Knowledge and Attitudes of Nurses toward Caring of Elderly People in Health Care Sittings

معلوماتواتجاهاتالممرضاتتجاهرعايةالمسنينفي أماكن الرعاية الصحية

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Abstract: *With the increasing ageing population, and associated chronic illness as well decrease physical functionality and increase in dependency, the need for nurses with right attitude, adequate knowledge and skill will be needed. This study will assess nurses' knowledge and attitude toward caring of elderly people in health care settings.**Design:***A cross-sectional descriptive design will be used in this study.**Setting:** The study was conducted in college of nursing Imam Abdulrahman Bin Faisal University, King Fahd Hospital of University & geriatric health care setting. **Sample:** The sampling frame for the study will include 300 nurses working in health care services: 213 undergraduate nurses'students (male & female), 35nurse's work in king Fahd Hospital of University, and 52 health care worker in geriatric health care setting.**Tools:***Three tools was used in this study, namely; Demographic characteristics of the participants, Self-administered knowledge questionnaire, & The Kogan's Attitudes towardElderly People Scale.**Results:** The study findings indicate that generally, the nurses have relatively good knowledge level about aging and care of elderly people. Also, the study examined the attitude of nurses toward elderly people and the average score 106.0±4.68, indicates a favorable and positive attitude among nurses towards elderly people.*
Key words: Knowledge, Attitudes, Nurses, Care of Elderly,

I. Introduction

Globally, there is an increasing aging population (United Nations, 2009) and the people over 60 embrace the fastest growing age group with significant increase in developing countries (Adebusoye, et al 2011). The elderlypeople has been appraised to be two billion by 2050 and 80% of them will be resident in developing countries (Gao, et al 2007). According to statistics, Saudi Arabia presenting affectrise number of elderly. This growing number of elderlycarriages a thoughtful challenge ofhealth care system in Saudi Arabia, especiallyfor nurses who proceedcare to elderly as initial care givers assigning with the acute and chronic disorders experienced by this age group (Ferreira, & Ruiz, 2012).

The elderly peopleare characterized by unique and varied entitieswhich require a variety of healthcare professionals to meet their healthcare needs. Nurses are at the head of generous care to the elderly. The care of elderly people as a specialty in nursing is growing and caring for the elderly people demands specific knowledge and abilities (King, et al 2013). Existing demographic and health consumption trends highly indicate a fastgrowingmandate for nurses who are well qualified to care for elderly (Capezuti, et al 2012). However, the role of nurses in caring of the elderly people is deep; which includes direct care, and teaching of adaptable risk factors (e.g., healthy diet, physical activity, and stress management), as a manager and as an advocate (Ferreira, & Ruiz, 2012).

As a fundamental view to several Eastern cultures, especially in Saudi Arabia, elderly is respected as a blessed state of abundant religious consequence and they are obtainedsignificantadmiration within the family; (Abdulraheem and Abdulrahman 2008). In Saudi culture, elderly people are viewed with abundant gratitude and respect. Conventionally, elderly people are valued and are preserved consequently;as example, it is habitual for everybody to stand up when old one enter a place, they are assigned the finestplaces and they are offered any beverages before others. Also, they give a talk in soft voices and their cited to as the father or mother of the eldest son or daughter and not call them by first names. Furthermore, youthful Saudi individuals are estimated to

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be civil and reserved, and evade smoking or mastication gum in frontof elderly people. Moreover, Islam religion, comparable many other religions, sponsors that the Saudi population should respect and value elderly people and this has been proved in many verses in the Holy Koran (The Holy Koran, 2015).

Change for human services offices need achieved life span which will be recognized. Concerning illustration a standout amongst the best accomplishment of the twentieth century. For expanding age, there would likewise a number wellbeing problems, frequently all the chronic illnesses, which the elderly people must adapt to, which include; musculoskeletal disorders, hypertension, diabetes mellitus, and gastritis/ gastric ulcer (Doherty, et al 2011). These illnessesregularlyneed hospitalization in health care services, where they are cared by nurses and other health care providers.

