UNIVERSITIY OF CAPE COAST

EXPLORING NURSING CARE EXPERIENCES OF OLDER ADULTS IN THE CAPE COAST METROPOLIS

DOROTHY OFORIWAA ANTWI-ASANTE

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BY

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Thesis submitted to the Department of Adult Health Nursing of the School of Nursing and Midwifery of the College of Health and Allied Sciences, University of Cape Coast, in partial fulfilment of the requirements for the award of Master of Nursing

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DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my original research and that no part of it has been presented for another degree in this university or elsewhere.

Signature: …… Date: ……..

Candidate's Name: Dorothy Oforiwaa Antwi-Asante

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Signature: …… Date: ……..

Principal Supervisor's Name: Dr. Evelyn Asamoah Ampofo

Signature: …… Date: ……

Co-Supervisor's Name: Prof. Akwasi Kumi-Kyereme

ABSTRACT

The purpose of the study was to explore the nursing care experiences of in-patient older adults in the Cape Coast Metropolis of the Central Region of Ghana. The study employed a qualitative research approach with a descriptive design and recruited sixteen older adults of ages 60 years and above. The findings of this study showed five major themes, namely: physical, physiological, psychological, social nursing care experiences; as well as the perception of older adults about their nursing care experiences. A good nursing care experience in physical and physiological nursing care was generally reported by participants. The participants, however, reported poor psychological and social nursing care experiences. Furthermore, the perceptions of the participants about nursing care experience were reported as good; as informed by the meeting of their expectation of regular medication administration by the nurses. The findings also suggest that nurses are more focused on providing physical and physiological care which gives more cognizance to the biomedical care than the biopsychosocial care to patients. Therefore, there should be a wake-up call for nursing educators, nursing administrators, health institutions and nursing practitioners in the Cape Coast Metropolis to ensure the provision of holistic nursing care to older adult patients.

KEY WORDS

Experiences

Nursing care

Older adults

Perceptions

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DEDICATION

I dedicate this work to my parents, Mr. J.Y. Asante and Mrs Grace Ansah Asante

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AHNA	American Holistic Nursing Association
AIHW	Australian Institute of Health Welfare
BPS	Biopsychosocial model
CCMH	Cape Coast Metropolitan Hospital
CCTH	Cape Coast Teaching Hospital
CFD	Computational Fluid Dynamics
GHS	Ghana Health Service
ICN	International Council of Nurses
ICU	Intensive Care Unit
MOH	Ministry Of Health
SNF	Skilled Nursing Facility
UN	United Nations
USA	United States of America
W.H.O	World Health Organisation

CHAPTER ONE

INTRODUCTION

Background of the Study

The world's population is ageing: virtually every country in the world is experiencing growth in the number and proportion of older adults in their population (Bloom, Boersch-Supan, McGee & Seike, 2011; Cohen, 2003; Davies & James, 2016; United Nations, 2017). The concept 'Older adult' can also be referred to as the 'Elderly', 'older persons' or 'aged', and they are denoted as a category of adults who have attained advanced ages (Kleinberger, Becker, Ras, Holzinger & Müller, 2007). In the developed countries where life expectancy is high and the age of retirement from active public economic activity is 65 years, older adults represent persons aged 65 years and above (He, Goodkind & Kowal, 2016; Ortman, Velkoff & Hogan, 2014). However, in the developing countries, where life expectancy at birth is lower than that of developed countries, and the age of retirement is 60 years, older adults are considered as persons aged 60 years and above. Therefore, the United Nations Population Fund and Help Age has given a standard demographic understanding of the concept and it refers to persons aged 60 years and above (United Nations Population Fund and Help Age, 2012).

Noticeably, the older adults' population has experienced an annual global increase of 3.2% for the past decades, and there have been estimations that there will be more elderly people than children in the world's population by 2050 (Cohen, 2003; United Nations, 2017; UNDESA, 2014). This natural, irreversible and inevitable increase in the older adult's population has been due to decline in

fertility rates and increased life expectancy because of improvements in health care (Balamurun & Ramathirtham, 2012; Bloom, Boersch-Supan, McGee & Seike, 2011; Shetty, 2012; United Nations, 2017).

With keen consideration to how the older adults' population is increasing globally due to upsurge in life expectancy, few key questions arise; are these older adults going to be accompanied with good health, a sustained sense of well-being, and an extended period of social engagement and efficiency? or otherwise (such as acute and chronic illness, disability, and reliance)?

To address the above concern, literature revealed that ageing does not only affect a person's appearance but naturally brings about a number of behavioural and physiological changes in the body (Huang, Xiong & Kornfeld, 2004; Ledesma, Martin & Dotti, 2012). Again, the older adult population tends to have peculiar health needs and a higher prevalence of chronic diseases, physical disabilities, mental illnesses like dementia, depression and other co-morbidities (World Health Organization, 2011), which incline to affect them throughout their lifetime. This is because as people age, they go through a period of increased functional limitations and declined immunity. This makes them susceptible to many infections and chronic illness, subsequently making them need sustenance/support and peculiar nursing care (Miljkovic, Lim, Miljkovic & Frontera, 2015; Pera, Campos, López, Hassouneh, Alonso, Tarazona & Solana, 2015; Ziaeian & Fonarow, 2016).

In view of that, it has been revealed that the increasing number of older adults around the world, especially in developed countries require supportive

nursing care towards the end of their lives hereafter. As a result, it has predisposed significant proportions of the older adults in developed countries to live in care or nursing homes for complete nursing care, supportive care and attention from the nurses (Svanström, Sundler, Berglund & Westin, 2013; World Health Organization, 2014).

Again, to improve upon the nursing of the older adults in the developed countries, the need to analyze or explore the perceptions, expectations and experiences of these older adults regarding their nursing care has been emphasized (Bramley & Matiti, 2014: Coulter & Cleary, 2001; Provan & Rennie, 2017; Zhou & Ajua, 2018). This has over the years helped in the development of a strategic fit approach for the elderly population receiving nursing care.

Consequently, the work of Zhou and Ajua, (2018) confirms that in the healthcare delivery system, patient experiences have become an important indicator of the quality of care. Additionally, making changes to care and treatments based on a patient's experiences have yielded positive results on patients (Zhou & Ajua, 2018). It has also been proven that when patient-experience guided nursing interventions are followed keenly, it enables nurses to provide efficient, effective and patient-centred care (Daly, 2012; Provan & Rennie, 2017)

Africa's older adults' population is also increasing steadily, and it has been estimated that, between 2017 and 2050, the number of older adults in Africa will have significant increase than the developed countries (Nabalamba, Chikoko, & Complex, 2009; United Nations, 2017).

This is because, while declining fertility and increasing life expectancy are the key drivers of population ageing globally, international migration has also contributed greatly to the changing population age structures in some African countries (United Nations, 2017). For example, countries that are experiencing larger immigration flow are at least temporarily, experiencing slow ageing process; since migrants tend to be in the young and working category. On the other hand, African countries that experience a lot of emigration tend to have an increasingly ageing population (United Nations, 2017).

To throw light on the nursing care of older adults in African countries, the work of Happell and Brooker, (2001) revealed that in Nigeria, although, older adult constitutes an increasing proportion of the population and of hospital admissions, they are cared for on the general wards in the hospitals. This is because there are no specialized caregivers and health facilities specifically for the care of the elderly. Therefore, Happell and Brooker, (2001) suggested that it is important to assess the nursing care experiences of these older adults and examine the attitude of the general nurses caring for older adults. The general nurses may be powerless to provide competent and complete care in an area (care of the elderly) which is undesirable or is outside their current educational and practical knowledge (Currie & Suhomlinova, 2006).

In Ghana, the increased rate of the older adult population is not different from the global and Africa's situation. There has been a seven-fold increment in the population of older adults in Ghana since the 1960 census. Migration, increasing birth control methods and increased life expectancy due to

improvements in health care has contributed to the increasing rate of the older adult's population in Ghana (United Nations, 2017).

In a review of the burden of chronic disease conditions among the elderly in Ghana, De-Graft, Addo, Ofei, Bosu, Agyeman, (2012) indicated that hypertension, stroke, diabetes, dementia, depression, cancers among others are the conditions that are mostly presented by the older adult population, and this is largely due to declined immune system functionality and psychological impairment. These health issues have elevated the health care demand and utilization among the elderly; especially in developing countries like Ghana (Amaghionyeodiwe, 2008; Palangkaraya & Yong, 2009).

The care and treatment of older adults require adequate policy interventions that address their health issues, clear policies that promote supportive environment and healthy life of the older adults (Fried, Ferrucci, Darer, Williamson & Anderson, 2004). This work, therefore, explores the experiences and perception of the older adults regarding their nursing care and how it can be improved in the Cape Coast Metropolis.

Problem Statement

The work of Akoria, (2016) reveals that because of declined immunity in the aged, older adults account for a disproportionately large fraction of healthcare utilization in both developed and developing countries around the world. Again, older patients presenting with acute illness are more likely to have related diseases and disabilities, and be at a higher risk of further functional decline (Akoria, 2016;

Prince, Wu, Guo, Robledo, O'Donnell, Sullivan & Yusuf, 2015). Therefore, skilled and specialized nursing care is recommended for these aged patients.

However, unlike the developed countries, it has been revealed that one of the major worries of older persons in Ghana is the absence of a comprehensive, coherent and well-articulated policy document on the health of the aged (Chisholm & Hasan, 2010; Yiranbon, Lulin, Antwi, Marfo, Amoako & Offin, 2014).

To address some of these concerns of the older adults in Ghana, the national ageing policy aimed at addressing the issues and health challenges of older adults in Ghana was developed following the Madrid International Plan of Action on Ageing (WHO, 2014). Yet very little has happened towards the implementation of the National Ageing Policy and Implementation Action Plan (WHO, 2014). For instance, Ghana Health Service, which is the institution expected to implement the health and nutrition component of the policy has not been able to implement them completely (WHO, 2014)

Moreover, there are no specific guidelines for the care of older adults, no geriatric units (special unit for older adults) and no specially-trained health professionals in most of the health care facilities in Ghana (Akoria, 2016), specifically, in the Cape Coast Metropolis per the researcher's observation and working experience. The situation is that these older adults are mostly cared for at the general wards together with all other patients of varying ages, with no protocol of care specifically for older adults. This makes it difficult to provide that special nursing care they need as older adults and to evaluate if they are satisfied with the nursing care rendered.

Again, the general training of health personnel also gives little attention to the special treatment of the aged (Lawrence, Jarmanrohde, Dunkle, Campbell, Bakalar, & Li, 2003); contributing to lack of exposure and the neglect of older persons' health and their peculiar needs by nurses.

Most studies conducted on the experiences and perception of the older adults receiving nursing care were done in the Western world or developed countries (Andersson, Pettersson & Sidenvall, 2007; Anderberg & Berglund, 2010; Bergland & Kirkevold, 2008; Hoe, Hancock, Livingston & Orrell, 2006; Minichiello, Browne & Kendig, 2000). This study, however, concentrates on the experiences and perceptions of the older adults in Ghana. Also, most research conducted in the developed countries on the experiences and perceptions of the older adults with nursing care was done in a care home or geriatric home (Andersson, Pettersson & Sidenvall, 2007; Anderberg & Berglund, 2010; Bergland & Kirkevold, 2008; Hoe, Hancock, Livingston & Orrell, 2006). However, this work was conducted in a hospital, where older adults are given nursing care in general wards together with all other patients of varying ages. This is as a result of a lack of specialized wards and units for these older adults. Therefore, this study will help fill a gap in the literature.

The above explanation shows clearly that the health/nursing care of the aged has attracted little attention in Ghana. It is therefore not known if the nursing care provided for the older adults in the hospitals meet their peculiar healthcare needs as older adults.

Purpose of the Study

The purpose of the study was to explore the nursing care experiences and perceptions of older adults, and how it can be improved in the Cape Coast Metropolis.

Research Objectives

The specific objectives of the study were to;

1. Explore the experiences of the older adults regarding the physical nursing care they receive on admission.
2. Explore the physiological nursing care experiences of older adults during admission.
3. Investigate if the psychological needs of older adults are met through the nursing care they receive on admission.
4. Investigate if the social needs of older adults are met through the nursing care they receive on admission.
5. Identify the general perception of the older adults about their nursing care and how it can be improved.

Research Questions

1. How do older adults experience their physical nursing care during admission?
2. How do older adults experience their physiological nursing care during admission?
3. Are the psychological needs of the older adults met through the nursing care they receive on admission?

4. Are the social needs of the older adults met through the nursing care they receive on admission?
5. What are the general perceptions of older adults about their nursing care during admission and how can it be improved?

Significance of the Study

This research will increase the understanding of the nurses about the older adult population and their nursing care experiences. The study contributes to efforts aimed at improving nurse's awareness of the perceptions of the older adults concerning the care they receive at the hospital. The study will again reveal the strengths and deficiencies of nursing care received by older adults. This will inform the nurses to provide patient-centred care that is characterized by holistic care and providing a supportive environment for older adults to overcome the deficiencies identified. It will again help in the immediate design of a strategic fit nursing approach and interventions to reducing the challenges confronting the older adults seeking health care in the Cape Coast Metropolis. Hence, it will help improve older people's experiences concerning nursing care for improved quality healthcare in the Metropolis.

The results from the study will finally inform nursing educational institutions, healthcare authorities and policy-makers as to the needed changes in curriculum, support, and development of interventional policies respectively.

Delimitation

This study was delimited to these variables – experiences/perception, nursing care and older adults. All individuals who fell outside the inclusion criteria or refused to sign the informed consent form were excluded from the study. The participants were persons aged 60years or above who have been on admission for at least seven (7) days at the Cape Coast Teaching Hospital and Cape Coast Metropolitan Hospital. Therefore, the study was confined to the boundaries of the capital city of Central region of Ghana only. The study was also delimited to the qualitative approach with a descriptive design.

Limitation

Qualitative research method was employed in this study; for that matter, few older adults were interviewed. This probably suggests that the findings of the study may not be generalizable. Notwithstanding these limitations, this study is important since the goal of qualitative research is discovery rather than verification and generalization (Creswell, 2007; Creswell, 2014).

Definition of Terms

Older Adult - Generally, an older adult is defined according to a range of characteristics including chronological age, change in social role and changes in functional abilities (WHO, 2010). The United Nation has agreed on 60+ years as the cut-off age for older adults (WHO, 2019).

Experience – According to Merriam Webster dictionary (2016) ‘‘experience is a direct observation of or participation in events as a basis of knowledge. It is the

state of having been affected by or gained knowledge through direct observation or participation''.

Perception – Cambridge English Dictionary (2019) defined perception ''as a belief or opinion often held by many people and based on how things seem''. One's perception of something or a situation is the way one thinks about that particular situation or the impression one has about it.

Nursing care – Nursing care encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings (International Council for Nurses, 2002). Nursing care includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in-patient and health systems management, and education are also key nursing roles. (ICN, 2002).

Organization of the Study

The study is structured in five broad chapters. Chapter one discusses the background to the study, statement of the problem, the purpose of the study, objectives of the study, significance of the study, delimitations as well as limitations of the study, definition of terms and finally the organization of the study. Chapter two addresses the empirical review of related studies on the research topic, and it further discusses the theoretical framework and conceptual framework of the study. Chapter three discusses the methodology of the study, and this includes the research design, study area and population, sampling procedure, data collection instrument and procedure, data processing and analysis, ethical

considerations and a summary of the chapter. The fourth chapter discusses in detail, the results of the study according to the research questions and objectives. The fifth and final chapter summarises the study, provides a conclusion, relevant recommendations and gives the future direction of the study.

Chapter Summary

The older adult's population is increasing rapidly across the globe and especially in developing countries like Ghana (United Nations, 2017; World Health Organization, 2006), Consequently, the older adult population is not only growing rapidly but amidst its health-related complexities, which ranges from acute to chronic diseases such as osteoporosis, osteoarthritis, hypertension, dementia, diabetes and among others, that make them contribute greatly to hospital admission (Akoria, 2016). With reasons being that as people age, their immunity and functionality declines and subsequently make them more vulnerable to ill health (Prince, Wu, Guo, Robledo, O'Donnell, Sullivan & Yusuf, 2015).

However, unlike developed countries, the nursing care of these older adults is often trivialized in Ghana (Chisholm & Hasan, 2010). In the quest to prompt health policy makers of the appropriate protocol/interventions of health care or nursing care for the older adult population, the researcher seeks to explore in-depth, the experiences of in-patient older adults with nursing care in the Cape Coast Metropolis.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviews the literature on the key concepts in the study, which include; nursing care and older adults in Ghana. It also discusses the Empirical studies related to nursing care experiences/perceptions of older adults. These empirical studies were retrieved from databases such as; google scholar, EBSCOHOST, Francis and Taylor, PubMed, etc. The conceptual and theoretical framework of the study has also been discussed in this chapter.

Overview of the Concept of Older Adults in Ghana

Older adults, according to the United Nations is a person who has attained advanced age and is 60 years and above (WHO, 2019). They can also be referred to as the aged or the elderly. In the Ghanaian society, older adults (old age) are considered as people with wisdom. Due to this, old men and women are normally included in problem-solving and decision-making in society. Again, older adults are not excluded from societal development of beneficial and collective participation. They are usually seen giving experiential advice to the younger generation (Dosu, 2014). In Ghana, this group of people is swiftly increasing due to the increased life expectancy rate (Davies & James, 2016; United Nations, 2017) contributing to population ageing. Population ageing in Ghana remains both a success story and an unceasing public health problem to the country, which requires wide-range public policies to thrive.

In Ghana, because there is lack of proper data and documentation on the older adults, generally little information exists regarding the situation of older adults (Biritwum, Mensah, Minicuci, Yawson, Naidoo, Chatterji & Kowal, 2013). This consequently proves that ageing is poorly understood and as a result, resources are not accurately allocated to meet the needs of the older population in Ghana (Chisholm & Hasan, 2010; Yiranbon, Lulin, Antwi, Marfo, Amoako & Offin, 2014; Mba, 2004).

However, this is certainly the era where these older adults should be understood and be provided with adequate resources and supportive policies. African societies including Ghana used to be acknowledged as communal and collective, where people take care of each other and families to stay together, both physically and figuratively (Little, 2013). There are, however, changes in the Ghanaian context in this 21st century, where dynamism of human existence in a globalized, more industrialized and urbanized world characterized by individualism has become the new reality; breaking that support older adults used to have from the family concerning every aspect of their lives (Oheneba-Sakyi & Takyi, 2006).

Most older adults in Ghana are faced with numerous challenges including; deterioration in health, loneliness and economic/financial issues etc. Ageing, due to declined functionality comes with chronic physical and neurodegenerative diseases, (contributing to a deterioration in balance and movement), coupled with memory diminishing and hearing impairment (Clegg, Young, Iliffe, Rikkert & Rockwood, 2013). This has vehemently contributed to the global burden of

chronic non-communicable diseases in Ghana according to a recent study conducted among older adults in Accra (Akoria, 2016; Prince, Wu, Guo, Robledo, O'Donnell, Sullivan & Yusuf, 2015). Examples of such disease conditions which older adults sought care in the health facilities include hypertension, stroke, diabetes and arthritis, and hence making the older adults contribute greatly to the increased hospital admissions and readmissions in Ghana (Akoria, 2016).

Averagely in Ghana, 90.9 per cent of the older adult population have financial difficulties and find it difficult meeting their health care as well as housing and social needs (Anning, 2012). Again, about 63 per cent of the older adults in Ghana depend on remittances and philanthropic support from children and other sources, while 36.7 per cent depend on pension and other investments (Anning, 2012).

These challenges require wide and diverse knowledge to understand the biological, social and psychological needs of older people (Milton-Wildey & O'Brien, 2010). The nursing care of older people in the health facilities in Ghana also demands not only the right staffing levels but also specialist skills and expertise (Kilstoff, 2006; Milton-Wildey & O'Brien, 2010). In conclusion, the rapid increase in the number of the elderly population means that Ghana, much like other African countries, must make further efforts to adjust to the population shift and provide effective needed support systems for the elderly.

Concept of Nursing Care

Henderson (1966), defined nursing as "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities

contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge". Nightingale, (1969) also asserted that ‘‘nursing care is an act of utilizing the environment of the patient to assist him in his recovery". This means that nursing care requires nurse's initiative to organize and create an environment which is appropriate for the total restoration of the patient's health (Nightingale, 1969). To reinforce this framework of the nursing practice, Kearney-Nunnery, (2015) admonished that five integral components and pillars of nursing which includes Caring, Communication, Critical Thinking, Professionalism and Holism must be adhered to explicitly (Morris & Faulk, 2012). These components are linked and intertwined, and therefore must be wholly incorporated into the nursing practice to achieve high standard nursing care in Ghana.

Nursing care also incorporates and works around the four Metaparadigm Concepts as the core of its practice. These four meta paradigms have forever become the phenomena of fundamental interest to nursing care/practice (Schim, Benkert, Bell, Walker & Danford, 2007). And it clearly defines nursing practice and has become the main focus of patient care. These metaparadigm concepts of nursing have been identified as ‘nursing, person, health, and environment’ (McEwen & Wills, 2017). Consequently, the concepts of ‘nursing’, ‘health’, ‘person’ and ‘environment’ in the metaparadigm of nursing have been utterly discussed below;

The phenomenon of Nursing: ‘nursing’, as one of the metaparadigm concepts is associated with the art and science of nursing; it consists of nursing actions and

nursing interventions that the nurse provides. This concept is basically what nurses do to alleviate pain and promote healing. The metaparadigm concept of nursing involves applying professional knowledge, technical skills, and indirect and direct patient care (Alligood, 2017).

The phenomenon of Person: in nursing practice, the 'person' is defined as the recipient of nursing care and the person is normally termed as the patient or client. Most importantly, the 'person' receiving the care may include the patient's family, friends and the community. This means that nurses need to consider all these levels when planning and implementing care (McEwen & Wills, 2017).

The phenomenon of Health: this metaparadigm concept of nursing refers to the patient's level of total wellness, be it physical, psychological, mental, intellectual, emotional, and spiritual (Branch, Deak, Hiner & Holzwart, 2016).

The phenomenon of Environment: environment refers to the internal and external setting or place of the person receiving care. And it is these internal and external (including social) factors of the environment that influence and impact patient's health, (McEwen & Wills, 2017).

In general, nursing care in Ghana is a crucial subject that permeates almost every issue in the society especially the field of hospital care. This supposes that to a larger extent, the frontiers of nursing care have expanded since the time of Florence Nightingale (Adu-Gyamfi & Brenya, 2016), and continues to upsurge in the provision of holistic nursing care that is geared towards healing the whole person/patient.

Empirical Studies

The empirical studies reviewed for this study were guided by the objectives of the study, namely: The physical, physiological, psychological and social nursing care experiences among older adults and the general perceptions of nursing care among older adults and how it can be improved.

Physical Nursing Care Experiences among Older Adults

Physical nursing care comprises those activities of the nurse that help to promote the physical wellbeing of the patient on the ward. Physical nursing care includes; promoting a therapeutic environment, providing comfort for patients, ensuring good personal hygiene maintenance and promoting healthy nutrition of the patients.

However, some of the extensively studied aspect of the physical nursing care according to literature includes; experiences of older adults with the ward environment (cleanliness and ventilation) privacy, comfort and feeding/nutrition. Personal hygiene, safety/security and pain management were also aspects of physical nursing care that were extensively studied and discussed in the literature (Beggs, et al, 2008; Brereton, Gott, Gardiner & Ingleton, 2011; Chumbler, Otani, Desai, Herrmann & Kurz, 2016; Fridh, Forsberg & Bergbom, 2009; Pontífice-Sousa, Marques & Ribeiro, 2017; Whitehead, May & Agahi, 2007). This session therefore comprehensively reports related literature on the above-mentioned areas or aspects of physical nursing care.

Concerning ward environment, which is a component of physical nursing care, a study was conducted in the USA by Chumbler, Otani, Desai, Herrmann and

Kurz, (2016). The study aimed at examining the extent to which older adult patients' perceptions of care experiences are associated with their overall satisfaction. Using the hospital Consumer Assessment of Healthcare, 6,021 older adults (65 years and above) were interviewed through telephone interviews after they were discharged from the hospital. In the study, older adult's overall satisfaction was assessed to measure how hospitalized older patients felt about the care they received. It was revealed that cleanliness and quietness of the ward were vital to the patient and they were among the highly satisfactory experiences of the older adults in the study.

