

Assessing The Dedication Of Medical Personnel To Elderly Care: A Comprehensive Analysis

Mohammed Ali Awad Al Sari^{1*}, Ahmad Saleh R Al Rashah², Muhannad Hussain AL alajam³, Saleh Mohammed Ahmed Alrashah⁴, Rashed Fahad Rashed⁵, waad suliman saad alsarf⁶, Ibrahim Hussain Ali Mashahhim⁷

^{1*}Ministry of Health, Saudi Arabia, maalsari@moh.gov.sa
²Ministry of Health, Saudi Arabia, Ahsalrashah@moh.gov.sa
³Ministry of Health, Saudi Arabia, hoho18187@gmail.com
⁴Ministry of Health, Saudi Arabia, Saleh-m8444@hotmail.com
⁵Ministry of Health, Saudi Arabia, rashdrshh@gmail.com
⁶Ministry of Health, Saudi Arabia, walsarf@moh.gov.sa
⁷Ministry of Health, Saudi Arabia, ib499@icloud.com

*Corresponding Author: Mohammed Ali Awad Al Sari Email: maalsari@moh.gov.sa

Abstract

This article provides a critical analysis of the commitment of medical personnel to the care of the elderly, against the backdrop of a rapidly aging global population. With the increase in life expectancy, healthcare systems worldwide are grappling with the need to adapt to the complex, multifaceted health requirements of older adults. This analysis delves into the challenges faced by healthcare professionals in elderly care, including the management of chronic diseases, cognitive impairments, and the provision of psychosocial support. It further explores the factors that influence the dedication of medical staff, such as geriatric training, staffing levels, institutional policies, and personal attitudes towards aging. Through a review of best practices and case studies, the article highlights innovative approaches to enhance the quality of elderly care, emphasizing the importance of continuous education, patient-centered care models, and strategies to prevent caregiver burnout. The conclusion offers recommendations for healthcare providers and policymakers to foster a healthcare environment that supports the needs of the elderly and enhances the commitment of medical personnel to this crucial area of care.

Keywords: Elderly Care, Medical Personnel Commitment, Geriatric Challenges, Healthcare Systems, Chronic Disease Management, Psychosocial Support, Geriatric Training, Patient-Centered Care, Caregiver Burnout, Healthcare Policy.

I. Introduction

The global demographic landscape is undergoing a significant transformation characterized by an increasing proportion of elderly individuals. This shift presents a multitude of challenges and opportunities for healthcare systems worldwide. As the population ages, the demand for specialized elderly care escalates, necessitating a committed and well-prepared medical workforce. The dedication of medical personnel to elderly care is critical in addressing the complex health needs of this demographic, which often include chronic diseases, cognitive impairments, and a need for comprehensive psychosocial support (World Health Organization, 2015).

Elderly patients typically present with multimorbidity, necessitating a holistic and multidisciplinary approach to care (Arai et al., 2015). The quality of care provided to the elderly is significantly influenced by the training, empathy, and dedication of healthcare professionals, ranging from physicians and nurses to allied health workers. Research has shown that geriatric-specific training and a positive attitude towards aging are key factors that enhance the quality of elderly care (Drickamer et al., 2017).

However, the healthcare workforce is often challenged by resource constraints, high patient loads, and a lack of specialized geriatric training, which can impede the provision of optimal care to elderly patients (Kane et al., 2018). Additionally, societal attitudes towards aging and the elderly can indirectly impact the dedication and approach of medical personnel towards this patient group (Levy, 2009).

In this context, it is imperative to critically review and assess the extent of medical staff's commitment to elderly care. This involves examining the current state of geriatric care, identifying the gaps in training and resources, and highlighting best practices that can enhance the dedication and effectiveness of medical personnel in this field. By fostering a healthcare environment that values continuous learning, patient-centered care, and the well-being of healthcare workers, the medical community can better meet the complex needs of the aging population (Institute of Medicine, 2008).