Researches stated that there is a lack of educational training for registered nurses as well as for all other groups of nurses provide care forelderlypeople and over the years. Moreover, the healthcare provided for the elderlypeople has been severely threatened by the negative stereotypic attitudes and misconceptions by nurses with 63% of elders expressing an unmet health need (King, et al 2013&Alsenany, 2009). This can lead to situation where elderly people developing a negative view of nurses and nursing services in health care settings.

Attitude toward elderly is a form of feeling and principles that students hold toward the elderly either in a positive or negative way (Kim et al. 2004). Attitudes toward aging may be serious for alteration and survival. Attitudes may subsidize to perceived maladaptive performances among the aged, some of which may lead to premature death. Negative views of aging, life in general, and oneself may result in an elderly people's reluctance or failure to seek required services, health care, or other types of assistance. Negative attitudes of elderly people may affect others in their surroundings, who in turn may feel free to respond negatively to or ignore elderly people (Eltantawy, 2013).

Several studies on the nursing students' attitudes, staff nurses and other health care givers, towards elderlypeople and their care have recognized negative results (Oyetunde, et al 2013&Eltantawy, 2013). Significantly, other study stated that last many decades, nursing students have advanced a bias about caring for elderly people.However, the study result presented that nurses interest to work with young and adult patients than to working at nursing homes caring for elderly (Doherty, et al 2011).

The quality of nursing services towards the care of the elderlypeople is highly dependent on the preparedness of nursing students who will definitely grow up to become the geriatric care practitioners. Several researchers show that nurses' knowledge and attitudes of aging influence their prospects about their ways of care for elderly people. Finally, with the increasing ageing population, and associated chronic illness as well decrease physical functionality and increase in dependency, the need for nurses with right attitude, adequate knowledge and skill will also be on the increase (Oyetunde, et al 2013 & Eltantawy, 2013).Thisstudy constitutes an effort to assess nurses' knowledge and attitude toward caring of elderly people in health care settings.

II. Methods And Procedures

Design: the present study follows a cross-sectional descriptive design.

Setting: The study was conducted in college of nursing Imam Abdulrahman Bin Faisal University,King Fahd Hospital of University & geriatric health care setting (Dar Alagza, & AlMosah Hospital).

Sample: The sampling frame for the study was include 300 nurses working in different health care services: 213 undergraduate students (60 male &153 female), 35 nurses work in King Fahd Hospital and 52 health care worker in geriatric health care setting (Dar Alagza, 11 & AlMosah Hospital, 41), willing to participate were enrolled in the study.

Data collection tools: Three tools were used to collect data of this study:

Tool I: It will include the general characteristics of the participants.
It was developed by the researchers to collect information aboutparticipants' age, sex, marital status, educational level, family type, years of experience …etc.

Tool 2: **Self-administered knowledge questionnaire**
Knowledge regarding care of elderly people questionnaire used by Kaur,et al 2014, was used in this study, it was consisted of 28 multiple choice questions with one right answer related to care of elderly people. Total Knowledge score was categorized as poor, average and good as per the score obtained by the subjects i.e. >15, 15-20, and 21-27 respectively.

Tool 3Attitudes Toward Old People Scale:

The Kogan's Attitudes toward Old People Scale (Kogan 1961). It consists of a 34 item related to the nurse opiniontoward elderly people. The tool with a 5 point Likert-like scale format. The point descriptors ranged from strongly disagree (1), disagree (2), don't know (3), agree (4), and strongly agree (5). The tool contains 17 positively rated and 17 negatively rated statements about elderlypeople. To obtain a score, the value of the negative responses are reversed and tallied in with the positive responses.The total score ranged from 34 to 170, the higher scores indicates positive attitude toward the elderly people (170), the neutral middle score is 102, and the lower scores indicates negative attitude toward the elderly people (34).

Tool II, III, were translate into Arabic language by researchers and were modified according to the study. This tools were tested for translation and content validity by a group of experts in the field of community health nursing and medical surgical nursing. Finally, required corrections were done accordingly. Reliability was done for both tools on ten nursing students & nurses works in mentioned health care settings to investigate the stability of self-administered knowledge questionnaires and The Kogan's Attitudes Toward Old People Scale; "Cronbachs' alpha" was done and it yielded α = 0.82. A pilot study was carried out on twenty student nurses & nurses' works in health care setting to ensure the clarity of the study tools. These were excluded from the study subjects.