In an attempt to describe the factors that influenced patients' perceptions onward (environment) cleanliness in an acute hospital, Whitehead, May and Agahi, (2007) conducted an explorative study. The study utilized a mixed methodology to collect the data, of which the hospital staff and patients who had been discharged took part in the focus group discussion to gather their views. The findings of the study revealed that the patients had a positive perception about the cleanliness of the hospital environment and for that reason; they adapted and adjusted well to the environment. The patients further revealed the factors that contributed to the cleanliness of the environment to be; cleanliness of the ward and the behaviour of the staff working in the ward.

Ventilation, which is a sub-component under ward environment was analysed using the quantitative research approach in a multiple-bed ward where an analytical computational fluid dynamics (CFD) was performed to evaluate the effectiveness of various ventilation strategies in removing airborne pathogens

from the ward spaces. It was found out that poor ventilation in the ward had some consequences on the comfort and health of the patients. Poor ward ventilation contributes to an outbreak or spread of infection among patients on the ward (Beggs, et al, 2008)

With regards to privacy, Brereton, Gott, Gardiner and Ingleton, (2011) conducted a systematic review study to identify the key elements that make up the physical hospital environment for end of life care of older adults and their families. Thirteen databases from 1966 to 2010 were searched including ASSIA, BNI, Cochrane Library among others. From the findings of the study, privacy was identified as a very important characteristic of the hospital environment by the patients, relatives and nurses. To the extent that nurses moved patients to single rooms in the ward, where they could experience optimum privacy whiles on admission. Again, it was revealed that lack of privacy was a source of huge dissatisfaction among patients in the hospital environment (Brereton, Gott, Gardiner & Ingleton, 2011)

In terms of provision of comfort, as an aspect of physical nursing care, Pontífice-Sousa, Marques and Ribeiro, (2017) conducted a study to find out the ways and means comfort was perceived by the older adults hospitalized in medical service. An ethnographic study with a qualitative approach was used for the study, where semi-structured interviews were conducted with twenty-two (22) older adults, alongside participant observation of the care situations. About eight comforting strategies emerged from the study. These comforting strategies identified included; Positive interaction/communication by the nurse's music

therapy, touch, smile and unconditional presence of the nurses. Again, the empathy/proximity relationship from loved ones, integrating the elder or the family as a partner in the care and massage/ mobilization therapy was reported to be part of their comforting strategies.

About nutrition and nutritional status of the older adults, it has been established in the literature that older people are particularly at risk of malnutrition. Malnutrition among older adults is a major health problem that contributes significantly to morbidity and mortality. It has also been linked to diminished cognitive and physical performance, and a reduced overall sense of physical and mental wellbeing such as depression (Rowell & Jackson, 2011; Thomas, Zdrowski, Wilson, Conright, Lewis, Tariq & Morley, 2002).

In another study, Pollitt, (2003) decisively explored the nutritional experiences of older people in the hospital. It was revealed that several older patients commented on the nutrients, texture and appearance of the meals served. The outcome of the study indicated that older people were satisfied with the meals served in the ward. However, in the same study, older people with disease conditions that may require special meals and special dietary needs experienced the worst food choices. The patients with special dietary needs were not very satisfied with the meals served in the ward.

Nevertheless, a study conducted by Naithani, Whelan, Thomas, Gulliford and Morgan, (2008) revealed that the majority of patients reported they were satisfied with the hospital food. The study further revealed that their expectation as patients was met during the periods of their hospital admission.

Again, the study of Karki Bhatta and Aryal, (2015) interviewed 33 hospitalized older adults and four hospital managers to explore older people's perspectives on an "elderly-friendly" hospital. It was reported in their findings that in other to create an elderly-friendly environment in the hospital, the older adult recommended to the hospital and the Government to consider several factors. Among the factors to consider was providing older adults with safe and healthy meals in the hospital. A safe and clean canteen should be created so that older adults could come together and consume healthy and safe food during their hospital stay. The study reported that this strategy will help breach the issue of malnutrition and the changes in nutritional pattern accompanied with old age.

Personal hygiene is another important aspect of physical care as far as older adults are concerned. Noddeskou, Hemmingsen and Hordam, (2015), asserted that in both hospital and home care settings all over the world, many older patients need nurse-assisted bath daily and this is because they are too frail to manage their hygiene needs. Therefore, assisting frail older adults in in-home care settings with personal hygiene is a daily nursing role. Nursing theorists such as Nightingale and Henderson had in their approach to basic nursing focused on assisting patients in need of nurse assisted bath.

Other studies have been conducted on the importance of meeting the personal hygiene needs of older adults. Notable among such studies is a study by Hørdam, Brandsen, Frandsen, Bing, Stuhaug and Petersen, (2017). The study aimed at comparing older adults' attitudes, experiences and evaluation of using a traditional bath with soap and water versus pre-packed products for their bath. The

study was a descriptive study based on patients' and nurses' self-reported data in a home-care setting for older adults. The outcome of the study was that the nurse's preferred disposable baths (67%) compared to washbasins (40%), with consideration to time consumption. Whiles nurses preferred disposable baths, the patients preferred to have a choice of both bath types. However, both the nurses and patients agreed on the ethical aspects of the two types of baths. The study further revealed in the recommendation that the nurses proposed the use of disposable baths (95%) or both baths (90%) compared to the use of washbasins (60%).

Another study conducted on personal hygiene experiences of the older adult during hospital admission revealed that maintaining patient hygiene was a fundamental activity characteristic of the role performed by nursing professional. To both the patient and nurses, maintaining the patient's hygiene care was an intervention that aims to provide comfort and wellbeing of the patients. For this reason, the nurses encouraged and assisted the patient in maintaining their hygiene regularly on the ward (Carrascal & Ramirez, 2015).

Concerning pain management, Whyte-Daley, (2018) emphasized that little is known about pain and pain management for older adults who go through surgery or any form of a disease condition such as osteoarthritis. Since little is known about pain management of the older adult, Whyte-Daley's work employed the qualitative descriptive phenomenological approach to investigate the elderly patient's perception of pain management after open and reduction internal fixation surgery. To answer the research questions of the study, ten participants between the ages

of 65 and 75 years were interviewed after 48hours of surgery. The research findings revealed that participants felt pain immediately after surgery, and therefore pain management should be noted as a critical for elderly patients before during and after surgery. The study also revealed that most of the participants after surgery were given pain medication in the ward. In the recommendation of the study, it was suggested that the pain medications prescribed for an elderly patient in the post-operative stage should begin during earlier periods in the operative process. This is because most of the participants in the study indicated that their pain experience began immediately after the effect of anaesthesia goes off.

Simmons, Schnelle, Saraf, Coelho, Jacobsen, Kripalani, Bell, Mixton, and Vasilevskis, (2015) in their study confirmed that older adults experienced moderate to severe pains even at the time of discharge from an acute hospital to a skilled nursing facility (SNF). However, the majority of the participants reported 'satisfaction' with their pain treatment in the hospital. Consequently, the findings of the study shed light on the need for nurses to effectively communicate clinically important information about pain during care and develop patient-centred interventions related to older patient's pain management in both care settings.

Again, Kumar and Allcock, (2008) conducted a study to assess the impact of pain on the quality of life and dignity of older adult patients. In the findings, the study reported that there is a high prevalence of impact of pain on the quality of life and dignity of older people and this makes pain in older people an important health issue and one needs immediate attention.

With regards to maintaining security/safety, which is also an aspect of physical nursing care, Lasiter, (2011) recounted that persons who have been exposed to life-threatening health conditions have reported circumstances in which feeling safe became central to their recovery. However, feeling safe during critical health events for adults aged 65 years and older has not been explored. Lasiter, (2011) therefore, conducted a study to increase the understanding of feeling safe by developing a substantive grounded theory of feeling safe for older adults who unexpectedly suffered a critical health condition and were admitted to an intensive care unit (ICU). The study recruited ten older adults intending to explore their perception of feeling safe in an intensive care unit. The findings of the study revealed that the older adults looked to their health care providers in an attempt to feel safe.

Again, the study of Lasiter, 2011 reported that older adults had the perception that the most effective way to get help in the intensive care unit was by calling a nurse. For the fact that they could often see or hear the nurses from their room, they knew help was near them and that made them feel safe and secured on the ward. They added that knowing that a nurse was there with them in the ward was reassuring to the older adults that they were not alone. The study further revealed that the older adults had the perception and believed that once the nurse is summoned; the nurse could identify the problem and know what to do and the nurse could move fast in solving their problems for them (Lasiter, 2011).

Physiological Nursing Care Experiences of Older Adults

Physiological nursing care describes nursing activities that aim at modifying the anatomical, structural and molecular effects of a patient's biological functioning. Genetics, infections, physical trauma, nutrition, hormones, and toxins are some of the factors that can influence biological dysfunction. Some of the extensively studied aspect of the physiological nursing care according to literature includes; experiences of older adults with medication, vital signs experiences of the older adults and the older adult's experiences with rest and sleep in the hospital environment (Dyrstad, Testad & Storm, 2015; Honkavuo, 2018; Johansson-Pajalaa, Blomgrena, Bastholm-Rahmnerb, Fastbomc & Martina, 2015; Lee, Low & Twinn, 2008; Prgomet, et al, 2016). This section therefore comprehensively reports and discusses related literature on the above-mentioned areas or aspects of physical nursing care.

In terms of sleep experiences of the older adults, the studies conducted sought to find out older patients' experiences of sleep disruption and its remedies in the Hospital. A descriptive qualitative methodology was used on a convenience sample of six older male patients recruited from a geriatric and rehabilitation ward of a rehabilitation hospital. It was found out that the main causes of sleep disturbances and sleeplessness among older adults during admission included noise from the environment and the fact that nurses distracted them with noise when serving medication in the night. Again, other causes of sleep disturbance include staff working on other patients in the night which cause disruptions at the ward; waking patients up spontaneously out of pain coupled with other physical

discomforting issues. Physical discomfort such as nocturnal toileting, uncomfortable diapers and unrelieved muscular pain also contributed to sleep disturbances among the older adult patients. Finally, on the sources of patients sleep disturbances, the older adults indicated that feeling cold and unaccustomed to sleeping position provoked sleepless nights (Gellerstedt, Medin & Karlsson, 2014; Lee, Low & Twinn, 2008).

Also, Honkavuo, (2018) conducted a qualitative study in Finland with twenty nurses to narrate their experiences on the effect of sleep and sleeping in hospitals. The twenty nurses were interviewed using a semi-structured interview guide. The study reported that sleep affects health, well-being and value of life, and this is because sleep has the benefit of promoting healing and recovery from diseases. Therefore, the study highlights the need for nurses to provide support to patients about their sleep pattern. And it was again reported that in providing support to the patients with sleep disturbances, nurses experienced or realized that patients have varying understandings of sleep and how well they can support them in the hospital.

Medication, as one of the major components of physiological nursing care, was explored by Dyrstad, Testad and Storm, (2015). The study revealed that administration of routine medications during hospital admissions was the first factor among five distinct factors that influenced the older patient's participation in hospital admissions. The study used a qualitative research approach to explore the health professional's views on patient participation during hospital admission of an older patient.

Vital signs are indicators of one's health condition and assurance of proper circulatory, respiratory, neural and endocrinal functions (Teixeira, Boaventura, Souza, Paranaguá, Bezerra, Bachion & Brasil, 2015). Prgomet, et al, (2016) conducted a study on vital signs, and the findings of the study reported in their study that early detection of patient deterioration and preventive events were the nurse's priority. So, vital signs and visual assessment was a regular duty performed on the patients by the nurses. The study further reported that nurses were confident about their abilities to identify patients at risk of deterioration using a combination of vital signs and visual assessment. And both the nurses and the doctors were enthusiastic about patient deterioration and they provided reassurance to patients regularly.

Commenting on what goes into vital signs checking, Elliot, and Coventry, (2012) outlined five basic and traditional vital signs monitored routinely by the nurses. Among these five basic vital signs monitored routinely by nurses are; temperature, blood pressure, pulse, respiration and weight. Nevertheless, Elliot and Coventry, (2012) admonished that as patients in the hospital are experiencing debilitating illness than the past, nurses should no longer rely on the five tradition vital signs to identify clinical changes inpatient. For that matter, the study further proposed three additional vital signs assessment that nurses should consider as part of their routine duties. These assessments include assessment of pain, level of consciousness of patient and urine output.

Psychological Nursing Care of the Older Adult

Psychological nursing care describes the activities of the nurse that aims at improving the effects of psychodynamic factors such as motivation and personality on the experience and reaction to illness. Psychological nursing care may include providing care to potential psychological factors; such as depression that may contribute to the development of a health problem.

However, some of the extensively studied aspect of the psychological nursing care according to literature includes; respect/maintaining dignity of the older adults, patient teaching, reassurance and motivation and lastly, patient-nurses interpersonal relationship experiences of the older adults as reported in the literature (Ardalan, Bagheri-Saweh, Etemadi-Sanandaji, Nouri & Valiee, 2018; Bevan, Edwards, Woodhouse & Singh 2016; Boltz, Parke, Shuluk, Caperuti & Galvin, 2013; Koskenniemi, Leino-Kilpi, & Suhonen, 2013; Kornhaber, Walsh, Duff & Walker, 2016; Livine, Peterfreund & Sheps, 2017). Consequently, this section comprehensively reports and discusses related literature on the above-mentioned areas or aspects of psychological nursing care.

A study on the experiences of older adults with regards to respect; as a component of psychological nursing was conducted by Koskenniemi, Leino-Kilpi and Suhonen (2013). The study employed the qualitative study approach with a descriptive design to describe the experiences of older adult patients and their next of kin with regards to respect in the care they received in the hospital. The study was conducted in an acute-care setting in a university hospital in Southern Finland. The researchers interviewed ten (10) older adults with hip fracture who were

receiving nursing care. The study revealed that the concept of respect was viewed and experienced by the older adults through the actions taken by the nurses such as polite behaviour of the nurses, the willingness of the nurses to listen to them as patients, reassurance and the prompt response to information needs of the patients. The older adults also experienced respect on the ward through the assistance of nurses to their basic needs and responses to their wishes. The next of kin of the patients also explained that the concept of respect is felt when it is seen that the nurses appreciate older people in the society and the care organisations flow of information and patient placement. From the study, it was reported again that there was no difference in the responses of the older adults and their next of kin concerning the nursing care they received. Nonetheless, the responses of the next of kin were seen as supplementary to those of the patients.

However, the findings of Boltz, Parke, Shuluk, Caperuti, and Galvin, (2013) revealed that respect for older adult patients was among the issues to be addressed in other to improve the care of the older adults in the emergency department of the hospital. The study used the qualitative approach of research to explore the care of older adults in the emergency department. And the explorative content analysis was used to examine the responses of 527 registered nurses from 49 hospitals that completed the geriatric institutional profile in the United States of America

With reference to maintaining the dignity of older adults, it has been observed that new hospital design policies should favour single rooms over traditional multi-bedded wards to ensure greater privacy, personalised care and

infection control (Bevan, Edwards, Woodhouse & Singh, 2016). Similarly, a study conducted by Bevan, Edwards, Woodhouse and Singh, (2016) indicated that dignity was better maintained in single rooms within the hospital than the multiple bedded rooms. Also, more patients in the single rooms reported receiving a high level of care (100%), compared to those in the multi-bedded ward (84%). Therefore, single rooms proved more favourable than multi-bedded wards in the study.

According to Livine, Peterfreund and Sheps, (2017) effective patient education is an essential element for promoting patient-centred care. Although it is a part of professional nursing and has been found to promote high-quality healthcare, its implementation is often deficient. The study sought to examine possible barriers to effective patient education and the results revealed several barriers to patient education; where 'Patient education climate perceptions' predicted the barriers of overload of work, lack of policies, and low priority on patient education.

Similarly, a study aimed at exploring the factors influencing the practice of patient education among Nurses was conducted at the University College Hospital, Ibadan. The study revealed that nurses at the University College Hospital have good knowledge and a positive attitude towards patient education but could not practice effectively. The study also identified cultural barriers, workplace culture, and lack of time, heavy workload, insufficient staffing, and the complexity of patients' condition as important factors that influenced the practice of patient education (Oyetunde & Akinmeye, 2015).

With regards to the interpersonal relationship, it is believed that building the therapeutic interpersonal relationship is one of the key components of health care that stimulate the development of positive nurse-patient experiences. Therapeutic interpersonal relationships tend to transform and improve the patient's experiences. A systematic review study was conducted using available electronic search databases, such as PubMed, Cumulative Index to Nursing and Allied Health Literature and PsycINFO. All research papers from the above databases were papers that had been peer-reviewed, and they were all in the English Language with search terms developed to reflect therapeutic interpersonal relationships between health professionals and patients in the hospital. At the end of the review, the study found that therapeutic listening, responding to patient emotions and unmet needs, and patient-centredness were key characteristics of strategies for improving therapeutic interpersonal relationships (Kornhaber, Walsh Duff & Walker, 2016)

On the contrary, a study conducted by Ardalan, Bagheri-Saweh, Etemadi, Sanandaji, Nouri and Valiee, (2018) found that there was lack of good patient-nurse relationship (therapeutic interpersonal relationship) and this was attributed to lack of time on the side of the nurses. And it happened that limited or lack of time was the most important nurse's barrier to the good patient-nurse relationship.

Social Nursing Care Experiences of Older Adults

Social nursing care describes the activities that improve the cultural, spirituality, environmental and family influence that affect patient's health.

Some of the extensively studied aspects of social nursing care according to literature include; experiences of older adults/patients with family involvement in their care, recreational activities available on the ward, sense of belongingness of the older adults and collegial (ward mates) interactions on the ward. Finally, the experiences of older adults with spirituality on the ward were also studied under social nursing care (Baron, 2016; Clarke, Stack & Martin, 2018; Clissett, 2001; Hodge, Horvath, Larkin, & Curl, 2012; Plassman, et al, 2007).

Comprehensive and extended visiting hours inspire greater participation of the relatives in the care of patients. Scientific evidence indicates that unlimited visitation policies lead to improve patient morale, safety and outcomes (lower heart rates and lower blood pressure) (Baron, 2016). Regarding family involvement in patient's care, a study was conducted on the visiting hours and the involvement of patient's relatives in their care. Consequently, the study revealed and suggested that the patient's relatives were allowed to visit their patients during visiting hours of the hospital. And also, these relatives of the patients helped greatly with the mobilization and nutrition of patients. Again, it was revealed that these relatives can be giving some training on how to continue care at home after the discharge of a relative. This assistance from the relatives may result in a reduction in length of stay and decrease the risk of long-term institutional care. Therefore, the hospitals need to extend the hospital's visiting hours to allow greater freedom of family and friends to visit inpatients to help encourage family/friend engagement in the patients' care and address the issue of dissociating patient and their relative in their care (Baron, 2016).

Again, family involvement in caregiving to elderly inpatients is likely to improve the quality of care to older patients. This qualitative study applied semi-structured interviews to elicit experiences from nurses, families, and patients on the notion of family participation in the care of elderly patients in two general teaching hospitals in Iran. Data were gathered using individual interviews, field notes, and participant observations. Interviews were recorded, transcribed verbatim, and analysed using manifest and latent content analysis. The following main themes emerged through the data analysis process: (a) safety and quality with patient care and (b) unplanned and unstructured patient care participation. It was revealed that relatives of the patients were actively involved in their care and the relatives participated in the care of their patients. The family acted as a safeguard and protected the patient from unnecessary care interventions. These relatives participated in identifying and communicating patient needs, advocating for the patient and appealing about the shortcomings of the care. The study concluded that family involvement in caregiving to elderly patients is imperative; hitherto, this participation should be grounded and centred upon a planned and structured framework to ensure a satisfying experience for patients, families, and health care team (Dehghan Nayeri, Gholizadeh, Mohammadi, & Yazdi, 2015)

With patient engagement in recreational activities in the hospital, it has been revealed that older adults on acute physical hospital wards are at increased risk of physical and mental health decline due to lack of activity during their stay on the ward (Wildermuth, 2014).

However, a study conducted to explore the experiences of older people with recreational activities on an acute physical hospital ward revealed that patients (older people) lack meaningful activity on the wards. And this resulted in boredom, feeling of passivity and sense of alienation from their normal roles. The older adults further suggested several meaningful activities that the hospital should organize on the ward; such as crosswords, board games, reading/book groups, listening to music, quizzes, flower arranging, cooking, relaxation, gardening, arts/crafts, reminiscence and current affairs discussions. It was recommended that the hospital management should ensure that patients who are on admission engage in such activities on the ward since it is an integral part to maintain patient's mental and physical wellbeing. The study employed the qualitative research method with an interpretative phenomenological analysis. A sample size of eighteen (18) older adults were used for the study and they were interviewed to gain an in-depth understanding of their experiences on the social activities at the acute ward in the hospital (Clarke, Stack & Martin, 2018).

Similarly, a study conducted by Clissett (2001) confirms that the stay of older patients in the hospital were times of inactivity and there were no recreational activities for patient to engage in. Again, social interaction in the ward was restricted by an amalgamation of physical factors and the perception that there is a lack of time for staff. Hence, a patients' club was formed to stimulate and motivate patients during their stay on the ward. However, the club appeared to promote activities rather than social interaction. The patients further recommended that the club should be organized to help promote both activities and social

interaction among patients and between patients and nurses. This study employed the explorative qualitative approach and a face – to face semi-structured interviews were conducted using six patients (participants).

Spirituality is of particular importance to health and in the lives of many older adults at the end of life. While the role of spirituality may vary among older adults, spirituality may undoubtedly offer a purpose and meaning toward the end of life and provides a framework for nursing care (Wallace & O'Shea, 2007). In investigating the experiences among older adults on spirituality and spiritual care in nursing home residents at the end of life, Wallace and O'Shea (2007) conducted a quantitative descriptive survey. A total of 26 older long-term care residents were surveyed using Spirituality and Spiritual Care Rating scale with a 17-item tool and a 5-point Likert scale; from 2 faith-based nursing facilities to understand residents' spirituality and perception of spiritual care. The study revealed moderately high views of aspects of spiritual care among older adults with a mean score of 51.36. It was found out that older adults engaged in spiritual activities at the ward. The results indicate that residents in both faith-based nursing facilities had broad perspectives on how they felt nurses could help promote their spiritual health, as indicated by the high mean score in spirituality and spiritual care rating scale and moderately liberal perspectives on how nurses could promote spiritual health by personalizing care.

Even though the above study is quantitative, it is limited in sample size and therefore limited in the generalizability of the findings beyond its sample setting. It was recommended for nurses to integrate spiritual assessment and interventions

into the plan of care of nursing home residents since varying spiritual beliefs and lack of education and experience with spiritual care are barriers to implementing spiritual interventions.

Another qualitative meta-synthesis study was conducted by Hodge, Horvath, Larkin and Curl (2012) to identify and describe older adults' perceptions of their spiritual needs in health care settings. The study revealed that spiritual practices emerged as probably the most prominent spiritual need. These activities, typically congruent to the pure or transcendent, were involved regularly. Spiritual engagements were perceived to strengthen older adults' ability to handle the challenges they encountered in the health care system. Spiritual engagements listed by older adults as spiritual needs included prayer, reading the Bible or inspirational books on spirituality, meditation, singing worship music, listening to devotional music, receiving the sacraments, listening to sermons, and attending religious services (e.g., church services). Other spiritual practice noted involved observing the beauty of God's creation, which included activities such as admiring a sunset, looking out a window, having fresh cut flowers in the room, and being outside in nature.

Perceptions of Nursing Care among Older Adults

In examining the extent of perception of in-patient older adult experiences and how it is associated with their overall satisfaction Chumbler, Otani, Desai and Herrmann (2016) conducted a cross-sectional study between July 1, 2011, and June 30, 2012. Patient Satisfactory data from 6,021 older patients (65 years of age and older) were collected from 70 hospitals that are members of the largest non-

profit health system in the United States. Data were collected using the Hospital Consumer Assessment of Healthcare Provider and System (HCAHPS) Survey instrument to record regular patient experience at each of the hospitals through telephone interviews of older patients who were recently discharged. Multiple linear regression analyses with older patients' HCAHPS dimensions (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Communication about Medicines, Cleanliness of the Hospital Environment, and Quietness of Hospital Environment) and gender were conducted while controlling for self-rated health status, age, race, and education. Multiple linear regression analysis showed that all of the HCAHPS dimensions were significantly associated with overall satisfaction and positive perception of their nursing care experiences. Older female patients reported substantially more positive global evaluations and perception than their male counterparts. However, Communication with Nurses was more influential in their ratings of overall satisfaction than for older male patients.

