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Knowledge and Attitude of Senior Staff Nurses Regarding Geriatric Care at a Public Tertiary care Hospital

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Abstract

Background: The increasing aging population has created a growing demand for skilled nursing care tailored to the unique physical, psychological, and social needs of older adults. Nurses' knowledge and attitudes toward geriatric care play an important role in ensuring safe, effective, and person-centered care. Identifying knowledge gaps and factors influencing nurses' attitudes can help develop targeted educational strategies.

Aim: The study aimed to assess the knowledge and attitudes of senior staff nurses regarding geriatric care and determine the association between selected demographic/professional characteristics and knowledge and attitude levels.

Methods: A descriptive cross-sectional study was conducted among 218 senior staff nurses. Data were collected using a structured questionnaire assessing knowledge and attitudes related to geriatric care. Descriptive statistics, chi-square tests, and Pearson correlation analysis were used for data analysis.

Results: Half of the participants demonstrated moderate knowledge regarding geriatric care (50.0%), while 35.8% had good knowledge. The majority showed positive attitudes toward geriatric care (68.8%). Significant associations were found between knowledge and educational qualification, nursing experience, previous geriatric-care training, and experience caring for older adults. Knowledge was positively correlated with attitude scores ($r = .42$, $p < .001$).

Conclusion: Senior staff nurses demonstrated positive attitudes but moderate knowledge regarding geriatric care. Continuous professional education and structured geriatric nursing training are recommended to improve knowledge and enhance quality elderly care.

Keywords: Geriatric care, senior staff nurses, knowledge, attitude, elderly care, nursing education

Introduction

Population ageing has become an important global health issue because the number and proportion of older adults are increasing rapidly across both developed and developing countries. Ageing is associated with progressive physiological, psychological, functional, and social changes that increase vulnerability to chronic illnesses, multimorbidity, functional limitations, cognitive decline, falls, malnutrition, sensory impairment, medication-related problems, and dependency. The World Health Organization (WHO) emphasizes that health systems must move beyond disease-specific approaches toward integrated, person-centred care that maintains older adults' intrinsic capacity, functional ability, independence, dignity, and

quality of life. Nurses have a particularly important role in this process because they provide continuous assessment, medication management, assistance with activities of daily living, health education, emotional support, prevention of complications, rehabilitation support, and coordination of care. Therefore, nurses' knowledge and attitudes toward older adults are important determinants of the quality and safety of geriatric care. Assessing the knowledge and attitude of senior staff nurses regarding geriatric care is particularly relevant in public tertiary-care hospitals, where nurses frequently manage older patients with complex and multiple health conditions (World Health Organization [WHO], 2024, 2025; Kant et al., 2025).

Population aging is rapidly occurring across the globe, including in low- and middle-income countries where health systems are already overburdened, underfunded, and understaffed. Between 2019 and 2020, approximately one billion people reached the age of 60, and that number is expected to more than double by 2050 to a staggering 2.1 billion. The United Nations Decade of Healthy Aging, running from 2021 to 2030, emphasizes the need to improve access to long-term care, while also promoting the creation of age-friendly environments and combating ageism. Additionally, the UN Decade advocates for the provision of integrated and person-centered care (WHO, 2024, 2025).

Geriatric care involves providing individualized care for older people so that they can not only preserve their health and functioning, but also so that they may be able to live as independently as possible, safely, and with comfort and dignity. Geriatric care goes beyond the care of younger people with even single acute conditions. It involves the management of numerous conditions that may include chronic illness, polypharmacy (the co-prescribing of many drugs, the side-effects of which may worsen various conditions), malnutrition, immobility, impaired cognition, depression, multiple sensory impairments, urinary incontinence, falls, social isolation, and a lack of ability to perform Activities of Daily Living (ADL) (WHO, 2025).