Scoring: Score of 1 was given to every correct question answered, no mark deducted for wrong answers, and unanswered questions were not scored. Scores were calculated as follows: Overall score knowledge = (number of correct answers earned ÷ the total number of the correct answers given) × 100; and categorical score = (number of correct answers earned in each category ÷ the total number of the correct answers given in each category) × 100 (Huang et al., 2013).

Ethical considerations

The ethical approval was obtained from the Institutional Review Board (IRB) at Imam Abdulrahman Bin Faisal University in Dammam.Official permission from the hospitals and nursing directors and authorized personnel in geriatrics home was also obtained prior to data collection. Participation in this study was fully voluntary, and data collection was totally anonymous as no personal identification information was obtained.

Data Collection: An intended questionnaire survey was conducted on subject and informed about the aim of the study and assured about the confidentiality of his/ her response. Each subject was contact on an individual basis, and was interviewed in a private place by the researchers used the three study tools. The average time needed to complete the tools ranged between 15 to 20 minutes. Data for this study was collected during a period of 4 months, January-April 2018.

Statistical analysis: After data were collected, they were coded and transferred into especially design formats to be suitable computer feeding. The statistical package of social science (SPSS) version 23.0 was utilized for data analysis and tabulation all entered data were verified for errors. A *p*-value of 0.1 and 0.05 levels were used as the cut off value for statistical significance. Correlation, mean, and standard deviation were used to test the significance of some related variables in this study.

III. Results

The data was analyzed for the socio-demographic data profiles of 300 participants of the study, explored the distribution of participants according to their knowledge and attitude toward elderly people.Table(1) showsthe sociodemographic characteristics of the studied participants, the findings revealed thatthe age ranged from <20 to >35 years with a mean 25.12 ± 0.786 years. More than three quarter (80.0%) of the study subjects were female, more than one third of the sample (38.3%) were married, and 20.3% of the study sample had more than 5 years of clinical experience with elderly people. More than one fifth (24%) of the study sample live in extended family. As regard the studied geriatric course, 37.7 % of them studied a course ranged from 2-4 credit hours. Regarding the study sample taking care for anybody at home, there 30.3% of them taking care for elderly people.

Table 1- Distribution of Nursesaccording to their socio-demographic characteristics

Demographic Data		No (N=300)	%
Age:	<20years	43	14.3%
	20-25	156	52.0%
	26-35	86	28.7%
>35 years		15	5.0%
Mean		25.12± 0.786	

Gender Male		60	20%
	Female	240	80%
Level of education:	Undergraduate	213	71.0%
	Working Nurse	87	29.0%
Marital status: Single		177	59.0%
	Married	115	38.3%
	Divorced	8	2.7%
Clinical experiences:	No Experience	154	51.3%
	<5 years	82	27.4%
	≥ 5 years	64	21.3%
Family type:	Nuclear	228	76.0%
	Extended	72	24.0%
Studied geriatric course:	Yes	113	37.7%
No		187	62.3%
Take care anybody at home:	No	89	29.7%
	Children	91	30.3%
	Adult	29	9.7%
	Elderly	91	30.3%

regarding care of elderly

Table (2a) indicates the correct responses specified by the study participants regarding care of elderly for the several questions in descending order. For majority of the questions, more than 90% of the subjects answer the questions correctly. Mean knowledge score was 24.68 ± 1.87 with the range of 09-27. About two thirds of the study sample (65.0%) had good knowledge regarding care of elderly. 21.0% of the study sample had average knowledge. And 14.0% of the study sample had poor knowledge regarding care of elderly (Table 2b and figure 1).