This article aims to provide a comprehensive analysis of these issues, drawing on a range of studies and expert opinions to offer insights into the challenges and opportunities in enhancing the dedication of medical personnel to elderly care.

The goal is to contribute to the ongoing dialogue among healthcare providers, policymakers, and educators on how to best prepare and support the medical workforce in the face of an aging global population.

II. The Aging Population: A Global Overview

The phenomenon of global aging represents one of the most significant demographic shifts of the 21st century, with profound implications for healthcare systems, economies, and societies at large. The number of people aged 60 years and over is projected to reach 2 billion by 2050, up from 900 million in 2015, effectively doubling the size of the elderly population in just a few decades (United Nations, 2017). This unprecedented increase is attributed to advancements in healthcare, nutrition, and overall living standards, which have collectively contributed to significant increases in life expectancy worldwide.

Regions such as Europe and Asia are particularly affected by this trend, with countries like Japan and Italy showcasing some of the highest proportions of elderly individuals in their populations. Japan, for instance, is at the forefront of this demographic shift, with over 28% of its population being over the age of 65, a figure that is expected to rise in the coming years (Cabinet Office, Japan, 2019). Similarly, European countries are experiencing an increase in the median age of their populations, with significant implications for healthcare provisioning, pension systems, and labor markets (Eurostat, 2020).

The aging population trend is not confined to developed nations alone; emerging economies are also experiencing significant increases in the proportion of elderly individuals. Countries like China and India are witnessing rapid aging of their populations due to declining fertility rates and improvements in healthcare (Bloom et al., 2010). This shift poses unique challenges for these nations, which must address the needs of their aging populations amidst ongoing development and modernization efforts.

The implications of an aging population are vast, particularly for healthcare systems. Elderly individuals often have higher healthcare needs, including increased susceptibility to chronic diseases, multimorbidity, and a greater need for long-term care services (Alemayehu & Warner, 2004). This necessitates a reevaluation of healthcare policies and practices to ensure that systems are equipped to handle the growing demand for elderly care services, from preventive measures to palliative care.

In conclusion, the global trend towards an aging population presents a multifaceted challenge that requires comprehensive planning and adaptation across various sectors. Healthcare systems, in particular, must evolve to meet the complex needs of an aging demographic, ensuring that medical personnel are adequately trained and resources are appropriately allocated to provide quality care for the elderly.

III.Challenges in Elderly Care

Elderly care is a complex and multifaceted field that encompasses a wide range of health, psychological, and social needs specific to the aging population. The challenges in providing comprehensive and effective care for the elderly stem from various factors, including physiological changes associated with aging, the prevalence of chronic diseases, cognitive decline, and the need for integrated care systems.

• Physiological Changes and Chronic Diseases

As individuals age, they undergo significant physiological changes that increase their susceptibility to chronic diseases such as cardiovascular disorders, diabetes, arthritis, and osteoporosis. The prevalence of these conditions among the elderly poses a significant challenge for healthcare providers, requiring ongoing management and coordination of care. Chronic diseases often necessitate a multidisciplinary approach, involving primary care physicians, specialists, nurses, and other healthcare professionals to manage the complex health needs of elderly patients effectively (Fried et al., 2004).

Cognitive Decline and Dementia

Cognitive decline, including conditions such as Alzheimer's disease and other forms of dementia, represents one of the most challenging aspects of elderly care. These conditions not only affect the cognitive abilities of individuals but also have profound implications for their independence, emotional well-being, and the need for specialized care. The management of dementia and related cognitive disorders requires a comprehensive approach that includes medical treatment, supportive care, and often, long-term care planning (Alzheimer's Association, 2020).

Polypharmacy

Polypharmacy, or the use of multiple medications by a patient, is particularly prevalent among the elderly due to the coexistence of several chronic conditions. This practice increases the risk of adverse drug reactions, drug-drug interactions, and medication non-adherence, complicating the management of existing conditions and potentially leading to further health complications (Masnoon et al., 2017).

