

## Policy Gaps and Educational Needs for Gerontological Nursing in Nepal: Evidence from Secondary Data on Aging Health Policies

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### Abstract

Nepal is undergoing a demographic transition, with an increasing percentage of its population entering the senior age category, putting a strain on the healthcare system. Gerontological nursing is a specialized branch of nursing care and is under developed in the country and concerns have been raised about the readiness of the nursing workforce to serve the emerging needs of older people. To identify policy gaps and evaluate the educational needs for gerontological nursing in Nepal, this study will use secondary analysis of the current Nepal national health policies, strategic documents and reports. Content analysis of documents from the Ministry of Health and Population, international health organisations and peer-reviewed literature is used to map the current state of geriatric care and the development of the nursing workforce, with a view to filling gaps in the policies. Documents from the Ministry of Health and Population, international health organisations, and peer-reviewed literature are analysed using content analysis with a view to filling gaps in policies concerning geriatric care and the development of the nursing workforce. The findings indicated that, although several policies are in place in Nepal to address the elderly population, there is a lack of specific policy guidance on gerontological nursing education, curriculum development and capacity building. Current systems tend to focus on overall provision of health services for older people and fail to incorporate structured initiatives to develop geriatric skills in nurses. The study highlights the importance of targeted educational programs, policy changes, and the integration of gerontology-related modules into nursing education to enhance the healthcare workforce by addressing the specific needs of older adults. It is very important to fill these gaps to ensure that nurses are well equipped to offer comprehensive, age-appropriate care and to meet the changing healthcare requirements of the aging population in Nepal. This study provides practical policy suggestions for health policymakers, teachers and health providers to improve gerontological nursing services and health outcomes of older people in Nepal.

**Keywords:** Gerontological nursing, aging population, health policy analysis, geriatric nursing

### Introduction

The population ageing phenomenon is one of the most important demographic changes of the twenty first century as a consequence of public health and nutrition improvements, lower birth rates and higher life expectancy. The World Health Organization (WHO) projects that the global population aged 60 years and above will reach 2.1 billion by 2050, nearly doubling from 2020 levels. This transition will pose significant challenges for health systems, especially in low-

In low and middle-income countries where healthcare infrastructure and human resource capacity is inadequate to address the rising complexity of the demands of ageing populations (Chalise 2023).

The aging process is associated with a growing burden of chronic diseases, multimorbidity, functional decline, cognitive impairment, and long-term care needs. Consequently, older adults require comprehensive, person-centered, and

multidisciplinary healthcare approaches that extend beyond acute care. Nurses, as the largest segment of the healthcare workforce, play a central role in promoting healthy aging, managing chronic conditions, facilitating rehabilitation, coordinating care, and enhancing quality of life. In this context, gerontological nursing has emerged as a critical specialty area.

Gerontological nursing focuses on the promotion of health and well-being among older adults through prevention, assessment, treatment, rehabilitation, and end-of-life care. Evidence indicates that nurses with specialized gerontological training are better equipped to manage age-related conditions, support functional independence, and improve health outcomes. Accordingly, many developed countries have integrated gerontological competencies into nursing curricula and continuing professional development programs to enhance workforce readiness (Acharya et al., 2023).

In South Asia, rapid demographic transitions are occurring without proportional advancements in geriatric healthcare services and workforce development. Nepal exemplifies this trend. Although historically characterized by a young population, the country has experienced notable demographic changes in recent decades. Data from the National Population and Housing Census 2021 indicate a steady increase in the proportion of older adults, driven by declining fertility and rising life expectancy. This trend is expected to continue, intensifying demand for age-specific healthcare services (Briceño, 2023).

The health profile of older adults in Nepal is increasingly dominated by non-communicable diseases, including cardiovascular diseases, diabetes, musculoskeletal disorders, chronic respiratory conditions, kidney diseases, and neurodegenerative disorders. Emerging evidence also highlights dementia and Alzheimer's disease as growing public health concerns. Simultaneously, traditional family-based caregiving systems are weakening due to urbanization, labor migration, and changing family structures. As a result, older adults are

becoming more reliant on formal healthcare services and institutional care systems, which remain underdeveloped (Dhakal, 2024).

In response, the Government of Nepal has introduced several policy initiatives, including the Senior Citizens Act 2006 and the National Health Policy 2019, alongside social protection programs aimed at improving the welfare of older adults. While these policies represent important progress, evidence suggests that implementation remains inconsistent and that significant gaps persist in service delivery, financing, workforce development, and long-term care systems (Acharya et al., 2023).

A critical yet underexplored issue is the preparedness of the nursing workforce to meet the needs of an aging population. Studies among undergraduate nursing students in Nepal reveal considerable variation in knowledge of aging, attitudes toward older adults, and willingness to work in geriatric care settings (Ghimire, 2019). Although attitudes are generally positive, knowledge of gerontological care remains limited, raising concerns about the readiness of future nurses to provide evidence-based care for older adults (Mahato, 2023).

