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Title Page

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School of Nursing and Midwifery

***FACTORS HINDERING THE CARE OF GERIATRIC PATIENTS ADMITTED IN A
TERTIARY CARE HOSPITAL IN KARACHI, PAKISTAN.***

By

MUHAMMAD SHOAIB

A thesis submitted in partial fulfillment of the
requirements for the degree of

[Masters of Science in Nursing]

Karachi, Pakistan

08th November, 2023

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Aga Khan University

School of Nursing and Midwifery

Submitted to the Board of Graduate Studies

In partial fulfillment of the requirements for the degree of

[Masters of Science in Nursing]

Members of the Thesis Evaluation Committee appointed to examine the thesis of

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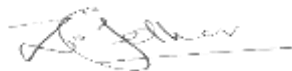
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08th November, 2023

Dedication

I am dedicating this thesis to the cherished people in my life, each of them has played an instrumental role in my thesis journey. It is my genuine gratefulness that first of all, I dedicate this work to my father, who has been battling with Motor Neuron Disease for the past five years. Whose always wish for a higher degree and quality education. I care deeply for him, and this thesis is a testament to my commitment to making him proud. Also to my beloved mother whose dream for my success and her constant prayers. Next, I extend my warmest gratefulness to my elder brother, who holds a special place in this dedication, his support and looking after my family was a big motive for me. My wife stood behind me like a rock and kept pushing me to pursue my master, despite the miles that separated us. She always trusted my abilities and her unwavering support was a constant source of strength for me. And tolerating my frustrations. Also, I cannot forget this dedication to my beloved daughters, whom I miss every single moment. Her absences were very hard for me but they served as a reminder of the importance of this academic work. In addition, I extend my dedication to my sisters who always prayed in my hard times and gave me hope for a better future. Last but not least, a huge dedication to all of my previous and current fellows, who supported me and guided me through my difficult times. Indeed it's a big motive, stress reliever, and strength for me in these two years. It is due to the support of all of these people that made my journey easy and made me able to complete my thesis successfully.

Abstract

Background

Older adult's patient care presents multiple challenges to nurses due to their growing numbers worldwide. According to WHO in 2020 the number of older adults aged 60 and above is one billion and by 2050 this population will be doubled. The current geriatric population of Pakistan is above eight million and is estimated to reach twenty-seven million by 2050. This increasing trend of the geriatric population poses a greater challenge to the compromised healthcare systems in Pakistan, healthcare workers especially nurses struggle hard due to limited resources, lack of knowledge regarding geriatric, and the frailty of older patients, to cater to their needs and care. Therefore, nurses face multiple barriers due to the growing demand for care in the older adult population, which need to be explored and addressed to cater to and improve the quality of care of geriatric populations.

Objectives

The objective of this study is to explore the perceptions of nurses working in inpatient tertiary care hospital regarding geriatric care and to explore the challenges faced by nurses in taking care of the older adult patients admitted in tertiary care hospital.

Methods

In this study, an exploratory qualitative study design was used. Semi-structured interviews of 13 nurses working in Aga Khan University Hospital, Karachi were conducted through purposive sampling. Data was analyzed through a content analysis approach following the steps of Graneheim and Lundman (2004). Rigor was ensured through Lincoln and Guba's (1985) criteria: of dependability, credibility, transferability, and confirmability.

Result

Four themes emerged from the content analysis (i) perception regarding geriatric care, (ii) enabling factors in geriatric care, (iii) challenges in geriatric care, and (IV)

recommendations for better care. The findings of this study revealed that nurses perceive geriatric care as a specialty that requires comprehensive care to cater to the complex nature of geriatric patients. It also perceived elderly care as an emotionally rewarding experience due to the feelings of satisfaction and accomplishment nurses get in the reward of caring for elderly patients. Moreover, it explores the factors that facilitate geriatric care are blessings, kindness appreciations, involvement of the family person in care, and help from the healthcare professional team. While, the challenges faced by nurses that hinder geriatric care are comorbidities, high dependency, non-compliance to the medical regime, communication gap, and lack of specialized education in geriatrics. To cater to these challenges and to improve the care, geriatric specialty, better infrastructure including separate wards for geriatric with proper staffing ratio for the elderly was recommended.

Conclusion

This study explores the perceptions of nurses regarding geriatric care, enabling factors, and challenges in the nursing care of older adult patients. These findings assisted in highlighting some important consideration for healthcare leaders and managements to address nurse's challenges to overcome with effective care of admitted geriatric patients.

Keywords

Geriatric care, Challenges, Nurse's perception, Older adult patients

List of Acronym

AKUH	Aga Khan University Hospital
BScN	Bachelor Of Science in Nursing
CMO	Chief Medical Officer
ERC	Ethical Review Committee
HCP	Health Care Professional
MSc HPM	Master of Science in Health Policy & Management
WHO	World Health Organization

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First of all, I want to express my gratitude to Almighty Allah, who granted me the ability, strength, skills, and chance to pursue this course. It is through his will that I overcome every hardship in this journey. Also, I am thankful to the chancellor for introducing this master's program and providing assistance to every student.

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Finally, I wish to acknowledge my family members and colleagues for their unwavering presence and support in all the ups and downs during this journey. I am thankful for their valuable advice and for providing delightful distraction to relieve my mind. Without their support, this journey will be impossible.

Declaration

I declare this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university and that to the best of my knowledge. It does not contain any material previously published or written by another person except where due reference has been made in the text.

The editorial assistance provided to me has in no way added to the substance of my thesis, which is the product of my own research endeavors.



(Signature of candidate)

08th November, 2023

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Chapter One: Introduction

The purpose of this chapter is to introduce the study, entitled “Factors Hindering the Care of the Geriatric Patients Admitted in a Tertiary Care Hospital in Karachi, Pakistan”, by providing a brief background, researcher reflection, statement of the problem, significance, objective of the study, research questions, and scope of the study.

Background

“Geriatrics is the field of medicine that deals with managing diseases and caring for older adults” (Türkbeyler et al., 2019). According to the United Nations, older people are those aged 60 or above (DESA). Also in Pakistani context 60 years is defined as the age older adult (Jalal & Younis, 2014). Aging is an essential part of a human being that reflects the biological variations in their health (Efiong, 2015). With the progression of age, the human body functions move towards the declining phase. Cell growth, digestion, blood circulation, muscle strength, and nutritional status are negatively affected. This decline in the human body makes that population more vulnerable to disease and illness (Khan et al., 2018). Age related changes also impacts while giving cardiovascular therapies due to increase in the complexity of older adults (Bell et al., 2016). Thus this population will put high burden on health care services and professional and will require high demand of health services in future (Dall et al., 2013). Nursing health care is partly responsible for population ageing due to which it lead in the increasing demand of nursing care and staff shortage (You & Donnelly, 2023).

A study has shown that approximately 100,000 people die worldwide due to age-related causes (De Grey, 2007). Older age is the accumulation of changes that happen during an individual’s lifetime. Some aspects of aging grow with time while some decline. However, some potential for growth and mental and physical development also exists in the later stages of life (De Grey, 2007). Hence, the care of older people entails the fulfillment of their special

necessities and requirements, including assisting in living, hospice care, nursing, and home-based care (Efiong, 2015). Therefore, comprehensive geriatric care is define an integrated and multidisciplinary treatment approach of elderly patients (Meyer et al., 2021).

Elderly care is complex, and multi-dimensional, and comprises emotional, physical, social, and spiritual care (Efiong, 2015). Non-communicable diseases like cancer, cardiovascular diseases, and diabetes are increasing in low-income countries (Gowshall & Taylor-Robinson, 2018). Older adults are more vulnerable to these non-communicable diseases and so their healthcare needs will also surge (Mistry et al., 2021). Therefore, to provide holistic and comprehensive nursing care to elderly patients, nurses need to be skillful and knowledgeable according to their clinical practices. Moreover, nurses who have knowledge and a positive attitude toward older adults have better outcomes in the care of elder patients, such as reduced hospital stays and readmissions, and family and patient satisfaction (Abudu-Birresborn et al., 2019).

The increase in the older adult population has an impact on health resources. Also, it is perceived that the older adult require more quality nursing care and medical resources (DeFrances et al., 2010). Moreover, number of the hospitalization cases of elderly patients are more than double as compared to other adult patients (Control & Prevention). Their leading causes of hospitalization include sepsis and cardiovascular diseases. Also, at the time of discharge they required more support due to their medical complexity (Mattison et al., 2013).

Advanced age is associated with multiple morbidities and a high mortality rate (Heydari et al., 2019). Moreover, ageism also has an impact on the perceptions of healthcare professionals. Several studies mention the negative perceptions and attitudes are exist in the healthcare professionals toward older adult care. This population is stereotyped for their poor

health due to negative personality, impaired mental health, loneliness, and unhappiness (Musaiger & D'Souza, 2009). In addition, geriatric patients are highly dependent and need more care and time, as a result, nurses see this care negatively (Liu et al., 2013). In contrast, some studies have concluded that nurses have a positive attitude toward caring for older adult patients (Mahmud et al., 2020). A study in Nigeria showed that nurses felt good while taking care of geriatric patients (Oyetunde et al., 2013).

Furthermore, multiple studies have shown challenges that affect the care of older adult patients by nurses. Healthcare providers, especially nurses do not have sufficient capabilities to manage the needs of hospitalized older adult patients (Rejeh et al., 2010). A study conducted in Nigeria reported that lack of special education and training in geriatrics, lack of social support, and lack of specialized wards for geriatric patients affect the care of these patients. While another study conducted in Turkey, showed that lack of policies and disregard toward the geriatric patient are key factors that influence nurses in the care of geriatric patients (Adibelli & Kılıç, 2013). Moreover, the growing number of older adult patients has also greatly impacted nurses and there will be more demand of nurses for elder care (Carlson & Idvall, 2015).

According to WHO, in 2020 the number of older adults aged 60 and above is one billion and by 2050, this population will double. Low middle-income countries have almost 80% of the older population. In Europe, the aged population was above 27.3%. While in Southeast Asia the number of people aged 60 or above was 9.8% in 2017 and the trend was increasing. It will be 13.7% and 20.3% by 2030 and by 2050 respectively (Organization, 2015).

The growth in the number of people getting old is a worldwide concern. The rate of older people proportion in the population is high in lower and middle income countries as

compared to the developed countries. By 2050, United Nations predicts that 8 out of 10 person whose age is above 60 years will be living in lower and middle income countries (United, 2017). This will lead to the need of a higher number of healthcare services.

However, healthcare structure and trained healthcare staff are inadequate for providing care to older adult patients in lower and middle-income countries (Abudu-Birresborn et al., 2019).

Pakistan is amongst the sixth most populated country in the world, having an increasing trend in life expectancy as compared to previous years. It is estimated that by 2023 life expectancy will reach 72 years in Pakistan (Cassum et al., 2020). The current geriatric population is above eight million and is estimated to reach twenty-seven million by 2050. The lives of this vulnerable population are affected by a weak pension system, economic recession, and lack of health insurance (Cassum et al., 2020). Pakistan has a very weak health system as compared to developed countries (Tariq et al., 2021). The older adult population in Pakistan does not have the same facilities to the aged population as available in advanced countries (Jalal & Younis, 2014).

Older adult patients require special attention, have special health needs, and require a multi-disciplinary approach to caring for them (Kalantari et al., 2021). This requires specialized health care professionals, who have high qualifications and training in geriatrics. Unfortunately, Geriatric is one of the neglected fields in Pakistan. Hence, there is a shortage of specialized doctors and nurses in geriatrics in Pakistan (Siddiqui, 2021). Moreover, there are no specialized wards for geriatrics patients in our tertiary care system. Nurses deal such patients along with adult patients. Hence, a high number of admitted geriatric patients in hospitals are highly compromised because of weak healthcare system (Mushtaq et al., 2022). Due to the high number of geriatric patients and compromised healthcare systems, health care workers, especially nurses face multiple-barriers while providing care to this vulnerable population. The researcher has also concluded that nurse's attitude and perceptions have an

impact on the quality of health care for older adult patients (Faronbi et al., 2017). This underlines the need for assessing the perceptions and hindrances faced by nurses in the care of geriatrics patients.

