

Knowledge and Attitude Regarding Care of Elderly People among Nursing Students in a Nursing College of Pokhara

Pragya Shrestha^{1*} Anita Adhikari² Reshma K.C.³

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¹ Associate Professor, Karnali Academy of Health Sciences, Email: pragyashrsth80@gmail.com

² Nursing Officer, Western Regional Hospital, Pokhara, Email: evanshu25@gmail.com

³ Assistant Professor, Karnali Academy of Health Sciences, Email: kcrehma13@gmail.com

*Corresponding Author: pragyashrsth80@gmail.com

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Abstract

With the increasing elderly population with chronic illness, an increase in physical dependency, nurses should be knowledgeable and have a positive attitude toward elderly care. A descriptive study was conducted to determine the knowledge and attitudes towards elderly care among 68 nursing students from a nursing college in Pokhara using an enumerative sampling technique. A self-administered semi-structured questionnaire was used to assess knowledge on elderly care, and a 5-point Likert scale was used to identify attitudes towards elderly care. The data were analyzed using descriptive and inferential statistics with the Statistical Package for the Social Sciences (SPSS) software version 20. The study showed that 60.30% of respondents had high knowledge, and 54.40% of the respondents had a negative attitude towards elderly care. Likewise, 95.60% of respondents knew that listening and giving time to talk with elderly people, and 60% respondents strongly agree that they feel good about taking care of elderly people. More than half of the respondents had high knowledge, while less than half had a positive attitude towards elderly care. The types of family, elderly members in the family, and experience of elderly care were not significantly associated with knowledge and attitudes regarding the care of elderly people. Therefore, continuing education for nursing students on elderly care should be conducted to enhance their knowledge and positive attitude toward elderly care.

Keywords: Knowledge, Attitude, Care of Elderly People, Nursing Students

Introduction

Aging is a gradual decline in physiological functions with age, including reduced fecundity. The United Nations defined older or elderly persons as those aged 60 years and above (WHO, 2010). There is a rising global prevalence of age-related illness and disability among the aging population in Europe and Asia. This indicates that many older adults will face extended periods of poor health, disability, and dependence (Fu & Hughes, 2009). In Nepal, individuals aged 60 years and above are regarded as elderly. There were 2.1 million elderly residents in Nepal, making up 8.1% of the total population. The number of elderly people increased significantly between 2001 and 2011. The elderly population grew from 6.5% in 1991 to 8.1% in 2011 (CBS, 2012).

In developing countries, due to increased life expectancy, the population of elderly people is rising. This growing trend will affect health and the economy. Elderly people are more vulnerable and at greater risk of prolonged hospital stay (Karki et al., 2015). They require more comprehensive and integrated healthcare services and often stay longer in hospitals because of the complexity of their conditions. Elderly individuals frequently have chronic and complex care needs, which pose challenges to providing appropriate elderly care (Deasy et al., 2016).

The study conducted in adult care units of public hospitals in Harar, Ethiopia, from February 12 to July 10, 2021, showed that 69% had insufficient knowledge. A negative attitude of the nurses was

found to have a statistically significant correlation with their inadequate knowledge of elderly care Mitike, et al., 2023. Furthermore, 61.0% exhibited an unfavourable attitude, which was significantly linked to holding a diploma and having 6 to 10 years of experience. It is important to understand the knowledge and attitude towards the care of elderly people. Adequate knowledge of the care of elderly people helps nursing students to provide effective and quality care to elderly people so that they can provide holistic care to prevent the development of complications in elderly health (Kaur, et al., 2014).

Materials and Methods

A descriptive cross-sectional design was used to assess the knowledge and attitude regarding the care of elderly people among nursing students. The study was conducted in Pokhara Nursing Campus, Pokhara, Nepal. This campus runs Bachelor of Nursing Sciences (BNS), Bachelor of Science in Nursing, and Master of Nursing programs. The nursing students were from BNS 2nd Year and BNS 3rd Year. There were 33 students in BNS 2nd Year and 35 students in BNS 3rd Year. The total nursing students was 68. The enumerative sampling technique was used to select the sample. Self-administered semi-structured questionnaire for knowledge and a 5-point Likert scale for attitude were developed by the researcher herself by reviewing the related literature. The instrument consisted of three parts. Part I included information about the socio-demographic characteristics of respondents, Part II included information about knowledge of elderly care, and Part III included information about attitudes towards elderly care. The pretest was done among 10% of the sample size in Sanjeevani College of Medical Sciences, Rupandehi.