Beyond education, systemic challenges persist. Reviews of Nepal's healthcare system highlight a shortage of professionals with geriatric expertise, including nurses trained in gerontological care. Additionally, the absence of a comprehensive long-term care framework, specialized geriatric services, and strategic workforce planning creates a disconnect between policy intentions and healthcare capacity (Dhakal, 2024).

Despite increasing recognition of population aging, Nepal's policy responses have largely emphasized social protection and general healthcare access, with limited focus on workforce development. Gerontological nursing, in particular, has received minimal explicit attention within national health policies and strategic frameworks (Acharya et al., 2023). This lack of integration has implications for

curriculum development, professional training, and healthcare quality.

Existing literature has explored various dimensions of aging in Nepal, including disease burden, healthcare utilization, caregiver challenges, and nursing students' attitudes (Mahato, 2023; Dhakal, 2024; Karki, 2021). However, limited research has examined the intersection of aging policies and gerontological nursing education. Most analyses focus on demographic and health system issues, with insufficient attention to whether policy frameworks adequately support the development of a gerontologically competent nursing workforce. This gap is significant because policy frameworks shape educational priorities, workforce planning, and resource allocation. Without explicit policy support, nursing education systems may struggle to produce graduates equipped to address the complex needs of older adults. Therefore, a systematic examination of aging-related health policies from a gerontological nursing perspective is essential to identify existing gaps and inform future reforms.

This study argues that although Nepal has made important policy commitments toward addressing population aging, current health policies inadequately address the development of a gerontologically competent nursing workforce. The limited integration of gerontological nursing within policy frameworks contributes to gaps in workforce preparedness and quality of elderly care. Strengthening policy support for gerontological nursing education is thus essential for ensuring an effective and sustainable healthcare response. The study is guided by the following objectives:

1. To examine the extent to which existing aging-related health policies in Nepal address gerontological nursing and workforce development.
2. To identify policy gaps affecting the preparation and capacity of nurses to provide comprehensive care for older adults.

3. To propose educational and policy recommendations for strengthening gerontological nursing education and practice in Nepal.

This research contributes to the limited body of policy-focused literature on gerontological nursing in Nepal. The findings will support policymakers in aligning aging policies with workforce development needs, assist educators in strengthening curricula, and inform healthcare administrators and professional bodies in improving geriatric care services. Ultimately, enhancing the integration of policy and education can improve care quality and health outcomes for Nepal's growing older population.

## Literature Review

### *Global Trends in Population Aging and Healthcare System Responses*

Population aging represents one of the most profound demographic transformations of the twenty-first century, with significant implications for healthcare systems worldwide. The World Health Organization reports that older adults face complex health challenges including multimorbidity, functional limitations, and chronic disease burden requiring comprehensive, person-centered care approaches (WHO, 2025). This demographic shift is driven by declining fertility rates, improved nutrition, advances in public health, and increased life expectancy across both developed and developing nations.

Low- and middle-income countries (LMICs) face particular challenges in responding to population aging. These countries are experiencing rapid demographic transitions without corresponding improvements in geriatric healthcare infrastructure or workforce capacity. Research indicates that LMICs will house the majority of older adults by 2050, yet many lack formal long-term care systems and skilled geriatric workforces. The absence of structured LTC systems shifts care costs to families and communities, placing economic pressure on

households and limiting women's participation in formal employment (Barber, 2024).

### ***Health Conditions Among Older Adults in Nepal***

The health profile of older adults in Nepal is increasingly dominated by non-communicable diseases (NCDs). Studies report high prevalence of cardiovascular disorders (46%), diabetes, musculoskeletal conditions (34.3%), chronic respiratory diseases, and kidney diseases among Nepal's aging population (Shrestha et al., 2023). Neurodegenerative disorders, particularly dementia and Alzheimer's disease, represent emerging public health concerns. Current estimates suggest over 135,000 people in Nepal live with dementia, though national prevalence data remains limited (Sapkota et al., 2025).

Risk factor profiles in dementia patients at tertiary care hospitals reveal that dementia is attributable to 12 known risk factors in 40% of cases. This suggests potential for preventive interventions targeting modifiable risk factors (Dhungle et al., 2025). Community-based screening studies show dementia prevalence of 8.8% to 10.7% among people aged  $\geq 60$  years, with higher frequency in  $\geq 75$  age groups and those with physical illness or sensory impairments.

### ***Caregiving Systems and Family Support Structures***

Traditional family-based caregiving systems in Nepal are undergoing significant transformation due to urbanization, international migration, and changing family structures. Studies document that nuclear families are replacing joint/extended family systems, resulting in older adults becoming increasingly dependent on formal healthcare services (Khanal & Chalise, 2020). International migration of offspring creates a "care gap," where families are absent when seniors are most vulnerable physically or emotionally (Mishra et al., 2025).

Research on caregiver burden among informal caregivers of rural older persons in Nepal reveals substantial challenges. Nearly half of caregivers report little or no burden, yet 15.5% experience severe burden involving personal strain and role strain. Caregivers in nuclear families are more likely to experience higher burden levels compared to those in joint families (Khanal & Chalise, 2020). These findings highlight the urgent need for targeted support and counseling services to assist caregivers and reduce overall burden. Coping strategies and adaptive skills help reduce perceived caregiver burden among families of frail elderly with mental disorders. Adaptive coping skills including problem-solving, emotional regulation, and seeking social support significantly mitigate caregiver stress (Rath et al., 2026).

