

## Perception and Satisfaction with Nursing Care among Older Adults in Nigeria.

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### Abstract:

**Introduction:** The study assessed the perception of older adults about nurses' caring behavior, and the actual caring behaviors that they experienced. It also evaluated the satisfaction of older adults with the nursing care received.

**Method:** A cross-sectional design was employed for the study. The study was conducted in Southwestern Nigeria, utilizing Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Osun State and Federal Medical Centre, Owo, Ondo State. Purposive sampling technique was employed to select 304 older adults. Data were collected using the Caring Behavior Assessment tool, Consumer Assessment of Healthcare Providers and Systems, and Patients' Satisfaction with Quality of Nursing Care Instrument. Data were analyzed descriptively and inferentially and the level of significance was determined at  $p < 0.05$ .

**Result:** The caring behaviors that were rated to be of high importance by the respondents included reassurance ( $4.85 \pm 0.46$ ) and sensitivity to patient's feelings and mood ( $4.77 \pm 0.50$ ). On the actual caring behavior experienced, Respect and courtesy had the highest mean score ( $4.39 \pm 0.81$ ). The level of satisfaction with care reported by the older adults was high (85.5%). There was a positive relationship between actual nurses' caring behaviors experienced and satisfaction ( $p = 0.01$ ).

**Conclusion:** The study concluded that there is a difference between perception of caring behaviors and actual caring behaviors experienced by older adults. Therefore, nurses need to always clarify with patients what constitute caring in order to meet their expectation and promote satisfaction.

**Keywords:** actual care, caring behaviors, older adults, perception, satisfaction.

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### I. Introduction

Globally, the population of the older adults is increasing at an unprecedented rate and the increase is more pronounced in the developing countries<sup>25</sup>. This increase will definitely lead to a surge in the number of older adults that access health care services. For instance in 2014, a total number of 640,760 persons aged 55 years and above accessed various hospitals for ranges of healthcare in the United States alone<sup>15</sup>. Health systems globally seem unprepared to meet the health care needs of this age group that has become a significant proportion of the world population<sup>27</sup>. This potentially creates the need for nurses to take active measures towards ensuring delivering person-centered care that will enhance patients' recovery and satisfaction especially among older adults. During the course of interacting with a client, choices and actions are made by both the nurse and the client. Hence, the need for person-centered care in which the care recipient is seen as an individual and not just an object<sup>26</sup>. Most hospitals in Nigeria do not have separate wards for admitting older adults. The older adults are admitted with younger age groups of patients and they constitute about 11% of hospitalized patients<sup>20</sup>. As a result of this, the older adults' individualized care need may go unmet thereby leading to poor satisfaction and poor outcome of care. However, a continuous assessment of the perceptions of nurses caring behaviors and satisfaction with nursing care among hospitalized older adults will help to ensure that the nursing care needs and satisfaction among this group of patients is being met.

An understanding of patients' perception of caring behavior is very essential in adapting nursing interventions to meet their care needs<sup>13</sup>. Caring behaviors are things that patients can see that nurses do for them which show caring and what nurses themselves report that they do for the patients<sup>13</sup>. Patients' perceptions of nurses' caring behaviors can be either 'positive' or 'negative'<sup>4</sup>. Caring behaviors of nurses has also been assessed on the perceived level of importance by the care recipients<sup>28</sup>. Previous studies on perceptions of caring behaviors involved various groups of patients, some of these studies usually included both patients and the nurses involved in their care<sup>28,4,14</sup>. Findings from previous studies revealed both congruence and disparities in the perceptions of nurses and patients on the caring behavior of nurses. A study carried out in Iran which