Ethical approval was obtained from the Institutional Review Committee of Universal College of Medical Sciences (UCMS/IRC/161/18). Administrative approval was obtained from the concerned authority of Pokhara Nursing Campus. After taking permission from the class coordinators, the students were seated in the classroom. Informed written consent was obtained from the students. The anonymity of the students was maintained by giving a code number to each questionnaire. Then, a self-administered semi-structured questionnaire and 5-point Likert scale were distributed in the presence of the researcher, and the data were collected within 30 minutes. The collected data were organized and analyzed using frequency, percentage, mean, standard deviation, and chi-square with Statistical Package for Social Sciences (SPSS) software version 20. After analysis, the findings were presented in tables.

Results

The analysis and interpretation of the data obtained from 68 nursing students. The obtained data were analyzed based on the study objectives using descriptive and inferential statistics.

Table 1

Respondents' Socio-demographic Characteristics

n=68

Variables	Frequency	Percentage
Types of family		
Nuclear family	48	70.60
Joint family	19	27.90
Extended family	1	1.50
Having an elderly member in the family		
Yes	36	52.90
No	32	47.10
Experience in the care of the elderly		
Yes	68	100.0

Table 1 shows that 70.60% of respondents were from a nuclear family, 27.90% from a joint family, 1.50% from an extended family, and 52.9% had an elderly member in their family. The cent percent of respondents had experience in caring for elderly people.

Table 2

Respondents' Knowledge Regarding Nursing Care to Elderly People

Nursing care	Frequency	n=68	
		Percentage	
Respect them with dignity and privacy	65	95.60	
Listening and giving time to talk with them	65	95.60	
Showing concern and kindness	62	91.20	
Valuing them as a person	61	89.70	

Table 2 shows that 95.60% respondents answered that they respect them with dignity and privacy, and listening and giving time to talk with them. Similarly, 91.20% answered showing concern and kindness, and 89.70% answered valuing them as a person.

Table 3

Respondents' Knowledge Regarding Interventions to Increase Dietary Intake for Elderly People

Intervention to increase intake	Frequency	n=68	
		Correct Responses Percentage	
Providing easy digestible foods	63	92.60	
Maintaining oral hygiene	63	92.60	
Serving food in regular schedule	51	75.00	
Serving food in attractive way	52	76.50	
Giving more preferred foods	48	70.60	
Giving strong flavored foods	6	8.80	

Table 3 shows that 92.60% of respondents answered providing easy digestible foods as well as maintaining oral hygiene as interventions to increase dietary intake for elderly people, and 8.80% respondents answered giving strong flavored foods as an intervention to increase dietary intake of elderly people.

Table 4

Respondents' Knowledge Regarding Prevention of Skin Damage in Elderly People

Prevention of skin damage	Frequency	n=68	
		Percentage	
Keeping skin clean	62	91.20	
Moisturizing daily	61	89.70	
Changing position of body regularly	57	83.80	
Keeping body free from constant pressure	54	79.40	
Limiting exposure time to the sun	31	45.60	

Table 4 shows that 91.20% respondents answered keeping skin clean, 89.70% answered moisturizing daily, 83.80% answered changing body position regularly, 79.40% answered keeping body free from constant pressure, and 45.60% answered limiting exposure time to the sun.

