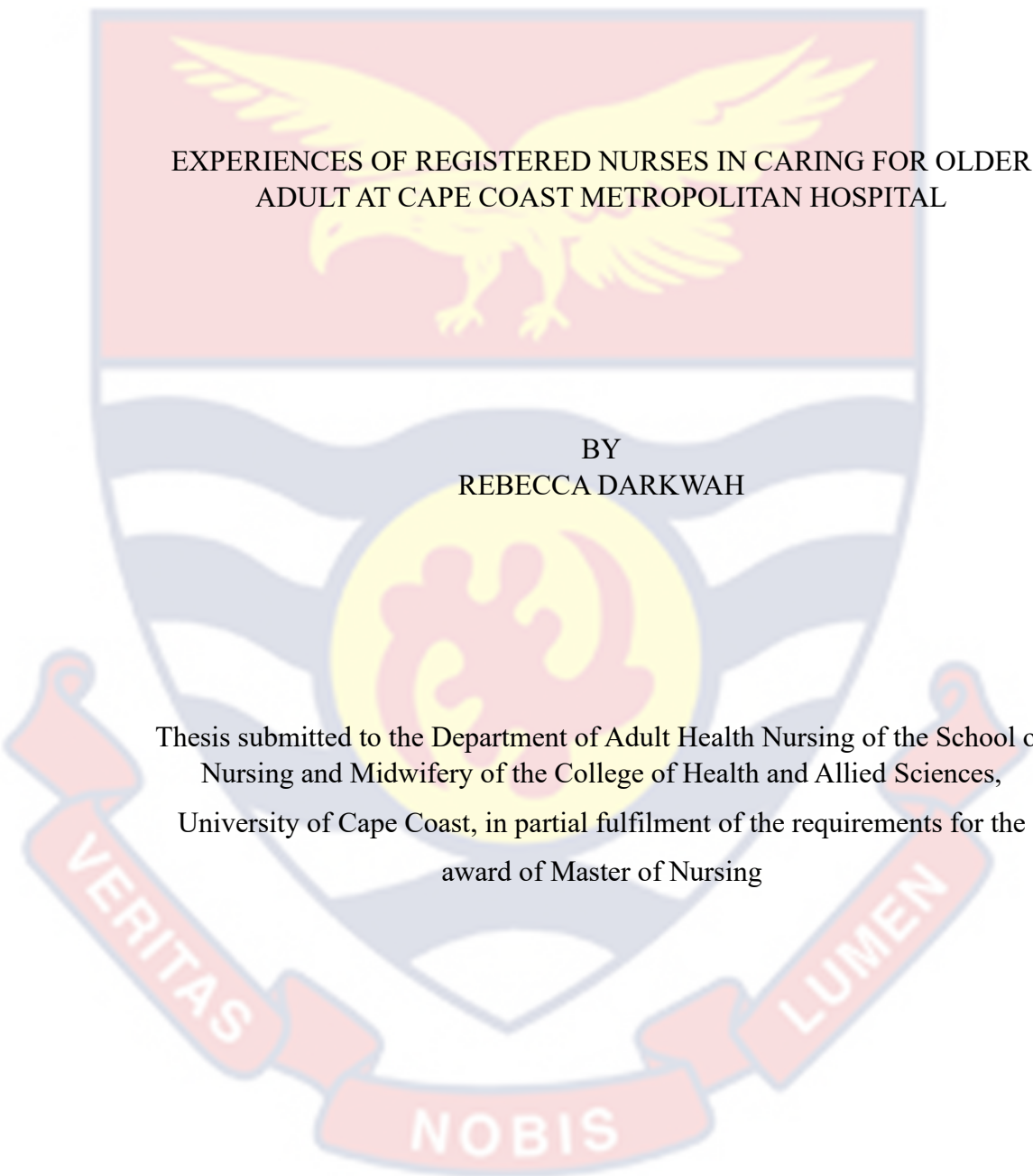UNIVERSITY OF CAPE COAST

EXPERIENCES OF REGISTERED NURSES IN CARING FOR
OLDER ADULT AT CAPE COAST METROPOLITAN HOSPITAL

REBECCA DARKWAH

2023

UNIVERSITY OF CAPE COAST

EXPERIENCES OF REGISTERED NURSES IN CARING FOR OLDER
ADULT AT CAPE COAST METROPOLITAN HOSPITAL

BY

REBECCA DARKWAH

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

NOVEMBER 2023

DECLARATION

Candidates' Declaration

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

Candidate's Name: Rebecca Darkwah

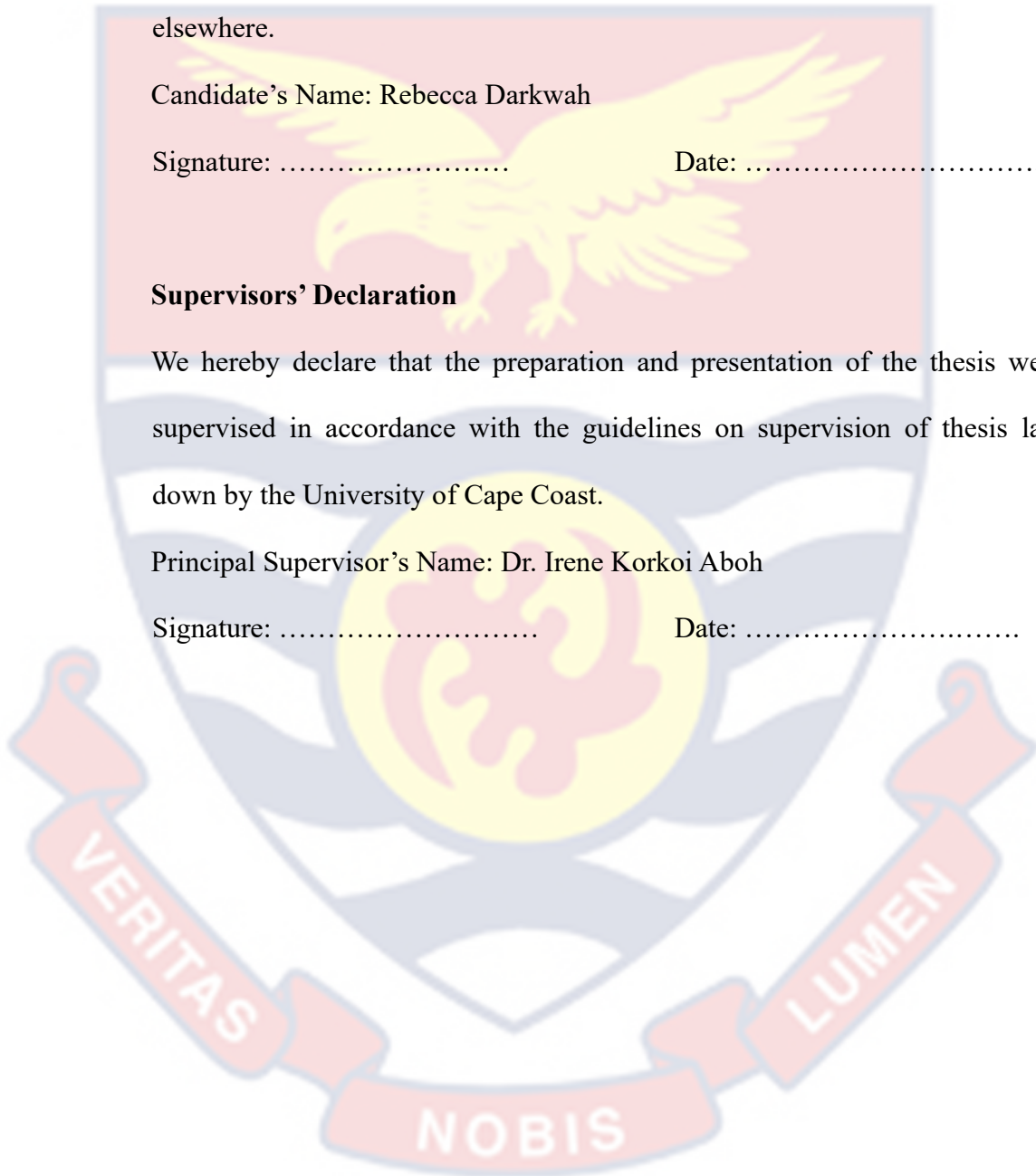Signature: ……………………   Date: ………………………….

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.

Principal Supervisor's Name: Dr. Irene Korkoi Aboh

Signature: ………………………   Date: ………………….……….

ABSTRACT

Background: The complex and diverse needs of older adults have necessitated specialized and holistic nursing interventions. However, the challenges and opportunities faced by registered nurses in caring for older adults remain understudied. This study aimed to explore the experiences of registered nurses (RNs) providing care to elderly individuals at Cape Coast Metropolitan Hospital (CCMH) in Ghana.

Method: An exploratory qualitative study was undertaken, involving purposive sampling of sixteen experienced RNs. Thematic analysis was utilized to categorize the data into four main themes: RNs' perceived roles and duties, their positive and negative experiences, and the coping strategies employed.

Results: RNs perceive their role in elderly care to involve monitoring, treatments, and meeting basic needs. They encounter both positive emotions like compassion and trust, and challenges such as exhaustion and conflicts. Coping strategies include self-care, social support, and resilience-building techniques to manage stress in caring for older individuals.

Conclusion: RNs demonstrate a significant understanding of their perceived roles in elderly care. They adeptly navigate both positive and demanding situations when attending to older individuals. These professionals have developed effective coping mechanisms to address challenges, ensuring top-notch care for the elderly. The study recommends specialized training to alleviate RNs' workload. Moreover, policymakers and academia should consider extending the duration of studies in older adult care to cultivate more competent and specialized RNs.

KEY WORDS

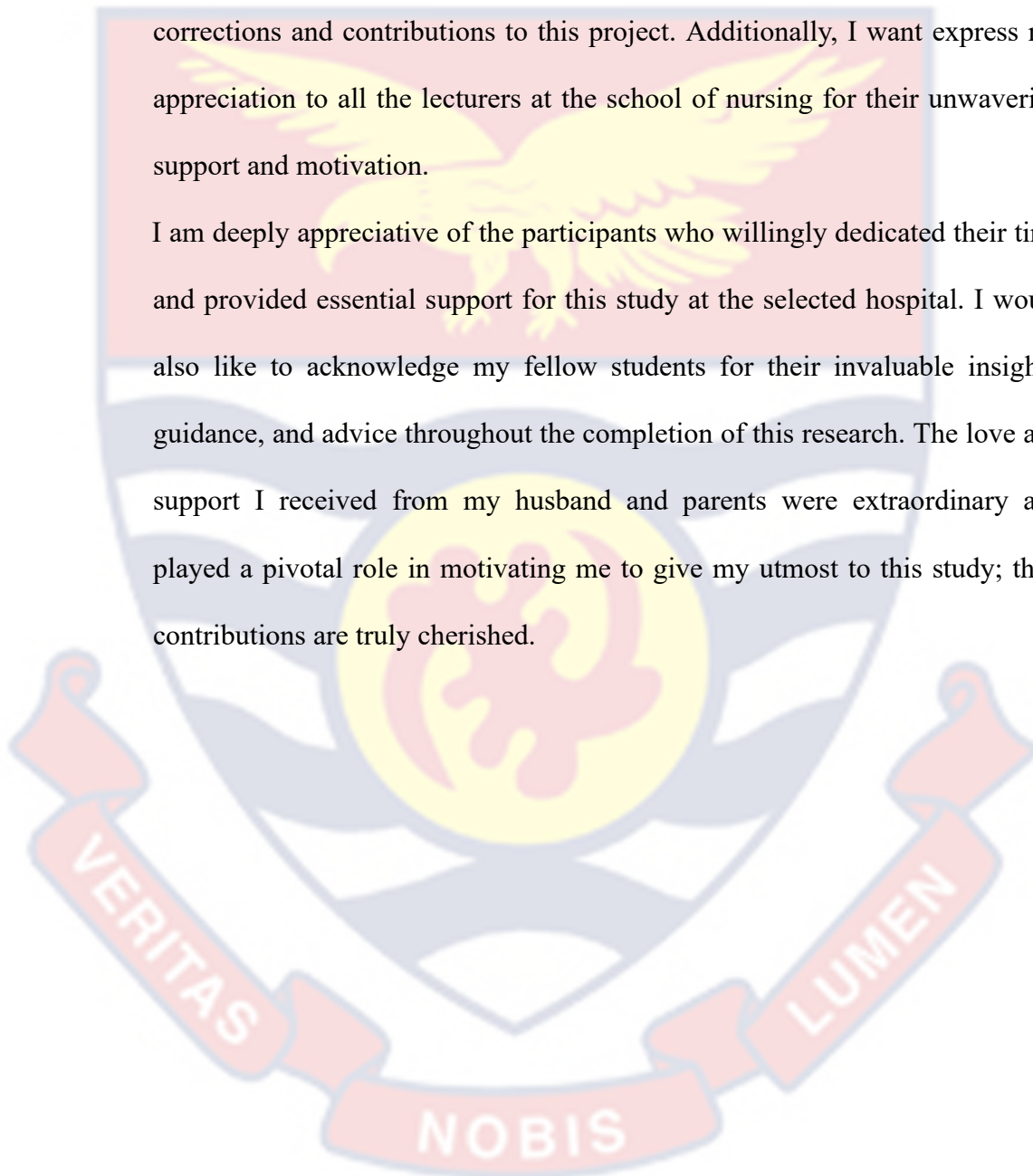Registered Nurse, Older Adult. Experiences, Roles/ Duties, Cape Coast

Metropolitan Hospital, Ghana

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ACKNOWLEDGEMENTS

DEDICATION

To my husband and love ones who helped me during my writing times.

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LIST OF ABBREVIATIONS

ACN   Australian College of Nursing

RACFs   Residential Aged Care Facilities

RNs   Registered Nurses

IAGG   International Association of Gerontology and Geriatrics

CCMH   Cape Coast Metropolitan Hospital

GHS   Ghana Health Services

ICN   International Council for Nurses

WHO   World Health Organisation

DAs   District Assemblies

DC   Dementia Care

GC   General Elderly Care

ENs   Enroll Nurses

IPA   Independent Practitioner Association

ED   Emergency Department

ICU   Intensive Care Unit

WCCL-R   Revised Way of Coping Checklist

CaLD   Culturally and Linguistically Diverse

GOV   Government

MOH   Ministry of Health

CHAPTER ONE

INTRODUCTION

The knowledge and insight acquired through the experiences of registered nurses in caring for elderly patients is crucial for enhancing the standard of geriatric care. Older adults have complex and diverse needs that require specialized and holistic nursing interventions. Registered nurses face various challenges and opportunities in providing care for this population, such as managing chronic conditions, promoting wellness and independence, addressing ethical and cultural issues, and collaborating with other health professionals. The purpose of this study is to explore the experiences of registered nurses in caring for the older adult at Cape Coast Metropolitan Hospital. This introductory chapter discusses the background of the study, the problem statement, purpose of the study, research objectives and questions, significance, delimitation, limitation, definition of terms and organization of the study.

Background to the Study

The need for healthcare services among older adults is on the rise due to the growing prevalence of chronic diseases over time (Lindgren, 2016). It is imperative to develop care plan strategies aimed at enhancing the health and well-being of this aging population (Muangpaisan & Assantachai, 2017). Consequently, the presence of registered nurses becomes essential in the delivery of comprehensive care for the elderly (Buerhaus et al., 2021). The Australian College of Nursing (ACN) regulation states that residential aged care facilities (RACFs) must at the least mandate have a registered nurse (RN) be present and accessible at all times to promote resident safety and

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wellbeing. They believe that RNs must be in charge of the care provided in RACFs. The population of older adults living in residential care facilities is increasingly and in need of more sophisticated care, which can only be given under the direct supervision of RNs, as a result of the rising prevalence of comorbidities linked to physical and cognitive decline, polypharmacy, and increased professional accountability (ACN, 2016).

The practice of a registered nurse (RN) focuses on the individual and is evidence-based with components of prevention, cure, formative education, support, restorative care, and palliation. Again, RNs engage in therapeutic and professional interactions with people in families, groups, and communities (Paliadelis & Cruickshank, 2019). On the other hand, gaining nursing experience is defined as a continuing and progressive interaction between experience and the real world that produces a personal and distinctive perspective of practice (Arbon, 2004). One of the primary aspects of professional nursing practice is the nurses' skillfulness (Seidi et.al, 2015). A nurse manages and coordinates nursing care with consideration, conveys knowledge and information and takes into account the patient's complete and ongoing physical and emotional comfort (Blackman et al., 2014).

Early adulthood is when the gradual, ongoing process of aging starts. More so, aging is characterised by a gradual decline in many bodily functions (Besdine, 2019). The beginning of the older adult age has historically been seen as being 65 years old or older, however this designation was historically based rather than biologically based. Age 65 was originally chosen as the retirement age in Germany, the first country to establish a retirement programme, and it is still the retiring age for the majority of individuals in

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developed societies, though this trend is changing (Besdine, 2019). The global older population is experiencing unprecedented growth with currently 8.5 percent (617 million) of the world's population aged 65 and over (UN, 2021). This percentage is projected to nearly double to 17 percent (1.6 billion people) by the year 2050 (UN, 2019) according to He, Goodkind and Kowal (2016) research on the "Aging World" (2015). However, just 3% of advanced practice registered nurses (RNs) and less than 1% of all RNs are qualified in geriatrics. As a result, according to these figures, there are not enough gerontological nurse practitioners or geriatric clinical nurse specialists to handle the growing number of older adults who need care (Thornlow, Auerhahn & Stanley, 2006).

In addition, the elderly population in Ghana has increased over the past 50 years, going from 4.5 percent in 1960 to 6.7 percent in 2010. As a result, it is anticipated that the elderly population in Ghana would reach 12.6 percent in 2050 (Mba, 2010). This is a reflection of the growing percentage of the population that is 60 years of age or older. Although the first regional conference for Africa was held by the International Association of Gerontology and Geriatrics (IAGG) in 2012, a gerontological perspective on the state of practice, policy, and education is starting to take shape (Booker, 2015).

The clinical governance and administration of the provided care is thought to be fundamental to the work of the registered nurse (Dwyer, 2011). Therefore, it is vital that nurses possess sound knowledge of the aging process and have a firm theoretical grasp of concepts related to healthy aging and the complexity of chronic conditions. Again, all nursing settings, including long-term care, acute care and the community are involved in providing care for

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older people. Since nurses are the primary providers of professional care to older adults, the vast majority of nursing students do not choose gerontology as their preferred area of practice (Mandville-Anstey, Ward, Grainger & Foley, 2014). Students' nurses often lack knowledge of older people and possess negative attitudes toward them and those students who have had negative experiences in caring for the elderly are socialized into an ageist perspective (Lambrinou, Sourtzi, Kalokerinou & Lemonidou, 2009).

Research findings have indicated that patients experience better outcomes when nurses have expertise and skills in elder care (Hughes, 2008). Therefore, it is incumbent upon those responsible for nursing curriculum development to consider the importance of focused gerontological content in nursing programs (Mandville-Anstey, et al., 2014). The attitude of nurses towards their choice for working with elderly people and the quality of care delivered to them is effective because nursing care providers play a crucial and unique role in affecting the quality of care (Moghaddam, Mohamadi, & Alipour, 2019). In summary, little is known about nurses' experiences with older adult care in Cape Coast Metropolis, especially in hospitals that treat elderly patients. Due to this, the study intends to investigate the experiences of registered nurses in providing care for elderly patients at the Cape Coast Metropolitan Hospital (CCMH).

Problem Statement

The demand for healthcare services among older adults is escalating, with a noticeable shift in hospital and health center patients being predominantly elderly **(**Li et.al., 2022**)**. Notably, older patients presenting with acute illnesses frequently exhibit interconnected diseases and disabilities,

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elevating their vulnerability to further functional decline (Prince et al., 2015). Hence, providing skilled and specialized nursing care is imperative for this demographic. According to Goharinez, Maleki, Baradaran and Ravaghi (2016), while the necessity for care services for older individuals is recognized, there has not been much direct attention paid to meeting their particular needs. This creates the need to investigate the role of specialized nurses in caring for older adults (Huizenga, Finnema & Roodbol, 2016). Also, Martin (1996) claim that, nurses specializing in older adult care are uniquely positioned to share their nursing experiences which often involve gratifying feelings of satisfaction, support, and reward. However, registered nurses have had limited opportunities to do so due to time constraints. Regardless of that, many studies have focused on the quality of needs and services rendered to older adult at nursing facilities (Næss et al., 2017). With little attention given to nurses to share their experiences in caring for older persons, including their reasons for working or not working in long-term care facilities, providing an understanding on their prevalence of burn out (Kim & Yeom, 2018; Frey, Boyd, Forster, Robinson, & Gott, 2015), as well as various aspects of inappropriate care in the nursing home environment (Fagerberg & Kihlgren, 2001).

There are multiple international studies on the challenges faced by nurses in caring for the older adult (Jiménez-Herrera et. al., 2020). In Ghana, literature on the encounters of registered nurses in caring for the older adult is limited (Atakro et. al., 2021). Another study by Aboh and Ncama (2020) attempted to create a model for the care of the elderly in Cape Coast Metropolis, while prior research examined the role of private nursing homes

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in assisting the elderly in Accra (Frimpong, 2015). This international study was conducted among all types of nurses (Fussell, McInerney & Patterson, 2009). In the aged care setting or geriatric homes (Cameron & Brownie, 2010), as well as nursing students (Fagerberg & Kihlgren, 2001). However, there are not many studies that discuss nurses' opinions regarding the care of the elderly in a hospital-based environment.

Babapour et al., (2022) study observed that nurses become stressful and emotionally drained/ laboured, in providing treatment for these adults due to of extra physical activities which are non-rewarding, inadequate staff and social support on the part of hospital management and families of the patient resulting in neglect of these patients. Therefore, they are forced to lose interest in the care of older adult. According to Barbabalet (2001), emotional labour is any work "involved with dealing with people's feelings." Again, Erickson and Grove (2008) analysis on emotional work argued that the cost to the provider of emotional labour has been undervalued and that burnout, a psychological condition that nurses experience more frequently than other people, is one effect of this undervaluation. However, the study concentrated on the experiences of the registered nurses in the care of the older adult in Ghana. More specifically, this research was done in a hospital where patients of all ages get nursing care in general wards, including older patients. This is because there are not enough wards and units designed specifically for these older adults.

In light of the growing elderly population, both globally and within Ghana, with projections indicating a substantial increase in the coming years, it becomes evident that there is a pressing need to address the healthcare

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challenges associated with this demographic shift (Yiranbon et al., 2014). Currently, there are no known publications exploring registered nurses' experiences in caring for the older adult in Ghana. Given this gap in knowledge and the demographic trends, it is imperative to delve into the experiences of registered nurses as they provide care to older adults. Such an exploration can shed light on the challenges these nurses face, including communication barriers, resource constraints, and insufficient training. By identifying these challenges, we can take concrete steps to offer the necessary support and training to nurses, ultimately enhancing the quality of care delivered to older adults.

Additionally, this research can provide valuable insights into the perspectives and needs of healthcare professionals which in turn can inform and shape policy decisions regarding healthcare for the elderly in Ghana. Therefore, the main objective of this study was to investigate registered nurses' (RNs) experiences in providing care for elderly patients at Cape Coast Metropolitan Hospital (CCMH).

Purpose of the Study

The purpose of the study is to explore the experiences of registered nurses in caring for sick older adult at Cape Coast Metropolitan Hospital.

Research Objectives

The specific objectives of the study were to;

1. Determine the perceived roles of registered nurses in caring for the sick older adult.

2. Explore the positive experiences of registered nurses on sick older adult care.

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3. Explore the negative experiences of registered nurses on sick older adult care nurses.

4. Describe the coping strategies the registered nurses employed in the care of the sick older adult.

Research Questions

1. What perceive roles do registered nurses apply when caring for sick older adults?

2. What positive experiences do nurses have when caring for sick older adults?

3. What negative experiences do nurses encounter in caring for sick older adults?

4. What are the coping strategies registered nurses employed in the care of the sick older adult?

Significance of the Study

This research will help nurses to understand and describe the various experiences nurses encountered in the care of the older adult population and various coping strategies they employed as a result of the care. Again, greater insight into the experience of older adult care nursing may also contribute to the development of new methods for attracting the interest of nurses in the care of the older adult. The results of the study will highlight the benefits and shortcomings of the nursing services given to elderly patients. In terms of the therapeutic relationship when caring for older adult, this will let the nurses know that there is a connection between the patient and the nurses. For older persons to overcome the inadequacies found, a supporting atmosphere is also necessary.

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In academia, the special care training will be given to the nurses as part of the curriculum at the nursing training colleges. The Ghana Health Service (GHS) can use the findings and the outcome of the study to organize professional development opportunities for the nurses to enhance their level of in the country. Policy makers can rely on the findings of the study as a point of reference in future to design hospitals' policies on the care of the older adult. The findings of this study will serve as a source of information by students and prospective researchers.

Delimitation of the Study

The variables for this research were restricted to registered nurses, experiences, nursing care, and older people/aged. Everyone who failed to meet the inclusion requirements or refused to sign the informed consent form was not allowed to participate in the study. The participants were registered nurses who have been practicing for at least six months and have experience working with older adults at the CCMH. As a result, the study was limited to the area surrounding the capital city of Ghana's Central region. Additionally, a qualitative method and an explorative design were used in the study.