Researcher Reflection

The reason behind selecting this area for research is that during my clinical journey, as a registered nurse, in private tertiary hospitals and Government tertiary hospitals, I observed that nurses have different perceptions and challenges regarding care of geriatric patients due to their complexity and the frailty of older patients. As elderly patients have multiple morbidities and are also dependent with regard to their daily activity, they require a high level of care. Therefore, nurses mostly face challenges while caring for older patients.

Moreover, my father is suffering from the motor neuron disease since the past two to three years, and whenever he gets admitted to the hospital for treatment, I feel that his care is much more compromised as compared to other younger adult patients, due to their complexity of his disease, inactivity, and frailty. For example, during intravenous cannulation, he experienced multiple pricked on each attempt by nurse, also his feeding and hygiene care was delayed. Upon asking the health care professional, he replied that this patient is aged and his skin is so fragile that it becomes difficult for us. Also, he added that such patients need a lot of time for care that is why some care aspects are missed in such patients. I feel that there are a lot of hindrances and factors that affect the care of such fragile patients. Therefore, I selected this topic to explore the factors and hindrances faced by nurses in the care of admitted geriatric patients, in tertiary care hospitals.

Statement of the Problem

Patients aged 65 and above form a large proportion of hospitalized clients. Their higher admission rates are due to infections and cardiovascular diseases (Mattison et al.,

2013). They need age-appropriate care and management to lower their adverse events during hospitalization (Mattison et al., 2013). As the population of older adults grows, it demands increasing health services (Capezuti et al., 2012). Nurses spend more time with inpatients in acute care settings than other health care professionals (Rezaei-Shahsavarloo et al., 2021). Missed nursing care is very common in care of fragile older admitted patients because they require good quality care due to their fragility, the complexity of nursing care, the communication barrier, and high dependency. These factors contribute to improper care and adverse events in hospitalized elder patients (Rezaei-Shahsavarloo et al., 2021).

Moreover, studies across the world suggest, that nurses have poor knowledge about geriatric care (Amsalu et al., 2021b). Knowledge regarding the care of the geriatric is very important for quality care while inadequate knowledge severely affects the nursing care of the older adult patients. Trained nurses, with geriatric knowledge and skills, have shown good outcomes with regard to quality care, which improves care and reduces the hospital length of stay and readmission of the older adult patients (Amsalu et al., 2021a).

In Pakistan, nursing curriculum does not cover geriatric nursing as a specialty (Khokhar, 2012). Moreover, hospitals do not have health care professionals in Pakistan that are specialized in geriatric education for geriatrics and all older adult patients are dealt by general practitioners (Siddiqui, 2021). Hence, the health care services of elderly population are much neglected in Pakistan (Ejaz & Sughra, 2019). Therefore, this study was very important to explore the perceptions of nurses and also the challenges faced by them while caring for admitted geriatric's patients.

Significance of the Study

The findings of this study aimed to provide basic information for designing structures, policies, and programs for the quality care of geriatric patients in tertiary care

hospitals. This study helped nurses to share the challenges they faced in the care of geriatric patients. The findings of this study can help Government stakeholders of the health department and private hospital management, to understand the barriers faced by nurses in geriatric care and to provide them all the facilities, support, and capacity-building opportunities to overcome these challenges and to improve older adult care. Moreover, the findings can guide nurses and healthcare providers to focus more on specialized geriatric care while providing training at the education level, with the support of their institutions and government. This can lead to dealing with the growing number of older adult patients effectively.

Objective of the Study

The purpose of this study was to determine the perception of nurses regarding geriatric care. And to find out the challenges faced by nurses that affect the care of geriatric patients. This study highlighted perceptions and challenges regarding geriatric care of nurses involved in inpatients care.

Research Question

1. What are the perceptions of nurses regarding geriatric care?
2. What are the challenges faced by nurses while providing care to geriatric patients?

Scope of the Study

The study focused on the perceptions of nurses and the challenges faced by them in the care of admitted older adult patients, in private tertiary teaching hospital. The study was limited to only those nurses providing care to admitted patients in the private tertiary teaching hospital Pakistan.

Chapter Two: Literature Review

This chapter provides a literature review about perceptions regarding geriatric care and challenges in the care of older adult patients. This chapter is divided into four sections. The first section focuses on the search strategy through which a literature review regarding factors hindering the care of geriatric patients was achieved. The second section presents the prevalence of disease in geriatric patients. The third section describes the perceptions and challenges in the care of geriatric patients. While the fourth section provides a gap analysis and summary of the chapter.

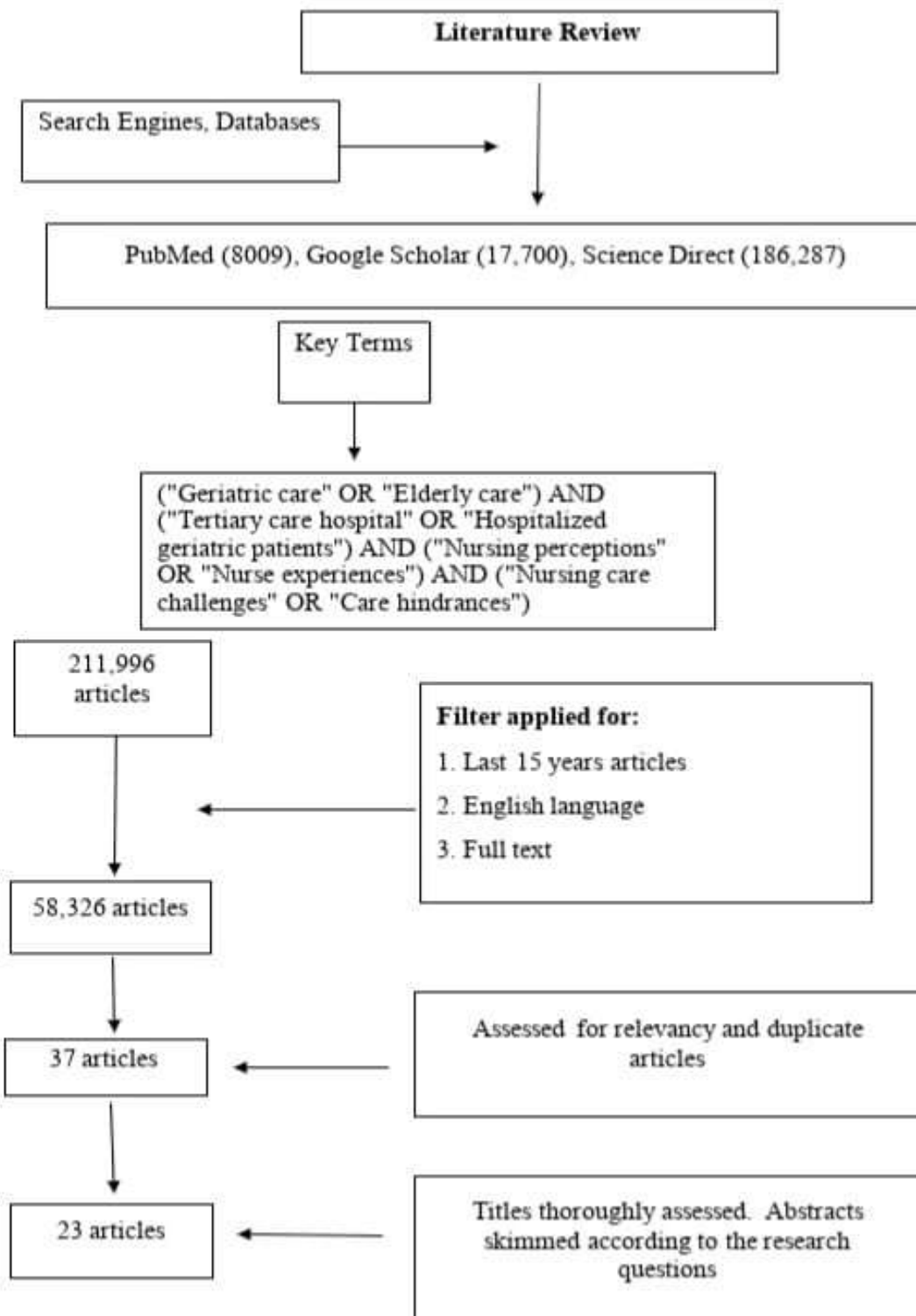
Search Strategy

A comprehensive systematic literature review was carried out to explore the relevant literature. Three electronic databases PubMed, Google Scholar, and Science Direct were used for retrieving the data. Boolean operators (OR, AND) were used in the search strategy. For searching literature, these keywords were used ("Geriatric care" OR "Older adult care") AND ("Tertiary care hospital" OR "Hospitalized geriatric patients") AND ("Nursing perceptions" OR "Nurse experiences") AND ("Nursing care challenges" OR "Care hindrances").

From these databases, 56,111 articles were found for factors hindering the care of geriatric patients admitted to a tertiary hospital. After applying the filters for 'English language' as medium of instruction is English, 'last fifteen years' due to limited literature, and 'full text' for gaining better understanding. The numbers dropped to 18,332. All these articles were assessed for relevancy, and duplicate articles were removed. Finally, 37 articles were included in the literature review.

The articles' titles were thoroughly assessed by reading the abstract. Articles that did not match the research questions were removed. After a comprehensive search, 23 articles were selected for final review (refer figure 01).

Figure 1. PRISMA Flow Diagram



Prevalence of Disease in Geriatrics

In the previous chapter, it was discussed that the geriatric population is increasing globally, and this increasing trend poses a great risk to healthcare (Humphreys, 2012). Older adult required more care as compared to younger patients and mostly have one chronic conditions which require care (Foley & Luz, 2021). The condition of aged people is clinically worse, as compared to the younger adult population. Frailty affects more than 60% of the elder and leads to high hospitalization (Rezaei-Shahsavarloo et al., 2021). Frailty was defined as person experienced weight loss of 10 lbs unintentionally, low physical activity, muscles weakness and exhaustion (Crow et al., 2019). Moreover, the study concluded that the prevalence of multiple morbidities is increasing with age (Davis et al., 2011). And this multi-morbidity poses challenges to the healthcare systems (Moffat & Mercer, 2015).

According to WHO (2018), as people age, their mental and physical capacity decreases and their health problems get more complex. The older adult population suffers due to dual medical conditions: age-related decline in immunity and physiological changes known as degenerative changes. These lead to an increased burden of communicable and non-communicable diseases in geriatrics (Jaspinder et al., 2014). These comprise urinary incontinence, frailty, delirium, falls, and pressure ulcers. Health systems around the world are competing to respond to the mental and physical capacity of the elders (Organization, 2018).

A study conducted in the United States showed that the global life expectancy of older adults has increased due to a reduction in chronic diseases. However, the mortality rate due to fractures and falls has increased from 1990 -2019 (Collaborators, 2022). Similarly, another study revealed that the incidence of osteoporosis among the elder population is high. It is a bone disease that is associated with an increased risk of fractures and causes many complications (Nader et al., 2021).

Moreover, a study conducted in Turkey revealed that skin diseases, especially eczematous dermatitis, were more commonly seen in the older adult. This has an impact on the quality of life of these vulnerable populations, which requires greater attention and can be prevented by taking protective measures (Bilgili et al., 2012). While, a study in Germany concluded that the care of older patients is associated with care challenges due to cognitive impairments and other associated factors (Hendlmeier et al., 2019).

In contrast, a study conducted in a mega city in Pakistan concluded that the non-communicable disease burden is high in the older adult population (Sabzwari et al., 2019). Similarly, another study conducted in Pakistan showed the prevalence of geriatrics disease among the parents of medical doctors, in which the prevalence of cardiovascular diseases was the highest, followed by musculoskeletal and digestive systems (Khan et al., 2012).

