Fellowship as a Christian-Based Nursing Service In Primary Care System: A Concept Analysis

Frendy Fernando Pitoy[1*], Elisa Anderson[2]

[1]Fakultas Keperawatan, Universitas Klabat, Airmadidi Manado
[2]School of Advanced Studies, Saint Louis University, Baguio City, Philippines

[*]frendypitoy@unklab.ac.id,

ABSTRACT

In addition to the fundamental concept of fellowship, the role of nurses in primary nursing care is becoming increasingly acknowledged for its crucial contribution to patient outcomes and healthcare delivery. Nurses are responsible for developing individualized care plans without the input of other healthcare professionals. Given the constraints of time and the necessity of providing patient-centered services, nurses tend to prioritize self-management, which can result in a lack of attention to their colleagues. In a demanding schedule that requires independent services, the fellowship in nursing probably still fits in the context. This study aims to analyze the concept of fellowship nurses as a Christian-based nursing service in the primary care system setting Walker and Avant's approach of concept analysis was used as the methodology. The main attributes of fellowship nurse in the primary care system are (1) nurse and patient collaboration, (2) nurse and expertise collaboration as preparation. These attributes are influenced by antecedent status like the educational background of nurse and patient, work environment, effective communication, emotional intelligence, resilience and adaptability, trust and confidentiality, and community engagement and advocacy. Additionally, the consequences based on this analysis found that when the collaboration between nurse and patient and nurse and expertise are met, there will be an improvement in patient and nurse satisfaction, better patient compliance and engagement, improved health outcomes, increased patient safety, enhanced emotional and psychological well-being, higher quality of care, and empowerment of patients. The findings of this study can assist nurses in preparing themselves more thoroughly for the delivery of optimal patient-centered care. This can be achieved by improving the relationship between nurses and patients, particularly through the training of experts in the implementation of optimal service.

Keywords: Fellowship, Nursing, Primary Nursing Care, Concept Analysis.

INTRODUCTION

To provide the best care possible for every patient, nurses are committed to excellence in practical care to uphold the highest standards of nursing practice. Clinical competence, compassionate care, and ongoing improvement are the cornerstones of the methodology (Flaubert, 2021). The foundation of being the best nurse lies in a deep understanding of medical

knowledge and the ability to apply the knowledge effectively in various clinical situations. This includes staying current with the latest healthcare advancements, protocols, and best practices (Reed, 2018).

Nursing is not just about technical skills but also about having a heart full of empathy and a desire to meet not only the physical needs but also the emotional and spiritual needs of the patient (Dean et al., 2020; and McKinnon, 2018). Inspired by one of the principles of Minahasa Tribes in North Sulawesi, which is "Christianity", the principle offers a framework that contains one from several concepts, namely *fellowship.* The term of fellowship guides actions, decisions, and interactions with others (Cobb et al, 2016). Rooted in the teachings of Jesus Christ, Christianity provides a moral and ethical foundation that helps us, together with others, navigate the complexities of life with love and faith.

By integrating fellowship into nursing practice, nurses strive to deliver care that is not only effective but also deeply humane. This concept helps nurses to connect with the patients and healthcare team on a personal level to understand patients' unique needs, and to provide care that truly makes a difference in their lives. As nurses, we are committed to upholding these values and to making a positive impact on the health and well-being of the patients (Chambers & Ryder, 2018).

Beyond the essential concept of fellowship, the role of nurses in primary nursing care is increasingly recognized for its pivotal contribution to patient outcomes and healthcare delivery. Nurses are tasked with conducting thorough assessments, diagnosing health conditions, and formulating individualized care plans independently. This multifaceted approach demands a deep understanding of patient preferences, cultural sensitivities, and the broader healthcare landscape. Due to the limited time and the need to concentrate on fulfilling patient-centered services, nurses are too focused on self-management and often ignore co-workers in the service. How can a nurse apply for a fellowship in a demanding schedule that requires independent services? Clearly, healthcare providers need to understand the fellowship in terms of Christian-based service. In light of these issues, this research was conducted with the objective of analyzing the concept of fellowship nurses as a Christian-based nursing service in the primary care system setting

METHODS

A concept analysis was used to analyze the concept of fellowship nurse as Christian-based service in the primary care system setting. Walker and Avant (2019) Introduce the eight steps of concept analysis, which are select the concept, determine the aims or purpose analysis, identify the uses of the concept, determine the defining attributes, identify a model case, identify the borderline, related, contrary, invented, and illegitimate cases, identify antecedents and consequences, and define empirical referents.

