals or outcomes. It may be physical, emotional, intellectual or social in nature. It usually requires a person to use their knowledge, skills and resources to cope.

Step 9 - Identification of problem/challenge

When a problem arises, the first step is to determine what the nature of the problem is. It may be related to internal or external factors.

Step 10 - Generate ideas to tackle the problem/challenge

Following the identification of the problem or challenge, nurses need to generate innovative ideas to improve care for the elderly and the aged and specifically address the problem. This may include implementing new technologies, methods or models of care that meet the specific needs of this patient group.

Step 11 - Analysis of the generated ideas

If we have to deal with the implementation of new technologies or models of health care, all ideas are discussed in detail by the whole working team, together with the institution manager. If the problem relates to a particular user of services offered in a care home, the discussion involves the whole team of medical and non-medical professionals, the manager, the user's relatives and the user themselves.

Step 12 - Decision making

After a thorough analysis of the proposed ideas, a decision is taken and its implementation follows. The decision generally includes:

- ✓ Staff Training.
- ✓ Care planning according to the changed situation.

Successfully tackling the problem/challenge leads to personal development and a sense of satisfaction i.e. motivation to work with elderly and older people is positively affected.

The steps and sequence in the implementation of the model of ethical nursing care in a nursing home aimed at improving the quality of health care, staff job satisfaction and user satisfaction of this type of service is illustrated in Figure 52.