Furthermore, a majority of the geriatric population of Pakistan also suffered from multi-morbidity, and the important factor in their high mortality rate was found to be the non-communicable diseases, like musculoskeletal disorder, hypertension, vision loss, diabetes, cardiac disease, cerebrovascular diseases, and hearing loss (Sabzwari et al., 2019).

It is reported that 23% of elder patients contribute to the global burden of disease. The leading diseases in people aged 60 years and above are cardiovascular, malignant neoplasm, chronic respiratory diseases, and musculoskeletal, neurological, and mental disorders (Prince et al., 2015). In older people there is a substantial increase in mortality and morbidity due to chronic diseases (Prince et al., 2015). Moreover, the geriatric disease burden has a significant impact on the administration of health services (Khan et al., 2012). Evidence suggested that multi-morbidity is high in elderly patients (Alboksmaty et al., 2021). Hence, providing care to older adult patients with multi-morbidity is very challenging.

Handling the challenges of the growing aged population depends on the preparedness of the community. Due to the presence of chronic diseases, and increased disability in the older adult, the need for care also increases (Hajjar et al., 2013). To provide quality care and to improve the life expectancy of this specific population, it is very important to rule out the challenges faced by nurses in the care of geriatric patients.

Nurses' Perceptions toward Geriatric Care

Nurses are considered the backbone of the hospital and they are very important in providing quality care to these vulnerable patients (Karlin et al., 2014). The study showed that the attitudes of the health care providers influenced the quality of care of the aged people (Attafuah et al., 2022). A study conducted in Ghana concluded that gerontological nursing has the lowest preference rate among the nursing specialties, lack of knowledge, and poor perceptions regarding older care (Atakro, 2022). This, in turn, has an impact on the aged patients' care and also on the healthcare providers' attitudes.

Studies have also shown that nurses have a negative attitude toward older adult patients. In one study, nurses revealed that aged patients are weak (Polat et al., 2014). While another study in Nigeria found that nurses found that caring for older patients was time-consuming and needed much care (Oyetunde et al., 2013). These all have a negative impact on the quality of care of the older patient (Polat et al., 2014).

In addition, a study, conducted in the Republic of Korea, on the willingness to care for older adult people concluded that 46% of the nursing students were willing to give nursing care to an older adult patients (Won & Jang, 2020). Prejudice and negative attitudes towards older patients were the main reasons for not being willing to care for elderly patients. Similarly, many other studies have also shown that nurses and nursing students do not prefer to care for the older adult patients (Won & Jang, 2020).

Some nurses have also shown a positive attitude toward geriatric patients. A study conducted in Turkey showed that nurses had a positive attitude, patience, and respect for the older adult due to their age. They give priority to these patients as compared to other younger patients (Polat et al., 2014). Another study conducted in Nigeria showed that nurses had a polite manner while caring for older patients (Oyetunde et al., 2013). Similarly, a study in India and Bangladesh showed a positive attitude of the nurses toward geriatric patients (Mahmud et al., 2020).

Nurses are responsible for providing emotional, psychosocial, and physical support to the admitted older adult patients. Their perceptions and attitudes affect the quality of care. Hence, it was assumed that positive perceptions while caring for geriatric patients improved the quality of care (Modarres Sadraei et al., 2022).

Challenges in Geriatric Care

To deal with such complex, multi-morbid, geriatric patients' nurses are still struggling and are facing multiple challenges that are hindering care of the elderly patients (O'Connor et al., 2018). In the UK, the majority of the deaths occur in tertiary care hospitals and geriatric patients are especially likely to die in acute care settings (Gardiner et al., 2011). A study conducted in the UK showed that healthcare professionals (HCPs) identified multiple challenges in the palliative care of older patients, which included a lack of resources, different attitudes toward the care of the elderly, and a focus on curative treatment. Along with this they also reported the uncertainty of role and responsibility with regard to the care of older adult patients (Gardiner et al., 2011). Similarly, another study conducted in Indonesia, on the nurses' knowledge, attitude, and obstacles in providing older adult care concluded that nurses still did not have a good knowledge and good attitude regarding geriatric care. Also, they determined multiple obstacles faced by nurses in the care of geriatric patients. These obstacles were a limited number of nurses, uncooperative older

adult, and insufficient facilities (Abdurahman et al., 2021). Recently, a study conducted in Ghana concluded that nurses had positive attitudes toward older adult care, but the lack of special geriatric wards and facilities were perceived as the main challenges in the care of geriatric patients (Salia et al., 2022). Another study conducted in Nigeria showed that lack of special education and training in geriatric, social support, and specialized care facilities were the main reason affecting the care of aged patients (Oyetunde et al., 2013). While another study in Turkey found that the lack of a policy for older adult patient care resulted in a negative impact on nurses' perceptions, which affected the care of geriatric patients (Adibelli & Kılıç, 2013). Similarly, in another study, it was concluded that fundamental care was compromised due to the high fundamental care needs of older patients (Grealish et al., 2022). Fundamental care is important to decrease hospital-acquired complications in older patients. But most nurses reported that fundamental care was missed due to high care needs (Grealish et al., 2022).

In addition, another study found that nurses face communication challenges in the care of older patients (Wanko Keutchafu et al., 2020). Moreover, another study conducted in Australia showed that healthcare professionals face multiple challenges while providing care to multi-morbid and poly-pharmacy older adult patients. They concluded that the pressure of workload, care coordination and continuity, and poorly defined roles for care are the challenges faced by healthcare professionals (Mc Namara et al., 2017). While in another study practicing nurses and general practitioners reported that it was difficult for them to provide proactive care to older patients due to a lack of time and financial compensation (Bleijenberg et al., 2013).

However in most hospitals, geriatric patients are mostly treated in normal wards. There is no specific ward for older frail patients (Pitkälä et al., 2018). Healthcare professionals could have easy access to geriatric patients kept in a designated, special ward

for older patients (Oyetunde et al., 2013). A study concluded that, generally, medical wards have no specific structure for older patients. The inappropriate care environment is one of the contributory factors for missed nursing care in older adult patients. One of the respondents of the study answered that more time was consumed in reaching the older patient than in spending in care of patients, due to the long distance between the patient's room and the nurse station (Rezaei-Shahsavarloo et al., 2021). While a study on the provision of quality care to older people showed that healthcare professionals faced many hindrances. These included organizational challenges, autonomy, and professional expertise. They also mentioned a lack of education regarding geriatric care among general practitioners and nurses (Heydari et al., 2019). To uplift the quality of care more professional trainings in older adult care was recommended (van de Pol et al., 2015). In one study, Booker (2015) recommended that due to the growing population of aged people, there is a need to include gerontology in nursing education. Since 2000, the number of geriatricians has decreased. In every discipline of health care, professionals prefer not to choose geriatrics as their specialty. Some of them are frightened due to the polypharmacy and multi-morbidity associated with the elder patients. While others have a low level of education or training in their undergraduate and graduate programs, regarding geriatric care (Holveck & Wick, 2018). Hence, all over the world, there is a lack of structured geriatric training and professionals to deal with the rapidly growing aging populations (Rentsch et al., 2022). Similarly, in the nursing curriculum in Pakistan, geriatric nursing is not included. It mostly focuses on Pediatric nursing and Adult health nursing (Khokhar, 2012). As in other parts of the world, there is a shortage of nurses who are specialized after graduation in geriatrics or elderly care in Pakistan. Moreover, based on my personal reflections, I have worked as a Registered Nurse for almost three years, in both public and private tertiary care hospitals, and I have not encountered any nurse specialized in geriatrics in the hospitals.

Despite the above challenges, human life expectancy has increased due to advancements in treating diseases. As a result, the older population is also increasing (Crimmins, 2015). Moreover, along with an increase in life expectancy, the comorbidities of the older adult population are also increasing. A study showed that older age is more associated with comorbidity and has high mortality in hospitals. Also, geriatric patients have a high length of stay in hospitals which puts much burden on the healthcare workers (Toh et al., 2017). Prolonged hospitalization also leads to more complex diseases and a high burden, which poses more stress and affects the care of older adult patients. Care of older adult admitted to intensive care is more complex and requires highly specialized skills and knowledge (Heydari et al., 2019). Overall geriatric patients face multiple challenges in their care. Similarly, healthcare workers, especially nurses, are facing multiple challenges that hinder care while providing care to admitted geriatric patients.

Gap Analysis

In the literature review, limited studies were found on geriatric care in Pakistan. The studies found on geriatrics, globally, mostly focused on the living status, and quality of life, and were disease-specific like focusing on depression, dementia, orthopedic disability, and cardiac-related problems. Very few studies, conducted in Iran, Turkey, Ireland, and some countries of Africa were found that focused on challenges in the nursing care of geriatric patients. No study conducted in Pakistan was found regarding the nurses perception and challenges in the care of geriatric patients.

Pakistan is the sixth most populous country in the world and has a weak health care system. The elderly population here is increasing, as compared to the previous years (Cassum et al., 2020). In the public sector, there is no specialized healthcare facility or nursing homes for the older adult. Also, there are no specialized geriatric nurses or geriatric practitioners for the older adult population, and the medical and nursing curriculum does not have geriatric as

a specialty program (Karamali & Ali, 2012). In the near future, care of the geriatric patients will be affected and health care professionals will face challenges in their care (Qidwai & Ashfaq, 2011). Therefore, special attention is needed to explore the hindrances faced by nurses in the care of older adult patients.

Summary of Chapter

Overall, the literature review revealed that all over the world the growing aging population is facing multiple challenges with regard to their health. At the same time, healthcare professionals (HCPs) are also striving with multiple challenges in caring for these huge numbers of patients. Moreover, the literature revealed that different perceptions of healthcare professionals have an impact on their quality of care. Positive attitudes are shown to have a good impact on the quality of care while negative perceptions and attitudes have a bad impact on the care of older adult patients. Furthermore, to overcome such challenges, and to uplift the care of older adult patients, nurses should be trained in geriatric knowledge and skills, and hospitals and government stakeholders should develop proper protocols and policies that support healthcare professionals in geriatric care.

Table 1. Data Extraction

Author (s) Name/year	Country	Purpose of Study	Study Design	Sample Size	Key Findings
(Abdurahman et al., 2021)	Indonesia	To find out the attitude, knowledge, expectations, and Obstacles faced by nurses in elderly care.	Quantitative study	162	Nurses had poor knowledge and attitude toward elderly care. A limited number of nurses, uncooperative elderly, and insufficient facilities were the obstacles faced by nurses in the care of geriatric patients.
(Adibelli & Kılıç, 2013)	Turkey	To find out the difficulties faced by nurses in the care of the elderly, and their attitude toward elderly care.	Descriptive study	282	Nurses experienced the following difficulties: Inadequacy of physical conditions and technical equipment in hospitals, and insufficient skill and knowledge. While they showed a positive attitude.
(Atakro, 2022)	Ghana	To explore the perceptions of undergraduate nurses toward geriatric nursing.	Quantitative and qualitative (Mixed) study	174 & 30	Inadequate knowledge and poor perceptions regarding the care of the elderly were found responsible for the lack low interest in gerontological nursing.
(Attafuah et al., 2022)	Ghana	To assess the knowledge and attitude of nurses towards older	Survey study	40	The quality of care can be impacted by nurses' lack of understanding and attitudes toward

		adults			older patients.
(Bleijenberg et al., 2013)	Netherland	To explore the experiences of nurses and practitioner regarding U-CARE facilitator and barriers in caring for frail older patients	An explanatory mixed-methods study	32 & 21	Practitioners and nurses reported that elderly patients with multi-morbid, different cultural background and low socioeconomic status are difficult to give care due to lack of time and financial compensation.
(Davis et al., 2011)	United stated of America	To know the prevalence of medically complex patients with aging	Prevalence was measured using insurance data		The prevalence of multiple morbidities is increasing with age.
(Gardiner et al., 2011)	United Kingdom	To explore the HCP's perspectives on barriers in the palliative care of older patients.	Qualitative study	58	Healthcare professionals (HCPs) identified multiple barriers in the palliative care of older patients, which included a lack of resources, different attitudes toward care of the elderly, and a focus on curative treatment.
(Hajjar et al., 2013)	Middle east		Literature review		Due to the presence of chronic diseases, and increased disability in the elderly, the need for care also increases.
(Hendlmeier et al., 2019)	Germany	Care challenges in older Patients	Cross-sectional study	1469	The care of older patients is associated with care challenges due to

					cognitive impairments and other associated factors.
(Heydari et al., 2019)	Iran	To explore the challenges faced by nurses in the care of older patients admitted to adult ICU.	Qualitative study	34	The findings, of this study, concluded that the various obstacles hindering care were negative attitudes, lack of knowledge, inappropriate environment, lack of resources, and an unfair and inappropriate system for elderly care.
(Holveck & Wick, 2018)	USA		Literature review		All over the world, there is a lack of structured geriatric training and professionals to deal with the rapidly growing ageing populations
(Khan et al., 2012)	Pakistan	To identify a burden of geriatric conditions	Cross-sectional study	137	The geriatric disease burden has a significant impact on the administration of health services
(Mahmud et al., 2020)	Bangladesh	To assess knowledge and attitude of senior nurses regarding geriatric health care	Cross-sectional study	384	Nurses showed a positive attitude and having knowledge toward geriatric patients care.
(Mc Namara et al., 2017)	Australia	To explore perceived barriers,	A qualitative study	14 & 12	Pressure of workload, care coordination and

enablers and approaches to multi-morbidity management in older patients

continuity, and poorly defined roles for care are the barriers faced by healthcare professionals.