included oncology patients and their nurses reported that nurses and oncology patients perceived highly physical aspects of care such as 'monitoring and following through', and 'accessibility', while 'comfort' and 'trusting relationship' were ranked lowest<sup>28</sup>. Patients however ranked accessibility, explanations and facilitates care higher than nurses did. A qualitative study among acute care nurses and diabetic patients in Cleveland, Ohio also found out that 'providing information', 'surveillance/monitoring' and 'listening to patient concerns' are the behaviors explained by patients to depict caring<sup>14</sup>. In another study, the items that were ranked highest by patients included 'knowing how to give injections', 'giving the patients treatment and medication on time', and 'managing equipment skillfully'<sup>18</sup>. A study in Egypt among surgical and medical patients showed that the subscales of communication, psychological and direct patient care had the highest scores while the subscales of professionalism and vital signs were scored lowest<sup>24</sup>. In a study in the emergency department, both patients and nurses had positive perception of caring. However, nurses rated themselves to be more caring than the patients rated them<sup>4</sup>.

Another study carried out among surgical patients in Kenya revealed the caring behaviors that were ranked as most important by patients included *giving treatments and medications to patients on time* and *helping them with care until they are able to do it for themselves*. On the other hand, nurses in the study ranked *treating the patient as an individual* and *knowing how to give injections* as the two most important caring behaviors<sup>15</sup>. Touch, guidance, investing time and attitudes that promote healing by the nurses have also been reported by patients as reflecting caring<sup>2</sup>. The need to address the discrepancies in the perspectives of nurses and patients on caring behaviors has been suggested<sup>18</sup>.

A qualitative study on the expectations of the elderly people on nurse-client relationship revealed that the expectations of the elderly included provision of professional care with loving kindness, trust, mutual and active interaction, ability of the nurse to recognize each client's individual needs and performing duty in a calm and unrushed manner<sup>23</sup>. The study further showed that older adults also wished for more attending presence from nurses as they expect to be seen as human being and also expect nurses to be more considerate and also give them information from time to time regarding their health and changes in the plans and schedules of their care. The elderly hope for continuity in their nurse-client relationship. From the foregoing, it could be observed that perception of care varies among various categories of patients.

Actual caring behavior experienced by patients is a concept that is yet to be researched widely. Hence there is limitation to literature review on the concept.

Assessment of patients' satisfaction with nursing care will help to evaluate whether the care needs of patients are met or not and it will also facilitate planning for improvement where necessary<sup>1</sup>. Nursing care has been identified as a major factor that greatly influences patients' satisfaction with hospital care<sup>8</sup>. The quality of care can be evaluated by assessing the patients' satisfaction<sup>1</sup>. Similarly, satisfaction has been related to patients' safety because it affects further health services utilization and the level of patients' compliance to prescribed treatments<sup>18</sup>. Patients' expectations usually have influence on their satisfaction<sup>3</sup>. Regular nursing rounds which provide opportunity for regular nurse-patient interaction have been found to improve patients' satisfaction<sup>16</sup>.

Research findings revealed various levels of patients' satisfaction with care. Some studies reported values like 33%, 52.5%, and 55.2% levels of satisfaction among patients<sup>8,9,10</sup>. Studies have shown that there is a direct relationship between patients' perception of caring and their level of satisfaction with care<sup>4,7,10</sup>. Reck reported that there is a relationship between patients' expectation and satisfaction, majority (58%) of the patients in the study were found to be highly satisfied with services provided<sup>19</sup>. A qualitative study conducted in Sri Lanka showed that the areas in which patients expressed high levels of satisfaction with nursing care included interpersonal care, efficiency and competency as well as comfort while aspects such as personalized and general information, cleanliness and sanitation were scored low<sup>22</sup>. Some previous studies reported that older adult patients were found to have more satisfaction with care than the younger ones<sup>8,10</sup>. A study also revealed a very high level of satisfaction among elderly patients in which 97.3% of them were highly satisfied, 3.8% had moderate satisfaction, and only 0.8% reported low satisfaction<sup>14</sup>. The study also revealed a negative correlation between nurses' caring behaviors (performance) and patients' satisfaction. Two separate studies reported close findings in which highest level of satisfaction was reported by patients in the aspects of technical-scientific, interaction-support and information<sup>18,22</sup>.

