

Original Article

Exploring Nurses' Attitudes Toward Geriatric Care: A Qualitative Study

Maria Criestina^{1*}, Jose Antonio Santos¹

¹ Adventist University, Philippines

***Corresponding author:**

Maria Criestina

Adventist University, Philippines

Email: chrztine09@edu.ph

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Abstract

Background: The ageing population worldwide has created increasing demands on healthcare systems, particularly in low- and middle-income countries where geriatric services are underdeveloped. Nurses play a pivotal role in caring for older adults, yet their attitudes and preparedness remain inconsistent due to limited training, systemic constraints, and emotional challenges.

Objective: This study aimed to explore nurses' attitudes toward geriatric care and to identify the factors that influence their perceptions and practices.

Methods: A qualitative descriptive exploratory design was employed in selected hospitals providing adult and geriatric care. Eighteen nurses were recruited using purposive sampling, with inclusion criteria of at least one year of clinical experience and direct involvement in elderly care. Data were collected through semi-structured, in-depth interviews and analyzed using thematic analysis. Trustworthiness was ensured through member checking, peer debriefing, and an audit trail.

Results: Four major themes emerged: perceptions of ageing and older adults, professional challenges in care delivery, emotional and relational dimensions of care, and opportunities for improvement in geriatric nursing practice. Nurses demonstrated empathy and respect toward older adults but faced barriers such as high workload, limited gerontological training, communication difficulties, and lack of institutional support. Despite these challenges, participants described meaningful relationships and rewarding experiences that reinforced their professional commitment.

Conclusion: Nurses' attitudes toward geriatric care are shaped by a balance between compassion and systemic limitations. Positive attitudes were linked to personal values and cultural respect for elders, while negative experiences stemmed from institutional gaps and insufficient preparedness. Strengthening gerontological education, providing continuous professional development, enhancing institutional support, and prioritizing geriatric services in health policy are essential to foster positive professional attitudes and ensure quality care for ageing populations.

Background

The global demographic transition toward an ageing population has posed increasing challenges for health systems, particularly in low- and middle-income countries where resources are limited and training in geriatric care is often insufficient (Abudu-Birresborn et al., 2019). Nurses, who constitute the largest workforce in health care, play a critical role in providing comprehensive care to older adults, yet their preparedness is shaped by multiple factors such as education, experience, and attitudes (Adibelli & Kiliç, 2013). Negative attitudes or knowledge gaps may compromise quality of care, thereby heightening vulnerability among elderly populations (Ali et al., 2020). Understanding the contextual influences on nurses' approaches to geriatric care has thus become an urgent priority for both practice and policy (Amsalu et al., 2021).

Studies in diverse settings have highlighted significant variability in nurses' knowledge and attitudes toward older patients, with contextual and institutional factors shaping outcomes (Argaw et al., 2019). While some report positive perceptions and willingness to engage in geriatric practice, others reveal difficulties such as communication barriers, work overload, and ageist stereotypes that hinder quality care (Dawud et al., 2021). Measuring these dimensions remains complex, as attitudes are influenced by cultural perceptions of ageing, professional training, and system-level support (Dikken et al., 2017). The persistence of these challenges underscores the need for localized and qualitative investigations into nurses' lived experiences with geriatric care (Elebiary et al., 2018).

Empirical evidence indicates that nurses often face systemic limitations in resource-

constrained contexts, which shape their practice and perceptions (Fita et al., 2021). Education and professional exposure to gerontology can improve attitudes, yet many programs provide limited geriatric content, thereby restricting skill acquisition (Hassan & Elhameed, 2013). In Africa, for instance, the rapid ageing of populations has not been matched by an equivalent growth in health services, leading to gaps in service provision and care delivery (He et al., 2020). Reports emphasize the urgency of strengthening human resources to meet the multifaceted needs of older adults (HelpAge International & Cordaid, 2013).

Further, attitudes toward geriatric care are not homogeneous; they often depend on nurses' knowledge base, clinical experience, and organizational culture (Kabátová et al., 2016). Nursing students and young professionals may express reluctance toward working with older adults, citing fears of complexity and reduced clinical satisfaction compared with other specialties (King et al., 2013). Conversely, seasoned staff may demonstrate greater confidence and competence, although they too encounter structural and workload-related barriers (Mahmud et al., 2020). These patterns point to the importance of fostering positive professional attitudes as a foundation for geriatric nursing practice (Mansouri Arani et al., 2017).