(Oyetunde et al., 2013)	Nigeria	Exploring Nurse's attitude towards care of the elderly and factors that influence the care.	Descriptive Cross-sectional	130	73.0% of the respondents reported that geriatric care is difficult and special wards are important for the effective care of elderly patients. Showed a positive attitude toward elderly care.
(Rezaei-Shahsavarloo et al., 2021)	Iran	To find the factors influencing missed nursing care in hospitalized elderly patients	A qualitative study	17	Factor like inefficient care, frailty of older adults, and age-unfriendly structure may increase the risk of missed nursing care.
(Sabzwari et al., 2019)	Pakistan	To know geriatric impairments and comorbidities among elderly patients	Cross-sectional study	1200	The non-communicable disease burden is high in the elderly population.
(Salia et al., 2022)	Ghana	To assess factors affecting the care of elderly patients.	Descriptive cross-sectional	150	Nurses showed a positive attitude, along with good knowledge, about the elderly. The lack of special wards and facilities

was the factors that hindered the care of elderly patients.

(Toh et al., 2017)	Singapore	To identify factors associated with high length of stay among older patients	A cross sectional study	281	Presence of caregiver stress and severity of illness.
(Topaz & Doron, 2013)	Israel	To assess the acute care setting's nurses' views toward elderly patients and their understanding of aging	Descriptive, correlational design	170	Ageism has been found to negatively affect healthcare professionals, creating negative attitudes among healthcare professionals.
(van de Pol et al., 2015)	Netherland	To explore health care professionals' focal areas for improving the primary care of older people.	Qualitative study	20	Participants agreed about the need for primary care for elderly people. They identified that professional expertise, organizational barriers, and autonomy were the major obstacles in care for older patients.
(Wanko Keutchafo et al., 2020)	South Africa		A Scoping review		Nurses face communication barriers in the care of older patients.
(Won & Jang, 2020)	South Korea	To find out the factors affecting elderly care willingness	Descriptive cross-sectional study	313	The factors which most influenced willingness in the care of elderly were prejudice and

among
nursing
students.

negative attitude
towards older
patients.

Chapter Three: Methodology

This chapter discusses the study design, setting, duration, and the sampling strategy used in the study, along with the discussion of eligibility criteria. It also explains the recruitment of the participants and the process of data collection, analysis, and ethical consideration. Finally, it describes the criteria used for ensuring the rigor of the study.

Study Design

This study aimed to explore the perceptions of nurses toward geriatric patients care, and to explore challenges that faced in the care of admitted older adult patients in tertiary care hospitals. The study question guides the investigator in selecting a proper study design (Polit & Beck, 2017). In this study, an exploratory qualitative study design with a content analysis approach was selected to explore the factors. An exploratory qualitative design helps in multiple ways to highlight the phenomenon of interest and to find out the associated factors, along with a better understanding of the phenomenon (Polit & Beck, 2017).

This design is helpful when exploring a particular phenomenon directly from the participants' experience, and is considered feasible for exploring and understanding the phenomenon, along with the associated perceptions of the participants (Creswell & Poth, 2016). Moreover, it also provides an accurate method to find in-depth information about the participant and the problem's quality (Holloway & Galvin, 2016). Thus, a qualitative exploratory study design with a content analysis approach was used to explore the phenomenon of perceptions and challenges in geriatric care.

Study Setting

This study was carried out at the Aga Khan University Hospital, Karachi, Pakistan. Karachi is the most populated city of Pakistan. The research setting does not have a dedicated

ward for the geriatrics, but it has specialties cater the needs of adult patients. The older adult are part of the specialty service. In order, to explore multi-experienced nurses, and not those limited to one specialty, several departments were selected to have diversity in the study. Hence, it was conducted in the department of ‘emergency medicine, internal medicine, critical care, musculoskeletal, cardiology, neurology, and surgical wards.

Study Duration

The study was conducted over five months, from May to September 2023, after the approval of the Ethical Review Committee of the Aga Khan University (ERC) (refer Appendix 3).

Sampling Strategy

The purposive sampling technique is widely used in qualitative research for discovering information related to the phenomenon of interest. It is very helpful in selecting cases who have knowledge about the phenomenon of interest (Palinkas et al., 2015). Hence, this sampling strategy was used to recruit nurses. Moreover, purposive sampling is extensively used in qualitative research, as it assists in selecting samples having in- depth information regarding the phenomenon of interest (Shaheen & Pradhan, 2019).

Nurses having two or more years of inpatient experience as registered nurses, in the respective wards, were included. Also, both male and female nurses with bachelor’s degrees in nursing from the Aga Khan University were included. While those having less than two years of experience in the above-mentioned wards, and not having the required educational qualifications were excluded.

Recruitment

Permission was obtained from the chief medical officer (CMO) of the Aga Khan University Hospital Karachi, and it was conveyed to the respective department nursing

managers through email and in-person meetings. Also, the scope and objective of the research were explained to them. They agreed and cooperated in identifying nurses who met the criteria. Later, those nurses were contacted by the primary investigator and the written consent form was explained to them upon their willingness to participate in the study, also they were asked to sign the consent form. Finally, those nurses were interviewed who consented.

Data Collection

Data were collected from a total of N = 13 nurses, after approval from ERC. And after obtaining their signatures on the consent form interviews were scheduled in the overlapping time, from 2:00 pm – 04:00 pm, right after the shift is over and the handover/takeover of the patient's condition is done. At the Aga Khan University Hospital, this overlapping time is used for continuous professional development and education sessions. Moreover, this time, not all staff are involved with patients care. The interviews were conducted in the teaching and conference room, to secure the privacy of the participants. Also reflexivity was maintained through written reflective notes, and regularly documented personal insights, perspective and biases in these notes enhanced the research process. The duration of the interview was from 40 min to 50 min. The interview was based on the questionnaire using, guided questions and probes (refer to Appendix 2). The interview was recorded after obtaining permission from the participants and was transcribed by the researcher.

Semi-Structured Interview

Semi structured interviews are most frequently used in qualitative research. In this type of interview, open-ended questions are asked to explore a participant's experiences, perceptions, knowledge, and beliefs about a particular problem (DeJonckheere & Vaughn, 2019). During the data collection process, open-ended questions were asked to gain meaningful responses that were important for geriatric patients and their care.

The interview guide for this study aimed to explore the challenges faced by nurses in the care of geriatric patients. It also proposed to determine the participants' perceptions toward geriatric care. Interview guide and interview questions were developed with help of literature support (Roberts, 2020). And approved from committee members and supervisor. Moreover, it also explored the facilitating factors and the resources that could help nurses to overcome such challenges and to provide effective care. The interview-guide also helped to capture response to the questions more comprehensively, and to keep the interview specific. The questions comprised some core and associated questions related to the main research questions.

Recording Interviews

Interviews were recorded to capture the data more effectively (Jamshed, 2014). To capture the interview contents fully, all the interviews were audio-taped, as this was more convenient for the researcher. Each interview was coded to protect the identity, and the transcripts were saved in password protected files. The password was only known to the researcher. The data will be retained and discarded according to the Aga Khan University research data retention policy and ethics committee.

Saturation

The qualitative method mostly emphasizes on saturation, and is widely used in qualitative studies (Saunders et al., 2018). Since saturation was achieved after interviewing 13 participants, it was considered an appropriate sample size, as no new data was obtained further from the interview.

Data Analysis

Data collection and data analysis were conducted simultaneously. The demographic information was presented in a tabular form, while the qualitative data of the transcribed

interview were analyzed through the content analysis method. The researcher commenced the analysis by carefully listening, word by word, to understand the association and to establish a link between data and participants' emotions, by going through every part and fragment of the transcript multiple times. This led to the development of multiple codes, categories, and themes.

In qualitative content analysis, to interpret the result, data is always shown in themes and codes (Bengtsson, 2016). Data were analyzed by the process proposed by Graneheim and Lundman (2004). Five steps were utilized while doing the analysis. In the step one, the interview was transcribed after conduction. In step two, the entire transcript was read again and again to get an understanding. In step three, primary codes were derived, while, in step four similar codes were categorized into a major category. In the end, major themes were identified from categories (Graneheim & Lundman, 2004). Finally, the categories and themes were discussed with committee members and supervisor which include subject experts, healthcare professionals, and research experts, which ensured that they reflected the participants' responses.

Study Rigor

The researcher is responsible for the trustworthiness and findings of a study. Trustworthiness is defined as a method that maintains the quality of the study, and confidence in data and its interpretation (Polit & Beck, 2017). In this study, rigor was ensured through Lincoln and Guba's (1985) criteria: on dependability, credibility, transferability, and confirmability.

Dependability

According to Polit & Beck (2017), dependability is the stability of the data over time. An audit was carried out by the research supervisor and committee member for maintaining the dependability of the study.

Confirmability

It is defined as the ability through which the consistency of the findings of the study is ensured (Polit & Beck, 2017). This was achieved through the maintenance of the audit trail and the rechecking of documentation. Furthermore, codes, categories, and themes were finalized under the supervision of committee members and research experts.

Credibility

This is established through the truthfulness of the study and its results (Polit & Beck, 2017). To demonstrate the truthfulness of the study, the researcher should establish a clear link between the findings and their reality. This was ensured by returning to the participants for the confirmation and validation of the data.

Transformability

This means that the finding will be the same as in a real context and will be valid for use in the future. Transferability is established through their applicability in other contexts and populations. It improves through the extraction of findings. Moreover, a similar explanation could be used in the registry of data and research audit trail (Ghafouri & Ofoghi, 2016). Enough descriptions of the sample, study setting, and results were incorporated in this study to ensure the collection of rich data, which could be verified through the transferability of the results to similar kinds of settings.

Ethical Considerations

Ethical approval was taken before conducting the study from the ethical review committee (ERC) of the Aga Khan University. A letter of permission was obtained from the hospital's Chief Medical Officer (CMO) (refer Appendix 4). Also, a signed consent form was taken from the participants, upon their willingness for the interview. The interview was conducted during their free time, in a private room, considering their privacy. Moreover, it was explained to them that the interviews will be recorded and that confidentiality of the data will be secured through data encryption and password-protected files, also their identity will not be disclosed.

Summary

An explorative qualitative study design was used, considering the study question. A semi-structured interview guide was used, after approval from the ethical review committee, management of the hospital, and participants' consent. A content analysis approach was used, and codes, and themes were derived to get the meaning from the data. Rigor was maintained throughout the study by following Lincoln's and Guba's criteria. Similarly, the ethical protocol was followed according to international research standards and the Aga Khan University policies.