It is worthy to note that most of the studies that have been carried out on caring behavior and satisfaction among patients in hospital settings have been heterogeneous in nature in terms of age, including a mix of different age groups. Furthermore, studies on perception and satisfaction with care among older adults are sparse in Nigeria. Finally, when an issue borders on evaluation of care, the best group of persons to ask is the care recipients<sup>12</sup>. Therefore this study focused on the older adults only in order to get a clearer view of their perception of nurses' caring behaviors and to determine the actual care they received and also assess their level of satisfaction with care thereby helping nurses to discover and design better older adult-centered nursing services that with ensure highest level of satisfaction with care.

## II. Materials and Methods

### Design

A cross-sectional descriptive design was used for this study.

### Setting:

The research settings were two tertiary hospitals in southwestern Nigeria. They are: Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife, Osun-State; and The Federal Medical Center (FMC), Owo, Ondo State. The choice of these settings was based on the fact that elderly people usually suffer from chronic and disabling illnesses which are often beyond the scope of primary and secondary level health care facilities. Hence, a larger proportion of this category of patients are likely to be found in tertiary hospitals. None of these hospitals have geriatric wards; therefore, the study was carried out in all the adult wards of the study settings.

**Sample size:** 304 participants.

**Sample size calculation:** A total number of 304 respondents participated in the study out of 309. Initial estimate of sample size showed that 276 participants would be adequate for the study based on the proportion of older adults that were admitted into the settings in the past one year ( $z=95\%$ ,  $e=0.05$ ,  $P_1=9\%$ ;  $P_2=11\%$ ).

**Participants:** The target population for this study was hospitalized older adults. Participants were selected by purposive sampling.

### Inclusion criteria:

1. Admission for at least two days. This was to ensure that they had settled down to be able to make an assessment of caring relationship and experience they would had with the nurses (Pelese *et al*, 2011; Eyasu *et al* 2016).
2. Age 60years and above.
3. Willingness to participate in the study.
4. Ability to communicate and give informed consent.
5. Both sexes

### Exclusion criteria:

1. Cognitive impairment.
2. Unconsciousness.
3. Unwillingness to participate.
4. Admission for observation

### Procedure methodology

Data were collected through the use of structured questionnaires. Three trained research assistants were involved in the data collection. The eligible patients were identified with the help of the nurses on duty. Each participant was approached individually and given detailed information about the study. They were then given the questionnaires to fill after obtaining their informed consent, while the research assistants administered the questionnaire on the non-literate participants. Data collection took place between May to September, 2018 (5 months).

### Instrument

The questionnaire had four sections as follows: a) Socio-demographic characteristics (b) Perception of nurses caring behavior (c) Actual caring behaviors experienced and, (d) Satisfaction with care.

#### a) The Caring Behavior Assessment (CBA) tool

The Caring Behavior Assessment (CBA) tool<sup>5</sup> was adapted for collecting data on perception of caring behaviors from the older adults. The CBA tool was developed to assess the relative contribution of identified nursing behaviors to the patient's sense of 'feeling cared for and about'. It was measured on a 5-point likert scale in the order of importance of the caring behaviors with 5 denoting *Much importance* and 1 = *least importance*.

#### .b) Actual caring experienced by the older adults

The actual caring experience by the older adults was measured with the tool adapted from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) (Hospital version) instrument<sup>6</sup>. It is a 12-items tool measured on a 4-point likert scale. The responses were graded as 4: *Always*, 3: *Usually*, 2: *Sometimes* and 1: *Never*. High scores (36 to 48) indicated that the caring behavior was experienced by the older adults while lower scores (12 to 24) indicated that the caring behavior was not experienced by the older adults<sup>7</sup>.