### ***Healthcare Utilization and Access Among Older Adults***

Healthcare utilization patterns among Nepali older adults demonstrate significant inequities. Research indicates that only eight out of ten senior citizens utilized health services in the past year, with substantial proportions not accessing services requiring further intervention (Shrestha et al., 2023). Factors associated with healthcare utilization include age, ethnicity, residency, household income, family support, presence of chronic diseases, and medication status.

Studies examining horizontal and vertical equity in healthcare utilization reveal pro-rich inequity. The concentration curve for healthcare utilization lies below the line of equity, indicating that utilization is concentrated among richer individuals. More than one-third of participants had not visited a health facility in the prior 12 months, and 90% did not know about the government's free health service for older adults (Ghimire et al., 2022). If Nepal is to achieve universal health care goals, these inequities must be addressed through policy interventions.

### ***Gerontological Nursing Education and Competencies Globally***

International evidence demonstrates that nurses with specialized gerontological training are better equipped to manage age-related conditions, support functional independence, and improve health outcomes among older populations. Many developed countries have integrated gerontological competencies into nursing curricula and continuing professional development programs. European gerontological higher education programs show strong agreement on major competency components at the undergraduate level, including professional attitude, communication skills, and service provision (Schoenmakers et al., 2017).

Research on gerontological care in nursing education programmes reveals variability in curriculum coverage. While most programmes integrate gerontology content into non-gerontology courses and offer clinical placements, barriers include lack of interest in gerontological care, insufficient competencies within curricula, and negative images of gerontological nursing (Deschodt et al., 2010). A minimum standard curriculum and specific competencies for care of older people should be formulated for all baccalaureate nursing education programmes. Studies examining nursing students' competence profiles in gerontological nursing indicate that gerontological-related competencies are identified in only two nursing programmes out of 40 surveyed. The most significant factor inhibiting gerontological nursing curriculum development is the negative image of gerontological nursing (44.4%) (Santos et al., 2021). Thirteen schools reported needing help to strengthen gerontological content, demonstrating widespread curriculum gaps.

Gerontological nursing competencies scoping reviews identify professional attitude, communication skills, service provision, and advocacy as core competency domains essential for quality care of older adults Tohmola et al., 2022. These competencies must be systematically integrated into nursing curricula worldwide.

### ***Nursing Workforce Preparedness in Nepal***

Although nursing students generally demonstrate positive attitudes toward older adults, their knowledge of aging-related issues remains limited and often insufficient for addressing complex healthcare needs. This raises concerns regarding preparedness of future nurses to provide evidence-based geriatric care. The knowledge and attitude of Nepalese nursing students towards dementia research shows overall mean ADKS score of 19.64 out of 30, with positive relationship established between knowledge and attitude scores.

### ***Healthcare System Challenges and Workforce Shortages***

Reviews of Nepal's healthcare system identify a shortage of healthcare professionals with specialized geriatric expertise, including nurses trained in gerontological care. The country lacks a comprehensive long-term care framework, specialized geriatric services, and systematic workforce planning mechanisms to address future demographic demands. Geriatric health services in Nepal have expanded to 67 public hospitals providing geriatric-friendly services, yet significant challenges persist including limited geriatric services, inadequate trained workforce, and weak screening and early detection systems (Mishra et al., 2025).

Research indicates that economic constraints limit financial resources to implement existing geriatric health policies, build appropriate care facilities, and improve access and utilization. The current hospital-centric model fails to deliver care to the most vulnerable populations, particularly in rural areas where private sector services are non-existent or expensive (Mishra et al., 2025). A paradigm shift toward home-based care and community-level health services is essential for ensuring equity.

### ***Policy Frameworks and Implementation Gaps in Nepal***

The Government of Nepal has introduced several policy initiatives aimed at improving older adults' welfare and health. Legislative instruments include the Senior Citizens Act 2063

(2006), which makes provisions for protection and social security of senior citizens (Government of Nepal, 2006). The National Health Policy 2076 (2019) and Geriatric Health Service Strategy 2078–2086 (2021–2030) represent important milestones acknowledging senior citizens' rights and healthcare needs.

However, economic constraints limit the government's capacity to fully implement existing policies and build appropriate infrastructure for aging populations (NHSSP, 2022). The Geriatric Health Service Strategy includes provisions for complimentary healthcare for vulnerable seniors aged 65+ and all seniors aged 70+, yet implementation capacity remains limited.

### ***Dementia Care Landscape and Policy Needs***

The dementia care landscape in Nepal underscores urgent need for comprehensive national dementia care planning. Key priority action areas include integration of dementia care into primary health services, development of community-based support programs, and capacity building for healthcare professionals (Dhungel et al., 2024). The absence of robust nationally representative epidemiological studies on dementia hampers development of evidence-based plans and policies.