Also, a descriptive cross-sectional study was conducted at Kenyatta National Hospital in general surgical wards between April and June 2012. The study population was adult postoperative patients admitted in the general surgical wards. The data collection tool was a structured questionnaire with open and closed questions. A total of 168 adult patients from general surgical wards were approached and 167 of them participated in the study (non-response rate of 0.6%). Most patients agreed that they expected nurses to be knowledgeable with an average response of 86% and strongly disagreed that nurses should be rude and

harsh (44%). The elderly reported that they had a better experience of pain management than the younger patients (m>3.36). Almost all patients reported that nurses were usually responding quickly when they needed pain medication. The older adults were very satisfied with nursing care with a mean response (m>4.00). Most patients (52.4%) were satisfied with wound dressing. Generally, 50.2% with a mean response of >2.50 were satisfied with nursing care provided though some complained that nurses were not introducing themselves (41%), some nurses were rude (16.7%), their privacy was not respected and nurses were not providing adequate information. Most participants (40.5%) indicated that they had a good perception of nursing care. (Linden, Sekidde, Galukande, Knowlton, Chackungal & McQueen, 2012).

Likewise, a study conducted by Shawa, (2012) to explore the patient's perception regarding nursing care in the general surgical wards at Kenyatta National Hospital revealed that generally, patients had good perceptions about nursing care. However, these perceptions were influenced by how nurses were conducting themselves towards patients. The need to improve nurses' interpersonal skills and relationship and behaviour towards patients was recommended by the patients.

Theoretical Framework

The study considered two models, namely; the biopsychosocial model and the holistic care model. These two models are explained into details and how it aided the study has been discussed below.

Biopsychosocial Model of Health

The biopsychosocial model of health was propounded by Engel, (1977). The model was developed in an attempt to improve on the disease approach and narrow view to health and illness held by the medical model. So that psychological and social factors of the individual can also be considered during the care of a patient. This is because the model recognizes that illness and ill-health are influenced by a person's biological, psychological and social attributes. And that health is best understood as an integrated combination of all of these components. According to Rook, (2012), the biopsychosocial model of health believes that health and illness do not only result from biological and physical factors but also the increasing effects of a lifetime of psychological, social, and biological processes.

Given this, the model attempts to render a holistic perception to health, and this is an important step in medical care, as it broadens the scope with which health and illness can be examined in clinical practice (Engel, 1977). Hence, the biological, psychological, social and spiritual aspect of a patient is put into consideration when treating a patient. (Dossey & Guzzetta, 1995).

The biopsychosocial model provides a conceptual framework for dealing with ill patients and as a reminder that there may be important issues beyond the biological (Engel, 1996). For instance, Hatala, (2012) reported that the BPS model integrates the holistic care approach. That is, the model views healing as the correction of the physiological disturbances and the restoration of the body interior (Paying attention to the psychological, social, and spiritual disturbances). There

are three components of the theory, which includes the biological component, psychological and the social component. These components are described below.

Biological component - The biological system deals with the anatomical, structural and molecular substance of disease and the effects on the patient's biological functioning. Biological influences on health and illness include genetics, infections, physical trauma, nutrition, hormones, and toxins. Hence, nursing care must be provided to stabilize these influences for optimum health (Pilgrim, Robinson, Sayer & Roberts, 2015).

Psychological component - The psychological system handles the effects of psychodynamic factors such as motivation and personality on the experience and reaction to illness. The psychological component of the biopsychosocial model includes providing care to potential psychological factors that may contribute to the development of a health problem. Alternatively, psychological factors may exacerbate a biological predisposition by putting a genetically vulnerable person at risk for other risk behaviours (Gentry, Snyder, Barstow & Hamson-Utley, 2018).

Social component - The social system examines the cultural, spirituality, environmental and family influence on the experience of the illness (Engel, 1977). Social factors that may affect health include socioeconomic status, culture, family support, and religion. (Prüss-Üstün & Corvalán, 2006). The model emphasizes that in caring for patient’s health care needs, their social aspects/needs must be considered and needed help rendered to maintain optimum health of a patient.

Holistic Care Model

The American Holistic Nurses Association propounded the holistic care model. They described holistic care as ‘‘all nursing practice that causes healing to the whole person as to its goal.” The model recognizes that the idea of caring for the entire person, and not just the physical body dates back to Florence Nightingale’s era of nursing practice. Florence Nightingale emphasized the connection between patients and their environment (American Holistic Nurses Association, 2007).

The model believes that illness has the power to strike down the mightiest of individuals. Therefore, nurses are to be knowledgeable about how diseases affect the life of the patients. However, due to the high patient load and often intense time constraints placed on nurses, it can be easy to simply treat the physical being and move on to the next patient. Meanwhile, it is important to care for the whole person and not just treat the diagnosis (Klebanoff, 2013). Holistic nursing care involves thinking about and assisting patients with the effects of illness on the body, mind, emotions, spirituality, religion, and personal relationships. Holistic care also involves taking into consideration social and cultural differences and preferences. It should be noted that every person is their unique individual.

According to the American Holistic Nurses Association, the model also recognizes that nurses can not only use holistic nursing care to enrich the lives of the patients but to also enrich their own lives. Nursing is a tough profession, it is physically, mentally, and emotionally draining at times. Other times you experience a patient or moment that is troubling. One way to increase these

experiences and still provide better overall care to patients as nurses are through holistic nursing care. The model emphasizes that as nurses, we need to promote a patient's psychological, social and emotional wellbeing to facilitate physical healing. Through this, the nurse relationship with the patient changes and grows positively. This leads to healing and better patient outcomes (American Holistic Nurses Association, 2007; Klebanoff, 2013).

Figure 1: Holistic Care Model

Source: The American Holistic Nurses Association, (2007)

The biopsychosocial and the holistic care model of health guided the study on the bases that the experiences of the participants were explored completely. The study did not explore just the physiological/biological nursing care experiences of older adults. But instead, the psychological, social and physical nursing care

experiences were all explored. The participants of the study were seen as people that the body, mind, and environment can affect their health. They were seen as persons with not just physical and biological problems but psychological and social needs as well. In this regard, holistic nursing care must be provided for them, and every aspect of their needs must be considered accordingly. The study views health and illness of older adults as not just resulting from biological and physical factors but also the increasing effects of a lifetime of psychological, social, and biological processes. And the interaction between these factors determines illness or health of the older adult; therefore, the need to provide nursing care across these factors, to help promote quality health among older adults.

Review of the BPS and the Holistic care model

The BPS model stands as a good extension of the Biological model that has stood the test of time in ensuring the provision of holistic care for patients both in and outdoor patients. It also provides a holistic framework of health assessment and diagnostic measure to ensure appropriate treatment regimen for patients. Implementation of the model in health care delivery posits the need to have a multidisciplinary team in health care centres to address the physical, social, and psychological health care needs. However, much as I applaud the holistic perspectives of the BPS model, the establishment of the inter-relationships among the facets of the model appears to be missing. The model clearly defines each of the domains of health; physical, social and psychological (Engel, 1978); however, the mapping relationships of these domains have not been fully exhausted in the

model. This may give room for misinterpretation of subjective opinions of cause and effects when using the model.

Secondly, the BPS appears to lack the honour of subjectivity; thus, since the model brings the same methodological perspective (referred to as the traditional scientific paradigm) to how the biological, the psychological, and the social are each conceived, it tends not to give due attention to such subjective matters as personal meaning and spirituality, and a similar concern − about the failure of the BPS model to accommodate aspects of subjectivity − was articulated by (Butler, Evans, Greaves & Simpson, 2004) who argued that the BPS model fails to explain "medically unexplained symptoms." Such symptoms cannot be understood without a so-called "interpretive perspective," which, according to the authors, the BPS model fails to accommodate. And the charge that the BPS model fails to honour human subjectivity – especially in cross-cultural settings − despite the best intentions of the clinician, was given sturdy empirical support in a study reported by (Bartz, 1999) that examined transcripts from clinical interviews between a physician and Native American patients in an urban health centre.

Finally, there appears to be nothing inherent in Engel's theoretical commitment to interactive dualism, according to (Borrell-Carrió, Suchman & Epstein, 2004), that might guide a clinician to be reflective and self-aware of his or her emotional tone and to be concerned with such issues as trustworthiness, genuineness, empathy, and curiosity. Adherence to the basic tenets of the BPS model as it currently stands presents no guarantee, according to Borrell-Carrió, Suchman and Epstein, 2004, that the above will be cultivated by the clinician.

The Holistic care model was proposed by the American Association of Holistic Nurses Association. The model is clear and has concepts that can easily be incorporated into the care of patients.

Conceptual Framework

The conceptual framework below (figure 2) used to guide the study adapted concepts from the biopsychosocial model of health and the holistic care model as discussed above.

The conceptual framework features four components which emanate from the two theories discussed above. These components include physical, physiological, social, and psychological care. The conceptual framework was adapted from the two theories because, the theories posit that to render holistic and complete care to patients, the psychological, social, physiological and physical aspect of the patient must be taken into consideration. Therefore, nurses must provide psychological, social, physiological and physical care to their patients. The conceptual framework specifically adapted the component of social and psychological from the biopsychosocial model. The components of physical and physiological were also adapted directly from the holistic care model.

Thus, the framework explores the experiences and perception of older adults about the physical, physiological, social and psychological nursing care they received. Since physical, psychological, social and physiological factors come together to affect the health of the older adult, the older adults tend to have physiological, physical, psychological and social needs that need to be cared for by their health providers.

In this study, the experiences and perception of older adults were explored according to the nursing care they received from the nurses. In the conceptual framework, the physiological nursing care component comprises adequate rest and sleep, medication, vital signs, whereas physical nursing care component comprises comfort, privacy, nutrition, personal hygiene, safety and pain management. The psychological nursing care component also comprises respect/maintaining dignity, receptivity, tolerance, non-judgmental, advocacy, patient teaching, counselling and motivation. Finally, social nursing care comprises family involvement in care, recreational activities, collegial interactions, sense of belongingness, spirituality. These four components and what they comprise of were influenced by the biopsychosocial model and the holistic care model.

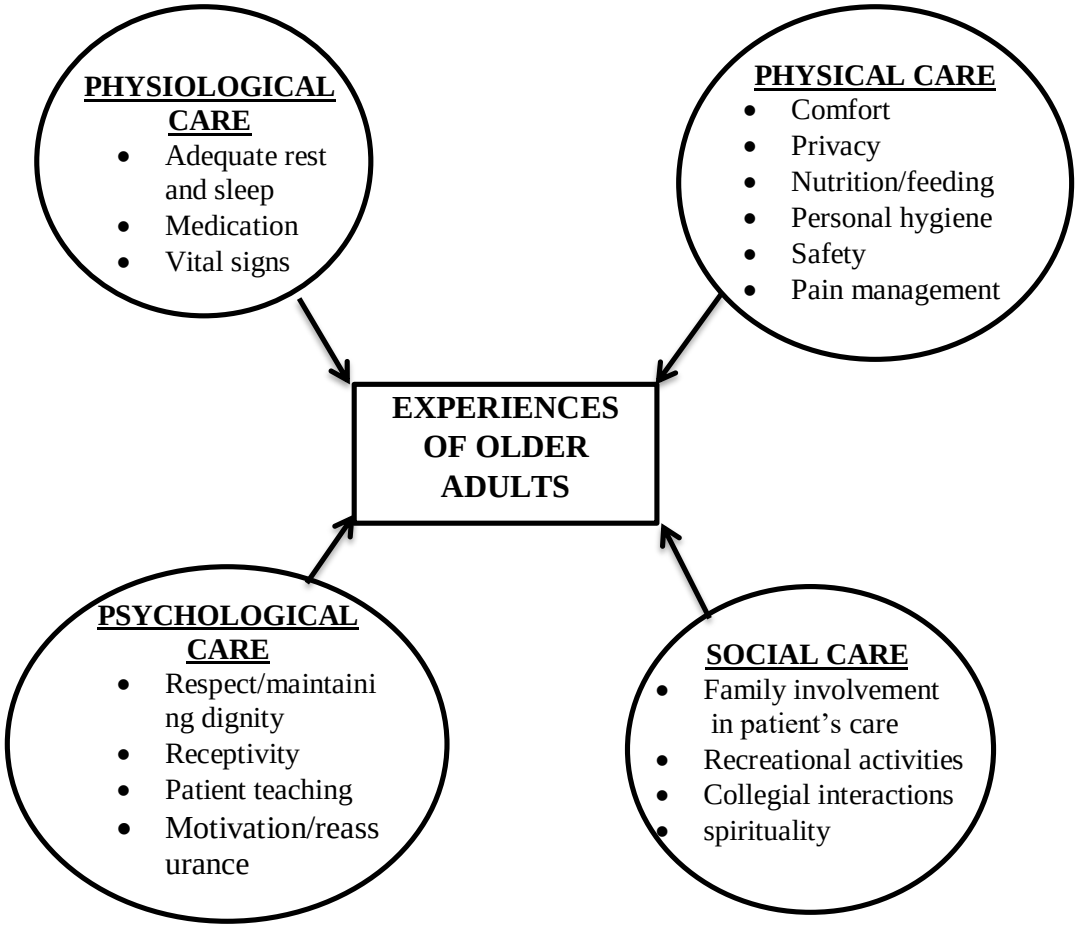

Figure 2: A Conceptual Framework for exploring the experiences of older adults of nursing care in the cape coast metropolis.

Source: Adapted from the biopsychosocial model (Engel, 1977) and the holistic care model (AHNA, 2007)

Chapter Summary

Literature reveals an extensive review of the nursing care experiences of older adults in developed countries. The experience of the older adults were explored across the physiological, physical, psychological and social nursing care rendered to them by the nurses.

Some of the extensively studied aspect of the physical nursing care in the literature included experiences of older adults with the ward environment (ventilation and privacy), comfort and feeding/nutrition. Personal hygiene, safety/security and pain management were also studied.

Extensively studied aspect of the physiological nursing care in literature also included experiences of older adults with medication, vital signs and their rest and sleep in the hospital environment. The psychological aspects bordered on respect/maintaining dignity of the older adults, patient teaching, reassurance and motivation and lastly, patient-nurse interpersonal relationship experiences of the older adults. Finally, extensively studied aspect of the social experience was on family involvement in the care of older adults, recreational activities available on the ward, sense of belongingness of the older adults and collegial (ward mates) interactions on the ward.

The biopsychosocial and the holistic care model of health were the frameworks of the study. And the models guided the study on the bases that the experiences of the participants were explored in totality; thus considering the physical, physiological, psychological and social nursing care experience of the older adults.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter provides the methodology that was used for the study, how and why it was appropriate for the study. Specifically, the chapter reviews the research design, the study area, population of the study as well as the inclusion and exclusion criteria of the study. Additionally, the sample and sampling technique, research instrument, data collection procedure, and data analysis approaches have been discussed.

Study Design

The two main approaches of research are the quantitative and the qualitative approach (Neuman, 2011; Polit & Beck, 2010). The quantitative research approach deals with objectivity and empirical data by avoiding the use of personal beliefs and values as sometimes done in qualitative research (Polit & Beck, 2010). Therefore, the goal of quantitative research approach according to Sarantacus, (2005) and Neuman (2011) is to discover laws that explain, predict or control individuals or groups of individuals, and also lead to numerical or quantitative information. Neuman (2011) ascertained that it is best to use a quantitative approach when much is known about a phenomenon or concept to be studied. Qualitative research approach collects and deals with subjective information related to human experiences, thoughts, feelings and intentions. Qualitative research again seeks to appreciate human behaviour and the reasons behind those behaviour (Creswell, 2014). The main intent of qualitative research is to give a

clear, complete and a detailed description of the research topic, and it is usually explorative. Unlike the quantitative approach, the qualitative approach is best used when little or nothing is known about the phenomenon or concept under study (Creswell, 2007).

This study adopted the qualitative research approach with a descriptive study design since this study design allowed the researcher to meet the set objectives. Again, this design was chosen because it is explorative and it enables the researcher to gain an understanding of individuals' underlying reasons, opinions and motives, as well as, insight into the problem (Creswell, 2007). This study described the nursing care experiences of older adults, and the study objectives required subjective information including personal experiences from participants. Hence, the qualitative approach was an appropriate method for the study (Creswell, 2007; Neuman, 2011). Also, Polit and Beck (2010) revealed that a descriptive study design is ideal for gaining more information about the characteristics of a phenomenon of interest as they naturally occur. The descriptive study design also ensures a rich description of the in-depth information of the real nursing care experiences of older adults.

Study Area

The study area was the Cape Coast Metropolis in the Central Region of Ghana. It lies within latitudes 5º.07' to 5º.20' north of the equator and between longitudes 1º.11' to 1º.41' west of the Greenwich Meridian (Dankwa, Kumi, Ephraim, Adams, Amoako-Sakyi, Essien-Baidoo & Nuvor, 2015). It is located on the west of Accra, the capital of Ghana. It is bounded on the north by Twifu-

Heman Lower Denkyira District, on the south by the Gulf of Guinea, on the west by Komenda/Edina/Eguafo/Abrem district and the east by Abura/Asebu/ Kwamankese district (Dankwa, Kumi, Ephraim, Adams, Amoako-Sakyi, Essien-Baidoo & Nuvor, 2015). The Metropolis covers an area of 122 sq. km (12,200 ha). The Cape Coast Metropolitan Area is one of the oldest districts in Ghana (Quagraine & Adokoh, 2010). It was raised to the status of a municipality in 1987 by LI 1373 and upgraded to metropolitan status in 2007 by LI 1927, hence, the smallest metropolis in the country with Cape Coast as its administrative capital. It comprises 19 communities namely; Akotokyere, Ekon, UCC, OLA, Pedu, Abura, Adisadel, Nyinasin, Nkanfoa, Kakumdo, Effutu, Duakor, Amamoma, Amisano, Ankaful village, Essuekyir, and Kokoado. And it has a population of about 169,894, males comprising 82,810 (48.74%) and females 87,084 (51.26%) (Quagraine & Adokoh, 2010).

Generally, there are several levels and categories of health facilities within Cape Coast and these are categorized into government, quasi-government and private health facilities. The Metropolis is endowed with a teaching hospital, metropolitan hospital, university hospital and various clinics that provide health care to the population. Two of such hospitals are the Cape Coast Teaching Hospital and Cape Coast Metropolitan Hospital where the study was conducted. The Cape Coast Teaching Hospital was initially the Central Regional Hospital and later transformed into Cape Coast Teaching Hospital with the inception of School of Medical Sciences in the University of Cape Coast. The Cape Coast Teaching Hospital is currently a 400-bed capacity referral Hospital situated at the Northern

part of Cape Coast. It is bounded on the north by Abura Township, on the south by Pedu Estate / 4th Ridge, Nkanfua on the East and Abura / Pedu Estate on the West. The facility renders the following services; dialysis, family and child services, orthopaedic services, general surgical services, general medical services, mental and psychological services. It also renders specialized services including ENT and ophthalmic services.

The Cape Coast Metropolitan Hospital, the second-largest hospital in the Central Region was also selected as a study area for the research. It is located at Bakaano, a suburb of Cape Coast and it serves as the main referral point for clinics and health centres in the metropolis. It is one of the three main hospitals in the Cape Coast metropolis which offer in-patient, out-patient and emergency services. For the two hospitals, the study will be conducted specifically in the general wards of the hospital, since there are no geriatric units in the hospitals. These general wards/units include surgical, medical, intensive care units and casualty unit. In the general wards, patients aged above 13 years are admitted and given appropriate nursing care.

The Cape Coast Teaching Hospital (CCTH) and the Cape Coast Metropolitan Hospital (CCMH) were selected as the study area because CCTH is the largest health facility in the central region and as well serves as a referral centre for the hospitals in both central and western regions of Ghana. CCMH also provides services in an area where the population is considered to be ageing and the indigenes are observed to be patronizing the facility regularly. The facility also

serves as one of the referral hospitals to other polyclinics within the region. As a result, many older adults visit these health facilities to seek health care.

Population

Creswell (2007) explains that population is a complete set of individuals, subjects or events having common observable characteristics in which a researcher is interested. This implies that a population can be of any size and that it has at least one (and sometimes several) identified characteristics that set it off from any other population. To the above, the population for this study were patients aged 60 years or above who were admitted to any of the general wards (which include; the medical and surgical wards) of the Cape Coast Teaching Hospital and Cape Coast Metropolitan Hospital. These wards were chosen to enable the researcher to obtain an adequate number of participants and the appropriate responses needed to achieve the research objectives since these wards are specifically where the aged are kept to receive nursing care in the hospital.

Inclusion Criteria

- Older adults who are 60 years or above and have been on admission in any of the two selected facilities for at least 7 days (the 7 days was counted from the patients first admission ever to the hospital).
- Older adults who accepted and gave their consent to be part of the study.
- Older adults who were fully conscious and were able to express themselves in English or Akan language.

Exclusion criteria

- Patients who were not yet 60 years
- Older adults who had been on admission for less than 7 days (counting from their first day of admission ever) in the two selected hospital.
- Older adults who refused to consent to be part of the study.
- Older adults who speak other languages apart from English and Akan.

Sample/Sampling Procedure

A sample is a representative selection of a population in research (Kadam & Bhalerao, 2010; Sarantakos, 2005). Thus, a sample is a subgroup of a population (Frey, Botan & Kreps, 2000). Hence, the sample size is the number of participants in a sample (Kadam & Bhalerao, 2010). Purposive sampling technique is the thoughtful selection of participant due to the qualities the participant possesses (Polit & Beck, 2008). Therefore, purposive sampling technique was used to select 16 older adults who had been on admission for at least 7 days. Of the sixteen participants recruited for the study, 10 and 6 of them were distributed between CCTH and CCMH respectively. The Gender distribution among the participants was six and four for female and male respectively at CCTH, whiles CCMH recorded an even distribution of 3 for both gender.

In most qualitative study, the sample size is determined by data saturation. Data saturation is reached when there is enough information to repeat the information already gotten for the study (Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam & Jinks, 2018; Fusch & Ness, 2015). Data collected became saturated on the 15th participants and one more participant was interviewed to

confirm if indeed saturation has been reached. Therefore, in all sixteen (16) participants were used for the study. Out of the sixteen participants, ten (10) agreed to be interviewed in their homes , four participants opted to be interviewed in a free consulting room on the ward, on the day of their review. Two of the participants choose to have their interview whiles on admission.

Data Collection Method

In a qualitative study, semi-structured, in-depth, one-on-one interviews are the most common methods to elicit rich, detailed, and first-person's response to the phenomena under study (Pietkiewicz & Smith, 2014). Hence, a self-developed semi-structured interview guide was used to elicit in-depth responses from the participants. The interview guide was developed into four sections: that is, section 1 covered demographic data, section 2 was devoted to the experiences of the aged concerning the physical and physiological nursing care they received. Section 3 covered the experiences of the aged on the emotional and psychosocial nursing they received. Finally, the fourth section covered the general perception of the older adults on the nursing care they receive. In totality, there were 5 main questions with two to three probes for each (a copy of the interview guide is attached as appendix B). These questions helped to explore the in-depth nursing care experiences of older adults in the CCMH and the CCTH.

Data Collection Procedures

Sixteen face-to-face interviews were conducted with each participant using a semi-structured interview guide. A face-to-face interview allows study participants to narrate experiences in-depth and also allows the researcher to

redirect participants' response when out of context (Creswell, 2014). Before interviewing the participants using the interview guide, ethical clearance was taken from both Institutional Review Board of UCC and CCTH (copies of CCTH ethical clearance and UCC ethical clearance are attached as appendix E and F respectively). For CCMH, the ethical clearance from UCC Institutional Review Board was sent to seek permission from the hospital authorities to conduct the study. The data collection was done alongside data analysis. It covered the period of March 2019 to June 2019. Few days before the commencement of the interview, the researcher went to the various wards to introduce herself to the participants and to the study population to familiarize herself with the hospital environment, the participants and the staff in the units. After that, she then approached the potential participants and declared the intent of the study to them. Permission was sought from the population and they were invited to participate in the study. The researcher contacted them and sought their consent for the study, of which the patients were allowed some time to decide whether to participate in the study or not. Participants who agreed to participate in the study were allowed to sign or thumbprint the consent form before the start of the interview. Finally, arrangements of time and place of the interview were made with participants who fell within the inclusion criteria and were willing to participate in the study.