Table 5

Respondents' Knowledge Regarding Good Sleep for Elderly People

n=68

Intervention for good sleep	Frequency	Percentage
Encouraging engagement during daytime	61	89.70
Maintaining a regular sleeping schedule	57	83.80
Maintaining a quiet bedroom	57	83.80
Allowing to sleep in the bedroom only	42	61.80
Encouraging to practice for bedtime rituals	16	23.50
Increasing napping period	7	10.30
7-8 hours at night	35	51.10

Table 5 shows that 89.70% of respondents knew encouraging engagement during daytime, 83.80% knew maintaining a regular sleeping schedule, and maintaining a quiet bedroom, 61.80% knew allowing sleep in the bedroom only, and 23.50% knew encouraging the practice of bedtime rituals for good sleep for elderly people. Similarly, 51.10% of respondents knew that 7 to 8 hours of sleep at night is needed for elderly people.

Table 6

Respondents' Knowledge Regarding Pre-Exercise Interventions for elderly people

n=68

Pre-exercise intervention	Correct Responses	
	Frequency	Percentage
Planning supervision for exercise	62	91.20
Getting a medical checkup	59	86.80
Starting slow and going slow	55	80.90
Checking pulse before exercise	36	52.90

Table 6 shows the respondents' knowledge regarding pre-exercise interventions for elderly people. This table shows that 91.20% of respondents answered planning supervision for exercise, and 52.90% of respondents answered checking pulse before exercise as a pre-exercise intervention for elderly people.

Table 7

Respondents' Knowledge Regarding Prevention of Falls and Injuries among Elderly People

n=68

Preventions	Correct Responses	
	Frequency	Percentage
Making surrounding safety	62	91.20
Making adequate lighting in the room	61	89.70
Providing room on the ground floor	61	89.70
Wiping up any spills immediately	58	85.30
Keeping the floor free from items	57	83.80
Using assistive devices if needed	55	80.90
Keeping a low bed for sleeping	50	73.50

Table 7 shows that 91.20% of respondents answered making surrounding safety, and 73.50% of respondents answered keeping a low bed for sleeping as a prevention of falls and injuries among elderly people.

Table 8

Respondents' Knowledge Regarding Interventions to Reduce Anxiety of Elderly People n=68

Interventions to reduce anxiety	Frequency	Percentage
Encouraging to be involved in social activities	66	97.10
Encouraging to spend time with family and friends	64	94.10
Encouraging to do regular exercise	63	92.60
Encouraging to be involved in religious activities	59	86.80
Encouraging to engage in household activities	49	72.10
Encouraging to take daytime napping	8	11.80
Encouraging to take the company of a grandchild for sleeping	21	30.90

Table 8 shows that 97.10% of respondents answered encouraging involvement in social activities, 94.10% answered encouraging spending time with family and friends, 92.60% answered encouraging doing regular exercise, 86.80% answered encouraging involvement in religious activities, and 72.10% answered encouraging engagement in household activities as an intervention to reduce anxiety of elderly people.

Table 9 (A)

Attitude Regarding Care of Elderly People

n= 68

Items	SD	D	N	A	SA	Mean (SD)
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	
Feeling good in taking care of elderly people.	2(2.90)	—	2(2.90)	23(33.80)	41(60.30)	4.49(0.819)
Feeling interested to listen to the experience of elderly people.	1(1.50)	—	1(1.50)	24(35.30)	42(61.80)	4.56(6.78)
We should be careful to take care of the elderly people.	4(5.90)	1(1.50)	4(5.90)	24(35.30)	35(51.50)	4.25(1.05)
There are too many routine tasks in the care of elderly people.	1(1.50)	6(8.80)	18(26.50)	34(50)	9(13.20)	3.65(0.87)
Empathetic, loving and assistive care should be provided to elderly people.	1(1.50)	—	4(5.90)	18(26.50)	45(66.20)	4.56(7.41)
It needs to focus on social support for good care of elderly people	—	—	6(8.80)	36(52.90)	26(38.20)	4.29(0.62)

Table 9 (A) shows that 60.30% of respondents strongly agreed with feeling good about taking care of elderly people. Similarly, 61.8% of respondents agreed as feeling interested in the experience of elderly people. Fifty-one percent of respondents strongly agreed that we should be careful while taking care of elderly people, and 50% respondents agreed that there are too many routine tasks in the care of elderly people. Sixty-six percent of respondents strongly agreed that being empathetic, loving, and assistive care should be provided to elderly people. Fifty-three percent of respondents agreed that it needs to focus on social support for the good care of elderly people.