• Psychosocial Issues and Social Isolation

The elderly also face various psychosocial challenges, including loneliness, depression, and social isolation, which can significantly impact their quality of life and overall health. The loss of a spouse, friends, and social networks, coupled with physical limitations, can lead to isolation and mental health issues. Addressing these concerns requires a holistic approach to care that encompasses not only medical treatment but also social support and community engagement (Courtin & Knapp, 2017).

• Access to Care and Health Disparities

Access to healthcare services is another significant challenge in elderly care. Factors such as socioeconomic status, geographic location, and mobility limitations can affect an individual's ability to access necessary healthcare services.

Furthermore, health disparities based on race, ethnicity, and economic status can lead to variations in the quality of care received by elderly individuals, exacerbating existing health inequities (Smedley et al., 2003).

• Long-Term and Palliative Care

The increasing need for long-term care services, including home health care, assisted living, and nursing home care, poses a substantial challenge due to the associated costs and the availability of services. Additionally, there is a growing need for palliative care services that focus on improving the quality of life for elderly individuals with serious, life-limiting illnesses. These services require specialized training and resources, which are often in short supply (Lunney et al., 2003).

• Healthcare Workforce and Caregiver Burden

The demand for healthcare professionals trained in geriatrics and gerontology is increasing, yet there is a notable shortage in many regions. This shortage affects the quality of care provided to the elderly and places additional strain on existing healthcare workers. Moreover, the burden of care often falls on family members, leading to significant emotional, physical, and financial strain on caregivers (Adelman et al., 2014).

In conclusion, elderly care presents a myriad of challenges that require a coordinated and multifaceted response from healthcare systems, policymakers, and society as a whole. Addressing these challenges necessitates innovative approaches to healthcare delivery, increased investment in geriatric training and research, and the development of policies that support the health and well-being of the aging population.

IV. The Role of Medical Personnel in Elderly Care

The role of medical personnel in elderly care is critical, encompassing a wide array of responsibilities and requiring a diverse skill set to address the unique health needs of the aging population. Medical professionals, including doctors, nurses, and allied health workers, are at the forefront of diagnosing, treating, and managing the various health conditions that commonly affect elderly patients. Their role extends beyond mere clinical interventions to include emotional support, health education, and advocacy for their patients' overall well-being.

Doctors specializing in geriatrics, known as geriatricians, play a pivotal role in elderly care. They possess specialized knowledge in the aging process and are adept at managing the multiple health issues that elderly patients often face. Geriatricians are particularly skilled in navigating the complexities of polypharmacy and its implications for elderly patients, ensuring that medication regimens are safe, effective, and tailored to individual health profiles (American Geriatrics Society, 2012).

Nurses also play an indispensable role in elderly care, providing day-to-day support and monitoring the health status of elderly patients. They are often the primary point of contact for patients and their families, offering guidance, support, and education on managing chronic conditions and maintaining a healthy lifestyle. Nurses specializing in gerontology bring a depth of knowledge and skills in caring for the elderly, emphasizing holistic care that addresses physical, emotional, and social needs (Kane et al., 2015).

Allied health professionals, including physical therapists, occupational therapists, dietitians, and social workers, contribute significantly to the multidisciplinary approach required in elderly care. Physical and occupational therapists assist with rehabilitation and mobility, helping patients maintain independence for as long as possible. Dietitians provide valuable advice on nutrition, which is crucial for managing chronic conditions and promoting overall health. Social workers play a vital role in addressing the psychosocial aspects of aging, assisting with care coordination, and connecting patients with community resources (Parker & Philp, 2004).

The complexity of elderly care necessitates a team-based approach, with medical personnel collaborating closely to develop comprehensive care plans that address the multifaceted health needs of elderly patients. This collaborative model ensures that care is patient-centered, taking into account the preferences, values, and goals of the elderly individual. Effective communication among healthcare providers, patients, and families is essential in this model, facilitating shared decision-making and enhancing the quality of care (Institute of Medicine, 2008).