Empty room within the hospital was arranged for one on one interview with the participants who agreed to be interviewed whiles on admission. Privacy was ensured during the interview and participants were given codes for confidentiality

sake. Each interview lasted for about 25-35 minutes. Only one participant spoke English during the interview, the remaining participants used the Akan language. Each interview was recorded with an audio recorder with permission from the participants. Non-verbal cues were recorded accordingly in my field notes. Finally, participants were allowed to confirm key subjects at the end of each transcribed data.

Data Processing and Analysis

Data processing and analysis started alongside data collection. After each interview, the recorded interview was listened to over and over again to familiarize me with the information given. After which a verbatim transcription was done. Thematic analysis was used to analyse the data gathered from the participants. Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data (Braun & Clarke, 2006). According to Braun and Clarke (2006), thematic analysis follows six phases, which are; familiarizing oneself with the data, generating initial codes, reviewing themes, defining and naming themes and producing the report.

Each interview was carefully listened to and transcribed. The researcher did all the transcription by herself. The interview conducted in English was transcribed verbatim whiles the ones conducted in Akan were translated to English before being transcribed. The mean time for transcription of each interview was 3 hours. The data that was transcribed was read several times in other to be familiar with the data, observations and impressions about the interview. The data were then organized into a meaningful way by coding. That is, each section of the data

that was significant to the study of captured something interesting about the research question was coded. The data were analysed according to the research questions, in other to address and answer the specific research questions. Each transcribed data (transcript) was coded separately. Codes from the various transcripts that connote the same idea were labelled as sub-themes. Consequently, this was done according to each research question. The sub-themes that proposed a particular idea were then the group as themes. Most codes were associated with one sub-theme whilst others were associated with more than one. Repetitive codes within a sub-theme were discarded. There were a total of five themes with twenty-two sub-themes. Quotes from participants were used to support sub-themes in reporting the findings of the study. The researcher carried out member checks or follow-up interviews through a telephone conversation with participants, where they were asked to verify a summary of the preliminary findings to ensure the credibility of the data. Member checks revealed that preliminary findings reflected participants' experiences with only minor changes.

Methodological Rigour

Rigour or trustworthiness in qualitative research ensures that findings accurately represent exactly what participants intended to say and that findings can be trusted (Lincoln & Guba, 1985). To ensure rigour the criteria of credibility, transferability, dependability and confirmability must be met (Lincoln & Guba, 1985).

In the qualitative study, ensuring rigour or trustworthiness is a key and it warrants that findings from the study accurately represent exactly what

participants said and that findings can be trusted (Lincoln & Guba, 1985). And to ensure rigour, the criteria of credibility, transferability, dependability and confirmability must be met (Lincoln & Guba, 1985).

Credibility is achieved when the findings from the data reflect reality (Shenton, 2004). To ensure this, the researcher intentionally recruited participants who met the inclusion criteria and could give in-depth information on the nursing care experiences of older adults. Again, member checks were conducted to confirm the participant's responses by discussing with them, the codes that emerged from the interview. Also, each interview was transcribed and coded before the subsequent ones.

Transferability is the extent to which the findings of the study can be applied in other settings (Shenton, 2004). To ensure transferability of the study, the researcher provided a detailed description of the research setting, methodology, research design and the background of the participants used for the study. This will help other researchers to apply the conclusions of this study to other similar cases.

The third criteria, which is dependability pertains to whether or not the study can be replicated by another researcher (Gethins, 2012). To ensure dependability, the researcher worked with supervisors from the beginning of the research to the end. All participants were interviewed with the same interview guide and the transcripts were subjected to the same method of arriving at themes and sub-themes. A detailed description of the research setting, methodology,

research design and the background of the participants who were used for the study has been discussed. All documents were also kept for audit trail.

Confirmability is the capacity of the researcher to present findings that reflect the participant's experiences, narratives and words rather than the researcher's bias (Shenton, 2004). To achieve confirmability, the researcher explored and described in-depth nursing care experiences of older adults. Again, interviews granted were transcribed immediately to prevent mixing of information. To ensure reliability, participants were asked to confirm the information they gave during the interviews.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board (IRB) of both the University of Cape Coast and the CCTH. Permission was also sought from the CCMH through the UCC-IRB and an introductory letter from the School of Nursing and a copy of the proposal. The purpose, benefits and potential risks were explained to participants verbally and in the consent sheet. This was done a week before data collection to enable them to think through to consider participation or otherwise. Only the participants who met the inclusion criteria and agreed to participate were given a consent form to sign or thumbprint to indicate their consent. Participants were informed that they could withdraw from the study at any point and such withdrawal would not in any way affect the care they would receive at the hospitals. They were informed that the raw data would be used for only academic purposes and that only the researcher and the supervisor would have access to the raw data. Upon meeting with the participants, some of the

participants agreed to have their interview in the hospital since they will not be discharged anytime soon. Knowing that interviewing some of the participants who insisted to be interviewed whiles on admission at the very ward they are nursed in will not produce quality information, the necessary arrangement was made to get a well-organized and isolated room (away from the ward) for the interview.

The anonymity of participants was ensured by assigning pseudonyms to the participant during the recruitment. The pseudonyms were used when the participants were being quoted in the findings chapter. Privacy was ensured during the interview. Participants were informed that data and other study documents such as consent forms, audiotapes and transcripts would be kept under lock and key for at least five years after the study. The sheet containing demographic data and other identifiable information is being kept separately from transcripts under lock and key. Participants were informed that appropriate ethical clearance would be sought if the data has to be used in future for any other purpose.

Data Management

Before data collection, the date, time and venue of the interviews were recorded in a field diary. After each interview, with permission of the respondent, data were transcribed verbatim and stored in a Microsoft Word document. After transcription, hard copies of each document, audiotapes, field notes and diaries were locked in a safe cabinet in the researcher's office. The background information was labelled with the same pseudonyms used for the interview and stored safely in the same cabinet. Information will be discarded after five years.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

In this chapter, the results of the study have been presented, interpreted and discussed accordingly. This study aimed to explore the nursing care experiences and perception of older adults in the Cape Coast Metropolis. Specifically, the study sought to explore the following; the experiences of the older adults regarding the physical/physiological nursing care they receive on admission; the experiences of the older adults regarding the psychological/social nursing care they receive on admission; and to finally identify the general perception of the older adults about their nursing care and how it can be improved. To answer the research questions, 16 face-to-face interviews were conducted using a semi-structured interview guide.

Data analysis was done using Braun and Clarke (2006) thematic analysis. In total, there were five (5) themes and twenty-three (23) sub-themes from the analysis. The five themes that emerged were physical nursing care of older adults, physiological nursing care of older adults, social nursing care of older adults, psychological nursing care of older adults and the perception of older adult regarding nursing care. The main themes and their corresponding sub-themes have also been presented with verbatim quotations from the participants, and the findings of the study were presented according to the objectives of the study.

Results

Demographic Data

In all, the study recruited sixteen (16) participants. All the participants had been on admission for at least 7 days at either Cape Coast Teaching Hospital or Cape Coast Metropolitan Hospital. They also spent their admission period on the surgical and medical wards of the two mentioned hospitals. Of the 16 participants recruited for the study, 10 and 6 of them were distributed between CCTH and CCMH respectively. The gender distribution among the participants was six and four for female and male respectively at CCTH. CCMH recorded an even distribution of 3 for both genders. Ages of the participants ranged from 60 - 87years, with the majority of the participants in their sixty's (n= 10). Participants who were in their seventy's and eighty's recorded an even distribution of 3 (n = 3)

Most of the participants were married (n = 9), four were divorced (n = 4) and three had lost their spouses at the time of the study (n = 3). The educational level of the participants ranges from 'no formal education' to the tertiary education level. Most of the participants had their education up to the primary level (n = 6), four of the participants had up to the secondary/technical level (n = 4), whereas three of the participants had their education up to the tertiary level (n = 3). Lastly, three of the participants had no formal education (n = 3).

Since this study recruited older adults (the elderly), most of the participants who were in former employment had retired (n = 12) and were still engaged in petty trading at home (n = 4). Again, the majority of the participants were Christians (n=13) and few were muslins (n=3). The number of days the

participants spent on the ward varied from seven days to sixty-four days. Whereas three of the participants were on the ward for the second time (n = 3), majority of them were on the ward for the first time in their life (but they had spent 7 or more days on the ward).

In the study, all the sixteen participants were assigned pseudonyms. Out of the sixteen participants, six participants opted to be interviewed whiles on the admission. And four participants opted to be interviewed in a free consulting room on the day of their review. Six of the participants were also interviewed in their homes. Table 1 provides a summary of the participant's characteristics.

Table 1: Demographic Data

Number	Pseudonyms	Age	Marital Status	Gender	Educational Level	Religion	Occupation	Number Of Days On Admission	Facility
1	PA	71	Married	Male	Tertiary	Christian	Retired Banker	8 Days	CCMH
2	PB	64	Married	Male	Secondary	Christian	Retired Teacher	7 Days	CCMH
3	PC	83	Widow	Female	Non	Christian	-	9 Days	CCMH
4	PD	62	Divorced	Female	Primary	Muslim	Trader	64 Days	CCMH
5	PE	61	Married	Male	Primary	Christian	Retired Driver	12 Days	CCMH
6	PF	78	Divorced	Female	Non	Christian	-	7 Days	CCMH
7	PG	75	Married	Female	Primary	Christian	Retired Cleaner	10 Days	CCTH
8	PH	68	Married	Female	Primary	Muslim	Trader	8 Days	CCTH
9	PI	62	Married	Male	Technical School	Muslim	Driver	35 Days	CCTH
10	PJ	85	Widower	Male	Elementary School	Christian	Retired P&T Worker	18 Days	CCTH
11	PK	65	Married	Male	Tertiary	Christian	Retired Cashier	21 Days	CCTH
12	PL	60	Married	Male	Technical School	Christian	Retired State Fishing Cooperation Worker	24 Days	CCTH
13	PM	87	Widow	Female	Non	Christian	-	11 Days	CCTH
14	PN	69	Divorced	Female	Secondary	Christian	Retired Cashier	9 Days	CCTH
15	PO	65	Married	Female	Primary	Christian	Trader	14 Days	CCTH
16	PP	63	Divorced	Female	Tertiary	Christian	Retired Teacher	7 Days	CCTH

Source: Field Survey, (2019)

Themes and Sub-themes

There was a total of 5 themes and 22 sub-themes that emerged from the study data. Table 2 shows the themes and sub-themes.

Table 2: Themes and Sub-themes

1	Physical nursing care	Ward environment
		Comfort
		Feeding/nutrition
		Personal hygiene
		Safety/security
		Pain management
2	Physiological nursing care	Rest and sleep
		Medication
		Vital signs
3	Psychological nursing care	Respect
		Receptivity
		Tolerance
		Patient teaching
		Reassurance
		Interpersonal relationship
4	Social nursing care	Family involvement in care
		Recreational activities
		Collegial interactions
		Sense of belongingness
		spirituality
5	Patient's perception of nursing care	Positive

Source: Field survey, (2019)

Physical Nursing Care Experiences of the Older Adults

In answering the research question regarding how older adults experience physical nursing care during admission, six sub themes emerged. These sub themes included; ward environment, comfort, and feeding, personal hygiene, safety/security and pain management. The following are some of the responses regarding the above mentioned sub themes:

Concerning ward environment, most of the participants in both hospitals responded that the ward environment was clean, neat and odor-free. They also indicated that the ward environment was serene and free from disturbances.

> *''When I came here some time ago for my surgery, the hospital was different from what I am seeing today. Now I can see the hospital is neat and tidy than first, the ward is spacious the arrangement of bed and other things here too is fine'' (PD-CCMH).*
>
> *''Oh! In fact, the ward is well kept, when you are on the ward, you won't even smell any foul odor which is as a result of dirt. There is no foul odor in this ward'' (PJ-CCTH).*
>
> *''The place is serene and when I sleep I enjoy my sleep; I don't have disturbances from the environment''* (PK-CCTH).

Despite the fact that most of the participants were pleased with the ward environment, some of the few identified issues on the ward environment. These issues included; limited privacy, issues of mosquitoes, poor ventilation and poor ward setting and bed arrangement. For example:

> ''*Ok, for privacy, there is not enough privacy in this room. Although every patient is on his own bed, the beds are too close and nothing separate one bed from the other. And you know that there can't be*

privacy if people around can see what you do on your bed and in your corner'' (PE-CCMH).

''The only problem we have here is mosquitoes. There are mosquitoes here, and this is because the ward is an open ward and most of the times the door is left opened'' (PA-CCMH)

''It is ventilation that was poor in the ward; there was too much heat in the ward until one of the patients sleeping beside me brought a fun from home'' (PK-CCTH).

''With the arrangement of beds and the setting of the ward, it is not the best, but because we are in Africa it is normal. Since here in Africa, the ratio of patients to health care is high, we should adjust with the current system. Having only one or two patients in one room may be problematic'' (PL-CCTH).

With reference to comfort, more than half of the participants expressed that the wards in both hospitals are comfortable and they found comfort in sleeping in the ward.

''In this ward, there is comfort; the beds are comfortable to sleep on and nobody comes in to worry you. The nurses, visitors and even the patients in this ward are calm and polite, so they don't make noise to disturb'' (PA-CCMH).

''I am comfortable in this ward because the nurses here do not shout on me or talk harshly to me'' (PE-CCTH)

Few of the participants indicated that their comfort was inadequate on the ward.

''As for comfort, you may not have 100% on this ward, because sometimes you may be sleeping or resting, and other patient may be

chatting with their relatives. This will be disturbing you'' (PB-CCMH).

In terms of feeding/nutrition, most of the participants recruited from CCTH (where patients are served with meals), reported that they were satisfied with the meal served to them on the wards.

''With regards to feeding, the cooks in this hospital come around and serve us with nutritious meals three times a day'' (PG-CCTH).

''Regarding my feeding, I even have some of the food they served me here. You can have a look. Yesterday, the nurses came around to ask me to tell them what I would like to eat in the morning and in the afternoon. I told them I would like rice balls for lunch and rice water for breakfast, and I was served'' (PH-CCTH).

Only few of the participants complained that they were not satisfied with the meals served on the ward

''About feeding, for me I don't like palm oil; when I eat it my stomach aches. So for me I like soup. When I am in the house I take a lot of soup than stew. But unfortunately for me, whenever I ask for rice and soup here, the cooks bring rice with stew and when I ask for soup they will tell me rice comes with stew so I have to eat it like that. So when I request for rice, I eat it without the stew'' (PP-CCTH)

All the participants recruited from CCMH reported that the hospital does not serve them with meals; neither do the nurses take time to inspect the foods they eat on the ward. And so the participants were of the view that the nurses and the hospital in general do not consider their nutritional needs. However, it was noted

that the nurses on the ward do enquire from the patients if they have taken in some food, and if not the patients are encouraged to get something and eat; especially when it is time to administer medications to them.

> *''This hospital doesn't provide patients with food; it is not like the other hospital where they provide patients with 3 square meals. [COUGHS…] So it is my family that brings me food from home, sometimes I have to wait for long before they bring the food to me, and where I stay is far that is why they usually delay. Sometimes I get very hungry'' (PB-CCMH).*

With regards to personal hygiene, the participants in both hospitals declared that the bathrooms in the ward are clean and neat for use.

> *''Concerning our personal hygiene, we bath one after the other in this ward. When I came into the ward, the nurses showed me where the bathrooms and toilets are, so that is where we all take our bath. The place is nice and neat'' (PC-CCMH).*
>
> *''The washroom for patients, although is a public washroom, the place is very neat and ok'' (PF-CCMH)*

Since the washrooms in the wards are always kept neat and the fact that they are capable of walking to the washroom, most of the participants indicated that they easily maintained their personal hygiene by themselves.

''There is a bathroom in this ward which is clean, so because I can walk, I walk by myself to the washroom to go and bath each time. After which I put on my dress'' (PI-CCTH)

However, few of the participants reported that maintenance of personal hygiene was assisted by the nurses in the ward.

> *''The nurses do well in maintaining our personal hygiene, every morning these nurses will come around to bath me in bed, since I couldn't walk to the bathroom because of my condition. They begin from your head to the sole of my feet and thoroughly clean my whole body'' (PL-CCTH)*

Finally, on the component of personal hygiene, more than half of the participants responded that the nurses in the ward showed concern about them maintaining their personal hygiene whiles on the ward.

> *''Even when they come and I am on my bed, they will inquire to know if I have taken my bath. If I say no, then they will encourage me to wake up and go to the bathroom to bath''* (PD-CCMH)

Regarding security and safety, more than half of the participants felt that security was good at the ward and sleeping in the ward was safe. Again, more than half of the participants reported that the bathroom and the wards are always free from water spills and harmful items that could cause falls and injuries

> *''Sometimes I will wake up from sleep and I will see some security man and even some of the nurses around and keeping watch over us and the place. This means that security is fine*'' (PO-CCTH)

> *''When you come to this ward, the floors are always clean. Anytime water spills on the floor, you will see the cleaners mopping them all. In fact, the washrooms too are free from injuries, they really keep the place clean for us''* (PA-CCMH)

On the aspect of pain management, two of the participants indicated that the pain they went through after their surgery was managed well by the nurses.

> *'I was taken to the theatre for surgery, and after I returned to the ward, I was really in a lot of pain, [HMMMMM…] very severe. So I informed the nurses and they really paid attention to it for me. They gave me medication to reduce the pain and they reassured me that the pain will be off soon'. (PM-CCTH)*

Physiological Nursing Care Experiences of the Older Adults

In answering the research question regarding how older adults experience physiological nursing care during admission, three sub themes emerged. These sub themes included, rest and sleep, medication, and vital signs. The following paragraphs summarize the participant's responses to the above mentioned sub themes.

Regarding sleep, more than half of the participants complained that their sleep pattern had changed negatively due to their condition and change of environment.

> *''In actual fact, I am not able to sleep like I used to sleep at home. This is because of my condition and the change of environment. Now it is even ok, but when I came here first, catching a sleep was a problem for me'' (PN-CCTH)*

Nevertheless, some of the participants responded that the nurses on the ward showed concerned in their sleeping pattern, and made sure they gave them treatment for them to be able to sleep.

> ''*After my surgery, I could not sleep because I was in a lot of pain, I realized that the nurses reported it to the doctors and they*

prescribed a drug for me. Since then I was able to sleep after taking the drug. I was really grateful'' (PP-CCTH)

And less than half of the participants declared that they were able to sleep well on the ward, and they are able to sleep for at least 7 hours in the night.

''In this ward, no body including the nurses forces us to sleep; each patient has the free will to sleep at any time. And since the ward is full of matured men, there are no disturbances in the ward. The ward is serene and so anytime I feel sleepy at night, I am able to really sleep well without any disturbances'' (PA-CCMH).

''Although I am not able to be well like I do home, I am able to sleep for at least 7 hours during the night. I normally sleep around 9 pm and wakes up around 4 am in the morning'' (PK-CCTH).

It was just few of the participants who complained that they could not sleep well on the ward due to disturbances from the time the night nurses give them their medication.

''[HMMM…] I do sleep alright, but you know that definitely it cannot be like how I used to sleep at home. But sometimes the nurses do disturb my sleep because they wake me up to take my medication in the night'' (PJ-CCTH)

On the aspect of medication, it was observed during the interview that, all the participants declared that their expectation prior to admission was to get to the hospital and be in good health through the medication the health team will administer to them.

> *''I was admitted because my blood pressure was high, so I knew that, when I come here, I will be served medication for it to come to normal''* (PC-CCMH)
>
> *''When we are sick, we come to the hospital for treatment. So whiles I was coming to the hospital, I came with the hope to recover from my sickness; through the medicines and attention the doctors and nurses will be giving me''* (PD-CCMH)

And indeed, almost all the participants applauded the nurses for their prompt, timely and regular administration of drugs to the patients on the ward.

> *''Oh, the nurses serve medication regularly; anytime it is due for me to take my medication, the nurses come around and make sure they give me my medication. These medications they gave helped me recover early''* (PE-CCMH)
>
> *''As for serving of medication, it has been one of the major things that the nurses do for us. Day in and day out you will see them serving us with our medications. Even if you are asleep, they will come and wake you up so that you will take your drug. Sometimes'' (PK-CCTH)*

Conversely, few of the participants complained about the fact that nurses do not give them education on the medications they serve to them.

> *Serving of medication is done almost every time. The nurses here make sure our medications are duly served to us, but the problem is they don't find time to explain the reason for taking the medicine to us* (PA-CCMH)

With reference to vital signs, all the participants responded that checking of their temperature, pulse and blood pressure was done and recorded regularly by the nurses on the ward.

> *''My experience with the nurses concerning my vital signs in this ward is that they always check my temperature and blood pressure and record. Even at the OPD they did check my temperature, blood pressure and weight''* (PO-CCTH)

Psychological Nursing Care Experiences of the Older Adults

In response to the research question regarding whether the psychological needs of older adults are met through the nursing care they received on admission, six sub themes emerged. These sub-themes included; respect, receptivity, tolerance, patient teaching, reassurance, interpersonal relationship. The following paragraphs interprets the participant's responses to the above mentioned sub themes respectively.

Concerning respect, which emerged as a sub-theme under psychological nursing care, more than half of the participants indicated that the nurses are respectful and they further declared that the nurses showed them respect on the ward through their communication

> *''I have not seen the nurses being harsh to my relatives or the relatives of the other patients. They do not shout on me or my relatives, they normally speak politely to me and my relatives''.* (PD-CCMH)
>
> *''The nurses did not disrespect me either. Most at times you will hear that nurses like shouting on patients and many more, but*

frankly speaking I haven't experience such an attitude here'' (PJ-CCTH)

Two of the participants also indicated that the nurses are respectful; and the participants declared that the nurses showed them respect through prompt response to the participant's request.

''In fact the nurses on this ward are respectful, I am sure there will be other nurses who may be rude, but the nurses on this ward are respectful, in the sense that, the moment I am in need of something and I call them, quickly you will see that they will attend to it for me'' (PO-CCTH)

In terms of reception, most of the participants could not point out any special reception that the nurses gave them when they got to the ward, nevertheless they didn't encounter any rude behavior from the nurses. Thus, the participants were neutral in response to their reception by the nurses.

''The reception wasn't bad; anyways when I came to this hospital I didn't see the nurses welcoming me in any special way though. What I realized was that as a patient, you need to be in a queue and follow the order at the OPD. In the ward too, the moment I got there, I waited for a while and I was given a bed to sleep on and that was all, no special welcome and interactions. But no nurse disrespected me in anyway though'' (PJ-CCTH)

Less than half of the participants responded that they had poor reception from the nurses on the ward.

''[Ohhhhhh], how the nurses receive us here is bad. I was booked for a surgery, so the doctor asked me to come and sleep on the ward

> *for them to prepare me before the surgery. And when I got to the ward, it was as if I wasn't welcomed. The nurses were busily working on something else and I was just sitting there waiting for them. In fact, I didn't feel welcomed at all in the ward but however I was given a bed after a long wait and later I was prepared for the surgery after the surgeon visited me''* (PM-CCTH)

But then, one of the participants who was rushed into the hospital with relatives; as an emergency recounted that he received a very good reception from the nurses on his arrival to the ward. He reported that the nurses were quick in getting him a stretcher to carry him to the emergency room for treatment to begin right away.

> *''With regards to the reception of nurses, I was even amazed at some of the things they did for me. As soon as I arrived, the nurses brought a wheelchair to the car and asked whether I can sit in it. I told them I cannot. Oh quickly they brought a stretcher and sent me inside. I was really impressed and decided that one day, I would do something to appreciate the doctors and nurses here in this hospital, because I haven't experienced this treatment from nurses before''* (PK-CCTH)

Tolerance was also one of the sub themes that emerged under psychological nursing care, and it was just a few of the participants who responded to that. The participants reported that whiles on the ward, they were tolerated well by the nurses

> *''The love and patience the nurses have shown me has also contributed to my wellbeing. The nurses here have patience and are ready to work on anybody, so they should keep it up'' (PG-CCTH)*

About patient teachings, most of the participants complained that on the ward, the nurses did not take them through teachings on their disease condition and its management.