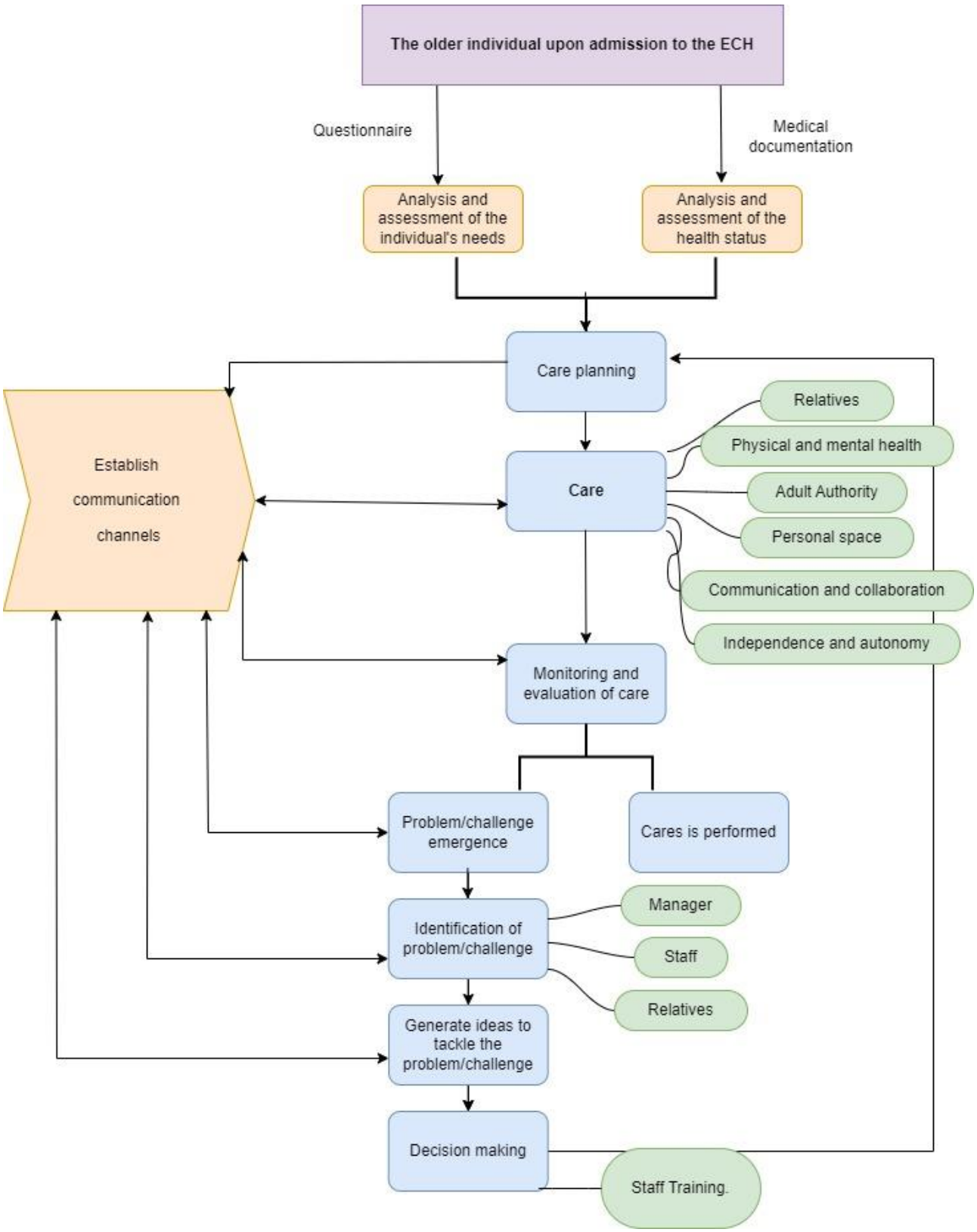


Figure 41. Model for introducing ethical nursing care in Elderly care home

3.2. Expected benefits of introducing the 'Ethical Nursing Care Model' for the elderly into practice

Putting into practice a model for ethical nursing care in a nursing home can have many and varied benefits for the elderly, as well as for the staff and the institution as a whole. Here are some of them:

- **Better quality of care** - the health care model can provide a more coordinated and systematic approach to care for older people. This includes better coordination between all nursing support staff who provide health care .

- **Individuality of care -** care to focus on the individual's needs and preferences, taking into account moral values, life views, rights, physical and mental state etc.

- **Better coordination of health services** - will help to better coordinate all health services that are provided in the nursing home. This could include better communication and collaboration between doctors, nurses, rehabilitation therapists, psychologists and other professionals who are involved in care.

- **Ensures the safety of the elderly** - to help improve safety and prevent accidents, reducing the risk of falls and injuries.

- **Improving the working environment and increasing staff satisfaction** - will improve the working environment and increase staff satisfaction, which can have a positive impact on the quality of care provided. This model can contribute to better organization of work tasks, support and training for staff, and better communication and cooperation with other team members.

- **High efficiency and optimization of the resources** - will contribute to a more efficient use of the resources.

- **Improved communication** - building communication channels will encourage better communication between staff. This is one prerequisite for properly understanding the needs and preferences of older people and planning follow-up care. On the other hand, improved communication with users and providing them with the necessary information about care is a prerequisite for joint decision making with the elderly. In this way, respect for the personal autonomy of the elderly is demonstrated.

- **Strengthening trust and respect -** adhering to ethical principles of behaviour in health care is conducive to strengthening the trust and respect of older people and their relatives towards staff. Listening skills, openness, compassion and empathy are key elements in building mutual trust and respect.

- **Improving education** - this model will help nurses to identify any gaps in their work, and to be creative in seeking new methods and tools to improve the quality of health care. It will also help the managers/directors of ECH to assess what additional training the nursing staff needs in order to improve the services offered in the institution.

- **Increasing motivation** - the creation of clear and specific achievable goals, the feeling of support from colleagues and management, as well as the ability to deal with problems increases job satisfaction and consequently increases motivation.

CONCLUSION

The nurse's role in the health care system is to provide health care - general and special - for each person's life from the moment of birth to the very end. They carry out a range of health care activities - monitoring basic vital signs, administering drug therapy, manipulations, dressings, participating in diagnostic procedures, etc., as well as assisting the individual in performing activities of daily living - eating, dressing, maintaining personal hygiene. They are also responsible for the health and well-being of older people.

The ethical aspects of health care provided by nurses to the elderly are critical to enhancing the quality of care and the physical, mental and social well-being of the elderly. Nurses are called upon to uphold the highest standards of ethics and professional conduct as they provide care to patients. Nurses must be particularly sensitive to the cultural, social, religious and linguistic differences of patients, ensuring that care is individualized and responsive to the specific needs and preferences of each individual. In addition, they must deal with a range of challenges and ethical dilemmas that can arise in the provision of care for older people. They need to recognise potentially problematic situations and seek assistance from colleagues or other professionals to deal with the problem at an early stage.

The ethical aspects of health care do not only apply to patients, but also to nurses themselves. They need to care about their professional development, be committed to their training and adapt to the ever-changing demands of the society, of each individual and of the healthcare system. Caring for the elderly is not only the responsibility of nurses, but also of the entire healthcare system and society as a whole. Health policy and the healthcare system must create appropriate conditions for the care of older people by providing access to specialist care, support and training to cope with everyday life. The ethical aspects of health care provided by nurses to the elderly are fundamental to providing competent and quality care, demonstrating empathy and respect in accordance with high ethical standards.