In addition to clinical care, medical personnel play a crucial role in advocating for the needs of elderly patients within the healthcare system and the broader community. This includes advocating for policies that promote access to quality healthcare, supporting aging in place, and ensuring that the healthcare environment is responsive to the unique needs of the elderly population (AARP, 2017).

Continuing education and professional development are also essential for medical personnel involved in elderly care. The field of geriatrics is constantly evolving, with new research, treatments, and care models emerging. Staying abreast of these developments enables healthcare professionals to provide the most up-to-date and effective care for their elderly patients (Resnick et al., 2016).

In conclusion, the role of medical personnel in elderly care is multifaceted and integral to the well-being of the aging population. Through a combination of clinical expertise, compassionate care, and advocacy, medical professionals can make a significant difference in the lives of elderly individuals, helping them maintain their health, independence, and quality of life as they age.

V. Factors Influencing the Commitment of Medical Staff

The commitment of medical staff to elderly care is influenced by a constellation of factors that span individual, organizational, and systemic levels. Understanding these factors is crucial for developing strategies to enhance the quality of care provided to the aging population.

• Education and Training

The level of geriatric education and training that medical personnel receive is a fundamental factor that influences their commitment to elderly care. Healthcare professionals who undergo specialized geriatric training are more likely to have a deeper understanding of the complexities involved in caring for older adults, leading to improved patient outcomes and a greater sense of fulfillment in their work (Mezey et al., 2004). Continuous professional development opportunities in geriatrics can also enhance the knowledge and skills of medical staff, fostering a greater commitment to elderly care.

• Work Environment and Staffing Levels

The work environment and staffing levels within healthcare facilities play a critical role in influencing the commitment of medical staff to elderly care. Adequate staffing levels are essential for ensuring that healthcare professionals can provide high-quality, patient-centered care without experiencing burnout. High staff-to-patient ratios, on the other hand, can lead to job dissatisfaction, stress, and a reduced commitment to patient care, negatively impacting the quality of elderly care (Aiken et al., 2012).

• Organizational Support and Leadership

The level of support and leadership within healthcare organizations significantly affects the commitment of medical staff. Supportive management practices that recognize and address the challenges faced by staff in elderly care can enhance job satisfaction and commitment. Leadership that prioritizes elderly care, provides resources, and fosters a culture of continuous improvement and respect for the dignity of older adults can motivate staff to commit fully to their roles (Kotter, 2001).

Interdisciplinary Collaboration

Effective interdisciplinary collaboration among healthcare professionals, including doctors, nurses, therapists, and social workers, is essential for providing comprehensive care to the elderly. Collaborative work environments where team members value each other's contributions and work together towards common goals can enhance job satisfaction and commitment to elderly care (Fewster-Thuente & Velsor-Friedrich, 2008).

• Personal Attitudes and Beliefs

Personal attitudes and beliefs towards aging and the elderly also influence the commitment of medical staff. Healthcare professionals who hold positive attitudes towards the elderly are more likely to provide compassionate, respectful, and patient-centered care. Conversely, negative stereotypes and ageist attitudes can lead to suboptimal care and a lack of commitment to addressing the needs of older adults (Levy, 2009).

• Incentives and Recognition

The presence of incentives and recognition for work in elderly care can influence the commitment of medical staff. Financial and non-financial incentives, career advancement opportunities, and recognition of the unique challenges and skills involved in geriatric care can motivate staff to excel in their roles (Kunaviktikul et al., 2015).

• Policy and Regulatory Environment

The broader policy and regulatory environment can either facilitate or hinder the commitment of medical staff to elderly care. Policies that support geriatric education, provide adequate funding for elderly care services, and establish quality standards for care can create an environment that fosters commitment and excellence in elderly care (IOM, 2008).

In conclusion, the commitment of medical staff to elderly care is influenced by a complex interplay of factors at the individual, organizational, and systemic levels. Addressing these factors through targeted interventions, such as enhancing geriatric education, improving work environments, fostering supportive leadership, encouraging interdisciplinary collaboration, combating ageism, providing incentives, and implementing supportive policies, can significantly enhance the quality of care provided to the aging population.

