

Advancing Gender Equity In Nursing Care For Older Adults: A Pathway To Achieving The United Nations Sustainable Development Goals

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Abstract

Introduction: This article examines the critical issue of gender equity in the context of nursing care for older adults, linking it to the United Nations Sustainable Development Goals (UNSDGs), specifically Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality). As the global population ages, ensuring equitable healthcare for older adults becomes increasingly important. The study explores the multifaceted challenges and barriers faced by older adults of different genders in accessing and receiving high-quality nursing care.

Methods: A comprehensive review of current literature and analysis of case studies from diverse healthcare settings were conducted to identify systemic gender biases impacting care delivery and outcomes. The study also delved into the role of nursing professionals in promoting gender equity, examining strategies for enhancing nursing education and training with a focus on gender sensitivity and inclusive practices. Policy initiatives and organizational changes supporting gender equity were also evaluated.

Results: The review identified significant gender disparities in nursing care for older adults, revealing systemic biases that adversely affect health outcomes. Strategies such as improved nursing education, gender-sensitive training, and culturally competent care practices were highlighted as critical for promoting gender equity. Policy initiatives and organisational changes were found to be essential in supporting these efforts.

Conclusion: Addressing gender disparities in nursing care for older adults can significantly contribute to achieving the UNSDGs by improving health outcomes and empowering women and girls in both patient and professional roles. This article provides a comprehensive framework for future research and practical applications, emphasizing the importance of a global perspective and insights from various medical specialties. The synthesis of gender equity and nursing care for older adults not only promotes well-being but also ensures a more inclusive and just healthcare system for all genders.

Keywords: Gender Equity, Nursing Care, Nursing, Older Adults, Geriatric Nursing, Gerontology Nursing, United Nations, Sustainable Development Goals, SDG, SDG3, SDG5.

Summary Statement of Implications For Practice

What does this research add to existing knowledge in gerontology?

- This research highlights the critical intersection of gender equity and gerontological nursing, emphasising the need to address systemic gender biases in healthcare delivery for older adults.
- It underscores the unique health challenges faced by older women and men, as well as transgender and non-binary individuals, providing a comprehensive understanding of gender-specific barriers in accessing care.
- The study provides evidence that enhancing gender sensitivity in nursing education and practice can significantly improve health outcomes and quality of care for older adults.

What are the implications of this new knowledge for nursing care with older people?

- Nursing care practices must integrate gender-sensitive approaches to ensure that the health needs of older adults of all genders are met equitably and effectively.
- Training programs for nursing professionals should include modules on gender equity, cultural competence, and the specific health needs of different gender groups to mitigate unconscious biases.
- Implementing policies and creating supportive environments that promote gender equity can lead to more inclusive and respectful care for older adults, enhancing their overall well-being.

How could the findings be used to influence policy or practice or research or education?

- Policymakers should develop and enforce healthcare policies that address gender disparities, ensuring equal access to high-quality care for older adults regardless of gender.
- Healthcare organisations should establish protocols to handle gender-based discrimination and create inclusive environments, including gender-neutral facilities and support systems for diverse gender identities.

Future research should focus on exploring the impact of gender-sensitive interventions on health outcomes in older adults, and educational curricula must integrate comprehensive gender equity training for nursing students and professionals.

Introduction

Gender equity in nursing care for older adults is a critical issue that intersects with the United Nations Sustainable Development Goals (UNSDGs), particularly Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality) [13]. As the global population continues to age, ensuring equitable healthcare for older adults becomes increasingly vital. This article explores the multifaceted challenges and barriers faced by older adults of different genders in accessing and receiving high-quality nursing care. By reviewing current literature and presenting a case study from diverse healthcare settings, it highlights systemic gender biases that impact care delivery and outcomes.

The care of older adults encompasses various critical aspects such as falls prevention, ageing in place, nutrition, mental health, loneliness, moving and handling, dehydration, palliative care, and oncology [35-43]. Addressing these multifaceted care needs is essential for promoting overall health and well-being among older adults [42]. However, advancing gender equity in nursing care is crucial to ensure that these aspects are addressed effectively and inclusively. Gender biases and disparities can significantly impact the quality and accessibility of care in each of these areas, leading to inequitable health outcomes. By integrating gender-sensitive approaches and policies into nursing care, healthcare professionals can better address the unique needs of older adults across all critical care aspects, thereby contributing to the achievement of the United Nations Sustainable Development Goals (UNSDGs), particularly Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality) [13]. This comprehensive approach not only enhances the quality of care for older adults but also promotes a more inclusive and equitable healthcare system. Nurses play a pivotal role in providing holistic care to older adults, addressing their physical, emotional, and social needs [17, 35]. However, gender biases and stereotypes can influence the quality of care provided to older adults, leading to disparities in health outcomes based on gender [33].

