Satisfaction with nursing care: influence of sociodemographic factors on a sample of hospitalised children

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binding forces, probed by AFM at the beginning of the assessment, had a significantly higher probability of being hospitalised due to cardiovascular complications, pointing out the value of AFM for clinical prognosis [5]. Erythrocyte stiffness studies revealed differences between patients and healthy donors, in terms of erythrocyte elasticity (Young’s modulus) and AFM tip penetration depth into the cells [5,6]. Erythrocytes from non-ischaemic CHF patients presented a higher average stiffness than those from the other groups (ischaemic CHF and control). Nevertheless, a significantly higher cell penetration depth at the same applied force was observed for ischaemic CHF patients [5]. In conclusion, fibrinogen promotes erythrocyte adhesion, leading to its aggregation, probably by transient simultaneous binding of the protein to two cells, bridging them. Our results may be relevant for potential future drug interventions to reduce aggregation and enhance microcirculatory flow conditions in cardiovascular patients.

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Satisfaction with nursing care: influence of sociodemographic factors on a sample of hospitalised children

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ABSTRACT

Introduction: Patient satisfaction is identified as an indicator of the right to health [1]. Traditionally, children’s satisfaction with health care is not regularly accessed [2] however, in recent years, it has been increasingly studied [3]. This study aims to identify if sociodemographic factors, such as sex, age and reason for hospitalisation, influences satisfaction with nursing care, in a sample of school-aged children (7–11 years).

Materials and methods: An observational, cross-sectional, exploratory-descriptive study with a non-probabilistic and accidental sample was performed. Data were collected through the “Children Care Quality at Hospital” instrument, after translation and validation to Portuguese. The instrument includes three domains: nurse characteristics, nursing activities and nursing environment. Also, children were asked to rate global satisfaction with nursing care from 1 (less satisfied) to 5 (more satisfied). Statistical analysis was performed using SPSS statistical tool (version 24.0). Authorisation was obtained from National Data Protection Commission as well as ethics committees in each of the 6 health institutions were the study was applied.

Results: The sample (n = 252) includes mainly boys (52.8%, n = 133) with 8.9 years (SD = 1.4) as mean age and most children had unscheduled admissions (84.6%; n = 209). Global nursing care (1–5) was rated with a score of 4.51 (SD = 0.645). There was no significant difference between sex (r = −0.086; p > .05), age (r = −0.49; p > .05) or scheduled/unscheduled admissions (r = −0.59; p > .05) and the score attributed by children.

Discussion and conclusions: In this sample, school-aged children are satisfied with nursing care provided during hospitalisation. Sociodemographic factors seem to have effect on overall satisfaction in previous studies with better scores of satisfaction in: older patients [4], male patients [4,5] and unscheduled admissions [6]. Nevertheless, this was not verified in our sample. We suggest that further studies should be developed with larger samples and different group age.

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**Sexual well-being in old age: are older adults well sexually?**

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**ABSTRACT**

**Introduction:** Older adults who engage in sexual activities may benefit from increasing psychological and physical well-being, which may contribute to reduce a number of physical and mental health problems. The objectives of this study are the following: To analyse sexual well-being (SWB) in older adults’ perspective and to examine the potential explanatory mechanisms of a SWB overall model, in an older cross-national sample.

**Materials and methods:** Measures were completed, using a variety of appropriate methods, including demographics and interviews. Complete data were available for 326 older adults aged between 65 and 102 years. Data were subjected to content analysis. Representation of the associations and latent constructs were analysed by a Multiple Correspondence Analysis (MCA).

**Results:** The most prevalent response of the interviewed participants for SWB was “touching and caring” (18.0%). A three-dimension model formed by “care and well-being”, “attractiveness, intimacy and touching”, and “sexual intercourse and pleasure” was presented as a best-fit solution for English older adults. SWB for Portuguese older adults were explained by a three-factor model: “health and desire”, “care, eroticism and affection” and “penetration sex”.

**Discussion and Conclusions:** The outcomes presented in this paper emphasised the need to explore the diversity of indicators of SWB among older adults and the cultural differences of a SWB model for older adults.

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