**c). Satisfaction with nursing care by the older adults**

Patients' Satisfaction with Nursing Care Quality instrument<sup>11</sup> was adapted to measure older adults' level of satisfaction with care. It is on a 5-point likert scale. The responses are labelled 5 as *Excellent*, 4 as *Very Good*, 3 *Good*, 2 *Fair* 1 *Poor*. Higher scores reflect greater satisfaction. It is a 15-item tool. The overall scores were graded as 'Low Satisfaction', 'Moderate Satisfaction', and 'High Satisfaction', based on previous studies<sup>7,14</sup>.

The questionnaire was translated to Yoruba language, the major language in the study setting through a back-to-back translation by experts in the fields of English and Yoruba languages.

**Establishment of validity and reliability of Instrument**

Face and Content validity of the instrument was established through an expert panel review to judge the content and clarity of the instruments before proceeding to the field. The reliability was established using test retest method. The results for each of the sections were found as follows: perception of care, actual nurse caring behavior experienced and patient satisfaction with care was, 0.928, 0.726 and 0.914 respectively. These indicated good internal consistency and reliability of the items in the instruments.

**Ethical consideration**

Approvals to conduct the study were obtained from the ethics and research committees of Obafemi Awolowo University Teaching Hospitals Complex, Ile- Ife and Federal medical Center, Owo with the protocol numbers ERC/2018/03/01 and FMC/OW/380/VOL.LVI/196 respectively before beginning the study. The respondents were informed about the purpose of the research. They were also told that participation in the study was voluntary and that they could opt out any time in case they decided to do so without any effect as regards their care. Informed consent (both written and verbal) were obtained from the respondents. The questionnaires were coded in order to ensure the confidentiality of the respondents.

**Statistical analysis**

Data gathered through the questionnaires were coded and entered into Epi-info while the Statistical Package for Social Sciences (SPSS) version 23 was used for data analysis. During the overview phase of the data, appropriate tests for normality were performed on the data and they were found to comply with the necessary assumptions of normality and parametric statistical methods suitable. Descriptive statistics such as frequency, percentage and mean were performed in order to examine the relationship that exists between the perception and actual experience and satisfaction. Furthermore, Pearson correlation coefficient was conducted to determine the relationship between perception and satisfaction as well as actual care experienced and satisfaction. The level of significance was set at  $p < 0.05$ .

**III. Result**

**Sociodemographic characteristics of the respondents.**

Table I: shows the characteristics of the respondents. The age of the older adults ranged from 60 to 89 years of age with a mean of  $65.75 \pm 6.18$  years. The results showed that the majority of the respondents were between 60-70 (58.6%) years, Christians (79.3%); male (71.7%), married (50.3%), and Yoruba (84.9%). In addition, more than half had tertiary education (57.0%), and 35.9% were into business. Similarly, 63.8% of the respondents were admitted into the medical ward and hypertension (42.1%), injury (12.8%) and surgery (11.5%) were the predominant health conditions among the older adults.

**Table 1: Socio-demographic characteristics of the respondents**

Variable	Frequency n=304	Percentage (%)
<b>Age</b>		
60-74	282	92.8
75-79	12	3.9
80 and above	10	3.3
Mean: $65.75 \pm 6.18$		
<b>Religion</b>		
Christian	241	79.3
Islam	60	19.7
Traditional	3	1.0
<b>Sex</b>		
Male	153	50.3
Female	151	49.7
<b>Marital Status</b>		
Married	218	71.7
Separated	25	8.2
Divorce	19	6.3
Widowed	42	13.8