RESULTS AND DISCUSSION

The concept analysis was carried out through the steps of Walker and Avant, (2019) Concept Analysis. Concept analysis can be useful for refining ambiguous concepts in a theory. It also helps clarify the overused or vague concepts prevalent in nursing practice. This will ensure that anyone using the term in the future is talking about the same thing.

The Concept and the Purpose of Analysis

To provide the best possible care for each patient, nurses are committed to excellence in practice to maintain the highest standards of nursing practice. Collaboration with colleagues and patients or FELLOWSHIP is the way to make work easier and more efficient. Through the integration of working as a community into nursing practice, carers strive to provide care that is effective and has a profound human dimension. These concepts help nurses connect with the patient and the healthcare team personally, understand the patient's unique needs, and provide care that will truly make a difference in their lives.

Inspired by one of the principles of Minahasa Tribes in North Sulawesi, which is "Christianity", the principle offers a framework that contains one from several concepts, namely *fellowship.* The term of fellowship guides actions, decisions, and interactions with others by providing a framework for collaboration, professional development, and shared goals (Cobb et all, 2016). Rooted in the teachings of Jesus Christ, Christianity provides a moral and ethical foundation that helps us, together with others, navigate the complexities of life with love and faith. It fosters a supportive environment where nurses can exchange knowledge, seek advice, and collectively advance their skills. Through mentorship and structured learning experiences, fellows learn to navigate challenges, make informed decisions, and uphold standards of excellence in patient care. Ultimately, the fellowship shapes a community of nurses dedicated to mutual growth, innovation, and the delivery of compassionate healthcare.

Beyond the superiority of the fellowship, it is difficult to apply in primary nursing care. The situation requires limited time and the need to concentrate on fulfilling patient-centered services. Nurses are too focused on self-management and often ignore co-workers in the service. This concept analysis can help healthcare workers, especially nurses, in applying for a fellowship as a Christian-based nursing service in a demanding schedule that requires independent services.

The Uses of The Concept

In the context of primary nursing care, fellowship is more applicable to use between the nurse and the patient. It allows more personalized care and greater satisfaction. fellowships serve as instrumental pathways for nurses to elevate their roles and enhance patient-centered care (Zapatka et al., 2014). Fellowships can empower nurses to deliver high-quality patient-centered care through advanced clinical skills, leadership development, collaboration, and a commitment to continuous improvement. It plays a crucial role in motivating nurses to meet the evolving healthcare needs of diverse patient populations while upholding the values of professionalism, compassion, and excellence in nursing practice (Vana et al., 2022).

The fellowship between nurses and patients is a cornerstone of effective healthcare delivery. It plays a crucial role in improving patient health outcomes (Kelley et al., 2014). It can develop trust, which improves the satisfaction of patients, their health behavior, and their quality of life (Birkhäuer et al., 2017). It will increase patient satisfaction when nurses show more interest (Karaca & Durna, 2019). The empowerment of health workers helps promote patient adherence (Náfrádi et al., 2017). Mohamad et al., (2016) says that in improving patient satisfaction, nurses need to maintain caring behaviors, such as upholding human values,

trusting relationships, problem-solving in decision-making, always being supportive, corrective, and protective, and helping to meet basic human needs.

Although the fellowship method is not applicable to nurses' intercollaboration in primary nursing care, it works on nurses' preparation to provide exceptional care to patients with complex medical, behavioral, and social needs (Ignatavicius & Workman, 2015). Through intensive training, fellows will develop the skills to provide comprehensive health care as a robust care team leader. They will develop lasting skills to achieve outstanding clinical quality outcomes, address social determinants of health, and create health equity for the populations they serve through clinical expertise (Feeney, 2023).

Fellowship nursing care in a primary care setting emphasizes a team-based approach where healthcare professionals from different disciplines work together to prepare nurses to provide comprehensive and coordinated care for patients. This method leverages each team member's unique skills and perspectives to address the multifaceted needs of patients, ensuring that care is holistic, efficient, and patient-centered. Chen and Lou (2014) and Zapatka et al. (2014) found that collaboration between colleagues, such as mentoring, enabled nurses to develop better their clinical skills, communication techniques, and professionalism. Observation data can uniquely contribute to the teamwork discourse by identifying elements of interprofessional collaborative practice (Morgan et al., 2015).