Research has shown that nurses' attitudes towards older people care significantly impact the quality of care provided in long-term care facilities [17]. Attitudes of nursing staff toward older adults influence the care experience and outcomes, highlighting the importance of addressing ageism and promoting positive attitudes towards aging individuals. Studies have further confirmed that positive attitudes of nurses towards older adults are essential for delivering high-quality care and promoting well-being [1,19,34].

In the context of older adult care, the integration of emotional intelligence (EI) can play a pivotal role in addressing gender disparities and promoting equitable healthcare practices [12]. Training healthcare professionals in EI, including empathy, communication, and cultural competence, can enhance their ability to provide gender-sensitive care and address the specific needs of older adults of different genders [4,6]. By fostering an inclusive and respectful healthcare environment, EI can empower nurses to deliver patient-centred care that respects the dignity and autonomy of older adults [4,6,22]. Moreover, addressing the challenges faced by older adults in nursing care requires a comprehensive approach that includes education, policy changes, research, and community engagement [35,36]. Nursing education programs need to incorporate gerontology content and provide students with practical experiences in caring for older adults to prepare them for the complexities of aging care [17]. Policies promoting gender equity and emotional intelligence in healthcare settings can create supportive environments that prioritize the well-being of older adults and address systemic biases.

Gender equity in nursing care for older adults is a critical issue that intersects with the United Nations Sustainable Development Goals (UNSDGs), particularly Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality). As the global population continues to age, ensuring equitable healthcare for older adults becomes increasingly vital. This article explores the multifaceted challenges and barriers faced by older adults of different genders in accessing and receiving high-quality nursing care. By reviewing current literature and presenting case studies from diverse healthcare settings, it highlights systemic gender biases that impact care delivery and outcomes.

Gender Equity in Nursing Care: Challenges and Barriers

Access to Healthcare

The importance of designing and implementing easy healthcare accessibility, healthcare financing methods, and developing a socio-economic support network, including public health information, cannot be overstated in reducing delayed healthcare and health inequality [50]. Embracing a gender-equity approach is crucial in addressing neglected tropical diseases in Africa, highlighting the necessity of gender-balanced efforts for comprehensive health and sustainable development [46].

Older adults, particularly women, face significant barriers in accessing healthcare services. Women often live longer than men and are more likely to experience chronic illnesses and disabilities, increasing their dependency on healthcare services [35,36,38]. However, they frequently encounter obstacles such as financial constraints, lack of mobility, and inadequate social support systems. Additionally, gender biases in healthcare can lead to women's health concerns being dismissed or under-treated compared to men [50]. Men, on the other hand, are often less likely to seek healthcare services due to societal expectations and stigmas surrounding masculinity [16]. This can result in delayed diagnosis and treatment of serious health conditions, adversely affecting their overall health outcomes.

Introducing a gender equity framework for trans-inclusive healthcare is essential in moving health systems beyond the gender binary towards gender equity, with implications for research, theory, policy, and practice [45]. In South Africa, ensuring availability, accessibility, acceptability, and quality of healthcare for lesbian, gay, bisexual, and transgender people is vital to address disparities in healthcare access [30]. Developing global open access COVID-19 education for frontline healthcare workers can help reduce disparities in access to education by minimising cost barriers and providing equitable access to educational content [10]. Exploring sexual healthcare experiences and recommendations among sexually and gender diverse persons in Arctic Canada reveals how geographical, social, and healthcare factors shape healthcare access [25]. Identifying and examining disparities in access to healthcare services is crucial for healthcare policy development and implementation [48].

Nurse's role in Equity, diversity and inclusion

Nurses play a crucial role in healthcare by advocating for diversity, equity, and inclusion within the healthcare system to ensure all populations receive quality care [32]. This commitment is particularly important in nursing care for older adults, where considering the unique needs and backgrounds of elderly individuals is essential for providing comprehensive and culturally sensitive care. In the Republic of Kazakhstan, the development of management structures for future nursing services has highlighted the significance of changing organisational culture to enhance the role of nurses in healthcare delivery [49]. This shift towards a more inclusive and supportive environment can improve the quality of care for older adults by fostering a culture that values diversity and equity. Ghanaian nurses have emphasized the need for a complete reformation of nursing roles to address systemic barriers and promote inclusivity, crucial for advancing health equity and ensuring quality nursing care for older adults [23]. Redefining nursing roles and practices to be more inclusive can help healthcare systems better meet the diverse needs of elderly patients and establish a culture of equity and inclusion.

Efforts to enhance diversity within the nursing workforce, as supported by various studies, are vital for promoting health equity and addressing disparities in healthcare access for older adults [7]. By recruiting and retaining a diverse nursing workforce, healthcare organisations can offer more inclusive and culturally competent care to effectively meet the needs of elderly populations. Innovative programs like the Integrated Innovation & Entrepreneurship Certificate in Nursing Program (INNOVATE) aim to empower nurses to collaboratively address healthcare challenges and become leaders in addressing the needs of vulnerable populations [18].