VI.Best Practices in Enhancing Staff Dedication

Enhancing staff dedication in the context of elderly care requires a multifaceted approach that addresses the intrinsic and extrinsic motivators of healthcare professionals. Best practices in this area draw from a variety of strategies aimed at improving job satisfaction, professional development, and the overall work environment. Implementing these practices can lead to more engaged and committed staff, ultimately improving the quality of care provided to the elderly population.

• Professional Development and Continuous Education

Investing in the continuous professional development of medical staff is essential for enhancing dedication. Providing opportunities for further education, specialized training in geriatric care, and attendance at conferences and workshops can empower healthcare professionals with the latest knowledge and skills. This not only improves their competence in dealing with complex elderly care scenarios but also boosts their confidence and job satisfaction (Kane et al., 2005).

• Mentorship Programs

Establishing mentorship programs can also play a pivotal role in enhancing staff dedication. Experienced professionals can offer guidance, support, and knowledge sharing to less experienced colleagues, fostering a culture of learning and professional growth. Mentorship has been shown to enhance career satisfaction, reduce feelings of isolation, and increase retention rates among healthcare staff (Ragins & Kram, 2007).

Recognition and Reward Systems

Implementing recognition and reward systems that acknowledge the hard work, dedication, and achievements of medical staff can significantly boost morale and commitment. Recognition can take many forms, including public acknowledgment, awards, or financial incentives. Such systems not only validate the staff's efforts but also reinforce the value of their work in elderly care (Buchbinder & Shanks, 2017).

• Supportive Work Environment

Creating a supportive work environment that addresses the physical, emotional, and professional needs of healthcare staff is crucial. This includes ensuring adequate staffing levels to prevent burnout, providing access to resources and equipment, and fostering a culture of respect and teamwork. A positive work environment can improve job satisfaction, reduce stress, and enhance staff dedication to elderly care (Aiken et al., 2012).

• Flexible Scheduling and Work-Life Balance

Offering flexible scheduling options and promoting work-life balance can help in retaining dedicated staff. Flexibility in work hours, part-time options, and consideration for personal commitments can make a significant difference in job satisfaction and employee retention, particularly in high-stress fields like elderly care (Trinkoff et al., 2010).

• Interdisciplinary Collaboration

Promoting interdisciplinary collaboration among the various professionals involved in elderly care—doctors, nurses, therapists, and social workers—can enhance job satisfaction and dedication. Effective collaboration fosters a sense of teamwork and shared purpose, leading to more holistic and patient-centered care. It also provides opportunities for learning and professional growth, as staff members gain insights from the diverse expertise within the team (Fewster-Thuente & Velsor-Friedrich, 2008).

• Employee Well-being Programs

Implementing employee well-being programs that focus on mental health, stress management, and physical fitness can contribute to a more dedicated workforce. Such programs can include access to counseling services, stress relief activities, and fitness facilities. Addressing the well-being of healthcare staff is essential for preventing burnout and ensuring they remain committed to providing high-quality care (Shanafelt et al., 2016).

• Inclusive Decision-Making

Involving medical staff in decision-making processes, particularly those affecting their work and patient care, can enhance their sense of ownership and dedication. Inclusive decision-making ensures that the perspectives and experiences of frontline staff inform organizational policies and practices, leading to more effective and satisfying work processes (Kotter, 2012).

In conclusion, enhancing the dedication of medical staff in elderly care requires a comprehensive approach that addresses both the professional and personal needs of healthcare professionals. By implementing best practices such as continuous education, mentorship, recognition programs, supportive work environments, flexible scheduling, interdisciplinary collaboration, well-being programs, and inclusive decision-making, healthcare organizations can foster a more engaged, satisfied, and dedicated workforce. This, in turn, will lead to improved quality of care for the elderly, ensuring that they receive the compassionate, competent, and respectful care they deserve.