Table 2a: Knowledge regarding care of elderly among the respondents nurses (correct response)

Items	N (%)
1. The client is helped to develop positive self-concept and improved feeling of control by encouraging positive comments about self and give positive feedback about his/her accomplishment.	290 (96.7)
2. The anxiety related to the unfamiliar environment of hospital can be reduced by orienting the client to the hospital environment and explain all the diagnostic procedure to the client and the relative.	272 (90.7)
3. The trauma in elderly can be prevented by keeping the bed in low position and side rail up as well as adequate lighting.	271 (90.3)
4. Bed sores in elderly is prevented by keeping the skin clean and dry and the bed linens wrinkle free & dry.	259 (86.3)
5. The urinary retention in elderly can be prevented by avoiding suppression of urge to urinate, provide privacy, assume normal position, run water and pour water over perineum.	244 (81.3)
6. The fear and anxiety related to inability to perform usual roles and to live independently can be reduced by maintaining a calm, unhurried, confident manner while interacting with client.	235 (78.3)
7. The care can be provided to the elderly with altered sensory perception by reducing environmental noise and speak louder and slowly with a nonverbal cues when appropriate.	234 (78.0)
8. Client can be made adjusted to changes in the family role and structure by encouraging verbalization of feelings about changes in the client and effect of these on family structure.	227 (75.7)
9. Nursing concentration directed to at health promotion in elderly are primarily focused on providing a sense of control over health problem.	223 (74.3)
10. Adequate nutrition can be maintained in elderly by assisting client to choose foods/fluids to provide nutritional needs as well as his/her preferences.	216 (72.0)
11. Sound sleep can be encouraged in elderly by restricting visitors during rest period and provide care in groups.	214 (71.3)
12. Memorizing capabilities of elderly person is affected due to structural changes in brain.	212 (70.7)
13. The urinary continence in elderly can be regained by performing perineal exercises and fixing a toileting schedule.	208 (69.3)
14. The constipation in elderly can be prevented by maintaining proper position, privacy and adequate ventilation, encourage to relax while attempts to defecate.	202 (67.3)
15. The advice can be given to diminish the pain and discomfort due to degenerative changes in joint cartilage is to go for mild exercises & gentle circular motion and avoid weight bearing exercise.	202 (67.3)
16. Dehydration can be prevented in elderly by assessing skin turgor, mucous membrane and urine output.	201 (67.0)
17. Balance and risk for falls are assessed in elderly by Get-up and go test instrument.	196 (65.3)
18. The elderly people avoid to go to the doctor because of the fear of diagnosis of an unknown illness.	194 (64.7)
19. Person is considered elderly above the age of 65years.	188 (62.7)
20. The anatomical areas most often affected by the development of pressure sores in elderly are iliac crest, and ischial tuberosity.	186 (62.0)
21. Increase the physical mobility/activity tolerance in elderly by keeping supplies and personal articles within reach and use energy saving techniques.	173 (57.7)
22. Among the given theories, one theory explains the psychosocial development aspect 'integrity versus	168 (56.0)

	despair' is Erickson's theory.	
23.	We age because of wear and tear of important organs by continuous functioning.	160 (53.3)
24.	Average caloric requirement in elderly is 1800 calories.	150 (50.0)
25.	When checking the blood pressure of an elderly, the nurse needs to know that systolic blood pressure tends to rise with aging because of loss of elasticity of arteries.	148 (49.3)
26.	The adequate respiratory function can be maintained in elderly by instructing the client deep breathing exercises.	148 (49.3)
27.	The nurse is working with elderly clients in a long term care facility. The activities performed by the nurse fosters reminiscence among these clients is 'Having story telling hours'.	123 (41.0)
28.	Orientation, memory, attention, language, recall are tested in elderly by the use of Folstien mini- mental status instrument.	105 (35.0)

Table 2b: Mean score and categorization of knowledge score regarding care of elderly (Maximum attainable score: 28)