The policy dimension adds another layer of complexity, as ageing populations are increasingly recognized as a pressing global issue requiring systemic responses (Medici, 2021). Despite positive attitudes among some groups of nurses, poor knowledge and insufficient institutional support remain persistent challenges (Muhsin et al., 2020). Effective training programs and gerontological curricula can reduce gaps in preparedness, but their impact depends heavily on policy prioritization and institutional leadership (Oyetunde et al., 2013). Integrating these perspectives into nursing education is essential for ensuring that future professionals are adequately equipped (Rodrigues, 2014).

Regional studies highlight specific barriers such as lack of specialized training, inadequate

staffing, and limited policy frameworks that prioritize geriatric care (Salia et al., 2022). Nurses frequently report difficulties managing complex conditions, coordinating care with families, and addressing psychosocial aspects of ageing patients (Shih et al., 2021). These challenges are compounded in resource-poor settings where systemic support is weak (Subba et al., 2020). The need to investigate the interplay between professional attitudes, experiential factors, and system-level conditions is thus critical for informing strategies to strengthen geriatric care (Bursac et al., 2008).

Taken together, the literature illustrates a complex picture of knowledge, attitudes, and challenges in geriatric nursing across different regions, with consistent emphasis on the role of nurses' perceptions in shaping quality of care. Geriatric care demands more than technical skills; it requires empathy, patience, and positive professional attitudes to meet the physical, psychological, and social needs of older adults (Adibelli & Kiliç, 2013; Dawud et al., 2021). Addressing these issues demands in-depth, context-sensitive exploration of nurses' perspectives and attitudes, particularly in settings where health systems are under strain.

Therefore, this study aims to explore nurses' attitudes toward geriatric care using a qualitative approach.

Methods

This study employed a qualitative research design with a descriptive exploratory approach to gain an in-depth understanding of nurses' attitudes toward geriatric care. The qualitative design was chosen because it allows the exploration of complex human experiences and perceptions that cannot be fully captured through quantitative measures. Through this approach, the study sought to uncover the underlying meanings, values, and contextual factors shaping nurses' attitudes toward older adults in clinical practice.

The study was conducted in selected hospitals and healthcare institutions that provide adult and geriatric care services. These settings were chosen because they represent the

environments where nurses regularly interact with older patients, thereby ensuring that participants had relevant experiences to share. The study population consisted of registered nurses currently working in wards, outpatient units, or long-term care units where older adults frequently receive care.

Participants were recruited using purposive sampling to ensure that individuals with direct experience in geriatric care were included. Inclusion criteria were: being a registered nurse, having at least one year of clinical experience, and providing direct care to older patients. Nurses who were on administrative duties only, or those not directly involved in patient care, were excluded. A total of 15–20 participants were targeted, with the final number determined by data saturation, when no new themes emerged from the interviews.

Data collection was carried out through in-depth semi-structured interviews. An interview guide was developed with open-ended questions that focused on perceptions, challenges, and attitudes toward caring for older patients. Probing questions were used to encourage participants to elaborate on their experiences. Each interview lasted approximately 45–60 minutes and was conducted in a private setting to ensure confidentiality and comfort. All interviews were audio-recorded with participants' consent and later transcribed verbatim for analysis.

Data were analyzed using thematic analysis, following a systematic process of familiarization with the data, coding, categorizing, and identifying themes. The research team independently coded the transcripts and then compared and refined codes to ensure consistency. Emerging themes were discussed collectively to reach consensus, allowing for a deeper interpretation of the data. This iterative process ensured that findings were firmly grounded in the participants' narratives.

To maintain trustworthiness, several strategies were applied. Credibility was enhanced through member checking, where participants reviewed summaries of their interviews to confirm accuracy. Transferability was addressed by providing rich descriptions of the context and

participants. Dependability was ensured through a detailed audit trail of the research process, and confirmability was supported by reflexive journaling and peer debriefing throughout the study.

Ethical approval was obtained from the relevant institutional review board prior to data collection. Participants received detailed information about the study, and written informed consent was obtained. Confidentiality and anonymity were guaranteed by using codes instead of names and by storing data securely with access restricted to the research team. Participation was voluntary, and participants were free to withdraw at any stage without consequence.