Chapter Four: Results

This chapter comprises two sections. The first section presents the results of the demographic information of all the participants in the study. The second section discusses the analysis of the interviewed data and the themes and categories derived from it, in relation to the intended research questions.

Demographic Information of the Study Participants

A total of N=13 nurses were selected for the interview. Among them, 12 nurses were female, and one was male. Their age range was from 25 years to 31 years, while their education level ranged from Bachelors to Masters. Moreover, two participants were married, and the remaining were unmarried. The participants had an average of five years of experience.

In relation to the study, all the nurses had more than two years of experience as clinical registered nurses and worked in shift duties. Moreover the codes reflects nurses interviewed from different departments like CC stand for critical care, CM for cardiac medicine, EM for emergency medicine, GS or general surgery, IM for internal medicine, NM or neuro-medicine, and OM for orthopedic medicine.

Table 2. *Socio-demographics*

Participant No/Code	Age	Gender	Education Level	Work Experience (year)	Marital Status	Family Living Status
1 (CC1)	27	Female	BscN	5	Single	Nuclear
2 (CC2)	27	Male	BscN	8	Single	Extended
3 (CM1)	26	Female	BscN	4	Single	Extended
4 (CM2)	28	Female	BscN	5	Single	Nuclear
5 (EM1)	26	Female	BscN,	3	Single	Extended

HPM						
6 (EM2)	27	Female	BscN	5	Single	Nuclear
7 (GS1)	31	Female	BscN	10	Single	Extended
8 (GS2)	26	Female	BscN	3.5	Single	Nuclear
9 (IM1)	27	Female	BscN	4	Single	Nuclear
10(IM2)	26	Female	BscN	4.5	Married	Nuclear
11(NM1)	26	Female	BscN	4	Single	Nuclear
12(NM2)	25	Female	BscN	3	Single	Extended
13 (OM1)	30	Female	BscN	6	Married	Extended

Content Analysis

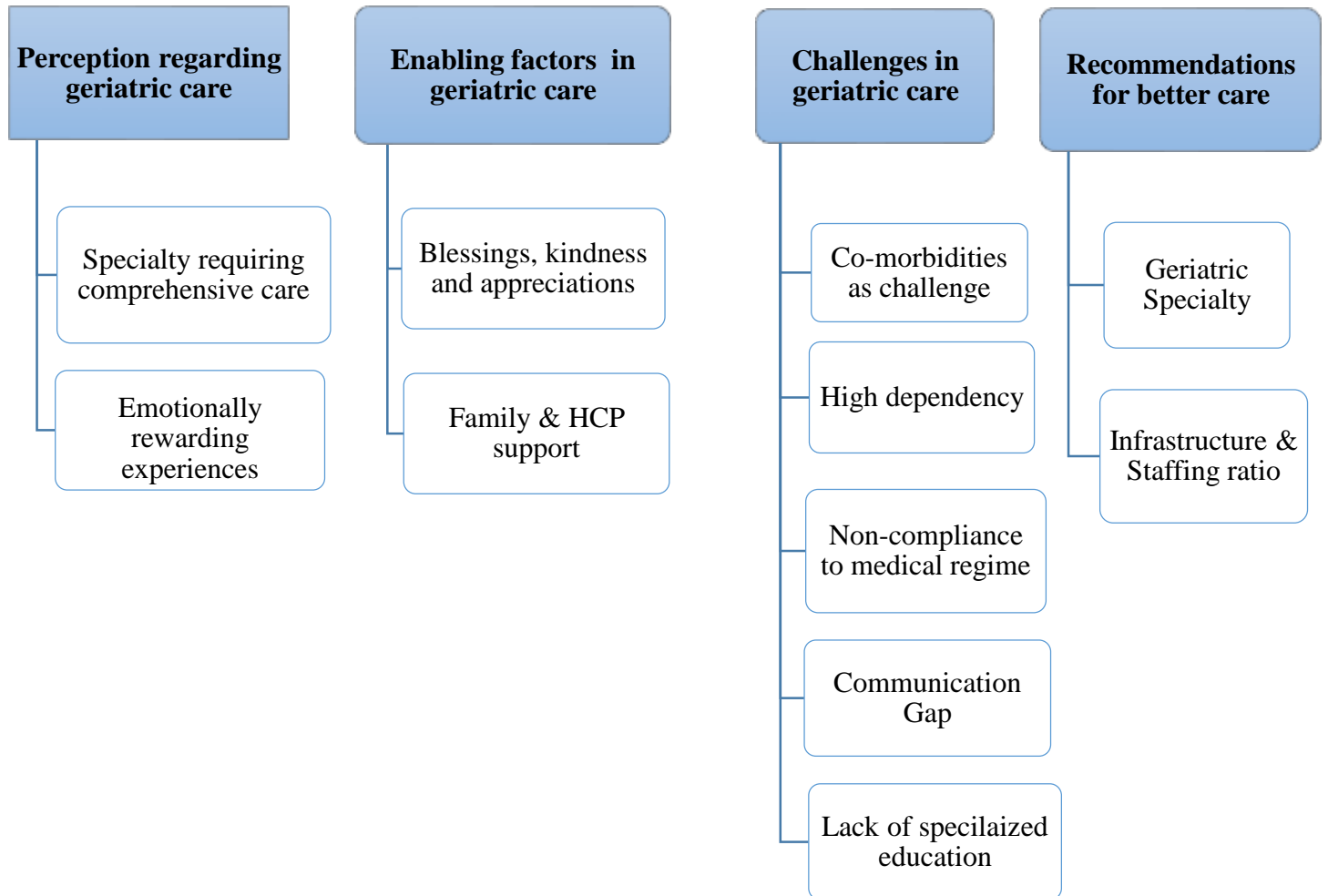
The researcher manually analyzed the data obtained from nurses through semi-structured interviews. The transcript was read at least five times, and content analysis was conducted to obtain codes. Then, similar codes were clustered, and dissimilar codes were extracted to derive categories and themes. In addition, to the results obtained from content analysis, two supplementary findings emerged under the themes of Enabling factors and recommendations for better care. Finally, four themes were derived through analysis. These themes were:

- 1) Perception regarding geriatric care
- 2) Enabling factors in geriatric care
- 3) Barriers in geriatric care
- 4) Recommendations for better care

Theme one is composed of two categories, Theme Two is also composed of two categories, Theme Three comprise responses from five categories, and Theme Four is

composed of responses from two categories. The results are discussed under the related categories and themes, with quotes obtained from participants' narratives (refer to figure 03).

Figure 2. Themes & Categories



Theme one: Perception Regarding Geriatric Care

Geriatric care and nursing deal with older patients that require holistic care, and a high level of understanding to cater to every aspect of older adult patients' health. This theme describes how nurses perceive and define geriatric care and nursing from their own perspective. According to the participants' responses, the following two categories arose related to the Perception regarding geriatric care. These are composed of specialties requiring comprehensive care and emotionally rewarding experiences, as discussed below.

Category (i): Specialty Requiring Comprehensive Care. The participants recognized that dealing with geriatric patients was different from that of younger adults and more understanding was needed while caring for them. As one of the participants stated:

Dealing with geriatric patients is entirely different. Dealing with youngsters and geriatrics is entirely different. More understanding is required with geriatrics than with adults. We need to be very patient while working with them. We must be soft-spoken, because the geriatric population is much more sensitive than children and requires time and attention. (IM 01)

Similarly, another participant endorsed the same idea and shared,

There must be an expert nurse who knows the needs, processes, and everything regarding geriatric populations that they can cater to the needs in a better way, rather than in a general way like other nurses or general nurses do. So geriatric care varies from patient to patient, but it requires high motivation. Nurses need to be very cautious when giving or providing care physically to older adult patients. (IM 02)

The participants also recognized that geriatric care was complex and they needed extra nursing care, so nurses needed to be careful while caring for them. This signifies that geriatric patients need comprehensive care. One participant stated, "It's difficult for us to deal

with these patients because, with age, their mental capability and their thoughts and perceptions are different" (OM 01). Another participant stated, "Giving care to the Geriatric patients is a positive thing because we are dealing with the patients who need more nursing care" (NM 02).

One more participant had a similar perspective:

Geriatric patients have several healthcare needs when arriving, especially in an ER setting. So, we need to be more cautious and more alert about everything. They have several needs that the young patients or the pediatric population probably don't have. So we need to take care of them cautiously and be highly alert. (EM 01)

Category (ii): Emotionally Rewarding Care. The participants identified that giving care to older adult patients gives a sense of fulfillment, satisfaction, and empowered care. One participant stated, "I feel really good while caring for geriatric patients because I belong to a Muslim society, and as per the Islamic perspective, we have an insight of caring and giving care, and we have the concept of helping others as well" (CC 01). Another participant confirmed that geriatric nurses felt satisfied in older adult care: "Geriatric nurses have a lot of job satisfaction as well. That is my perception because when you take care of the older adult, they give you a lot of prayers and appreciate you a lot" (EM 01). Another participant explained,

It makes me feel optimistic. Also, it makes me feel empowered. Why empowered? Why positive? It is because when caring for the elderly, we know that in return, we will get so many blessings. Apart from blessings when we are living with the older adult their experiences, and their life, the way they have lived their life, they share with us and this is very valuable. (GS 01)

Theme two: Enabling Factors in Geriatric Care

Based on the analysis, two categories explained the participants' responses which facilitated and motivated them in the care of geriatric patients. These categories include Blessings, kindness, and appreciations and family and healthcare professionals' support.

Category (i): Blessings, kindness, and appreciations. The data analysis showed that nine participants believed that spiritual satisfaction in the care of admitted geriatric patients was the facilitating and motivating factor. One participant said, "The spiritual satisfaction that I get from caring for the geriatric patients is the most facilitating factor for me because, in our culture, in our society, the blessings of the geriatric population have so much importance" (CC 01). Another participant said,

When we are dealing with any old patient, so at times, the patient gets emotional, or the patient gets attached to us, or they praise us and, like, encourage us. It has happened to me many times where patients have placed their hands on my head and prayed for me. So it's kind of a very rewarding. Our motivation helps us continue, which helps us in keeping going. (CM 02)

Similarly, some participants said that the religion stated that it was essential to care for older adult patients. This boosted their motivation toward care. "So the religion part is also the motivation that our religion teaches us to, you know, be kind to older people. So that is also the motivation" (CM 01).

Another participant also supported this,

Another thing that this population is very inclined towards is giving blessings and appreciation, because a little effort makes a lot of difference in their life. So even if I take care of their mouth, they feel so blessed and happy that they keep blessing me and giving me appreciation for even a simple act. (NM 01)

Category (ii): Family and HCP Support. The support of family members and their involvement in care also facilitates nurses in older adult care. One participant shared,

Sometimes, involving family members in counseling and in a patient's care is also a facilitating factor, because family members also help us and take part in the caring process of the patient. So it is also sometimes a facilitating factor. (CC 01)

Another participant also endorsed this,

Family involvement plays a major role in that and they should be involved in every hospital decision. From admission to discharge, every decision should be discussed with the family, and they should be included in care as they deal with them on a daily basis. So, the nurse should approach them and gently treat them. Because every individual is extremely different. So, the family can help a lot in understanding the mentality of that patient and their nature, so that we can treat them accordingly. (IM 01)

Some participants also reported that team member's support and help motivate us in the care process. As one of them said, "If I am unable to deal with an elderly patient. So I have a good colleague or other team member I can call. They can help us. So that is also a motivation for us" (CM 01). Also, appreciation or support from management facilitates nurses in elderly care,

The facilitating factors would be your team's motivation; it could involve your supervisor, your manager, or anyone who motivates you or appreciates that you are doing something good. Or you know, I saw you when you were working nicely with a patient. (EM 02)

Theme three: Challenges in Geriatric Care

Five categories describe the participants' perspectives regarding the challenges they face while caring for geriatric patients. These categories include Comorbidities, High demand of dependency, Non-compliance to the medical regime, communication gap, and lack of specialized education.