Determine the Defining Attributes of Fellowship Nurses in the Primary Care System

Walker and Avant (2019) defined attributes as characteristics that occur repeatedly in a concept and help researchers distinguish the occurrence of a particular phenomenon from similar phenomena. Based on the analysis of nine relevant resources, it has indicated two attributes associated with fellowship nurses in primary care as shown by Table 1. Nurse and patient collaboration to achieve patient health outcomes received the most literature support, followed by nurse and clinical expertise collaboration in preparation to achieve patient health outcomes.

In conclusion, the conceptualized definition of a fellowship nurse in primary care is the intercollaboration between a nurse and patient, or a nurse with clinical expertise in preparation, for achieving patient health outcomes.

Table 1.
Literature Supports the Attributes Fellowship Nurses in the Primary Case System

Attributes	Sources
Nurse and Patient Collaboration	(Kelley et al., 2014); (Birkhäuer et al., 2017); (Karaca & Durna, 2019); (Náfrádi et al., 2017); and (Mohamad et al., 2016)
Nurse and Clinical Expertise Collaboration as Preparation	(Feeney, 2023); (Zapatka et al., 2014); (Chen & Lou, 2014); and (Morgan et al., 2015)

Construct Model Case and Analysis of Fellowship Nurses in Primary Care System

Maria Hernandez, a 56-year-old schoolteacher, had been feeling increasingly fatigued and experiencing occasional dizziness. Worried about her health, she scheduled an appointment

at her primary care clinic. Nurse Practitioner Emily was assigned to her care, and their journey together highlighted the importance of quality time between nurse and patient. Maria arrived at the clinic and was warmly welcomed by the receptionist. Nurse Emily promptly greeted Maria and escorted her to a comfortable, private room. Emily spent the first few minutes chatting with Maria about her life and work, helping Maria feel at ease. Emily conducted a thorough assessment, taking time to understand Maria's health concerns and history. Emily reviewed Maria's medical records and current medications, including Metformin and Lisinopril. She asked detailed questions about Maria's history of hypertension and Type 2 diabetes. The vital signs measured were blood pressure: 160/100 mmHg, elevated blood glucose level, weight and BMI were recorded, and an EKG was performed to monitor Maria's heart activity. Emily engaged Maria in a conversation about her daily routines, dietary habits, and exercise patterns. They discussed the psychological and social factors impacting Maria's health, such as work stress and lack of support at home. Emily took extra time to listen to Maria's concerns and fears, creating a safe space for open communication.

Emily and Maria collaboratively developed a personalized care plan. Emily explained the importance of adjusting Maria's medication dosages. She worked with Dr. Johnson, the primary care physician, to possibly add a statin for cholesterol management. Emily referred Maria to a dietitian for personalized nutrition counseling. She discussed enrolling Maria in a smoking cessation program. Moreover, together they devised a gentle exercise plan, starting with daily walks and gradually increasing intensity. Emily provided detailed education on monitoring blood pressure and glucose levels at home. They explored stress management techniques like mindfulness and yoga. Regular educational sessions were scheduled to keep Maria informed and engaged in her health management. Emily scheduled follow-up appointments every three months to track Maria's progress. Regular phone and telehealth check-ins were arranged to offer ongoing support and motivation.

Emily prioritized quality time with Maria during each interaction. She consistently arrived on time for their appointments and spent unhurried time with Maria. She maintained eye contact and used active listening to show empathy and understanding. Emily tailored her communication style to match Maria's preferences, ensuring she felt heard and valued. She provided clear explanations and answered all of Maria's questions thoroughly. Emily acknowledged the emotional aspects of managing chronic conditions and offered emotional support. She encouraged Maria to express her feelings and concerns, validating her experiences.

In addition, as a primary care nurse, Emily went out of her way to facilitate Maria's quest for optimal health. She engages with various experts to better understand Maria's health. She discussed with the dietitian a tailored nutrition plan to help manage Maria's diabetes and hypertension. She arranged to meet with a behavioral health specialist to study stress and any potential anxiety or depression. She also learned to develop coping strategies and stress management techniques. She learned to create a customized exercise regimen for Maria by consulting with an exercise physiologist, considering her current fitness level and health conditions. She went to A pharmacist to review Maria's medications to ensure there were no adverse interactions and provided guidance on optimal medication management. She was engaged in the chronic disease management department to provide additional support for managing Maria's chronic conditions, offering tips and resources for daily self-care.