### ***Long-Term Care Systems and Financing Challenges***

Financing long-term care presents significant challenges in LMICs. Only 38.6% and 23.2% of older persons in low- and middle-income countries respectively enjoy effective pension coverage, limiting financial capacity to access formal care services (ILO, 2013). Without formal LTC systems, older people seek care where no alternatives exist, increasing healthcare costs and offering suboptimal care. Investments in formal LTC are needed to ensure older people access needed services without falling into financial hardship (Barber, 2024).

Long-term care expenditure in OECD countries accounted for slightly over 1% of GDP in 2005 but is projected to reach 2–4% of GDP by 2050. Spending on LTC as share of GDP rises with population over 80 years old, expected to triple from 4% to 11–12% between 2005–2050 (Oliveira Martins et al., 2006). These projections underscore the urgency of developing sustainable financing mechanisms for LTC in aging societies.

### ***Gap in Literature: Policy-Nursing Education Intersection***

Existing literature has explored various dimensions of aging in Nepal, including disease burden, healthcare utilization, caregiver challenges, and nursing students' attitudes. However, limited research examines the intersection between aging health policies and gerontological nursing education. Most policy analyses focus on healthcare access, social security, and demographic trends, while few studies critically assess whether existing policy frameworks adequately support development of gerontologically competent nursing workforce.

This gap is particularly significant because policy frameworks influence educational priorities, curriculum development, workforce planning, and resource allocation. Without explicit policy support for gerontological nursing education, healthcare systems may struggle to produce nurses equipped with competencies required to care for growing numbers of older adults. Consequently, lack of integration between aging policies and nursing education represents a critical but insufficiently explored issue within Nepal's healthcare landscape.

### ***Methodology***

This study employed a qualitative secondary data analysis using a policy analysis framework to examine aging-related health policies in Nepal from a gerontological nursing perspective. The research utilized document analysis of national policy documents, strategic frameworks, and secondary literature to identify policy gaps and educational needs affecting the nursing workforce. This approach was

appropriate given the exploratory nature of the research question and the limited existing literature on policy-nursing education integration in Nepal.

Secondary data were collected from three primary sources. First, policy documents and legislative instruments included the Senior Citizens Act 2063 (2006), National Health Policy 2076 (2019), Geriatric Health Service Strategy 2078/79 to 2086/87 (2021–2030), National Population and Housing Census 2021, and Nepal Health Sector Support Programme reports. Second, peer-reviewed literature comprised published journal articles on aging, gerontological nursing, and healthcare policies in Nepal from 2019 to 2025, studies on nursing students' knowledge and attitudes toward geriatric care, and research on healthcare utilization and disease burden among older adults. Third, institutional reports included World Health Organization publications on population aging and long-term care, International Labour Organization documents on LTC financing, and Nepal Health Research Council materials on geriatric health services.

Policy documents were obtained from official government websites including the Ministry of Health and Population and NHSSP portals, as well as legislative databases. Academic literature was retrieved through Google Scholar, PubMed, and Web of Science using search terms including "gerontological nursing Nepal," "aging health policies Nepal," "nursing education geriatrics," "long-term care Nepal," and "dementia care policy." A total of 28 documents were included in the analysis, comprising 6 policy documents, 18 peer-reviewed articles, and 4 institutional reports. Documents were selected based on their relevance to aging policies, gerontological nursing, and workforce development in Nepal.

Document analysis was conducted using a structured coding framework adapted from policy analysis literature. The analysis followed three sequential phases. In the first phase, descriptive coding was applied to policy documents to extract explicit references to

gerontological nursing or elderly care nursing, nursing workforce development, educational requirements for geriatric care, and competency standards for older adult care. The second phase involved thematic analysis, where extracted data were categorized into thematic domains including policy recognition of gerontological nursing, workforce development provisions, educational and training requirements, implementation mechanisms and financing, and long-term care frameworks. The third phase conducted gap analysis by comparing policy content against international gerontological nursing competencies based on European standards, WHO recommendations for aging healthcare systems, and identified educational needs from nursing education research in Nepal.

A policy-education-workforce integration framework was applied to assess the extent of policy attention to gerontological nursing, alignment between policy provisions and educational needs, and presence of implementation mechanisms and resource allocation. This framework enabled systematic evaluation of how aging policies support or fail to support the development of a gerontologically competent nursing workforce.

To ensure validity and reliability, multiple source triangulation was employed whereby policy documents were cross-referenced with implementation reports and empirical studies. Inter-coder verification was conducted by having two researchers independently code 20 percent of documents, achieving 92 percent coding consistency. Transparent documentation was maintained throughout the analysis process, with all coding decisions and analytical steps documented in an audit trail to ensure reproducibility. As a secondary data analysis of publicly available documents, this study did not require ethical approval. All sources were appropriately cited, and no proprietary or confidential data were used in the analysis.

Several limitations warrant acknowledgment. Document availability may be constrained as some policy implementation reports are not publicly accessible. Language

constraints limited analysis to English-language documents, meaning Nepali-language policy documents may contain additional content not captured. Temporal limitations exist because policy documents reflect priorities at the time of publication, and recent amendments may not be captured. The study's dependency on secondary data means findings depend on the accuracy and completeness of existing literature, which may have its own limitations.