Limitation of the Study

In this study, a purposive sampling method was utilized instead of a random sampling method. Therefore, it is impossible to generalize the findings on how other nurses providing care to older adults are perceived. This limitation arises from the fact that phenomenological investigations prioritize generalization based on shared meanings rather than achieving an exact replication of essence. Generalizability in qualitative research therefore

emphasizes the researcher's analysis and comprehension of the situation rather than the gathering of representative data (Delmar, 2010).

The experiences that were analysed were only those of RNs who responded to the invitation for participation and believed they could describe their experiences. Since participation was optional, the self-selection method may have also had an impact on the outcome. The participants may have represented nurses who have strong opinions about particular aspects of caring for older adults.

Definition of Terms

I.   Registered Nurse: A graduate trained nurse who has been licensed by a state authority after qualifying for registration (Merriam-Webster Dictionary, 2021).

II.   Older adult care nurse/ Aged care nurse: Any registered nurse licensed with the Nurses and Midwives council, practicing clinical nursing at the aged setting.

III.   Older Adult/ Aged: An older adult can be characterized by various factors, including their chronological age, shifts in social roles, and alterations in functional abilities (Shrivastava et al., 2013). The United Nations has established 60+ years as the threshold age for older adults (UN, 2019)

IV.   Experiences: According to Farlex Medical Dictionary (2012) experiences is the feeling of emotions and sensations as opposed to thinking, involvement in what is happening rather than abstract reflection on an event or interpersonal encounter.

V.   Nursing Care: Nursing care involves both independent and cooperative care for individuals of various age groups, families, collectives, and communities whether they are in a state of health or illness and across all environments (Johansson, Oleni & Fridlund, 2002). It encompasses activities such as health promotion, disease prevention and the care of individuals who are unwell, disabled, or nearing the end of life. Additionally, nursing entails advocating for patients, fostering a safe environment, conducting research, participating in health policy development, managing healthcare systems, and providing education, all of which are essential nursing responsibilities (Johansson, 2002)

Organization of the Study

The research is divided into five main chapters. The study's background, the problem statement, the study's purpose, its objectives, its relevance, the study's delimitations and limitations, the definition of terminology and ultimately the study's organization are all covered in chapter one. Chapter 2 provides the study's conceptual framework ad discusses the empirical review of relevant studies on the research issue. The methodology of the study is covered in detail in Chapter 3, along with the research design, study area, and population, sampling method, data collection instrument and method, data processing and analysis, ethical issues and a chapter summary. The study is summarized. Its findings and recommendations are offered in Chapter 5 and the study's future direction is indicated.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The chapter concerns the review of literature that is looking at what others have already done on the topic. Hart (2018), however argues that a review of relevant literature is the analysis, critical evaluation and synthesis of existing knowledge relevant to your research problem. It makes researcher aware of the contributions scholars have made in relation to the problem under study. It is assumed that by mentioning a previous work in the field of study, then the author has read, evaluated and assimilated that work at hand (Kwan, Chan & Lam, 2012). Google Scholar, PubMed, ScienceDirect and other database were searched for relevant literature.

There are a large number of studies on aged care in the healthcare division. However, because the focus of this study is on the registered nurses' experiences caring for the sick older adult at CCMH. The key themes of the study such as nursing care and the older adult in Ghana were the focus of the literature review. Additionally, it covers empirical research on nursing care experiences in gerontological nursing. This chapter has also examined the study's theoretical and conceptual framework.

Overview of the Concept of the Older Adult in Ghana

The older adult according to Kowal and Dowd (2001) narrated that the ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of older adult. In the developed world, chronological time plays a paramount role. Furthermore, as defined by the

United Nations, an older person is someone who has reached a certain age and is 60 years of age or older (WHO, 2019). They may also be called the old or the aged. In Ghana, older adults are included in social development that fosters mutually beneficial engagement. They are frequently seen imparting useful advice to younger generations (Dosu, 2014). As a result, this population segment is rapidly growing in Ghana due to the increasing aging population resulting from longer life spans (Davies & James, 2016; United Nations, 2017). Ghana's aging population continues to be a success story and a persistent public health issue for the nation, necessitating extensive public policies for it to prosper.

Aging in modern Ghana, according to (Kpessa-Whyte, 2018), is not only an interesting scientific topic but also inevitably has an impact on every person. This is true because human aging is a universal, inescapable and observable phenomenon. The idea of aging and its dynamics are consistent with how society is changing. Kilaberia and Ratner (2018) research has shown that shifting demographics have an effect on socioeconomic conditions and inevitably on various social classes, including the elderly.

International and national statistics show that the world's elderly population is rising, especially in Ghana. Dovie (2019) study filled a void by researching and documenting lived experiences, elements that bolster a sense of belonging and elderly support networks. The study confirmed among other important findings: an increase in the older population, a weakened informal support system and a constrained official support system, demonstrating a gap in elderly welfare in Ghana. Data showed that biological, social and psychological facets of aging were all comprehended by people. It was

determined that older people who remained attached to their families, took part in their communities, and belonged to various associations felt more like they belonged than their younger counterparts did (Agyemang & Tei-Muno, 2022). The study provides a solid foundation for analyzing the complex demands of older Ghanaians in relation to social change.

According to Morrison (2015), who referenced Krause and Jay (1994), older respondents were more likely than younger respondents to mention health issues when assessing their own health state. At least among older individuals', health is viewed favourably. When it is absent, health is viewed differently and when there are no problems, According to World Health Organisation (1998), polls of adults over 65 years old in affluent nations, half of the elderly population reports good health, fewer than a quarter reports bad health and 40% of countries have low rates of disease or impairment. 40% of people report having a limiting sickness or disability, while less than a quarter report being in dire need of medical attention. Less than one-third of people over 70 years old feel their health as good.

Agyemang-Duah et al., (2020) suggest provision of medical requirements for elderly Ghanaians. Ghana's Ministry of Health has grown to be seen as the exclusive provider of healthcare services which has hindered locals' ability to participate in their own healthcare. Boateng (2020) therefore opined that health and socioeconomic issues can be address at the district level because district assemblies (DAs) have been given responsibilities. It is recommended that the DAs offer incentives to the locals to encourage the construction of community health centres in villages. The DAs and local communities could split responsibilities for the facilities and community

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involvement in age-related public health insurance. Despite the government promised to provide free health care for the elderly, not much has been done to make good on that promise. It is crucial to institutionalise some kind of free health-care programme for the elderly (Akinny, 2016).

De-Graft (2014) revealed that some government-funded national health insurance programme offers basic and preventative healthcare services to all people, regardless of their income, financial situation, or previous employment experience. Notwithstanding, to pay for a few advanced surgical procedures, optional health services might be made available. A portion of the finance for a scheme of this kind could come from the accumulated surpluses of the government's state-controlled monopolies, like the Cocoa Marketing Board. The government's dual pricing strategy for its marketing boards originally aimed to use the surplus to subsidise farmers' earnings. The fund, however, has never been used for this purpose; instead, the monies are invested in long term foreign securities. It will be more compatible with the fund's intended goal to finance universal healthcare for the elderly from this source (Laar, 2020).

According to Domfe's survey conducted from 1991–1992 to 2012–2013, the number of economically active household members obtaining a formal education, receiving remittances and ownership of certain material and social resources all positively connect with the wellbeing of older people. The researcher came to the conclusion that the resources owned by household members and the makeup of the home can both have an impact on how well the elderly members of the household fare. In order to improve their quality of

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life later in life, household members are urged to continue working and saving money (Domfe, 2016).

Anning (2012) reported that, 90.9% of Ghana's elderly population have financial hardships and have trouble affording their home, food, and social requirements. Additionally, 36.7 percent of Ghana's older individuals rely on pensions and other investments while 63 percent depend on remittances, charitable donations from children, and other sources (Anning, 2012). As a result of this, it is difficult to comprehend the physical, emotional, and psychological demands of the elderly (Milton-Wildey & O'Brien, 2010). Additionally, caring for elderly patients in Ghana's health facilities necessitates not only adequate staff numbers but also specialised knowledge and experience (Asante & Karikari, (2020); Salia et al., 2022). Finally, due to the significant rise in the older population, Ghana must, like other African nations, make additional adjustments to its demographic structure and put in place the necessary functional systems to support the elderly (Kpessa-Whyte, 2018).

Concept of Nursing Care

Henderson (1966) stated that the role of a nurse is to "assist the individual either 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‖. Again, nursing care according to Nightingale (1969) is the act of utilizing the patient's environment to aid in his rehabilitation. This shows that providing nursing care necessitates the nurse taking the initiative to plan and design a setting suitable for the patient's full recovery.

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Furthermore, nurses, health educators, doctors, social workers and all other categories of health personnel according to Virginia Henderson must continually assess their roles and be prepared to revise them for the greater good. They need to modify the programmes that prepare them for their work. The author mentioned that effective nurse training should offer them a comprehensive grasp of both humanity and the world they inhabit. Also, it should provide them with the chance to observe skilled nursing practices and experience the gratification of knowing that their own care can accelerate a patient's recuperation, aid individuals in managing disabilities or bring solace to those facing unavoidable death (Henderson, 1978).

Again, DalPezzo (2009) added that nursing care is a skilled, safe, high quality, holistic, ethical, collaborative, individualized, interpersonal caring process that is planned and designed based on the best evidence available and results in positive patient outcomes, optimization of health, palliation of symptoms or a peaceful death‖. In simple term it acts as a comprehensive term encompassing all the actions a nurse performs for a patient (DalPezzo, 2009). In achieving this, critical thinking, professionalism and Holism must be considered essential to explicitly provide the above care in Ghana. Therefore, if all practice is done then a high standard of nursing care will be achieved in Ghana.

In addition, four Metaparadigm Concepts serve as the foundation of nursing care and are integrated within it.

According to Branch, Deak, Hiner, and Holzwart (2016), the Meta paradigms have always been a phenomenon of essential interest to nursing care/practice. Additionally, it distinctly defines nursing practice and has taken

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centre stage in patient care. 'Nursing, person, health, and environment' have been named as these metaparadigm notions of nursing (McEwen & Wills, 2014). Below is a complete discussion of the terms "nursing," "health," "person," and "environment" in the metaparadigm of nursing.

The phenomenon of nursing, or "nursing," is connected to the art and science of nursing. It comprises of nursing acts and nursing interventions that the nurse offers. Essentially, nurses use this idea to reduce pain and encourage recovery. The metaparadigm model of nursing calls for the application of specialized knowledge, practical abilities and both indirect and direct patient care (Branch, Deak, Hiner & Holzwart, 2016).

The phenomenon of Person: the "person" refers to a person who is receiving nursing care. This person is also sometimes referred to as a patient or client. It is significant to note that the 'person' getting the treatment may also include the patient's family, companions and the community. This implies that when planning and carrying out treatment, nurses must take into account all of these levels (Nikfarid et al., 2018).

The phenomenon of Health: it refers to the patient's overall wellness, including their level of bodily, emotional, mental, cognitive, intellectual, and spiritual well-being (Branch, Deak, Hiner & Holzwart, 2016).

The phenomenon of Environment: This relates to the individual receiving care's internal and exterior environment. These environmental factors, whether they originate from within or outside (including social factors), influence and impact the patient's health (Nikfarid et al., 2018).

In Ghana, the provision of healthcare is a crucial matter that influences virtually every facet of life, especially in the realm of hospital treatment. The

provision of holistic nursing care which aims to treat the full person or patient has advanced beyond Florence Nightingale's period, as noted by Adu-Gyamfi and Brenya (2016).

Empirical Studies

The following study's objectives served as a guide for the empirical research that was reviewed: The perceived roles/duties of the RNs, the positive and negative experiences the RNs encounter and the coping strategies the RNs employed in the caring for the sick older adult.

The Perceived Role of the Registered Nurse in Older Adult Care

Buerhaus et al., (2019) study determine the current frequency of registered nurse and nurse practitioner employment in general healthcare and elderly care practices, identify the services provided by RNs and explored whether the presence of NPs in practice was linked with the types and frequency of services provided by RNs. The study population was a national representative sample of 410 primary care and geriatric clinicians who reported caring for older adults aged 65 or older. The sample included 200 physicians, 100 NPs and 110 RNs. The sampling procedure was a stratified random sampling based on clinician type, geriatric regions and practice setting. Data collection instrument was a self-administered mail survey that asked about clinician type, demographic characteristics, practice characteristics, services provided by RNs and perception of RNs roles and contribution. The key findings were that only half of the practices employed RNs and that RNs performed a variety of clinical activities such as medication management, patient education, chronic disease management, care coordination and health promotion. The availability of NPs in practice

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was linked to higher frequency of RN services in some areas such as medication management and patient education. The study concluded that RN are essential in the care elderly people especially in collaboration with NPs. In order to understand how to deploy RNs and NPs in primary care and geriatric settings to their full potential, the authors proposed that more study be done.

Bedin, Droz-Mendelzweig, and Chappuis (2013) examined the duties of registered nurses in aged care facilities and to pinpoint the crucial components of their work in providing care for elderly people. A convenience sample of 24 registered nurses who worked in six different nursing homes in Switzerland made up the study population. The data collection instrument was focus group interview that lasted about two hours. The researcher used semi-structured interview guide that covered topics such as the role of registered nurses, their daily activities, their interactions with the elders and other staffs, their challenges and satisfactions and their suggestions for improvement. The data analysis involved transcribing the focus group interviews, coding them using NVivo software and identifying themes and subthemes using a thematic analysis approach. The key findings were that registered nurses had a complex and multifaceted role in nursing homes which included clinical care, management, education, quality improvement and advocacy. They also had a central role in caring for elders which involved establishing trusting relationships, respecting their preferences and values, promoting their autonomy and dignity and ensuring their comfort and safety. The authors came to the conclusion that registered nurses are essential in nursing homes and improve the standard of care and quality of life for elderly people. In

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order for registered nurses to perform their duties successfully and satisfactorily, the researchers hypothesised that they required more recognition, assistance, and resources.

Mitchell and Cooper (2006) conducted a similar study on the duties and roles of registered nurses in residential aged care facilities (RACFs) and determined the factors that affect their choice to work in this environment. The study used qualitative descriptive design with semi-structured interviews as the data collection instrument. The study population consisted of 12 RNs who worked in RACFs in metropolitan and rural areas. The sampling procedure was purposive and aimed to recruit RNs with different levels of experience, qualifications and backgrounds. The data analysis involved thematic analysis. The results obtained from the study was that RNs perceived their role as multifaceted, complex and challenging, requiring a high level of clinical, managerial and interpersonal skills. The RNs valued their autonomy, flexibility and diversity of practice but also faced many barriers and frustrations such as workload, staffing, resources, documentation, regulations and expectations. The RNs expressed a strong committed to providing quality care to residents but also felt isolated, unsupported, undervalued by the systems, the organization and profession. The RNs identified several factors that influenced their decision to work in RACFs such as personal interest, family circumstances, career opportunities, lifestyle preferences and lack of alternatives. The study emphasized the need for greater recognition, support and education for RNs working in RACFs as well as improved communication and collaboration among all stakeholders involved in aged care. The study concluded that additional investigation is required to examine

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other health experts', managers' and policymakers' opinions on the role and significance of RNs in RACFs.

A similar study was conducted by Donelan et al. (2019) examines the roles of nurses, social workers, and physicians in care management for older adults in primary care and geriatrics practices. The information was gathered through a self-administered questionnaire that asked questions on the practice's characteristics, the roles and accessibility of nurse practitioners and social service workers and the involvement of doctors in care management programmes. The correlations between practice features and care management responsibilities were investigated using descriptive statistics, chi-square tests, and multivariate logistic regression models. The key findings on the roles of registered nurses (RNs) in caring for older adults were: RNs conducted health risk assessments and physical needs assessments for older adults, RNs developed and updated care plans for older adults, RNs coordinated care transitions and referrals for older adults, RNs provided patient education and self-management support for older adults, RNs monitored patients' health status and adherence to care plans, RNs adjusted medications or treatments based on protocols or physician orders and RNs participated in team meetings and case conferences with other professionals

The study also found that RNs were more likely than social workers to participate in care coordination activities, such as coordinating care transitions and referrals, communicating with other providers, and adjusting medications or treatments. However, the study also noted that there was considerable variation in the roles of RNs across different practices, depending on the

availability and functions of other professionals including social workers and physicians.

The study's conclusion was that care management for older adults necessitates a multidisciplinary team approach that makes use of the complementary abilities and knowledge of nurses, social workers, and doctors. Future studies should assess the effects of care management models on patient outcomes and costs, the authors advised policy makers and leaders of the health system to encourage the integration and coordination of these experts in primary care and geriatrics settings.

Similar, Jones et al. (2017) study explored the duties of nurses in overseeing the transfer of elderly persons from healthcare facilities to skilled nursing facilities (SNFs) for follow up care. The data collection instruments were semi-structured interviews with 29 nurses (specialized nurses and certify practical nurses) who had direct contact with older adults during the transition process. The data analysis included thematic analysis using a constant comparative method and NVivo software. The key findings on the roles of nurses in caring for older adults were: The medical, functional, social, and environmental requirements and preferences of older persons were assessed, as well as their needs and preferences in relation to the resources and services offered by SNFs, by nurses as part of the process of determining if older adults and SNFs were a good fit. Nurses also facilitated the fit by providing individualized care, education, and support to older adults and their families during the transition process. They coordinate with other experts and stakeholders who participate in the care continuum. Nurses faced several challenges in managing the fit, such as time constraints, communication

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barriers, information gaps, resource limitations, and conflicting expectations from different parties. The study's conclusion was that nurses play a crucial role in assuring the quality and safety of older adults as they transition from hospitals to skilled nursing facilities. The authors advised that future studies should look at how nurse-led interventions affect patient outcomes and costs, and that policy makers and health system leaders should acknowledge and promote the role of nurses in managing the fit.

Greater investment in the role of the registered nurse is needed, according to Hickman, et al., (2016) to improve treatment outcomes for dementia patients residing in residential aged care facilities and their families. It was claimed that in order to protect older people's quality of life, nurses must be able to manage the complicated needs of patients with advanced dementia. Using pain as an example, the nurse would need to do a thorough pain assessment, analyse the medical history, apply appropriate communication methods, and implement appropriate pain management using evidence-based tools in order to determine whether pain is present. The nurse must oversee non-pharmacological and analgesic interventions once pain has been identified as the issue, educate the resident and family (when possible), and direct the care team to ensure continuity of care. For care to improve, highly qualified registered nurses are required. It was determined that the role of the registered nurse is crucial for enhancing care transitions for patients, members of the interdisciplinary team, and various care environments. The registered nurse is the only person who can fulfill this role's requirements and give residents the care they require.

In order to develop recommendations for maximising RN contributions in team-based primary care models, Karlstedt et al., (2015) studied international research about the roles and duties of primary care RNs. The initial search produced 2243 results. There were descriptions of the duties and tasks of registered nurses, primary care settings, and all registered nurses who were working in interprofessional teams. In addition to managing chronic diseases, patient education, and medication administration, registered nurses frequently juggle clinical and administrative duties. According to the survey, Registered nurses make up a modest portion of primary care policy and research. Briefly stated, including licensed nurses in the health care has the potential to boost patient satisfaction to primary care physician since registered nurses can help with some of the practitioner workload, renew prescribed medications, respond to resident questions, and educate patients. Registered nurses should develop clear practice guidelines and nursing policies to guarantee safe and efficient nursing care. One study found that delegating non-nursing tasks to a medical professional or nurse's assistant frees up nurse practitioners to perform more challenging patient care. Studies now being conducted on new compensation plans specifically for nurses' duties should be broadened. A review by Smolowitz, et al. (2015) on the function of the registered nurse in primary medical care and reaching the needs of patients in the modern era emphasized that registered nurses (RN) grasp of the needs of patients, families, and the system places them in a good position to assume leadership and direct care positions. Since it is a general care, the aged are not exception. The review found 16 primary care practices that served as models for using RNs in team-based care to the fullest extent of

their scope of practice. The tasks they completed fell into one of three broad categories: managing chronic diseases, running the practice and providing episodic and preventive treatment. They carried out nine general tasks, including telephone triage, assessment and documentation of health status, case management for chronic illnesses and hospital transition management as well as delegated care for occasional illnesses, health coaching, medication reconciliation, staff supervision and leadership for quality improvement. They came to the conclusion that their skill set is ideally suited to make a substantial contribution to patient-centered care that is team-based. The foundation of primary healthcare is poised to play a vital role to alter the health of a nation through team leadership, care coordination and values and priorities inspired by the individual, family, and community. Therefore, these features increased quality, increased efficiency, and reduced costs.

However, research conducted by Fourie, McDonald, Connor and Bartlett (2005) in New Zealand explored the responsibilities of registered nurses in a New Zealand acute mental health inpatient environment. Although it involved the mental health patients the aged are not excluded. Registered psychiatric nurses' opinions of their roles and how they really perform are contrasted with perceptions of reality. Focus groups were employed in this qualitative descriptive exploratory study to find out what registered nurses thought their tasks were by observing nursing practice on three chosen wards. The most important conclusion was that many nursing professions involved providing care from a crisis management viewpoint which includes things like assessment, symptom stabilisation, and discharge planning. Additionally, it was thought that the therapeutic alliance played a crucial part in inpatient care.

Nurses took advantage of every chance to make it happen whether it was administering prescriptions or managing a difficult patient. The study emphasised the complexity of the responsibilities played by nurses and did some work towards giving voice to what can occasionally seem like an unseen profession.

Penney, Poulter, Cole and Wellard (2016) investigated the role of RNs in assessing older persons who are hospitalized for acute treatment in order to fill a vacuum in the literature. The population of interest was RNs who worked in three inpatient units (medical, surgical, and geriatric). The sampling procedures involved participant observation of RNs who had direct contact with older adults during the admission process, followed by one-on-one interviews that were semi-structured with the same RNs. Field notes and interview audio recordings served as the data collecting instruments. The data analysis included thematic analysis using a constant comparative method and NVivo software. The main results regarding the functions of RNs in assessing older adults were: RNs used a range of skills to assess older adults, such as observation, communication, physical examination, documentation and clinical reasoning. They focused on assessing the medical and functional needs of older adults but often neglected their social and emotional needs. RNs faced several challenges in assessing older adults such as time pressure, lack of standardized tools, inadequate training and poor interprofessional collaboration. The conclusion of the study was that RNs have an important role in assessing older adults who are in hospital but their skills are not well defined or supported. The authors recommended that policy makers and health system leaders should provide more resources and education for RNs to

enhance their assessment skills and that future studies should analyze the effect of RN-led assessment on patient outcomes and costs.

Positive and Negative Experiences of Older Adult care nurse

With reference to experiences of aged care, a nurse emotion may fluctuate greatly during the day. Registered nurses can be moved by a patient's kindness or enraged by their behaviour. When caring for older adults, nurses can experience the full spectrum of human emotion in just one shift. But not every emotion a nurse experiences throughout the course of a day is unhappy. In actuality, a lot of them are pleasant feelings, the kinds that remind us of why we chose to become nurses in the first place. Negative emotions do occur, but in order to succeed in nursing, nurses must learn to control, redirect and ultimately overcome them (Lampert, 2015). However, some of the extensive studies on the positive experiences in the aged care is elaborated.

The objective of Walton and Blossom's (2013) research project was to investigate the interactions that were formed between older persons of rural communities and the nursing students who worked with them. The sample consisted of 16 older adults and 96 nursing students. The authors used open ended questions to elicit detailed descriptions using the phenomenological approach. The following topics sum up the interactions between nursing students and the older citizens they visited in their homes. It involves being a welcoming presence, building trust, spending time together, telling and hearing stories and learning about aging. The experience according to the students was an essential part of their nursing education since it taught them how to establish a therapeutic relationship, strengthen their listening skills and feel at ease playing the role of the student nurse. Students believed that the

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family environment provided a secure place in which to practice listening, conduct evaluations, and get feedback from older individuals. A nursing curriculum can readily incorporate this clinical experience to better educate nurses for the problems of the future.

According to Haavisto and Jarva's (2018) research, trust is the cornerstone of nursing care and is crucial to the nurse-patient interaction. It has been proposed that trust between a nurse and a patient can improve the outcomes of care. The growth of trust in a nurse-patient relationship appears to be influenced by a variety of circumstances as well. The goal and purpose of the literature review were to compile up-to-date evidence-based knowledge regarding variables impacting the growth of trust between a nurse and a patient that is pertinent to nursing science.

The flexible framework of thematic analysis was used to do the article analysis. Five key themes were found in the study: Key elements of a nurse patient relationship include communication, patient interaction style, quality of care, nursing competence, and care provider characteristics. The findings emphasised the value of empathy, connection, and good interaction in fostering the growth of trust between a nurse and a patient. The manner in which the care was delivered, the nurse's qualifications and characteristics in addition to familiarity, ethnicity, culture and issues pertaining to the facilities providing the care, all played a role in the establishment of trust. According to the study's findings, nurses can influence patient trust in a variety of ways. Some important characteristics, however, are independent of a nurse's behaviours or personal traits. Furthermore, the results imply that building trust takes real work and is not solely based on a person's perception of a nurse's

status in the field. More research is required to completely comprehend the variety and extent of factors that influence the creation and continuation of trust and the advantages of it in nursing and healthcare because trust appears to have a significant impact on nurse-patient relationships and, as a result, care outcomes as well.

