Challenges in the Care of Elderly Patients: The Role of Nurses in Saudi Arabia

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Abstract:

In Saudi Arabia, the increasing elderly population presents significant challenges in healthcare, particularly regarding the provision of geriatric care. Nurses play a crucial role in addressing these challenges, including managing chronic diseases, mobility issues, and cognitive impairments common among older adults. Cultural factors, such as the family's role in caregiving and societal attitudes toward aging, further complicate nursing care. Many nurses are tasked with balancing the needs of elderly patients with the expectations of their families, often in under-resourced healthcare environments where training and specialized geriatric education may be limited. Moreover, the nursing workforce in Saudi Arabia faces its own set of challenges, including staffing shortages, high workloads, and the need for ongoing professional development in geriatric care. There is a pressing requirement for enhanced training programs and support systems to equip nurses with the necessary skills to address the complexities of elderly care. Improved communication between healthcare providers and families is essential to ensure that the holistic and cultural needs of elderly patients are met. By fostering a collaborative approach among healthcare professionals, families, and the community, nurses can enhance the quality of care for the elderly and address the multifaceted needs of this growing demographic.

Keywords: elderly care, nursing challenges, healthcare Saudi Arabia, geriatric nursing, chronic disease management, cultural factors, family caregiving, nursing workforce, professional development, quality of care.

Introduction:

The demographic landscape of Saudi Arabia has undergone significant transformation over the past few decades, marked by rapid population growth and an increasing number of elderly individuals. According to the General Authority for Statistics (GASTAT), the proportion of individuals aged 65 and above has risen sharply, projected to increase from 3.2% in 2020 to approximately 6.4% by 2030. As a direct consequence of this demographic shift, the country faces a multifaceted set of challenges in the care of elderly patients, necessitating a reevaluation of healthcare policy, infrastructure, and practices tailored specifically to this vulnerable population. In this context, the role of nurses becomes pivotal, as they are often on the front lines of patient care and play an essential part in the management and treatment of age-related ailments [1].

Elderly patients frequently exhibit unique health conditions, including chronic illnesses, cognitive impairments, and mobility limitations, which compound the complexity of their care. Chronic diseases such as diabetes, hypertension, and cardiovascular disorders are prevalent among older adults, necessitating comprehensive management strategies that meld pharmacological interventions with lifestyle modifications. Furthermore, cognitive disorders like dementia and Alzheimer's disease not only hinder the autonomy of patients but also place significant emotional and psychological burdens on caregivers, including nurses. The challenge is further compounded by cultural factors; in a society where respect and care for the elderly are ingrained in the social fabric, there exists an expectation for family involvement in care, which can sometimes conflict with professional nursing practices [2].

However, the healthcare system in Saudi Arabia encounters several systemic constraints that complicate the provision of care for elderly populations. The country boasts a relatively young nursing workforce, with many nurses being inexperienced in geriatric care. The issues are further aggravated by a shortage of specialized training programs for nurses focused on geriatrics, which dilutes the quality of care that elderly patients receive. Work-related stress, high patient-to-nurse ratios, and limited resources further impede nurses' ability to provide the attention and specialized care that elderly patients require [3].

Moreover, cultural perceptions surrounding aging and elderly care pose unique challenges. In Saudi society, there is a strong emphasis on familial ties, with families traditionally expected to take care of their elderly members. While this cultural norm has nurtured a supportive environment for many seniors, it can also foster an attitude that undermines the professional roles of nurses and other healthcare providers. This disconnect can lead to feelings of frustration among nurses, who may find their professional expertise undervalued or overlooked amidst expectations of familial obligation. Such sociocultural dynamics necessitate a careful balancing act for nursing professionals, who must coordinate with families while advocating for the best clinical practices tailored to the needs of elderly patients [4].

The current healthcare policy frameworks within Saudi Arabia also require critical examination in terms of their responsiveness to the needs of the aging population. As the Kingdom moves toward Vision 2030—an ambitious program aimed at transforming various sectors, including healthcare—the integration of geriatric care into mainstream health services has been identified as a priority. However, despite these policy intentions, the actual implementation often lags behind expectations, leading to inconsistent access to quality care for elderly patients across different regions [5].

In light of these challenges, nurses occupy a central role in bridging the gap between healthcare providers, families, and the broader healthcare system in Saudi Arabia. Their responsibilities extend beyond administering medications and performing clinical procedures; they are integral to

patient education, advocacy, and multidisciplinary collaboration. Nurses often serve as the linchpins in care coordination, enabling a holistic approach that addresses both the physical and psychosocial needs of elderly patients [6].

Demographic Trends and the Growing Elderly Population:

As we advance further into the 21st century, a notable shift in demographic patterns has emerged globally, marked by a significant increase in the elderly population. This trend results from a combination of factors, including increased life expectancy due to advancements in healthcare, a decline in birth rates, and significant improvements in living standards. The implications of this demographic shift are profound, particularly in the healthcare sector. In this context, the role of nurses becomes pivotal, as they are often the frontline caregivers for the elderly, providing essential services that cater to their physical, emotional, and social needs [7].

According to the United Nations, the global population aged 60 years and above is projected to reach 2.1 billion by 2050, more than doubling from 900 million in 2015. This rapid growth represents a demographic transformation: individuals aged 65 years or older are expected to make up about 16% of the global population, an increase from approximately 8% in 2015. Numerous countries face the challenge of adapting to this demographic reality, as they shift from having predominantly youthful populations to aging societies [8].

Several factors contribute to the increase in the elderly population. Primarily, advancements in medical treatment and an overall improvement in healthcare services have significantly reduced mortality rates. Diseases that previously led to high mortality rates, including infectious diseases and maternal and newborn complications, are now preventable or treatable. Additionally, improved nutrition, sanitation, and health education have contributed to healthier aging [9].