Table 9 (B)
Attitude Regarding Care of Elderly People

Items						<i>n</i> = 68
	SD	D	N	A	SA	Mean (SD)
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	
Consuming time for care of elderly people	15(22.1)	23(33.8)	9(13.2)	17(25.0)	4(5.9)	2.59(1.249)
Providing care to elderly people are costly	13(19.1)	26(38.2)	18(26.5)	7(10.3)	4(5.9)	2.46(1.099)
It needs regular Health check-up to promote the health of elderly people	1(1.5)	–	2(2.9)	22(32.4)	43(65.2)	4.56(0.699)
Elderly people are more prone to falling ill.	2(2.9)	1(1.5)	5(7.4)	25(36.8)	35(51.5)	4.32(0.905)
Hospital should have a geriatric ward for excellent care of the elderly	2(2.9)	1(1.5)	–	9(13.2)	56(82.4)	4.71(0.811)
Nurses require special training to provide effective care.	1(1.5)	–	2(2.9)	13(19.1)	52(76.5)	4.69(0.675)

Table 9 (B) shows that 33.8% of respondents disagreed that caring for elderly people is time-consuming, and 38.2% of respondents disagreed that providing care to elderly people is costly. Sixty-three percent of respondents strongly agreed that they need regular health check-ups to promote the health of elderly people. Similarly, 51.5% of respondents strongly agreed that elderly people are more prone to fall ill, 82.40% respondents strongly agreed that hospitals should have a geriatric ward for excellent care of elderly people, and 76.5% respondents strongly agreed that nurses require special training to provide effective care of elderly people.

Table 9 (C)
Attitude Regarding Care of Elderly People

Items						<i>n</i> = 68
	SD	D	N	A	SA	Mean (SD)
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	
Prefer giving little attention to elderly people.	24(35.3)	30(44.10)	6(8.80)	5(7.40)	3(4.40)	3.99 (1.072)
Feeling bored while elderly people narrate their past experiences.	25(36.80)	35(51.50)	7(10.30)	–	1(1.50)	4.22((7.50)
Working with elderly People are very depressed	30(44.1)	20(29.4)	11(16.2)	5(7.4)	2(2.9)	1.96(1.085)
Care of elderly people is neglected in geriatric ward.	16(23.5)	30(44.1)	14(20.6)	7(10.3)	1(1.5)	3.78(9.75)

Note: Negative statements

Table 9 (C) shows that 44.10% respondents disagree to prefer giving little attention to elderly people, and 51.50% respondents disagreed as feeling bored while elderly people narrate their past experiences. Forty-four percent of respondents strongly disagreed that working with elderly people is very depressing, and 44.1% respondents disagreed that the care of elderly people is neglected in the geriatric ward.

Table 10

Respondents' Level of Knowledge Regarding Care of Elderly People n=68

Level of knowledge	Frequency	Percentage
High (>8.95)	41	60.30
Low (≤ 8.95)	27	39.70
Total	68	100.00

Table 10 shows that 60.30% of respondents had high knowledge regarding the care of elderly people, and 39.70% of respondents had low knowledge regarding the care of elderly people.

Table 11

Respondents' Level of Attitude Regarding Care of Elderly People n=68

Level of Attitude	Frequency	Percentage
Positive (> 63.05)	31	45.60
Negative (≤ 63.05)	37	54.40
Total	68	100.00

Table 11 shows that 45.60% of respondents had a positive attitude regarding the care of elderly people, and 54.40% of respondents had a negative attitude regarding the care of elderly people.

Table 12

Association between Respondents' Level of Knowledge Regarding Care of Elderly People and Socio-Demographic Characteristics n= 68

Variables	Level of Knowledge		χ^2	p-value
	High No. (%)	Low No. (%)		
Types of family				
Single family	29(60.41)	19(39.58)	1.913	0.384
Joint family	12(63.15)	7(36.84)		
Extended family	1(100)	-		
Elderly member in the family				
Yes	20(55.55)	16(44.44)	0.720	0.396
No	21(65.62)	11(34.37)		

Significance level at p < 0.05

Table 12 shows that there is no statistically significant association between respondents' level of knowledge regarding the care of elderly people and the type of family and having an elderly member in the family.