The purpose of Clarke, Jane Hanson and Ross (2003) study was to determine whether person-centered practice could be promoted using a biographical method, which took the form of storytelling. The study investigated how older persons, their family carers and practitioners perceived their involvement in life story work using a practice development method. Focus groups with nursing home staff members who frequently used life stories as a foundation for care planning were conducted to gather preliminary data. Prior to and following the implementation of life story work, data were gathered through focus groups, semi-structured interviews, and observation with older individuals, family carers, and practitioners. Findings showed that personal stories aided practitioners in seeing patients as people, in comprehending people better and in developing stronger bonds with families. Support personnel expressed how much they cherished using the method to guide their care. It is necessary to do additional longitudinal research to fully understand biographical approaches and to collaborate with practitioners more closely to discover how biographical approaches might be used as part of standard practice and be included into the culture and management of care.

Mok and Chiu (2004) looked at different facets of nurse-patient interactions in the setting of palliative care. Open-ended, unstructured interviews were used to gather qualitative information from 10 hospice nurses

and 10 patients who were near the end of their lives. In order to understand the significance of nurse-patient relationships in palliative care, respondents were asked to reflect on procedures and events. From the views of both patients and nurses, four key categories emerged: (1) developing a trusting relationship; (2) feeling like a member of the family; (3) refuelling for the journey of living and dying; and (4) enriching experiences. According to responses, trust develops with time, and nurses are not only respected as medical professionals but also as members of the family or close friends. In order to establish trust, nurses must have a holistic approach to patient care, understand their suffering, be aware of their unspoken needs, and provide solace without being asked to do so. They must also be dependable, adept, competent, and committed to their patients' needs. According to the study's findings, vital components of the relationship between nurses and patients in palliative care include trust, achieving goals for patients and nurses, caring for patients, and reciprocity are essential elements of nurse-patient relationships in palliative care. These relationships not only improve the mental and physical health of patients, but they also enable them to manage their illness, minimize their suffering, and even get ready for a peaceful death.

Registered nurses are crucial in providing crucial healthcare services when it comes to caring for older persons. Although it is clear that they are committed and dedicated, it is crucial to understand that obstacles and problems have also been part of their path (Hvalvik & Dale, 2013). I examine the complicated landscape of registered nurses' experiences in the care of older adults in this investigation, focusing on the negative experiences that show how complex their job is.

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In examining registered nurses' experiences with caring for elderly stroke patients, 26 registered nurses who had firsthand experience caring for elderly stroke patients were interviewed in semi-structured interviews as part of the study's qualitative descriptive design. The data were analysed using thematic analysis. The information revealed two key themes. The nurses started by highlighting a glaring disparity between their ideal role in providing care for the elderly and their actual practice. The disheartening truth was connected to the actual difficulties they had at work. Second, the nurses showed a variety of feelings while tending to elderly stroke patients, including happiness, indifference, annoyance, and sympathy. Nursing elderly stroke victims takes a toll on their mental and physical health. Although the nurses were clear about their own responsibilities and did their best to satisfy the requirements of the elderly, they lacked the time and expertise necessary to properly care for older stroke patients. The variables affecting individual work experiences go beyond the personal sphere and are connected to the larger workplace (Cheng et. al., 2021).

Also, Hall and Hy (2012) carried out a qualitative investigation to learn more about the experiences of nurses looking after elderly patients in a hospital setting. Registered nurses participated in semi-structured interviews, during which they discovered two key themes: Between their ideal role in caring for the elderly and the real-world challenges they faced at work, nurses acknowledged a disconnect. They emphasised the difficulties caused by time restraints, a lack of understanding of how to care for elderly stroke patients, and the effects on the patients' psychological and physical wellbeing. When caring for elderly stroke patients, nurses reported having contradictory

feelings. They spoke of feelings of pride, sympathy, dissatisfaction, and indifference. It was clear that care for elderly stroke victims had an emotional toll that affected the nurses' mental and physical health. In order to address the demands of older persons who require care, the study emphasises the significance of maintaining the nursing workforce and enhancing their working conditions. It recommends that nurse managers encourage empathy, allay aging-related worry, and raise staff morale and job satisfaction on an individual basis.

Moreover, Dwyer's (2014) research disclosed that nurses who currently hold the position have changed their practices significantly to enable them to provide care for older adults using a multidisciplinary approach. However, to date, no systematic review has looked at registered nurses' experiences in leadership and management positions. This review's goal was to critically evaluate, synthesise, and present the best available data on registered nurses' experiences as clinical managers and leaders in residential elderly care institutions. In this evaluation, qualitative research studies that discussed registered nurses' experiences working as clinical managers and leaders in residential care institutions were taken into account. The review comprised eight qualitative papers in all. With regard to education, professional nursing development, good attitudes towards elderly care, and the requirement for a supportive environment, five synthesised findings were drawn. Registered nurses who work in a setting that provides elderly care exhibit a great desire to do so and strive to deliver the best possible care. The nursing profession views geriatric nursing as a specialised and challenging area of healthcare. The little involvement from allied health and medical

colleagues that nurses experience in clinical decision-making is in need of change.

A study by Yip, Y. B. (2001) aims to quantify the level of low back pain (LBP) experienced by nurses and its relationship to patient handling activities and psychological strain at work. The research was cross-sectional. Six district hospitals were used as the source for the recruitment of 377 nurses. They had been employed full-time in the current ward as registered nurses or students in nursing for at least one month. In-person interviews were used to acquire the data. Data covered demographics, psychological distress, lifestyle factors, employment characteristics (including both psychological stress and patient handling activities related to work), and the incidence of LBP. Out of the 377 nurses surveyed, 153 (40%) said they had experienced low back discomfort in the previous 12 months. The findings suggest a connection between work stress, physical lifting, and the prevalence of LBP. The primary means of preventing LBP in nurses is likely to be better workplace ergonomics and psychological wellbeing. Hands-on practice using the typical clientele of nurses should encourage good posture and proper transferring procedures in ward settings.

Similarly, Josefsson's (2006) study claim that RNs have witnessed and experienced a high level of direct and indirect threats of violent acts, as well as threats against care recipients. The RNs in the dementia care DC had better access to training in dealing with threats and violence and their working unit's door had a lock and the necessary level of specialised knowledge. In DC, nurses were more eager to spend money on skill. This suggests that the most harmful combination for RNs' health is a work environment with high

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demands and little control. Staff turnover and sick absences could result from this. Therefore, in both groups, RNs' time demands should be reduced, violence should be reduced, and influence over decisions should be raised.

Furthermore, Venturato, Kellett and Windsor (2006) sought to examine registered nurses' experiences in long-term care in light of Australia's legislative overhaul of the country's aged care system. The impact that these reforms are having on the practice experiences and retention of nursing personnel in long-term care has received little attention, despite reviews of various components of the reforms. 14 nurses from long-term care facilities in Australia were interviewed for this critical hermeneutic study regarding their experiences throughout the reform era. Based on the data, it was clear that the traditional beliefs, roles, and obligations of nurses and those promoted by the reforms were at odds with one another. As the reforms were put into place and the system changed, nurses found it challenging to renegotiate both their practice duties and principles. Support from nursing management was crucial in minimising the impact of reforms on nursing staff. The pressures encountered by nurses in Australia's long-term care facilities as well as the requirement to renegotiate nursing roles, responsibilities, and values within a changing healthcare system were finally brought to light. According to this study, a sensitive and proactive nursing management approach can help retain competent nursing staff throughout times of industry reform.

Also, nurses' attitudes towards caring for elderly patients and the challenges they face were the subject of a study done by Adibelli and Klç in 2012. It was done using a descriptive research design. 282 nurses who work in public hospital clinics where the majority of the patients are aged made up the

study population. According to the study, registered nurses who cared for elderly patients encountered challenges because of the inadequate physical conditions and technical equipment in hospitals, including administrative issues, communication issues, and a lack of knowledge, expertise, and experience in caring for elderly patients.

Carryer, Hansen and Blakey (2010) set out to investigate some aspects of RNs' working lives in New Zealand's residential care facilities for the elderly. In the conversations about their professional tasks, ongoing education, and interactions with specialist nurse services when caring for elderly patients with chronic illnesses, 48 registered nurses took part. The nursing workforce is older, more isolated, less confident, and offers few prospects for the introduction of recent graduates. There are fewer general practitioners available, patient acuity is increasing, and registered nurses' express difficulty providing residents with the appropriate level of care because they have little opportunity to further their education. Concern over the provision of nursing services in older residential care facilities is growing in several Western countries. There are ways to raise the standard of residential care through the use of nurse practitioners.

Additionally, Babapour, Gahassab-Mozaffari, and FathnezhadKazemi's (2022) study noted that nursing is a challenging profession, and the stress from work can negatively affect one's well-being and quality of life. The purpose of this study was to examine the relationship between occupational stress and nurses' quality of life and caregiving practices. 115 nurses working in two hospitals participated in a cross-sectional survey design study. According to the study, occupational stress has a detrimental impact on nurses'

quality of life as it relates to their health. It may also overshadow nursing performance and inhibit certain actions in staff members, which could impair patients' outcomes.

Notwithstanding, Rachel and Francesco (2018) study reported that the number of old persons worldwide is rising. To address their requirements, these people increasingly need nursing and residential care. With rises in emotional tiredness, depersonalization, and a decline in sense of personal success, burnout is a problem in the nursing profession. Before making suggestions for managers in such settings, this review of the research presents a more thorough picture of the associations and predictors of burnout within this environment. It also takes into account the consequences this has for patient care. Staff perspectives, coping mechanisms, coping mechanisms, education and training, and the effect of burnout on care delivery are some of the elements related to staff burnout that the study revealed. The researchers came to the conclusion that burnout is a common occurrence among employees in nursing and residential facilities that offer care for elderly people, with consequences for the residents, the staff, and homecare providers. The views of occupational stress and other features of the job, as well as the kinds of coping methods used by staff, appear to be factors that contribute to burnout. Burnout appears to be tied to the particular sort of healthcare facility, as do the ways in which staff members manage the sadness associated with patient deaths at work and how they view both patients and their illnesses.

Besides, Poku, Donkor, and Naab (2020) sought to investigate the prevalence of emotional tiredness, identify the contributing variables, and discover the coping mechanisms employed by nurses in the Ghanaian

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healthcare system. A sample from five healthcare facilities was taken using cross-sectional research using proportionate stratified sampling. 91.1% of the 232 registered nurses who participated in the study said they had moderate to severe emotional tiredness. The nurses' work environment accounted for 39.6% of the variation in emotional tiredness. There were found to be techniques that registered nurses might employ to deal with emotional weariness that were both problem- and emotion-focused. It was determined that using suitable and efficient intervention will lessen emotional weariness and improve the efficiency of providing patients with high-quality care.

The goal of the study by Dierckx de Casterlé, Mertens, Steenacker and Denier (2020) was to demonstrate how geriatric nurses deal with time pressure in everyday care, how they experience working under it, and how they perceive how it affects care. The interview design was qualitative descriptive. A purposeful sampling procedure resulted in the inclusion of 11 nurses from three geriatric nursing wards at two general hospitals. Data were gathered via semi-structured in-depth interviews, and QUAGOL (Qualitative Analysis Guide of Leuven) was used for analysis. In every interview, the topic of time restrictions was brought up when discussing the daily care of older adults. A sense of failure in the provision of care was a recurrent issue throughout many conversations. Nurses felt forced to emphasise the physical and outward manifestations of care in order to "reduce" high-quality treatment to basic care. Though there were differences in the participants' individual experiences with time pressure and coping mechanisms. These differences have to do with the nurses' personal and professional experiences at work. They emphasised how critical it is to understand time pressure from the

standpoint of nurses. Multiple significant ethical difficulties arise while working under time constraints when caring for elderly patients. The results demonstrate that it is a significant ethical problem to provide care that upholds the human dignity of elderly people in hectic workplace settings when care is rationed. In view of this, the study provides a foundation for future investigation and debate on how to assist nurses who are working under time constraints.

The aim of Qian, Yu and Hailey's (2015) study was to investigate the work processes followed by nursing staff and how nursing time is allocated in a residential aged care home. An observational time–motion study was conducted at two aged care units for 12 morning shifts. Seven nurses were observed, one per shift. There were 91 hours of observation in total. The findings demonstrated that all nurse participants engaged in a common work procedure. The most time-consuming and frequent actions were administering medication, documenting, and verbally communicating. In every activity category, there was not a significant distinction between the two units. The bulk of tasks took, on average, no longer than a minute. When providing nursing care, there was no difference in how much time was used by the personal carers and the enrolled, authorized nurses. Future research might examine how verbal communication promotes nursing care, according to the study's conclusions.

Rajanala et al. (2020) describe the issues that older adult carers have with the healthcare system. Family carers participated in a cross-sectional, countrywide, online survey with open-ended questions to learn about their experiences with the healthcare system. Continual comparison analysis and

evaluation by a third author were used to finish the qualitative thematic analysis. The survey was finished by 97 carers. The delivery of emergency care, fragmented transitional care, unresolved clinical problems, and financial concerns were common themes where carers had disputes. Carers said they have to represent patients' interests in disputes with the healthcare system. In order to combat the difficulties faced by family carers of older individuals and ultimately enhance the provision of geriatric care, it is important to understand the conflicts that these carers have with the healthcare system. This provides prospective targets for future interventions.

Coping Strategies of Registered Nurses Caring for Older Adult

Nursing practitioners frequently encounter challenging and emotionally taxing circumstances when providing patient care, such as a person's prolong pain and eventual demise, which can cause feelings of despair, worry, discomfort, feeling powerless and even guilt (Martins, Chaves, & Campos, 2014). These emotions consequently arise because the nurses are confronted with someone who loves, fantasises about being loved, has a life full of events and memories, and also since they are aware that it could be them in this circumstance. Thus, it can be awareness that prevents the specialists from remaining indifferent to these circumstances and, instead, compels them to express their thoughts through their responses. The fact is that these situations are observed and experienced by the carers of these people. The nursing career is highly prone to stress in all of these and other ways, either because of the duties or because of the nature of the profession (Martins et al., 2014). In addition, there are two types of stresses that have an impact on the nursing field: those that are unique to the field and those that

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have to do with how work is structured and organised. Continuous exposure to patients' suffering and fatalities as well as the actual nature of the work are two particular stressors for nurses. The second type entails demanding schedules, a hostile work environment, high levels of responsibility, and hierarchical systems. In reality, nurses should learn coping skills for stress and emotions to prevent being physically and mentally weary, which can lead to fatigue, emotional depletion, depersonalization and a decreased sense of personal accomplishment (Martins, et al., 2014).

Therefore, "coping strategies" are the means by which people get through trying and stressful situations. According to some authors, coping strategies are a collection of cognitive and behavioural techniques humans employ to handle specific situations (inner or outside). As a result of the facts previously discussed, nurses use a variety of coping mechanisms to support their everyday clinical practices (Martins, Chaves, & Campos, 2014).

According to a study by Benadé, Du Plessis, and Koen (2017) on nurses who provide medical services to the elderly in North West Providence, South Africa where there is a shortage of nurses due to difficult working conditions. Resilience may enable nurses to endure when providing care for elderly patients, it was realised. In order to develop suggestions for enhancing their resilience, researchers looked at the capabilities and coping mechanisms of healthcare professionals who care for elderly patients. As a result, participants encountered challenging work situations when providing care for aged, and they need resilience to manage the psychological demands of the job, ethical behaviours, shortages of staff, the physical requirements of the job, and the dependence of the elderly. These nurses used their unique

qualities in terms of who they are as people, their professions, their environments, and their spirituality to deal with difficult working situations The participants' strengths were used to provide suggestions for improving the resiliency of nurses who care for elderly patients.

In addition, Cameron and Brownie (2010) studied the actual experiences of nine registered nurses who worked at residential care facilities for the elderly on Queensland's Sunshine Coast and were prompted to think about the concept of workplace resilience. The study found that clinical skill, a sense of purpose in a holistic care environment, a positive outlook, and work life balance are important predictors of endurance among aged care nurses. In residential aged care facilities, residents' resilience is ultimately increased when nurses are able to develop lasting, meaningful relationships with them. Collegial encouragement that provides opportunities for reflection and experience assurance, as well as the use of amusement to lessen stress, promotes resilience in the workplace.

However, Mohammed (2019) stated that a significant turnover and burnout rate among nurses in clinical practice in recent years has led to the perception that nursing is a difficult profession. The study described the stressful circumstances that nurse's face at work and how they cope with such stresses. It was discovered that the primary stressors were organisational circumstances, workplace conditions, job unpredictability and duty, interpersonal relationships, personal psychology, and feeling of professional significance. Nurses employed a variety of coping mechanisms, including prayer, self-control, positive self-evaluation, emotion adaptation, seeking assistance, communication coping, deliberate problem-solving and personal

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development. It was determined that although nurses experience high levels of stress, they must also develop effective coping mechanisms for their own circumstances in order to advance both personally and socially.

Also, Kazemi et al. (2021) examined the relationship between the degree of carer load and coping strategies among a sample of Iranian carers of elderly stroke patients. Additionally, it aimed to examine the various coping techniques used by male and female carers. 110 carers of elderly stroke patients participated in a cross-sectional and correlational study. The representative sample was chosen using a convenience sampling strategy. Medical records of stroke patients treated at the Valiasr hospital in Zanjan, Iran in the six months before to the study's start were extracted and evaluated in order to determine the carers. In order to conduct the initial screening, the files' contact information for stroke patients' carers was collected. In this study, elderly stroke patients were examined to see how their coping mechanisms and the severity of the care load related to one another. In this descriptive, cross-sectional research, 110 carers of elderly stroke survivors were included. This also sought to compare the coping mechanisms employed by male and female carers. The carers, who were chosen via convenience sampling, answered questionnaires. Positive self-evaluation and seeking out social support were the two coping mechanisms that were indicated as being most frequently used. The results showed that male carers utilised the positive reappraisal strategy and took ownership far more often than female carers. Carer stress and emotional coping strategies like running away and withdrawing have a substantial positive association, according to Pearson's correlations. Carers who had a greater burden of care used negative coping

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strategies more frequently, such as separation and escape-avoidance. To promote carers' use of efficient coping mechanisms, appropriate carer support initiatives should be created and implemented. Effective coping strategies can be utilised to reduce personal burden, which can improve the physical and mental well-being of carers.

Likewise, Lu, Liu, Wang and Lou (2017) study examine the coping mechanisms used by family carers of elderly people with musculoskeletal disabilities to help ease the strain of caregiving and reduce depressed symptoms. The cross-sectional data were from a quota sampling of 494 pairs of disabled older adults and their primary family caregivers. MSK circumstances and restrictions on everyday life activities plagued the elderly people with disabilities. The older people and the carers had average ages of 83.9 and 62.6 respectively. To verify the proposed hypothesis, path analysis was done. Adults with MSK problems were more likely to have nurses who used avoidant coping for developmental stress and active coping for time dependence. The two coping mechanisms employed to manage the social burden were avoidant and active. Emotional strain decreased the likelihood of employing both active and avoidant coping mechanisms. While avoidant coping had a negative effect on depressive symptoms, active coping had a protective effect on them. It was established that coping techniques had a mediation role in the association between carer stress and depressed symptoms.

Effectiveness of coping-strategy programmes on the strain of caregiving among elderly dementia patients was conducted by Chen, et al. (2015). This study's objectives were to construct an intervention aimed at

enhancing coping mechanisms and assess its efficacy in easing the burden on carers. It made use of a controlled study design. There were 57 dementia patients' carers enrolled. The Chinese version of the Carer Burden Inventory was used to measure carer burden and the Revised Ways of Coping Checklist (WCCL-R) was used to measure coping techniques. The participants were split into two groups at random. The intervention group got a series of five interventions, including teaching problem-solving skills, dementia awareness, social supports, and psychological encouragement every two weeks, as opposed to the control group, who were reached every two weeks for normal clinical management. The WCCL-R and the Carer Burden Inventory were once more given out two weeks after the intervention ended. To assess the changes in coping mechanisms and carer burden, a two-way repeated-measure anova was utilised. 46 people finished the trial, according to the findings. There were no statistically significant variations in the two groups' demographic information. The mean score for the intervention group grew by 3.8 points and declined by 5.1 points for the control group on the WCCL-R's problem-focused coping subscale, respectively. The intervention group's mean score climbed by 3.8 points, while the control groups declined by 3.1 points on the WCCL-R's subscale measuring the need for social support in coping. The intervention group's mean score on the Carer Burden Inventory dropped by 7.2 points, whereas the control groups climbed by 2.2 points. Thus, it was determined that psychosocial intervention can aid carers in utilising greater social support and problem-focused coping mechanisms, both of which are advantageous in terms of lowering the carer burden.

Additionally, McKenzie, Brown, Mak, and Chamberlin (2016) examined the cognitive factors that influence the health of medical personnel who treat dementia patients as well as the styles of care (person-centered versus task-oriented) that are given to these patients. The literature was examined to determine what makes health workers who work with dementia patients feel well and what kind of care they offer. They suggested that the perception of dementia serious medical condition that usually impacts older individuals has an impact on care strategies and the wellbeing of healthcare personnel who work with dementia patients. They concluded that exposure to people with dementia tend to raise awareness of one's own mortality and death-related anxiety, drawing on the terror management theory. A theoretical framework was put forth that contends health specialists involved in dementia treatment use experiential avoidance to control their anxiety. Both mortality anxiety and the coping mechanisms used to handle it, such as experiencing avoidance, may have an impact on how medical personnel treat and view dementia patients. They came to the conclusion that training health professionals who give direct service or consultation in dementia care and suggestions for future avenues for research were made. They also proposed a reciprocal relationship between the methods of care used by medical practitioners and patients' wellbeing.

Nichols, Horner and Fyfe (2015) examined how culture affects relationships in elder care and how well the residential aged care business supports a diverse staff. Participants came from six nursing homes in Perth, Western Australia, and included managers, family members, and direct care employees. Interpersonal communication, the impact of cultural norms on

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communication, and the implications of informal and formal workplace regulations concerning written and spoken expression all emerged as major themes in the study. Participants from culturally and linguistically diverse backgrounds (CaLD) made up 60% of the group and 60% of them reported encountering dementia patients who had unfavourable reactions because of the apparent cultural difference. In such circumstances, they employed a variety of coping mechanisms, such as ignoring, resistance, and avoidance. Participants in CaLD also claimed receiving unfair treatment from non-CaLD employees. The research showed that in order to create a cohesive multicultural workplace, organisations need to include explicit processes that address the various layers of influence on cross-cultural communication, such as integrated values and beliefs, the influencing effects of education, experience, and social circumstance, and factors beyond to the individuals, such as workplace culture and the larger political economy.

Makie (2006) conducted a study on coping techniques and stress among licenced nurses employed at a tertiary hospital in South Africa. Even though it is not peculiar to only the aged it involves the number of the aged in addition to all other aged groups. It sought to determine the potential origins and frequency of the stress that professional nurses working in hospitals might experience, the coping mechanisms employed, the association between stress and the coping skills of registered nurses, the comparison of stress and adopted coping mechanisms among registered nurses working in various units/wards, the identification of support systems that reduce stress, and the treatment of stress among nurses in South Africa. Registered nurses' causes of stress were identified using a descriptive correlational analysis that also

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described the connection between stress and coping. Registered nurses in the following units/wards: maternity, intensive care, theatre, trauma and emergency and medical were given 150 standardised self-report questionnaires, including the Nursing Stress Scale and Ways of Coping Checklist. The demographic information of the participants, the frequency of the employed coping mechanisms, and the mean scores (and standard deviation) of the causes of stress were statistically analysed from the quantitative data using the Statistical Package. The study's conclusions showed that registered nurses are under stress. Workload seems to be the main cause of stress, followed by emotional problems with death and dying. As a result, registered nurses appear to be turning increasingly frequently to strategies for social support and positive self-evaluation.

There was a thorough investigation into the variables that affect nurses' treatment of patients who are delirious with the goal of identifying best practices to enhance clinical care as a whole. In older persons, delirium is a very prevalent condition. In the intensive care unit, where it has been reported to affect 70% of patients, delirium is even more prevalent, affecting nearly a third of persons aged 65 and older at some time during their hospital stay (Leslie & Lonneman, 2016). Four major themes emerged after the integration of ten investigations. The themes covered the nurse's lack of information, the stress and workload increase, the nurse's safety concerns when caring for delirious patients and the techniques employed. In order for nurses to properly care for patients with delirium, the evaluation has overall underlined the need for enhanced delirium education and coping mechanisms. To give nurses the

assurance and expertise to treat the critically disoriented patient, this could be supplemented by ongoing educational sessions.

Overall, the review has shown that in order for nurses to properly care for patients with delirium, there is a need for enhanced delirium education and coping mechanisms. Regular educational opportunities could supplement this and provide nurses the assurance and skills they need to treat patients who are acutely confused. The important techniques, such as collaborating with and receiving help from peers and a patient's family members, are positive methods in the absence of critical knowledge or specifically refined abilities in the care of the confused patient. Restraint should only be employed as a last resort. Till healthcare systems and systems methods become more concrete and tangible, such positive techniques can be simply used to enable adequate and safe care.