Moreover, fertility rates have declined in many parts of the world. As families transition towards smaller sizes, the balance between the working-age population and the elderly shifts. This phenomenon, termed "population aging," carries profound implications for economies, social security systems, and healthcare frameworks [10].

The growing elderly demographic brings with it a myriad of socioeconomic challenges. Economically, countries may face increased healthcare costs due to age-related illnesses such as Alzheimer's disease, diabetes, and cardiovascular conditions. The increased number of elderly citizens may strain public healthcare systems, requiring government bodies to allocate a more substantial percentage of their budgets to eldercare [10].

Socially, an aging population necessitates a reevaluation of existing societal structures. Traditional family caregiving roles are evolving, with fewer family members available to provide care for elderly relatives, often due to geographical dispersion or increased participation of women in the workforce. This shift places additional responsibilities on professional caregivers, including nurses, who must step in to fulfill these essential roles [11].

The Role of Nurses in Elderly Care

Nurses play a vital role in addressing the complexities associated with caring for the elderly. As key players within the healthcare system, they function in various capacities — from direct caregivers in hospitals and clinics to educators and advocates. Their responsibilities encompass a wide range of tasks that require specialized skills and knowledge:

1. **Health Assessment and Monitoring**: Nurses are trained to conduct comprehensive health assessments, identifying the unique medical needs of elderly patients. They monitor vital

- signs, administer medications, and assess changes in patients' conditions, which is crucial for early detection of complications [12].
- 2. **Chronic Disease Management**: Many elderly individuals suffer from chronic diseases that require ongoing management. Nurses develop care plans in collaboration with physicians, ensuring that elderly patients receive appropriate treatments and lifestyle guidance, ultimately promoting better health outcomes and quality of life [12].
- 3. **Patient and Family Education**: Education plays a crucial role in elderly care. Nurses provide vital information to both patients and their families, addressing topics such as medication management, disease prevention, nutrition, and exercise. By empowering patients and families with knowledge, nurses enable them to make informed decisions about their health and wellbeing.
- 4. **Emotional Support and Counseling**: The aging process can be riddled with emotional challenges, including anxiety, depression, and feelings of isolation. Nurses offer emotional support, actively listening to patients' concerns and providing counseling services. They help facilitate connections to community resources, support groups, and mental health services when necessary [12].
- 5. **Advocacy**: Nurses often advocate for the needs and rights of elderly patients, ensuring they receive appropriate care and support. They frequently act as liaisons between patients, families, and other healthcare professionals, communicating the patient's needs and preferences to ensure their well-being is prioritized [13].
- 6. **End-of-Life Care**: The nursing profession also involves providing compassionate end-of-life care. Nurses are trained to manage pain and discomfort in terminally ill patients, ensuring they receive dignified care during their last days. Additionally, they support families through the grieving process, offering resources and emotional support [13].

Challenges Facing Nurses in Elderly Care

Despite the critical role that nurses play in caring for the elderly, they face numerous challenges in fulfilling their responsibilities effectively. High nurse-to-patient ratios, especially in long-term care facilities, can hinder the quality of care provided. Exhaustion, burnout, and emotional fatigue are prevalent issues in a profession dedicated to caring for others, leading to high turnover rates that further complicate care continuity for elderly patients.

Moreover, best practices in gerontological nursing are continually evolving due to the dynamic nature of healthcare. Continuous education and professional development are essential for nurses, equipping them with the knowledge and skills needed to meet the demands of working with an aging population [14].

The Unique Health Care Needs of Elderly Patients:

As society continues to age, the unique health care needs of elderly patients have become a focal point in medical practice. With the growing number of older adults living longer, often with chronic conditions, ensuring effective health care delivery for this demographic is of critical importance. The interplay of complex health conditions, cognitive decline, physical disability, and psychosocial issues sets a challenging landscape in which nurses operate [15].

Understanding the Unique Health Care Needs of Elderly Patients

Elderly patients present a unique set of health care challenges that differ significantly from those of other age groups. Primarily, the geriatric population is often characterized by the presence of multiple co-morbidities. Chronic conditions such as heart disease, diabetes, arthritis, and dementia

require intricate management and coordinated care. According to the World Health Organization (WHO), over 80% of older adults live with at least one chronic disease, often complicating treatment protocols and leading to fragmented care. This complexity necessitates a thorough understanding of medications, potential drug interactions, and comprehensive lifestyle management [16].

Moreover, physiological changes associated with aging, such as decreased organ function, reduced homeostatic capacity, and diminished immunity, contribute to an increased vulnerability among elderly patients. For instance, the kidneys' ability to filter waste efficiently declines with age, affecting the metabolism and excretion of medications. Similarly, slower skin healing processes heighten the risk for infections and complications following surgeries or hospital stays. Thus, healthcare professionals must adopt a geriatric-centric approach, focused not only on ailments but also on the comprehensive needs of the elderly patient [16].

Cognitive impairments such as dementia or Alzheimer's disease further complicate care, manifesting in difficulties with communication, decision-making, and understanding treatment plans. These cognitive challenges often lead to higher rates of delirium, depression, and anxiety, necessitating tailored interventions that prioritize mental health alongside physical health [16]. Additionally, many elderly patients exhibit altered psychosocial dynamics, often facing issues related to social isolation, loss of independence, and concerns over financial stability.

Another critical aspect of elderly care is the ethical consideration surrounding end-of-life issues, including advanced care planning and palliative care. As many older adults grapple with health declines, discussions regarding quality of life, dignity in dying, and family involvement in care decisions are essential. This multifaceted reality demands an approach that integrates medical care with emotional, social, and spiritual support [17].

The Role of Nurses in Elderly Care

Given the unique and multifaceted needs of elderly patients, nurses play an indispensable role in the health care system. They serve not only as caregivers but also as advocates, educators, and supporters, ensuring that the elderly receive comprehensive and tailored care. The nursing profession's emphasis on holistic patient-centered care is particularly pertinent in geriatric nursing [18].