Nurses interact with hospitalized elderly adults more than any other profession. Their role involves understanding the aging process and assessing their cognitive, functional, and therapeutic needs. Nursing older adults involves assessment as well as prevention and/or treatment of pressure ulcers, nutritional and hydration issues, etc., and falls. It also involves support and facilitation of treatment goals and hospital discharge. Many older adults need more time, and thus more nursing care, due to problems like cognitive impairment and multiple pathologies. Current trends in nursing research emphasize the importance of clinical judgment and the ability to exercise empathy and the ability to understand the needs of older adults. This is in addition to a willingness to cultivate the ability to remain patient while doing this work

Understanding and appreciation of geriatric care involves having the skills and knowledge of older adult normal aging and chronic diseases, understanding physiological and psychological changes, geriatric assessment, medication safety, Falls prevention, cognitive assessment, psychosocial assessment, rehabilitation and therapy, support of activities of daily living (ADLs), and the principles of person-centered care. Having strong geriatric knowledge provides the ability to distinguish what is normal from abnormal, intervene appropriately to support the patient and family, and set the priority of nursing actions. Having this knowledge supports nurses in preventing and avoiding complications for which there is no rationale. The opposite is also true. Nurses without geriatric knowledge may intervene too late, and may exhibit poor quality of care, and lack confidence and may make false assumptions about aging.

Studies show that nurses' knowledge of geriatric care is inadequate. One recent study published as a systematic review and meta-analysis shows only 41% of the nurses studied in Ethiopia demonstrated sufficient knowledge of geriatric care. Nurses with geriatric training, greater professional experience, higher education, and exposure to the elderly showed better knowledge of geriatric care. It appears knowledge of geriatric care cannot only be attributed to the professional experience of nursing. Knowledge of geriatric care can be furthered through

education, nursing exposure and clinical experiences, and specialized geriatric training (Ewunetu et al., 2025).

The attitude of a nurse toward geriatric care concerns the attitudes and practices of the nurse toward the elderly and toward caring for the elderly. The attitude of a nurse is essential as more often than not, older adults may take more time, effort, and repetition. Communication and emotional support may also be required, along with clinical judgments that are of a high order. Elderly patients may perceive negative attitudes of a nurse and may feel that a nurse is being disrespectful and lacking in compassion. Ageist attitudes manifest in the perception of the elderly as unproductive, cognitively impaired, unhealthy, and being dependent and difficult. Healthcare workers' attitudes toward the elderly and ageist attitudes may create barriers to older adults accessing adequate health and support services. The World Health Organization has indicated that ageist attitudes permeate the healthcare system, and older adults are deemed to be unable to receive appropriate healthcare and support (WHO, 2024).

Methods

A descriptive cross-sectional research design was used to assess the knowledge and attitudes of senior staff nurses regarding geriatric care at Jinnah Hospital Lahore. The design was appropriate as it enabled the assessment of existing knowledge and attitudes of nurses at a specific point in time without manipulation of study variables. The study was conducted among senior staff nurses working at Jinnah Hospital Lahore, Punjab, Pakistan, a public tertiary-care teaching hospital providing care to patients with diverse medical conditions, including older adults with chronic illnesses, multimorbidity, functional limitations, and age-related health problems. The study population consisted of senior staff nurses, and a sample size of 218 nurses was calculated using the Raosoft sample size calculator with a 95% confidence level, 5% margin of error, and 50% response distribution. Participants were selected through a probability simple random sampling technique. Data were collected using a structured questionnaire developed/adapted from relevant literature, including sections on demographic characteristics, knowledge regarding geriatric care, and attitudes toward geriatric care.

Data Collection Procedure

Data collection was initiated after obtaining ethical approval and administrative permission from the concerned authorities of Jinnah Hospital Lahore. The researcher coordinated with nursing administration and relevant departments to identify eligible senior staff nurses according to the inclusion criteria. The purpose, objectives, procedures, confidentiality measures, and voluntary nature of participation were explained to all selected participants, and written informed consent was obtained before data collection. The structured questionnaire was distributed to consenting participants, who completed it independently without interference in their routine clinical responsibilities. Adequate time was provided for completion, and clarification regarding questionnaire instructions was provided when required. After completion, questionnaires were collected, reviewed for completeness, assigned identification codes to maintain anonymity, and prepared for data entry and analysis.

Data Analysis Procedure

The collected data were entered, cleaned, coded, and analyzed using Statistical Package for the Social Sciences (SPSS), Version 27. Descriptive statistics were applied to summarize demographic characteristics and study variables. Frequencies and percentages were calculated for categorical variables, while means and standard deviations were calculated for continuous variables and overall knowledge and attitude scores. Knowledge and attitude scores were calculated according to the scoring criteria of the questionnaire and categorized into respective levels. The Chi-square test was used to determine associations between

demographic/professional characteristics and knowledge and attitude levels. The relationship between knowledge and attitude scores was examined using an appropriate correlation test, and statistical significance was considered at a p-value of less than 0.05.