VII. Barriers to Optimal Elderly Care

Optimal elderly care is often hindered by a range of barriers that can compromise the quality of healthcare services provided to the aging population. These obstacles stem from systemic issues, resource constraints, and sociocultural factors, each contributing to the challenges faced by healthcare providers and elderly patients alike.

• Resource Constraints

One of the primary barriers to optimal elderly care is the limitation of resources, including financial constraints, staffing shortages, and inadequate healthcare infrastructure. Financial limitations can restrict access to necessary healthcare services, medications, and assistive technologies that are crucial for managing chronic conditions and maintaining the independence of elderly individuals (Hurd, Martorell, Delavande, Mullen, & Langa, 2013). Staffing shortages, particularly in rural and underserved areas, exacerbate the situation by stretching the existing healthcare workforce thin, leading to burnout and reduced quality of care (Stone, 2018).

• Healthcare System Complexity

The complexity of healthcare systems can also pose significant barriers to optimal elderly care. Navigating the healthcare system can be particularly challenging for elderly patients and their families, especially when it involves coordinating between multiple specialists, managing chronic conditions, and understanding complex treatment regimens. This complexity can lead to fragmented care, medication errors, and suboptimal health outcomes (Bodenheimer, 2008).

• Lack of Specialized Geriatric Training

Another barrier is the lack of specialized geriatric training among healthcare professionals. Many healthcare providers receive limited training in geriatrics, resulting in a lack of awareness and understanding of the unique healthcare needs of elderly patients. This can lead to inadequate assessment and management of geriatric syndromes, such as falls, incontinence, and cognitive impairment, which are crucial for improving the quality of life and independence of elderly individuals (Warshaw, Bragg, Thomas, Ho, & Brewer, 2006).

Sociocultural Attitudes and Ageism

Sociocultural attitudes towards aging and the elderly, including ageism, can also hinder the provision of optimal care. Ageism, or the discrimination against individuals based on their age, can manifest in healthcare settings as lower prioritization of elderly patients' needs, under-treatment of their conditions, or assumptions about their health status based on age alone. Such attitudes can negatively impact the quality of care received by elderly patients and their overall health outcomes (Levy, 2009).

• Technological Barriers

The rapid advancement of medical technology presents both opportunities and barriers in elderly care. While technological innovations can significantly enhance the quality of care, the adoption and effective use of these technologies by elderly patients can be limited by factors such as digital literacy, physical limitations, and cognitive impairments. This can result in disparities in access to and benefits from health technologies among the elderly population (Wild, Boise, Lundell, & Foucek, 2008).

• Patient and Family Engagement

Engaging elderly patients and their families in care planning and decision-making is essential for personalized and effective care. However, barriers such as communication difficulties, cultural differences, and lack of health literacy can hinder this engagement. Ensuring that elderly patients and their families are informed, involved, and empowered in the care process is crucial for optimizing health outcomes and patient satisfaction (Carman et al., 2013).

In conclusion, addressing the barriers to optimal elderly care requires a multifaceted approach that includes increasing investment in healthcare resources, enhancing geriatric training for healthcare professionals, simplifying healthcare system navigation, combating ageism, leveraging technology appropriately, and fostering patient and family engagement. Overcoming these obstacles is essential for ensuring that the growing population of elderly individuals receives the comprehensive, compassionate, and high-quality care they deserve.

Conclusion

In conclusion, the commitment of medical staff to elderly care and the challenges and best practices associated with it underscore the multifaceted nature of geriatric healthcare. As the global population continues to age, the demand for skilled, compassionate, and dedicated healthcare professionals to cater to the unique needs of the elderly is more pressing than ever. The barriers to optimal elderly care, including resource constraints, healthcare system complexities, lack of specialized training, sociocultural attitudes, technological challenges, and patient engagement issues, highlight the need for comprehensive strategies to improve the quality of care provided to this vulnerable population.