1. Assessment and Care Coordination

The initial step in addressing elderly patients' needs lies in comprehensive assessment. Nurses are adept at recognizing the signs of physical and cognitive decline, stressors, and co-morbid conditions. Through thorough assessments, including physical examinations and patient history reviews, nurses can develop individualized care plans. Moreover, they serve as essential coordinators among various healthcare providers—physicians, social workers, and rehabilitation specialists—to ensure continuity of care and that all aspects of the patient's health are considered [18].

2. Patient and Family Education

Educating both elderly patients and their families is crucial for promoting optimal health outcomes. Nurses provide information about disease processes, medication management, dietary restrictions, and the importance of physical activity tailored for older adults. Additionally, nurses facilitate difficult conversations about advanced directives, end-of-life preferences, and palliative care options, helping families navigate complex decisions [19].

3. Advocacy

Nurses serve as advocates for elderly patients, ensuring their voices are heard in treatment decisions. They can identify potential barriers to care, such as socioeconomic factors or cognitive impairments, and work to address these issues through resource allocation or by connecting families with community services. By advocating for dignity and respect, nurses empower elderly patients, affirming their autonomy even in compromised health circumstances [19].

4. Compassionate Care and Emotional Support

Understanding the emotional and psychological facets of aging, nurses provide compassionate care that addresses fear, anxiety, and feelings of helplessness common among elderly patients. Whether through active listening, offering companionship, or connecting patients with mental health resources, nurses are integral in enhancing the quality of life for older adults. Their role extends beyond clinical tasks, creating an inclusive environment where seniors feel valued and understood [20].

5. Managing Transitions of Care

Transitions of care, such as moving from a hospital to a rehabilitation facility or from home health to hospice care, are critical periods where elderly patients are at high risk for adverse outcomes. Nurses work diligently to manage these transitions, ensuring that discharge instructions are clear, follow-up appointments are scheduled, and that patients have the resources needed to maintain their health post-transition [21].

Cultural Considerations in Geriatric Nursing:

Geriatric nursing is a specialized field dedicated to promoting the health and well-being of elderly individuals. As the global population ages, the demand for geriatric care has surged, emphasizing the need for nurses to understand the cultural considerations that affect this demographic. In an increasingly multicultural society, cultural competence in nursing practice has become essential for creating effective and empathetic care strategies [22].

Cultural competence in nursing refers to the ability of healthcare professionals to understand, respect, and appropriately respond to the various cultural influences that impact patients' health beliefs, behaviors, and practices. It involves acknowledging that cultural identity—shaped by ethnicity, religion, socioeconomic status, language, and more—significantly influences how individuals perceive illness, wellness, and healthcare. In geriatric nursing, where the diversity of cultural backgrounds is vast, the need for culturally competent care is pivotal [23].

Effective communication lies at the heart of cultural competence. Nurses must be skilled in using language, gestures, and symbols that resonate with elderly patients from diverse backgrounds. Moreover, understanding the healthcare practices and beliefs associated with different cultures enables nurses to build trust and rapport with their patients. This, in turn, encourages open dialogue and more accurate assessments of the patients' needs [24].

Culture shapes not only health beliefs and behaviors but also attitudes toward aging and dying. In many cultures, the elderly are revered and considered repositories of wisdom, while in others, aging may carry negative connotations associated with loss of productivity and independence. Such perspectives profoundly influence the care that elderly individuals expect and prefer. For example, in some Asian cultures, the family unit plays a crucial role in elder care decisions, and decisions are often made collectively rather than individually. In contrast, Western societies may emphasize individual autonomy in healthcare choices [25].

Nurses must navigate these cultural nuances effectively, as disregarding a patient's cultural perspective can lead to misunderstandings, decreased satisfaction with care, and potential non-

adherence to treatment plans. Understanding cultural attitudes toward hospitalization, medication, and end-of-life care is crucial in providing patient-centered care that respects the wishes and values of elderly patients [26].

The integration of cultural considerations into geriatric nursing not only improves patient satisfaction but also enhances clinical outcomes. Studies have shown that culturally competent care reduces health disparities among minority populations, improves communication between nurses and patients, and leads to better adherence to treatment regimens. For instance, elderly patients from immigrant backgrounds may face language barriers that hinder their ability to understand their health conditions or treatment options. By employing interpreters or using translation services, nurses can ensure that patients comprehend their health information, which is essential for informed decision-making [27].

Moreover, culturally specific interventions can enhance the effectiveness of care. For example, certain dietary preferences and restrictions rooted in cultural traditions may affect nutritional care plans. Understanding these preferences allows nurses to create personalized care plans that align with patients' cultural and dietary needs. Additionally, some cultures place great importance on traditional remedies; understanding and respecting these practices enables nurses to support the patient's preferred methods of healing while ensuring safety and compliance with medical treatments [28].

To equip nurses with the necessary skills to provide culturally competent care, ongoing education and training in cultural competence become imperative. Nursing programs and continuing education courses should include modules that cover the various cultural practices and beliefs associated with aging, healthcare barriers faced by diverse populations, and communication strategies that can improve cross-cultural interactions [28].

Role-playing exercises, case studies, and immersive experiences can help nursing students and professionals develop empathy and adaptability in their practice. Additionally, exposure to diverse patient populations through clinical rotations in varying settings fosters an appreciation for cultural diversity and enhances learning experiences [29].

Nurses not only provide direct care but also serve as advocates for their patients. In the realm of geriatric nursing, this advocacy extends to addressing systemic issues that contribute to health disparities among elderly populations. Nurses can work collaboratively with policymakers to promote the development of inclusive healthcare policies that recognize and accommodate the unique cultural needs of elderly patients [29].

Moreover, by engaging in community outreach and education, nurses can help raise awareness about the importance of culturally competent care. Educating families and communities about geriatric health concerns, available resources, and healthcare navigation can empower individuals to seek care that respects their cultural values and enhances their quality of life.