## Results and Discussion

### *Policy Recognition of Gerontological Nursing: Limited Explicit Attention*

The analysis of Nepal's aging-related health policies reveals critically limited explicit attention to gerontological nursing as a distinct specialty area. The Senior Citizens Act 2063 (2006) focuses primarily on social security, financial protection, and welfare benefits for older adults, with no mention of nursing workforce development or gerontological nursing competencies. The Act defines senior citizens as individuals aged 60 years or above and establishes rights to maintenance, healthcare, and protection, yet it treats healthcare access as a general entitlement rather than addressing the specialized workforce capacity required to deliver quality elderly care (Government of Nepal, 2006).

The National Health Policy 2076 (2019) demonstrates broader health system considerations but similarly lacks explicit recognition of gerontological nursing. While the policy acknowledges the need for specialized healthcare services for vulnerable populations including older adults, it emphasizes general healthcare access, disease prevention, and health infrastructure development without specifying nursing workforce requirements for geriatric care. The policy's language regarding "specialized services" remains ambiguous, failing to distinguish gerontological nursing from general nursing practice or to establish competency standards for older adult care (Ministry of Health and Population, 2019).

The Geriatric Health Service Strategy 2078/79 to 2086/87 (2021–2030) represents the most comprehensive policy instrument addressing elderly care, yet its attention to nursing remains superficial. The Strategy outlines provisions for complimentary healthcare for vulnerable seniors aged 65+ and all seniors aged 70+, establishes geriatric-friendly services in 67 public hospitals, and identifies needs for screening and early detection of age-related conditions (NHSSP, 2022). However, the Strategy's workforce development section focuses predominantly on increasing the number of healthcare professionals generally rather than specifying gerontological nursing competencies, educational requirements, or specialized training programs. The Strategy mentions "trained workforce" as a priority but does not define what training entails for nurses caring for older adults or establish minimum competency standards.

This lack of explicit policy recognition for gerontological nursing contrasts sharply with international standards. European gerontological higher education programs demonstrate strong agreement on core competency components at the undergraduate level, including professional attitude, communication skills, service provision, and advocacy (Vincens et al., 2017). The WHO recommends that healthcare systems responding to population aging should integrate gerontological competencies into nursing curricula and continuing professional development programs. Nepal's policies fail to align with these international recommendations, creating a fundamental gap between policy aspirations and workforce development requirements.

### *Workforce Development Provisions: Absence of Gerontological Nursing Specificity*

The analysis reveals that workforce development provisions across all examined policies lack specificity regarding gerontological nursing. None of the policy documents establish educational prerequisites for nurses providing geriatric care, define competency standards for older adult care, or mandate specialized training in gerontological nursing. The National Health

Policy mentions "continuous professional development" for healthcare workers but does not specify gerontological content requirements or establish accreditation standards for geriatric nursing education programs.

The Geriatric Health Service Strategy acknowledges workforce shortages in geriatric services but addresses this challenge through general recruitment and training initiatives rather than specialized gerontological nursing programs. The Strategy's workforce section emphasizes increasing the number of doctors, nurses, and health workers in geriatric facilities without distinguishing between general nurses and those with gerontological specialization. This approach fails to address the critical distinction that nurses preparing to care for older adults require specialized knowledge beyond general nursing education, including understanding of multimorbidity, functional decline, cognitive impairment, polypharmacy, and long-term care needs.

Research on nursing students' competence profiles in gerontological nursing internationally indicates that gerontological-related competencies are identified in only two nursing programs out of 40 surveyed, with 44.4 percent of schools reporting that the negative image of gerontological nursing inhibits curriculum development (Santos et al., 2021). The absence of policy mandates for gerontological nursing education in Nepal likely perpetuates similar curriculum gaps. Studies among undergraduate nursing students in Nepal reveal relatively low knowledge scores on older adults and aging (mean 26.9 out of 50 on the Palmore Facts on Aging Quiz), despite generally positive attitudes toward older adults (Ghimire et al., 2019). Without policy-level requirements for gerontological content in nursing curricula, these knowledge deficits will persist in the graduating workforce.

The Geriatric Health Service Strategy's economic constraints limitation further exacerbates workforce development challenges. The Strategy acknowledges that financial resources limit implementation capacity for

existing geriatric health policies, facility construction, and access improvement (NHSSP, 2022). However, the Strategy does not prioritize investment in gerontological nursing education as a cost-effective strategy for improving elderly care quality. International evidence suggests that nurses with specialized gerontological training are better equipped to manage age-related conditions, support functional independence, and improve health outcomes, making gerontological nursing education an investment rather than merely an expenditure (Deschodt et al., 2010).

### *Educational Requirements and Competency Standards: Complete Policy Void*

A critical finding is the complete absence of educational requirements and competency standards for gerontological nursing in Nepal's aging-related health policies. None of the analyzed documents specify minimum educational qualifications for nurses providing geriatric care, establish competency frameworks for older adult care, or mandate continuing education in gerontological nursing. This policy void represents a significant gap compared to international best practices.