> *''I don't really recall that the nurses took me through any patient teaching on the ward'' (PP-CCTH)*

However, few of the participants recounted that the nurses took them through teachings on how to take their medications after they were discharged by the doctor.

> *''When I was discharged, the nurses taught me how to take my medicines and also taught some of the protective measures that are to be observed to prevent injury on my body''* (PM-CCTH).

On the aspect of reassurance and motivation, two of the participants responded that they experienced words of reassurance from the nurses, and that was when the nurses were preparing them for theatre (surgery) the next day.

> *''I remember when I was about to go to the theatre, at a point fear dawned on me and I was really scared, so I called one of the nurses and I told her everything, and this nurse really spoke to me well, encouraged me and made me felt that the surgery is nothing to worry about''* (PO-CCTH)

Again, more than half of the participants responded that the nurses motivated and encouraged them on maintaining their personal hygiene, eating and taking their medications.

> *''Even when the nurses come around and I am on my bed, they will inquire to know if I have taken my bath. If I say NO, then they will encourage me to wake up and go to the bathroom and bath. Sometimes too they encourage me to eat before they will give me my medication and then I will do so''* (PD-CCMH)

Regarding interpersonal relationship which is another sub theme that emerged under psychological nursing care, it was observed that most of the participants could not recount any experiences on interpersonal relationship with the nurses. However, three of the participants who indicated that they had good interpersonal relationship with the nurses, and that they could approach the nurses easily.

> *''The nurses are friendly and they don't frown towards us. If someone frowns at you, I think that is when you won't be able to approach them. But they are free with us, and when I see them I smile and they will also smile at me*'' (PC-CCMH)
>
> *I remember one day, one of the nurses came to sit by me and we had a lengthy conversation. I felt really happy that the nurse had time for me that day. I then asked her about my condition and she educated me on my condition and other things. In fact, I felt free, happy and psychologically sound that day.* (PI-CCTH).

Nevertheless, one participant responded that he didn't have a good interpersonal relationship with the nurses on the ward.

> *''[HMMMM…] So far I can't talk much about my experiences with the nurses because it looks like they are always serving medications and checking vital signs, during those periods is when they will talk*

to you. They do that and they are done, unless you call them for help, you won't see them around you'' (PI-CCTH).

Social Nursing Care Experiences of the Older Adults

In response to the research question regarding whether social needs of older adults are met through the nursing care they received on admission, five sub-themes emerged. These sub themes include; family involvement, recreational activities, collegial interactions, sense of belongingness and spirituality. The following paragraphs summarize the participant's responses to the above mentioned sub themes respectively.

Regarding involvement of patient's relatives in care, which is a sub-theme that emerged under social nursing care, most of the participants responded that although their relatives are allowed to spend some time with them on the ward, the nurses do not involve them in their care. That is by explaining to them the treatment modalities and how they can help manage their condition at home.

''Most of the times the nurses inform our relatives about the visiting hours and our relatives make sure the visiting time is adhered to. In fact, our relatives are allowed to come in and interact with us, but I don't really see the nurses teaching my family about my condition and how to manage my condition at home'' (PI-CCTH)

Just two of the participants indicated that the nurses involved their relatives in their care. Even that was done upon a request from the relatives.

''My family normally comes around during the visiting hours. Any time they come here, they make sure they ask the nurses and get to know what is actually wrong with me and how I am improving. The

nurses also get time to explain to them, and then tell them about how best they can assist me in managing my condition at home'' (PJ-CCTH)

With regards to recreational activities on the ward, all the participants complained that there were no recreational activities to engage in whiles on the ward. And again, there was nothing to serve as an entertainment for them on the ward.

''Even if you want to walk outside the ward as a form of exercise and to take fresh air, the nurses will ask you to come and sleep'' (PA-CCMH)

''Staying in this ward is a little boring ooo, no television to watch and listen to news, nothing interesting here apart from the treatment we are receiving. But sometimes as patients we feel bored and we need some entertainment'' (PN-CCTH)

Commenting on collegial interactions, more than half of the participants affirmed that they had good collegial interaction with the other ward mates on the ward.

''The only interesting thing that makes me happy in the ward is that one of the patients who sleep close to me is really funny. He always creates jokes for us to laugh. For instance, this morning we encouraged him to wear his shirt and he asked us to explain why he should do so. I mean how he will talk will even make you laugh, so indeed he makes us happy'' (PA-CCMH)

''I have a good relationship with the other patients beside me. They have been good to me. Since I came, I have spent 5 weeks and people

*have been admitted and discharged. Anyone who comes, we relate as a family. Mr. Donkor, the man who sleeps besides me even buys porridge and bread every morning for me. I get amazed. One other patient too bought my drug for me and he paid the cost of the drug himself. Indeed, we live as a family'' (*PK-CCTH)

About feeling of belongingness, most of the participants revealed they feel that they belong to a family only when they are visited by the relatives.

''Most of the times, I feel I belong to a family when my relatives come to visit me'' (PO-CCTH)

Commenting on spirituality, almost all the participants revealed that they are able to meet their spiritual needs only through their personal devotions and visit by their church members or pastors.

*''I am able to meet my spiritual needs through praying to God and signing of hymns. Sometimes too my church members come in to visit me and pray with me, and I am glad that the nurses do allow that'' (*PA-CCMH)

''I prefer dawn prayers; and normally I have some worship songs I play. So normally I wake up early to play it from my phone, and sometimes the other patients join in singing the song. However, if someone has theirs on, I don't switch mine on. I just follow the person's song and pray with it'' (PL-CCTH)

Perception of the Older Adults about Nursing Care

In answering the research question, what are the general perceptions of older adult about their nursing care during admission and how it can be improved, only one sub theme emerged under this theme, the sub theme that

emerged was positive perception about the nursing care they received on the ward.

Most of the participants had positive perception about nursing in the Cape Coast Metropolis, with reasons being that the nurses serve them with good drugs for them to recover early and also the nurses are not rude. To the participants, they had a good perception about nursing care in the hospital because their only expectation (prior to admission) which bothered on the fact that the nurses will administer drugs to them on daily bases for their prompt recovery have been achieved.

> *''I have a good thinking about the nurses here. They are good and give us good medicines'' (PE-CCMH)*
>
> *''The view I hold now is that the nurses here are good and they work diligently. The decision I have taken is that when I get well and I'm discharged, I will come back and thank them. I have learnt to also do good to strangers as the nurses did to me. Now, I have a good mindset about the nurses''* (PK-CCTH)
>
> *Whiles I was coming, I had a wrong perception about this place but I later found out that the place is very friendly, and they give us good drugs.* (PK-CCTH)

Participant's Recommendations

With regards to the issues identified with the ward environment, the participants outlined a number of recommendations that will help overcome these issues. Examples included the issue of ventilation, mosquitoes bite, and privacy. Below are the participant's recommendations;

''So I suggest they spray the room for us every three days to prevent mosquito bite and malaria'' (PA-CCMH)

''I have spent about one week in the ward and I think they are doing what is expected of them as nurses. The only thing I will suggest is that they can maintain this ward just as it is now. You see, if you look around, we are all adults, even if one is not 60years or above yet, she is in her 40s, so we respect each other. We don't make noise to disturb each other. The ward is so cool to stay in, and there is peace in here. I remember one hospital I was admitted to sometime ago, there were two young boys on the ward and I couldn't tell if they knew each other already before coming on admission. These boys could talk and discuss issues till day break. Even when we want to sleep, these boys will go and switch the television on and be watching movie. I saw it to be disturbing, but no one could stop them'' (PB-CCMH).

''What I would like to suggest is for them to improve upon the ventilation in this ward, by making sure there are fans that are functioning properly on the wards'' (PK-CCTH).

''About privacy, I think the nurses here can get some curtains or better still plywood as a partition to separate one bed from the other'' (PB-CCMH).

''I think it is now time for the hospital to consider getting a ward for only pensioners, because if you look through the ward, you can see that pensioners are few here. So I believe if we get our own ward,

the nurses can really have time and attend to our other needs and burden'' (PN-CCTH).

With reference to feeding and nutrition, participants recruited from CCMH suggested that the hospital should try and serve them with meals on the ward. And also, half of the participants recruited from CCTH recommended that the hospital should continue serving clients with nutritious meals and also the hospital should consider their food preferences as older adults.

The hospital can provide us with some food, because I believe that the hospital can provide us with a better food than we buy from outside. So in case the hospital provides us with food, it wouldn't be much of a problem when my family is delaying with getting to the hospital with my food (PB-CCMH).

The participants recommended that the nurses find some time and explain the mechanism of action of the drugs, side effects and etc.

I would love that the nurses will find time and give us detailed information on the drug we are taking. The information should include reason for taking the drug, adverse effect, how to best take the drug and etc. (PA-CCMH)

The participants recommended that the nurses should make it a point to educate them on their general health. And the teachings should also cover how they can manage their conditions as older adults.

''When we are on the ward, the nurses should give us general health education about our health and condition. For instance, the nurses can teach us the right time to sleep as an older adult, the right time to eat, the importance of exercise etc.'' (PG-CCMH)

The participants recommended that the nurses should spend time with them aside their routines duties of serving medication and checking vital signs. This will help them build a good relationship with the nurses and through that the patients will be able to share with them their worries and needs.

> *''[HMMMM…] So far I can't talk much about my experiences with the nurses because it looks like they are always serving medications and checking vital signs, during those periods is when they will talk to you. They do that and they are done, unless you call them for help, you won't see them around you'' (PI-CCTH)*

The participants recommended that the nurses should help get a television or anything that can make them happy and make them feel entertained whiles on admission

> *''They should allow and encourage us to exercise as older adults. Let me tell you, there is power in exercise. Hence they should encourage us to walk around and exercise and take fresh air'' (PA-CCMH)*
>
> *''Having a television around too would be nice and it would be a form of entertainment for us''* (PK-CCTH)
>
> *''The thing is we don't really have anything to make us happy in the ward. so the nurses should help bring something up, to entertain us and make us happy in the ward, especially to us that we are recovering''* (PM-CCTH).

To be able to meet their spiritual needs fully as patients, some of the participants recommended that the nurses should organize devotional meetings within the ward.

''They should also allow us to meet as patient and pray before we sleep'' (PK-CCTH)

''I think for every shift, the nurses can come together and pray before they start work and they can even include the patient in such devotion'' (PA-CCMH)

Discussion

This section of the chapter discusses the results of this study by comparing them with existing research, the theoretical frameworks of this study and the reviewed literature. The discussion is organized according to the set objectives (that is; physical, physiological, psychological, social nursing care experiences of older adults and the perception of the older adults concerning nursing care) and other issues that emerged during the data analysis.

Ward environment, which is the surrounding in which the participants lived and functioned, was one of the sub themes that emerged under physical nursing care. Cleanliness of the ward has been noticed to be one of the key indicators of patient's satisfaction and the maintenance of cleanliness of health facility (Dobrohotoff & Llewellyn-Jones, 2011), it is then presumed that the nurses on the wards made sure their role to maintain cleanliness of the ward was well carried out. This reflected in the findings of this study, where older adults reported that they were satisfied with the ward environment in which they were nursed. The participants in this study reported that the ward environment was clean, neat and odour-free. However, they attributed the cleanliness and odour-free ward environment to the fact that there were cleaners on the ward, and the nurses made sure the cleaners clean the ward regularly. Again, it was realized that the participants were happy with the serenity of the ward. They further

explained that since all the patients who shared a room with them were adults, there was not much noise in the ward. This finding is similar to the findings of a study conducted by Chumbler, Otani, Desai, Herrmann and Kurz, (2016), where they reported that cleanliness and quietness of the ward were among the highly satisfactory experiences of the older adults in the study.

Again, this finding is consistent with the finding of a study conducted by Whitehead, May and Agahi, (2007), which revealed that patients had a positive perception about the cleanliness of the hospital and ward environment. And because the patients had the perception that the hospital environment was clean, they adapted and adjusted well to the environment.

Despite the fact that most of the participants of this study were pleased with the ward environment, some of the participants identified few issues with the ward. These issues included; limited privacy, issues of mosquitoes and poor ventilation. Although privacy and ventilation has been identified as one of the important characteristic of ward environment, it was revealed that the ward was too huge and open therefore there was limited privacy with poor ventilation in the ward. The issue of privacy reported in this study is however opposite to the finding of a study conducted by Brereton, Gott, Gardiner and Ingleton (2011), which reported that privacy was identified as important characteristics of a hospital environment by the patients, relatives and nurses. For that matter, nurses moved patients to single rooms and made sure patient's privacy was maintained on the wards.

On the issue of poor ventilation, the participants reported that they felt a little uncomfortable. This finding agrees with the finding of a study which revealed that poor ventilation in a ward had some consequences on the comfort

and health of the patients (Beggs, et al, 2008). The study of Begg, et al, (2008) again revealed that poor ward ventilation also contributes to outbreak or spread of infection among patients on the ward

Comfort which is another sub theme under physical nursing care is a pleasant feeling of being relaxed and free from pain (Bhatt, Martin, Evans, Lung, Coates, Zeltzer & Tsao, 2017). From the findings of this study, participants expressed that the ward was comfortable and they found comfort in sleeping in the ward. However, the older adults attributed the source of their comfort to two factors, thus, majority of the older adult patients indicated that they felt comfortable on the ward because 'there were no disturbances from either the nurses or the patients on the ward'. Again, they revealed that they felt comfortable on the ward 'anytime the nurses showed them positive attitude such us polite communication.' The participants were specific on the fact that the nurses were neither rude nor shouted on them whiles on admission. This is suggestive that polite communication of the nurses and quietness of the ward were the major comforting strategies experienced by the older adults. This finding is congruent to the finding of a study conducted by (Pontífice-Sousa, Marques & Ribeiro, 2017), which also revealed that positive interaction/communication by the nurses was found to be part of the ways nurses provided comfort to the older adults on the ward. However, the findings of Pontifice-Sousa, (2017) reported other comforting strategies revealed by the patients, and they included music therapy, touch, smile and unconditional presence of the nurses. Again, the empathy/proximity relationship and integrating the elder or the family as partner in the care and massage/ mobilization therapy were reported to be part of their comforting strategies.

Generally, participants from CCTH who were served with meals during their admission reported that they were satisfied with the meals served. The patients then indicated that the hospital should continue to provide patients with nutritious meals in other to meet their nutritional needs as older adults. It was only few of the participants who complained they were not satisfied with the meals served at the ward; this is because some of the patients disliked some of the meals served and rather had preference for other meals. This presuppose that although the nurses made sure nutritious meals are served to the older adults, meal preferences of the older adult patients (especially patients with special dietary needs) were not taken into keen consideration. This finding is congruent to the findings of a study conducted by Pollit, (2003), and his findings confirmed that the older people were satisfied with the meals served to them on the ward. However, the study of Pollitt revealed that older people with disease conditions that may require special meals and special dietary needs experienced worst food choices. The patients with special dietary needs were not that satisfied with the meals served on the ward.

Moreover, the finding of a qualitative study conducted by Naithani, Whelan, Thomas, Gulliford and Morgan, (2008) was also similar to the finding of this study. In their findings, it was revealed that the participants were satisfied with the hospital food. The study further revealed that the patient's expectations were met.

With regards to personal hygiene which is another sub theme under physical nursing care, all the participants declared that since there are bathrooms that are always kept clean and neat for use on the ward, they do not hesitate in maintaining their personal hygiene regularly; thus brushing of teeth, bathing and

washing of clothes. However, whiles the ambulant patients maintained their own personal hygiene regularly in the bathroom, the nurses played their fundamental role by assisting the weaker older adults in maintaining their personal hygiene in bed daily. The study also revealed that the nurses showed concern about the patients maintaining their personal hygiene whiles on the ward, and for that matter the nurses always enquire whether or not the patients have maintained their personal hygiene, and through that the nurses motivated them in doing so. Congruent to the findings of this study is Carrascal and Ramirez (2015) which reveals that maintaining patient's hygiene was a fundamental activity characteristic of the role performed by nursing professional. Patient hygiene care was an intervention that aims to provide comfort and wellbeing of patients. Hence nurses encouraged and assisted patient to maintain their personal hygiene regularly on the ward.

Regarding security and safety, another sub theme under physical nursing care, the participants indicated that security was good at the ward and they felt that sleeping in the ward was safe. The patients reported that they felt safe on the ward because the nurses seem to always be around to keep watch over them, even during the nights. At any moment, they could see at least one nurse in the ward, and this gave them a sense of security and safety on the ward. Again, almost all the participants reported that the bathroom and the wards were always free from water spills and harmful items that could cause falls and injuries. This suggests that safety as an important component in the care of the older adult's care was ensured on the ward. The findings of this study was similar with the findings of the study conducted by Lasiter, (2011). His study revealed that the older adults looked to their health care providers in an attempt to feel safe. The

older adults had the perception that the most effective way to get help in the intensive care unit was by calling a nurse. Therefore, the fact that they could often see or hear the nurses from their room, they knew that help was near them and so they felt safe and secured on the ward. Knowing that a nurse was there with them in the ward was reassuring to the older adults that they were not alone and made them feel safe. His studies further revealed that the older adults had the perception and believed that once the nurse is summoned, the nurse could identify the problem and know what to do; and the nurse could move fast in solving their problems for them.

On the aspect of pain management, this study revealed that although some of the participants felt pains after their surgery, the nurses managed their pain by serving them with pain medication. Consistent to the findings of this study is Whyte-Daley (2018) which indicates that participants felt pain immediately after surgery, and therefore pain management is critical for elderly patients before, during and after surgery. The study of Whyte-Daley also reveals that most of the participants after surgery were given pain medication on the ward to manage the pain.

Another study which is consistent to this finding reports that older adults experienced moderate to severe pains even at the time of discharge from an acute hospital to a skilled nursing facility (SNF). However, majority of the participants reported 'satisfaction' with their pain treatment (Simmons, et al, 2015). Hence, the need to effectively communicate clinically important information about pain during care and develop patient-centred interventions related to pain management for older adults.

Again, the findings of Kumar and Allcock, (2008) are also similar to the results of this study. Their study reported that there is high prevalence and impact of pain on the quality of life and dignity of older people. This makes pain in older people an important health issue and one that needs immediate attention. Their study further indicates that it is essential to translate all that the researches on pain assessment and management in older age back into the community setting to manage the pain of older adults.

With regards to physiological nursing care experiences of the older adults, sleep as a sub theme under the physiological nursing care was reported by the older adults to be inadequate on admission. The participants added that they could not sleep well on the ward, and their sleep pattern had also changed negatively; the participants complained that they could not sleep well as they used to do at home. It is obvious that this change in sleep patterns of the older adult patients may be as a result of their disease conditions or the change of environment. However, the participants in this study attributed the issue of inadequate sleep to the destructions that comes with serving of medication in the night by the nurses, and the destruction that come when the nurses are working on other patients during the night.

These findings are similar to the findings of a study conducted by Lee, Low and Twinn, (2008). They reported that the main causes of sleep disturbances and sleeplessness among older adults during admission included nurses distracting them with serving of medication, staff working on other patients in the night and among others.

Nevertheless, some of the participants reported that they were able to sleep well on the ward, and specifically they indicated that they were able to

sleep for at least seven (7) hours in the night. The participants further revealed that the nurses on the ward showed concerned about their sleeping pattern; and as part of their nursing duties, the nurses made sure treatment was given to the patients suffering from insomnia to enable them have a sound sleep. This finding is similar to the finding of a study conducted by Honkavuo, (2018). His study revealed that sleep affects health, well-being and value of life because it can promote healing and recovery from diseases. For this reasons, the nurses enquire about their patients sleep frequently and provided support to these patients about their sleep pattern.

Concerning medication, which is another sub theme under physiological nursing, all the participants declared that their only expectation prior to admission was to be in good health through the routine administration of medication on admission. And indeed, almost all the participants applauded the nurses for their prompt, timely and regular administration of drugs. Congruent to the finding of this study, Dyrstad, Testad and Storm, (2015) revealed in the findings of their study that five distinct factors influenced the older patient's participation in hospital admission. And the first factor that influenced their participation immensely got to do with administration of routine treatment and care during hospital admission.

Also, the findings of Johansson-Pajalaa, Blomgrena, Bastholm-Rahmnerb, Fastbomc and Martina, (2015) were similar to the findings of this present study. According to the findings of Johansson-Pajalaa et al, the role of Registered Nurses in pharmacovigilant activities has been shown to consist of being ''vigilant intermediaries'' in the elderly patients' drug treatments. And therefore the registered nurses administered medication to older adult routinely

and their controlling role was prominent and they continuously attempted to compensate for shortcomings, both in relation to other health care professionals and within the organization.

Vital signs which was another sub theme that emerged under physiological nursing care helps in the early detection of patient deterioration and preventive events (Prgomet, et. al, 2016). It presupposes that the nurses held this high and played their role well when it comes to observing patients for early detection of complications and deterioration. This reflected in the response of the participants of this study, where all the participants responded that checking of their temperature, pulse and blood pressure was done and recorded regularly by the nurses on the ward. Consistent to this study was a study conducted by Prgomet, et. al. (2016) and their findings revealed that vital signs and visual assessment of patients was a routine and consistent duty which was performed by the nurses. The study of Prgomet, et. al, (2016) further reported in their findings that the nurses were confident about their abilities to identify patients at risk of deterioration using a combination of vital signs and visual assessment.

Concerning respect, which emerged as a sub theme under psychological nursing care, more than half of the participants indicated that the nurses are respectful and added that the nurses showed them respect on the ward through their polite communication and their prompt response to the patient's request. Consistent to this finding was the findings of a study conducted by Koskenniemi, Leino-Kilpi, and Suhonen (2013) which revealed that; the concept of respect was also viewed and experienced by the older adults through the actions taken by the nurses such as polite behaviour of the nurses, the

patience of the nurses to listen to them and the quick response to information needs of the patients.

About patient teachings, most of the participants complained that the nurses did not take them through teachings on their disease condition and its management. It was just few of the participants who recounted that the nurses took them through teachings on how to take their medications after they were discharged from the ward. Although patient education is key when it comes to professional nursing, and it has been found to promote high-quality healthcare, it seems its implementation is partially done; rather than its complete implementation which can help yield positive results. This finding agrees with the findings of a study conducted by Livine, Peterfreund and Sheps, (2017). Their findings revealed lack of patient teaching among the nurses, and among the barriers that increase the reluctance of hospital nurses to provide their patients with effective education included work overload, lack of policies, and low priority. In addition to the barriers were difficulty in communication with patients, insufficient professional knowledge/skills, and the belief that educating patients was not the nurse's responsibility.

Again, the finding of this study is also similar to the finding of a study of Oyetunde and Akinmeye, (2015). Their findings revealed that nurses at the University College Hospital have good knowledge and positive attitude towards patient education but could not practice effectively with the excuse of lack of time, heavy workload and insufficient staffing.

Another sub theme under psychological nursing care was interpersonal relationship, and it was revealed that most of the participants could not recount any strong interpersonal relationship between them and the nurses. It was only

two of the participants who had been on the wards for more than two months that indicated that they had good and therapeutic interpersonal relationship with the nurses, and that they could approach the nurses easily. The finding of this study is not in line with the holistic model of care developed by the American Holistic Nurses Association (AHNA), which utilizes interpersonal relationships to provide holistic nursing care to patients. The ultimate aim of the model is for nurses to provide holistic nursing care at all time, and holistic nursing care according to the AHNA comprises "all nursing practice that aims at healing the whole person as its goal'' and not just caring for their physical bodies. The model revealed that in other for nurses to be able to assess and identify patient's psychological, emotional and spiritual needs and provide nursing care (holistic nursing care) accordingly, it is prudent for nurses to strengthen the nurse-patient relationships on the ward.

However, a study conducted by Ardalan, Bagheri-Saweh, Etemadi, Sanandaji, Nouri and Valiee, (2018) was akin to the finding above, where lack of therapeutic interpersonal relationship between the nurse and the patient was recorded. The study of Ardalan et al. (2018) found that there was absence of good patient-nurse relationship and this was attributed to lack of time on the side of the nurses. Limited/lack of time was the most important nurse's barrier to good patient-nurse relationship.