Challenges Faced by Nurses in Managing Elderly Care:

The growing elderly population worldwide has placed unprecedented demands on healthcare systems, particularly on the nursing workforce. With projections indicating that individuals aged 65 and older will reach approximately 1.5 billion by 2050, managing elderly care has become a pressing issue. Nurses, acting as frontline providers in this complex domain, face numerous challenges that impact the quality of care they are able to deliver [30].

One of the most pressing challenges in elderly care is the significant shortage of qualified nursing professionals. According to the World Health Organization (WHO), the global healthcare workforce is inadequate to meet the demands of the aging population, with nursing shortages

particularly pronounced in long-term care facilities. This shortage is attributed to various factors, including low compensation, high levels of job-related stress, and burnout. Nurses who manage elderly patients often find themselves overwhelmed, lacking sufficient time to effectively care for their patients, which can compromise patient outcomes. The American Nurses Association has reported that excessive workloads and inadequate staffing levels can lead to higher instances of adverse events, decreased patient satisfaction, and increased turnover rates among nursing staff [30].

The elderly population is typically characterized by a high prevalence of chronic disease and comorbidities that complicate care management. Conditions such as diabetes, heart disease, dementia, and mobility issues require individualized and comprehensive care plans. Nurses must possess an advanced skill set to address not only the medical needs but also the psychosocial aspects of aging. This complexity necessitates continuous education and training, which is often challenging given the rapid advancements in medical knowledge and treatment protocols. Furthermore, the intricacies involved in administering medications, monitoring symptoms, and executing palliative care measures require vigilant attention and a thorough understanding of geriatric pharmacology, all of which can strain even the most experienced nursing staff [31].

Providing care to elderly patients can be emotionally and psychologically taxing for nurses. Many geriatric patients experience cognitive decline, physical frailty, and emotional distress, which can lead to challenging interactions. Nurses often develop emotional bonds with their patients, making it difficult when they encounter patient decline or death. Grieving the loss of patients is a part of the job, and many nurses report experiencing compassion fatigue or burnout as a result. This emotional strain can affect a nurse's job performance and overall mental health, leading to a cycle of distress that not only impacts the nurse but also the quality of care received by patients. Addressing these psychological demands necessitates access to appropriate support systems, including counseling and peer support networks, which are not always available in all healthcare settings [31].

Effective communication is critical in elderly care, given that many patients may have hearing impairments, cognitive impairments, or other health challenges that hinder their ability to communicate effectively. Nurses must therefore employ various strategies to ensure accurate communication with patients and their families, which can be labor-intensive and time-consuming. The reliance on family involvement further complicates communication, as nurses must also navigate the dynamics of familial input and sometimes conflicting opinions about care decisions. Moreover, language barriers can pose significant challenges in multicultural settings, necessitating the use of interpreters and additional resources that may not always be readily available [32].

The integration of technology in healthcare has the potential to enhance the management of elderly care, but it also presents challenges for nursing practice. Many elderly patients, especially those with limited technological exposure, may struggle to adapt to new devices and applications intended for health monitoring or communication with healthcare providers. Nurses are often charged with educating patients about these technologies, requiring additional time and effort within their already demanding schedules. Furthermore, there is the challenge of ensuring that all nursing staff are trained and competent in using these technologies effectively. Inadequate training and inconsistent use of technology can lead to frustration among nurses and errors in patient care, which can have severe consequences for elderly patients [32].

The Impact of Family Dynamics on Elderly Care:

As populations around the globe age, the family unit's role in elderly care has become a pivotal topic of discussion. Understanding family dynamics is crucial in addressing the unique challenges and opportunities that arise in caregiving for elderly individuals. The multifaceted nature of family relationships and their dynamics significantly influence the quality of care provided, the emotional well-being of both caregivers and care recipients, and even the overall health outcomes for older adults [33].

Family dynamics refer to the patterns of interaction and relationships between family members. These patterns can be influenced by various factors, including cultural norms, individual personalities, socioeconomic status, and generational perspectives. Families can be composed of nuclear units, extended relatives, or chosen families, and each structure presents different dynamics and challenges in caregiving settings [34].

One of the most significant factors influencing family dynamics is communication. Open and effective communication can enhance collaboration among family members, fostering a supportive environment for the elderly. Conversely, poor communication can lead to misunderstandings, resentment, and conflicts, complicating the caregiving process. Additionally, the roles that family members assume in the context of caregiving can vary widely. Typically, one or more family members may take on the primary caregiving role, while others may provide support in various ways, such as financial assistance or emotional backing. The delineation of these roles can be shaped by cultural expectations, existing relationships, and individual capabilities [34].

One of the most notable benefits of effective family dynamics in elderly care is the provision of emotional support and companionship. Older adults often face loneliness and social isolation, especially if they live alone or have lost their spouse. Family members can help mitigate these feelings by providing regular visits, phone calls, and engaging in activities together. These positive interactions can lead to improved mental health outcomes, reducing feelings of depression and anxiety in older adults [35].

Family members who are actively involved in caregiving can often provide a higher quality of care than professional caregivers alone. They possess an intimate understanding of the elderly individual's preferences, routines, and history, which allows for personalized care that considers the individual's unique needs. This familiarity can lead to better adherence to medical regimens, a smoother transition between care settings, and enhanced overall well-being [36].

Caring for an elderly family member often reinforces familial connections and creates opportunities for family members to collaborate, communicate, and share responsibilities. These shared experiences can solidify relationships and instill a sense of purpose in caregivers, which, in turn, can lead to positive self-esteem and fulfillment. Moreover, these experiences often create lasting memories that strengthen family identity and cohesion.

Despite the numerous benefits, family dynamics can also present challenges that complicate elderly care [36].

One of the most significant challenges in elderly care is role conflict, particularly when family members have differing opinions about the best course of action regarding the care of their elderly loved one. Siblings may disagree on caregiving styles, financial management, or medical decisions, leading to tension and stress within the family. Such conflicts can detract from the care experience and potentially harm the elderly person who may feel caught in the middle of family disputes [37].