Variable	Frequency n=304	Percentage (%)
<b>Ethnicity</b>		
Yoruba	258	84.9
Igbo	26	6.6
Hausa	20	8.6
<b>Educational qualification</b>		
No formal education	41	13.4
Primary	40	13.2
Secondary	50	16.4
Tertiary	173	57.0
<b>Occupation</b>		
Pensioner	90	29.6
Business	109	35.9
Farming	68	22.4
None	37	11.1
<b>Name of unit/ward</b>		
Medical	194	63.8
Surgical	110	36.2
<b>Health Condition being treated for Wards</b>		
Injury/Fracture		
Surgery	23	7.5
Kidney-related	39	12.8
Diabetes	35	11.5
Cancer	31	10.2
Hypertension	16	5.3
Stroke	128	42.1
	32	10.5
<b>Number of days on admission</b>		
2-5	166	54.6
6-10	67	22.0
Above 10 days	71	23.4
Mean: 9.68±14.49		

### Older adults' perception of nurses' caring behavior

Table 2: Shows the perception of the older adults about nurse caring behaviors. Majority (72.7%) of the respondents had positive perception of nurses' caring behavior. The mean rating of items based on their perceived level of importance by the older adults was listed from the highest to the least. The four highest ranked caring behaviors were *reassurance* (4.85±0.46), followed by *sensitivity to patients' feelings and mood* (4.77±0.50), *ensuring comfort* (4.73±0.54) and *encouraging verbalisation* (4.69±0.70). The first fifteen items are shown on the table.

**Table 2: Perception of caring behaviors by the respondents.**

Variables	Patient	Rank
	Mean (SD)	
Reassurance	4.85±0.46	1
Sensitivity to patient's feeling and mood	4.77±0.50	2
Ensuring comfort	4.73±0.54	3
Encouraging verbalization	4.69±0.70	4
Cheerfulness	4.69±0.74	4
Respect	4.67±0.61	5
Clarifying information	4.64±0.62	6
Explaining daily routine	4.62±0.58	7
Individualized care	4.60±0.72	8
Showing kindness	4.57±0.65	9
Relieving pain	4.57±0.64	9
Maintaining calmness	4.56±0.62	10
Keeping promise	4.56±0.63	10
Allowing expression of concern about illness	4.53±0.62	11
Timely administration of treatments and medications	4.51±0.66	12

### Actual caring experienced by the older adults

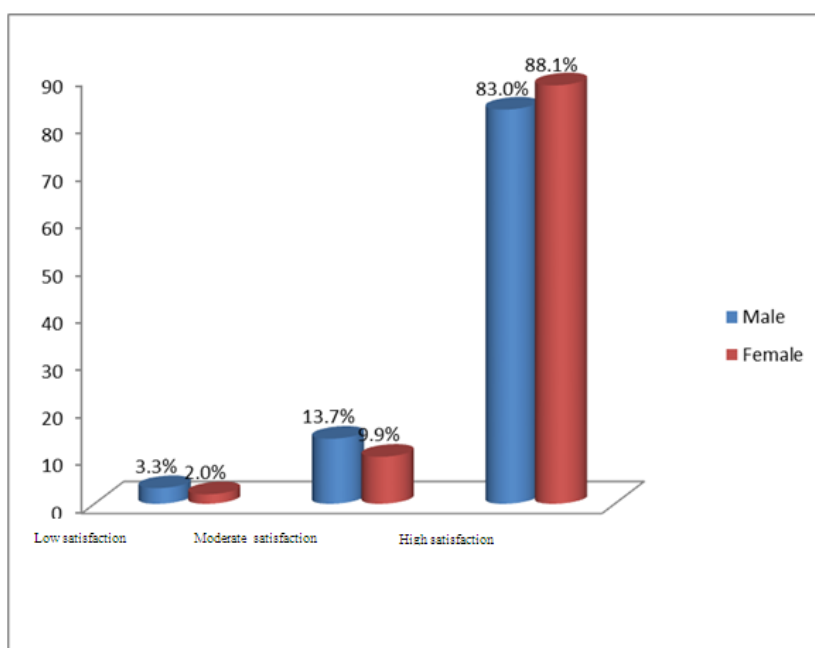
Table 3: Shows the actual caring experienced by the older adults. Majority (76.3%, mean: 4.39±0.81) of the elderly reported that nurses always treated them with courtesy and respect which happened to rank highest among the variables scored. This was followed by *listening* (72.7%, mean: 4.33±0.78) and *ensuring quietness at night* (50.0%; mean: 4.32±0.82)