Results

Eighteen nurses participated in the study, with diverse demographic and professional backgrounds. Thematic analysis revealed four major themes with supporting sub-themes: perceptions of ageing and older adults, professional challenges in care delivery, emotional and relational dimensions of care, and opportunities for improvement in geriatric nursing practice.

Theme 1: Perceptions of Ageing and Older Adults

Sub-theme 1.1: Respect and dignity for older adults

Nurses consistently emphasized that ageing should be approached with respect and sensitivity. They perceived older adults not merely as patients but as individuals with life histories and dignity that must be preserved. One participant reflected, *"I always remind myself that they are like my own parents, so I try to give them the dignity they deserve"* (P4).

Sub-theme 1.2: Complexity of geriatric conditions

Participants highlighted the multidimensional challenges of geriatric care, particularly in managing multiple comorbidities. Nurses often felt that older patients presented with overlapping conditions, making care both demanding and unpredictable. As one nurse explained, *"Older patients are different; they don't just have one illness. Sometimes they come*

with diabetes, hypertension, and dementia together, and it feels overwhelming" (P7).

Sub-theme 1.3: Limited preparedness

A recurring concern was the lack of formal preparation in gerontology during training. Nurses admitted that their academic education had not sufficiently prepared them to handle complex geriatric needs, which affected their confidence in clinical practice. A participant noted, *"During my training, we didn't learn much about ageing. When I started working, I realized I didn't know enough about dementia care"* (P12).

Theme 2: Professional Challenges in Care Delivery

Sub-theme 2.1: Workload and staffing shortages

High workloads and insufficient staffing were described as the most pressing barriers to quality care. Nurses felt that the demands of caring for multiple elderly patients in a single shift compromised their ability to provide individualized attention. One participant shared, *"In one shift I sometimes care for more than ten elderly patients. It is impossible to give quality attention to each of them"* (P2).

Sub-theme 2.2: Communication difficulties

Nurses frequently identified communication as a key challenge, especially when caring for patients with hearing impairments or cognitive decline. The need for repetition and patience was described as time-consuming and emotionally draining. A participant expressed, *"Sometimes they don't hear me well, or they forget what I just explained. It requires repeating everything many times"* (P9).

Sub-theme 2.3: Lack of structured guidelines

Participants also pointed to institutional gaps, particularly the absence of specialized protocols for geriatric care. They noted that applying general adult care standards often proved inadequate for older patients' complex needs. One nurse stated, *"There is no clear protocol for geriatric care in my ward, so we just follow general adult care guidelines, which are not always suitable"* (P15).

Theme 3: Emotional and Relational Dimensions of Care

Sub-theme 3.1: Compassion and empathy

Despite professional challenges, nurses demonstrated deep compassion for older adults. They highlighted the importance of listening, being present, and providing emotional support beyond clinical tasks. One nurse reflected, *"I feel sad when I see them lonely. Sometimes I sit beside them just to listen, even if it is not part of my task"* (P6).

Sub-theme 3.2: Emotional burden and frustration

Caring for older adults was also associated with emotional strain. Nurses reported feelings of exhaustion and frustration, particularly when patients required extensive assistance with daily activities. A participant admitted, *"When they cannot do anything by themselves, it takes so much time, and I get frustrated because there are so many other patients waiting"* (P11).

Sub-theme 3.3: Rewarding relationships

Nevertheless, several nurses described their work with older patients as meaningful and fulfilling. Developing bonds with older adults often created a sense of reward and purpose in their professional role. One nurse shared, *"An older patient once told me I reminded him of his granddaughter. That moment made me feel my job is meaningful"* (P8).

Theme 4: Opportunities for Improvement in Geriatric Nursing Practice

Sub-theme 4.1: Training and professional development

Participants consistently expressed the need for ongoing education and specialized training to strengthen their competence in geriatric care. They viewed continuous learning as a way to build confidence and deliver higher quality care. As one nurse stated, *"We need more workshops on geriatric nursing. If I had better training, I would feel more confident in my care"* (P14).