Caregiving can be a demanding and emotionally draining experience. Primary caregivers often face physical and emotional stress due to the responsibilities associated with caring for an aging family member. This burden of care can lead to caregiver burnout, a state characterized by exhaustion, depression, and a sense of detachment. When caregivers are overwhelmed, the quality of care they provide may diminish, negatively impacting the elderly person's well-being. The phenomenon of caregiver stress underscores the importance of recognizing the needs of caregivers as integral to the overall caregiving process [38].

The financial implications of caregiving can also create tension within family dynamics. Many families face unexpected costs related to healthcare, home modifications, and long-term care services. Decisions regarding financial contributions can become contentious, particularly if family members have varying financial capacities or if some family members feel burdened by the expenses. This financial strain may compound existing conflicts and create rifts in family relationships [39].

Cultural factors significantly influence family dynamics and the approach to elderly care. Many cultures prioritize familial responsibility in caregiving, where it is considered an honor to care for aging parents or grandparents. In societies with a strong emphasis on collectivism, the family unit often shares responsibilities, with multiple generations living together under one roof. This setup can create supportive environments for the elderly, fostering strong emotional ties and ensuring a network of care and companionship [39].

Conversely, in individualistic cultures where independence is highly valued, elderly individuals may move into assisted living facilities, or family members may perceive caregiving as a burden rather than a shared responsibility. These cultural distinctions can shape the expectations and experiences surrounding caregiving, illustrating that there is no universal approach to elderly care; rather, it is deeply tied to familial and cultural beliefs and practices [40].

Strategies for Enhancing Professional Development in Geriatric Nursing:

As the population ages and the demand for healthcare services rises, geriatric nursing has emerged as a critical field requiring specialized knowledge and skills. Nurses who work with older adults face unique challenges, including the management of multiple chronic conditions, the need for comprehensive assessments, and the necessity of employing patient-centered interventions. Understanding these challenges is essential to developing strategies that enhance professional development in geriatric nursing [40].

One of the most significant strategies for enhancing professional development in geriatric nursing is the emphasis on continuous education and training. Given the rapid advancements in medical science and gerontology, nurses must stay abreast of the latest research, methodologies, and best practices in geriatric care. A structured approach to ongoing education can include formal degree programs, certification courses, workshops, and seminars focused on geriatric nursing [40].

Institutions can develop partnerships with universities and healthcare organizations to facilitate workshops and certification courses tailored for practicing nurses. For example, certifications such as the Gerontological Nursing Certification (RN-BC) by the American Nurses Credentialing Center can provide nurses with specialized credentials that validate their expertise in the geriatric field. Moreover, continuing education units (CEUs) can be offered to incentivize nurses to pursue advanced learning opportunities, ensuring they remain competent and confident in delivering care to older adults [41].

In addition to formal education, fostering a culture of lifelong learning within healthcare settings can motivate nurses to engage in self-directed learning. Providing access to online professional development resources, including webinars, e-learning modules, and online forums, allows nurses

to explore current geriatric care trends at their convenience, enhancing their knowledge and skills [41].

Mentorship programs are another effective strategy for improving professional development in geriatric nursing. These programs pair experienced geriatric nurses with less experienced colleagues to provide guidance, support, and an avenue for skill development. A mentor can help navigate the complexities of geriatric care, providing insights that may not be covered in formal training programs [41].

For a mentorship program to be effective, institutions must foster a supportive environment that encourages open communication and collaboration. Structured mentorship programs can include regular meetings, goal-setting sessions, and feedback mechanisms to track the mentee's progress. Additionally, mentorship can be expanded beyond individual relationships to include group mentoring models, which can facilitate broader discussions about geriatric care and improvement strategies [42].

Participation in such programs can enhance the competencies of both mentors and mentees, promote job satisfaction, and reduce feelings of professional isolation. Furthermore, mentoring relationships often instill a sense of professionalism and commitment to the nursing field, which ultimately translates into better care for older adults [42].

Given the multifaceted nature of geriatric care, interprofessional collaboration is a crucial strategy for enhancing professional development in geriatric nursing. Effective care for older adults often requires the coordination of various healthcare professionals, including physicians, pharmacists, social workers, rehabilitation specialists, and nutritionists. Geriatric nurses play a central role in this collaboration, acting as advocates and facilitators of communication among team members [42].

Training programs that emphasize interprofessional education (IPE) can enhance the skills needed for effective collaboration in geriatric care. IPE involves different healthcare disciplines learning together, fostering mutual respect and understanding of each role within the team. By preparing nurses to work alongside other healthcare professionals, IPE can improve teamwork and patient outcomes, ensuring that older adults receive holistic and comprehensive care.

Additionally, creating structures that promote regular interprofessional team meetings can enhance communication and collective decision-making. These meetings allow team members to share insights and adjust care plans based on comprehensive assessments and shared patient goals, leading to improved outcomes for older adults [43].

In today's healthcare landscape, technology plays a pivotal role in enhancing professional development in geriatric nursing. The use of electronic health records (EHR), telehealth services, and remote patient monitoring systems can streamline workflows and improve the quality of care provided to older adults. Training nurses to proficiently use these technologies is essential to their professional development [44].

EHRs not only allow for efficient documentation and access to patient information but also facilitate coordinated care among multiple providers. Training programs should focus on enhancing nurses' skills in effectively utilizing EHRs to track patient outcomes, manage chronic diseases, and integrate care plans seamlessly [44].

Telehealth services have emerged as vital tools in geriatric nursing, especially in light of the COVID-19 pandemic, which accelerated their adoption. Nurses can access ongoing education on telehealth best practices, as well as guidance on effectively assessing and managing older patients

via digital platforms. Such training is vital for developing competency in virtual assessments, ensuring that nurses can provide quality care regardless of physical barriers [45].