Table 13

Association between Respondents' Level of Attitude Regarding Care of Elderly People and Socio-Demographic Characteristics **n=68**

Variables	Positive Attitude No. (%)	Negative Attitude No. (%)	χ^2	p-value
Types of family				
Single family	22(45.83)	26 (54.17)	0.537	1.243
Joint family	9(47.36)	10 (52.63)		
Extended family	-	1 (100.00)		
An elderly member in the family				
Yes	16(44.44)	20(55.56)	0.841	0.40
No	15(46.87)	17(53.13)		

Significance level at p < 0.05

Table 13 shows that there was no statistically significant association between respondents' level of attitude regarding the care of elderly people and the type of family and the elderly member in the family.

Discussion

The study was conducted to find out the knowledge and attitude regarding care of elderly people among nursing students. Regarding socio demographics characteristics 70.60% of respondents from single family, 52.90% of respondents had elderly members in family and 100.00% of respondent had experience of care of elderly people. The findings of the study showed that 86.80% the respondents had knowledge those 60 years and above people as meaning of elderly people. The finding is not consistent with the study of kaur et al. (2014) conducted in India, which shows 45.30% of the respondents had knowledge that 65 years and above as meaning of elderly people.

The findings of the study showed that 70.60% of respondents had knowledge that giving more preferred food is the intervention to improve dietary intake for elderly people. The findings are consistent with the study of Elebiary, Elshenewy, and Abulazm (2018) conducted in Saudi Arabia, which shows that 72.0% of the respondents had knowledge that giving more preferred food is the intervention to increase dietary intervention for elderly people.

The findings of the study showed that 91.20% of respondents knew that keeping skin clean is the prevention of skin damage in elderly people. The finding is consistent with the study of Kaur et al. (2014) conducted in India, which shows that 91.40% of the respondents knew that keeping skin clean is the prevention of skin damage in elderly people.

The findings of the study showed that 89.70% and 73.50% of respondents had knowledge that making adequate lighting in the room and keeping the bed low for sleeping prevents falls and injuries among elderly people, respectively. The findings are not consistent with the study of Kaur et al. (2014) conducted in India, which shows that 97.0% and 97.0% of the respondents had knowledge that making adequate lighting in the room and keeping the bed low for sleeping prevent falls and injuries among elderly people, respectively. The findings of the study show that the mean percentage of 87.57% had knowledge regarding interventions to reduce anxiety in elderly people. It is not consistent with the study of Elebiary, Elshenewy, and Abulazm (2018), which shows a mean percentage of 78.30. The findings of the study showed that 60.30% respondents felt good about taking care of elderly people. The findings of the study are consistent with the study of Modupe, Olufisayo, and Lucia (2013) conducted in Nigeria,

which shows that 65% respondents felt good about taking care of elderly people. The findings of the study showed that 61.8% of respondents felt interested in the experiences of elderly people. The findings of the study show that 44.12% respondents disagreed to preferred giving little attention to elderly people. The findings are not consistent with the study of Modupe, Olufisayo, and Lucia (2013) conducted in Nigeria, which shows 33.00% of respondents disagreed with the preference for little attention to elderly people.

The findings of the study showed that there was no statistically significant association between level of knowledge and type of family ($p=0.384$) and having an elderly member in the family (0.396). The findings of the study showed that there was no statistically significant association between the level of attitude and the type of family ($p=1.243$), and having an elderly member in the family (0.40).

Implication of the Study

The growth of the elderly population carries considerable health consequences, as ageing often results in physical, physiological, and social disruptions. Inadequate knowledge and negative attitudes among nurses can adversely affect the quality of care provided to elderly patients.

Conclusion

A significant number of nurses have adequate knowledge, but more than half of the nurses have negative attitudes towards elderly care. It is recommended to continue regular nursing education on elderly care among nursing students to enhance their positive attitude to upgrade elderly quality of life.

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