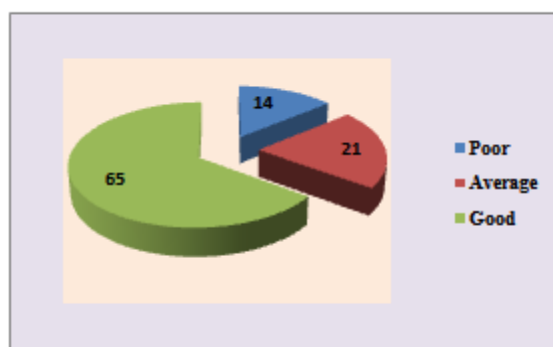| Categorization of knowledge score		N (%)
Poor<15		042(14.0)
Average(15-20)	Mean ± S.D: 24.68 ± 1.87 Range: 09-27	063(21.0)
Good(21-27)		195(65.0)

Fig. 1: Percentage of participants' according to their knowledge level

Attitude regarding care of elderly

Table (3a) illustrates the responses specified by the study sample regarding their attitudes regarding care of elderly in details. Most of the study sample (65%) had positive attitude regarding care of elderly, 30% subjects had neutral attitude, andonly 5% had negative attitude regarding care of elderly. Mean attitude score was 106.0±4.68with the range of 34-170 (Table 3b and figure two).

Table 3a: Distributions of nurses Attitudes regarding care of elderly

Items	S. DisAg.	Disagree	Neutral	Agree	S. Agree
1. It would probably be better if most elderly people lived in residential units with people their own age.	18.7	37.3	17.3	16.7	10
2. It would probably be better if most people lived in residential units with younger people.	22.7	18.6	37	20	1.7
3. There is something different about most people; it's hard to find out w makes them tick.	7	15.7	33.7	30	13.6
4. Most elderly people are really no different from anybody else; they are as easy to understand as younger people.	21.3	33	9.3	30.7	5.7
5. Most elderly people get set in their ways and are unable to change.	6	17.7	16.7	55.3	4.3
6. Most elderly people are capable of new adjustments when the situation demands it.	6.4	40.3	22.3	25	6
7. Most elderly people would prefer to quit work as soon as pensions or their children can support them.	17.3	26	14.7	30.3	11.7
8. Most elderly people would prefer to continue working just as long as they possibly can rather than be dependent on anybody	3.7	15	10.7	38.7	32
9. Most elderly people tend to let their homes become shabby and unattractive.	25	39	12	24	0
10. Most elderly people can generally be counted on to maintain a clean, attractive home.	4.3	11.3	14.3	53	17.1
11. It is foolish to claim that wisdom comes with age	15.3	8.3	27.7	40.3	8.3
12. People grown wiser with the coming of old age	8.3	22	21.3	29.7	18.7

13.	Elderly people have too much power in business and politics	6.3	23	29.7	27.7	13.3
14.	Elderly people should have power in business and politics	17.3	37.3	17.7	17	10.7
15.	Most elderly people make one feel ill at ease.	10	25.3	22	31	11.7
16.	Most elderly people are very relaxing to be with.	13.7	20.7	19.3	30	16.3
17.	Most elderly people bore others by their insistence on talking "about the good elderly days".	10	11	23.7	24	31.3
18.	One of the most interesting and entertaining qualities of most elderly people is their accounts of their past experiences.	6	13.3	20.7	35.3	24.7
19.	Most elderly people spend too much time prying into the affair of others and giving unsought advice.	11.3	17.7	29.3	26.7	15
20.	Most elderly people tend to keep to themselves and give advice only when asked.	16.3	37.7	14.7	23	8.3
21.	If elderly people expect to be liked, their first step is to try to ge rid of their irritating faults.	8.3	4.7	41	36.3	9.7
22.	When you think about it, elderly people have the same faults as anybody else.	6	22.7	19.3	37.7	14.3
23.	In order to maintain a nice residential neighborhood, it would be best if too many elderly people did not live in it.	9.3	25	31.7	28.7	5.3
24.	You can count on finding a nice residential neighborhood when there is a sizeable number of elderly people living in it.	1	17.3	38	33.7	10
25.	There are a few exceptions, but in general most elderly people are pretty much alike.	3.3	26.7	19.3	35.3	15.4
26.	It is evident that most elderly people are very different from one another.	13.7	17.3	21.3	43.3	4.3
27.	Most elderly people should be more concerned with their p appearance; they are too untidy.	15.7	30.7	11.3	24	18.3
28.	Most elderly people seem quite clean and neat in their personal appearance.	9	20.7	15.3	45.7	9.3
29.	Most elderly people are irritable, grouchy, and unpleasant.	11	53.7	13.3	19	3
30.	Most elderly people are cheerful, agreeable, and good humored.	14.3	8	18	51.3	8.3
31.	Most elderly people are constantly complaining about the beha of the younger generation.	2.7	20.3	7	52.3	17.7
32.	One seldom hears elderly people complaining about the behavio of the younger generation.	7.7	19.7	20.3	39	13.3
33.	Most elderly people make excessive demands for love and reassurance than anyone else.	14	13	16	38	19
34.	Most elderly people need no more love and reassurance than anyone else.	40.3	10.7	7.3	25.3	16.3