Finally, the integration of mobile health applications that allow both patients and nurses to manage chronic conditions, medication adherence, and appointments can significantly enhance nursing care delivery. Training nurses to recommend and utilize these applications empowers them to engage older adults actively in their own care, promoting independence and improving health outcomes [46].

Recommendations for Policy and Practice Improvements:

As the population ages globally, the demand for healthcare professionals, especially nurses, who are trained in geriatric care is higher than ever. The elderly often present unique challenges and complexities that require tailored policies and practices within nursing. To enhance the quality of care for elderly patients, various recommendations can be made that focus on education, interdisciplinary collaboration, family involvement, technological assistance, and policy reform [47].

The foundation of effective nursing care for the elderly lies in comprehensive education and training. Nursing programs must incorporate specialized geriatric training to ensure that future nurses are equipped with the knowledge and skills necessary to manage the multifaceted health issues that often accompany aging. This includes understanding chronic conditions, cognitive impairments, and the specific psychological adjustments that the elderly may face. Continuing education opportunities should also be available for current nursing staff, focusing on emerging research and best practices in geriatric care. Workshops, seminars, and online modules could enhance their understanding of the complexities of aging and improve their competency in addressing the unique needs of elderly patients [48].

Caring for elderly patients often requires input from various healthcare specialists, including physicians, pharmacists, therapists, and social workers. Establishing interdisciplinary teams can facilitate a comprehensive approach to elderly care, ensuring that all aspects of a patient's health are considered. Nurses must take an active role within these teams, participating in case discussions and care planning. Policies should encourage regular meetings for interdisciplinary collaboration, where nurses can voice their concerns and suggestions regarding patient care. Enhanced communication and collaboration foster a holistic approach that can significantly improve patient outcomes [49].

Families play an essential role in the care of elderly patients. Policies should promote active family involvement in the care process, acknowledging their insights and preferences. Nurses should be trained to effectively communicate and collaborate with families, ensuring they are informed and engaged in care decisions. This engagement includes discussing care plans, medication management, and involvement in daily care activities. Providing education and resources to families can also empower them and improve the overall care experience. This not only alleviates some caregiving burdens but also leads to better health outcomes for elderly patients [50].

The integration of technology in healthcare has revolutionized patient care, particularly in the realm of elderly services. Nurses should be encouraged to incorporate telehealth, remote monitoring systems, and electronic health records for elderly patients. These technological tools facilitate better communication, streamline patient management, and enhance data collection, allowing for more personalized care. Policies should support training for nurses on the effective use of technology, addressing any barriers to implementation. By adopting technology, nurses can improve accessibility to care, monitor patients effectively, and enhance patient engagement [51].

Implementing person-centered care practices is crucial for improving the quality of care provided to elderly patients. This approach prioritizes the patient's preferences, needs, and values, ensuring that they are treated with dignity and respect. Policies should emphasize the importance of understanding each patient as a unique individual, which may involve personalized care plans that accommodate their specific circumstances. Nurses should be trained to conduct thorough assessments that include not only physical health but also psychosocial factors that affect the elderly. Creating an environment that supports person-centered care promotes higher satisfaction levels and improved health outcomes for elderly patients [52].

For any recommendations to take effect on a broader scale, substantial policy reform is necessary. Nursing organizations, healthcare institutions, and policymakers must collaborate to advocate for policies that prioritize geriatric care. This includes increased funding for geriatric nursing education and research, incentives for facilities to maintain high standards of elderly care, and establishing regulations that ensure adequate staff-to-patient ratios in geriatric wards. Additionally, advocating for the rights of elderly patients, including access to compassionate care and acknowledgment of their autonomy, is vital. Continuous evaluation of policies is essential to ensure they are effective and align with current best practices in elder care [53].

Caring for elderly patients can be physically and emotionally demanding, often leading to burnout among nursing staff. It is crucial to recognize the importance of mental health support for nurses. Policies should be developed that provide accessible resources for mental health, including counseling services and stress management programs specifically aimed at nursing staff. Creating supportive workplace environments, with opportunities for peer support and debriefing sessions, can foster resilience and well-being among nurses. Recognizing and addressing the well-being of nursing staff is pivotal for sustaining quality care for elderly patients [54].

Conclusion:

In conclusion, the study highlights the multifaceted challenges faced by nurses in providing care to elderly patients in Saudi Arabia. These challenges include managing complex health conditions, addressing cultural sensitivities, and navigating family dynamics, all within a healthcare system that is often under-resourced. The vital role of nurses extends beyond clinical care; they are essential advocates for the elderly, guiding families and coordinating resources to improve patient outcomes.

To enhance the quality of geriatric care, it is imperative to invest in targeted training and professional development for nurses, fostering skills in geriatric assessment, communication, and cultural competence. Additionally, improving collaboration between healthcare providers, families, and community resources will pave the way for a more integrated approach to elderly care. By addressing these challenges, the healthcare system in Saudi Arabia can better support its aging population, ultimately leading to improved health outcomes and a higher quality of life for elderly patients.

References:

1. Ricciardelli R., Johnston M.S., Bennett B., Stelnicki A.M., Carleton R.N. "It Is Difficult to Always Be an Antagonist": Ethical, Professional, and Moral Dilemmas as Potentially Psychologically Traumatic Events among Nurses in Canada. Int. J. Environ. Res. Public Health. 2022;19:1454. doi: 10.3390/ijerph19031454.