Involvement of patients' relatives in their care was a sub theme that emerged under social nursing care. Most of the participants responded that although their relatives were allowed to spend some time with them on the ward, they did not see the nurses involving the relatives in their care. That is, engaging the relatives in conversation and explaining to them the treatment modalities

and how they can best help manage the condition of the patients at home. This finding is consistent with the outcome of a study conducted by Baron, (2016) which revealed that although patient's relatives were allowed to visit their patients during visiting hours of the hospital, they were not actively involved in the care of the patient. On this note, the study recommended that relatives of the patients can help greatly with the mobilization and nutrition of patients; these relatives can be given some training on how to continue care at home after discharge of a relative. This assistance, as suggested by Baron, 2016 may result in reduction in length of stay and decrease the risk of long-term institutional care. Therefore, the hospitals need to extend the hospital's visiting hours to allow active involvement of family and friends in the patients' care.

Contrary to this finding is the result of a study conducted by Dehghan Nayeri, Gholizadeh, Mohammadi, and Yazdi, (2015) which revealed that relatives of the patients were actively involved in the care of the patients, and the relatives really participated in the care of their patients. The family acted as a safeguard and protected the patient from unnecessary care interventions. These relatives participated in identifying and communicating patient needs, advocating for the patient and appealing about the shortcomings of the care. The study concluded stating that family involvement in caregiving to elderly patients is imperative; hitherto, this participation should be grounded and centred upon a planned and structured framework to ensure a harmless and satisfying experience for patients, families, and health care team. The reason for this difference might be attributed to the differences in setting of the study, protocols of the hospital and the culture of the people.

In terms of recreational activities, all the participants complained that there were no recreational activities to engage in whiles on the ward. There was nothing to serve as an entertainment for them on the ward. Especially on the surgical wards, there were some patients with diagnosis of RTA who had been on admission for over months. These patients had disabilities but they felt they were not ill, and therefore needed some recreational activities to make them happy and psychologically sound. Again, majority of patients with chronic conditions like hypertension and diabetes who had recovered from their crisis and were still on the ward for observation and monitoring by the health team also needed to engage in recreational activities.

This finding is consistent with the finding of a study conducted by Clarke, Stack and Martin (2018) which revealed that patients (older people) lack meaningful activity on the wards, and this resulted into boredom, feeling of passivity and sense of alienation from their normal roles, routines and self. The older adults further suggested a number of meaningful activities that the hospital should organize on the ward; such as, identified were crosswords, board games, reading/book groups, listening to music, quizzes, flower arranging, cooking, relaxation, gardening, arts/crafts, reminiscence and current affairs discussions.

In addition, the outcome of a study conducted by Clissett, (2001) revealed that the duration of stay in hospital was times of inactivity and there were no recreational activities for patient to engage in. Additionally, according to the findings of Clissett, social interaction in the ward was restricted by amalgamation of physical factors and the perception that there is lack of time for staff.

Spirituality which is another sub theme under social nursing care, almost all the participants revealed that they had constant connection with their God and they engaged in a lot of spiritual practices whiles on the ward. They further explained that they were able to meet their spiritual needs only through their personal devotions (listening to gospel songs, listening to preaching, reading the bible/Quran) and occasional visit by their church members or pastors. The patients revealed that these spiritual exercises gave them strength and hope. This finding is consistent to the findings of meta-analysis studies conducted to explore the understanding of older adult's spiritual needs. From the analysis of the study, it was found out that spiritual practices emerged as the most prominent spiritual need. These activities, typically congruent to the pure or transcendent, were involved on a regular basis. Spiritual engagements were perceived to strengthen older adults' ability to handle the challenges they encountered in the health care system. Spiritual engagements listed by older adults as spiritual needs included prayer, reading the Bible or inspirational books on spirituality, meditation, singing worship music, listening to devotional music, and listening to sermons (Hodge, Horvath, Larkin & Curl, 2012).

Most of the participants had positive perception about the nursing care they received in the hospital. It was revealed that their perception was influenced by regular serving of medication and the fact that the nurses are not rude to them on the ward. This finding is consistent with a study conducted by (Linden, Sekidde, Galukande, Knowlton, Chackungal & McQueen, 2012). The study revealed that, generally, patients had good perceptions about nursing care; however, these perceptions were influenced by how nurses were conducting themselves towards patients. The need to improve on nurses' interpersonal

skills and relationship, and behavior towards patients was recommended by the patients. The study further revealed that almost all patients reported that nurses were usually responding quickly when they needed pain medication. The older adults were very satisfied with nursing care with mean response (m>4.00). Most patients (52.4%) were satisfied with wound dressing. Generally, majority of the respondents (50.2%) with a mean response (m>2.50) were satisfied with nursing care provided. Some (41%) complained that nurses were not introducing themselves, and some nurses were rude (16.7%), their privacy was not respected and nurses were not providing adequate information. Most participants (40.5%) indicated that they had a good perception of the nursing care. Hence, the patients had good perceptions about nursing care and these were influenced by how nurses were conducting themselves towards patients (Linden, Sekidde, Galukande, Knowlton, Chackungal & McQueen, 2012; Shawa, 2012).

With regards to the issue of privacy, the patients recommended that the nurses should provide some sort of privacy for them. They indicated that the ward can be partitioned with curtains to have cubicles within the ward, rather than having one big room for too many patients. This will help promote privacy on the ward. This recommendation was in line with a study conducted by Fridh, Forsberg and Bergbom (2009). The study suggested that relatives of patients and the patients themselves needed privacy for confidential discussions and the comfort of relatives and patients. The study identified the need for greater privacy in the intensive care unit.

The study revealed that all the older adult patients recommended that the hospital should continue serving their patient with meals and further recommended that the hospital should do well to improve upon the safety and

nutritious aspect on the meals they serve. And the hospital should consider the preferences of their clients in the preparation of the meals. This finding from the study is consistent with a study where older adults believed that to create an elderly-friendly environment in the hospital, the hospital and the Government should consider a number factors. Among the factors to consider is providing older adults with safe and healthy meals in the hospital. The older patients demanded a safe and clean canteen so that they could consume healthy and safe food during their hospital stay (Karki Bhatta & Aryal, 2015).

Chapter Summary

The key findings of the study revealed were grouped under five major themes. The five themes included physical nursing care, physiological nursing care, psychological and social nursing care of the older adults. The final theme bothered on the perception of older adults concerning their nursing care.

With regards to the physical nursing care experiences of the older adults, it was revealed that the participants shared their experiences concerning the ward environment, privacy and safety. They also shared their experiences on their feeding/nutrition, personal hygiene, comfort and pain management etc. In terms of physiological nursing care, the participants shared their experiences on their sleep pattern, medications and checking of vital signs on the ward.

With regards to the psychological nursing care, the participants shared their experiences on respect, patient teaching, and interpersonal relation with the nurses. Tolerance, receptivity, motivation/reassurance experience were also reported. In terms of social nursing care, the experiences shared bothered on involving their relatives in their care. Again, they shared experiences on recreational on the ward, family involvement, collegial interactions, sense of

belongingness and spirituality. Finally, participants also shared the perceptions they have about the nursing they receive in the hospital.

Considering the conceptual framework that guided the study, all the components in the conceptual framework were found in the themes and sub-themes (above) that emerged from the study. However, two additional sub themes (thus, tolerance and interpersonal relationship) emerged under psychological nursing care and one sub theme (thus, sense of belongingness) emerged under social nursing care respectively during the interview. These sub themes were not covered by the conceptual framework, but the participant shared their experiences on them.

Physical Nursing Care Experiences of the Older Adults

In answering the research question regarding how older adults experience physical nursing care during admission, six sub-themes emerged. These sub-themes included; ward environment, comfort, and feeding, personal hygiene, safety/security and pain management. The following are some of the responses regarding the above-mentioned sub-themes:

Concerning ward environment, most of the participants in both hospitals responded that the ward environment was clean, neat and odour-free. They also indicated that the ward environment was serene and free from disturbances.

> *''When I came here some time ago for my surgery, the hospital was different from what I am seeing today. Now I can see the hospital is neat and tidy than first, the ward is spacious the arrangement of bed and other things here too is fine'' (PD-CCMH).*

''Oh! The ward is well kept, when you are on the ward, you won't even smell any foul odour which is as a result of dirt. There is no foul odour in this ward'' (PJ-CCTH).

''The place is serene and when I sleep I enjoy my sleep; I don't have disturbances from the environment'' (PK-CCTH).

Even though most of the participants were pleased with the ward environment, some of the few identified issues in the ward environment. These issues included; limited privacy, issues of mosquitoes, poor ventilation and poor ward setting and bed arrangement. For example:

''*Ok, for privacy, there is not enough privacy in this room. Although every patient is on his bed, the beds are too close and nothing separate one bed from the other. And you know that there can't be privacy if people around can see what you do on your bed and in your corner'' (PE-CCMH).*

''The only problem we have here is mosquitoes. There are mosquitoes here, and this is because the ward is an open ward and most of the times the door is left opened'' (PA-CCMH)

''It is ventilation that was poor in the ward; there was too much heat in the ward until one of the patients sleeping beside me brought a fun from home'' (PK-CCTH).

''With the arrangement of beds and the setting of the ward, it is not the best, but because we are in Africa it is normal. Since here in Africa, the ratio of patients to health care is high, we should adjust with the current system. Having only one or two patients in one room may be problematic'' (PL-CCTH).

Regarding comfort, more than half of the participants expressed that the wards in both hospitals are comfortable and they found comfort in sleeping in the ward.

> *''In this ward, there is comfort; the beds are comfortable to sleep on and nobody comes in to worry you. The nurses, visitors and even the patients in this ward are calm and polite, so they don't make noise to disturb'' (PA-CCMH).*
>
> *''I am comfortable in this ward because the nurses here do not shout on me or talk harshly to me'' (PE-CCTH)*

Few of the participants indicated that their comfort was inadequate in the ward.

> *''As for comfort, you may not have 100% on this ward, because sometimes you may be sleeping or resting, and other patients may be chatting with their relatives. This will be disturbing you'' (PB-CCMH).*

In terms of feeding/nutrition, most of the participants recruited from CCTH (where patients are served with meals), reported that they were satisfied with the meal served to them on the wards.

> *''With regards to feeding, the cooks in this hospital come around and serve us with nutritious meals three times a day'' (PG-CCTH).*
>
> *''Regarding my feeding, I even have some of the food they served me here. You can have a look. Yesterday, the nurses came around to ask me to tell them what I would like to eat in the morning and the afternoon. I told them I would like rice balls for lunch and rice water for breakfast, and I was served'' (PH-CCTH).*

Only a few of the participants complained that they were not satisfied with the meals served on the ward

''About feeding, for me, I don't like palm oil; when I eat it my stomach aches. So for me, I like soup. When I am in the house I take a lot of soup than a stew. But unfortunately for me, whenever I ask for rice and soup here, the cooks bring rice with stew and when I ask for soup they will tell me rice comes with stew so I have to eat it like that. So when I request for rice, I eat it without the stew'' (PP-CCTH)

All the participants recruited from CCMH reported that the hospital does not serve them with meals; neither do the nurses take time to inspect the foods they eat on the ward. And so the participants were of the view that the nurses and the hospital, in general, do not consider their nutritional needs. However, it was noted that the nurses on the ward do enquire from the patients if they have taken in some food, and if not the patients are encouraged to get something and eat; especially when it is time to administer medications to them.

''This hospital doesn't provide patients with food; it is not like the other hospital where they provide patients with 3 square meals. [COUGHS...] So it is my family that brings me food from home, sometimes I have to wait for long before they bring the food to me, and where I stay is far that is why they usually delay. Sometimes I get very hungry'' (PB-CCMH).

With regards to personal hygiene, the participants in both hospitals declared that the bathrooms in the ward are clean and neat for use.

''Concerning our hygiene, we bath one after the other in this ward. When I came into the ward, the nurses showed me where the bathrooms and toilets are, so that is where we all take our bath. The place is nice and neat'' (PC-CCMH).

''The washroom for patients, although is a public washroom, the place is very neat and ok'' (PF-CCMH)

Since the washrooms in the wards are always kept neat and the fact that they are capable of walking to the washroom, most of the participants indicated that they easily maintained their hygiene by themselves.

''There is a bathroom in this ward which is clean, so because I can walk, I walk by myself to the washroom to go and bath each time. After which I put on my dress'' (PI-CCTH)

However, few of the participants reported that the maintenance of personal hygiene was assisted by the nurses in the ward.

''The nurses do well in maintaining our hygiene, every morning these nurses will come around to bath me in bed since I couldn't walk to the bathroom because of my condition. They begin from your head to the sole of my feet and thoroughly clean my whole body'' (PL-CCTH)

Finally, on the component of personal hygiene, more than half of the participants responded that the nurses in the ward showed concern about them maintaining their hygiene whiles on the ward.

''Even when they come and I am on my bed, they will inquire to know if I have taken my bath. If I say no, then they will encourage me to wake up and go to the bathroom to bath'' (PD-CCMH)

Regarding security and safety, more than half of the participants felt that security was good at the ward and sleeping in the ward was safe. Again, more than half of the participants reported that the bathroom and the wards are always free from water spills and harmful items that could cause falls and injuries

''Sometimes I will wake up from sleep and I will see some security man and even some of the nurses around and keeping watch over us and the place. This means that security is fine'' (PO-CCTH)

''When you come to this ward, the floors are always clean. Anytime water spills on the floor, you will see the cleaners mopping them all. The washrooms too are free from injuries; they keep the place clean for us'' (PA-CCMH)

On the aspect of pain management, two of the participants indicated that the pain they went through after their surgery was managed well by the nurses.

'I was taken to the theatre for surgery, and after I returned to the ward, I was really in a lot of pain, [HMMMMM…] very severe. So I informed the nurses and they paid attention to it for me. They gave me medication to reduce the pain and they reassured me that the pain will be off soon'. (PM-CCTH)

Physiological Nursing Care Experiences of the Older Adults

In answering the research question regarding how older adults experience physiological nursing care during admission, three sub-themes emerged. These sub-themes included rest and sleep, medication, and vital signs. The following paragraphs summarize the participant's responses to the above-mentioned sub-themes.

Regarding sleep, more than half of the participants complained that their sleep pattern had changed negatively due to their condition and change of environment.

''In fact, I am not able to sleep like I used to sleep at home. This is because of my condition and the change of environment. Now it is even

ok, but when I came here first, catching asleep was a problem for me'' (PN-CCTH)

Nevertheless, some of the participants responded that the nurses on the ward showed concerned in their sleeping pattern, and made sure they gave them treatment for them to be able to sleep.

''After my surgery, I could not sleep because I was in a lot of pain, I realized that the nurses reported it to the doctors and they prescribed a drug for me. Since then I was able to sleep after taking the drug. I was grateful'' (PP-CCTH)

And less than half of the participants declared that they were able to sleep well on the ward, and they can sleep for at least 7 hours in the night.

''In this ward, nobody including the nurses forces us to sleep; each patient has the free will to sleep at any time. And since the ward is full of matured men, there are no disturbances in the ward. The ward is serene and so anytime I feel sleepy at night, I can sleep well without any disturbances'' (PA-CCMH).

''Although I am not able to be well like I do home, I can sleep for at least 7 hours during the night. I normally sleep around 9 pm and wakes up around 4 am'' (PK-CCTH).

It was just a few of the participants who complained that they could not sleep well on the ward due to disturbances from the time the night nurses give them their medication.

''[HMMM…] I do sleep alright, but you know that definitely, it cannot be like how I used to sleep at home. But sometimes the nurses do disturb

my sleep because they wake me up to take my medication in the night'' (PJ-CCTH)

On the aspect of medication, it was observed during the interview that, all the participants declared that their expectation before admission was to get to the hospital and be in good health through the medication the health team will administer to them.

''I was admitted because my blood pressure was high, so I knew that, when I come here, I will be served medication for it to come to normal'' (PC-CCMH)

''When we are sick, we come to the hospital for treatment. So whiles I was coming to the hospital, I came with the hope to recover from my sickness; through the medicines and attention the doctors and nurses will be giving me'' (PD-CCMH)

And indeed, almost all the participants applauded the nurses for their prompt, timely and regular administration of drugs to the patients on the ward.

''Oh, the nurses serve medication regularly; anytime it is due for me to take my medication, the nurses come around and make sure they give me my medication. These medications they gave helped me recover early'' (PE-CCMH)

''As for serving of medication, it has been one of the major things that the nurses do for us. Day in and day out you will see them serving us with our medications. Even if you are asleep, they will come and wake you up so that you will take your drug. Sometimes'' (PK-CCTH)

Conversely, few of the participants complained about the fact that nurses do not give them education on the medications they serve to them.

> *"Serving of medication is done almost every time. The nurses here make sure our medications are duly served to us, but the problem is they don't find time to explain the reason for taking the medicine to us"* (PA-CCMH)

Regarding vital signs, all the participants responded that checking of their temperature, pulse and blood pressure was done and recorded regularly by the nurses on the ward.

> *''My experience with the nurses concerning my vital signs in this ward is that they always check my temperature and blood pressure and record. Even at the OPD, they did check my temperature, blood pressure and weight''* (PO-CCTH)

Psychological Nursing Care Experiences of the Older Adults

In response to the research question regarding whether the psychological needs of older adults are met through the nursing care they received on admission, six sub-themes emerged. These sub-themes included; respect, receptivity, tolerance, patient teaching, reassurance, interpersonal relationship. The following paragraphs interpret the participant's responses to the above-mentioned sub-themes respectively.

Concerning respect, which emerged as a sub-theme under psychological nursing care, more than half of the participants indicated that the nurses are respectful and they further declared that the nurses showed them respect on the ward through their communication

> *''I have not seen the nurses being harsh to my relatives or the relatives of the other patients. They do not shout on me or my relatives, they normally speak politely to me and my relatives''*. (PD-CCMH)

''The nurses did not disrespect me either. Most at times, you will hear that nurses like shouting on patients and many more, but frankly speaking I haven't experienced such an attitude here'' (PJ-CCTH)

Two of the participants also indicated that the nurses are respectful, and the participants declared that the nurses showed them respect through prompt response to the participant's request.

''In fact, the nurses on this ward are respectful, I am sure there will be other nurses who may be rude, but the nurses on this ward are respectful, in the sense that, the moment I need something and I call them, quickly you will see that they will attend to it for me'' (PO-CCTH)

In terms of reception, most of the participants could not point out any special reception that the nurses gave them when they got to the ward, nevertheless, they didn't encounter any rude behaviour from the nurses. Thus, the participants were neutral in response to their reception by the nurses.

''The reception wasn't bad; anyways when I came to this hospital I didn't see the nurses welcoming me in any special way though. What I realized was that as a patient, you need to be in a queue and follow the order at the OPD. In the ward too, the moment I got there, I waited for a while and I was given a bed to sleep on and that was all, no special welcome and interactions. But no nurse disrespected me in any way though'' (PJ-CCTH)

Less than half of the participants responded that they had poor reception from the nurses on the ward.

''[Ohhhhhh], how the nurses receive us here is bad. I was booked for surgery, so the doctor asked me to come and sleep on the ward for them

to prepare me before the surgery. And when I got to the ward, it was as if I wasn't welcomed. The nurses were busily working on something else and I was just sitting there waiting for them. I didn't feel welcomed at all in the ward however, I was given a bed after a long wait and later I was prepared for the surgery after the surgeon visited me'' (PM-CCTH)

But then, one of the participants who was rushed into the hospital with relatives; as an emergency recounted that he received a very good reception from the nurses on his arrival to the ward. He reported that the nurses were quick in getting him a stretcher to carry him to the emergency room for treatment to begin right away.

''With regards to the reception of nurses, I was even amazed at some of the things they did for me. As soon as I arrived, the nurses brought a wheelchair to the car and asked whether I can sit in it. I told them I cannot. Oh, quickly they brought a stretcher and sent me inside. I was impressed and decided that one day, I would do something to appreciate the doctors and nurses here in this hospital because I haven't experienced this treatment from nurses before'' (PK-CCTH)

Tolerance was also one of the sub-themes that emerged under psychological nursing care, and it was just a few of the participants who responded to that. The participants reported that whiles on the ward, they were tolerated well by the nurses

''The love and patience the nurses have shown me has also contributed to my wellbeing. The nurses here have patience and are ready to work on anybody, so they should keep it up'' (PG-CCTH)

About patient teachings, most of the participants complained that on the ward, the nurses did not take them through teachings on their disease condition and its management.

> *''I don't recall that the nurses took me through any patient teaching on the ward'' (PP-CCTH)*

However, few of the participants recounted that the nurses took them through teachings on how to take their medications after they were discharged by the doctor.

> *''When I was discharged, the nurses taught me how to take my medicines and also taught some of the protective measures that are to be observed to prevent injury on my body''* (PM-CCTH).

On the aspect of reassurance and motivation, two of the participants responded that they experienced words of reassurance from the nurses, and that was when the nurses were preparing them for theatre (surgery) the next day.

> *''I remember when I was about to go to the theatre, at a point fear dawned on me and I was really scared, so I called one of the nurses and I told her everything, and this nurse spoke to me well, encouraged me and made me felt that the surgery is nothing to worry about''* (PO-CCTH)

Again, more than half of the participants responded that the nurses motivated and encouraged them to maintain their hygiene, eating and taking their medications.

> *''Even when the nurses come around and I am on my bed, they will inquire to know if I have taken my bath. If I say NO, then they will encourage me to wake up and go to the bathroom and bath. Sometimes*

too they encourage me to eat before they will give me my medication and then I will do so'' (PD-CCMH)

Regarding interpersonal relationship which is another sub-theme that emerged under psychological nursing care, it was observed that most of the participants could not recount any experiences on an interpersonal relationship with the nurses. However, three of the participants who indicated that they had a good interpersonal relationship with the nurses and that they could approach the nurses easily.

''The nurses are friendly and they don't frown towards us. If someone frowns at you, I think that is when you won't be able to approach them. But they are free with us, and when I see them I smile and they will also smile at me'' (PC-CCMH)

I remember one day, one of the nurses came to sit by me and we had a lengthy conversation. I felt really happy that the nurse had time for me that day. I then asked her about my condition and she educated me on my condition and other things. I felt free, happy and psychologically sound that day. (PI-CCTH).

Nevertheless, one participant responded that he didn't have a good interpersonal relationship with the nurses on the ward.

''[HMMMM…] So far I can't talk much about my experiences with the nurses because it looks like they are always serving medications and checking vital signs, during those periods is when they will talk to you. They do that and they are done, unless you call them for help, you won't see them around you'' (PI-CCTH).

Social Nursing Care Experiences of the Older Adults

In response to the research question regarding whether the social needs of older adults are met through the nursing care they received on admission, five sub-themes emerged. These sub-themes include; family involvement, recreational activities, collegial interactions, sense of belongingness and spirituality. The following paragraphs summarize the participant's responses to the above-mentioned sub-themes respectively.

Regarding the involvement of patient's relatives in care, which is a sub-theme that emerged under social nursing care, most of the participants responded that although their relatives are allowed to spend some time with them on the ward, the nurses do not involve them in their care. That is by explaining to them the treatment modalities and how they can help manage their condition at home.

> *''Most of the times the nurses inform our relatives about the visiting hours and our relatives make sure the visiting time is adhered to. Our relatives are allowed to come in and interact with us, but I don't see the nurses teaching my family about my condition and how to manage my condition at home''* (PI-CCTH)

Just two of the participants indicated that the nurses involved their relatives in their care. Even that was done upon a request from the relatives.

> *''My family normally comes around during the visiting hours. Any time they come here, they make sure they ask the nurses and get to know what is wrong with me and how I am improving. The nurses also get time to explain to them, and then tell them about how best they can assist me in managing my condition at home''* (PJ-CCTH)

With regards to recreational activities on the ward, all the participants complained that there were no recreational activities to engage in whiles on the ward. And again, there was nothing to serve as an entertainment for them on the ward.

> *''Even if you want to walk outside the ward as a form of exercise and to take fresh air, the nurses will ask you to come and sleep'' (PA-CCMH)*
>
> *''Staying in this ward is a little boring oo', no television to watch and listen to the news, nothing interesting here apart from the treatment we are receiving. But sometimes as patients, we feel bored and we need some entertainment'' (PN-CCTH)*

Commenting on collegial interactions, more than half of the participants affirmed that they had good collegial interaction with the other ward mates on the ward.

> *''The only interesting thing that makes me happy in the ward is that one of the patients who sleep close to me is funny. He always creates jokes for us to laugh. For instance, this morning we encouraged him to wear his shirt and he asked us to explain why he should do so. I mean how he will talk will even make you laugh, so indeed he makes us happy''* (PA-CCMH)
>
> *''I have a good relationship with the other patients beside me. They have been good to me. Since I came, I have spent 5 weeks and people have been admitted and discharged. Anyone who comes, we relate as a family. Mr Donkor, the man who sleeps beside me even buys porridge and bread every morning for me. I get amazed. One other patient too*

*bought my drug for me and he paid the cost of the drug himself. Indeed, we live as a family'' (*PK-CCTH)

About the feeling of belongingness, most of the participants revealed they feel that they belong to a family only when they are visited by their relatives.