**Table 3: Mean score and ranking of the actual caring experienced.**

Variables	Mean	Rank
Courtesy and respect	4.39±0.81	1
Listening	4.33±0.78	2
Ensuring quietness at night	4.32±0.82	3
Discussing his health issues with patient and allowing him to take decisions	4.26±0.88	4
Need for assistance to bathroom or for bedpan	4.23±0.88	5
Timely response	4.21±0.98	6
Giving medication on time	4.20±0.94	7
Informing family members and involving them in patient's care	4.19±0.92	8
Giving explanation clearly	4.19±0.96	9
Assistance in getting to the bathroom or in using a bedpan	3.96±1.04	10
Relieving pain	3.96±1.05	10

**Older Adults' satisfaction with care experienced.**

Figure I is the bar chart showing the level of satisfaction of the older adults with care experienced. The level of satisfaction among the respondents was generally high (82%), about (11%) were moderately satisfied while (3%) expressed low satisfaction. However, female expressed higher level of satisfaction than males.



**Figure 1: Bar chart showing the level of satisfaction of the older adults with care.**

Table 4: shows the mean rating of satisfaction with care by the older adults. The highest level of satisfaction with care was derived in the aspects of 'consideration of the needs of patients' (2.08±0.99), followed by 'recognition of opinions' (2.03±1.04), and, 'daily routine of nurses' (2.03±1.05).

**Table 4. Mean rating of satisfaction with care by the older adults**

Variables	Mean±SD	Rank
Consideration of patient's needs	2.08±0.99	1
Recognition of patient's opinions	2.03±1.04	2
Adjustment of daily routine of nurses to meet patient's needs	2.03±1.05	2
Nursing staff response to patient's calls	1.80±0.92	3
Ease of getting information.	1.80±0.96	3
Overall quality of care and services received during hospital stay	1.79±0.84	4
Involving family or friends in care.	1.79±0.94	4
Informing family or friends about patient's condition and needs.	1.78±0.98	5
Attention of nurses to patient's condition.	1.76±0.88	6
Ability of the nurses to make you comfortable and reassure you.	1.73±0.88	7
Concern and caring : Courtesy and respect given; friendliness and kindness.	1.67±0.82	8

Instructions: How well nurses explained how to prepare for tests and operations.	1.66±0.78	9
Provisions for privacy by nurses.	1.63±0.84	10
Information given: How clear and complete the nurses' explanations were about tests, treatments, and what to expect.	1.60±0.81	11
Skill and competence of nurses: How well things were done, like giving medicine and handling IVs.	1.58±0.78	12

**Relationship between perception and satisfaction.**

Table 5: Shows the test of relationship between perception and satisfaction. Pearson's correlation coefficient was used to test the relationship between the perception of caring behaviors and satisfaction with care by the older adults. The result showed that there was no relationship between the two variables (N=304, df=302, r<sup>-cal</sup>=0.09, sig<sup>-val</sup>=0.10).

**Table 5: Test of relationship between perception and satisfaction**

Variables	N	Df	r <sup>-cal</sup>	sig <sup>-val</sup>
Satisfaction	304			
		302	0.09	0.10
Perception	304			

**Relationship between actual care experienced and satisfaction**

Table 6: Shows the test of relationship between actual care experienced and satisfaction. Pearson's correlation coefficient was also used to test the relationship between actual nurses' caring behaviors experienced and satisfaction. The result showed that there exists a positive relationship between actual nurses' caring behaviors experienced and satisfaction with care by the older adults. (N=304, df=302, r<sup>-cal</sup>=0.49, sig<sup>-val</sup>=0.01)