Sub-theme 4.2: Institutional and policy support

Nurses stressed that systemic and organizational support was crucial. They felt

that without adequate resources, staffing, and infrastructure, even well-trained professionals would struggle to deliver quality geriatric care. One participant explained, *“The hospital should allocate more resources and staff for elderly patients. Otherwise, we will always feel limited in what we can do”* (P10).

Sub-theme 4.3: Advocacy for geriatric care

Finally, participants highlighted the importance of broader advocacy and policy prioritization for elderly health. They argued that healthcare systems must recognize ageing as a priority area requiring long-term investment. A nurse concluded, *“Older people deserve more attention from the government. Geriatric services should be a priority in health policies”* (P18).

Discussion

The findings of this study revealed that nurses generally expressed empathy and respect toward older adults, yet they faced significant challenges such as workload, limited preparedness, communication barriers, and lack of institutional support (Adibelli & Kiliç, 2013). While many participants described geriatric care as meaningful and rewarding, they also reported emotional strain and frustration when providing long-term assistance (Dawud et al., 2021). These results suggest that nurses' attitudes toward geriatric care are shaped by a balance between personal values of compassion and systemic constraints (Subba et al., 2020). Previous research similarly indicates that attitudes toward older adults are influenced by professional education, workplace culture, and organizational resources (Argaw et al., 2019). Positive perceptions were often grounded in cultural values of respect for elders, whereas negative experiences stemmed from insufficient training and structural challenges (Elebiary et al., 2018). Thus, our findings highlight the multidimensional nature of nurses' attitudes, shaped by both personal commitment and external limitations (Fita et al., 2021).

Nurses' respect and empathy for older adults align with earlier studies emphasizing the importance of dignity in geriatric care (Rodrigues, 2014). However, the sense of unpreparedness expressed by participants is

consistent with research showing that nurses often lack adequate knowledge of ageing-related conditions (Kabátová et al., 2016). In Ethiopia, for instance, limited gerontological training has been linked to poor preparedness in addressing complex geriatric needs (Argaw et al., 2019). Similarly, findings from Zanzibar highlighted poor knowledge despite generally positive attitudes toward older people (Muhsin et al., 2020). This reflects a broader pattern across low- and middle-income countries, where geriatric education is often marginalized in nursing curricula (Abudu-Birresborn et al., 2019). Therefore, the gap between attitudes and competencies underscores the urgent need for more comprehensive gerontological training (Hassan & Elhameed, 2013).

The theme of professional challenges in care delivery confirms that workload and staffing shortages significantly impact the quality of geriatric nursing (Salia et al., 2022). Heavy workloads not only reduce the time nurses can spend with each patient but also increase stress and burnout, which can negatively influence attitudes (Adibelli & Kiliç, 2013). Similar findings were reported in Ghana, where staff shortages constrained effective geriatric care despite nurses' willingness to provide support (Salia et al., 2022). Communication barriers were also prominent in this study, echoing evidence from Taiwan where nurses reported difficulties when caring for hospitalized older adults with sensory or cognitive decline (Shih et al., 2021). The lack of structured geriatric guidelines parallels findings from other resource-limited settings, where nurses rely on general adult protocols not tailored to older patients (Fita et al., 2021). These systemic issues reveal how institutional limitations directly shape professional attitudes toward elderly care (Medici, 2021).

The emotional burden reported by participants highlights the psychological impact of geriatric care on nurses (Mansouri Arani et al., 2017). Previous studies show that prolonged caregiving responsibilities can lead to frustration and fatigue, particularly when older patients require full assistance with daily living (Adibelli & Kiliç, 2013). At the same time, many nurses expressed that caring for older adults

was deeply rewarding, consistent with findings that relational bonds can enhance job satisfaction and professional identity (King et al., 2013). These contrasting experiences suggest that emotional responses are integral to shaping attitudes toward geriatric care (Dikken et al., 2017). The literature emphasizes that balancing emotional resilience with professional responsibilities is essential for sustaining positive attitudes in nursing (Oyetunde et al., 2013). Thus, the findings underscore the dual nature of emotional engagement in geriatric nursing—both as a source of stress and as a motivator for compassionate practice (Subba et al., 2020).