Nurturing a culture of innovation and inclusivity among nurses can drive positive change in healthcare delivery for older adults and contribute to improved health outcomes. Access to gender-affirming genital surgery in the United States is influenced by legislation, market size, and various barriers faced by transgender and gender non-conforming individuals [14]. Exposure to childhood healthcare discrimination during a global pandemic can lead to healthcare avoidance among transgender and gender-independent adults, highlighting the barriers to accessing affirming healthcare [27]. Steps can be taken within surgical departments and national surgical societies to recruit, retain, and foster a diverse surgical workforce and develop a more inclusive culture within surgery and surgical training to address disparities in healthcare [28]. Disparities in physical and mental health outcomes among gender nonconforming transgender adults in the United States persist even after adjusting for various factors, emphasizing the need for further research to understand these disparities [47].

Social and cultural Factors

Social and cultural factors significantly influence the healthcare experiences of older adults, shaping their access to and engagement with healthcare services. In many cultures, traditional gender roles impact how older adults, particularly women and men, perceive and prioritise their health needs. Women are often expected to prioritise the well-being of their families over their own, leading to potential neglect of their health needs. On the other hand, older men may struggle with the loss of traditional roles, such as being the primary breadwinner, which can impact their mental health and willingness to seek healthcare services [15].

Efforts to engage older adults in healthcare decision-making are essential to improve care outcomes for this population. Older adults and their caregivers need to be active partners in healthcare decision-making to ensure that their unique needs and preferences are considered [26]. By involving older adults in decision-making processes, healthcare providers can better understand and address the social and cultural factors that influence their health behaviours and outcomes. Changes in skill mix within primary healthcare, including the integration of advance nurse practitioners and physician assistants, can enhance the delivery of suitable care to older adults in the community. As the demand for healthcare services for older adults

increases, skill mix reforms can help address the evolving healthcare needs of this population [5]. By optimising the skill mix in primary healthcare settings, healthcare providers can better meet the diverse needs of older adults and provide comprehensive care.

Associations between polypharmacy, self-rated health, and depression in African American older adults highlight the complex interplay of social, economic, and health factors in influencing health outcomes. Factors such as age, educational attainment, and financial difficulties can impact the health and well-being of older adults, underscoring the importance of addressing these social determinants of health [24]. By considering these factors, healthcare providers can develop tailored interventions to support the mental and physical health of older adults.

Gender differences in the relationship between physical functioning and depressive symptoms in low-income older adults living alone emphasise the need for gender-sensitive healthcare approaches. Understanding how gender influences health outcomes can help healthcare providers identify and address the unique needs of older adults, particularly those living in vulnerable circumstances [8]. By considering gender-specific elements in care delivery, healthcare providers can promote the well-being of older adults and address disparities in health outcomes.

The Role of Nursing Professionals in Promoting Gender Equity in the Care of Older Adults

To promote gender equity in the care of older adults, nursing professionals play a crucial role in advocating for inclusive practices and addressing gender biases in healthcare delivery. By incorporating gender sensitivity and inclusive practices into nursing education and training, nurses can develop the necessary skills to provide equitable care to all patients, including older adults [16]. Continuing education opportunities focused on gender sensitivity can further enhance nurses' knowledge and awareness, ensuring that they deliver high-quality care that is respectful and responsive to the diverse needs of older adults [11].

Policy initiatives and organizational changes are essential for promoting gender equity in healthcare. Healthcare organisations should develop and implement policies that support equal access to care, non-discriminatory practices, and the inclusion of diverse gender identities [21]. By creating a more inclusive environment and establishing clear protocols for addressing gender-based discrimination, healthcare institutions can foster a safe and welcoming space for older adults to receive care [29].

Culturally competent care is vital in addressing the unique needs of older adults from diverse backgrounds. Nursing professionals should be trained to provide care that respects and responds to the cultural beliefs and social contexts of older adults, ensuring that care is tailored to individual needs [20]. By implementing culturally competent care practices, nurses can help reduce health disparities

and improve health outcomes for older adults by providing care that is sensitive to their cultural backgrounds [3].

Understanding the importance of gender equity in nursing education programs can positively impact nurse job satisfaction and professional pride [2]. By integrating gender equity principles into nursing education, nurses can develop a deeper understanding of the diverse needs of older adults and provide care that is inclusive and respectful [9]. Additionally, promoting a diverse nursing workforce and creating a culture of belonging can further support gender equity initiatives in healthcare [44].