European gerontological higher education programs demonstrate consensus on core competency domains including professional attitude toward older adults, effective communication skills with older persons and families, comprehensive service provision including assessment and intervention, and advocacy for older adults' rights and needs (Schoenmakers et al., 2017). Gerontological nursing competencies scoping reviews similarly identify professional attitude, communication skills, service provision, and advocacy as essential competency domains for quality care of older adults (Tohmola et al., 2022). Nepal's policies provide no framework for developing or assessing these competencies among nursing graduates or practicing nurses.

The absence of competency standards has direct implications for nursing education quality. Research on gerontological care in nursing education programs reveals that while

most programs integrate some gerontology content into non-gerontology courses and offer clinical placements, significant barriers include lack of gerontology-related competencies within curricula and negative images of gerontological care (Deschodt et al., 2010). Without policy mandates establishing minimum competency standards, nursing education institutions in Nepal lack guidance on required gerontological content, leading to variable and often inadequate preparation of graduates for elderly care.

The knowledge and attitude of Nepalese nursing students towards dementia research shows an overall mean ADKS (Alzheimer's Disease Knowledge Scale) score of 19.64 out of 30, with a positive relationship between knowledge and attitude scores. While this indicates some baseline knowledge, the score represents only 65.5 percent correctness, suggesting substantial gaps in dementia-related knowledge that specialized gerontological education could address. Without policy requirements for gerontological competency standards, nursing graduates may enter practice with insufficient knowledge to manage complex conditions like dementia that affect over 135,000 people in Nepal (Sapkota et al., 2025).

### ***Implementation Mechanisms and Financing: Weak Policy Infrastructure***

The analysis reveals weak implementation mechanisms and inadequate financing provisions for gerontological nursing across Nepal's aging-related health policies. The Senior Citizens Act establishes rights but lacks implementation guidelines, monitoring mechanisms, or budget allocations for nursing workforce development. The Act does not specify which government body is responsible for implementing healthcare provisions for older adults or establish accountability mechanisms for ensuring quality elderly care.

The National Health Policy includes general health system strengthening provisions but lacks specific implementation strategies for gerontological nursing. The policy does not establish monitoring indicators for nursing

workforce capacity in geriatric care, define timelines for implementing gerontological education programs, or allocate dedicated budget resources for nursing workforce development in elderly care. This absence of implementation infrastructure means that even if policy intentions were favorable, there would be no mechanisms to translate policy into practice.

The Geriatric Health Service Strategy provides more detailed implementation guidance but remains inadequate for gerontological nursing specifically. The Strategy outlines a 10-year timeline (2021–2030) for expanding geriatric services and mentions workforce development as a priority, yet it fails to specify implementation steps for gerontological nursing education, establish monitoring indicators for nursing competency, or allocate dedicated funding for gerontological nursing programs (NHSSP, 2022). The Strategy acknowledges that economic constraints limit financial resources for implementation, yet it does not propose financing mechanisms such as donor partnerships, budget reallocation, or public-private collaboration to address resource gaps for nursing education.

Financing long-term care presents significant challenges in low- and middle-income countries, with only 38.6 percent and 23.2 percent of older persons in low- and middle-income countries respectively enjoying effective pension coverage (ILO, 2013). Without formal LTC systems and dedicated financing for gerontological nursing education, older people in Nepal face barriers accessing quality care. The Strategy's provision for complimentary healthcare for seniors aged 65+ and 70+ does not address the underlying workforce capacity issue: without nurses trained in gerontological care, complimentary access may not translate to quality care. International projections indicate that long-term care expenditure will reach 2-4 percent of GDP by 2050 in aging societies, underscoring the urgency of developing sustainable financing mechanisms (Oliveira Martins et al., 2006). Nepal's policies do not address this financing challenge for gerontological nursing.

### ***Long-Term Care Frameworks: Absence of Nursing Integration***

The analysis reveals that Nepal lacks a comprehensive long-term care framework that integrates gerontological nursing. The Geriatric Health Service Strategy mentions "long-term care" implicitly through provisions for geriatric-friendly hospital services but does not establish a coherent LTC framework specifying nursing roles, competencies, or service delivery models. This absence represents a critical policy gap given that Nepal's aging population increasingly requires long-term care for chronic conditions, functional limitations, and cognitive impairment.

Traditional family-based caregiving systems in Nepal are undergoing significant transformation due to urbanization, international migration, and changing family structures. Nuclear families are replacing joint family systems, resulting in older adults becoming increasingly dependent on formal healthcare services (Khanal & Chalise, 2020). International migration of offspring creates a "care gap" where families are absent when seniors are most vulnerable physically or emotionally (Mishra et al., 2025). These demographic and social changes necessitate formal LTC systems with integrated gerontological nursing, yet Nepal's policies fail to address this need.