According to the literature analysis so far, several studies have looked into the perceived duties of registered nurses who care for elderly people (Jones et al., 2017; Buerhaus et al., 2019; Donelan et al., 2019). The good and negative experiences registered nurses have when providing care for older adults have also been thoroughly analysed in other studies (Haavisto & Jarva, 2018; Rachel & Francesco, 2018; Cheng et al., 2021; Babapour et al., 2022). In other research (Martins et al., 2014; Benadé et al., (2017); Zhu & Chen (2019); Kazemi, et al., (2021), the coping mechanisms used by registered nurses in the care of older adults were also examined. However, there are a number of gaps in the academic literature. Only a few of these studies came from lower- or middle-income countries, while the majority was done in high income countries. Various studies used both quantitative and

qualitative research methods. Despite this, the majority of these researches (Dwyer, 2014; Bedin et al., (2014); Carlson et al., (2014)) concentrated on the experiences of registered nurses providing care for older individuals in nursing homes and at home, paying little attention to hospital settings. Due to this study vacuum, it is necessary to investigate registered nurses' experiences in providing care for older patients at Cape Coast Metropolitan Hospital.

Theoretical Framework

The study considered three models and they are Kristen Swanson's theory of Caring, Theory of Human Caring and Lazarus and Folkman's theory of coping. The three models are described in detail below, along with how they aided with the study.

Kristen Swanson's Theory of Caring

Swanson's theory was developed with input from five previous theories, including Dorothea Orem's self-deficit care theory, Florence Nightingale's environmental theory, Patricia Benner's beginner to expert, Virginia Henderson's requirements theory and Jean Watson's theory of human caring (Swanson, 1993).

Swanson (1991) theory is an evidence-based theory that projected a pivotal role for nurses to promote empathetic patient-directed care and has improved the level of interaction and support provided to patients. The three action processes of being with, doing for, and enabling are the main ideas of the Swanson theory. The last two ideas, continuing to believe and knowing, are internal activities (McEwen & Wills, 2014).

The theory maintains that nurses can demonstrate knowing to older adults by seeking cues, avoiding assumptions, focusing on the patient and

engaging in a dialogue with older adult (Swanson, 1991). Swanson et al. (2013) supplemented that nurses can exemplify knowing by understanding to older adult's situations, needs and preferences thereby providing individualized care, cultural sensitivity, and communication skills. Swanson et al. (2016), later added that nurses can prove knowing to older adults by understanding their perspectives and experience of illness to enable them provide empathy, validation, and support. Hanson et al. (2019) also revealed that nurses can practice knowing by assessing the older adult patient's physical, psychological, social, and spiritual needs, preferences and values.

Swanson et. al. (2011) pointed out that nurses can illustrate the theory's concept maintaining belief by respecting the patient's values and beliefs, expressing confidence and optimism, and advocating for the patient's best interests. Kolcaba et al. (2011) state that the study showed that maintaining a belief is a means of preserving the patient's and family's sense of comfort and wellbeing. Nurses can demonstrate this concept in caring for older adult by providing comfort measures, enhancing the environment, and facilitating positive outcomes. Hanson et al. (2019), opined that nurses can express maintaining belief by acknowledging the patient's strengths and coping skills, providing emotional support and encouragement, and honouring the patient's wishes and choices.

In addition, Swanson et al. (2011) study demonstrated that enabling is an act of empowering patient's participation and involvement in care. Nurses can demonstrate this concept to older adults by providing choices and options, enhancing communication and collaboration and facilitating learning and growth. Swanson et al. (2016) supplemented that nurses can illustrate enabling

by involving older adults in research by providing informed consent and respect, enhancing engagement and feedback, and facilitating dissemination and utilization. Hanson et al. (2018), the study indicated that enabling is a means of assisting older adult's independence and autonomy in home care. Nurses can express this concept by providing education and counselling, enhancing self-management and safety, and facilitating continuity of care and referrals.

The theory's concept doing for can be demonstrated in nurse care for older adults by providing pain relief, wound care, and medication administration (Swanson et al., 2011). Lee et al. (2015) added that nurses can illustrate this concept in their care for older adults by providing safety measures, privacy protection, and personal preferences. Hanson et al. (2017) supplemented that doing for is helping patients through performing tasks that are congruent with the other's needs, values, and goals. Nurses can reveal this in their care for older adults by providing health promotion, disease prevention, and symptom management.

Additionally, Swanson (1991) informs that the theory's concept being with is to be emotionally present for the other and that nurses can demonstrate this concept with older adult care by providing active listening, empathic understanding, and nonjudgmental acceptance. Swanson (2012) suggested that nurses can offer hope and encouragement to the older patients when administering their role by providing positive feedback, realistic optimism, and coping strategies. Lindahl et al. (2019) is of the view that nurses can demonstrate the concept being with by creating a trusting relationship with patients such as sharing experiences and feelings with them, providing verbal

and nonverbal communication, humour and playfulness, and physical contact and closeness, honesty, confidentiality, and respect.

According to Kalfoss and Owe (2015), Swanson's theory of care delineates five caring processes: understanding, accompanying, assisting, empowering, and upholding faith. This theory offers a valuable framework for steering nursing practice and fostering empathetic care for elderly individuals. However, Al Yasin (2023) argued that the theory does not explicitly address the experiences of nurses in demonstrating these qualities. It is important to recognize that nurses may face a variety of challenges when providing care to older adults. These challenges can include issues related to power dynamics, communication barriers and cultural differences. As a way of overcoming this weakness some researchers Clark (2016) and Hupkens et al., (2020) applied Theory of Human Caring.

Figure 1: The structure of caring as linked to the nurses' philosophical attitude, informed understandings, message conveyed, therapeutic actions and intended outcome.
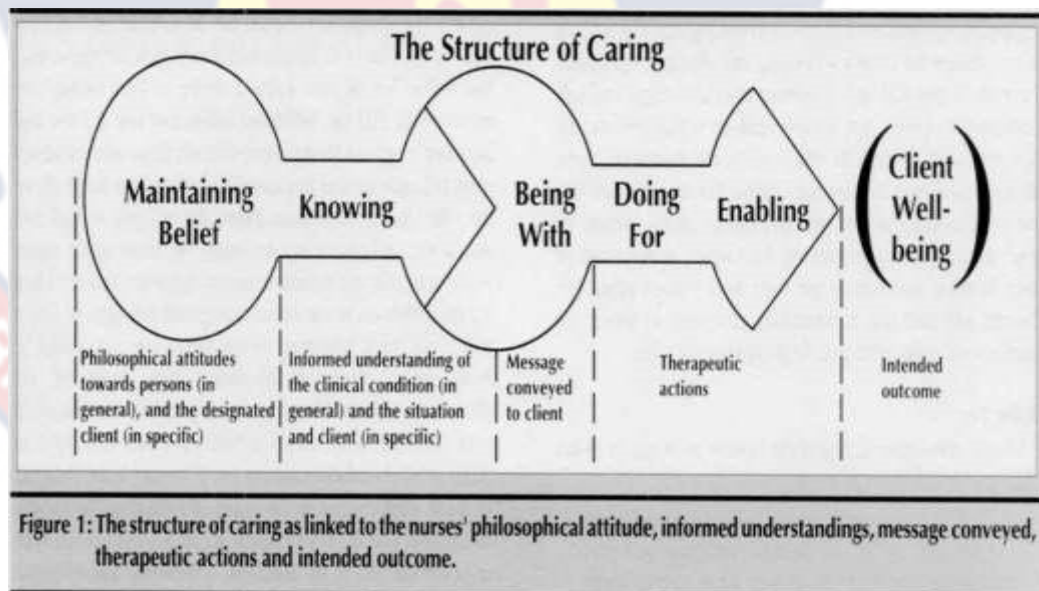
Figure 1: Kristen Swanson Theory of Caring
Source: (Swanson, 1991)

Theory of Human Caring

Jean Watson developed the Human Caring Theory in the 1970s, which emphasizes the significance of the transpersonal process between caregivers and receivers in the realm of nursing (Watson, 2005). This theory centers on the concept of wholeness in nursing, asserting that the individual-nurse relationship can enhance self-healing capacity, elevate consciousness, and foster harmony in mind, body, and soul (Watson, 2009).

Watson introduced ten charitable factors that address specific care needs rooted in human experiences and should be embraced by nurses. These factors encompass humanistic values, faith, sensitivity, trust, emotional expression, individualized care, transpersonal teaching and learning, nurturing environments, and assistance to human needs (Clark, 2016). The theory underscores the importance of "caring moments," moments where nurses and patients share a genuine human connection, and the patient feels genuinely cared for (Lukose, 2011). This concept encourages nurses caring for older adults to listen attentively to patients' narratives about their health, quality of life, and overall well-being (Bernick, 2004).

Furthermore, Watson's theory highlights the healing potential of the caring-to-caring transpersonal relationship, benefiting both the caregiver and the recipient (Wei & Watson, 2019). This approach encourages nurses to see the patient as a whole person rather than just a collection of symptoms or diagnoses (Strickland, 1996). McCluskey (2005) reflects on the application of Watson's theory focusing on creating meaningful human connections and preserving dignity. Hupkens et. al., (2020) highlights that nurses who are interested in the older adult patient as a person and attentive to specific and

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hidden needs create a positive impact on patients' well-being. Nurses should demonstrate long, kind and reciprocal relationships with older adult patients, providing skilled personalized care and going beyond expectation.

Moore (2012) added that the positive impact of adopting Watson's theory in nursing care, emphasizing the importance of caring relationships between nurses and elderly patients. Registered nurses are encouraged to be present, caring, and respectful of each elderly patient's unique subjective world. Despite, Watson's Human Caring Theory emphasizes the importance of holistic care and genuine human connections in nursing practice, it's crucial to recognize the challenges that nurses caring for older adults may encounter. Inadequate staffing and heavy workloads can significantly impede their ability to establish therapeutic relationships and provide comfort (Yous et al., 2019). Furthermore, long-term care nurses may grapple with moral distress, which stems from various factors, including advocating for patients, coping with defence mechanisms, managing caregiver burden, navigating complex relationships, and confronting organizational issues (Nikbakht Nasrabadi et al., 2021).

Nevertheless, the theory emphasizes the profound impact of fostering human connection and compassion within the nursing profession, ultimately enriching the experiences of nurses and their patients (Watson, 1999). Notably, the theory does not directly address coping strategies to manage negative experiences shared by both nurses and patients. To address this limitation, researchers have turned to Lazarus and Folkman's theory of coping, a prominent framework in stress and coping research (Biggs et al., 2017), as a valuable resource to enhance the quality of these connections.
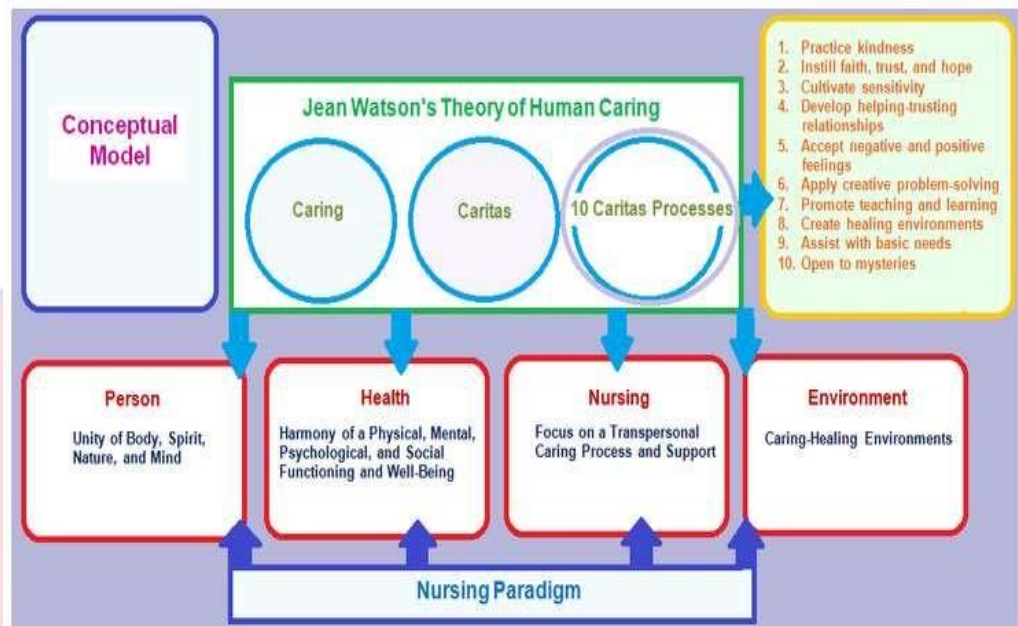
Figure 2: Theory of Human Caring Source: (Watson, 1970)

Lazarus and Folkman's theory of coping

Lazarus and Folkman's theory of coping, developed by Richard Lazarus and Susan Folkman, is recognized as the transactional theory of stress and coping. This theory emphasizes the intricate nature of stress, viewing it as a transactional process between individuals and their environment. According to Lazarus and Folkman, Coping is the process of managing certain external and internal pressures that are felt to be straining or beyond a person's resources over time. Coping entails ongoing cognitive and behavioural efforts (Biggs, Brough & Drummond, 2017). It acknowledges that coping strategies vary among individuals, influenced by their personal characteristics, experiences, and cultural backgrounds. Couto, Caldas, and Castro (2018) have highlighted that healthcare providers and nurses can mitigate the stress of caring for older adults by respecting their cultural backgrounds and beliefs. This approach can lead to more effective and less stressful care, recognizing the importance of aligning care with the patient's cultural values.

The theory posits that individuals engage in primary or cognitive appraisal to assess the significance of a situation for their well-being. Marini (1999) suggests that nurses caring for older adults can facilitate primary appraisal by considering core elements of the care relationship, collaborating with other healthcare professionals, and demonstrating both technical competency and humanistic caring behaviours. Davies (2008) discusses collaborative efforts between health and social care to enhance the standard of treatment for elderly people in nursing homes, emphasizing the need for primary care nurses to proactively work and employ structured tools like benchmarking. Riviere (2019) outlines the fundamental components of the interpersonal care interaction between nurses and elderly patients, emphasising the value of compassionate behaviour, individualized care, patient engagement, communication, and contextual factors.

Additionally, the theory involves secondary appraisal or coping strategies to evaluate individual resources and abilities to cope with the situation (Biggs et al., 2017). Gray (1993) underscores the importance of nurse practitioners assessing functional ability in older patients to determine their need for support services. Hall (2012) highlights the role of nurses in reestablishing dignity in caring for older adult patients, contributing to their well-being.

Berjot and Gillet (2011) explain that coping serves two major functions: regulating emotions or distress stemming from a stressful event and managing the problem that caused the stress. This psychological theory of adaptation and regulation (Kristofferzon, Engström & Nilsson, 2018) has found application in nursing management. Effective strategies have been

recommended to improve clinical leadership and coping styles among nurses, ultimately enhancing the quality of work life among nurses (Li, 2021). Understanding how nurses appraise these stressors is essential for developing interventions to support their coping mechanisms. For instance, for nurses to improve their nursing competency, they must have a more favourable attitude towards the elderly and experience less work stress. Rashidi, Shamloo, and Kalani (2022) revealed that RNs facing stress from the high workload associated with caring for older adults can use problem-solving techniques like time management or delegation of tasks. Ben-Zur (2020) suggests that Lazarus and Folkman's theory of coping highlights the capability of RNs undergoing emotional distress due to caring for older adults to employ emotion-focused coping strategies like seeking social support or engaging in self-care.

Furthermore, Benadé (2017) posits that the transactional theory of stress and coping enhances RNs' ability to harness individual, professional, contextual, and spiritual capacities to deal with challenging working conditions. According to the author, resilience may enable nurses to endure when providing care for older persons. Choi (2016) developed and tested a resilience training program for nurses, significantly enhancing resilience, positive affect, and reducing perceived stress. Kunzler (2020) opines that resilience-building interventions aim to enhance RNs' ability to positively appraise stressors and employ adaptive coping strategies, ultimately improving their well-being and patient care.
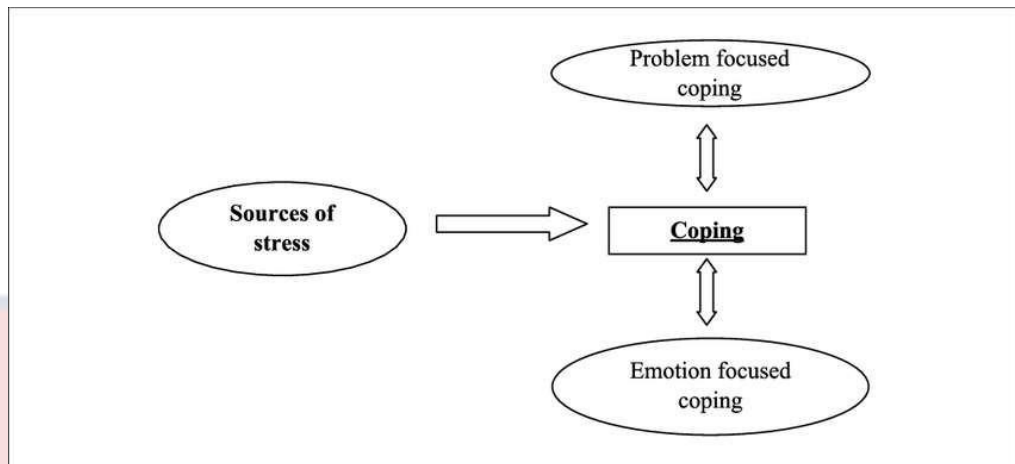
Figure 3: Lazarus and Folkman's theory of coping
Source: (Lazarus and Folkman, 1984)

Conceptual Framework

The theories and ideas that underpin this study are used to build the conceptual framework. In order to describe the study's main topic, it brings together several theories and concepts. Kristen Swanson's Theory of Caring, Theory of Human Caring and Lazarus and Folkman's theory of coping guided this study and the concepts underpinning the study include roles of RNs, experiences of RNs caring for the aged and the coping strategy employed by RNs in caring for the older adults (see Figure 4).

The conceptual framework indicates the role of professional nurses caring for the elderly, guided by Kristen Swanson's Theory of Caring prioritize the holistic well-being of their patients. Registered nurses demonstrate a deep knowledge of the physical and emotional demand of the older person, adapting treatment plans to address these requirements. Additionally, RNs do for older adults by administering medications, assisting with daily activities, coordination of care all while promoting their independence and dignity. This comprehensive approach, rooted in Kristen Swanson's Theory of Caring, ensures that older adults receive not only medical attention but also the

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emotional and psychological support they need to lead fulfilling lives in their later years.

In accordance with the principle outlined in Jean Watson's Theory of Human Caring, the framework depicts the experiences of licensed nurses with older adult's care are deeply transformative. Registered nurses engage in compassionate connections with their older adult patients, recognizing their inherent worth and unique life stories. These interactions transcend mere task-oriented care, focusing on the holistic well-being of the individual. As nurses provide physical care, they also attend to the emotional and spiritual dimensions of aging, addressing feelings of vulnerability and promoting a sense of security, trust and respect. The Theory of Human Caring underscores the significance of these caring relationships in enriching the lives of both nurses and their older adult patients.

Also, in incorporating Theory of Human Caring to registered nurses care for older adults, an array of negative experiences encountered includes physical exhaustion from the demanding nature of their caregiving role. These experiences can lead to emotional trauma, as witnessing the vulnerability and suffering of older adults can be deeply distressing. The stress associated with managing complex medical conditions and coordinating care within time constraints can further exacerbate the emotional toll. Additionally, conflicts may arise, both within the healthcare team and with families, as differing perspectives on care decisions surface. Furthermore, the distressing issues of neglect and abuse, whether suspected or confirmed, can weigh heavily on the conscience of nurses committed to upholding the dignity and health of older people.

The linkage between Lazarus and Folkman's theory and registered nurses coping mechanisms in the conceptual framework, suggested some approaches that can be used by RNs in caring for older adult. For instance: problem-focused coping to actively address caregiving challenges, fostering strong social support networks, emotion-focused coping strategies, building resilience to bounce back from stressors, prioritizing self-care practices for physical and emotional well-being. Utilizing these coping strategies helps nurses not only navigate the unique challenges of caring for older adults but also maintain their own well-being while delivering high-quality care.

Perceived Roles of RNs
- Monitoring patient's condition
- Administering medication
- Holistic care
- Nursing care plan
- Resident assessment

Positive Experiences of RNs
- Empathy
- Trust and Respect
- Love and Affection

Negative Experiences of RNs
- Physical Exhaustion
- Emotional Trauma
- Stress
- Time consuming

Coping Strategy
- Social support
- Self-care
- Problem solving skills
-Emotional resilience
- Humor

Older Adult Care

Figure 4: Conceptual Framework of the experiences of registered nurses in caring for the older adult

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Source: Author's construct based on views from relevant literature reviewed

Chapter Summary

This chapter revealed some relevant literature on the experiences of registered nurses in older adult care. The main theories reviewed was Kristen Swanson's Theory of Caring, Theory of Human Caring and Lazarus and Folkman's theory of coping. The concepts of older adult in Ghana, nursing care, and metaparadigm of nursing were reviewed in conjunction with empirical studies. In general, the review shows that the role of registered nurses caring for older adults is multifaceted and experience positive and negative challenges. Outcomes of the positive experience include compassion, empathy, trust and respect. Some negative experience expressed was: stress, conflicts, emotional exhaustion and physical exhaustion. Registered nurses employ coping mechanism such as using humour, self-care, problem solving skills and emotional resilience. Finally, lessons from the review of literature informed the conceptual framework (Figure 4) for the study. The subsequent chapter discusses the methodology of the thesis

CHAPTER THREE

RESEARCH METHODS

Introduction

The goal of this study was to investigate registered nurses' (RNs) experiences at Cape Coast Metropolitan Hospital in providing care for older patients. This chapter includes; the research design, study area, population, sample and sample technique, data collection instrument, data collection procedures, ethical considerations, and procedure for data analysis. It explains in explicit detail the research and development procedures and makes an effort to clarify the analytical reasoning that went into the study's choices of data collection techniques.

Research Design

A qualitative exploratory design was employed to facilitate the understanding of the various experiences the registered nurses (RNs) encounter with the care of the older adult within the Cape Coast Metropolitan Hospital. This design was chosen to show the usefulness in uncovering the phenomena under study (Hunter et al., 2018). Subjective data from participants' personal experiences was required for the study's objectives. An advantage of an exploratory qualitative design is that it enables participants to contribute to the development of new knowledge in that field and aids researchers in exploring an issue with a limited reach within the literature (Hunter et al., 2018). As opined by Boru (2018) exploratory research design is used when enough information is not known about a phenomenon or on a problem that has not been clearly defined. Finally, the design made sure that

there was a thorough account of the RNs' actual experiences in providing care for older patients at Cape Coast Metropolitan Hospital.

Study Area

This study was carried out at the Cape Coast Metropolitan Hospital, which is located in the Cape Coast suburb of Barkano. The Cape Coast Metropolitan Hospital is situated in the southern region, bordered by the Gulf of Guinea to the south, St. Augustine's College to the west, the Cape Coast Nursing and Midwifery Training College to the east and the Fosu Lagoon to the north. Originally founded in 1939 as a district hospital, it was subsequently elevated to the status of a regional hospital serving the Central Region. However, with the construction of a new regional hospital in 1998, it returned to its former designation as a district hospital and is currently recognized as a Metropolitan hospital. It is a government hospital that offers primary healthcare to the region. The hospital has a total bed capacity of 112. It attends to referral cases from sub-clinics within and outside the municipality. In general, Cape Coast Metropolitan Hospital offers both outpatient and inpatient treatments. It served as one of the centers for the treatment of COVID-19 patients. The hospital offers students the chance to receive training and acquire skills in the healthcare field. The facility provides a 24- hour general services.

There are twenty- one (21) units in the hospital among which are the Nutrition and Dietetics units, Female and Male wards, Paediatric, Operation room, Recovery unit, Chest ward, Obstetrics and Gynaecological unit, Neonatal and intensive care unit, Labour ward, Psychiatric unit, Dental unit, Eye unit, Counselling unit, Ear Nose and Throat unit, Herbal unit, orthopaedic

unit, Outpatient department, Emergency unit and Covid centre which students from universities and other training institutions study.

Population

The study focused on registered nurses (RNs) responsible for the daily care of older adults as the target population. A population, according to Creswell (2007), is a large group of individuals, subjects, or events that have common observable characteristics and are of interest to researchers. This suggests that a population can vary in size and it possesses at least one, and sometimes more distinctive characteristics that set it apart from other populations. The study population were all RNs with a diploma, BSc. or a Master's degree in nursing with a license to practice as RNs. These nurses were selected because they possess the relevant characteristics relative to the research objectives. Informal data indicates that they are employed and have access to in-service training or ongoing professional development in elderly care. Around 88 registered nurses work for the hospital's Nursing Administration as a whole (GOV/MOH/CCMH, 2021).

Inclusion and Exclusion Criteria

Inclusion criteria are the defining characteristics that make a subject or element eligible for participation in the target population (Burns et al, 2015). For this study, the inclusion criteria encompassed registered nurses (RNs) with a minimum of 6 months of experience or more, actively employed in the clinical section of CCMH and had provided consent to participate in the research.

Exclusion criteria are qualities of potential research participants who satisfy the inclusion criteria but who also possess other qualities that may

compromise the effectiveness of the study or increase the risk that they would provide unfavourable results. (Patino & Ferreira, 2018). The exclusion criteria were nurses who had not been certified by a statutory body as a registered nurse. RNs who at the time of the study refuse to be part of the study.