Category (i): Comorbidities as a challenge. Geriatric patients suffer from multiple comorbidities, which pose a significant challenge to nurses while caring for them. Many of the participants faced this challenge, and seven participants out of thirteen expressed that they came across these challenges. One participant stated

The major challenge that I face, usually in critical care, is the geriatric patients who have multiple comorbidities. Due to the comorbidities, for example, CKD chronic kidney disease, the patient is usually on dialysis or, they have diabetes and high blood pressure, so they are usually very preoccupied because they have been taking many medicines for a long time at home. So, due to the comorbidities and the other known disease processes, it is challenging to manage and calm these patients during the treatment regime. (CC 01)

Other participants also endorsed this challenge. One of them said,

I think there are several age-related health issues, elderly patients often have complex and chronic health conditions, such as diabetes, heart disease, dementia, and mobilization. Nurses must have a comprehensive understanding of these conditions and the associated management, as they have cognitive impairment and communication difficulties. (CC 02)

One of the participants mentioned that multiple comorbidities lead to a prolonged hospital stay for older adult patients, and this becomes a burden on the nurses, and they get exhausted. (CM 02)

Another participant also remarked,

Another reason is, as we talked already about, multiple comorbidities. Some geriatric population people, whether at the hospital or at home, have multiple comorbidities. So, various comorbidities are also an obstacle because when dealing with one thing in those patients, it can also affect the other, they already have increased complexity of care. (IM 02)

While many participants also emphasized that fragility was also a factor that posed as significant challenge to them while caring. One of the responses that supports this is,

They are very fragile in terms of their skin having multiple wrinkles and being delicate, due to the multiple invasive lines in that delicate skin, hence there is the need for infection control practices to prevent infection. We have to do various dressings and do the sterile dressing numerous times, so with the skin being fragile, it is tough for us to manage the patient and prevent any skin breakdown. (CC 01)

Another participant stated,

If you take cannulation, you know they have a very fragile skin and fragile veins, so you must attempt multiple pricks and do that single task multiple times. So that is time-consuming and sometimes hazardous for them. Nurses don't feel comfortable doing a lot of procedures like nasogastric tube insertion, IV cannulation, and catheterization. You need to be very cautious while handling them. So handling those patients is again a difficult task. (EM 01)

Another participant also had this point of view. One of them said,

So, basically, the older you get, the more fragile you become, so it takes time, you know, to deal with the geriatric population. The IV cannulation is very difficult. You see, they are very fragile. You need an experienced person to perform cannulation.

(EM 02)

Category (ii): High Dependency. The data analysis revealed that participants believe geriatric care is highly time-consuming due to the high dependency. One of the participants stated,

High dependency is the thing for which the nurse is not comfortable, and then also, with high dependency comes a lot of time commitment. Older adult patients need to get positioned, to get fed, to get appropriately dressed, and to get properly hair tied up. (IM 02)

Another participant stated,

The care of geriatric patients is usually very time-consuming and their care requires a lot of time. So, communicating with the geriatric population takes patience and requires a lot of time to sit, counsel, listen, and answer their questions and concerns.

(CC 01)

Also, this participant expressed that older patients are dependent on nurses for daily activities of life: "They are mostly dependent on nurses for every little thing, like if they want a glass of water, we have to give them a glass of water with our hands" (CM 02). Another participant endorsed this point of view,

Most of them depend entirely on nursing staff and the obstacle is that many patients are assigned to us. So, the care gets compromised. They do not have a high cognitive level or their mental status is not too good to provide answers or to cooperate with the nurse. (GS 01)

One participant claimed that procedures for the geriatric patient are time-consuming due to their fragility,

So, it is time-consuming for us to deal with that type of patient because, as you already know, this type of patient have fragile skin. And, so all these procedures, like simple IV cannulation it takes at least 30 to 40 minutes to do IV cannulation for that patient as compared to our adult patient. (GS 02)

Category (iii): Non-compliance to Medical Regime. Some participants reported that geriatric patients did not comply the hospital protocol and their health treatment regime. One participant said,

Geriatric patients usually force us to make their attendants visit them continuously. They ask again and again to call their attendant at the bedside because they are not comfortable with the bedside staff, they are afraid. They get irritated when educated by the doctors and the nurses, so they continuously pressure us to call the family members. They make it challenging for us to ensure compliance with the infection control policy. So it is very, very difficult to manage geriatric patients and make them understand your policies and the infection prevention measures needed to prevent them from multiple infections that they might catch from visitors. (CC 01)

Also, this participant revealed that they were not taking care of their treatment regime.

I have encountered patients who do not take their medications on time. We have significant medications. For example, we have to give cardiac patient diuretics, antibiotics, and postoperatively painkillers, which have a fixed time. So their medications need to be administered at a specific time. However, the geriatric population wants to take medication on their own time, and they do not cooperate with the healthcare providers. (CC 01)

Refusing to take medications was endorsed by another participant also: "They are not taking the medication, as well. We are forcing them for their benefit, but they are, you know, refusing their medications" (CM 01).

Non-compliance to medication was also revealed by another participant who stated,

They do not want to take medication. Non-compliance is another obstacle because if you are taking care of the patient and the patient is not taking the medications. So, it is one of the obstacles where you are fighting with the patient. Not directly, but to convince them to have the medicine. (GS 01)

Category (iv): Communication Gap. Many participants reported facing communication and behavioral issues with older adult patients that challenged their care. One participant said,

There is, you know, the communication gap as well. Because sometimes you know the older age people have their own issues. So, at their age, they have hearing problems. Could be the hearing problem that makes it more challenging to communicate with them. (CM 01)

Another participant also acknowledged this obstacle,

The third reason, I believe, is the language or the communication gap. There is a big age gap between the elderly and nurses, which can hinder understanding each other accurately. So there are language barriers and that age gap, which do not allow the development of that particular nurse-patient relationship that would promote health. So, that gap is another obstacle to gaining good health. (IM 02)

Along with communication, behavioral-related challenges were also reported by the participants. One participant stated,

This type of patient is mostly irritable and less patient and sometimes they get aggressive and angry. Then their anger is diverted to the nurse, as she is on the frontline. So, nurses might feel offended and might feel it is an obstacle while caring for these types of patients. (IM 01)

Category (v): Lack of Specialized Education. Some participants expressed their concerns about not having specialized education in geriatric care which hindered older adult care. As one participant mentioned,

Everyone is unwilling to take care of them for multiple reasons, as geriatric nursing in Pakistan is not that developed, and we don't have a lot of resources. We don't have enough staff to take care of them, so if one staff is assigned to so many geriatric patients, we cannot take care of them well. (EM 01)

One other participant shared, "It was difficult because I was a novice nurse. I had no previous knowledge of the geriatric population or geriatrics. I did not know how to deal with the geriatric population" (CC 01).

Two other participants shared similar obstacles,

I can say the training of the staff, if we do not have trained staff to take care of them, the scenario can be bad. So, for example, the patients have different needs. If you are not trained and are not aware enough to care of them, you won't be able to give them proper care. (GS 01)

Sometimes, at times, we feel that we are missing something or we are lacking in going any care. So yes, providing care is also a difficult task, but providing appropriate care that the patient needs is also a big burden. So yes, we need to boost our skills or techniques with regarded to geriatric population. (NM 02)

Theme Four: Recommendations for Better Care

To overcome the challenges faced by nurses in taking care of older adult patients, findings from the content proposed some recommendations: Geriatric specialty, Infrastructure, and staffing ratio, and national-level policy.

Category (i): Geriatric Specialty. Some participants proposed that geriatric should be treated as a separate specialty and the staff should be trained in that specialty. One participant recommended,

There are pediatric and adults. There is no such third domain for geriatrics in our country. So, I have seen this even in the hospitals. Where I work, I have seen that there are sheets. There are documentation sheets for either pediatric or adults. There is no such thing as geriatric. So I think our country basically needs to recognize that the age group is not only confined to pediatric and adults. (IM 02)

Another participant expressed that a geriatric curriculum should be introduced: "Secondly, PNC or other educational institutions should start making a geriatric curriculum separately, because they are different and their needs are different" (EM 02). This participant also supported separate specialties,

Also, in the emergency department or every hospital, I believe they should start separating each population differently, like the geriatric ward should be different, pediatrics, as we have already seen that there are four to five specialties that are mainly working here. (EM 02)

Moreover, the majority of the participants recommended that there should be specialized education and training for nurses regarding geriatric nursing for better care of elderly patients. Participants' responses included, "And for nurses, nurses must go through specialization courses so that they could have theoretical knowledge and information and background. How geriatric, geriatric nursing evolved and how it is evolving" (NM 01).

There should be a course, just like the fundamentals of nursing, a critical care course.

There should be a course in geriatric nursing in which novice nurses learn how to deal with and facilitate their patients and how to care, just like palliative care. In palliative care, there is a specialized nurse who knows how to counsel to convince patients.

Similarly, there should be a geriatric nurse as well. (IM 01)

Other participants also proposed this view,

First, I would add that educational resources must be there to train us on how to deal with them. Firstly, teaching sessions be conducted for that, how to deal with them, how to deal with these situations, how to cope with this scenario, how to react once the patient gets agitated or does not respond well to you. So, first of all education must be there. (GS 02)

There was no specific dedicated course where we got trained or got our skills polished for performing care for geriatric patients. So, I think there is no specialized training for the nurses where their skills are polished. (CM 02)

Category (ii): Infrastructure & Staffing Ratio. The majority of the participants suggested specialized geriatric wards/units along with specialized equipment and a proper staffing ratio, to overcome the challenges in geriatric care.

There must be separate units, for the geriatric population because there is a huge age difference between young and older adults. So, they require different sets of care. So, there must be special units or special wards for geriatric patients so that we can entirely focus on them. (NM 01)

Basically, if we compare with the studies conducted in the European nations, I believe they are very good, you know. If we consider, they have useful resources, they have a good brochure, they have safety alarms in there, you know, washrooms, and

they have such good devices compared to our devices. So, I believe good geriatric resources can help give better care. (EM 02)

One participant's response regarding separate units/wards was,

The first important thing is that we should have a different ward setting and different specialty settings for them, where they have specialized staff, who know these patients, and they should be specialized training for them, monthly or weekly. (OM 01)

Another participant also endorsed this recommendation,

Another resource we could have is a specialized ward, a specialized unit for the geriatric patients. Right now, in the facility, we don't have any special geriatric wards. So we have young patients as well as geriatric patients on the floor and in the ICU. So, if we could have a geriatric specialized unit, it would, I guess the staff would have the patience to understand the person being cared for, because they would be seeing all the geriatric patients. (CC 01)

Some participants advised that specialized medical equipment helps better assist elderly patients and is a beneficial resource for nurses.

I think the resource is equipment. For example, if I'm doing IV cannulation of the geriatric population, their veins are fragile and cannot be seen directly, so there should be a vein detector. So, along with human resources, we need medical supplies as well as electronic supplies. (GS 01)

With that, we should have different equipment, such as, you know it's very difficult to position the older people. So there should be this special equipment which we can use to make it easy for us and them as well. (CM 01)

Also, this participant added that along with equipment there should be specialized staff,

With that, we should have a, you know, special nursing staff or specialty, especially for the geriatric population. So that there should be, you know, smooth recovery, they should get back to their home in very good condition. And with that, there should be a special physiotherapist, especially for the geriatric population. (CM 01)

Human resource and proper staff ratio in geriatric settings were also recommended by the participants: "Their needs are so different, their needs are more than the other patients. So, short staffing might make their situation worse. So proper staffing can help, and there can be proper equity, in terms of prioritization" (EM 01). Another participant also proposed this point,

If I had more human resources, I could give good care to the patient, the positioning, the bed to chair, and any of the basic care could be provided more comfortably, without any exhaustion. So the chances for recovery will increase. (GS 01)

Summary

This chapter presented the findings obtained from participants' responses through data analysis under four major themes. The findings aimed to identify the nurse's perceptions regarding geriatric care and the enabling factors that motivate or facilitate nurses in older adult care. The analysis also revealed the factors that hinder geriatric care and the recommendations to overcome these challenges, for better care. All these findings were supported by the participants' narratives that were recorded at the time of the interview.