Results

Demographic Analysis

Results

Table 1

Demographic and Professional Characteristics of Senior Staff Nurses (N = 218)

Characteristic	Category	n	%
Age	20–29 years	72	33.0
	30–39 years	96	44.0
	40 years and above	50	22.9
Gender	Male	32	14.7
	Female	186	85.3
Educational qualification	Diploma in Nursing	62	28.4
	BSN/Post-RN BSN	139	63.8
	MSN or above	17	7.8
Nursing experience	<5 years	58	26.6
	5–10 years	96	44.0
	>10 years	64	29.4
Clinical department	Medical units	60	27.5
	Surgical units	55	25.2
	Emergency/Critical care	58	26.6
	Other specialty units	45	20.6
Previous geriatric-care training	Yes	88	40.4
	No	130	59.6
Experience caring for older adults	Yes	198	90.8
	No	20	9.2

Analysis. Table 1 shows the demographic and professional characteristics of the 218 senior staff nurses. The largest age group was 30–39 years, representing 96 (44.0%) participants, while 72 (33.0%) were aged 20–29 years and 50 (22.9%) were aged 40 years or above. Most participants were female, 186 (85.3%), and the majority, 139 (63.8%), had BSN/Post-RN BSN qualifications. Regarding professional experience, 96 (44.0%) had 5–10 years of nursing experience. Most participants, 130 (59.6%), had not received previous geriatric-care training; however, 198 (90.8%) reported having experience caring for older adults.

Table 2

Knowledge of Senior Staff Nurses Regarding Geriatric Care (N = 218)

Knowledge item/domain	Correct, n (%)	Incorrect, n (%)
Normal physiological changes associated with ageing	154 (70.6)	64 (29.4)
Common health problems among older adults	176 (80.7)	42 (19.3)
Polypharmacy and medication safety	128 (58.7)	90 (41.3)
Nutritional needs of older adults	160 (73.4)	58 (26.6)
Fall prevention	184 (84.4)	34 (15.6)
Pressure injury prevention	172 (78.9)	46 (21.1)
Cognitive impairment and dementia	136 (62.4)	82 (37.6)
Communication with older adults	181 (83.0)	37 (17.0)

Functional dependency and mobility	167 (76.6)	51 (23.4)
Psychological and social needs	149 (68.3)	69 (31.7)
Safety and prevention of complications	177 (81.2)	41 (18.8)
Person-centred geriatric nursing care	169 (77.5)	49 (22.5)

Analysis. Table 2 presents the item-wise knowledge of senior staff nurses regarding geriatric care. The highest correct response was observed for fall prevention, with 184 (84.4%) nurses answering correctly, followed by communication with older adults, 181 (83.0%), and safety and prevention of complications, 177 (81.2%). The lowest level of knowledge was identified in polypharmacy and medication safety, where only 128 (58.7%) responded correctly. Knowledge regarding cognitive impairment and dementia was also comparatively low, with 136 (62.4%) correct responses. These findings suggest that nurses demonstrated stronger knowledge of safety-related aspects of geriatric care but had comparatively greater deficiencies in medication management and cognitive health.

Table 3

Association Between Demographic and Professional Characteristics and Knowledge Level Regarding Geriatric Care (N = 218)

Variable	**χ^2**	**df**	**p**
Age group	7.82	4	.098
Gender	1.96	2	.375
Educational qualification	12.64	4	.013
Years of nursing experience	10.18	4	.038
Clinical department	8.44	6	.208
Previous geriatric-care training	18.71	2	<.001
Experience caring for older adults	7.11	2	.029

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Analysis. Table 3 demonstrates the association between selected demographic and professional characteristics and knowledge regarding geriatric care. Educational qualification was significantly associated with knowledge level, $\chi^2(4) = 12.64$, $p = .013$. Nursing experience was also significantly associated with knowledge, $\chi^2(4) = 10.18$, $p = .038$. Previous geriatric-care training showed the strongest significant association with knowledge, $\chi^2(2) = 18.71$, $p < .001$. Experience caring for older adults was also significantly associated with knowledge, $\chi^2(2) = 7.11$, $p = .029$. In contrast, age, gender, and clinical department were not significantly associated with geriatric-care knowledge because their p-values were greater than .05.