Sampling Procedure

As described by Kadam and Bhalerao (2010), a sample represents a subset of a population utilized in research, and the sample size pertains to the number of participants within that subset. A sample is therefore a subset of a population (Frey, Botan, & Kreps, 2000). Miles et al. (2014) claim that because randomization is unimportant and the participants are chosen to fit the study's objectives, qualitative samples frequently have a non-probability or purposeful nature. For gaining comprehensive understanding and in-depth knowledge on a subject where little is known, deliberate sampling is required (Kim et al. 2017). This entails the selection and identification of pertinent people with the capacity to communicate pertinent experiences (Etikan et al. 2016). Again, the purposive sampling techniques prioritise gaining a thorough comprehension of the selected topic until neither the subject nor the participant supply any new, significant information (Etikan et al. 2016). Due to the participants' ability to meet the inclusion and exclusion criteria, their relevant experience with the phenomenon under investigation and the feasibility of gaining access to the site and sample, it was decided to recruit a purposive sample of RNs from Cape Coast Metropolitan Hospital. Data collection continued until saturation was attained from the group of 88 participants in the study.

According to Sandelowski (1995), an optimal sample size in qualitative research allows for a thorough case-oriented analysis and yields a fresh and highly textured knowledge of experience. Researches employing individual interviews use smaller samples (Kim et al., 2017). As a result, Parahoo (2014) agrees with Pope et al. (2000) that the sample size should be determined by the reason for which it is needed; nonetheless, insufficient sample sizes can compromise the credibility of study findings, therefore researchers must exercise their own discretion (Sandelowski 1995). Therefore, a smaller sample size allows for greater individualised attention for each respondent as well as the opportunity for more in-depth detail and analysis. Following a literature review, purposive sampling can be done in a variety of ways, some of which concentrate on certain characteristics of the sample participants (Wilmot, 2005). The 'theoretical sampling' method, which was created from the 'grounded theory' approach, is one type of purposive sampling frame (Glaser & Strauss, 1967). This frame reflects the idea that theory is developed by an iterative process that involves continuous sampling, data collecting and analysis to guide the sample design at each stage until "theoretical saturation" is reached or until no new concepts or theories are developed (Wilmot, 2005). It was decided that 16 people would provide a good sample size. As a result, a homogenous purposive sampling technique was employed to choose a sample of 16 participants, ensuring that the data they provided were representative of the population from which the sample was obtained (Miles et al., 2014). A homogeneous purposive sample is one that is chosen based on the presence of a common trait or collection of characteristics (Polit & Beck, 2008). Since data saturation determines the

sample size, 16 registered nurses (RNs) who care for the older adult were chosen using the homogeneous purposive sampling technique. When there is enough information to support the knowledge obtained for the investigation, data saturation has occurred (Saunders et al., 2018). On the fifteenth (15th) participant, the data obtained reached saturation, and one (1) further subject was interviewed to confirm that saturation had actually been attained. So, the study only employed sixteen (16) of the participating RNs. Every participant gave their consent for an interview to take place on hospital grounds.

Data Collection Instruments

A data collection instrument is a methodically constructed tool or document containing a series of intentionally crafted questions. Its purpose is to prompt responses from individuals or sources involved in research, with the goal of gathering data or information (Munir, 2017). The research tool for the study was an interview guide. Except for background characteristics that have no connection to the goals of the study but are crucial to the conceptual framing, the guide was organised into different objectives that corresponded with the research questions, with prompts (sub-questions) under each one directing the researcher to formulate questions that were pertinent to the topic of study. The goals of this study are to identify the roles that registered nurses play in providing care for older adults, as well as their positive and negative experiences doing so and the various coping mechanisms they use.

The interview guide includes open-ended questions which allowed the participant to give subjective answers base on their feelings and perceptions on the issue being studied. The primary reason for using an interview guide is to gather data that aligns with the research objectives and questions. The

thematic areas covered in the instrument include the perceived roles/duties of registered nurse care for older adults, registered nurse positive and negative experiences in caring for older adults and coping strategies employed in the care of older adults (see Appendix B).

According to Polit and Beck (2014), the degree of confidence in the data, interpretation and procedures employed to ensure the quality of a study is referred to as a study's trustworthiness or rigour. Therefore, the participants were not compelled in any way by the interviewer opinion and perception. The participants used the English language only to communicate.

Data Collection Procedure

Data collection is the process of acquiring and analysing information on relevant variables in a predetermined, systematic way that makes it possible to respond to stated research questions, test hypotheses, and assess results (Kabir, 2016). In a qualitative study, in-depth interviews are excellent methods use to explore deeply the participant's feelings and perspectives on a subject (Adedoyin, 2020). The most popular techniques for obtaining in-depth and first-person responses to the phenomenon being studied are one-on-one interviews (Pietkiewicz & Smith, 2014). The technique of data gathering for this study was face-to-face in-depth interviews. The benefit linked with this technique, however is that it helps to unfold views, experiences, values and various other aspects of the population under study and it is highly helpful for examining attitudes of people (Showkat & Parveen, 2017). According to Creswell (2014), in-person interviews let study participants completely describe their experiences. It also allowed the researcher to refocus participant responses when they were inappropriate. Interviews were conducted between

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November 2021 and February 2021. Concurrent with data collecting was data analysis. The researcher collected the data with two field assistants' support. These field workers were trained in data collection and transcription. The researcher went to several wards to introduce herself to the participants before the interview started. The potential participants were told what the study was about. Population consent was requested before inviting them to take part in the study. They had some time to think about whether or not they wanted to take part in the study. Prior to the interview, RNs who accepted to take part in the study were permitted to sign the consent form. Interviews of the RNs were conducted to provide a thorough grasp of the experiences they encounter during the care of the aged. Data collection took place within the period of three to four months. Few participants were interviewed at a time because they were available after their shift. Averagely, two to three were interviewed on a day making the process slow and tiring. This was also done to avoid overburdening the RNs. Conversations held during the interview sessions were duly recorded by audio recording, with the participants' consent and subsequently transcribed. All the interviews were done on the hospital premises. During the interview, confidentiality was protected and participants received codes. About 16 to 35 minutes were allotted for each interview. During the interview, all of the participants used English. Finally, participants were given the opportunity to confirm important details at the conclusion of each transcription of data.

Data Processing and Analysis

Data Analysis is a method of putting facts and figures to solve the research problem (Ashirwadam, 2014). Since the information gathered was

entirely qualitative, qualitative analysis was necessary. To explore the perceived role of the RNs', positive and negative experiences with the older adult care and the coping strategies employed in dealing with the older adult, the data was analysed using a thematic analysis. This approach entails examining, analysing, and summarising the data's topics. The participant data will be analysed using thematic analysis. This approach will be employed since it is appropriate for data sets and allows the researcher to back up ideas with facts (Anderson, Lees, & Avery, 2015). Thematic analysis is a method for analysing qualitative data that entails searching across a data set to identify, analyze, and report repeated patterns (Kiger & Varpio, 2020). According to Braun and Clarke (2006), the six stages of thematic analysis are becoming familiar with the data, developing preliminary codes, looking at themes, identifying and naming themes and publishing the report. For better familiarity with the information provided, the recorded interview was repeatedly listened to after each session. The verbatim transcription of the English-language interview was done. Each interview's transcription took an average of 3 hours. Coding was used to arrange the data in a comprehensible manner. In other words, any portion of the data that was pertinent to the study and had intriguing information regarding the research issue was coded. Subthemes are denoted by codes from various transcripts that denote the same concept. This was completed in accordance with each research question. While some codes were connected to just one sub-theme, others were connected to several. Repeated codes inside a sub-theme were once again removed. Participants' comments were used to support sub-themes in the study's reporting of its findings. To validate the validity of the data, the

researcher conducted member checks or follow-up interviews over the phone with participants, asking them to confirm a summary of the preliminary findings. Member checks confirmed that preliminary results accurately captured participants' perceptions of the care for older adults.

Methodological Rigour

Rigor or trustworthiness of a study refers to as the degree of confidence in data, interpretation and methods used to ensure the quality of a study (Polit & Beck, 2014). Again, in qualitative research rigour guarantees that conclusions can be believed and that they accurately reflect what participants intended to say. Rigour must be ensured by meeting norms for credibility, transferability, reliability, and confirmability (Lincoln & Guba, 1985).

Credibility was attained when the study's data were accurate (Dwyer, 2011). To make sure of this, the researcher purposefully chose participants who could provide in-depth information on the experiences of the registered nurses (RNs) in the care of the elderly and who met the inclusion criteria. Using the codes that came from the interview, member checks were once more carried out to corroborate the participant's responses. Additionally, prior to the future interviews, each one was transcribed and coded.

According to Kennedy-Clark (2012), transferability refers to how well research findings from one study may be used to another. To ensure the study's transferability, the researcher provided a thorough description of the research context, methodology, research design, and the backgrounds of the participants. This would make it easier for future researchers to adapt the study's findings to other situations of a similar nature.

Dependability is the third criterion, and it deals with whether or not another researcher can repeat the work (Gethins, 2012). The researcher-maintained dependability throughout the research process by working closely with supervisors from beginning to end. A consistent interview guide was applied to all participants and the transcripts underwent a uniform analysis process for theme and sub-theme identification. The participants' backgrounds, research setting, methodology, and research design were comprehensively explained. Furthermore, meticulous record-keeping was upheld as an integral part of the audit trail.

Again, Confirmability in research aims to ensure that the research findings are a reflection of the ideas and experiences of the participants, rather than being influenced by the researcher's characteristics and preferences (Kennedy-Clark, 2012). The researcher thoroughly examined and discussed the RNs' experiences providing care for older adults in order to obtain confirmability. Interviews were promptly transcribed to prevent information from getting confused. Reliability could be ensured by asking participants to confirm the data they supplied during the interviews.

Ethical Consideration

The Institutional Review Board (IRB) of the University of Cape Coast gave its ethical approval. A copy of the proposal, an introduction letter from the School of Nursing and permission from the CCMH were all submitted through UCC-IRB. Participants received verbal and written explanations of the intent of the exercise its advantages, and any potential hazards. This was done before to data collection to give them time to decide participating or not. Participants were only given a consent form: if they were willing to take part

and met the requirements for inclusion. The ability to withdraw from the study at any moment with no repercussions was made clear to participants. Participants were informed that only the researcher and the supervisor would have access to the raw data and that it would only be utilised for educational purposes. Some of the participants consented to have their interviews immediately after the meeting, so the required arrangements were made to get them in a neat, private space (outside of the ward).

Pseudonyms were given to participants during the recruitment process in order to protect their anonymity. When quoting the participants in the findings, the pseudonyms were employed. The interview took place in private. The study's consent forms, audiotapes, and transcripts, as well as data and other study materials, were disclosed to participants. Participants were informed that if the data were to be used in the future for any other purpose, the appropriate ethical permission would be obtained.

Data Management

An interview's date, time, and location were noted in a field diary prior to data collection. With the participant's permission, the data were verbatim transcribed after each interview and saved in a Microsoft Word document. All of the hard copies of the records, including the diaries, audiotapes, field notes, and documents, were transcribed before being secured in a safe at the researcher's office. Background information for the study was labelled with the same fictitious names used in the interview and stored safely in the same cabinet. Data will be erased after five years.

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Chapter Summary

This chapter describes the research methodology used to examine the RNs' experiences caring for older patients at Cape Coast Metropolitan Hospital. The methodology is described in depth. The study's aims and goal were both clearly stated. With supporting evidence, the decision to use an exploratory qualitative design was made. The method of interviewing the sixteen (16) respondents was described in the interview guide that was adopted for data collection. Included were information on how the setting and sample were accessed and how the ethical approval was achieved. There is a thorough explanation of the data analysis process. Finally, data management and methodological rigour are described. The results are provided in the subsequent chapter.

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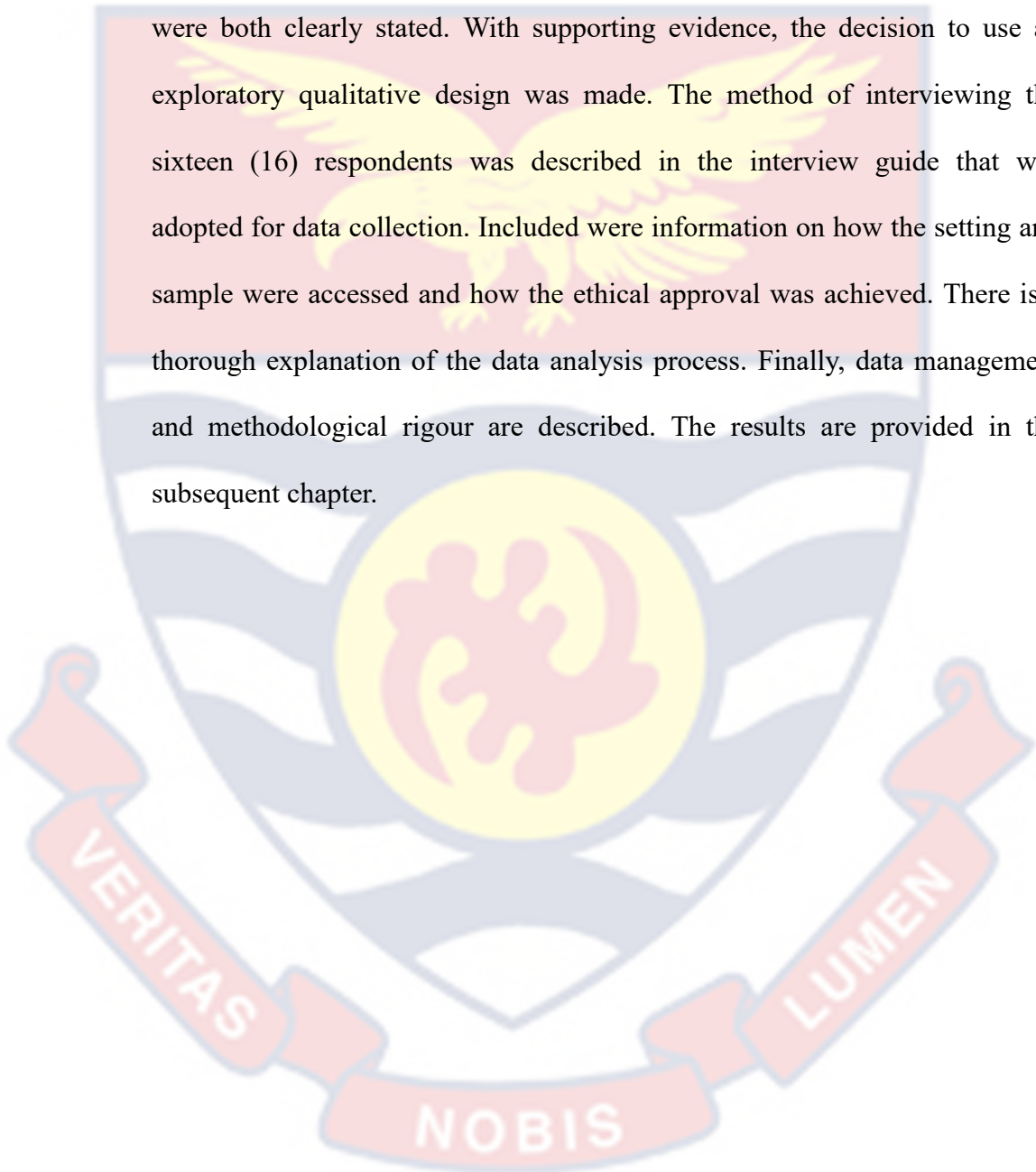
CHAPTER FOUR

RESULTS AND DISCUSSIONS

Introduction

This chapter presented, interpreted and discussed the findings from the study after the analysis of data gathered from the respondents. The goal of this study was to investigate the diverse experiences registered nurses have and the coping mechanisms they use when caring for the elderly at Cape Coast Metropolitan Hospital. In particular, it sought to investigate the roles played by registered nurses in providing care for older adults, the varied experiences of older adult care nurses and finally, a description of the coping mechanisms used by registered nurses in providing care for older adults. Sixteen in-person interviews were done utilising an interview guide to get the answers to the research questions.

Data analysis was done using Braun and Clark (2006) thematic analysis. In total, there were four (4) themes and twenty (20) sub- themes from the analysis. The four themes that emerged were the perceived roles/ responsibilities of registered nurses in caring for older adults, positive and negative experiences that RNs have in caring for older adults and the coping mechanisms that RNs employ. Verbatim quotes from the participants have also been used to illustrate the major themes and their respective sub-themes. The study's findings were presented in accordance with its set of objectives.

Result

Background Characteristics of the Registered Nurses (Participants)

The study recruited sixteen (16) participants who were registered nurses that care for the older adult at Cape Coast Metropolitan Hospital. The gender distribution among the participants was twelve (12) females (F) and four (4) males (M). Their ages range from 26- 38 years, with eight (8) of them in their thirties and eight (8) also in their twenties The academic qualification of the participants are as follows; 9 diplomas, 6 bachelor's degrees, and a master degree holder. Their rank ranges from staff nurse to principal nursing officer in the following numbers; seven staff nurses (SN), two senior staff nurses (SSN), three nursing officers (NO), three senior nursing officers (SNO) and a principal nursing officer (PNO). Most of the participants were staff nurses followed by nursing officers and senior nursing officers with the same number of participants, senior staff nurses and a principal nursing officer. The participants working experiences ranged from1 year to 15 years. The characteristics of the participant are outlined in Table 1.

Table 1: Demographic Characteristics of the Registered Nurses of CCMH

Serial Number	Age	Sex	Education Level	Rank	Working Experience (Years)
Ps 0	29	M	Diploma	SN	2
Ps 1	26	F	Bachelor's Degree	NO	1
Ps 2	34	F	Bachelor's Degree	SNO	10
Ps 3	34	F	Bachelor's Degree	SNO	15
Ps 4	29	M	Diploma	SN	2
Ps 5	32	F	Diploma	SN	10
Ps 6	28	M	Bachelor's Degree	NO	1
Ps 7	27	F	Diploma	SN	1
Ps 8	29	F	Bachelor's Degree	NO	2
Ps 9	30	F	Diploma	SN	3
Ps 10	31	F	Diploma	SSN	7
Ps 11	26	F	Diploma	SN	1
Ps 12	30	F	Diploma	SSN	6
Ps 13	28	M	Diploma	SN	1
P 14	36	F	Master's Degree	PNO	15
P 15	38	F	Bachelor's Degree	SNO	14

Source: Field Data (2022)

With reference to the number of RNs experiences with the older adult care, majority of the participants have 10 years of practice followed by a year of practice, two years, eight years and three years respectively. Most of the participants had training on the care for the older adult from professional training. Only a few had their training on the care for the older adult from organized workshops (in- service training). There was a participant who had training from both professional training and organized workshop. The participants knowledge on the care for the older adult are mostly on general care of the older adult with four having knowledge on psychological, total care, holistic and oncological care. Table 2 shows the summary of the participant's characteristics.

Table 2: Registered Nurses Experiences with Older Adults

Serial Number	Working Experience in Older Adult Care	Knowledge Acquired/Older Adult	Any Special Care for The Older Adult
Ps0	1	During Professional Studies	General Care
Ps1	1	During Professional Studies	General Care
Ps2	10	During Professional Studies	General Care
Ps3	10	During Professional Studies	Physiological Care
Ps4	1	During Professional Studies	General Care
Ps5	8	During Professional Studies	General Care
Ps6	1	During Professional Studies	General Care
Ps7	1	No Knowledge	Holistic Care
Ps8	1	During Professional Studies	Oncological Care
Ps9	3	During Professional Studies/Workshop Trainings	Older Adult Care Generalised Patient Care
Ps10	2	During Professional Studies	Generalised Care
Ps11	1	During Professional Studies	Generalised Care
Ps12	6	During Professional Studies	Not Really
Ps13	1	Professional Studies	Generalised Care
P14	10	During Professional Studies	Generalised Care
P15	14	During Professional Studies	Total Patient Care

Source: Field Survey, (2022)

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Themes and Sub- themes

At the end of data analysis, the study generated four themes and twenty-three

sub- themes.

Table 3: Themes and Sub- Themes

No.	Themes	Sub-Themes
1.	Perceived roles/duties of the RNs	1.Licensed Personnel 2.Responsibilities of RNs 3.Activity of daily living
2	Positive Experience of RNs	1.Fulfilling and empathetic experiences 2.Building Trust and Respect 3. Loving Care
3	Negative Experiences	1.Emotional Trauma 2.Time Consuming 3.Conflicts 4.Neglect Abuse 5.Stressful Situations 6.Physical Exhaustions
4	Coping Strategies RNs employed	Knowledge of RNs on Coping Strategies Some Examples of Coping Strategies RNs Used: 1.Effective Communication 2.Using correct Body Posture 3.Empathizing with Patient 4.Talking with Patients about their families and how they feel 5.Learning to understand them and how they want things to be done for them 6.Explaining procedure to patient in their own language if possible 7.Calling for help in situation such as lifting and position a patient 8.Maintaining Confidentiality and using right methods in carrying procedures.

Source: Field Data (2022)

THEME ONE: PERCEIVED ROLES OF REGISTERED NURSES IN CARING FOR THE AGED

Sub- theme one - Licensed Personnel

When participants were asked to outline the role of a registered nurse in the care of older adults agreed that a registered nurse possesses comprehensive knowledge acquired through formal education and holds official authorization from the Nurses and Midwifery Council of the state to deliver care specifically tailored to the needs of older adults. It was revealed that a registered nurse caring for older adults is an individual who had successfully completed specialized training and obtained the requisite license from the Nurses and Midwifery Council to practice as a proficient nurse specializing in geriatric care.

It was also conveyed that a registered nurse who had undergone rigorous training, successfully passed the licensing examinations administered by the Nurses and Midwifery Council is entrusted with the responsibility to deliver high-quality care to elderly individuals. It is worthy of mentioning that registered nurses are licensed professional nurses who excelled in providing comprehensive care to older adults within diverse healthcare and community settings, collaborating seamlessly with other healthcare professionals to ensure optimal patient outcomes. During an interview with a nurse, she had this to say:

"Someone who has undergone specialized training, passed the licensed exams organized by the Nurses and Midwifery Council and has received the mandate to practice as a nurse" (Ps14, Female).

Another nurse said "*A licensed professional nurse who provides care in different medical and community settings and also work with other healthcare professionals to care for patients"* (Ps2, Female).

Sub- theme two- Responsibilities of RNs

The participants shared their views on the responsibilities of registered nurses caring for older adults. They mentioned that registered nurses have to assess the physical, mental, and social requirements of older adults, and plan and implement appropriate interventions to meet those needs. They also said that registered nurses have to monitor and evaluate the outcomes of care, and adjust the care plan accordingly. They added that registered nurses have to collaborate with other health care professionals such as physicians, pharmacists, social workers, and physiotherapists to provide holistic and coordinated care for older adults.

They emphasized that registered nurses have to respect the dignity, autonomy and preferences of older adults and involve them and their families in the decision-making process. They also highlighted that registered nurses have to educate and empower older adults and their families about health promotion, disease prevention and self-management. They further stated that registered nurses have to advocate for the rights and interests of older adults and protect them from abuse, neglect and discrimination. They concluded that registered nurses have to maintain their professional competence and ethical standards and follow the policies and guidelines of the Nurses and Midwifery Council. A female participant said:

"A lot of duties, such as emotional care, social care, medical care, herbal care and psychological care" (Ps 1 Female).

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"*As registered nurses, we have a duty to speak up for and safeguard the rights and interests of older adults. We have to prevent and report any cases of abuse, neglect or discrimination that they may face"* (Ps 6 Male).

Sub- theme three- Activity of Daily Living

The participants expressed their perspectives on the responsibilities of registered nurses when tending to the needs of elderly individuals. They pointed out that registered nurses are tasked with a wide range of duties, including tasks such as assisting with bathing, dressing, grooming, feeding, helping with toileting, and aiding older adults who face challenges in self-care. Additionally, they highlighted that registered nurses are responsible for evaluating the functional capabilities, nutritional status, oral health and cognitive functioning of older adults as well as devising and executing appropriate interventions to address their requirements.

Furthermore, some participants believed that the role of a registered nurse caring for older adults encompassed the provision of comprehensive nursing care which involves tending to their personal hygiene, ensuring proper nutrition, addressing basic comfort needs, and administering medications. They also emphasized the importance of monitoring vital signs and administering medications as part of their caregiving responsibilities. A female participant had this to say:

"*My duties are taking care of their personal hygiene needs, nutrition, basic comfort and giving medications"* (Ps2, Female).

Another expressed:

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"We do total nursing care for the older adult; from checking of their vitals to serving of their medication and also taking care of their personal hygiene needs" (Ps3, Female).

The participants provided insights into the registered nurse's role in collaborating with both healthcare professionals and the families of older adults in relation to their daily living activities. According to their feedback, the registered nurse emerged as a crucial pillar of support and counsel for older adults and their families in effectively managing their everyday tasks, encompassing activities like bathing, dressing, meal consumption, and mobility. Additionally, they highlighted that registered nurse maintained close collaboration with other healthcare experts, including occupational therapists, nutritionists and home care aides to comprehensively evaluate and attend to the physical, mental and social requirements of older adults. Two females' participants' feedback was:

"I collaborate with other healthcare professionals, check vital signs, administering their medications" (Ps8, female).

"I assist clients with their personal hygiene, collaborating with family of the patient to ensure effective care" (Ps13, female).