Over the next several months, Emily continuously monitored Maria's progress. Regular team meetings ensured that the care plan was updated as necessary to address any new developments in Maria's health. Significant improvements in Maria's health were achieved through collaborative efforts and quality time spent between Nurse Emily, various healthcare experts, and Maria. Her blood pressure and glucose levels stabilized, her cholesterol improved, and she successfully quit smoking. Maria felt empowered and supported, actively participating in her health management. The holistic and patient-centered approach of the primary care nursing system, emphasizing collaboration with healthcare experts and quality time with the patient, played a crucial role in transforming Maria's health journey.

Construct Additional Case and Analysis of Fellowship Nurses in Primary Care System

To make better judgments about which defining attributes or characteristics have the best fit, it must examine cases that are not the same as the concept of interest but are similar to it or contrary to it in some ways. Walker & Avant (2019) says that constructing additional case is designed to help distinguish between what constitutes a defining attribute for the concept of interest and what does not. The cases suggested are borderline, related, invented, and contrary ones.

Borderline Case

Walker and Avant (2019) explained that the borderline case is a useful tool for elucidating the nuances of conceptual definitions. It introduces an element of inconsistency, which, when juxtaposed against the concept under examination, illuminates the reasons behind the consistency observed in the model case. The case model clearly shows that when nurses and patients form a bond, it leads to another valuable connection: between nurses and experts, including doctors and nutritionists. As the case tells, the nurse worked with Dr. Johnson, the primary care physician, to possibly add a statin for cholesterol management. The nurse also referred Maria to a dietitian for personalized nutrition counseling and discussed the smoking cessation program. When collaboration occurs, experts must refrain from giving directions or collaborating with patients directly. This is not included in the concept of fellowship between nurses and experts. In such cases, the involvement of experts is regarded as an integral attribute of the nurse's and experts' fellowship. However, in practice, it is a different attribute.

Related Case

Related cases are instances of concepts related to the concept being studied but do not contain all the defining attributes. They are connected to the main concept in some way (Walker & Avant, 2019). The preceding case model indicates that a related case is a fellowship between nurses and patients. The robust relationship between nurses and patients compels nurses to exert considerable effort to meet patients' needs in an optimal manner. Conversely, patients demonstrate a favorable acceptance response, thereby fostering a conducive relationship and enabling the efficacious execution of nursing actions. In these cases, nurse consistently arrived on time for their appointments and spent unhurried time with patient. She maintained eye contact and used active listening to show empathy and understanding. She tailored her communication style, ensuring she felt heard and valued. She provided clear explanations and answered all of the patient's questions thoroughly. She acknowledged the emotional aspects of

managing chronic conditions and offered emotional support. She encouraged the patient to express her feelings and concerns, validating her experiences. Conversely, the patient exhibited remarkable acceptance. The patient felt empowered and supported, actively participating in her health management.

Contrary Case

Contrary cases are clear examples of not the concept. it is the opposite and is not an example of the concept (Walker & Avant, 2019). The contrary case in the previous case model represents a state that is not shown. The situation can be exemplified by nurse's actions that provide nursing interventions as instructed by the physician without emotional involvement in carrying out these actions. The nurse only carries out their duties in accordance with their job descriptions. Their obligations as nurses are limited to the scope of their abilities.

Identifying Antecedents and Consequences of Fellowship Nurses in the Primary Care System.

The antecedents and consequences are instrumental in further refining the defining attributes of the concept. Walker and Avant (2019) says that both may provide considerable insight into the social contexts in which the concept is generally used.

Antecedents

Antecedents are the preceding events or incidents that must occur or be in place prior to the occurrence of the concept (Walker & Avant, 2019). Based on the case model, the antecedents may include the educational background of nurse and patient, work environment, effective communication, emotional intelligence, resilience and adaptability, trust and confidentiality, and community engagement and advocacy.

1. Educational Background of Nurse and Patient. A solid educational foundation encompassing clinical competencies and interpersonal communication is imperative for nurses to establish effective patient connections (Felten & Lembert, 2020). Continuous learning opportunities facilitate nurses' remaining abreast of the latest practices, enhancing their capacity to provide empathetic and informed care (Hojat, 2016).
2. Work Environment. Leadership that encourages open communication, teamwork, and professional development is conducive to creating a nurturing environment for nurses and patients (Murray et al., 2018). A culture that fosters collaboration and mutual respect between nurses and patients has been demonstrated to enhance the overall care experience for patients (Kieft et al., 2014).
3. Effective Communication. A nurse who employs active listening techniques can better comprehend patient concerns and respond appropriately, thereby establishing trust and rapport (Hermann et al., 2019; and Sibiya, 2018). The use of clear, empathetic, and jargon-free communication facilitates patient comprehension and fosters a sense of value and respect.
4. Emotional Intelligence. Nurses who are cognizant of their emotional state and its impact on their interactions are better equipped to maintain a positive and supportive demeanor (Donoso et al., 2015). Demonstrating empathy toward patients' experiences and emotions

fosters a sense of trust and connection, which are essential for effective patient care (Guidi & Traversa, 2021; and Sinclair et al., 2017).