**Table 6: Test of relationship between actual care experienced and satisfaction.**

Variables	N	Df	r <sup>-cal</sup>	sig <sup>-val</sup>
Satisfaction	304			
		302	0.49	0.01
Actual care	304			

**IV. Discussion**

This study intended to examine the difference between the perception of older adults about important nurse caring behaviors as well as the actual care experienced and their satisfaction with the care. In this study, the respondents had positive perception of nurse caring behaviors, this is similar to the findings of Bucco in which the patients in the emergency department had positive perception of nurses' caring behaviors<sup>4</sup>. The findings of this study revealed that the items *reassurance, sensitivity to patient's feelings and mood* and *offer things to make patient comfortable* were the highest ranked caring behaviors by the older adults. This finding is in contrast to previous studies in which patients rated highly, *knowing how to give injections, treatment and medication on time and managing equipment skillfully*; and *treatment and medications on time and help me with my care until am able to do it for myself*<sup>18,17</sup>. A possible explanation for this could be because the respondents in the present study are only older adults while the other studies referred to were conducted among mixed age groups of patients and that perceptions differ among different age groups of patients. It could also be observed that similar item ranked the least on the satisfaction score. This could mean that the older adults valued the social and psychological aspects of nursing care more than the technical aspect supporting the study by Senarath, and colleagues<sup>22</sup>.

Findings from this study also showed that *treating patient with courtesy and respect* as well as *listening carefully to patients* ranked highest among the actual care experienced by the older adults. This finding could be due to the fact that the study setting was based in a culture-sensitive locality that places the older adults high and treat them with respect due to their age and wealth of experience. It may therefore be inferred that culture can influence care; a previous study also reported that nurses had positive perception of the care of the older adults<sup>18</sup>. One may therefore infer that positive perception by nurses could influence the care the render for the older adults.

A high level of satisfaction was reported by the older adults in this study. This is in support of previous studies in which the elderly were reported to be satisfied with the care received more than the younger patients were<sup>8,10</sup>. The high level of satisfaction reported in this study is also similar to that of Mostafa *et al*<sup>14</sup>. This is in contrast with the study in Ethiopia that reported a low overall level of satisfaction with nursing care by patients<sup>9</sup>. The result is, also, in contrast with that of Palese and colleagues in which there was no difference in the level of

satisfaction based on age among the patients<sup>18</sup>. The level of satisfaction was also found to be higher among females than among males in this study. This is in line with the studies of Soliman, Kassam and Ibrahim<sup>24</sup>, and Eyasu *et al*<sup>9</sup>; but in contrast with the finding of Dzomeku *et al*<sup>8</sup> who reported that male patients were more satisfied than female. A possible explanation for the differences in the result from this study and the others could be that this present study dealt with older adult patients only while most of the other study dealt with mixed age groups of patients. The result of this study showed the older adults were more satisfied with interpersonal relationship as well as flexibility of nurses in meeting their needs but less satisfied with information given. This finding showed both contrast and similarity with previous study by Abdeel Mosqood *et al*<sup>1</sup> in which patients were more satisfied with technical aspect of care but less satisfied with professional information provided by nurses. The high mean score of the item *consideration of need* is in contrast with what was generally observed in the wards of the study settings as procedures were usually scheduled and carried out at the same time for all patients. However, that this items have been scored high could mean that an understanding of the peculiar nature of the older adults were being demonstrated by the nurses.

## V. Conclusion

There was a difference in the perception of care and the actual care experienced by the older adults. The overall care experienced by the older adults was highly satisfactory. Findings from this study revealed that there is the need for nurses to involve the older adults in planning their care rather than sticking to routines. This will help nurses to discover and design older adult- centered care that will meet their perception of important caring behaviors and ensure utmost satisfaction. Further research should dwell more on the qualitative aspect in order to get more details on the perception of nurse caring behavior and satisfaction with care among older adults. The actual nursing care that are being experienced is also an aspect that needs to be well explored in order to promote positive outcome of care.

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**Conflict of Interest:** None.

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