Table 4

Association Between Selected Characteristics and Attitude and Correlation Between Knowledge and Attitude (N = 218)

Variable	**Test statistic**	**df**	**p**
Age group and attitude	$\chi^2 = 5.48$	4	.241
Gender and attitude	$\chi^2 = 2.33$	2	.312
Educational qualification and attitude	$\chi^2 = 8.77$	4	.067
Nursing experience and attitude	$\chi^2 = 9.72$	4	.045
Previous geriatric-care training and attitude	$\chi^2 = 11.92$	2	.003

Experience caring for older adults and attitude	$\chi^2 = 8.06$	2	.018
Knowledge score and attitude score	r = .42	—	<.001

Analysis. Table 4 presents associations between selected participant characteristics and attitudes toward geriatric care, as well as the relationship between knowledge and attitude scores. Nursing experience was significantly associated with attitude, $\chi^2(4) = 9.72$, $p = .045$. Previous geriatric-care training also showed a significant association with attitude, $\chi^2(2) = 11.92$, $p = .003$, while previous experience caring for older adults was significantly associated with attitude, $\chi^2(2) = 8.06$, $p = .018$. Age, gender, and educational qualification did not show statistically significant associations with attitude. Pearson correlation analysis showed a **moderate positive and statistically significant relationship between knowledge and attitude scores**, $r = .42$, $p < .001$. This indicates that higher levels of knowledge regarding geriatric care were associated with more positive attitudes toward caring for older adults.

Discussion

The aim of this study was to evaluate how senior staff nurses engaged with geriatric care and to analyze their attitude. This evaluation demonstrated that nurses' knowledge varied and that the level of knowledge that they possessed was predominantly of the moderate type. Based on the data, it could be concluded that approximately half of surveyed nurses possessed moderate level knowledge, while approximately a third possessed good level knowledge, and a minority possessed poor level knowledge. It can be inferred that senior nurses who are highly experienced in care for older adults also possess gaps in geriatric nursing. These results corroborate with other studies where the level of geriatric knowledge possessed by nurses working in different fields was of a moderate level. It can be hypothesized that these gaps in knowledge persist due to the fact that geriatric specialization in nursing curricula is inadequate and that the continuing professional development is also insufficient, along with the lack of specialized geriatric nursing.

The results of the analysis showed that nurses had the best level of knowledge regarding safety measures for older adults. This includes measures to minimize the risk of falls and the appropriate ways to maintain safety levels when communicating with older adults. The results also indicated that nurses' level of knowledge regarding safety measures was superior to their knowledge regarding other aspects of geriatric nursing. This is consistent with other research that indicates that fall prevention, along with safety procedures, is one of the best recognized aspects of geriatric nursing. As older adults are highly vulnerable to falls due to various factors, including loss of balance, reduced muscular strength, impaired vision and chronic conditions, fall prevention is a major goal of the nursing profession. It could be attributed to higher awareness of safety systems in clinical areas.

The lowest knowledge area in the present study is polypharmacy and medication safety, where only 58.7% of participants answered correctly. This serves as a crucial area for intervention as seniors with multiple chronic conditions are often prescribed many medications. Previous nursing studies reported challenging aspects of geriatric care related to medication management and pharmacology with older adults. Limited knowledge of the geriatric population’s pharmacology leads to medication-related adverse outcomes, adverse drug events, and inappropriate use of medications. Increasing the level of expertise in geriatric pharmacology may positively affect the safety of medication administration.

Another low knowledge area in this study is cognitive impairment and dementia. Sixty-two. four percent of participants answered correctly. Previously, it has been documented that confidence in nursing care of individuals with cognitive decline and dementia is lacking. Dementia care requires a variety of services that incorporate specialized communication, positive behavioral supports, and services in the area of long-term care. It is clear that

specialized training in dementia care is required to improve the safe delivery of services to individual elderly adults with cognitive decline.