5. Resilience And Adaptability. Nurses who are able to manage stress and adapt to changing circumstances effectively are better equipped to provide consistent and compassionate care (Christiansen et al., 2015; and Mahon et al., 2017). The capacity to modify care approaches in response to patient feedback and evolving needs fosters the development of a dynamic and responsive care environment.

6. Trust And Confidentiality. The establishment of consistent reliability and transparency in interactions is an essential element in the development of trust between nurses and patients (Brenner et al., 2022; Zha et al., 2020). Respect for patient privacy and confidentiality serves to reinforce the trust that patients place in their healthcare providers (Bani Issa et al., 2020).

Consequences

Consequences are those events or incidents that occur as a result of the occurrence of the concept, in other words, the outcomes of the concept (Walker & Avant, 2019). The formation of robust relationships between nurses and patients in primary care settings yields a multitude of beneficial outcomes. These outcomes not only enhance the patient's experience but also improve health outcomes and the overall efficiency of the healthcare system. Based on the case model, the consequences may include the improvement of patient and nurse satisfaction, better patient compliance and engagement, improved health outcomes, increased patient safety, enhanced emotional and psychological well-being, higher quality of care, and empowerment of patients.

1. Improvement of Patient and Nurse Satisfaction. Patients who trust their nurses are more likely to report satisfaction with their care (Aiken et al., 2021). The development of trust is contingent upon consistent, empathetic, and transparent interactions. Patients who feel valued and respected are more likely to report positive healthcare experiences and higher satisfaction levels (Edvardsson et al., 2017).

2. Better Patient Compliance and Engagement. A positive relationship between patients and nurses has been linked to improved adherence to prescribed treatments and follow-through with care plans (Náfrádi et al., 2017). Patients who are engaged in their care are more likely to participate in their treatment, ask questions, and take an active role in managing their health.

3. Improved Health Outcomes. The formation of robust nurse-patient relationships has been demonstrated to facilitate more effective management of chronic conditions (Pratt et al., 2021). This is achieved through the implementation of continuous monitoring and the delivery of personalized care. The establishment of close relationships allows nurses to identify the early indications of complications or alterations in health status. This enables the implementation of timely interventions, which in turn results in improved outcomes (Massey et al., 2017).

4. Increased Patient Safety. Effective communication is essential for ensuring that nurses have access to accurate information about patients' conditions, medications, and any potential side effects or issues (Kwame & Petrucka, 2021). This enables them to provide safer care

for patients. When there is a trusting relationship and clear communication, the likelihood of misunderstandings and errors in care delivery is reduced (Guttman et al., 2021).

5. Enhanced Emotional and Psychological Well-Being. In addition to receiving medical care, patients also benefit from emotional support, which has been demonstrated to have a positive impact on their mental and emotional well-being (Yoo et al., 2014). Having a reliable and compassionate nurse to whom they can turn for assistance can help to reduce patient's anxiety and stress levels (Babapour et al., 2022).

6. Higher Quality Of Care. Nurses who have developed a comprehensive understanding of their patients can better provide individualized and customized care, addressing specific needs and preferences (Peters et al., 2020). Strong relationships facilitate a holistic approach to healthcare, considering the physical, emotional, and social factors that influence health.

7. Empowerment of Patients. Patients who trust their nurses are more likely to seek information and make informed decisions about their health (Rørtveit et al., 2015). The empowerment of patients facilitates their capacity to manage their health conditions independently, which in turn leads to improved health outcomes (Vainauskienė & Vaitkienė, 2021).