Table 3b: Mean score and categorization of attitude score regarding care of elderly (Maximum attainable score: 170)

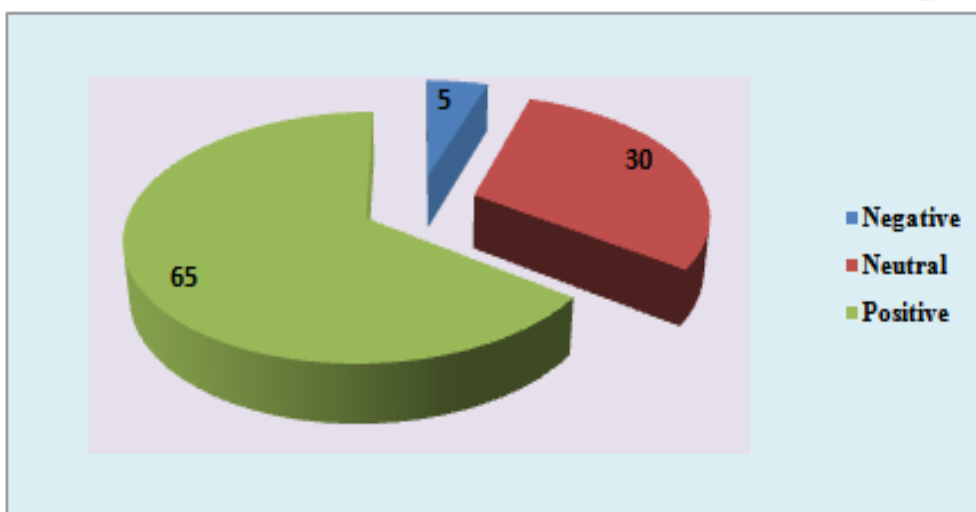| Categorization of attitude			N (%)
Negative	(34-67)	Mean ± SD: 106.0 ± 4.68	015(05.0)
Neutral	(68-104)	Range: 34-170	090(30.0)
Positive(105-170)			195(65.0)

Fig. 2: Percentage of participants' according to their attitudes level

Table 4 shows the correlations between knowledge and attitude regarding care of elderly and some related variables. As regard the study sample knowledge regarding care of elderly, there is a significant difference between nurses knowledge and their age, family type, studied geriatric course, and professional experiences with $p=0.000$, 0.001, 0.000, & 0.000 respectively. Regarding the study sample attitude for care of elderly, there is a significant difference between nurses attitude and their age, studied geriatric course, & take care for elderly at home with $p=0.000$, 0.017, 0.020 respectively. However, there was a significant correlation between knowledge and attitude regarding care of elderly with p=.003. As knowledge increases the attitude became more positive.

Table 4: Correlations between knowledge and attitude and some related variables

		Total know. score	Total attit. score
Age	Pearson Correlation	-.295**	.203**
	Sig. (2-tailed)	**.000**	**.000**
	N	300	300
Gender	Pearson Correlation	-.061	-.069
	Sig. (2-tailed)	.290	.235
	N	300	300
Years of experience with elderly people	Pearson Correlation	.078	-.051
	Sig. (2-tailed)	.180	.378
	N	300	300
Family type	Pearson Correlation	.195**	-.038
	Sig. (2-tailed)	**.001**	.510
	N	300	300
Studied geriatric course	Pearson Correlation	-.428**	.137*
	Sig. (2-tailed)	**.000**	**.017**
	N	300	300
Professional Experience	Pearson Correlation	-.284**	.105
	Sig. (2-tailed)	**.000**	.070
	N	300	300
Take care for elderly at home	Pearson Correlation	-.075	-.135*
	Sig. (2-tailed)	.198	**.020**
	N	300	300
Total knowledge score	Pearson Correlation	1	.125*
	Sig. (2-tailed)		**.003**
	N	300	