Holistic care is an approach to health and wellness that focuses on the mind, body, and spirit of the person. Registered nurses who offer holistic care to older adults on their daily activities consider all aspects of their well-being such as their mental, emotional, social, spiritual, and physical needs. By offering comprehensive support to elderly individuals in their daily routines, it was revealed that nurses can assist them in attaining optimal well-being and an enhanced quality of life. This holistic approach doesn't just benefit the

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patients. It also contributes to the nurses' own job satisfaction and personal development. Some participants indicated that:

"We give holistic care" (Ps9, female) and one disclosed that,

Based on the patients*" conditions, I offer the needed interventions to improve client"s condition"* (Ps14, female).

THEME TWO: POSITIVE AND NEGATIVE EXPERIENCES OF THE REGISTERED NURSES IN OLDER ADULT CARE

The increasing number of older adults with chronic health problems and the shortage of nurses have a profound impact on the nursing profession. Almost all the participants stated emphatically that their nursing roles roles/duties have effects on them positively and negatively.

Positive Experiences of Registered Nurses in the older adult care

Almost all participants reported of having some form of positive experiences/encounters regarding them as good.

Sub- theme one - Fulfilling and Empathetic Experiences in Caring for the Elderly

The participants expressed feelings of fulfillment, empathy, happiness and fascination when caring for the elderly. Some participants felt fulfilled when they gave their best to care for the elderly, while others felt empathetic during their care. One participant felt happy helping to care for the aged despite it being stressful. Another participant felt fascinated by some of the things they saw and heard during their care, which gave them a feeling that they would also be there one day. One participant had a memorable experience with a patient who treated all staff like her children and advised them on issues concerning life. Other participants felt that caring for the

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elderly was fulfilling because of how some of them communicated with them and told them stories of their past. These experiences show that caring for the elderly can be a rewarding and fulfilling experience.

"My encounter with them has been good, it has thought me a lot about life and the need to take care of people no matter how old they are" (Ps12, Female).

A female participant had this to say:

"I have had several encounters with patient but one I can recall is a patient who treated all the staff like her children, always advising us on issues concerning life. It was a memorable experience" (Ps10, Female)

Other participants said:

"I feel fulfilled when I give out my best to their care" another added (PS5, PS14).

Sub- theme two - Building Trust and Respect

According to the participants, fostering trust and respect in elderly care entails several methods. The individuals cited various approaches, including effective communication, establishing a connection, describing procedures to patients, addressing patients by their names and titles and demonstrating patience and tolerance. Additionally, one participant mentioned their practice of addressing patients by their names and titles while also guiding patients and their families by explaining procedures. Some respondents emphasized the importance of preserving confidentiality and privacy as essential means of nurturing trust and respect.

They advocated professionalism through the establishment of rapport, clear procedure explanations, honoring patients' rights and perspectives and

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ensuring privacy. Another participant highlighted the significance of using honorific titles when addressing patients, actively listening to their concerns, and maintaining confidentiality. These strategies collectively contribute to the development of trust and respect in the relationship between caregivers and elderly patients.

Others maintained ways of building trust and respect by:

"Being professional by establishing rapport, explaining procedure to patient, respecting patient"s rights and views, providing privacy" (Ps2- Female, Ps12- Female).

A participant also said:

I add titles to their names, having listening ears to patients and maintaining confidentiality", another added (Ps4, Male).

Sub- theme three- Loving Care

In accordance with the participants, providing care for the elderly is characterized by a sense of affection and love. One female participant articulated that she approaches elderly care with the same kindness and consideration she would desire when she herself grows older, which is what instills her love for her profession. Additional participants contributed that the loving aspect of caring for the elderly emerges from the meaningful life experiences they share with them, which provide valuable lessons. Some participants revealed that they view caring for the elderly as an opportunity for personal growth, as they learn extensively from the stories and experiences shared by their elderly patients.

Also, other participants highlighted the importance of patience, reassurance, and emotional support in nurturing a loving atmosphere when

caring for the elderly and their families. Some participants even pointed out that the humor expressed by patients within the ward contributes to the sense of love in their caregiving roles. A participant underscored that caring for the elderly serves as a profound teacher, imparting valuable life lessons through interactions with older adult patients. Moreover, participants conveyed that when patients cooperate and their families are committed to providing the necessary support for their care, it fosters a loving and rewarding experience in elderly care. These experiences collectively illustrate that caring for the elderly can indeed be a loving and enriching endeavor.

Affirming the views expressed, a female participant indicated that:

> *"I obviously know I will also grow old so I treat them the way I would want to be treated when I also grow old. That"s what makes me love what I do"* (Ps1).

Other participants added:

"*The loving aspect of their care is their experiences they share with us concerning life. We get to learn a lot from it"* (Ps15).

Negative Experiences of Registered Nurses in Aged Care

Sub- theme one- Physical Exhaustion

The participants were asked to share their experiences as registered nurses caring for older adults. One male participant expressed that providing care to overweight elderly patients posed significant challenges and physical strain, as it required substantial effort to lift and reposition them. Other participants emphasized that caring for older adults demanded physical exertion and specific techniques like lifting, squatting, and prolonged standing, which could lead to musculoskeletal back pain. A female participant

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shared her firsthand experience of currently suffering from musculoskeletal back pain due to the demands of patient lifting and positioning.

A participant expressed her experience in caring for older adults as:

> *"Yes, they do. I currently have musculoskeletal pain at my back due to lifting and positioning of patients* (Ps10- Female).

Other participants disclosed they undergo a lot of pain when lifting or changing their position:

"Yes, they do. Especially in caring for older adult patient who is overweight. You have to go through a lot of pain when lifting or changing their position (Ps0, Ps3, Female).

While nearly all participants acknowledged that caring for older adults had some impact on them, either positively or negatively, two participants did not perceive any noticeable effect. Concerning discomfort while providing care, almost all participants reported experiencing physical discomfort, particularly during tasks like patient positioning, lifting, dragging, and other procedures involving body mechanics. One female participant noted that these activities could cause pain in various body regions while another participant mentioned that turning patients and conducting procedures with limited staffing resulted in back and waist pain, as well as overall body weakness.

A participant had this to say:

> *"Running long hours of shifts because a colleague of yours may not be able to come to work*", a participants stated (Ps1, Female).

Another added that:

"Turning of patients and carrying out procedures by inadequate staff causes back and waist pain and general body weakness" (Ps0, Male).

Sub- theme two - Emotional Trauma

Participants recounted encountering adverse situations while providing care for older adults which often led to emotional distress. They complained of instances where emotional trauma surfaced during their care of elderly individuals. One participant pointed out that challenges arose when relatives proved uncooperative and neglected their role in the patient's care. Another participant noted that difficulties emerged when patients presented with conditions that had a poor prognosis and when the patient is unsupportive. A respondent also highlighted the emotional toll of situations where they had anticipated a patient's full recovery but witnessed an opposite outcome, leading to emotional strain. In response to whether nursing responsibilities in elderly care had an impact, a participant affirmed that they indeed did, citing that some of the experiences shared by patients were not only enlightening but also emotionally stirring. A participant had this to say:

"When patients present with conditions that have poor prognosis and when patient is unsupportive" (Ps13, Male).

Another said:

"In instances where you were expecting a patient to fully recover but the opposite happens and he/she dies" (Ps10, Female).

A participant replied:

"Yes, the experience"s patients share with you can make you learn a lot and also make you emotional" (Ps1, female)

Sub- theme three - Stressful Situations

Certain common stressful situations encountered by registered nurses when providing care for the elderly include feeling overwhelmed or constantly

anxious, experiencing frequent fatigue, disrupted sleep patterns characterized by either excessive or insufficient sleep, fluctuations in weight, heightened irritability or anger, diminished enthusiasm for once-enjoyable activities and health issues.

In line with the participants' perspectives, the nursing responsibilities involved in caring for elderly patients can have adverse impacts on registered nurses. One female participant expressed that it can be highly demanding and stressful, while another participant highlighted that the negative effects of caring for older adults on registered nurses can be attributed to understaffing and the resulting increased workload. They emphasized that when the nursing staff is insufficient, the task of positioning and attending to the mobility needs of patients becomes particularly burdensome and stressful. A registered nurse said:

"Caring for older adults is very stressful for me" (Ps2, female)

Another participant added:

"In situations where the number of nurses on duty are few, positioning and movement of patients becomes very stressful" (Ps4, Male).

Sub- theme four- Time Consuming

According to the participants, when queried about whether caring for the elderly is time-consuming, they acknowledged that it indeed requires a substantial amount of time. Nearly all of them made comparisons between the time needed for elderly care and that for younger, healthier adults. One participant expressed that it is significantly more time-consuming in contrast to caring for energetic teenagers who can handle their personal hygiene.

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Another participant affirmed that it demands more time compared to providing care for a young and vigorous adult. A third participant confirmed that it is time-consuming, highlighting the greater need for attention when compared to caring for individuals in other age groups. A fourth participant noted that it takes more time when compared to someone who is young and mobile. Other participants agreed, emphasizing that tasks such as feeding elderly individuals typically require a considerably greater amount of time compared to young adults who can independently manage such tasks. One participant said:

"It is very time consuming compared to caring for teenagers who are energetic and can take care of their personal hygiene" (Ps10, Female).

Another participant replied:

"Yes, it is. They need lots of attention compared to caring for any other age group" (Ps13, Male).

Sub- theme five - Conflicts

According to the participants, they shared experiences involving conflicts, such as disagreements with the patient's family, and raised concerns about neglect and mistreatment of patients by both colleagues and the patient's family. One participant mentioned that patients and their relatives might have opposing views on certain care decisions due to cultural disparities. Additionally, they noted that family communication could occasionally be discourteous.

Another participant recounted a situation where a family brought in a relative and then seemed to neglect the patient, resulting in confrontations when approached. Other participants also shared instances of conflicts with

the patient's families. For example, one participant described conflicts arising when the patient's family refused to provide necessary resources for the patient's care. Another participant indicated that conflicts emerged when families perceived demands for excessive contributions to their relative's care, leading to heated exchanges. A participant reported conflicts occurring when the patient's family brought them to the ward but failed to maintain communication and sometimes exhibited impoliteness towards the nurse. Feedback from one of them was:

"Yes, a lot of conflicts. Conflicts arise in instances where family of the patient bring the patient to the ward but then never show up again. And the family also speak rudely to the nurse sometimes" (Ps6, Male).

Sub- theme six - Neglect and Abuse

As per the participants' accounts, some of them expressed concerns about the mistreatment and neglect of patients, with mentions of both colleagues and family members. One participant conveyed that patients were occasionally subjected to verbal abuse by nurses and faced neglect in terms of care attendance. They even mentioned instances where patients were urged to pass away quickly to alleviate the caregivers' burden. Another participant highlighted how patients' personal hygiene and feeding were neglected due to high workloads and limited staffing, and families sometimes refrained from visiting their loved ones. A third participant indicated that verbal abuse towards patients could occur from certain nurses. However, others in the group reported not witnessing nurses mistreating patients but rather observed instances where the patient's family engaged in such behavior. One participant stated that nurses generally did not subject patients to abuse but acknowledged

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that family members could sometimes be verbally abusive. Some respondents emphasized that neglect mainly stemmed from the patient's family rather than the nurses responsible for their care. A participant also pointed out that neglect was primarily attributed to the patient's family and not the nurses, while another participant added that it was not the nurses but specific family members who occasionally neglected patients. A registered nurse noted:

"There is neglect on the part of the family but not nurses" (Ps8, Female) Again, one postulated:

"Yes there is. Neglecting patient"s personal hygiene, feeding because of workload and limited staff. On the part of the family, they refuse to visit the patient‖ *(Ps2, Female).*

THEME THREE: COPING STRATEGIES REGISTERED NURSES USE IN THE CARE OF THE AGED

Sub- theme one - Knowledge of Registered Nurses on Coping Strategies

A range of cognitive and behavioural approaches that people employ to deal with particular events (internal or external), as defined by some authors, are referred to as "coping strategies" and are the means by which people overcome stressful and challenging conditions. As a result of the facts just mentioned, nurses use a variety of coping mechanisms to aid in their daily professional practices (Martins, Chaves, & Campos, 2014).

Based on the findings, all participants demonstrated an understanding of coping strategies. A female participant expressed that they encompass various techniques nurses employ to adapt and adjust themselves in any given situation. Another participant mentioned that coping strategies involve the actions they take to overcome challenges during patient care. Several

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participants noted that these strategies aid them in delivering effective care and managing difficulties in patient care. For example, one participant described coping strategies as the measures taken to enhance patient care delivery, while another highlighted their role in addressing challenges when caring for elderly individuals.

Coping strategies are utilized to address stress as well. One participant articulated that they refer to the strategies employed to manage the stress experienced while tending to patients, and another participant added that they are the methods used to handle stressful situations when caring for older adult patients. The registered nurses' understanding of coping strategies, as revealed in the interview, included statements such as:

"They are the measures put in place to help us deliver patient care effectively" (Ps11, Female)

"They are the ways and methods employed in dealing with challenges while caring for the aged" (Ps13, Male).

Sub- theme two- Some coping Strategies Employed by Registered Nurses in the Aged Care

Indeed, nurses should develop coping mechanisms for stress and emotions to reduce the possibility of experiencing states of exhaustion that can result in signs of fatigue, emotional exhaustion, depersonalization, and lowered levels of personal accomplishment (Martins, Chaves, & Campos, 2014).

According to the participants, some of the strategies they use to deliver patient care effectively include listening well to the patients and their concerns, using the right techniques and skills during procedures, using the

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correct positioning and lifting techniques to reduce pain, empathizing with the patient, talking to the patients about their family and how they feel and learning to understand them and how they want things done for them, calling for help in situations such as lifting a patient and positioning of patients, explaining procedures to patients in their own language if possible, involving other staff and family members in the care of patient and using the correct positioning in lifting patients. Some coping strategies employed was:

"Calling for help in situations such as lifting a patient and positioning of patients" (Ps4, Male).

"I listen well to the patients and their concerns. Using the right techniques and skills during procedures", "using the correct positioning and lifting techniques to reduce pain" (Ps1, Female).

Discussion

This section of the chapter addresses the study's findings by comparing them to prior research, the study's theoretical frameworks, and the literature that has been evaluated. The discussion is structured in accordance with the predetermined objectives and any new issues that surfaced during the data analysis.

Registered nurses' perceived roles or duties for caring for the older adults

Nurses registered to care for older adults perceive their roles as encompassing the assessment of physical, mental, and social needs, planning and implementing appropriate interventions, monitoring and evaluating outcomes, and adjusting care plans, all while collaborating with other healthcare professionals, such as physicians, pharmacists, social workers, and physiotherapists, to deliver holistic and coordinated care. Findings from this

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study supports similar findings reported by Hickman et al. (2016) that RNs need to possess the necessary abilities to manage the varied demands of elderly patients. They must conduct a thorough evaluation, examine the medical history, employ suitable communication techniques and perform the necessary management utilizing tools that are supported by the available research. A nurse will need to keep an eye on analgesic and non-pharmacological therapies.

Jones et al. (2017) added that RNs, by evaluating the medical, functional, social, and environmental needs and preferences of older adults, can enhance aged care outcomes through effective coordination with other professionals and stakeholders involved in the care continuum, thus supporting the study's findings. Again, Donelan et al. (2019) assert that registered nurses conduct health risk assessments, physical needs assessments, and medication or treatment adjustments for older adults, alongside developing, updating, and coordinating care plans, monitoring health status and adherence to care plans, all while participating in team meetings and case conferences with other professionals, emphasizing their multifaceted roles in geriatric care.

In addition to that, participants emphasized that registered nurses have to respect the dignity, autonomy, and preferences of older adults and involve their families in the decision-making process. Congruent to the finding of this study, Mitchell and Cooper (2006) perceived RNs role as multifaceted, complex and challenging, requiring a high level of clinical, managerial and interpersonal skills. The study also disclosed that RNs valued their autonomy, flexibility and diversity of practice. Bedin et. al. (2013) also reported that the

central role in caring for elderly involved establishing trusting relationships, respecting their preferences and values, promoting their autonomy and dignity and ensuring their comfort and safety.

Moreover, registered nurses stated that it is their responsibility to educate and empower older adults and their families about health promotion, disease prevention, self-management and advocate for the rights and interests of older adults. Similar findings were reported by Bedin et al. (2013) indicating RNs roles in caring for older adult to include clinical care, management, education, quality improvement and advocacy. Jones et al. (2017) contributed that RNs also provide individualized care, education, and support to older adults and their families during the transition process. In addition, Buerhaus et al. (2019) asserted that RNs performed a variety of clinical activities such as medication management, patient education, chronic disease management, care

coordination and health promotion.

Positive Experiences of Registered Nurses in Caring for the Older Adult

Registered nurses who cared for the elderly expressed feelings of fulfillment, empathy, happiness, and fascination. They found caring for the elderly to be a rewarding and fulfilling experience, as it allowed them to connect with the elderly and learn about their past. Similarly, Eide, Halvorsen and Almendingen (2015) study found out that RNs felt a feeling of responsibility and satisfaction when they successfully deliver good nutritional care to older patients. Kwak et al. (2019) added that RNs experienced a sense of fulfillment and satisfaction when they effectively administered compassionate care to older adults. Also, Kim, Roh and Sok (2021) contend

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that nurses must increase their empathy towards the elderly towards to enhance their practice in elderly nursing.

Furthermore, it was revealed that registered nurses caring for the elderly employ various methods such as effective communication, privacy preservation, and professionalism to foster trust and respect in their relationships with elderly patients. Haavisto and Jarva (2018) findings attested to the study's result that trust in the nurse-patient relationship is crucial for the delivering of high-quality care and is influenced by various factors, including communication, professionalism, and preserving confidentiality and privacy. Kwame and Petrucka (2021) expounded that respectful communication between nurses and patients can improve patient adherence to medication and treatment regimens, minimise uncertainty, promote social support, improve safety, and raise patient satisfaction with care.

In addition to that, the result of the study describes caring for the elderly as a deeply affectionate and personally enriching experience, highlighting the value of learning from the elderly's stories, and emphasizing the role of patience, reassurance, and emotional support in fostering a loving environment for both the elderly and their families. Clarke, Jane Hanson and Ross (2003) study expressed that life stories aided practitioners in seeing patients as persons, getting to know them better, and developing stronger bonds with their families. The RNs expressed their enjoyment of using the method to guide their care. Jiménez-Herrera et. al. (2020) suggest that a compassionate care perspective generates positive emotions and feelings among nurses which in turn can enhance the quality of care for older adults.

Registered Nurses' Negative Experiences with Caring for the elderly

Registered nurses caring for older adults shared experiences highlighting the physical challenges and discomfort they faced, including musculoskeletal pain and physical strain, particularly when dealing with overweight patients and performing tasks such as patient positioning and lifting. Yip, (2001) recounted that low back pain remains a common and costly problem among the nursing profession. Several studies have indicated low back pain to mentally straining or hard work, fatigue or tiredness. Adibelli and Kılıç (2012) study highlighted the physical challenges RNs' experiences caring for elderly patients include insufficient hospital equipment, administrative hurdles, communication barriers and inadequacies in knowledge and expertise in older patient care. Dwyer (2011) argued that RNs often encounter challenges in their care for older adults, including a lack of professional support and collaboration from allied health and medical colleagues. Furthermore, they face difficulties due to the absence of specific education focused on clinical leadership and health team management. Passali et al., (2018) noted that there is a strong correlation between the severe RN shortage and an increased risk of musculoskeletal illnesses at work. Nurses are among the professions with the highest risk of occupational musculoskeletal disorders due to the intricacy of caring for elderly adults, which puts them at high risk for injury.

Moreover, the study's participants described encountering emotional distress while providing care for older adults due to challenges such as uncooperative relatives, poor prognosis, lack of patient support and unexpected negative outcomes, highlighting the emotional impact of their

nursing responsibilities in elderly care. Poku, Donkor and Naab (2020) correlates with this study finding contend that out of the 232 registered nurses studied, 91.1% of them reported experiencing moderate to high rate of emotional exhaustion. Da Rosa et al. (2021) demonstrated that factors linked to moderate to severe emotional distress, depression, anxiety and stress included worries about the deterioration of pre-existing mental health conditions, dissatisfaction with one's job and exposure to a higher volume of cases at their workplace.

Furthermore, registered nurses caring for the elderly reported that they commonly experience stress-related challenges, including fatigue, disrupted sleep, emotional changes, and health issues, which can be exacerbated by high workloads and understaffing. According to studies conducted all over the world, RNs who work with the elderly are likely to experience burnout. The views of occupational stress and other features of the job, as well as the sorts of coping methods used by staff, appear to be factors in burnout (Rachel & Francesco, 2018). Research studies have explored that job stress can negatively affect a nurse's quality of life and caring behaviours. It can lead to decreased energy levels, reduced work efficiency and inadequate provision of nursing care. These factors can ultimately have negative impact on older adult outcomes (Babapour et. al., 2022).

Also, participants unanimously agreed that caring for the elderly is timeconsuming compared to providing care for younger, healthier individuals, citing the increased need for attention and assistance in tasks such as personal hygiene and feeding. Hagerling (2015) asserted that there is a continuing need for more time and support in caring for older patients. Yoon (2015) further

supports this by comparing self-reports and time-and-motion observations, revealing that nurses tend to underreport the frequency and overreport the duration of mobility-related nursing care activities for older adults. These findings collectively emphasize the time constraints and challenges faced by nurses in caring for older adults. Qian (2016) both highlight the significant amount of time spent on personal care activities and documentation, indicating the time-consuming nature of these tasks. Dierckx de Casterlé et al. (2020) added that nurses frequently experience time pressure when caring for older persons, resulting in a perception of inadequacy in delivering quality care.

Besides, registered nurses shared experiences of conflicts involving disagreements with patients' families, concerns about patient neglect and mistreatment, cultural disparities leading to opposing care decisions, discourteous family communication, and confrontations arising from family neglect, highlighting the various sources of tension and disputes in their roles. Weman (2005) emphasized that RNs face challenges in cooperating with family members particularly when there is a conflict of interest or when family members are not actively involved in the care. Rajanala (2020) expounded on conflicts encountered by elderly family caregivers in their interactions with registered nurses, highlighting challenges such as difficulties accessing nursing care, issues with communication and coordination, concerns about the delivery of nursing services, unaddressed clinical questions, and the potential financial burden of nursing care.

According to registered nurses, concerns were raised about mistreatment and neglect of patients, with instances of verbal abuse and care

neglect mentioned, some attributing these issues to both colleagues and family members, while others suggested that neglect was primarily associated with patient's families rather than the nurses responsible for their care. In line with the study findings, Schiamberg (2012) reported that physical abuse by nursing home staff was reported by 24.3% of respondents with elderly relatives in nursing homes. Rabold and Görgen (2013) confirmed in their study that nearly 40% of in-home care nurses reported abusing or neglecting at least one patient. Similarly, Friedman (2015) identified a prevalence rate of mistreatment among older adults with neglect being the most common subtype. Vagharseyyedin (2016) later added that registered nurses were concerned about mistreatment and neglect of patients

Coping Strategies Participants Use in Caring for the Older Adult

The findings reveal that participants understood coping strategies for effective patient care, which involve various techniques to adapt and manage challenges, ultimately aiding in stress management, particularly in caring for the elderly and these strategies include attentive listening, skillful procedures, proper positioning, and empathy, clear communication, seeking assistance when needed, and involving both staff and family members in patient care. Cameron and Brownie (2010) found similar results to those of this study, stating that clinical experience; a feeling of purpose in a holistic care setting, a good attitude, and work-life balance are significant drivers of resilience in aged care nurses. When nurses are able to develop lasting, meaningful relationships with residents, their resilience in residential aged care institutions is ultimately improved. Collegial support that allows for the

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debriefing and validation of experiences, as well as the use of humour to reduce stress, encourages well-being and fosters resilience in the workplace.

Harris (2013) study came up that RNs manage workplace stress and identifies social support, humour, and prayer/meditation as effective coping strategies. Chen, et al. (2014) indicated that psychosocial intervention can assist RNs in adopting more social support and problem-focused coping techniques, which are advantageous in terms of lessening the strain of caring for older patients. Leslie, (2016) insisted that t is essential to apply critical methods, such as cooperating with and receiving support from peers and a patient's family members, whereas constraint should only be employed as a last resort.

In addition, Nichols, Horner, and Fyfe (2015) highlighted that when it comes to interpersonal communication, the influence of cultural norms on communication is significant. They employed various coping strategies, such as overlooking, resilience, and avoidance, when facing such circumstances. McKenzie, Brown, Mak, and Chamberlin's (2016) study showed how anxiety can be managed by health professionals working in dementia care, for example, by using experiential avoidance. This might affect how medical personnel treat patients and how they view them. They also proposed a reciprocal relationship between the methods of care used by medical practitioners and patients' wellbeing. According to Lu, Liu, Wang, and Lou (2017), RNs who are taking care of older adults with MSK diseases utilize avoidant coping to deal with the developmental burden and active coping to deal with time constraints and the physical burden. Active and avoidant coping mechanisms were both used to manage social and emotional strain.

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While avoidant coping had a negative effect on depressive symptoms, active coping had a protective effect on them.