Chapter Five: Discussion

This chapter covers the findings and the integration of the data gathered through the analysis of the current study data. This study explored the perceptions of nurses regarding geriatric care and the factors that hindered the care of older adult patients in the light of relevant literature. Also, recommendations were identified and proposed by the participants to overcome the barrier. Upon analysis, four themes were derived as major findings of the study: Perceptions regarding geriatric care, enabling factors in geriatric care, challenges in geriatric care, and recommendations. These findings are discussed below, followed by the recommendations and conclusion.

Perception Regarding Geriatric Care

This study's findings showed that most nurses perceived geriatric care as a specialty requiring comprehensive care, to cater to the complex nature of geriatric patients. They expressed that they perceived the care of older adult patients as a separate specialty in nursing that demanded comprehensive attention. The participants further stated that geriatric patients' health got compromised due to multiple factors, such as the presence of multiple diseases and weak physical status, which required high levels of assistance and understanding to address their needs. While, the complex health status of older people in Pakistan was supported by Sabzwari et al. (2019), who found that along with non-communicable diseases, there was a high rate of associated impairments in elderly populations that required greater attention and care by healthcare professionals. Also, the high burden of non-communicable diseases in the Pakistani elderly population is evident (Bashir & Nazir). Therefore, nurses in the present study perceived that geriatric patients had a complex health status that required greater understanding and knowledge for their care. This perception is supported by a qualitative study conducted in China, in which the researcher emphasized a comprehensive assessment while providing personalized care to geriatric patients (Li et al., 2021).

In the present study nurses also perceived geriatric care as an emotionally rewarding experience. The nurses experienced that caring for elderly patients gave them feelings of satisfaction and accomplishment. This unique viewpoint highlights the emotional approach in elderly patients care and the connections that nurses built with the geriatric patients. Nurses in this study said that during care they were appreciated and they received blessings from elderly patients, hence, emotionally they felt satisfied with the positive outcomes of the care. Therefore they considered the care of the older adult as emotionally rewarding experience. This could be because the nurses were from a Muslim country and Islam teaches taking care of the elderly, due to the concept of ‘khidmat’, which implies serving the elderly who are needful (Qureshi, 2014). Mostly, elderly in the Pakistani culture give blessings, appreciations, and prayers to their caregivers.

The level of empathy increases between the nurses and the geriatric patients when nurses adopt a caring attitudes and share their experiences (Teófilo et al., 2019). Nurses consider the geriatric patients as their grandparents and get emotionally attached to them. Similar to these findings, studies from the European context also show the perception of elderly care as a feeling of happiness and affection, personal growth, and increased sensitivity to human value, and nurses perceive the quality care of the elderly as individualized, holistic, and focused on promoting choice and independence (Porcel, 2013) (Murphy, 2007b). The Pakistani cultural and religious values are more focused on elderly respect and care, so these values help in creating a support system for elderly (Cassum et al., 2020). Therefore, nurses perceive geriatric care as emotionally rewarding, and stress that comprehensive care be provided to improve the care of geriatric patients.

Enabling Factors in Geriatric Care

This study found that Blessings, kindness and appreciations, and family member involvement in care, and help from healthcare team members were the factors that motivated

and facilitated nurses in the care of elderly patients. In the current study, the majority of the participants expressed that spiritual satisfaction was the factor that they gained while caring for the elderly and this motivated them in their geriatric care. Literature also supports that spirituality grant satisfactions to nurses at worksites, and enhances motivation and effectiveness (A Khalaaf et al., 2022). This findings also support by a study in Pakistan in which they explored that workplace spirituality enhances nurses satisfaction, and lead to better performances in care (Mumtaz, 2017). Also, nurses satisfaction at work site is associated with increased quality care (Aron, 2015). This indicates that spiritual satisfaction is important for nurses for enable them to provide better care. In the Pakistani context, serving the older adult is considered as worship, and people give importance to paying respect to their elders. Therefore, nurses in this study felt motivated, and considered it as a factor that motivated them to care for the elderly despite the challenges.

The participants also expressed that family member involvement in care was a facilitating factor. Due to lack of staff and high work burden, family member support in care is a big relief for nurses. Family members, assistance to older patients in daily activities such as dressing, eating, medications, and assisting with self-care and personal care, decreases the nurses' burden and facilitates the assigned nurses. Similar to these findings, a study in Iran found that the support of supervisors, and family participation in geriatric patients was a moderating factor that could help prevent missed nursing care. Also due to staff shortage, this is a possible way to make the best use of available human resources in the care process (Rezaei-Shahsavarloo et al., 2021). Also, another study in Iran found that nurses perceived family involvement in older adult care as a facilitating factor in the continuity of patient care (Dehghan Nayeri et al., 2015). A study in Pakistan also showed that family members are involved in the physical care of their patient and they play the role of a facilitator (Khalil & Gul, 2021). Therefore, nurses considered family member support in the care of older adult

patients as a facilitating factor. By involving them in the direct care of patients, the burden of care on nurses' decreases and this helps in preventing missed nursing care for older patients.

Moreover, the participants also stated that help from their team members also facilitates them in elderly care. They said that older adult care is complex and sometimes requires high understanding, so when they get help from their senior team or health care professionals, it facilitates them in the care of complex geriatric patients. Literature also supports that teamwork improves nursing care and patient outcomes in acute medical care settings (Costello et al., 2021). While an exploratory study in Iran, as discussed above, also supported that help from supervisor decreased missed nursing care in geriatric patients (Rezaei-Shahsavarloo et al., 2021).

Due to lack of clinical competency and knowledge, help from senior colleague is beneficial and facilitates nurses in older adult care. As, a review study supporting this finding, states, supervisors can support the care process by enhancing the learning and clinical training of assigned nurses (Markey et al., 2020). In Pakistan, the field of geriatric care is not well established, and nurses expressed lack of specialized education and skills in geriatrics, according to them which hindered the care of elderly. Therefore, getting help from an experienced healthcare team member is a big asset for nurses in providing and maintaining the continuity of care.

Challenges in Geriatric Care

The current study also revealed that nurses faced many challenges, both physical and emotional, in the care of geriatric patients. Many participants conveyed that geriatric patients had multiple comorbidities and it was challenging to care for and perform skills for such fragile patients who had multiple morbidities. The literature supports this by stating that patients with multi-morbidities and complex healthcare needs are difficult to manage and

require a comprehensive approach (Moffat & Mercer, 2015). In the current study, the participants also stated that geriatric patients had a complex health status and suffered from multiple diseases. Moreover, older adult patients are not only prone to having multiple comorbidities, but also communication barriers and delays due to their cognition level.

One study in Iran also found that physical health issues like multi-morbidity, and multiple medication needs in frail older patients was challenging and led to missed nursing care (Rezaei-Shahsavarloo et al., 2021). Similarly, another study in Italy, identified that the growing number of elderly patients with multi-morbidity is a big challenge (Meschi et al., 2016). A cross-sectional study on the profile of geriatric patients was conducted in Pakistan showed that geriatric patients brought to the emergency department in the critical condition, as the majority of the elderly patients had multiple severe comorbidities and were frail (Mushtaq et al., 2022). Therefore, as aged patients are associated with multiple co-morbid and complex health status, nurses need to be trained and qualified in geriatrics to provide comprehensive care to geriatric patients.

One of the factors that was revealed in this study was high dependency. Most of the participants expressed that care for geriatric patients was highly time-consuming as they are mostly dependent on nurses due to their physical status. This was very difficult for them to reach patients and provide effective care on time. This finding is also supported by a study in which participants said that elderly patients cannot manage their daily activities of life and are dependent on nurses (Rezaei-Shahsavarloo et al., 2021). Another study concluded that high levels of dependency in older patients makes it challenging for nurses to choose this age group for their careers, as geriatric patients with illness are highly care-dependent (Purse & Luker, 1995) (Schüttengruber et al., 2022). These findings suggest that high dependency is a factor that has an impact on nurses. Therefore, they found geriatric care time consuming, and

demanding for a separate specialty, along with proper staffing ratio, to decrease the care burden.

This study also showed that older patients are non-compliant with the medical regime. Many of the participants stated that elderly patients are not cooperative and are reluctant to take their medications. They also insist on taking medicines on their own time. Along with this, they continuously put pressure on the nurses to allow their family members to visit them; however, due to infection control measures, visitors and family members are not allowed in critical areas. A prospective observational study, conducted in Egypt, also supports this finding by concluding that the older adult have poor medication adherence due to improper patient education, lower income, and high cost of medications (Algameel, 2020). A cross-sectional study conducted in Pakistan also showed that medication adherence in older adult hypotensive patients was alarmingly low. The study found that health literacy among the geriatric populations was low and this was significant factor in non-adherence to medications (Saqlain et al., 2019). Literature also supports that medication compliance in the treatment of geriatric patients is a challenge and this challenge is under-signified in research (Smaje et al., 2018). The possible reason for this finding is health illiteracy as most of the older people in Pakistan are not much aware about the importance of the treatment regime. Illiteracy and non-self-engagement with therapy have been found to be the main the reasons for non-adherence in heart failure elderly patients in Pakistan (Mujtaba et al., 2011).

Another challenge that was identified was communication gap. Due to this gap proper understanding between nurses and patients is compromised, which results in patients' concerns not reaching the health care providers. Multiple factors are involved in the communication gap. Some of the participants stated that different issues are related to the health of elderly patients, such as hearing problems, irritable behaviors, aging process and

dementia, and low level of understanding. These are the issues which make communication difficult between nurses and patients. (Adibelli & Kılıç, 2013) (Park & Song, 2005).

Moreover, the present study also revealed that lack of specialized education in geriatrics hindered nursing care. Many of the participants expressed that due to lack of training and skills, giving care to this population is difficult. These findings were supported by a study conducted in Iran, in which the nurses stated that lack of education and skills was a barrier in providing elderly care in critical care units (Heydari et al., 2019). Similarly, another study in Turkey also revealed that nurses found caring for older patients difficult, due to insufficient knowledge and skills (Adibelli & Kılıç, 2013). A study in Ethiopia concluded that the majority of the nurses had inadequate knowledge and practice gaps in geriatric care (Mitike et al., 2023). In Pakistan geriatric nursing is not yet a well-developed specialty, therefore, nurses in this study feel that they lack knowledge.

In contrast to the above findings, the current study research also revealed that the physical structure of the ward also affected the care of the older adult patients. This included long distance between the patients' room and the nurses station as a factor that nurses faced in elderly patients' care and led to missed nurse care (Rezaei-Shahsavarloo et al., 2021). Another study showed that lack of time, patient choice, bound by routine, and resistance to change were factor that hindered quality care for older adult patients (Murphy, 2007a). Another study in Ghana showed that nurses perceived the lack of special wards as a challenge to care in older adult patients, as special geriatric wards mainly focus on geriatric care, and had specialized nurses, having better understanding of geriatric care (Salia et al., 2022). Along with these, in this study administrative problems and lack of technical equipment were also mentioned by nurses in Turkey, according to them that hindered older adult care with regard to administrative and technical equipment, the nurses stated the absence of a geriatric care policy, inadequate attention to older adult, inadequate resource allocation, and lack of

equipment like hearing aids were the factors that made nursing care for older adult patients difficult and challenging (Adibelli & Kılıç, 2013). However, these factors depend on a country's economic situation and sociocultural aspects.