''Most of the times, I feel I belong to a family when my relatives come to visit me'' (PO-CCTH)

Commenting on spirituality, almost all the participants revealed that they can meet their spiritual needs only through their devotions and visit by their church members or pastors.

*''I can meet my spiritual needs through praying to God and singing of hymns. Sometimes to my church members come in to visit me and pray with me, and I am glad that the nurses do allow that'' (*PA-CCMH)

''I prefer dawn prayers, and normally I have some worship songs I play. So normally I wake up early to play it from my phone, and sometimes the other patients join in singing the song. However, if someone has theirs on, I don't switch mine on. I just follow the person's song and pray with it'' (PL-CCTH)

Perception of the Older Adults about Nursing Care

In answering the research question, what are the general perceptions of older adult about their nursing care during admission and how it can be improved, only one sub-theme emerged under this theme, the sub-theme that emerged was a positive perception about the nursing care they received on the ward.

Most of the participants had a positive perception about nursing in the Cape Coast Metropolis, with reasons being that the nurses serve them with good

drugs for them to recover early and also the nurses are not rude. To the participants, they had a good perception about nursing care in the hospital because their only expectation (before admission) which bothered on the fact that the nurses will administer drugs to them on daily bases for their prompt recovery has been achieved.

> *''I have good thinking about the nurses here. They are good and give us good medicines'' (PE-CCMH)*
>
> *''The view I hold now is that the nurses here are good and they work diligently. The decision I have taken is that when I get well and I'm discharged, I will come back and thank them. I have learnt to also do good to strangers as the nurses did to me. Now, I have a good mindset about the nurses''* (PK-CCTH)
>
> *Whiles, I was coming, I had a wrong perception about this place but I later found out that the place is very friendly, and they give us good drugs.* (PK-CCTH)

Participant's Recommendations

With regards to the issues identified with the ward environment, the participants outlined several recommendations that will help overcome these issues. Examples included the issue of ventilation, mosquitoes bite, and privacy. Below are the participant's recommendations;

> *''So I suggest they spray the room for us every three days to prevent mosquito bite and malaria'' (PA-CCMH)*
>
> *''I have spent about one week in the ward and I think they are doing what is expected of them as nurses. The only thing I will suggest is that they can maintain this ward just as it is now. You*

see, if you look around, we are all adults, even if one is not 60years or above yet, she is in her 40s, so we respect each other. We don't make noise to disturb each other. The ward is so cool to stay in, and there is peace in here. I remember one hospital I was admitted to some time ago, there were two young boys on the ward and I couldn't tell if they knew each other already before coming on admission. These boys could talk and discuss issues until daybreak. Even when we want to sleep, these boys will go and switch the television on and be watching a movie. I saw it to be disturbing, but no one could stop them'' (PB-CCMH).

''What I would like to suggest is for them to improve upon the ventilation in this ward, by making sure there are fans that are functioning properly on the wards'' (PK-CCTH).

''About privacy, I think the nurses here can get some curtains or better still plywood as a partition to separate one bed from the other'' (PB-CCMH).

''I think it is now time for the hospital to consider getting an award for only pensioners because if you look through the ward, you can see that pensioners are few here. So I believe if we get our ward, the nurses can have time and attend to our other needs and burden'' (PN-CCTH).

Concerning feeding and nutrition, participants recruited from CCMH suggested that the hospital should try and serve them with meals on the ward. And also, half of the participants recruited from CCTH recommended that the hospital

should continue serving clients with nutritious meals and also the hospital should consider their food preferences as older adults.

> *The hospital can provide us with some food because I believe that the hospital can provide us with a portion of better food than we buy from outside. So in case, the hospital provides us with food, it wouldn't be much of a problem when my family is delaying with getting to the hospital with my food* (PB-CCMH).

The participants recommended that the nurses find some time and explain the mechanism of action of the drugs, side effects, etc.

> *I would love that the nurses will find the time and give us detailed information on the drug we are taking. The information should include the reason for taking the drug, adverse effect, how to best take the drug, etc.* (PA-CCMH)

The participants recommended that the nurses should make it a point to educate them on their general health. And the teachings should also cover how they can manage their conditions as older adults.

> *''When we are on the ward, the nurses should give us general health education about our health and condition. For instance, the nurses can teach us the right time to sleep as an older adult, the right time to eat, the importance of exercise etc.''* (PG-CCMH)

The participants recommended that the nurses should spend time with them aside from their routines duties of serving medication and checking vital signs. This will help them build a good relationship with the nurses and through that, the patients will be able to share with them their worries and needs.

> *''[HMMMM…] So far I can't talk much about my experiences with the nurses because it looks like they are always serving medications and checking vital signs, during those periods is when they will talk to you. They do that and they are done, unless you call them for help, you won't see them around you'' (PI-CCTH)*

The participants recommended that the nurses should help get television or anything that can make them happy and make them feel entertained whiles on admission

> *''They should allow and encourage us to exercise as older adults. Let me tell you, there is power in exercise. Hence they should encourage us to walk around and exercise and take fresh air'' (PA-CCMH)*
>
> *''Having a television around too would be nice and it would be a form of entertainment for us''* (PK-CCTH)
>
> *''The thing is we don't have anything to make us happy in the ward. so the nurses should help bring something up, to entertain us and make us happy in the ward, especially to us that we are recovering''* (PM-CCTH).

To be able to meet their spiritual needs fully as patients, some of the participants recommended that the nurses should organize devotional meetings within the ward.

> *''They should also allow us to meet as patient and pray before we sleep''* (PK-CCTH)

''I think for every shift, the nurses can come together and pray before they start work and they can even include the patient in such devotion'' (PA-CCMH)

Discussion

This section of the chapter discusses the results of this study by comparing them with existing research, the theoretical frameworks of this study and the reviewed literature. The discussion is organized according to the set objectives (that is; physical, physiological, psychological, social nursing care experiences of older adults and the perception of the older adults concerning nursing care) and other issues that emerged during the data analysis.

Ward environment, which is the surrounding in which the participants lived and functioned, was one of the sub-themes that emerged under physical nursing care. Cleanliness of the ward has been noticed to be one of the key indicators of patient's satisfaction and the maintenance of cleanliness of health facility (Dobrohotoff & Llewellyn-Jones, 2011), it is then presumed that the nurses on the wards made sure their role to maintain the cleanliness of the ward was well carried out. This reflected in the findings of this study, where older adults reported that they were satisfied with the ward environment in which they were nursed. The participants in this study reported that the ward environment was clean, neat and odour-free. However, they attributed the cleanliness and odour-free ward environment to the fact that there were cleaners on the ward, and the nurses made sure the cleaners clean the ward regularly. Again, it was realized that the participants were happy with the serenity of the ward. They further explained that since all the patients who shared a room with them were adults, there was not much noise in the ward. This finding is similar to the

findings of a study conducted by Chumbler, Otani, Desai, Herrmann and Kurz, (2016), where they reported that cleanliness and quietness of the ward were among the highly satisfactory experiences of the older adults in the study.

Again, this finding is consistent with the finding of a study conducted by Whitehead, May and Agahi, (2007), which revealed that patients had a positive perception about the cleanliness of the hospital and ward environment. And because the patients had the perception that the hospital environment was clean, they adapted and adjusted well to the environment.

Even though most of the participants of this study were pleased with the ward environment, some of the participants identified a few issues with the ward. These issues included; limited privacy, issues of mosquitoes and poor ventilation. Although privacy and ventilation have been identified as one of the important characteristics of ward environment, it was revealed that the ward was too huge and open therefore there was limited privacy with poor ventilation in the ward. The issue of privacy reported in this study however opposed to the finding of a study conducted by Brereton, Gott, Gardiner and Ingleton (2011), which reported that privacy was identified as important characteristics of a hospital environment by the patients, relatives and nurses. For that matter, nurses moved patients to single rooms and made sure the patient's privacy was maintained on the wards.

On the issue of poor ventilation, the participants reported that they felt a little uncomfortable. This finding agrees with the finding of a study which revealed that poor ventilation in the ward had some consequences on the comfort and health of the patients (Beggs, et al, 2008). The study of Begg, et al,

(2008) again revealed that poor ward ventilation also contributes to an outbreak or spread of infection among patients on the ward

The comfort which is another sub-theme under physical nursing care is a pleasant feeling of being relaxed and free from pain (Bhatt, Martin, Evans, Lung, Coates, Zeltzer & Tsao, 2017). From the findings of this study, participants expressed that the ward was comfortable and they found comfort in sleeping in the ward. However, the older adults attributed the source of their comfort to two factors, thus, majority of the older adult patients indicated that they felt comfortable on the ward because 'there were no disturbances from either the nurses or the patients on the ward'. Again, they revealed that they felt comfortable on the ward 'anytime the nurses showed them positive attitude such us polite communication.' The participants were specific on the fact that the nurses were neither rude nor shouted on them whiles on admission. This is suggestive that polite communication of the nurses and quietness of the ward were the major comforting strategies experienced by the older adults. This finding is congruent to the finding of a study conducted by (Pontífice-Sousa, Marques & Ribeiro, 2017), which also revealed that positive interaction/communication by the nurses was found to be part of the ways nurses provided comfort to the older adults on the ward. However, the findings of Pontifice-Sousa, (2017) reported other comforting strategies revealed by the patients, and they included music therapy, touch, smile and unconditional presence of the nurses. Again, the empathy/proximity relationship and integrating the elder or the family as a partner in the care and massage/ mobilization therapy were reported to be part of their comforting strategies.

Generally, participants from CCTH who were served with meals during their admission reported that they were satisfied with the meals served. The patients then indicated that the hospital should continue to provide patients with nutritious meals in other to meet their nutritional needs as older adults. It was only a few of the participants who complained they were not satisfied with the meals served at the ward; this is because some of the patients disliked some of the meals served and rather had a preference for other meals. This presupposes that although the nurses made sure nutritious meals are served to the older adults, meal preferences of the older adult patients (especially patients with special dietary needs) were not taken into keen consideration. This finding is congruent to the findings of a study conducted by Pollit, (2003), and his findings confirmed that the older people were satisfied with the meals served to them on the ward. However, the study of Pollitt revealed that older people with disease conditions that may require special meals and special dietary needs experienced the worst food choices. The patients with special dietary needs were not that satisfied with the meals served on the ward.

Moreover, the finding of a qualitative study conducted by Naithani, Whelan, Thomas, Gulliford and Morgan, (2008) was also similar to the finding of this study. In their findings, it was revealed that the participants were satisfied with the hospital food. The study further revealed that the patient's expectations were met.

With regards to personal hygiene which is another sub-theme under physical nursing care, all the participants declared that since there are bathrooms that are always kept clean and neat for use on the ward, they do not hesitate in maintaining their hygiene regularly; thus brushing of teeth, bathing and washing

of clothes. However, whiles the ambulant patients maintained their hygiene regularly in the bathroom, the nurses played their fundamental role by assisting the weaker older adults in maintaining their hygiene in bed daily. The study also revealed that the nurses showed concern about the patients maintaining their hygiene whiles on the ward, and for that matter, the nurses always enquire whether or not the patients have maintained their hygiene, and through that, the nurses motivated them in doing so. Congruent to the findings of this study is Carrascal and Ramirez (2015) which reveals that maintaining patient's hygiene was a fundamental activity characteristic of the role performed by nursing professional. Patient hygiene care was an intervention that aims to provide comfort and wellbeing of patients. Hence nurses encouraged and assisted the patient to maintain their hygiene regularly on the ward.

Regarding security and safety, another sub-theme under physical nursing care, the participants indicated that security was good at the ward and they felt that sleeping in the ward was safe. The patients reported that they felt safe on the ward because the nurses seem to always be around to keep watch over them, even during the nights. At any moment, they could see at least one nurse in the ward, and this gave them a sense of security and safety on the ward. Again, almost all the participants reported that the bathroom and the wards were always free from water spills and harmful items that could cause falls and injuries. This suggests that safety as an important component in the care of the older adult's care was ensured on the ward. The findings of this study were similar to the findings of the study conducted by Lasiter, (2011). His study revealed that the older adults looked to their health care providers in an attempt to feel safe. The older adults had the perception that the most effective way to

get help in the intensive care unit was by calling a nurse. Therefore, the fact that they could often see or hear the nurses from their room, they knew that help was near them and so they felt safe and secured on the ward. Knowing that a nurse was there with them in the ward was reassuring to the older adults that they were not alone and made them feel safe. His studies further revealed that the older adults had the perception and believed that once the nurse is summoned, the nurse could identify the problem and know what to do; and the nurse could move fast in solving their problems for them.

On the aspect of pain management, this study revealed that although some of the participants felt pains after their surgery, the nurses managed their pain by serving them with pain medication. Consistent with the findings of this study is Whyte-Daley (2018) which indicates that participants felt pain immediately after surgery, and therefore pain management is critical for elderly patients before, during and after surgery. The study of Whyte-Daley also reveals that most of the participants after surgery were given pain medication on the ward to manage the pain.

Another study which is consistent with this finding reports that older adults experienced moderate to severe pains even at the time of discharge from an acute hospital to a skilled nursing facility (SNF). However, the majority of the participants reported 'satisfaction' with their pain treatment (Simmons, et al, 2015). Hence, the need to effectively communicate clinically important information about pain during care and develop patient-centred interventions related to pain management for older adults.

Again, the findings of Kumar and Allcock, (2008) are also similar to the results of this study. Their study reported that there are a high prevalence and

impact of pain on the quality of life and dignity of older people. This makes pain in older people an important health issue and one that needs immediate attention. Their study further indicates that it is essential to translate all that the researches on pain assessment and management in older age back into the community setting to manage the pain of older adults.

With regards to physiological nursing care experiences of the older adults, sleep as a sub-theme under the physiological nursing care was reported by the older adults to be inadequate on admission. The participants added that they could not sleep well on the ward, and their sleep pattern had also changed negatively; the participants complained that they could not sleep well as they used to do at home. It is obvious that this change in sleep patterns of the older adult patients may be as a result of their disease conditions or the change of environment. However, the participants in this study attributed the issue of inadequate sleep to the destructions that come with serving of medication in the night by the nurses, and the destruction that comes when the nurses are working on other patients during the night.

These findings are similar to the findings of a study conducted by Lee, Low and Twinn, (2008). They reported that the main causes of sleep disturbances and sleeplessness among older adults during admission included nurses distracting them with serving of medication, staff working on other patients in the night and among others.

Nevertheless, some of the participants reported that they were able to sleep well on the ward, and specifically they indicated that they were able to sleep for at least seven (7) hours in the night. The participants further revealed that the nurses on the ward showed concerned about their sleeping pattern; and

as part of their nursing duties, the nurses made sure treatment was given to the patients suffering from insomnia to enable them to have a sound sleep. This finding is similar to the finding of a study conducted by Honkavuo, (2018). His study revealed that sleep affects health, well-being and value of life because it can promote healing and recovery from diseases. For these reasons, the nurses enquire about their patients sleep frequently and provided support to these patients about their sleep pattern.

Concerning medication, which is another sub-theme under physiological nursing, all the participants declared that their only expectation prior to admission was to be in good health through the routine administration of medication on admission. And indeed, almost all the participants applauded the nurses for their prompt, timely and regular administration of drugs. Congruent to the finding of this study, Dyrstad, Testad and Storm, (2015) revealed in the findings of their study that five distinct factors influenced the older patient's participation in hospital admission. And the first factor that influenced their participation immensely got to do with the administration of routine treatment and care during hospital admission.

Also, the findings of Johansson-Pajalaa, Blomgrena, Bastholm-Rahmnerb, Fastbomc and Martina, (2015) were similar to the findings of this present study. According to the findings of Johansson-Pajalaa et al, the role of Registered Nurses in pharmacovigilant activities has been shown to consist of being ''vigilant intermediaries'' in the elderly patients' drug treatments. And therefore the registered nurses administered medication to older adult routinely and their controlling role was prominent and they continuously attempted to

compensate for shortcomings, both in relation to other health care professionals and within the organization.

Vital signs which were another sub-theme that emerged under physiological nursing care helps in the early detection of patient deterioration and preventive events (Prgomet, et. al, 2016). And it presupposes that the nurses held this high and played their role well when it comes to observing patients for early detection of complications and deterioration. This reflected in the response of the participants of this study, where all the participants responded that checking of their temperature, pulse and blood pressure was done and recorded regularly by the nurses on the ward. Consistent to this study was a study conducted by Prgomet, et. al. (2016) and their findings revealed that vital signs and visual assessment of patients were a routine and consistent duty which was performed by the nurses. The study of Prgomet, et. al, (2016) further reported in their findings that the nurses were confident about their abilities to identify patients at risk of deterioration using a combination of vital signs and visual assessment.

Concerning respect, which emerged as a sub-theme under psychological nursing care, more than half of the participants indicated that the nurses are respectful and added that the nurses showed them respect on the ward through their polite communication and their prompt response to the patient's request. Consistent to this finding was the findings of a study conducted by Koskenniemi, Leino-Kilpi, and Suhonen (2013) which revealed that; the concept of respect was also viewed and experienced by the older adults through the actions taken by the nurses such as polite behaviour of the nurses, the

patience of the nurses to listen to them and the quick response to information needs of the patients.

About patient teachings, most of the participants complained that the nurses did not take them through teachings on their disease condition and its management. It was just a few of the participants who recounted that the nurses took them through teachings on how to take their medications after they were discharged from the ward. Although patient education is key when it comes to professional nursing, and it has been found to promote high-quality healthcare, it seems its implementation is partially done; rather than its complete implementation which can help yield positive results. This finding agrees with the findings of a study conducted by Livine, Peterfreund and Sheps, (2017). Their findings revealed lack of patient teaching among the nurses, and among the barriers that increase the reluctance of hospital nurses to provide their patients with effective education included work overload, lack of policies, and low priority. In addition to the barriers were difficulty in communication with patients, insufficient professional knowledge/skills, and the belief that educating patients was not the nurse's responsibility.

Again, the finding of this study is also similar to the finding of a study of Oyetunde and Akinmeye, (2015). Their findings revealed that nurses at the University College Hospital have good knowledge and positive attitude towards patient education but could not practice effectively with the excuse of lack of time, heavy workload and insufficient staffing.

Another sub-theme under psychological nursing care was the interpersonal relationship, and it was revealed that most of the participants could not recount any strong interpersonal relationship between them and the nurses.

It was only two of the participants who had been on the wards for more than two months that indicated that they had a good and therapeutic interpersonal relationship with the nurses and that they could approach the nurses easily. The finding of this study is not in line with the holistic model of care developed by the American Holistic Nurses Association (AHNA), which utilizes interpersonal relationships to provide holistic nursing care to patients. The ultimate aim of the model is for nurses to provide holistic nursing care at all time, and holistic nursing care according to the AHNA comprises "all nursing practice that aims at healing the whole person as to its goal'' and not just caring for their physical bodies. The model revealed that in other for nurses to be able to assess and identify patient's psychological, emotional and spiritual needs and provide nursing care (holistic nursing care) accordingly, it is prudent for nurses to strengthen the nurse-patient relationships on the ward.

However, a study conducted by Ardalan, Bagheri-Saweh, Etemadi, Sanandaji, Nouri and Valiee, (2018) was akin to the finding above, where lack of therapeutic interpersonal relationship between the nurse and the patient was recorded. The study of Ardalan et al. (2018) found that there was an absence of good patient-nurse relationship and this was attributed to lack of time on the side of the nurses. Limited/lack of time was the most important nurse's barrier to the good patient-nurse relationship.

Involvement of patients' relatives in their care was a sub-theme that emerged under social nursing care. Most of the participants responded that although their relatives were allowed to spend some time with them on the ward, they did not see the nurses involving the relatives in their care. That is, engaging the relatives in conversation and explaining to them the treatment modalities

and how they can best help manage the condition of the patients at home. This finding is consistent with the outcome of a study conducted by Baron, (2016) which revealed that although patient's relatives were allowed to visit their patients during visiting hours of the hospital, they were not actively involved in the care of the patient. On this note, the study recommended that relatives of the patients can help greatly with the mobilization and nutrition of patients; these relatives can be given some training on how to continue care at home after the discharge of a relative. This assistance, as suggested by Baron, 2016 may result in a reduction in length of stay and decrease the risk of long-term institutional care. Therefore, the hospitals need to extend the hospital's visiting hours to allow the active involvement of family and friends in the patients' care.

Contrary to this finding is the result of a study conducted by Dehghan Nayeri, Gholizadeh, Mohammadi, and Yazdi, (2015) which revealed that relatives of the patients were actively involved in the care of the patients, and the relatives really participated in the care of their patients. The family acted as a safeguard and protected the patient from unnecessary care interventions. These relatives participated in identifying and communicating patient needs, advocating for the patient and appealing about the shortcomings of the care. The study concluded stating that family involvement in caregiving to elderly patients is imperative; hitherto, this participation should be grounded and centred upon a planned and structured framework to ensure a harmless and satisfying experience for patients, families, and health care team. The reason for this difference might be attributed to the differences in the setting of the study, protocols of the hospital and the culture of the people.

In terms of recreational activities, all the participants complained that there were no recreational activities to engage in whiles on the ward. There was nothing to serve as an entertainment for them on the ward. Especially on the surgical wards, there were some patients with a diagnosis of RTA who had been on admission for over months. These patients had disabilities but they felt they were not ill, and therefore needed some recreational activities to make them happy and psychologically sound. Again, majority of patients with chronic conditions like hypertension and diabetes who had recovered from their crisis and were still on the ward for observation and monitoring by the health team also needed to engage in recreational activities.

This finding is consistent with the finding of a study conducted by Clarke, Stack and Martin (2018) which revealed that patients (older people) lack meaningful activity on the wards, and this resulted into boredom, feeling of passivity and sense of alienation from their normal roles, routines and self. The older adults further suggested a number of meaningful activities that the hospital should organize on the ward; such as, identified were crosswords, board games, reading/book groups, listening to music, quizzes, flower arranging, cooking, relaxation, gardening, arts/crafts, reminiscence and current affairs discussions.

In addition, the outcome of a study conducted by Clissett, (2001) revealed that the duration of stay in hospital was times of inactivity and there were no recreational activities for patient to engage in. Additionally, according to the findings of Clissett, social interaction in the ward was restricted by an amalgamation of physical factors and the perception that there is a lack of time for staff.

Spirituality which is another sub-theme under social nursing care, almost all the participants revealed that they had a constant connection with their God and they engaged in a lot of spiritual practices whiles on the ward. They further explained that they were able to meet their spiritual needs only through their personal devotions (listening to gospel songs, listening to preaching, reading the bible/Quran) and the occasional visit by their church members or pastors. The patients revealed that these spiritual exercises gave them strength and hope. This finding is consistent with the findings of meta-analysis studies conducted to explore the understanding of older adult's spiritual needs. From the analysis of the study, it was found out that spiritual practices emerged as the most prominent spiritual need. These activities, typically congruent to the pure or transcendent, were involved on a regular basis. Spiritual engagements were perceived to strengthen older adults' ability to handle the challenges they encountered in the health care system. Spiritual engagements listed by older adults as spiritual needs included prayer, reading the Bible or inspirational books on spirituality, meditation, singing worship music, listening to devotional music, and listening to sermons (Hodge, Horvath, Larkin & Curl, 2012).

Most of the participants had a positive perception of the nursing care they received in the hospital. It was revealed that their perception was influenced by the regular serving of medication and the fact that the nurses are not rude to them on the ward. This finding is consistent with a study conducted by (Linden, Sekidde, Galukande, Knowlton, Chackungal & McQueen, 2012). The study revealed that, generally, patients had good perceptions about nursing care; however, these perceptions were influenced by how nurses were

conducting themselves towards patients. The need to improve nurses' interpersonal skills and relationship and behaviour towards patients was recommended by the patients. The study further revealed that almost all patients reported that nurses were usually responding quickly when they needed pain medication. The older adults were very satisfied with nursing care with the mean response (m>4.00). Most patients (52.4%) were satisfied with wound dressing. Generally, majority of the respondents (50.2%) with a mean response (m>2.50) were satisfied with the nursing care provided. Some (41%) complained that nurses were not introducing themselves, and some nurses were rude (16.7%), their privacy was not respected and nurses were not providing adequate information. Most participants (40.5%) indicated that they had a good perception of nursing care. Hence, the patients had good perceptions about nursing care and these were influenced by how nurses were conducting themselves towards patients (Linden, Sekidde, Galukande, Knowlton, Chackungal & McQueen, 2012; Shawa, 2012).