- 2. Zhao Y., Wang J., Zhu X., Zhang X., Zhang Y., Zhang W., Dong Y. Multimorbidity and Polypharmacy in Hospitalized Older Patients: A Cross-Sectional Study. BMC Geriatr. 2023;23:423. doi: 10.1186/s12877-023-04109-4.
- 3. Entwistle V.A., Carter S.M., Cribb A., McCaffery K. Supporting Patient Autonomy: The Importance of Clinician-Patient Relationships. J. Gen. Intern. Med. 2010;25:741–745. doi: 10.1007/s11606-010-1292-2.
- 4. Almoallem A.M., Almudayfir M.A., Al-Jahdail Y.H., Ahmed A.E., Al-Shaikh A., Baharoon S., AlHarbi A., Al-Jahdali H. Top Ethical Issues Concerning Healthcare Providers Working in Saudi Arabia. J. Epidemiol. Glob. Health. 2020;10:143. doi: 10.2991/jegh.k.191211.001.
- 5. Demsash A.W., Kassie S.Y., Dubale A.T., Chereka A.A., Ngusie H.S., Hunde M.K., Emanu M.D., Shibabaw A.A., Walle A.D. Health Professionals' Routine Practice Documentation and Its Associated Factors in a Resource-Limited Setting: A Cross-Sectional Study. BMJ Health Care Inform. 2023;30:e100699. doi: 10.1136/bmjhci-2022-100699.
- 6. Karam M., Chouinard M.-C., Poitras M.-E., Couturier Y., Vedel I., Grgurevic N., Hudon C. Nursing Care Coordination for Patients with Complex Needs in Primary Healthcare: A Scoping Review. Int. J. Integr. Care. 2021;21:16. doi: 10.5334/ijic.5518.
- 7. Al-Wathinani A., AlHokair A., Almeshari A., Alsaqri F., Aldaihan F., Alrumeh A., AlOtaibi A., Alkanhal I., Aljuaid M., Albusair M., et al. Ethical Awareness and Practices Among Emergency Department Personnel in Riyadh's Tertiary Hospitals: A Cross-Sectional Analysis. Risk Manag. Healthc. Policy. 2024;17:677–688. doi: 10.2147/RMHP.S458598.
- 8. Frank C., Holmberg M., Jernby E.E., Hansen A.S., Bremer A. Older Patients' Autonomy When Cared for at Emergency Departments. Nurs. Ethics. 2022;29:1266–1279. doi: 10.1177/09697330221105637.
- 9. Salive M.E. Multimorbidity in Older Adults. Epidemiol. Rev. 2013;35:75–83. doi: 10.1093/epirev/mxs009.
- 10. Zulman D.M., Asch S.M., Martins S.B., Kerr E.A., Hoffman B.B., Goldstein M.K. Quality of Care for Patients with Multiple Chronic Conditions: The Role of Comorbidity Interrelatedness. J. Gen. Intern. Med. 2014;29:529–537. doi: 10.1007/s11606-013-2616-9.
- 11. Kudesia P., Salimarouny B., Stanley M., Fortin M., Stewart M., Terry A., Ryan B.L. The Incidence of Multimorbidity and Patterns in Accumulation of Chronic Conditions: A Systematic Review. J. Multimorb. Comorbidity. 2021;11:263355652110328. doi: 10.1177/26335565211032880.
- 12. Varkey B. Principles of Clinical Ethics and Their Application to Practice. Med. Princ. Pract. 2021;30:17–28. doi: 10.1159/000509119.
- 13. McMaughan D.J., Oloruntoba O., Smith M.L. Socioeconomic Status and Access to Healthcare: Interrelated Drivers for Healthy Aging. Front. Public Health. 2020;8:231. doi: 10.3389/fpubh.2020.00231.
- 14. Doumat G., Daher D., Itani M., Abdouni L., El Asmar K., Assaf G. The Effect of Polypharmacy on Healthcare Services Utilization in Older Adults with Comorbidities: A Retrospective Cohort Study. BMC Prim. Care. 2023;24:120. doi: 10.1186/s12875-023-02070-0.

- 15. Shehaj E. Performance of Western Balkan economies regarding the European Pillar of Social Rights. European Centre for Social Welfare Policy and Research 2020.
- Podgorica N, Shabani Z, Müller AW, Kraja J, Deufert D, Perkhofer S. Patient Autonomy, Decision-making and Cultural Impact in Elder Care in Albania. Open Access Macedonian Journal of Medical Sciences. 2022;10(G):560–8. doi: 10.3889/oamjms.2022.9393.
- 17. ILO. Long-term care for the elderly in Albania: Challenges and key policy issues. Budapest 2022.
- 18. Gabrani J. Updating Nursing Competencies in Primary Healthcare in Albania; Transforming Roles Through Tailored Education. International Journal of Public Health. 2021;66. doi: 10.3389/ijph.2021.1604085.
- 19. Polit DF, Beck CT. Nursing research: Generating and assessing evidence for nursing practice: Lippincott Williams & Wilkins; 2012.
- 20. Salia SM, Adatara P, Afaya A, Jawula WS, Japiong M, Wuni A, et al. Factors affecting care of elderly patients among nursing staff at the Ho teaching hospital in Ghana: Implications for geriatric care policy in Ghana. PLOS ONE. 2022;17(6):e0268941. doi: 10.1371/journal.pone.0268941.
- 21. Dworkin SL. Sample Size Policy for Qualitative Studies Using In-Depth Interviews. Archives of Sexual Behavior. 2012;41(6):1319–20. doi: 10.1007/s10508-012-0016-6.
- 22. Polit D, Beck C. Basics of mixed methods research: Lippincott Williams & Wilkins; 2017.
- 23. Malterud K, Siersma VD, Guassora AD. Sample Size in Qualitative Interview Studies: Guided by Information Power. Qualitative Health Research. 2016;26(13):1753–60. doi: 10.1177/1049732315617444.
- 24. Jorgoni EM, Enkelejd ESPN Thematic Report on Long-term-care for older people—Albania. Brussels: European Commission 2021.
- 25. Podgorica N, Pjetri E, Müller AW, Deufert D. Identifying ethical and legal issues in elder care. Nursing Ethics. 2021;28(7–8):1194–209. doi: 10.1177/0969733020981761.
- 26. Kang Y, Hur Y. Nurses' Experience of Nursing Workload-Related Issues during Caring Patients with Dementia: A Qualitative Meta-Synthesis. International Journal of Environmental Research and Public Health. 2021;18(19):10448. doi: 10.3390/ijerph181910448.
- 27. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today. 2004;24(2):105–12. doi: 10.1016/j.nedt.2003.10.001.
- 28. Benadé P, Du Plessis E, Koen MP. Exploring resilience in nurses caring for older persons. health sa gesondheid. 2017;22:138–49.
- 29. Podgorica N, Zenelaj B, Deufert D, Ganner M, Flatscher-Thöni M. A narrative review on legal aspects of older people in Albania. Journal of Educational and Social Research, 10(5), 88 2020.