Research on caregiver burden among informal caregivers of rural older persons in Nepal reveals that 15.5 percent experience severe burden involving personal strain and role strain, with caregivers in nuclear families reporting higher burden levels (Khanal & Chalise, 2020). Without formal LTC systems incorporating gerontological nursing support, caregivers face overwhelming stress with limited access to professional assistance. Adaptive coping skills help reduce perceived caregiver burden, yet caregivers need access to trained nurses who can provide education, support, and clinical care (Rath et al., 2026). Nepal's absence of LTC frameworks with nursing integration leaves caregivers without this critical support.

The absence of LTC frameworks also affects dementia care, which represents an emerging public health concern with over 135,000 people in Nepal living with dementia (Sapkota et al., 2025). The dementia care landscape in Nepal underscores urgent need for comprehensive national dementia care planning including integration of dementia care into primary health services, development of community-based support programs, and capacity building for healthcare professionals (Dhungal et al., 2024). However, Nepal's policies do not establish LTC frameworks that would support dementia care through nursing services. Community-based screening studies show dementia prevalence of 8.8-10.7 percent among people aged 60+, with higher frequency in those aged 75+ and those with physical illness or sensory impairments (Sapkota et al., 2025). Without LTC frameworks integrating gerontological nursing, these individuals lack access to appropriate care.

### ***Policy Gaps Affecting Nurse Preparation: Systemic Consequences***

The identified policy gaps have systemic consequences for nurse preparation and workforce capacity in Nepal. The absence of explicit policy recognition for gerontological nursing, lack of competency standards, weak implementation mechanisms, and absence of LTC frameworks collectively create an environment where nursing education institutions lack guidance, incentives, and resources to develop gerontological nursing competencies among graduates.

Research indicates that nursing students generally demonstrate positive attitudes toward older adults but possess limited knowledge of aging-related issues insufficient for addressing complex healthcare needs (Mahato, 2023). The mean knowledge score of 26.9 out of 50 on aging facts and ADKS score of 19.64 out of 30 on dementia knowledge indicate substantial preparation gaps (Ghimire et al., 2019; PubMed). These gaps persist because policy frameworks do not mandate gerontological content in nursing curricula or establish competency requirements

for graduation. Without policy mandates, nursing education institutions prioritize general nursing competencies over gerontological specialization, perpetuating workforce inadequacy for aging populations.

The shortage of healthcare professionals with specialized geriatric expertise, including nurses trained in gerontological care, represents a direct consequence of policy gaps (Mishra et al., 2025). Geriatric health services have expanded to 67 public hospitals providing geriatric-friendly services, yet significant challenges persist including inadequate trained workforce (Mishra et al., 2025). Hospitals may have infrastructure for geriatric care but lack nurses with specialized competencies to deliver quality care. This infrastructure-workforce mismatch reduces the effectiveness of geriatric service investments and limits health outcomes for older adults.

Healthcare utilization patterns demonstrate the consequences of workforce inadequacy. Only eight out of ten senior citizens utilized health services in the past year, with substantial proportions not accessing services requiring further intervention (Shrestha et al., 2023). Studies reveal pro-rich inequity in healthcare utilization, with more than one-third of participants not visiting health facilities in the prior 12 months and 90 percent unaware of the government's free health service for older adults (Ghimire et al., 2022). Workforce inadequacy likely contributes to these utilization barriers: even when services are nominally available, lack of trained nurses may reduce service quality, accessibility, or trust, discouraging utilization.

### ***Educational Needs and Policy***

#### ***Recommendations: Evidence-Based Directions***

The analysis identifies critical educational needs for gerontological nursing in Nepal and provides evidence-based policy recommendations. Nursing education programs require mandatory gerontological content covering multimorbidity management, functional assessment, cognitive impairment screening, polypharmacy management, communication with older adults and families, and long-term care

principles. Based on international competency frameworks, curricula should establish minimum standards for professional attitude, communication skills, service provision, and advocacy (Vincens et al., 2017; Tohmola et al., 2022).

Policy recommendations include the following. First, the National Health Policy should be revised to explicitly recognize gerontological nursing as a specialty area, establish competency standards for nurses providing geriatric care, and mandate gerontological content in nursing curricula. Second, the Geriatric Health Service Strategy should develop specific implementation plans for gerontological nursing education including timeline, budget allocation, monitoring indicators, and accountability mechanisms. Third, Nepal should establish a comprehensive long-term care framework integrating gerontological nursing services in community-based and home-based care models. Fourth, the government should allocate dedicated budget resources for gerontological nursing education through partnerships with international organizations, donor agencies, and academic institutions. Fifth, the Nursing Council of Nepal should establish accreditation standards for gerontological nursing education programs and continuing professional development requirements in geriatrics.

International evidence supports these recommendations. Studies show that nurses with specialized gerontological training better manage age-related conditions, support functional independence, and improve health outcomes (Deschodt et al., 2010). European programs demonstrate that minimum standard curricula and specific competencies for older adult care improve graduate preparedness (Schoenmakers et al., 2017). Nepal's policy reforms should align with these international best practices while adapting to local resource constraints and healthcare system characteristics.

### ***Integration Between Aging Policies and Nursing Education: Critical Gap***

The most significant finding is the lack of integration between aging health policies and gerontological nursing education in Nepal. Policy frameworks influence educational priorities, curriculum development, workforce planning, and resource allocation, yet Nepal's aging policies provide no guidance for nursing education related to elderly care. This disconnect represents a critical policy failure with profound implications for healthcare quality for older adults.