Define Empirical Referents of Fellowship Nurse in the Primary Care System

Empirical referents are specific, measurable indicators that can be used to define and assess the presence and extent of a concept (Walker & Avant, 2019). In this case, the concept is the relationship between nurses and patients in primary care. These referents facilitate the translation of the abstract concept of fellowship into observable and quantifiable elements, thereby providing a basis for evaluation and research. The empirical referents for the fellowship between nurses and patients in primary care are presented below:

1. Patient Satisfaction. The level of patient satisfaction can be measured through the utilization of Patient Satisfaction Surveys (PSS) and the Net Promoter Score (NPS). A Patient Satisfaction Survey (PSS) is a quantitative instrument that assesses patients' satisfaction with various aspects of their care, including their experiences with nursing interactions (Al-Abri & Al-Balushi, 2014). At the same time, the Net Promoter Score (NPS) measures patients' likelihood to recommend their primary care practice to others based on their experience with nursing care (Bitencourt et al., 2023).

2. Patient Enggagement. The level of patient engagement can be measured by two key indicators: adherence rates and patient activation measures (PAM). Adherence rates represent the percentage of patients who adhere to their treatment plans, medication regimens, and scheduled follow-up appointments (Jimmy & Jose, 2011). On the other hand, PAM is a tool designed to assess patients' knowledge, skills, and confidence in managing their health (Hibbard et al., 2004).

3. Clinical Outcomes. Clinical outcomes can be quantified by health improvement metrics and hospitalization and readmission rates. Health improvement metrics encompass the clinical data indicating improvements in patient health metrics, such as blood pressure, blood glucose levels, cholesterol, etc (Stange et al., 2014). On the other hand, hospitalization and readmission rates represent the frequency of hospital admissions and

readmissions. Lower rates are indicative of effective chronic disease management and robust nurse-patient relationships (Monette, 2012).

4. Patient Empowerment and Self-Management. Self-Management Behavior Monitoring can be measured by tracking patient engagement in self-management activities such as regular exercise, dietary adherence, and self-monitoring of health conditions (Watkins, 2016). While Patient Empowerment Scales can be measured by tools like the Patient Empowerment Scale (PES) to measure how empowered patients feel about managing their health (Barr et al., 2015).

5. Nurse Satisfaction and Professional Well-being. Nurse satisfaction can be evaluated through the use of job satisfaction surveys, which assess nurses' job satisfaction and may be influenced by the quality of their relationships with patients (Spector, 1997). Burnout assessments can be employed to measure professional well-being. These include tools such as the Maslach Burnout Inventory (MBI), which assesses burnout levels. Lower burnout rates may be indicative of more optimal nurse-patient relationships (Maslach et al., 2024).

CONCLUSION

In accordance with Walker and Avant's eight-step process of concept analysis, this study has successfully identified the attributes, modal case, additional case, antecedents, consequences, and empirical references of nurses' job satisfaction through a comprehensive review of the relevant academic literature. This study's findings can potentially contribute to the advancement of nursing practice and nursing knowledge.

Furthermore, it has been found that the attributes of the Fellowship Nurse in the Primary Care System are to facilitate collaboration between nurses and patients and the collaboration between nurses and experts as preparation. The antecedents of fellowship nurse in the primary care system are the educational background of nurse and patient, work environment, effective communication, emotional intelligence, resilience and adaptability, trust and confidentiality, and community engagement and advocacy. The consequences based on this analysis found that when the collaboration between nurse and patient and nurse and expertise are met, there will be an improvement in patient and nurse satisfaction, better patient compliance and engagement, improved health outcomes, increased patient safety, enhanced emotional and psychological well-being, higher quality of care, and empowerment of patients as pictured on Figure 1.
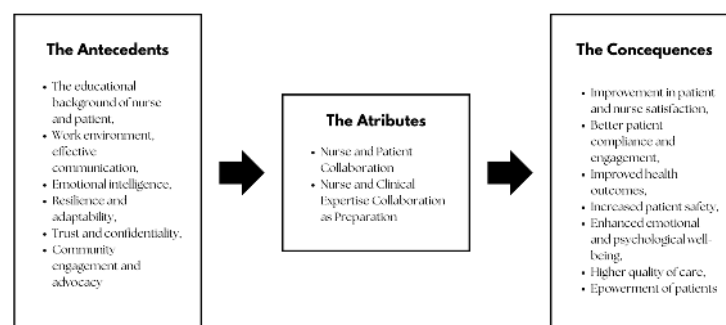
Figure. 1 Conceptual Model of Fellowship Nurse in the Primary Care System.

The findings of this study can assist nurses in preparing themselves more thoroughly for the delivery of optimal patient-centered care. This can be achieved by improving the relationship between nurses and patients, particularly through the training of experts in the implementation of optimal service.

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