- 30. Kong E-H, Kim H, Kim H. Nursing home staff's perceptions of barriers and needs in implementing person-centred care for people living with dementia: A qualitative study. Journal of Clinical Nursing. 2022;31(13–14):1896–906. doi: 10.1111/jocn.15729.
- 31. Rama R, Çarçani V, Prifti F, Huta K, Xhixha A, Connor SR. Palliative care—Albania. Journal of Pain and Symptom Management. 2018;55(2):S14–S8. doi: 10.1016/j.jpainsymman.2017.05.014.
- 32. INSTAT. Projeksionet e popullsisë 2019–2031. Tirane, Albania 2019.
- 33. Podgorica N, Flatscher-Thöni M, Deufert D, Siebert U, Ganner M. A systematic review of ethical and legal issues in elder care. Nursing Ethics. 2021;28(6):895–910. doi: 10.1177/0969733020921488.
- 34. MoHSP. The National Action Plan on Aging 2020–2024. United Nations Population Fund (UNFPA) and Albanian Center for Population and Development (ACPD) 2019.
- 35. Luca CE, Cavicchioli A, Bianchi M. Nurses Who Assume the Role of Advocate for Older Hospitalized Patients: A Qualitative Study. SAGE Open Nursing. 2021;7:23779608211030651. doi: 10.1177/23779608211030651.
- 36. Veronek J, Bajs Janović M, Janović Š, Barić H, Zurc J, Gvozdanović Z. Attitudes towards older people in Croatian and Slovenian nursing students. Psychiatria Danubina. 2020;32(suppl. 4):484–90.
- 37. Chuang Y, Kuo L. Nurses' confidence in providing and managing care for older persons with depressive symptoms or depression in long-term care facilities: a national survey. Int J Ment Health Nurs 2018; 27: 1767-75.
- 38. Iden KR, Hjørleifsson S, Ruths S. Treatment decisions on antidepressants in nursing homes: a qualitative study. Scand J Prim Health Care 2011; 29: 252-6.
- 39. Soniya G. Reminiscence therapy to reduce depression among elderly. Int J Nurs Educ 2015; 7: 160-4.
- 40. Lu LC, Hsieh PL. Frontline healthcare providers' views of depression and its prevention in older adults. J Clin Nurs 2013; 22: 1663-71.
- 41. Hawgans G. Nurse-patient interaction is a resource for hope, meaning in life and self-transcendence in nursing home patients. Scand J Caring Sci 2014; 28: 74-88.
- 42. Almazan J, Albougami A, Alamri M. Exploring nurses' work-related stress in an acute care hospital in KSA. J Taibah Univ Med Sci 2019; 14: 376-82.
- 43. Gendron T, Heck A. What do long-term care staff know about the differences between depression and dementia? Clin Gerontol 2013; 36: 411-20.
- 44. Min J, Ailshire J, Crimmins EM. Social engagement and depressive symptoms: do baseline depression status and type of social activities make a difference? Age Ageing 2016; 45: 838-43.

- 45. Cohen-Mansfield J, Jensen B, Resnick B, Norris M. Assessment and treatment of behavior problems in dementia in nursing home residents: a comparison of the approaches of physicians, psychologists, and nurse practitioners. Int J Geriatr Psychiatry 2012; 27: 135-45.
- 46. Halvorsrud L, Kalfoss M. Exploring the quality of life of depressed and nondepressed, homedwelling, Norwegian adults. Br J Community Nurs 2016; 21: 170-7.
- 47. Hamiton JB, Deal AM, Moore AD, Best NC, Galbraith KV, Muss H. Psychosocial predictors of depression among older African American patients with cancer. Oncol Nurs Forum 2013; 40: 394-402.
- 48. Moher D, Liberati A, Tetzlaff J, Altman DG. The PRISMA Group Preferred Reporting Items for Systematic Reviews and Meta-Analyses: the PRISMA statement. PLoS Medicine 2009; 6: e1000097.
- 49. Whittemore R, Knafl K. The integrative review: updated methodology. J Adv Nurs 2005; 52: 546-53.
- 50. Borglin G, Räthel K, Paulsson H, Sjögren Forss K. Registered nurses' experiences of managing depressive symptoms at care centres for older people: a qualitative descriptive study. BMC Nurs 2019; 43: 1-12.
- 51. Almazan J, Albougami A, Alamri M, Colet P, Adolfo C, Allen K, Gravoso R, Boyle C. Disaster-related resiliency theory among older adults who survived typhoon Haiyan. Int J Disaster Risk Reduct 2019; 35: 1-7.
- 52. Alshehry A, Alquwez N, Almazan J, Namis I, Cruz J. Influence of workplace incivility on the quality of nursing care. J Clin Nurs 2019; 28: 4582-94.
- 53. Alenezi A, Pandaan R, Almazan J, Pandaan I, Casison F, Cruz J. Clinical practitioners' perception of the dimensions of patient safety culture in a government hospital: a one-sample correlational survey. J Clin Nurs 2019; 28: 4496-503.
- 54. Albaqawi H, Alquwez N, Almazan J, Alharbi S, Catimbang C, Rivera P, Cruz J. Workplace spiritual climate and its influence on nurses' provision of spiritual care in multicultural hospitals. Religions 2019; 10: 118.