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

IV. Discussion

It is evident throughout our communities that the population of individuals over 60 years of age is rapidly increasing. Accompanying this population increase and change is the growing awareness of this segment of the population. Also they experience an increase in health needs and problems that result from acute and chronic conditions.Nurses provide a higher percentage of the contact and health care services to the elderly. Therefore, it is serious that the educational system in Saudi Arabia produce competent nursing professionals who can deliver high quality elderly care.This study conducted to investigate nurses' knowledge and attitudes towards elderly people. The study findings indicate that nurses in general have relatively good knowledge level about aging and elderly people. This findings corresponds to other studies that measured the knowledge of nursing students (Bleijenberg, et al 2012, Oyetunde, et al 2013 & Eltantawy, 2013).

Nursing education has a significant role in cultivating positive attitudes toward elderly people. According to King et al. (2013), nursing education institutions have an important role in changing attitudes of the nursing students toward elderly people and influencing their work preferences. The previous studies found that education and the academic year of the students had a significant impact on attitudes among nursing students toward elderly people (Bleijenberg et al, 2012; Deltsidou et al, 2010). In addition, studies showed that gender and the previous experience of caring of elderly people were factors associated with attitudes toward elderly people among nursing students (Deltsidou et al, 2010; Henderson et al, 2008; Hweidi and Al-Obeisat, 2006; Lambrinou et al, 2009; Soderhamn et al, 2001).

The present study examined the attitude of nurses toward elderly people with mean score 106+4.68, this finding indicates a favorable and positive attitude among nurses towards elderlypeople. However, due to the vital role of attitudes in influencing nursing professionals to work with elderly people, a number of previous studies have explored nurses' attitudes towards elderly people, and the findings of this study support those that have found favorable attitudes among nursing students toward elderly people (Howeidi& Al Hassan, 2005; Zakari 2005).

There was also a significant correlation (p=.003) between knowledge and attitude of nurses regarding care of elderly people in the current study. As knowledge increases the attitude became more positive. This

could be explained by the fact that majority of the participants in the present study were female, and females especially in the Arab and Islam situations are the basic of taking care for each and every member of the family, and have also been shown to be more positive attitudes toward elderly people than males. In addition, the number (male vs females) in the current study was not equivalent, so statistically no comparison was made. Another thing is that the culture of extended family is still prevailing in Saudi Arabia, and this increases the bond amongst the family members. These findings contra verse with other study done by Oyetunde et al 20013 who reported that nurses have a negative attitude towards the care of the elderly even though they displayed a fairly good knowledge of geriatric care. It has been suggested that effective care of the elderly requires special training, provision of geriatric ward, adequate staffing to reduce stress and improve quality of care. There is need for continuing education on quality of care to improve nursing practice in the care of the elderly. If students are provided with the relevant education, they can deliver quality of care and develop positive attitudes in caring for elderly people in their professional practice (Baumbusch et al 2012 &Koh 2012).

V. Conclusion

In light of the above findings, it can be concluded that nurses have good knowledge and positive attitude regarding care of elderly people. There was a relationship between knowledge and attitude of nurses regarding care of elderly people in the current study. As knowledge increases the attitude became more positive. This study may help the nursing educator to plan for increasing interest of nursing students by encouraging discussion related to the elderly, present their problems and emphasize the positive aspects of aging.

VI. Recommendation

- Because of the demographic transition, it is suggested that consideration should be given to the inclusion of more structured gerontology courses in the basic nursing curriculum.
- This study could be replicated to larger sample and in different settings to generalize the findings.
- Training workshops for nurses are recommended to increase awareness in role of nurse to provide care for elderly people.

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