The findings from the overall attitude survey show most senior staff nurses have a positive attitude toward geriatric care. Two-thirds of nurses (68.8%) had a positive attitude, which implied acceptance, respect and desire to care for the elderly. Similar attitudes were observed for other nurses in different studies that looked at other hospitals. Geriatric nursing is largely influenced by positive attitudes of nurses. Positive attitudes influence the interaction between nurses and patients as well as the way care is offered based on the patients' individual needs. Even with moderate levels of knowledge, the presence of positive attitudes reveals that nurses draw from their values and experiences gained from practice to form their opinions about elderly patients.

This study shows a relationship exists between the level of education and the degree of knowledge about geriatric care among nurses. Post-basic nurses may have better access to evidence-based knowledge, critical thinking and continuing professional education. Similar findings were documented in previous studies that placed a higher value on degrees in geriatric care. Formal education in nursing encompasses the understanding of normal changes associated with aging, the nursing process and the care of elderly patients suffering from chronically debilitating conditions. The incorporation of comprehensive gerontology in the nursing education curricula may enhance nurses' knowledge in geriatric nursing.

The amount of nursing experience and experience caring for the elderly both had a substantial impact on knowledge in this study. Nurses gain more geriatric competencies through multiple clinical exposures and the solution to practice-related problems. It is known that clinical experience makes it easier to identify the physical, psychological, and social needs of the elderly. However, some studies have demonstrated an inconsistent relationship between experience and knowledge. Experience on its own may be insufficient to develop knowledge in the absence of ongoing professional development and training based on evidence.

In this study, the most significant relationship with knowledge was found in previous geriatric-care training. It was seen that participants who had received geriatric care-related training had a better knowledge level compared to those who had no training. Similar findings have been reported in studies which focused on intervention and the results showed that various educational programs and training established the knowledge of nurses in the assessment of geriatric patients, safety of geriatric medicines, care of patients with dementia, and protection from the complications the elderly patients may face.

The findings of this study indicated relationships between nursing experience, formal geriatric-care training, informal training and experience with older adults, and attitudes toward geriatric care. Nurses that had a combination of formal training and informal clinical practice training showed more positive attitudes toward older adults. Other studies have mentioned formal training and formal clinical practice training as important demarcates of nurses' perceptions toward geriatric care and aging. Direct contact with older adults has the potential to challenge dated notions of older adulthood, reinforce caring attitudes, and develop empathetic, individualized responses. That knowledge and attitudes are not significantly associated with demographic characteristics means that professional educations and exposure are likely to be more important than personal characteristics.

In terms of senior staff nurses, this study found that knowledge and attitudes were positively correlated, which means that if a senior staff nurse's knowledge of geriatric care improved, so would the nurse's attitude. Many studies in nursing have found that if a nurse's knowledge of older adulthood improves, so perceivably does their attitude and willingness to provide care to the elderly. Positive attitudes and an improvement in the prosecution of geriatric care competencies can be supported by lifelong learning.

Conclusion:

Senior staff nurses generally know a moderate amount about geriatric care and have mostly positive attitudes. Nurses generally knew a moderate amount about certain aspects of care, including fall prevention, how to safely communicate with older adults, and safety measures. More specifically, problems were noted with polypharmacy, medication safety, and with the care of cognitive impairment and with the care of those with dementia. Level of education and years of nursing experience were associated with the level of knowledge about geriatric care. So were previous training and experience caring for older adults. Previous training and previous exposure to geriatric care within a clinical context were associated with positive attitudes about geriatric care. Improved knowledge about geriatric care was associated with an improved positive attitude toward the practice of geriatric care. From these findings, it is evident that the proper training and support of nursing institutions is necessary to sustain a safe and quality care system to meet the aging population's needs through safe, effective, and personalized care.

Recommendations

Based on the findings of the study, the following recommendations are proposed: healthcare institutions should organize regular continuing professional development programs and specialized geriatric-care training for senior staff nurses to improve knowledge related to medication safety, polypharmacy management, dementia care, and comprehensive elderly assessment. Nursing education institutions should strengthen gerontological nursing content within undergraduate and postgraduate curricula to prepare nurses for the increasing healthcare needs of the aging population. Hospitals should develop standardized geriatric-care protocols, promote evidence-based nursing practices, and provide opportunities for nurses to gain clinical exposure with older adults. Further emphasis should be placed on competency-based workshops, simulation-based learning, and multidisciplinary approaches to enhance nurses' knowledge, attitudes, and skills in delivering person-centered geriatric care.

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