Training and professional development emerged as central opportunities for improvement, aligning with previous research demonstrating that education strongly influences nurses' attitudes toward older adults (Hassan & Elhameed, 2013). In Ethiopia, specialized workshops and training programs have been shown to enhance both knowledge and confidence in geriatric nursing (Fita et al., 2021). Similarly, in Peshawar, nurses with greater exposure to gerontological education displayed more positive attitudes toward elderly care (Ali et al., 2020). In contrast, limited exposure during pre-service education often results in uncertainty and hesitation when working with older adults (Muhsin et al., 2020). Strengthening geriatric education within nursing curricula is therefore essential to bridge the gap between knowledge and practice (Abudu-Birresborn et al., 2019). Professional development initiatives could also mitigate negative attitudes by building competence in dementia care, communication, and end-of-life management (Adibelli & Kiliç, 2013).

Institutional and policy support were identified as critical determinants of attitudes toward geriatric care (Medici, 2021). Previous studies highlight that without adequate staffing, infrastructure, and protocols, even motivated nurses struggle to provide quality care (Salia et al., 2022). The absence of systematic geriatric services in many health systems creates additional strain on frontline nurses, further shaping their attitudes (HelpAge International & Cordaid, 2013). In Addis Ababa, for example,

organizational challenges significantly influenced nurses' perceptions of older patient care (Argaw et al., 2019). Policy interventions that prioritize geriatric health can create enabling environments for positive professional attitudes (He et al., 2020). Therefore, addressing systemic constraints is as crucial as improving individual knowledge and skills (Mahmud et al., 2020).

The findings also resonate with global calls for advocacy and prioritization of ageing populations in healthcare policy (Rodrigues, 2014). Nurses in this study argued that government and institutions must give greater attention to geriatric care, reflecting similar recommendations from Ghana and Ethiopia (Salia et al., 2022; Dawud et al., 2021). International literature emphasizes that ageing populations require integrated policies, adequate resource allocation, and workforce development to ensure quality care (Medici, 2021). When healthcare systems neglect geriatric services, the burden falls disproportionately on frontline nurses, influencing their attitudes and professional satisfaction (Oyetunde et al., 2013). Advocacy for stronger policies and structural reforms is therefore integral to sustaining positive attitudes among nurses (He et al., 2020).

Overall, the discussion highlights that nurses' attitudes toward geriatric care are shaped by a dynamic interplay between personal values, professional training, workplace conditions, and systemic support (Adibelli & Kiliç, 2013). While compassion and empathy drive positive engagement with older patients, challenges such as heavy workload, poor preparedness, and lack of policy prioritization undermine the quality of care (Fita et al., 2021). These findings are consistent with international evidence that geriatric nursing requires comprehensive strategies involving education, institutional resources, and policy interventions (Abudu-Birresborn et al., 2019). The implications for practice are clear: enhancing geriatric education, improving workplace support, and advocating for policy reform are essential steps to strengthen nurses' attitudes and capacities in caring for older adults (Salia et al., 2022). This study contributes to the growing body of

knowledge on gerontological nursing by offering context-specific insights that can inform strategies to improve the quality of care for ageing populations (Rodrigues, 2014).

Conclusion and Recommendation

This study explored nurses' attitudes toward geriatric care and revealed a dynamic interplay between compassion, professional challenges, and systemic limitations. Nurses consistently demonstrated empathy and respect for older adults, yet their ability to deliver optimal care was hindered by heavy workloads, communication difficulties, limited geriatric training, and the absence of structured guidelines. At the same time, participants described rewarding experiences and meaningful relationships with older patients, which reinforced their sense of professional purpose. These findings indicate that while personal commitment shapes positive attitudes, institutional and policy support are critical for sustaining quality geriatric care. Overall, the results underscore the need for comprehensive strategies that strengthen knowledge, emotional resilience, and workplace conditions for nurses in geriatric practice.

Based on the findings, several recommendations can be made to improve geriatric nursing practice. First, nursing education programs should integrate more extensive gerontology content, ensuring that students are adequately prepared to manage the complexity of ageing. Second, healthcare institutions must provide continuous professional development and specialized training in dementia care, communication, and end-of-life support. Third, policymakers should prioritize geriatric services by allocating sufficient resources, staffing, and infrastructure to support frontline nurses. Finally, advocacy and awareness initiatives are essential to raise the profile of geriatric care within national health agendas, thereby fostering more positive professional attitudes and ensuring that older adults receive the dignity and quality of care they deserve.

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The authors declare no competing interests.

Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

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