Additionally, Benadé, Du Plessis, and Koen (2017) further assert that by putting their personal, professional, contextual, and spiritual talents to use, nurses could improve these strengths and perhaps their resilience. According to Zhu and Chen (2019), RNs employed a variety of coping mechanisms, including prayer, self-control, positive self-evaluation, emotion adjustment, help-seeking, communicative coping, deliberate problem-solving, and self improvement. The most often employed coping mechanisms described, according to Kazemi et al. (2021), were positive reappraisal and seeking for social support. RNs who had a greater burden of care resorted to escaping, avoiding situations, and distancing themselves more frequently.

Chapter Summary

The study's key conclusions were categorised into four primary areas. The three themes were the perceived roles or responsibilities of registered nurses in providing care for older adults, the variety of experiences that RNs have in providing care for older adults, and coping mechanisms that RNs employ in providing care for older adults.

Majority of the participants had knowledge on the perceived roles of registered nurse of older adult care. Again, almost all the participants stated clearly that their nursing roles/duties have effects on them positively and negatively in caring for older adult.

The registered nurses (RNs) discussed their experiences caring for the elderly. It was discovered that the nurses' general attitude towards the elderly was deemed to be good. Again, the lack of technologically advanced hospitals

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or clinics for older patients and the inadequacy of nurses' geriatric education were the main causes of the challenges faced by nurses in this study. Every participant understood what coping mechanisms are. Furthermore, everyone who took part had techniques to deal with the pressure and difficulties of caring for the elderly.

All the elements of the conceptual framework which served as the study's guiding framework were present in the themes and sub-themes that the research produced. More specifically, under the varied experiences RNs have while caring for the elderly, two subthemes (time-consuming and conflict) emerged from the interview. The conceptual framework, however addressed these sub-themes that participant has offered their enlightening experiences on.
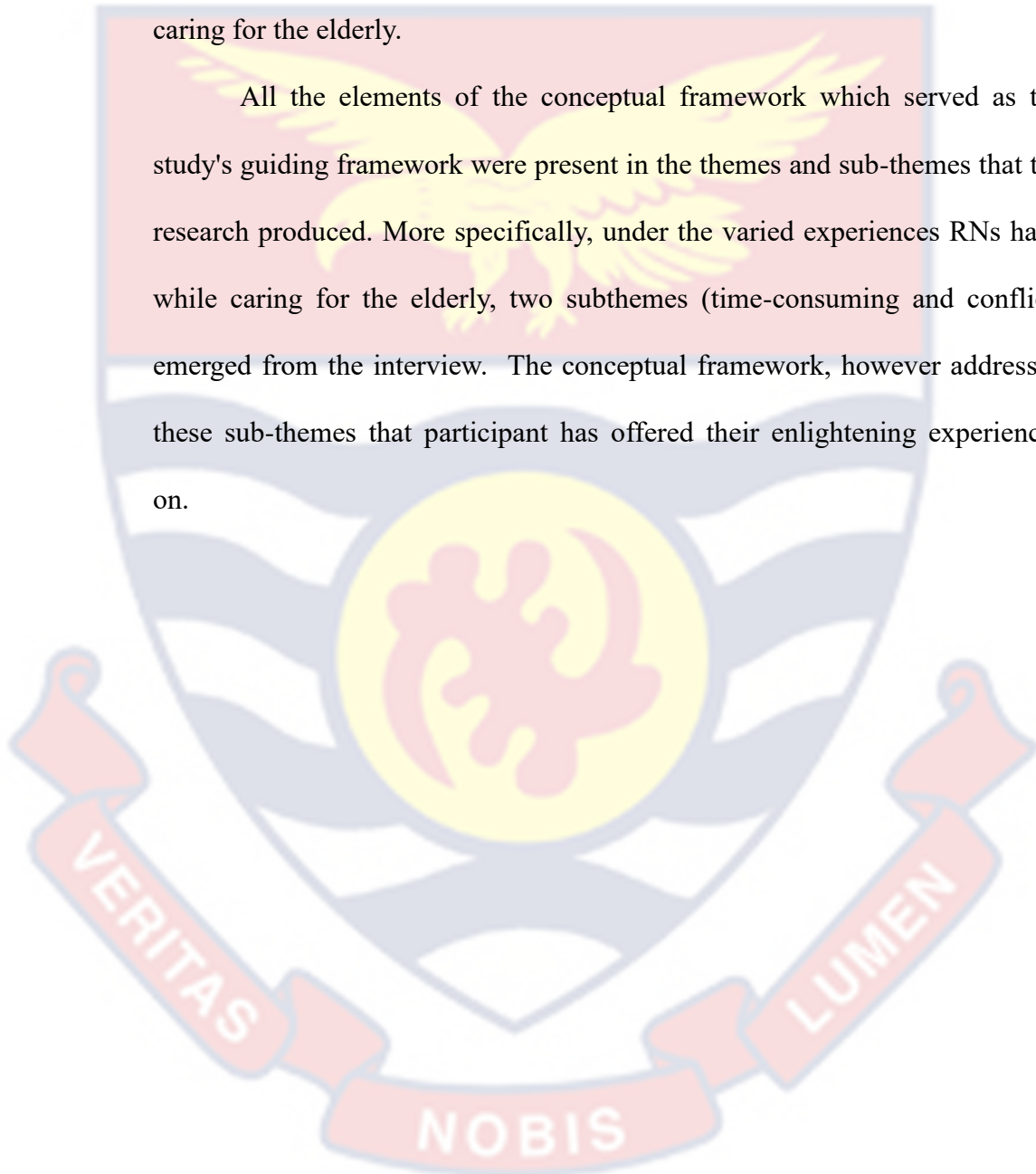
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter provides a comprehensive overview of the entire research. It outlines the conclusions derived from the study's findings and offers recommendations. The study situated the care of older adults within a wider context to investigate the diverse experiences of RNs in their care. To explore this concept, the study established three primary objectives. Initially, it sought to ascertain the responsibilities of registered nurses in the provision of care to older adults. Second, it described the various experiences of the older adult care nurses and finally the study described the coping strategies the registered nurses employed in the care of the older adult. The study was guided by the following research inquiries: firstly, the perceived roles of RNs in providing care for older adults, secondly, the encounters of RNs in caring for older adults and lastly, the methods and strategies employed by registered nurses to manage their care responsibilities.

Summary

This study's first chapter provided background information and identified the problem of rising healthcare needs among the elderly population. It emphasized the importance of skilled nursing care for older adults due to their vulnerability to functional decline. The study aimed to explore the experiences of registered nurses (RNs) caring for older adults at Cape Coast Metropolitan Hospital (CCMH) in Ghana.

To address this, the research questions were formulated: What are the perceived roles of RNs in caring for older adults? What positive experiences

do RNs have in caring for older adults? What negative experiences do RNs have in caring for older adults? What coping strategies do RNs employ in the care of older adults? The study employed an exploratory qualitative design, conducting interviews with RNs at CCMH.

The findings indicated that RNs perceived their roles as encompassing various responsibilities, including physical care, emotional support, and collaboration with other healthcare professionals. They reported both positive experiences such as learning and joy, and negative experiences, including physical strain and sadness. Building trust and respect with older adult patients involved effective communication and maintaining privacy and confidentiality.

Coping strategies employed by RNs included effective communication, proper body positioning, and empathy, involving others in patient care, maintaining confidentiality, and using appropriate methods for procedures. Despite the challenges, RNs found the care of older adults is rewarding. The study recommended additional training in older adult care, policy adjustments, and increased specialization to support RNs in providing high-quality care for older adults.

Conclusion

The study's results reveal that a significant portion of registered nurses employed at Cape Coast Metropolitan Hospital possess a commendable level of knowledge about their perceived role in older adult care. They encounter both favourable and challenging experiences while tending to older adults.

Additionally, these registered nurses have cultivated coping strategies to effectively navigate these challenges and deliver high-quality care to the elderly.

Recommendation

The following recommendations were made based on the study findings.

1. Specialized nurses on older adult care should establish mentorship programs where experienced nurses in gerontology can mentor and guide newer nurses, sharing their knowledge and expertise.

2. The leadership of nursing should conduct regular assessments of registered nurses' skills and knowledge in older adult care to identify areas for improvement and tailor training accordingly.

3. Management of the hospital should provide logistics and equipment that will reduce work related exhaustion and make caring for the older adult pliable. More so, they should allocate a ward/department for the older adult care.

4. Health professionals should ensure the implementation of educational initiatives designed to improve the understanding of nurses, older adult patients, and their families regarding the management of conflicts, instances of abuse, and cases of neglect in the context of caring for older adult patients.

5. Healthcare policy makers should strengthen health education and information dissemination on the issues on the responsibilities of the registered nurses, experiences and coping strategies regarding care for the older adult.

6. More nurses should be trained on specialized older adult care to reduce work load. This should inform policy makers and academia to increase

   the number of years of studies in older adult care to have more competent and specialized RNs.

7. The government should contribute to the construction of more facilities to house the growing number of older people who may require specialized or institutional care.

Suggestions for Further Research

There is the need for further studies and research into the care of the older adult and dissemination of information to the Ghanaian population in order to enhance the knowledge of the general public toward issues related to the care of the older adult.

In the future, this study might be conducted using a combination of qualitative and quantitative techniques to provide a more comprehensive knowledge of the experiences of the RNs in providing care for the elderly. Finally, studies on the care for the older adult can be researched in, all the hospitals in the Cape Coast Metropolis. Also, similar research should be conducted in other hospitals across the country to provide the opportunity for comparison

REFERENCES

Aboh, I. K., & Ncama, B. P. (2020). Development of a model for the care of the aged metropolitan area. *Gerontology and Geriatric Medicine,* 6(3), 1-10.

Adedoyin, O. B. (2020). Qualitative research methods. *Principles of Social Psychiatry*, 77-87.

Adibelli, D., & Kılıç, D. (2013). Difficulties experienced by nurses in older patient care and their attitudes toward the older patients. *Nurse education today*, *33*(9), 1074-1078.

Adu-Gyamfi, S., & Brenya, E. (2016). Nursing in Ghana: a search for Florence nightingale in an African City. *International Scholarly Research Notices*, *2016*.

Agyemang, A., & Tei-Muno, A. N. (2022). The effects of diminishing family and community ties on the elderly in Ghana. *Sprin Journal of Arts, Humanities and Social Sciences*, *1*(07), 378-384.

Agyemang-Duah, W., Peprah, C., & Peprah, P. (2020). Factors influencing the use of public and private health care facilities among poor older people in rural Ghana. *Journal of Public Health*, *28*, 53-63

Akinny, W. D. (2016). Investigating the desirability and feasibility of the, Old People's Home as a viable business in Ghana (Doctoral dissertation).

Al Yasin, A. M. (2023). Theory critique of Kristen Swanson's theory of caring. *Open Journal of Nursing*, *13*(8), 528-536.

Anderson, C., Moxham, L., & Broadbent, M. (2016). Providing support to nursing students in the clinical environment: a nursing standard requirement. *Contemporary Nurse*, *52*(5), 636-642.

Anning, A. (2012). The emerging problems of the aged in Ghana: issues of housing and basic care: A case study of some selected Districts in Ashanti Region (Doctoral dissertation).

Arbon, P. (2004). Understanding experience in nursing. *Journal of Clinical Nursing*, *13*(2), 150-157.

Asante, S., & Karikari, G. (2021). The State of Gerontological Training in Ghana: Implications for a specialized workforce and the aging population. *Innovation in Aging*, *5*(Supplement 1), 348-349.

Ashirwadam, J. (2014). Communication research methods of data analysis. *Tamilnadu Theological Seminary, August*, 1-6.

Atakro, C. A., Atakro, A., Aboagye, J. S., Blay, A. A., Addo, S. B., Agyare, D. F., & Ansong, I. K. (2021). Older people's challenges and expectations of healthcare in Ghana: A qualitative study. *PLoS One*, *16*(1), e0245451.

Australian College of Nursing (2016). Position statement: the role of registered nurses in residential aged care facilities. Retrieved from the Australian College of Nursing website: https://www.acn.edu.au/sites/default /files/ ACN_Position_Statement_R ole_of_RNs_in_RACFs.pdf

Australian College of Nursing (2016). The role of registered nurses in residential aged care facilities. Retrieved from position-statement-rolern-residential-aged-care-facilities.pdf (acn.edu.au)

Babapour, A. R., Gahassab-Mozaffari, N., & Fathnezhad-Kazemi, A. (2022). Nurses' job stress and its impact on quality of life and caring behaviors: A cross-sectional study. *BMC nursing*, *21*(1), 1-10.

Barbalet, J. M. (1999). William James' theory of emotions: Filling in the picture. *Journal for the Theory of Social Behaviour*, *29*(3), 251-266.

Bedin, M. G., Droz-Mendelzweig, M., & Chappuis, M. (2013). Caring for elders: the role of registered nurses in nursing homes. *Nursing inquiry*, *20*(2), 111-120.

Benadé, P., Du Plessis, E., & Koen, M. P. (2017). Exploring resilience in nurses caring for older persons. *health sa gesondheid*, *22*, 138-149.

Ben-Zur, H. (2020). Emotion-focused coping. *Encyclopedia of personality and individual differences*, 1343-1345.

Berjot, S., & Gillet, N. (2011). Stress and coping with discrimination and stigmatization. *Frontiers in psychology*, *2*, 33.

Bernick, L. (2004). Caring for older adults: practice guided by Watson's caring-healing model. *Nursing Science Quarterly*, *17*(2), 128-134.

Besdine, R. W. (2019). Introduction to geriatrics. *Merck manual professional version*.

Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkman's psychological stress and coping theory. *The handbook of stress and health: A guide to research and practice*, 349-364.

Blackman, I., Henderson, J., Willis, E., Hamilton, P., Toffoli, L., Verrall, C., & Harvey, C. (2015). Factors influencing why nursing care is missed. *Journal of clinical nursing*, *24*(1-2), 47-56.

Boateng, B. (2022). District assemblies and provision of social services in Ghana. Interrogating Educational and Health Care Infrastructure and Services in Bekwai Municipality.

Booker, S. Q. (2015). Lessons learned about aging and gerontological nursing in South Africa. *curationis*, *38*(1), 1-5.

Boru, T. (2018). Chapter five research design and methodology 5. 1 Introductions.

Bowling, A. (2011). Do older and younger people differ in their reported wellbeing? A national survey of adults in Britain. *Family practice*, *28*(2), 145-155.

Branch, C., Deak, H., Hiner, C., & Holzwart, T. (2016). Four nursing metaparadigms. *IU South Bend Undergraduate Research Journal*, *16*, 123-132.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Buerhaus, P. I., Chang, Y., DesRoches, C., Guzikowski, S., Norman, L., & Donelan, K. (2021). The roles and clinical activities of registered nurses and nurse practitioners in practices caring for older adults. *Nursing Outlook*, *69*(3), 380-388.

Burns, H., Diamond-Vaught, H., & Bauman, C. (2015). Leadership for sustainability: Theoretical foundations and pedagogical practices that foster change. *International Journal of Leadership Studies*.

Cameron, F., & Brownie, S. (2010). Enhancing resilience in registered aged care nurses. *Australasian journal on ageing*, *29*(2), 66-71.

Carlson, E., Rämgård, M., Bolmsjö, I., & Bengtsson, M. (2014). Registered nurses' perceptions of their professional work in nursing homes and home-based care: A focus group study. *International journal of nursing studies*, *51*(5), 761-767.

Carryer, J., Hansen, C. O., & Blakey, J. A. (2010). Experiences of nursing in older care facilities in New Zealand. *Australian Health Review*, *34*(1), 11-17.

Chen, H. M., Huang, M. F., Yeh, Y. C., Huang, W. H., & Chen, C. S. (2015). Effectiveness of coping strategies intervention on caregiver burden among caregivers of elderly patients with dementia. *Psychogeriatrics*, *15*(1), 20-25.

Cheng, W., Tu, J., & Shen, X. (2021). Registered nurses' role experiences of caring for older stroke patients: A qualitative study. *BMC nursing*, *20*(1), 96.

Choi, M., & Kim, M. (2016). Development and effects of a resilience training program for nurses. *Journal of Korean Academy of Nursing Administration*, *22*(4), 373-383.

Clark, C. S. (2016). Watson's human caring theory: Pertinent transpersonal and humanities concepts for educators. *Humanities*, *5*(2), 21.

Clarke, A., Jane Hanson, E., & Ross, H. (2003). Seeing the person behind the patient: enhancing the care of older people using a biographical approach. *Journal of clinical nursing*, *12*(5), 697-706.

Couto, A. M. D., Caldas, C. P., & Castro, E. A. B. D. (201 8). Family caregiver of older adults and Cultural Care in Nursing care. *Revista Brasileira de Enfermagem*, *71*, 959-966.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The counseling psychologist*, *35*(2), 236-264.

Da Rosa, P., Brown, R., Pravecek, B., Carotta, C., Garcia, A. S., Carson, P., & Vukovich, M. (2021). Factors associated with nurses' emotional distress during the COVID-19 pandemic. *Applied Nursing Research*, *62*, 151502.

DalPezzo, N. K. (2009). Nursing care: a concept analysis. In *Nursing Forum* (Vol. 44, No. 4, pp. 256-264). Malden, USA: Blackwell Publishing Inc.

De-Graft Aikins, A., Kushitor, M., Koram, K., Gyamfi, S., & Ogedegbe, G. (2014). Chronic non-communicable diseases and the challenge of universal health coverage: insights from community-based cardiovascular disease research in urban poor communities in Accra, Ghana. *BMC public health*, *14*(2), 1-9.

Delmar, C. (2010). Generalizability as recognition: reflections on a foundational problem in qualitative research. *Qualitative studies*, *1*(2), 115-128.

Dierckx de Casterlé, B., Mertens, E., Steenacker, J., & Denier, Y. (2020). Nurses' experiences of working under time pressure in care for older persons. *Nursing ethics*, *27*(4), 979-990.

Domfe, G., & Aryeetey, E. B. D. (2016). Household composition and well-being of older persons in Ghana. *Ghana Studies*, *19*(1), 130-153.

Donelan, K., Chang, Y., Berrett-Abebe, J., Spetz, J., Auerbach, D. I., Norman, L., & Buerhaus, P. I. (2019). Care management for older adults: The roles of nurses, social workers, and physicians. *Health Affairs*, *38*(6), 941-949.

Dosu, G. (2014). Elderly care in Ghana.

Dovie, D. A. (2019). The status of older adult care in contemporary Ghana: A profile of some emerging issues. *Frontiers in Sociology*, *4*, 25.

Dwyer, D. (2011). Experiences of registered nurses as managers and leaders in residential aged care facilities: a systematic review. *International Journal of Evidence-Based Healthcare*, *9*(4), 388-402.

Dwyer, D. (2014). Experiences of registered nurses as managers and leaders in residential aged care facilities. *JBI Evidence Implementation*, *12*(3), 187.

Eide, H. D., Halvorsen, K., & Almendingen, K. (2015). Barriers to nutritional care for the undernourished hospitalised elderly: Perspectives of nurses. *Journal of clinical nursing*, *24*(5-6), 696-706.

Eriksson, K. (1992). The alleviation of suffering the idea of caring. *Scandinavian Journal of Caring Sciences*, *6*(2), 119-123.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, *5*(1), 1-4.

Fagerberg, I., & Kihlgren, M. (2001). Registered nurses' experiences of caring for the elderly in different health-care areas. International Journal of Nursing Practice, 7(4), 229-236. Retrieved from https://doi.org/10.1046/j.1440-172x.2001.00273.x

Farlex, P. (2012). Medical dictionary. *Saunders comprehensive veterinary Dictionary*.

Fourie, W. J., McDonald, S., Connor, J., & Bartlett, S. (2005). The role of the registered nurse in an acute mental health inpatient setting in New

Zealand: Perceptions versus reality. *International Journal of Mental Health Nursing*, *14*(2), 134-141.

Frey, L., Botan, C. H., & Kreps, G. (2000). Investigating communication. *NY: Allyn & Bacon*.

Frey, R., Boyd, M., Foster, S., Robinson, J., & Gott, M. (2015). Burnout matters: The impact on residential aged care staffs 'willingness to undertake formal palliative care training. *Progress in Palliative Care*, *23*(2), 68-74.

Frimpong, J. A. (2015). Social support for the aged: The role of private care homes in Accra (Doctoral dissertation, University of Ghana).

Fussell, B., McInerney, F., & Patterson, E. (2009). Experiences of graduate registered nurses in aged care: A case study. *Contemporary nurse*, *33*(2), 210-223.

Gethins, M. (2012). Breast cancer in men.

Glaser, B. G. A. L. (1978). Strauss (1967): The discovery of grounded theory: Strategies for qualitative research. *London: Wiedenfeld and Nicholson*, *81*, 86.

Goharinezhad, S., Maleki, M., Baradaran, H. R., & Ravaghi, H. (2016). A qualitative study of the current situation of elderly care in Iran: What can we do for the future? *Global health action*, *9*(1), 32156.

Government of Ghana (2021). Ministry of health, statistical unit. Cape Coast Metropolitan Hospital

Haavisto, M., & Jarva, S. (2018). Developing Trust in a Nurse-Patient Relationship. *Jamk University of Applied Sciences*, 1-37.

Hagerling, F. L. (2015). Nurse attitudes toward caring for older patients with delirium (Doctoral dissertation, Colorado State University).

Hall, E. O., & Høy, B. (2012). Re-establishing dignity: Nurses' experiences of caring for older hospital patients. *Scandinavian journal of caring sciences*, *26*(2), 287-294.

Hanson, L., Swanson, K., & Hanson, E. (2018). Enabling independence and autonomy in home care for older adults: A qualitative study based on Swanson's theory of caring. Home Health Care Management & Practice, 30(4), 16–23. https://doi.org/10.1177/1084822318767323

Hanson, L., Swanson, K., & Swanson, E. (2019). Finding meaning through

Kristen Swanson's caring behaviors: A phenomenological study of nurse educators. *International Journal for Human Caring*, 24(1), 6–11. https://doi.org/10.1891/1078-4535.24.1.6

Hanson, L., Swanson, K., & Zimmerman, S. (2017). The power of presence in nursing practice: A concept analysis. *Advances in Nursing Science*, 40(4), E1-E14.

Harris, L. J. (2013). Caring and coping: Exploring how nurses manage workplace stress. *Journal of Hospice & Palliative Nursing*, *15*(8), 446454.

Hart, C. (2018). Doing a literature review: Releasing the research imagination. *Doing a Literature Review*, 1-352.

He, W., Goodkind, D., & Kowal, P. (2016). An ageing world: 2015 (International population reports). United States Census Bureau. P95/16-1.

118

Henderson, V. (1978). The concept of nursing. *Journal of advanced nursing*, *3*(2), 113-130.

Hickman, L. D., Neville, S., Fischer, T., Davidson, P. M., & Phillips, J. L. (2016). Call to action: Greater investment in the registered nurse role is required to improve care outcomes for dementia patients living in residential aged care and their families. *Contemporary Nurse*, *52*(2-3), 137-139.

Hughes, R. G. (2008). Nurses at the sharp end of patient care. *Patient safety and quality: An evidence-based handbook for nurses*.

Huizenga, P., Finnema, E., & Roodbol, P. (2016). Learnt and perceived professional roles of a new type of nurse specialized in gerontology and geriatrics, a qualitative study. *Journal of advanced nursing*, *72*(7), 1552-1566.

Hunter, S., Considine, J., & Manias, E. (2023). The influence of intensive care unit culture and environment on nurse decision-making when managing vasoactive medications: A qualitative exploratory study. *Journal of Clinical Nursing*, *32*(13-14), 4081-4091.

Hupkens, S., Goumans, M., Derkx, P., & Machielse, A. (2020). Nurse's attunement to patient's meaning in life-a qualitative study of experiences of Dutch adults ageing in place. *BMC nursing*, *19*(1), 1-13.

Hvalvik, S., & Dale, B. (2013). Nurses' experiences of caring for older persons in transition to receive Homecare: Being somewhere in between competing values. *Nursing Research and Practice*, *2013*.

International Council of Nurses (ICN) (2008). The scope of practice, standards and competencies of the Advanced Practice Nurse. Monograph, ICN Regulation Series.

Jiménez-Herrera, M. F., Llauradó-Serra, M., Acebedo-Urdiales, S., BazoHernández, L., Font-Jiménez, I., & Axelsson, C. (2020). Emotions and feelings in critical and emergency caring situations: A qualitative study. *BMC nursing*, *19*, 1-10.

Johansson, P., Oleni, M., & Fridlund, B. (2002). Patient satisfaction with nursing care in the context of health care: A literature study. *Scandinavian journal of caring sciences*, *16*(4), 337-344.

Jones, J., Lawrence, E., Ladebue, A., Leonard, C., Ayele, R., & Burke, R. E. (2017). Nurses' role in managing the fit of older adults in skilled nursing facilities. *Journal of Gerontological Nursing*, *43*(12), 11-20.

Josefsson, K. (2006). Municipal elderly care: Implications of registered nurses' work situation, education, and competence. Institutionen för neurobiologi, vårdvetenskap och samhälle/Department of Neurobiology, *Care Sciences and Society.*

Kabir, S. M. S. (2016). Basic guidelines for research. *An introductory approach for all disciplines*, *4*(2), 168-180.

Kadam, P., & Bhalerao, S. (2010). Sample size calculation. *International journal of Ayurveda research*, *1*(1), 55.

Kalfoss, M., & Owe, J. (2015). Empirical verification of Swanson's caring processes found in nursing actions: Systematic review. *Open Journal of Nursing*, *5*(11), 976.