Without explicit policy support for gerontological nursing education, healthcare systems struggle to produce nurses equipped with competencies required to care for growing numbers of older adults. The projected increase in Nepal's older adult population, driven by declining fertility and rising life expectancy, will intensify demand for age-specific healthcare services (Briceño, 2023). Current policy gaps ensure that nursing education will not adequately prepare graduates for this demand, creating a workforce preparedness crisis as the population ages. The gap between policy aspirations and healthcare capacity is evident in multiple domains. The Geriatric Health Service Strategy aims to expand geriatric services but lacks workforce development specificity. The National Health Policy emphasizes health system strengthening but omits gerontological nursing. The Senior Citizens Act establishes rights but provides no implementation infrastructure for nursing workforce development. These policy limitations collectively ensure that Nepal's response to population aging will be inadequate unless reforms address nursing education integration.

### ***Implications for Policy Reform and Curriculum Development***

The findings have direct implications for policy reform and curriculum development in Nepal. Policymakers should recognize that aging policies without workforce development provisions, particularly gerontological nursing education, will fail to achieve intended health outcomes for older adults. Policy reforms must explicitly integrate nursing workforce

development into aging Health strategies, establishing clear mandates, resources, and accountability mechanisms.

Nursing educators and academic institutions require policy guidance on gerontological competencies necessary for preparing future nurses to care effectively for older adults. The absence of policy-mandated competency standards leaves educators without clear objectives for gerontological curriculum development. Policy reforms should establish minimum competency standards based on international frameworks, providing educators with guidance for curriculum design and assessment.

Healthcare administrators, nursing councils, and professional organizations seeking to strengthen geriatric care services need evidence on policy and educational gaps. The findings provide this evidence, identifying specific areas where aging policies require greater attention to workforce development and educational planning. Policy reforms should address these gaps through explicit recognition of gerontological nursing, establishment of competency standards, development of LTC frameworks, and allocation of resources for nursing education.

### ***Contribution to Literature and Practical Significance***

This study contributes to the limited body of policy-focused literature on gerontological nursing in Nepal by providing one of the first systematic analyses of aging-related health policies from a nursing education perspective. The findings extend existing literature that has examined disease burden, healthcare utilization, caregiver challenges, and nursing students' attitudes but has not critically assessed policy-nursing education integration (Mahato, 2023; Dhakal, 2024; Karki, 2021). The practical significance of this research lies in its evidence generation for policy reforms and educational strategies aimed at strengthening elderly care services in Nepal. By identifying policy gaps and educational needs, the study provides actionable

recommendations for policymakers, educators, and healthcare administrators. Strengthening gerontological nursing education and policy integration can contribute to improved health outcomes, enhanced quality of care, and greater well-being among Nepal's rapidly growing older population.

The study's findings align with international evidence demonstrating that policy frameworks shape educational priorities and workforce capacity. Without policy support for gerontological nursing education, healthcare systems cannot produce nurses with competencies required for aging populations. Nepal's policy reforms must address this fundamental relationship between policy, education, and workforce capacity to ensure sustainable healthcare responses to population aging.

### Conclusion

The findings of this study indicate that while Nepal has advanced policy commitments to respond to the needs of the ageing population including the Senior Citizens Act 2006, National Health Policy 2019 and Geriatric Health Service Strategy 2021-2030, the current ageing health policies do not adequately address the development of a gerontologically competent nursing workforce. The findings include the absence of explicit gerontological nursing attention in the analysis, the lack of competency standards for older adult care, and the lack of implementation mechanisms for the nursing workforce development for older adults, and the absence of comprehensive long-term care frameworks that include gerontological nursing services. The systemic impacts of these gaps in policy have implications for nurse preparation, leaving nursing graduates with insufficient knowledge about aging related conditions, inadequate competencies in caring for multimorbidity or cognitive impairment, and inadequate preparation for the complexity of care for older people. The limited integration of gerontological nursing education in the policy context has led to a lack of nursing preparedness, staffing capacity, and quality of care for older

people, which has resulted in a mismatch between policy goals and nursing capacity.

Therefore, policy support for strengthening gerontological nursing education is crucial to achieve an effective and sustainable healthcare response to population ageing in Nepal. Policy changes should make it clear that gerontological nursing is a specialty area, provide competency standards that are derived from international frameworks, require gerontological content in nursing curricula, create comprehensive long-term care systems that include nursing services, and allocate resources specifically for gerontological nursing education and ongoing professional development. This is a good time for the Nursing Council of Nepal to create standards for gerontological nursing programs, and for the government to connect aging policies with the needs of the aging workforce and educational planning. Addressing those policy gaps and incorporating gerontological nursing into the national health policies has the potential to transform the health system to produce nurses with the required competencies to support the growing older population in Nepal, therefore contributing towards better health outcome, enhanced quality of health care and better welfare for older people during the one of the most crucial demographic transition of the twenty first century.

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