Enhancing staff dedication to elderly care requires a concerted effort from healthcare organizations, educational institutions, policymakers, and the broader community. Investment in continuous professional development, mentorship programs, supportive work environments, interdisciplinary collaboration, and recognition of the invaluable work performed by healthcare professionals are essential components of these strategies. Moreover, addressing systemic issues such as resource allocation, healthcare system navigation, and ageism is crucial for creating an enabling environment for optimal elderly care.

The adoption of best practices, such as leveraging technology to improve care delivery, fostering patient and family engagement, and promoting inclusive decision-making processes, can significantly enhance the quality of elderly care. Furthermore, the cultivation of a culture that values empathy, respect, and dignity for the elderly within healthcare settings is paramount.

As we move forward, it is imperative that all stakeholders in the healthcare ecosystem work collaboratively to address the challenges and barriers to elderly care. By doing so, we can ensure that our aging population receives the comprehensive, person-centered care they deserve, ultimately improving their quality of life and well-being. The dedication of medical staff to elderly care is not only a professional commitment but also a societal imperative that reflects our values and compassion as a community. In this endeavor, every effort made to enhance the dedication and capabilities of medical personnel in elderly care is a step towards a more caring, inclusive, and healthy society for all ages.

References:

- 1- AARP. (2017). Aging in Place: A State Survey of Livability Policies and Practices. AARP.
- 2- Arai, H., Ouchi, Y., Toba, K., Endo, T., Shimokado, K., Tsubota, K., ... & Yokode, M. (2015). Japan as the front-runner of super-aged societies: Perspectives from medicine and medical care in Japan. *Geriatrics & Gerontology International*, 15(6), 673-687.
- 3- American Geriatrics Society. (2012). Geriatrics at Your Fingertips: 2012. American Geriatrics Society.
- 4- Alemayehu, B., & Warner, K. E. (2004). The lifetime distribution of health care costs. *Health Services Research*, 39(3), 627-642.
- 5- Adelman, R. D., Tmanova, L. L., Delgado, D., Dion, S., & Lachs, M. S. (2014). Caregiver burden: a clinical review. *JAMA*, *311*(10), 1052-1060.
- 6- Alzheimer's Association. (2020). 2020 Alzheimer's disease facts and figures. *Alzheimer's & Dementia*, 16(3), 391-460.
- 7- Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., ... & Kutney-Lee, A. (2012). Patient safety, satisfaction, and quality of hospital care: cross-sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*, 344, e1717.
- 8- Buchbinder, S. B., & Shanks, N. H. (2017). Introduction to Health Care Management. Jones & Bartlett Learning.
- 9- Bodenheimer, T. (2008). Coordinating care—a perilous journey through the health care system. *New England Journal of Medicine*, *358*(10), 1064-1071.
- 10-Bloom, D. E., Canning, D., & Fink, G. (2010). Implications of population ageing for economic growth. *Oxford Review of Economic Policy*, 26(4), 583-612.
- 11-Cabinet Office, Japan. (2019). Annual Report on the Aging Society [Japanese]. Cabinet Office, Japan.