With regards to the issue of privacy, the patients recommended that the nurses should provide some sort of privacy for them. They indicated that the ward can be partitioned with curtains to have cubicles within the ward, rather than having one big room for too many patients. This will help promote privacy in the ward. This recommendation was in line with a study conducted by Fridh, Forsberg and Bergbom (2009). The study suggested that relatives of patients and the patients themselves needed privacy for confidential discussions and the comfort of relatives and patients. The study identified the need for greater privacy in the intensive care unit.

The study revealed that all the older adult patients recommended that the hospital should continue serving their patient with meals and further recommended that the hospital should do well to improve upon the safety and nutritious aspect on the meals they serve. And the hospital should consider the preferences of their clients in the preparation of the meals. This finding from the study is consistent with a study where older adults believed that to create an elderly-friendly environment in the hospital, the hospital and the Government should consider a number of factors. Among the factors to consider is providing older adults with safe and healthy meals in the hospital. The older patients demanded a safe and clean canteen so that they could consume healthy and safe food during their hospital stay (Karki Bhatta & Aryal, 2015).

Chapter Summary

The key findings of the study revealed were grouped under five major themes. The five themes included physical nursing care, physiological nursing care, psychological and social nursing care of older adults. The final theme bothered on the perception of older adults concerning their nursing care.

With regards to the physical nursing care experiences of the older adults, it was revealed that the participants shared their experiences concerning the ward environment, privacy and safety. They also shared their experiences on their feeding/nutrition, personal hygiene, comfort and pain management etc. In terms of physiological nursing care, the participants shared their experiences on their sleep pattern, medications and checking of vital signs on the ward.

With regards to the psychological nursing care, the participants shared their experiences on respect, patient teaching, and interpersonal relation with the nurses. Tolerance, receptivity, motivation/reassurance experience were also

reported. In terms of social nursing care, the experiences shared bothered on involving their relatives in their care. Again, they shared experiences on recreational on the ward, family involvement, collegial interactions, sense of belongingness and spirituality. Finally, participants also shared the perceptions they have about the nursing they receive in the hospital.

Considering the conceptual framework that guided the study, all the components in the conceptual framework were found in the themes and subthemes (above) that emerged from the study. However, two additional sub-themes (thus, tolerance and interpersonal relationship) emerged under psychological nursing care and one sub-theme (thus, sense of belongingness) emerged under social nursing care respectively during the interview. These sub-themes were not covered by the conceptual framework, but the participant shared their experiences on them.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter discusses the summary of the study, implications of the study to nursing practice, research and education. This chapter also presents the conclusion and recommendations of the study.

Summary of the Study

The descriptive study design was used to explore and describe the nursing care experiences of in-patient older adults. The study was carried out in the Cape Coast Metropolis of Ghana and the participants of the study were recruited from the Cape Coast Teaching Hospital (CCTH) and the Cape Coast Metropolitan Hospital (CCMH). In all, sixteen participants (16) were recruited from the surgical and medical wards of the two hospitals. The inclusion criteria were older people who were 60 years and above and have been on admission for at least 7 days. Data collection began after ethical approval from the Institution Review Board (IRB) of the University of Cape Coast. Ethical clearance was also sought from the Institutional Review Board of CCTH and permission from CCMH. Participants were purposefully recruited and data was saturated on the sixteenth (16th) participant. The interview guide was pretested on two patients from the University Hospital (UCC) to ensure that the interview guide would easily be understood by the participants; to help elicit in-depth information from the participants.

All the participants who agreed to take part in the study signed a consent form. And interviewing of the participants and transcription of the recorded information were done concurrently from March to May. All the interviews

were audiotaped and transcribed verbatim. Thematic analysis by Braun and Clarke, (2006) was used in analyzing the data.

The key findings revealed five major themes; the five themes included physical nursing care, physiological nursing care, psychological and social nursing care of the older adults. The final theme bothered on the perception of older adults concerning their nursing care. With regards to the physical nursing care experiences of the older adults, it was revealed that the ward environment was clean, neat and odour-free; however, there were issues of limited privacy, issues of mosquitoes and poor ventilation in the ward. It was also revealed that most of the patients were satisfied with the meal served and also they were comfortable in the ward. The patients declared that the bathrooms in the ward are clean and neat for use. Hence, most of the participants indicated that they maintained their hygiene regularly by themselves, and the frail patient's hygiene was also maintained by the nurses regularly. Again, the patients revealed that their pain was managed well by the nurses and the patients felt that security was good on the ward; because at any moment, they could see at least one nurse in the ward.

In terms of physiological nursing care experiences, the findings revealed that the patients complained about the fact that their sleeping habit changed negatively as a result of the disease condition or change and environment. Some of the older adults also complained they couldn't sleep well on the ward because the nurses do wake them up in the night to take their medications; however, medications were provided for them to help them sleep. Also, the patients declared that their expectation before admission was to recover and be in good health through the medication the health team will administer to them; and

indeed the patients applauded the nurses for their prompt, timely and regular administration of drugs. Again, the findings revealed that the participants were pleased with how the nurses checked their temperature, pulse and blood pressure regularly.

With regards to the psychological nursing care experiences of the older adults, the findings revealed that nurses are respectful and they showed the patients respect through their good communication and prompt response to patient's request. Patients were not taken through teachings on the disease condition and its management, however, the nurses gave them teachings on their medication as their discharge instruction. Furthermore, although the nurses were caring and open, they could not recount any strong interpersonal relationship the nurses built with them.

In terms of social nursing care experiences of the older adults, the older adults revealed that although their relatives are allowed to spend some time with them on the ward, they do not see the nurses involving the relatives in their care. Again, the patients complained that there were no recreational activities to engage in whiles on the ward. The study found out that the patients had a constant connection with their God and they engaged in a lot of spiritual practices whiles on the ward. They were able to meet their spiritual needs only through their devotions (listening to gospel songs, listening to preaching, reading the bible/Quran.) and the occasional visit by their church members or pastors.

With regards to the perception of older adults concerning their nursing care, it was revealed that the participants had a positive perception about the nursing care they received in the hospital. It was found that their positive

perception was influenced by the regular serving of 'good medication' and the fact that the nurses are not rude to them on the ward.

Implications of Findings

The findings of the study have implications in nursing that must be addressed. There are implications for, nursing practice, nursing education, and nursing administration.

Nursing Practice

To mention a few, the findings of this study suggest that nurses in CCTH and CCMH have overlooked their interpersonal relationship with older adult patients on admission as well as involving their families, who form formidable social support, in their treatment plans. The findings also suggest that nurses are more focused on providing physical and physiological care which connotes biomedical care than the biopsychosocial care to patients. Therefore, there should be a wake-up call for the nurses on the aspect of providing holistic care to older adult patients. There is the need to motivate nurses and to ensure that holistic care is provided for older adults on admission; holistic nursing care pays attention to psychosocial needs of patients, and not just the physiological and physical needs of the patients.

Nursing Education

Throughout the study, it was observed that all the nurses who were caring for older adults in the wards were general nurses with no speciality in geriatric nursing. From observation, it has been noted that almost all the nursing schools in Ghana do not have geriatric nursing as a course component in their curriculum; it is usually treated as a subtopic under some medical and surgical conditions. Therefore, there is the need for the various nursing training colleges

and the universities to amend their curriculum to include geriatric nursing as a key component and to increase the duration of study of geriatric nursing respectively. Teachers must be implored to teach geriatric nursing care as a key component in the nursing schools to equip the to-be-nurses with the requisite skills to handle geriatric cases on the ward.

Nursing Administration

From the findings of the study, it suggests that there is no protocol or guidelines for the management of older adult's patients on the various wards of the hospitals. Again, the findings indicate that older adult patients are managed on the general wards with varying age groups; where no special attention is paid to their peculiar needs as older adults. Therefore, hospital management and nursing administrators should start planning on getting a protocol for the care of older adults at the ward. It also calls for the attention of hospital management to the institutionalization of geriatric wards in the various health care centres of practice. This would ensure adequate care and privacy for the peculiar needs of older adults.

Conclusions

It is noted that the detrimental effect of ageing is not only registered on a person's looks and appearance but also connotes uncertain physiological, physical, psychological and social nursing care experiences at various healthcare facilities across the globe. Literature search, however, reveals considerable variations in these nursing care experiences among older adults receiving healthcare services in developed and developing countries. This study focused on nursing care experience among older adults in Cape Coast Metropolis, Ghana; a developing country in West Africa.

The findings of this study showed five major themes, namely: physical nursing care experiences; physiological nursing care experiences; psychological nursing care experiences; social nursing care experiences and the perception of older adults about their nursing care experiences. A good nursing care experience in physical nursing care, characterized by comfort, feeding/nutrition, personal hygiene, safety/security and pain management was discovered among the majority of the respondents. Ward environment was the only characteristic physical nursing care sub-theme that was described as clean and serene but lacked ventilation and privacy.

The findings also revealed a good physiological nursing care experience by majority of the respondents; describing checking of vital signs, and medication administration as good except sleep; which was described by the majority of the respondents as poor. However, majority of the participants attributed the poor sleep pattern to their respective medical conditions and change of environment, and few also attributed it the fact that nurses woke them up in the night for drug administration.

In response to the psychological nursing care experiences among participants, it was revealed that while more than half of the participants observed respectful nursing care experience from nurses, most of the participants could not, however, confirm any special reception given them but gave a neutral response. Again, while few of the participants confirmed to have received tolerable treatment on the ward, most of them, however, complained of nurses not teaching or educating them on the nature of their diseases/conditions and its management. Nursing care experiences of patient reassurance were vouched by a few of the participants. Few of the participants

recounted good and easily approachable interpersonal relationship with the nurses. Deductively, poor psychological nursing was reported by the participants.

The result from social nursing care experience revealed most of the participants recounting that nurses do not involve their families in their treatment; even though they allow them to spend some time with them in the ward. All the participants complained that there were no recreational activities to engage or entertain them in the ward environment. While more than half of the patients affirmed good collegial interactions, almost all the participants revealed that they were able to meet their spiritual needs only through their devotions and visit by their church members or pastors. Most of the participants, however, revealed that they only felt a sense of belongingness when they were visited by the family members. Poor psychological nursing was reported by the participants.

Finally, the study revealed a positive perception of nursing care among most of the older adult participants with special attributions to the nurses' politeness and good drug administration for their early recoveries. Some of the participants reported that their negative perception about nursing before their admission had changed to positive after their nursing care experience.

The findings of this study have provided an evidence-based report for policymakers, nursing administrators, Ministry of Health and Ghana Health Service to ensure the continual and improved practice of some good nursing care practice for older adults, while ensuring the institutionalization and practice of the recommendations given below.

Recommendations

Regarding the findings of this study, the following recommendations have been made to policymakers, nursing administrators, Ministry of Health, Ghana Health Service Cape Coast Metropolitan and Teaching Hospitals to ensure improved nursing care practices for older adults in the Cape Coast Metropolis.

1. It is recommended to both CCTH and CCMH to ensure the privacy of patients by either providing curtains and or improvise plywood partitioning among patients in the wards.
2. It is recommended to the government of the Republic of Ghana that in future, the building of hospital facilities should take into special consideration, the ventilation of the wards. In the meantime, the hospital administrators of both CCTH and CCMH should consider the procurement and repair of Fans in all the wards to improve the ventilation of their wards.
3. It is recommended that the management of CCTH, CCMH, Ministry of Health and Ghana Health Service should create recreational centres or activities at the CCTH and CCMH for the engagement of older adults on admission. It is also recommended that a geriatric ward would be created within the hospital, however, for the meantime; a well-evaluated protocol list for the management of older adults can be designed for use on the ward. This will help promote well-focused nursing care of the older adult on admission, even though these older adults would not be in a special ward as expected.

4. Nurses and ward in-charges should involve families of older adults on admission in their treatment plan to help and support their early recovery. A protocol checklist to this effect could be designed to ensure its effective implementation and continuity.
5. Nurses and ward in-charges should ensure a conducive environment for sleep among older adults on admission regardless of their respective varied conditions.
6. It is recommended for the consideration of the hospital administration of CCMH to provide nutritious meals to older adult patients on admission. Or better still; the nurses should educate patient's relatives on the nutritional needs of the patients and the type of meal they should bring to the patients on the ward.

Suggestions for Further Research

1. The study was limited to older adults in Cape Coast Metropolis. Further research is suggested to be undertaken in other regions and metropolis to know the nursing care experiences among older adults in the country for a national policy-making to this effect.
2. The study was limited to the experiences of older adults. Further research is also suggested to be done to explore the experiences, challenges and coping strategies of the nurses caring for these older adults

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APPENDICES

APPENDIX A

INFORMED CONSENT FORM

Title: Exploring the nursing care experiences of older adults in the Cape Coast Metropolis

Principal Investigator: [Dorothy Oforiwaa Antwi- Asante]

Address: School of Nursing and Midwifery, University of Cape Coast.

General Information about Research

The older adult population is not only growing rapidly, but amidst its health-related complexities, which ranges from acute to chronic diseases such as hypertension, osteoporosis (weakness of the bones) and among others, that makes them contribute greatly to hospital admission (Akoria, 2016) with reasons been that, as people age, their protection and functionality declines and subsequently exposes them to ill health (Australian Bureau of Statistics, 2010).

However, unlike the developed countries, the nursing care of these older adults is often down played or taken for granted in Ghana (Chisholm & Hasan, 2010). For instance in the Cape Coast Teaching Hospital and the Cape Coast Metropolitan Hospital, per my observation and experience, the older adults are treated on the general wards amid different category of age groups (from 13years upwards), there are also no specially trained nurses for the older adults and there are no structured guidelines specially done for the care of the older adults (Chisholm & Hasan, 2010), despite the fact that they are a special group with unique needs that are to be addressed by healthcare providers (particularly nurses) promptly. It is therefore likely that the care provided for these older adults do not meet their peculiar health needs

In the quest to prompt health policy makers of the appropriate guidelines/interventions of health care or nursing care for the older adult's population, I seeks to explore in-depth, the experiences of in- patient (patient on admission) older adult with nursing care in the Cape Coast Metropolis.

Our conversation will be in Twi or English which will last between forty-five to sixty minutes. No answer will be right or wrong; I only want to find out your views so please you should be comfortable in answering any question asked you.

You will be asked to sign an informed consent form before the interview begins. The interview will be recorded with an audio taped with your full permission.

Procedures

You are being humbly requested to take part in this interview since, your experience with nursing care can contribute much in improving the nursing care of the older adults and also in determining the appropriate nursing and health care to render to older adults on admission. If you accept, you will be required to participate in an interview with myself. If you do not wish to answer any of the questions, I asked you during the interview, you may say so and I will move on to the next question. The interview will be conducted at a place suitable to you. Therefore, if you accept, you will be interviewed and the information recorded will be confidential, and no one else except the researcher and the supervisor will have access to the information documented during your interview. The expected period of the interview is about 45-60 minutes.

Possible Risks and Discomforts

It is not expected that your participation in the research will cause you any physical harm and discomfort.

Possible Benefits

The participant are not going to receive any direct benefit, however, the results from the study will inform nursing educational institutions, healthcare authorities and policy makers as to the needed changes in curriculum, support, development of interventions and policies respectively to ensure an improvement in the nursing care and the experiences of older adults seeking health care in the Cape Coast Metropolis. Finally, the findings from the study could also promote high quality nursing care that can prevent complications, promotes optimal wellbeing, and results in decreased healthcare cost and ensures a healthier nation.

Confidentiality

Even though the interview will be audio taped, your name and any other information that will recognize you will be removed. However, you will be given a code number that will be attached to the information you give during the interview. Only my supervisors and myself will have access to the information.

Compensation

You will not receive any compensation; however, I will provide some water for you to take during the conversation.

Voluntary Participation and Right to Leave the Research

Your participation in this study is voluntary and so, you have the right to pull out at any point during the interview without any explanation. Withdrawal will not affect the care the hospital will give you. You can choose also to answer or not to answer anyone of the questions. To participate in the study, you would have to give me your full consent with a permission to record our conversation,

since I am going to use interview. And the interview must be recorded, transcribed and analyse later.

Contacts for Additional Information

Dorothy O. Antwi-Asante

Phone number: 0542727821

Email: dittyasante2012@gmail.com

Dr. Evelyn Asamoah Ampofo

School of Nursing and midwifery

Phone number; 0208131658

Professor Akwasi Kumi-Kyereme

Department of Population and Health

Phone number: 0244255234

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of University of Cape Coast (UCCIRB). If you have any questions about your rights as a research participant you can contact the Administrator at the IRB Office between the hours of 8:00 am and 4:30 p.m. through the phones lines 0558093143/0508878309/0244207814 or email address: irb@ucc.edu.gh.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title Exploring the Experiences of older adults with nursing care in the Cape Coast Metropolis has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

_____ _____

Date Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer.

All questions

Were answered and the volunteer has agreed to take part in the research.

_____ _____

Date Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research has been explained to the above individual.

_____ _____

Date Name Signature of Person Who Obtained Consent

APPENDIX B
INTERVIEW GUIDE

Interview Guide

This list of semi-structured questions guided the researcher to explore and provide an in-depth description of the experiences of older adults with nursing care in the Cape Coast Metropolis. Participant's response also guided the questions and helped the researcher to probe further to elicit the real nursing care experiences of the older adults.

Session A – Demographic Data

Pseudo names……

Sex…….

Age…….

Religion…….....

Level of education…….

Occupation…….

Number of days been admitted……..

Name of facility……..

Session B - Questions

1. Share with me your experiences with the nursing care you receive during admission in the Hospital.

- How would you describe the physical ward environment, it setting, cleanliness, privacy etc.? And tell me how the physical ward environment did meet your needs and expectation as an older adult?
- How was your impression about physical (comfort, privacy, nutrition, personal hygiene and many more) nursing care received at the ward?
- As an older adult, how were your physiological (rest and sleep, medication, vital signs etc.) needs met during the period of admission?
- Tell me more about how your psychological needs (tolerance, receptivity of staff, respect and including others) were met during your admission period.
- How would you describe your relationship with your other ward mates and the involvement of your family in your care during your time of admission? Were you able to interact with them as expected?

2. What nursing care expectations do you have?

- Discuss with me, your nursing care expectations prior to your admission?
- Tell me in what specific ways were these expectations met or unmet?
- Has the nursing care expectations that you had changed either positively or negatively following your admission, and how?

3. Describe some of your specific nursing care experiences to me.

- Share in to details with me, some highlights of your admission period that you consider as noteworthy experiences.
- How were your health care needs met or unmet during these significant periods?

4. Tell me everything you would like the nurses to do or include in your care to meet your peculiar health needs and expectation as an older adult?

- Tell me specifically the things you want the nurses to do in terms of your medication, vital signs, rest/sleep and your physical nursing needs (comfort, safety, feeding, personal hygiene and privacy etc.)
- Describe to me the things you would need the nurses to do in terms of your spirituality, collegial interactions, family involvement, recreational activities and your psychological needs (tolerance, receptivity and respecting your dignity etc.)
- In your view, how can the general nursing care for older adults be improved in the Cape Coast Metropolis?

5. How is your general perception about the nursing care you received while on admission?

- Tell me the perception you have about the physical nursing care (comfort provided, personal hygiene, feeding etc.) and the physiological nursing care (rest and sleep, medication, vital signs etc.) rendered to you on admission.
- What is the perception you have about the psychological nursing care (respect, tolerance, receptivity etc.) and the social nursing care

(recreational activity, spirituality, family involvement and collegial interaction, etc.) rendered to you on admission?

- Where would be your preferred place of care the next time you are ill, considering your experience on admission? HOSPITAL, HOME, GERIATRIC HOME. And why?

APPENDIX C
COVER LETTER FOR ETHICAL CLEARANCE FROM SCHOOL OF NURSING UCC

UNIVERSITY OF CAPE COAST
COLLEGE OF HEALTH AND ALLIED SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
DEAN'S OFFICE

Telephone: 233-3321-33342/33372
Telegrams & Cables: University, Cape Coast
Email: nursing@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA.

Our Ref: SNM/I/4/Vol.1/62

Your Ref:

14th December, 2018

The Chairman
Institutional Review Board
UCC

Dear Sir,

APPLICATION FOR ETHICAL CLEARANCE TO CONDUCT RESEARCH: DOROTHY OFORIWAA ANTWI-ASANTE

We forward herewith the attached application for ethical clearance from the above named level 850 Master of Nursing students with registration number SN/MNS/17/0002 of the School of Nursing and Midwifery for your consideration, please.

Thank you.

Yours faithfully,

Dr. Dorcas Obiri-Yeboah
DEAN

APPENDIX D
APPLICATION FOR ETHICAL CLEARANCE

University of Cape Coast,
College of Health and Allied Healh Science
School of Nursing and Midwifery
26th November, 2018.

Thro;
The Dean
School of Nursing and Midwifery
University of Cape Coast.

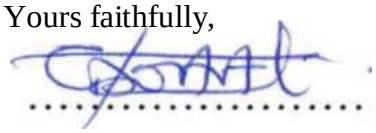
The Chairman
Institutional Review Board
University of Cape Coast
Cape Coast.
Dear Sir/Madam,

APPLICATION FOR ETHICAL CLEARANCE TO CONDUCT A STUDY

I am Dorothy Oforiwaa Antwi-Asante, a second year Master of Nursing student in the school of nursing and midwifery of the University of Cape Coast. I intend to explore the experiences of older adults with nursing care in the Cape Coast Metropolis for my thesis. This study will at the end help improve on nursing practice in the metropolis. I would be grateful if you would review my research proposal for ethical clearance.

Find attached, the required documents for review.

Yours faithfully,



(Dorothy Oforiwaa Antwi-Asante)

0542727821

(SN/MNS/17/0002)

APPENDIX E

ETHICAL CLEARANCE – CCTH

In case of reply the reference number and the date of this Letter should be quoted

Our Ref.: CCTH

Your Ref.:

P. O. Box CT.1363
Cape Coast
CC-071-9967
Tel: 03321-34010-14
Fax: 03321-34016
Website: www.ccthghana.org
email: info@ccthghana.com

8th April 2019

Dorothy Oforiwaa Antwi-Asante
School Of Nursing and Midwifery
University of Cape Coast
Cape Coast

Dear Sir/Madam,

ETHICAL CLEARANCE – REF: CCTHERC/EC/2019/033

The Cape Coast Teaching Hospital Ethical Review Committee (CCTHERC) have reviewed your research protocol titled, "***Exploring the nursing care experiences of older adults in the Cape Coast Metropolis***" which was submitted for Ethical Clearance. The ERC is glad to inform you that you have been granted provisional approval for implementation of your research protocol.

The CCTHERC requires that you submit periodic review of the protocol and a final full review to the ERC on completion of the research. The CCTHERC may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the CCTHERC for review and approval before its implementation.

You are required to report all serious adverse events related to this study to the CCTHERC within ten (10) days in writing. Also note that you are to submit a copy of your final report to the CCTHERC Office.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours sincerely

Prof. Ganiyu Rahman
Chairman, ERC

APPENDIX F

ETHICAL CLEARANCE – UCC

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309/ 0244207814
E-MAIL: irb@ucc.edu.gh
OUR REF: UCC/IRB/A/2016/327
YOUR REF:
OMB NO: 0990-0279
IORG #: IORG0009096

C/O Directorate of Research, Innovation and Consultancy

28TH MARCH, 2019

Ms. Dorothy Oforiwaa Antwi-Asante
School of Nursing and Midwifery
University of Cape Coast

Dear Ms. Antwi-Asante,

ETHICAL CLEARANCE – ID: (UCCIRB/CHAS/2019/03)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted **Provisional Approval** for the implementation of your research protocol titled **Exploring the Experiences of Older Adults with Nursing Care in the Cape Coast Metropolis.** This approval requires that you submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the UCCIRB for review and approval before its implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

Samuel Asiedu Owusu, PhD

UCCIRB Administrator

ADMINISTRATOR
INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF CAPE COAST
Date: 28/03/19