FINDINGS

- The national average assessment of working nurses and future nurses for the care provided to the elderly on the ten-point system is approximately the same. This result gives us reason to believe that the assessment is fair and reflects the actual level of health care provided by the elderly and aged.
- There is a definite reluctance of current and future nurses to be placed in institutions caring for the elderly. This information highlights the importance of creating alternative forms of care or improving the quality of existing ones.
- Based on the conducted analysis, it is confirmed that the teaching hours devoted in the subjects 'Adult Nursing', 'Clinical Practice' and 'Pre-degree internship' in institutions for elderly care is insufficient. This calls for changes in the training of nurses.
- From the responses of the surveyed nurse practitioners, it is clear that the implementation of a comprehensive nursing model for elderly health care in collaboration with their families and consistent with ethical standards of behavior will ensure better quality health care. Communication and the ability to resolve problematic ethical situations will be improved.
- The health care provided to the elderly by nurses is partially compliant with ethical norms of conduct and quality standards. More than half of the nurses surveyed reported that there are no ethical work rules developed and implemented in the institution where they work.
- The decision to place the elderly in a specialised institution was taken mainly by their relatives. Their right to informed consent and freedom of choice is thus restricted.
- In case of conflict with another resident or with the staff in the institution, the elderly prefer to turn to their relatives for assistance. There is a need to improve communication and interaction with staff in the institutions, to build mutual trust to facilitate seeking help and resolving conflict situations.

SUGGESTIONS

Based on the literature reviewed and the results of the own study, the following suggestions are made:

- To establish a standard of health care for elderly people placed in specialised institutions caring for this age group, consistent with ethical norms of behaviour and maximum respect for autonomy.
- To adapt the requirements for issuing a license for implementation of activities related to health care for the elderly to the European standards and introduce regular control over the quality of health care provided in these institutions.
- To optimize the curriculum of the specialty ‘Nursing’ by increasing the hours of practical training in the field of health care for the elderly.
- To update the teaching content and increase the curriculum of the discipline ‘Adult Nursing’, by expanding the scope of topics on communication skills for working with the aged, demonstrating respect for autonomy and specificity in the course of diseases of the aged - all aimed at increasing the professional competencies of future nurses.
- To include aa optional course ‘Ethical aspects of health care for geriatric patients’ in the curriculum for the third year of education of the specialty ‘Nursing’ with a horarium of 20 hours.
- Implementation of the ‘Model for Ethical Health Care in ECH’ in the institutional environment to optimize care.
- Continuously increase the qualification of the nursing staff, by introducing mandatory qualification courses in the management policy of the institution, with the costs of training being borne by the employers.

CONTRIBUTIONS

With a theoretical-cognitive nature:

1. A comparative analysis of Bulgarian and foreign literary sources, legal documents related to the ethical aspects of health care provided by nurses for the elderly was performed.
2. Good practices are presented on the ethical aspects of health care for the elderly in different countries.
3. An analysis of the care for elderly housed in institutions on the territory of Stara Zagora region was carried out.
4. The main reasons for entering an institution and using the services at the ECH are indicated.

Of a practical-applied nature:

1. A model has been developed for the introduction of ethical nursing care for persons housed in institutions providing care for the elderly, tailored to their individual needs.
2. Questionnaires are presented to assess the individual needs and the health status of elderly persons in the ECH for the purpose of adequate planning for their care.
3. Proposals have been formulated for the responsible institutions to conduct a postgraduate training on the current problems of geriatric care for practicing nurses.

List of publications related to the dissertation work of Petya Georgieva Krumova

- **Krumova,P**., Need for development of ethical standards of behaviour in care of the elderly - Tenth Scientific Session with International Participation ‘80 years of MK Varna’
- **Krumova, P**., Uzunova A., (2022) Health care for the elderly and old people during the covid pandemic**,** KNOWLEDGE - International Journal, 54(4), ISSN 1857-923X (e), 581-585 (p)

ACKNOWLEDGEMENTS

I express my heartfelt gratitude to my scientific supervisor Assoc. Emilia Georgieva, Ph.D. and Assoc. Veselina Slavova d.f. for the collaboration, advice and guidance during the dissertation research. I am extremely grateful to Prof. Elena Zheleva, Ph.D. from the Sliven Affiliate of the Medical University - Varna for the unconditional support, trust, patience and faith in me. I thank the Academic Management of Trakia University and Medical College for the provided institutional support. I also thank my family, especially my husband - for their patience, support and love.