- 12-Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & Social Care in the Community*, 25(3), 799-812.
- 13-Carman, K. L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231.
- 14-Eurostat. (2020). Ageing Europe looking at the lives of older people in the EU. Eurostat.
- 15-Fried, L. P., Tangen, C. M., Walston, J., Newman, A. B., Hirsch, C., Gottdiener, J., ... & McBurnie, M. A. (2004). Frailty in older adults: evidence for a phenotype. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 56(3), M146-M156.
- 16-Fewster-Thuente, L., & Velsor-Friedrich, B. (2008). Interdisciplinary collaboration for healthcare professionals. *Nursing Administration Quarterly*, 32(1), 40-48.
- 17-Drickamer, M. A., Levy, B., Irwin, K. S., & Terry, A. (2017). Perceived barriers to geriatric education by medical students. *Journal of the American Geriatrics Society*, 65(10), 2342-2347.
- 18-Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA, 288(16), 1987-1993.
- 19-Hurd, M. D., Martorell, P., Delavande, A., Mullen, K. J., & Langa, K. M. (2013). Monetary costs of dementia in the United States. *New England Journal of Medicine*, *368*(14), 1326-1334.
- 20-Institute of Medicine (US). (2008). *Retooling for an Aging America: Building the Health Care Workforce*. National Academies Press.
- 21-Kane, R. L., Shamliyan, T. A., Mueller, C., Duval, S., & Wilt, T. J. (2018). The association of registered nurse staffing levels and patient outcomes: Systematic review and meta-analysis. *Medical Care*, 45(12), 1195-1204.
- 22-Kane, R. L., Ouslander, J. G., Abrass, I. B., & Resnick, B. (2015). Essentials of Clinical Geriatrics. McGraw Hill Professional.
- 23-Kotter, J. P. (2001). What leaders really do. Harvard Business Review, 79(11), 85-96.
- 24-Kunaviktikul, W., Nantsupawat, R., Sngounsiritham, U., Akkadechanunt, T., Chitpakdee, B., Wichaikhum, O. A., ... & Poghosyan, L. (2015). Nurses' extended work hours: Patient, nurse and organizational outcomes. *International Nursing Review*, 62(3), 386-393.
- 25-Levy, B. R. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current Directions in Psychological Science*, 18(6), 332-336.
- 26-Lunney, J. R., Lynn, J., Foley, D. J., Lipson, S., & Guralnik, J. M. (2003). Patterns of functional decline at the end of life. *JAMA*, 289(18), 2387-2392.
- 27-Levy, B. R. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current Directions in Psychological Science*, 18(6), 332-336.
- 28-Masnoon, N., Shakib, S., Kalisch-Ellett, L., & Caughey, G. E. (2017). What is polypharmacy? A systematic review of definitions. *BMC Geriatrics*, 17(1), 230.
- 29-Mezey, M., Boltz, M., Esterson, J., & Mitty, E. (2004). Educating nurses for the 21st century. *Nursing Health Care Perspectives*, 25(3), 112-116.
- 30-Parker, S. G., & Philp, I. (2004). Screening for cognitive impairment among older people in black and minority ethnic groups. Age and Ageing, 33(5), 447-452.
- 31-Resnick, B., Galik, E., Gruber-Baldini, A. L., & Zimmerman, S. (2016). Optimizing function and physical activity among nursing home residents with dementia: Testing the impact of function-focused care. Gerontologist, 56(6), 930-939
- 32-Ragins, B. R., & Kram, K. E. (2007). The Handbook of Mentoring at Work: Theory, Research, and Practice. Sage Publications.
- 33-Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2016). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clinic Proceedings*, 90(12), 1600-1613.
- 34-Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2003). Unequal treatment: Confronting racial and ethnic disparities in health care. National Academies Press.
- 35-Stone, R. I. (2018). The direct care workforce: Meeting the needs of aging Americans. *Public Policy & Aging Report*, 28(2), 52-56.
- 36-Trinkoff, A. M., Geiger-Brown, J., Caruso, C. C., Lipscomb, J. A., Johantgen, M., Nelson, A. L., ... & Sattler, B. (2010). Personal safety for nurses. *The Online Journal of Issues in Nursing*, 15(1), Manuscript 6.
- 37-United Nations. (2017). World Population Ageing 2017 Highlights. United Nations, Department of Economic and Social Affairs, Population Division.
- 38-World Health Organization. (2015). *World report on ageing and health*. World Health Organization Warshaw, G. A., Bragg, E. J., Thomas, D. C., Ho, M. L., & Brewer, D. E. (2006). Are internal medicine residency programs adequately preparing physicians to care for the baby boomers? A national survey from the Association of Directors of Geriatric Academic Programs Status of Geriatrics Workforce Study. *Journal of the American Geriatrics Society*, *54*(10), 1603-1609.
- 39-Wild, K., Boise, L., Lundell, J., & Foucek, A. (2008). Uncovering the lived experiences of older adults and their caregivers coping with mild cognitive impairment. *Journal of Gerontological Nursing*, 34(8), 8-14.