Recommendations for Better Care

To overcome barriers and to improve the care of older adult patients, the participants of this study also suggested some recommendations. Nurses, as participants, stated that there should be a geriatric specialty in the curriculum, with experienced healthcare professionals in elderly care, as in Pakistan, geriatric nursing and gerontology are still not well established. All geriatric patients are dealt with in the same ward as the adult population. A mixed-method study in Ghana also supports this, by concluding that scaling gerontological nursing and special aged care facilities will improve geriatric nursing care (Salia et al., 2022). Most developed countries have well-established gerontology care services, as compared to low-income countries (Ssensamba et al., 2019). Therefore, a separate specialty will focus and boost the knowledge of nurses in geriatrics that will improve their care and will be specific to older adult -centered care.

Another recommendation to overcome the challenges in geriatric care and to improve care was related to the infrastructure and to the staffing ratio. The participants suggested that hospitals should have separate units/wards, along with the medical devices and equipment, to assist nurses in their care. Also, better staff ratios were highly demanded due to the extensive care requirements of older adult patients. A qualitative study conducted in Iran concluded that an inappropriate care environment, due to the unavailability of wards specific to older patients and high staff workloads, aggravates missed nursing care in geriatric patients (Rezaei-Shahsavarloo et al., 2021). Inappropriate care structure and low staffing ratio hindered nurses in providing comprehensive care to geriatric patients. This is also supported by nurses working in the United States (US) hospitals (Lake et al., 2020). Also, another study

in the US confirms that specialized care units, along with trained healthcare staff and medical aid devices/equipment, help overcome geriatric care challenges (Hwang & Morrison, 2007).

Strengths of the Study

The following are the strengths of this study.

1. This study has explored the perceptions on geriatric care from nurses' perspective in Pakistan to the best of the researcher's knowledge which, has not been explored before.
2. The findings of this result have highlighted a significant gap in the healthcare, including need of lack of specialized specialty, separate geriatric wards, introduction of geriatrics in the curriculum, and continuous professional education, and trainings. All these have direct implications for the health sector, to introduce a geriatric care policy on the national level.
3. Identification of challenges by the hospital management can lead to interventions regarding training and education for nurses for the improvement of older adult care.
4. Data collections and all the interviews and transcriptions were done by the researcher.
5. Rigor of the qualitative methodology was followed.

Limitations of the Study

The following are the limitations of this study.

1. The study engaged with only one male participant so gender variability was limited.
2. The study was only limited to the staff nurses of one private institution, so the result may not be transferrable to other hospitals.

Recommendations

The following recommendations are proposed, based on the findings of this study.

Nursing Education

A geriatric specialty should be introduced after the undergraduate and graduate programme. Nurses should be trained in geriatric educations, through geriatric webinars, collaboration with international alumni, and training classes, to become efficient and skillful in providing comprehensive care to geriatric patients. Also, for graduate students, a specialized elective course in geriatrics should be incorporated for those who want to advance specialization in geriatrics.

Nursing Practice

Continuing education, teachings, workshops, and training should be arranged to boost the clinical competency required for the care of the older adult. Nurses should be encouraged to take part in geriatric care while advancing their skills to overcome the barriers they face in elderly care. Special wards for geriatrics should be established and nurses should be specialized in geriatrics to improve the care of the older adult patients. Facilitate and foster collaboration with family member in care process. And provide education and support for family members on geriatric care. Regular assessments of geriatric patients along with the development of individualized care should be stressed to address the complex needs of older adult patients.

Nursing Research

Due to limited research on this population, nurses and health care professionals should be encouraged to conduct further research on patients' perspectives regarding their care and the challenges they face within the healthcare setup. It is recommended that, based on further large scale studies and its findings, patient-centered care policies be designed and implemented that mutually benefit the healthcare professionals and the patients, by reducing their challenges and improving the care provided.

Conclusion

This study has provided in-depth information regarding geriatric care in Pakistan, from nurses' perspective. It explores the perceptions of nurses regarding geriatric care and the barriers faced by them in the care of elderly patients. Along with enabling factors, recommendations were voiced for improving the care of geriatric patients.

Nurses perceived geriatric care as a separate specialty, requiring a comprehensive approach to care. Also, they perceived geriatric care as an emotionally rewarding experience. Blessings, kindness, appreciations, family, and healthcare team support were mentioned as the factors that facilitated and motivated nurses in elderly care. Comorbidities, high dependency, communication gaps, non-compliance with the medical regime, and lack of specialized education were highlighted as the factors that nurses faced as challenges in their care. To overcome these challenges nurses proposed separate specialties, better infrastructure, and improved staffing ratios, along national policy, that are geriatric care centered to improve the quality of care of the older adult patients in Pakistan.

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Appendices 1. *Informed Consent*

Study Title: Factors Hindering Care of the Geriatric Patients Admitted to a Tertiary Care Hospital in Karachi, Pakistan”.

ERC Ref No: 8391	Sponsor: NA
Principal Investigator: Dr. Khairulnissa Ajani	Organization: Aga Khan University Karachi
Location: School of Nursing and Midwifery	Phone: 92 21 34865411
Co-Principal Investigator: Muhammad Shoaib	Organization: Aga Khan University Karachi
Location: School of Nursing and Midwifery	Phone: 0314-9702540

Introduction

I am Muhammad Shoaib, student of Master of Science in Nursing (MScN) at the Aga Khan University School of Nursing and Midwifery (AKU-SONAM). As part of my thesis, I am conducting a study to explore ‘Factors Hindering Care of the Geriatric Patients Admitted to a Tertiary Care Hospital in Karachi, Pakistan”.

Purpose of the study

The purpose of this study is to explore the perceptions of nurses regarding geriatric care and to find out the challenges faced by nurses

that affect the care of elderly patients admitted to tertiary care hospitals in Karachi, Pakistan.

Procedure

As a participant, an interview will be conducted where you will be asked to explore barriers faced by you in geriatric patient care. The interview is composed of two parts: In the first part, demographic details will be asked. While in the second part, will explore the Perception and the challenges/barriers you face in the care of geriatric patients. . If you consent to participate then the date, time, and venue for the interview will be decided based on your availability and convenience. The interview time is expected to be 40-50 minutes. With your permission interview will be recorded.

Confidentiality

Your anonymity will be ensured throughout the duration of the study. The recorded interview will be encrypted securely and codes will be assigned to you instead of using your names. Moreover, all the collected data will be kept in locked cabinets, and data in soft copies will be secured by a password. The data will only be accessible to the primary investigator and committee members. After the completion of the study, the data will be deleted, destroyed, or burnt.

Possible Risk

This study is for academic purposes only. There is no potential harm, legal, economic, or physical harm to any participant associated with this study. You might feel a sense of nervousness about being interviewed, however, the interviewer will demonstrate a non-judgmental

attitude and maintain a neutral gesture to ease your nervousness. There will be no monetary compensation provided to you for your participation.

Benefits

The research study will help in exploring the Perceptions/knowledge and Challenges faced by nurses in the care of geriatric patients. Identification of these challenges will help in proposing interventions to uplift the quality of care for geriatric patients.

Right to withdraw or refuse

Your participation in the study is voluntary. You can withdraw from the study anytime without causing any effect on your current job status. If you are uncomfortable answering any question, you have the right to refuse.

Right to ask questions

If you have any queries or questions related to the study or consent form, kindly contact Mr. Muhammad Shoaib at Aga Khan University School of Nursing and Midwifery at cellphone number:03149702540 or email address: muhammad.shoib6@schoalr.aku.edu.

Agreement to participation

I have read and understood the information provided in the consent form and agree to participate in the study voluntarily. I agree that the results of the data of the study may be published or utilized in other research.

Authorization

I understand that I will receive a copy of the consent form.

Participant name and Signature: _____ Date: _____

Primary Investigator Signature: _____ Date: _____

Name/ Signature of Person obtaining consent: _____ Date: _____

Appendices 2. Demographic and Questionnaire

Assalam-o-Alaikum & Good Morning/Afternoon

I am very thankful for your time, I am a graduate student at Aga Khan University, School of Nursing and Midwifery. I am conducting a research study on the Factors Hindering Care of admitted Geriatrics patients. I will take the time to ask some demographic information first and then questions regarding your perception of geriatric care and the barriers you faced while caring for these patients. I will also take some notes during the interview upon your permission.

This is a qualitative study and the purpose of this discussion is to identify the perceptions of nurses regarding geriatric care and barriers associated with the care of admitted elderly patients in Aga Khan University Hospital Karachi Pakistan. The elder population is increasing rapidly across the globe and in Pakistan. It has an impact on the health care system and it also contributed to a large number of admitted patients in tertiary care hospitals. Nurses are caring most of the time for admitted patients and they face multiple challenges while providing care. As the geriatric population is increasing and requires complex care therefore it is important to explore hindrances in the care of elderly patients. The information gathered from this study will assist the decision-makers in developing plans to deal with the growing challenges faced by nurses in the care of geriatrics patients.

I will discuss my list of questions regarding Geriatric care. I might not be able to write down all you said, therefore with your permission, I would like to record the conversation on audio and your privacy will be ensured.

Demographic information:

1. Age (years): _____

2. Sex: Male Female

3. Family type: Nuclear Family Extended Family

4. Marital status: Single Married

Divorced Separated

5. Education level:

General Nursing Diploma Bachelor (BSN)

Post RN BSN Master (MSN)

6. Specialization: General Nurse Geriatrics

Other (Specify)

7. Work experience (years): _____

8. Shift work: Morning Evening

Night

Briefly describe

Questions:

1. What is your perception regarding geriatric patients?
2. How do you perceive geriatric nursing?
3. Share your experiences in caring for geriatric patients
4. What are the obstacles and challenges in caring for geriatric patients?
5. What are the facilitating factors in caring for geriatric patients?
6. What type of resources and facilities could help you in this situation?
7. Do you want to add any additional information regarding older adult patients?

Appendices 3. Ethical Review Committee Approval



02-Mar-2023

Dr. KHAIRULNISSA AJANI
Department of School of Nursing and Midwifery
Aga Khan University
Karachi

Dear Dr. KHAIRULNISSA AJANI,

2023-8391-24147, KHAIRULNISSA AJANI: Factors Hindering Care of the Geriatric Patients Admitted to Tertiary Care Hospital in Karachi, Pakistan

Thank you for submitting your application for ethical approval regarding the above mentioned study.

Your study was reviewed and discussed in ERC meeting. There were no major ethical issues. The study was given an approval for a period of one year with effect 02-Mar-2023. For further extension a request must be submitted along with the annual report.

List of document(s) approved with this submission.

Submission Document Name	Submission Document Date	Submission Document Version
citiCompletionCertificate_6471125_34678114		
GCP certificate for ERC		
permission letter CMO	11-Jan-2023	1
Guided interview shoaib	11-Feb-2023	2
final proposal draft updated Geriatric care	16-Feb-2023	2
Informed Consent shoaib	16-Feb-2023	2
Doc-2023-8391-23961.shoaib ERC response sheet	16-Feb-2023	1
Demographic tool shoaib	16-Feb-2023	2

Any changes in the protocol or extension in the period of study should be notified to the Committee for prior approval. All informed consents should be retained for future reference.

Please ensure that all the national and institutional requirements are met.

Thank you.

Sincerely,

Dr. Shabina Ariff

Chairperson
Ethics Review Committee

Appendices 4. Chief Medical Officer Permission Letter



آغا خان یونیورسٹی
THE AGA KHAN UNIVERSITY

Dated: December 5, 2022

Title: Factor Hindering Care of the Geriatric Patient Admitted to Tertiary Care Hospital in Pakistan

Principal Investigator: Dr Khairunnissa Ajani
Assistant Professor, School of Nursing
Aga Khan Hospital
Karachi

The above-entitled study is a qualitative study in the Aga Khan University Hospital, Karachi.

As Chief Medical Officer at the Aga Khan University Hospital, Karachi, I approve the above named study to be conducted within the Hospital, following required approvals and maintaining compliance with all Institutional ethical and regulatory requirements

Asim F. Belgaumi,
Professor, Pediatric Hematology & Oncology,
Department of Oncology,
Chief Medical Officer,
Associate Dean for Clinical Affairs
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