Karlstedt, M., Wadensten, B., Fagerberg, I., & Pöder, U. (2015). Is the competence of Swedish registered nurses working in municipal care of older people merely a question of age and postgraduate education? *Scandinavian Journal of Caring Sciences*, *29*(2), 307-316.

Kazemi, A., Azimian, J., Mafi, M., Allen, K. A., & Motalebi, S. A. (2021). Caregiver burden and coping strategies in caregivers of older patients with stroke. *BMC psychology*, *9*(1), 1-9.

Kennedy-Clark, S. (2012). Design research and the Solo Higher Degree Research Student: Strategies to embed trustworthiness and validity into the research design. *Australian Association for Research in Education (NJ1)*.

Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical teacher*, *42*(8), 846-854.

Kilaberia, R., & Ratner, E. (2018). Live-in strangers‖: An experiential account of gerontology educational immersion in senior housing. *Gerontology & Geriatrics Education*, *39*(1), 86-103.

Kim, H. S., & Yeom, H. A. (2018). The association between spiritual wellbeing and burnout in intensive care unit nurses: A descriptive study. *Intensive and Critical Care Nursing*, *46*, 92-97.

Kim, S., Roh, H. J., & Sok, S. (2021). Empathy and self-efficacy in elderly nursing practice among Korean nurses. *International Journal of Environmental Research and Public Health*, *18*(6), 3072.

Kowal, P., & Dowd, J. E. (2001). Definition of an older person. Proposed working definition of an older person in Africa for the MDS Project. *World Health Organization, Geneva, doi*, *10*(2.1), 5188-9286.

Kpessa-Whyte, M. (2018). Aging and demographic transition in Ghana: State of the elderly and emerging issues. *The Gerontologist*, *58*(3), 403-408.

Krause, N. M., & Jay, G. M. (1994). What do global self-rated health items measure? *Medical care*, 930-942.

Kristofferzon, M. L., Engström, M., & Nilsson, A. (2018). Coping mediates the relationship between sense of coherence and mental quality of life in patients with chronic illness: a cross-sectional study. *Quality of life research*, *27*, 1855-1863.

Kunzler, A. M., Helmreich, I., Chmitorz, A., König, J., Binder, H., Wessa, M., & Lieb, K. (2020). Psychological interventions to foster resilience in healthcare professionals. *Cochrane Database of Systematic Reviews*, (7).

Kwak, C., Chung, S., & Lee, J. (2019). Barriers to compassionate care in clinical nurses: A qualitative study. International Journal of Nursing Practice, 25(2), e12717. https://doi.org/10.1111/ijn.12717

Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC nursing*, *20*(1), 1-10.

Kwan, B. S., Chan, H., & Lam, C. (2012). Evaluating prior scholarship in literature reviews of research articles: A comparative study of practices in two research paradigms. *English for Specific Purposes*, *31*(3), 188201.

Laar, A. S., Asare, M., & Dalinjong, P. A. (2020). What alternative and innovative sources of healthcare finance can be explored for the

sustainability of the national health insurance scheme of Ghana? *Perspectives of Health Managers*

Laari, L., & Duma, S. E. (2023). A call for total nursing role reformation: Perceptions of Ghanaian nurses. *Nursing Inquiry*, e12549.

Lachs, M. S., & Pillemer, K. (1995). Abuse and neglect of elderly persons. *New England Journal of Medicine*, *332*(7), 437-443.

Lambrinou, E., Sourtzi, P., Kalokerinou, A., & Lemonidou, C. (2009). Attitudes and knowledge of the Greek nursing students towards older people. *Nurse Education Today*, *29*(6), 617-622.

Lampert, M. A., & Rosso, A. L. P. (2015). Depression in elderly women resident in a long-stay nursing home. *Dementia & Neuropsychologia*, *9*, 76-80.

Lee et al. (2015). Experiences of young children with cancer and their parents with nurses 'caring practices during the illness trajectory: A qualitative content analysis using Swanson's theory of caring. Journal of Paediatric Oncology Nursing, 36(6), 411-420.

Lee, H., Gu, M., & Sok, S. (2023). The Effects of nurses' perception of the Older Adults and Work Stress on Nursing Competency of Nurses Who Care for Older Adult Patients at General Hospital. *International Journal of Environmental Research and Public Health*, *20*(3), 2095.

Leslie, J. L., & Lonneman, W. (2016). Promoting trust in the registered nurse patient relationship. *Home healthcare now*, *34*(1), 38-42.

Li, H., Chang, H., Tao, Z., Zhang, D., Shi, Y., & Li, X. (2021). Mediating effect coping style on the relationship between clinical leadership and

quality of work life among nurses in tertiary-level hospitals in China: a cross-sectional study. *BMJ open*, *11*(2), e041862.

Li, S., Zhang, J., Liu, Y., Wang, A. P., & Qiu, G. (2022). Survey of the demand for care services for older people and the training needs of their care workers: a cross-sectional study in Northeast China. *BMC nursing*, *21*(1), 1-8.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. sage.

Lindahl, B., Lindblad, B. M., & Rönnegård, L. (2019). Experiences of young children with cancer and their parents with nurses' caring practices during the illness trajectory: A qualitative content analysis using Swanson's theory of caring. *Journal of Pediatric Oncology Nursing*, 36(6), 411-420.

Lindgren, B. (2016). The rise in life expectancy, health trends among the elderly, and the demand for care-a selected literature review.

Lu, N., Liu, J., Wang, F., & Lou, V. W. (2017). Caring for disabled older adults with musculoskeletal conditions: A transactional model of caregiver burden, coping strategies, and depressive symptoms. *Archives of Gerontology and Geriatrics*, *69*, 1-7.

Lukose, A. (2011). Developing a practice model for Watson's theory of caring. *Nursing Science Quarterly*, *24*(1), 27-30.

Mai, S., Cai, J., & Li, L. (2022). Factors associated with access to healthcare services for older adults with limited activities of daily living. *Frontiers in Public Health*, *10*, 921980.

Makie, V. V. (2006). Stress and coping strategies amongst registered nurses working in a South African tertiary hospital (Doctoral dissertation, University of the Western Cape).

Mandville-Anstey, S., Ward, C., Grainger, C. & Foley, B. (2014). Gerontological nursing education: A scoping review. *Journal of Nursing Education and Practice, 4(10),* 1-10.

Martin, C. (1996). The lived experience of the aged care nurse.

Martins, M. C., Chaves, C., & Campos, S. (2014). Coping strategies of nurses in terminal ill. *Procedia-Social and Behavioral Sciences*, *113*, 171180.

Mba, C. J. (2010). Population ageing in Ghana: research gaps and the way forward. *Journal of aging research*.

McCluskey, K. (2005). Applying Watson's theory of human caring to palliative care: A nursing student's perspective. *International Journal for Human Caring*, *9*(2), 109.

McEwen, M., & Wills, E. M. (2014). Introduction to middle range nursing theories. *Theoretical basis for nursing*, 213-227.

McKenzie, E. L., Brown, P. M., Mak, A. S., & Chamberlain, P. (2017). Old and ill: Death anxiety and coping strategies influencing health professionals' well-being and dementia care. *Aging & mental health*, *21*(6), 634-641.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). Qualitative data analysis: A methods sourcebook. 3rd.

Milton-Wildey, K., & O' Brien, L. (2010). Care of acutely ill older patients in hospital: clinical decision-making. *Journal of clinical nursing*, *19*(9-10), 1252-1260.

Mitchell, P., & Cooper, J. (2006). Exploring the position of the registered nurse in residential aged care. *Geriaction*, *24*(1), 5-9.

Moghaddam, H., Mohamadi, S., & Alipour, F. (2019). Attitude of nurses, instructors, and nursing students towards the care of elderly patients (a systematic review). *Journal of Gerontology*, *4*(2), 34-44.

Mohammed, A. I. (2019). Workplace stress among nurses. *International Journal of Innovative Research in Medical Science*, *4*(12), 690.

Mok, E., & Chiu, P. C. (2004). Nurse patient relationships in palliative care. *Journal of advanced Nursing*, *48*(5), 475-483.

Moore, D.M. (2012*)*. Building trusting caring relationships: Walking in the shoes of another.

Morrison R. (2015). Silver surfers search for gold: A study into the online information-seeking skills of those over fifty. *Ageing International*, 40, 300-310.

Muangpaisan, W., & Assantachai, P. (2017). Health and ill health in the older population. *Siriraj Medical Journal*, 61(4), 230-232

Næss, G., Kirkevold, M., Hammer, W., Straand, J., & Wyller, T. B. (2017). Nursing care needs and services utilised by home-dwelling elderly with complex health problems: observational study. *BMC health services research*, *17*, 1-10.

Nichols, P., Horner, B., & Fyfe, K. (2015). Understanding and improving communication processes in an increasingly multicultural aged care workforce. *Journal of Aging Studies*, *32*, 23-31.

Nikbakht Nasrabadi, A., Wibisono, A. H., Allen, K. A., Yaghoobzadeh, A., & Bit-Lian, Y. (2021). Exploring the experiences of nurses' moral

distress in long-term care of older adults: a phenomenological study. *BMC nursing*, *20*(1), 156.

Nikfarid, L., Hekmat, N., Vedad, A., & Rajabi, A. (2018). The main nursing metaparadigm concepts in human caring theory and Persian mysticism: a comparative study. *Journal of medical ethics and history of medicine*, *11*.

Paliadelis, P., & Cruickshank, M. (2019). UBHA.! HY.

Passali, C., Maniopoulou, D., Apostolakis, I., & Varlamis, I. (2018). Work related musculoskeletal disorders among Greek hospital nursing professionals: A cross-sectional observational study. *Work*, *61*(3), 489498.

Patino, C. M., & Ferreira, J. C. (2018). Inclusion and exclusion criteria in research studies: Definitions and why they matter. *Journal Brasileiro de Pneumologia*, *44*, 84-84.

Penney, W., Poulter, N., Cole, C., & Wellard, S. (2016). Nursing assessment of older people who are in hospital: Exploring registered nurses' understanding of their assessment skills. *Contemporary Nurse*, *52*(2-3), 313-325.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological journal*, *20*(1), 7-14.

Poku, C. A., Donkor, E., & Naab, F. (2020). Determinants of emotional exhaustion among nursing workforce in urban Ghana: A cross-sectional study. *BMC nursing*, *19*, 1-10.

127

Polit, D. F., & Beck, C. T. (2010). Essentials of nursing research: Appraising evidence for nursing practice. Lippincott Williams & Wilkins.

Prince, Wu, Guo, Robledo, O'Donnell, Sullivan, & Yusuf. (2015). The burden of disease in older people and implications for health policy and practice. *The Lancet*, 385(9967), 549- 562.

Qian, S., Yu, P., & Hailey, D. (2015). Nursing staff work patterns in a residential aged care home: a time motion study. *Australian Health Review*, *40*(5), 544-554.

Rabold, S., & Görgen, T. (2013). Abuse and neglect of older care recipients in domestic settings–Results of a survey among nursing staff of home care services in Hanover (Germany). *The Journal of Adult Protection*, *15*(3), 127-140.

Rachel, H., & Francesco, S. (2018). Factors associated with and impact of burnout in nursing and residential home care workers for the elderly. *Acta Bio Medica: Atenei Parmensis*, *89*(Suppl 7), 60.

Rajanala, A., Ramirez-Zohfeld, V., O'Conor, R., Brown, D., & Lindquist, L. A. (2020). Conflicts experienced by caregivers of older adults with the health-care system. *Journal of Patient Experience*, *7*(6), 1130-1135.

Rashidi, N., Shamloo, M. B. B., & Kalani, L. (2022). Correlation between stress and coping strategies among nurses caring for COVID-19 patients: a cross-sectional study. *Trends in Medical Sciences*, *2*(3).

Riviere, M., Dufoort, H., Van Hecke, A., Vandecasteele, T., Beeckman, D., & Verhaeghe, S. (2019). Core elements of the interpersonal care relationship between nurses and older patients without cognitive impairment during their stay at the hospital: A mixed-methods

systematic review. *International Journal of Nursing Studies*, *92*, 154172.

Salia, S. M., Adatara, P., Afaya, A., Jawula, W. S., Japiong, M., Wuni, A., ... & Alhassan, R. K. (2022). Factors affecting care of elderly patients among nursing staff at the Ho teaching hospital in Ghana: Implications for geriatric care policy in Ghana. *Plos one*, *17*(6), e0268941.

Sandelowski, M. (1995). Sample size in qualitative research. *Research in nursing & health*, *18*(2), 179-183.

Schiamberg, L. B., Oehmke, J., Zhang, Z., Barboza, G. E., Griffore, R. J., Von Heydrich, L., & Mastin, T. (2012). Physical abuse of older adults in nursing homes: A random sample survey of adults with an elderly family member in a nursing home. *Journal of Elder Abuse & Neglect*, *24*(1), 65-83.

Seidi, J., Alhani, F., & Salsali, M. (2015). Nurses' clinical judgment development: qualitative research in Iran. *Iranian Red Crescent Medical Journal*, *17*(9).

Showkat, N., & Parveen, H. (2017). In-depth interview. *Quadrant-I (e-text)*, 19.

Shrivastava, S. R. B. L., Shrivastava, P. S., & Ramasamy, J. (2013). Health-care of elderly: Determinants, needs and services. *International journal of preventive medicine*, *1*(1), 1224-5.

Smolowitz, J., Speakman, E., Wojnar, D., Whelan, E. M., Ulrich, S., Hayes, C., & Wood, L. (2015). Role of the registered nurse in primary health care: Meeting health care needs in the 21st century. *Nursing Outlook*, *63*(2), 130-136.

Strickland, D. (1996). Applying Watson's theory for caring among elders. *Journal of Gerontological Nursing*, *22*(7), 6-9.

Swanson et al. (2013). Empirical Indicators of Swanson's caring processes in nursing practice: Systematic review and meta-analysis. *Journal of Clinical Nursing*, 22(9-10), 1191-1202. https://doi.org/10.1111/jocn.12002

Swanson, K. M. (1991). Empirical development of a middle range theory of caring. *Nursing Research*, 40(3), 161-166.

Swanson, K., Swanson, E., & Hanson, L. (2016). Enabling participation and involvement in research for older adults: A qualitative study based on Swanson's theory of caring. research in gerontological nursing, 9(1), 19–27. https://doi.org/10.3928/19404921-20151207-01

Thornlow, D. K., Auerhahn, C., & Stanley, J. (2006). A necessity not a luxury: Preparing advanced practice nurses to care for older adults. *Journal of Professional Nursing*, *22*(2), 116-122.

United Nations. (2019). World population prospects 2019: Highlights (ST/ESA/SER.A/423).https://population.un.org/wpp/Publications/Files/WPP2019_10KeyFin dings.pdf

United Nations. (2021). World population ageing 2020 highlights (ST/ESA/SER.A/451). https://www.un.org/en/development/desa/population/publications/pdf/a ageing/WPA2020_Highlights.pdf

Vagharseyyedin, S. A. (2016). Nurses' perspectives on workplace mistreatment:

A qualitative study. *Nursing & health sciences*, *18*(1), 70-78.

Venturato, L., Kellett, U., & Windsor, C. (2006). Searching for value: The influence of policy and reform on nurses' sense of value in long-term aged care in Australia. *International Journal of Nursing Practice*, *12*(6), 326-333.

Walton, J., & Blossom, H. (2013). The experience of nursing students visiting older adults living in rural communities. *Journal of Professional Nursing*, *29*(4), 240-251.

Watson J. (2005). Caring science as sacred science (1st ed.). Philadelphia: F.A. Davis Company

Watson J. (2009). Caring science and human caring theory: transforming personal and professional practices of nursing and health care. *Journal of Health and Human Services Administration*, 31(4), 466–482.

Watson, J. (1999). Nursing: Human science and human care: A theory of nursing (Vol. 15, No. 2236). Jones & Bartlett Learning.

Watson, J. (2008). Nursing: The philosophy and science of caring (Rev. ed.).

Wei, H., & Watson, J. (2019). Healthcare interprofessional team members' perspectives on human caring: A directed content analysis study. *International journal of nursing sciences*, *6*(1), 17-23.

Weman, K. (2005). Co-operation with family members: A challenge for registered nurses in community elder care. Karolinska Institute (Sweden).

Wilmot, A. (2005). Designing sampling strategies for qualitative social research: With particular reference to the office for national statistics' qualitative respondent register. *Survey Methodology Bulletin-Office for National Statistics-*, *56*, 53.

World Health Organization (2022). Aging and health. Retrieved from https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

World Health Organization. (1998). The World Health Report 1998: Life in the 21st century a vision for all. In *The world health report 1998: life in the 21st century A vision for all* (pp. 241-241).

Yip, Y. B. (2001). A study of work stress, patient handling activities and the risk of low back pain among nurses in Hong Kong. *Journal of advanced nursing*, *36*(6), 794-804.

Yiranbon, E., Lulin, Z., Antwi, H. A., Marfo, E. O., Amoako, K. O., & Offin, D. K. (2014). Exploring the expectation and perception of healthcare needs of the elderly in Ghana: an empirical analysis. *International Journal of Academic Research in Economics and Management Sciences*, *3*(3), 165.

Yiranbon, E., Lulin, Z., Antwi, H. A., Marfo, E. O., Amoako, K. O., & Offin, D. K. (2014). Exploring the expectation and perception of healthcare needs of the elderly in Ghana: an empirical analysis. *International Journal of Academic Research in Economics and Management Sciences*, *3*(3), 165.

Yoon, J. Y., King, B., Pecanac, K., Brown, R., Mahoney, J., & Kuo, F. (2015). Comparison of time-and-motion observations and self-reports to capture mobility-related nursing care activities for hospitalized older adults. *Research in gerontological nursing*, *8*(3), 110-117.

Yous, M. L., Ploeg, J., Kaasalainen, S., & Martin, L. S. (2019). Nurses' experiences in caring for older adults with responsive behaviors of dementia in acute care. *SAGE Open Nursing*, *5*, 2377960819834127.

APPENDICES

APPENDIX A

INFORMED CONSENT FORM

Title: Experiences of Registered Nurses in caring for older adults at Cape

Coast Metropolitan Hospital

Principal Investigator: [Rebecca Darkwah]

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

General Information about Research

The population of the older adult 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). However, as people age, their protection and functionality decline and subsequently exposes them to ill health (Australian Bureau of Statistics, 2010). Moreso, unlike the developed countries, the care of these older adults is taken for granted in Ghana (Chisholm & Hasan, 2010) which the RNs experience so many physical, emotional and social effect as result of the care of the older adult. For instance, at the Cape Coast Metropolitan Hospital, per my observation and experience, the RNs experience so many exhaustions as they care for them that lead to so many problems that gives them pains and discomfort. Sometimes it gives them positive experience as well (Adibelli & Kılıç, 2012). It is therefore likely that the care provided for these older adults do not meet their standard because of the various experiences they encounter.

In respect to prompt health policy makers for RNs to appropriate care to the older adult's population, I seek to explore in-depth, the experiences of RNs in

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the care of the older adult at the Cape Coast Metropolitan Hospital. Our conversation will be in English which will last between sixteen to thirty five 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 humbly requested to take part in this interview since, your experience with older adult care can contribute much improvement the nursing care of the older adults. 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. And so, 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 16- 35 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 participants 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 in older adult care to ensure an improvement in the RNs care they give and the various experiences they encounter in the care they render at the Cape Coast Metropolitan Hospital. Finally, the findings from the study could also promote high quality nursing care that can prevent complications, promotes optimal wellbeing, and results in decreased exhaustions in the care of the older adult and ensures a healthier nation.

Confidentiality

The interview will be audio taped but 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 I 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 opt out at any point during the interview without any explanation. Withdrawal will not affect you in any way. 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 guide. And the interview must be recorded, transcribed and analysed later.

Contacts for Additional Information

Rebecca Darkwah

Phone number: 0243115144

Email: beckdarkwah@gmail.com

Dr. Irene K. Aboh

School of Nursing and midwifery

Phone number; 0552477872

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 phone 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 Experiences of the Registered Nurses in Caring for the older adult at Cape Coast Metropolitan Hospital 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
I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____   _____
Date   Name and Signature of Person Who Obtained Consent

APPENDIX B

INTERVIEW GUIDE

Interview Guide

This list of questions guided the researcher to explore and provide an in-depth description of the experiences of registered nurses (RNs) in caring for the sick older adult at Cape Coast Metropolitan Hospital. Participant's response also guided the questions and helped the researcher to probe further to elicit the real experiences of the RNs in the care of the older adult.

Section A : Demographic Data

1. How old are you please?

2. What is your highest level of education?

3. What is your Current Rank/position?

4. How many years have you been working as a nurse?

5. How many years have you been working with the care of the older adult?

6. Have you received any official training about the care of the older adult?

7. Do you know any special care that the older adult can receive?

Section B: Questions

1. Who is a registered nurse?

   Prompt

   a. What duties do you perform in caring for the older adult?

   b. Why do you view your care as a performance of duty or an expression of love for them?

   c. How do the duties you perform have effects on you?

2. What are the various experiences of the registered nurse in the care of the older adult?

Emotional Experiences

Prompt

a. How do you feel about the care of the older adult?

b. What is your caring encounter with patient?

c. How do you build trust and respect atmosphere in the care of the patient?

d. What makes the caring for the older adult loving?

e. What are some of the instances that the older adult care becomes traumatised emotionally?

Physical Experience

Prompt

a. How do you become physically stressed in the older adult care?

b. Is this care time consuming? Compare it to any other form of care to justify your point.

c. Have you experienced any form of conflict with the family or patient in their care?

Social Experience

Prompt

a. Is the aged patient abused by the nurse and family?

b. Mention the areas where older adult patient is abused by the nurses and family if any?

c. Is there any form of neglect of the older adult patient by the nurse and family?

    d.   Is the care of the older adult rewarding?

3. How do you understand coping strategies in the older adult care?

Prompt

    a. What are some of the coping strategies you can employ in the older

    adult care?

APPENDIX C

APPLICATION LETTER FOR ETHICAL CLEARANCE

University of Cape Coast

College of Health and Allied Sciences

School of Nursing and Midwifery

13th April 2021

The Chairperson

Institutional Review Board

University of Cape Coast

Thro;

The Dean

School of Nursing and Midwifery

University of Cape Coast

Dear Sir/Madam

APPLICATION FORM FOR ETHICAL CLEARANCE TO CONDUCT RESEARCH
REBECCA DARKWAH SN/MNS/19/0005

I wish to apply for ethical clearance to undertake a research on the topic: Experiences of Registered Nurses in Caring for the Aged: A study at Cape Coast Metropolitan Hospital. The study is to be conducted as my thesis in partial fulfilment for the award of Master of Nursing.

Please find attached all relevant documents attached.

Thank You.

Yours Faithfully,

Rebecca Darkwah

APPENDIX D

COVER LETTER FOR ETHICAL CLEARANCE FROM

SUPERVISOR

UNIVERSITY OF CAPE COAST
COLLEGE OF HEALTH AND ALLIED SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
DEPARTMENT OF ADULT HEALTH

Telephone: 233-033-209 7282
Telegrams & Cables: University, Cape Coast
Email: adulthealth.nursing@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: DAH/IRB/Vol. 1/30

Your Ref:

12th April, 2021

The Chairman
Institutional Review Board
University of Cape Coast.

Dear Sir/ Madam,

APPLICATION FOR ETHICAL CLEARANCE: MS. REBECCA DARKWAH

I am the supervisor of the above named Master of Nursing Student of the School of Nursing And Midwifery, UCC. ID Number SN/MNS/19/0005. Please find attached an application form for ethical clearance to undertake a study titled **"EXPERIENCES OF REGISTERED NURSES IN CARING FOR THE AGED: A STUDY AT CAPE COAST METROPOLITAN HOSPITAL"**.

The aim of the study is to explore the understanding of registered nurses' experiences in caring for aged at Cape Coast Metropolitan Hospital. Included in the application are following: application form, participant consent form and CVs of all the investigators.

We count on your usual cooperation.

Thank you.

Yours faithfully,

Dr. Irene Korkoi Aboh
SPERVISOR

APPENDIX E

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/

Your Ref:

13th April, 2021

The Chairman
Institutional Review Board
University of Cape Coast
Cape Coast

Dear Sir,

RE: APPLICATION FOR IRB CLEARANCE: REBECCA DARKWAH

We submit to you, the attached application for ethical clearance from the above-name level 850 Master of Nursing student with registration number **SN/MNS/19/0005** of the School of Nursing and Midwifery for your kind consideration, please.

Thank you.

Yours faithfully,

Dr. Nancy I. Ebu Enyan
AG. DEAN

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APPENDIX F

LETTER FOR ETHICAL CLEARANCE- UCC

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0559905143 / 0488871309
E-MAIL: irb@ucc.edu.gh
OUR REF: UCC/IRB/A/2016/1095
YOUR REF:
OMB NO: 0990-0279
IORG #: IORG0009096

10TH SEPTEMBER 2021

Ms. Rebecca Darkwah
Department of Adult Health
University of Cape Coast

Dear Ms. Darkwa,

ETHICAL CLEARANCE – ID (UCCIRB/CHAS/2021/60)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted Provisional Approval for the implementation of your research titled **Experiences of Registered Nurses in Caring for the Aged: A Study at Cape Coast Metropolitan Hospital.** This approval is valid from 10th September 2021 to 9th September 2022. You may apply for a renewal subject to submission of all the required documents that will be prescribed by the UCCIRB.

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

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