Case Study and Practical Applications

A hospital in London, United Kingdom, implemented a gender-sensitive pain management protocol specifically for older adults. The core of this initiative was comprehensive training for nursing staff on recognising and addressing gender differences in pain perception and management. Research has shown that women often experience pain differently and may have their pain under-recognised and under-treated compared to men [31]. This training equipped nurses with the knowledge and skills to accurately assess pain in both men and women and to administer appropriate treatments accordingly.

The outcomes of this initiative were significant. The hospital reported improved pain management for both male and female patients. Female patients, in particular, benefited from more accurate pain assessments, leading to better-targeted and effective treatment strategies. This case study demonstrates that gender-sensitive protocols can bridge the gap in pain management, ensuring equitable care and improving overall health outcomes for older adults.

Link to Advancing Gender Equity and UNSDGs:

This case study directly contributes to advancing gender equity in nursing care for older adults by addressing gender-specific disparities in pain management. It aligns with the United Nations Sustainable Development Goals (UNSDGs), particularly Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality). By ensuring that older women receive the same level of pain management as men, this initiative promotes equitable health outcomes and enhances the overall well-being of older adults. This approach also underscores the importance of gender sensitivity in achieving global health equity, as mandated by the UNSDGs.

The case study illustrates practical applications of advancing gender equity in nursing care for older adults, which is a critical pathway to achieving the United Nations Sustainable Development Goals. It is emphasizing the importance of gender-sensitive and inclusive care practices in addressing systemic biases and improving health outcomes. By integrating gender sensitivity into nursing education and training, healthcare providers can deliver more equitable and effective care to older adults, regardless of their gender.

Moreover, this case study highlights the necessity of organisational and policy changes to support inclusive healthcare environments. By developing and implementing gender-sensitive protocols and

inclusive policies, healthcare organisations can ensure that all patients receive high-quality care that respects their gender identities and addresses their specific health needs. These initiatives contribute to the broader goals of gender equality and good health and well-being, as outlined in the UNSDGs, by promoting equitable healthcare practices and improving health outcomes for older adults worldwide.

Conclusion

Promoting gender equity in nursing care for older adults is crucial for achieving the United Nations Sustainable Development Goals (UNSDGs) related to good health and well-being. Nurses can contribute to providing high-quality, equitable care by integrating emotional intelligence, addressing gender biases, and fostering positive attitudes towards older adults. Addressing gender disparities in nursing care for older adults is essential for achieving the UN Sustainable Development Goals.

Nurses can advance gender equity in healthcare by enhancing nursing education and training, implementing supportive policies, and

promoting culturally competent care. This not only improves health outcomes for older adults of all genders but also contributes to a more inclusive and just healthcare system.

Nurses' dedication to diversity, equity, and inclusion is vital for providing high-quality and inclusive care for older adults. Social and cultural factors significantly impact the healthcare experiences of older adults, influencing their health behaviours, access to care, and outcomes. By recognising and addressing these factors, healthcare providers can develop more inclusive and culturally sensitive care approaches that meet the diverse needs of older adults.

Nursing professionals play a critical role in promoting gender equity in older adults' care by advocating for inclusive practices, addressing gender biases, and providing culturally competent care.

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References

1. Abu Khait A, Menger A, Hamaideh SH, Al-Modallal H, Abdalrahim A (2022) Nursing students' knowledge about behavioral and biopsychosocial domains of dementia: A cross-sectional survey study. *International Journal of Nursing Knowledge*. 33(2): 116–127.
2. Alshahrani S, Paulsamy P, Qureshi A, Venkatesan K, Lobelle E, et al. (2021) Determination of professional behaviours among nurses working at a selected teaching hospital in India. *Journal of Pharmaceutical Research International*. 33(43B): 361-367.
3. Arnaout N, Chehab R, Rafii B, Alameddine M (2019) Gender equity in planning, development and management of human resources for health: a scoping review. *Human Resources for Health*. 17(1); 52.
4. Baçoğul R, Özgür R (2016) Role of emotional intelligence in conflict management strategies of nurses. *Asian Nursing Research*. 10(3): 228-233.
5. Bazargan M, Smith J, Saqib M, Helmi H, Assari S (2019) Associations between polypharmacy, self-rated health, and depression in African American older adults; mediators and moderators. *International Journal of Environmental Research and Public Health*. 16(9): 1574.
6. Cao Y, Gao L, Fan L, Jiao M, Li Y, et al. (2022) The influence of emotional intelligence on job burnout of healthcare workers and mediating role of workplace violence: a cross sectional study. *Frontiers in Public Health*. 10.
7. Carroll D (2024) Can we finally move the needle on diversity, equity, and inclusion in nursing?. *Nursing Administration Quarterly*. 48(1): 65-70.
8. Chen, M, Fu, Y, Chang Q (2021) Life satisfaction among older adults in urban China: does gender interact with pensions, social support and self-care ability?. *Ageing and Society*. 42(9): 2026-2045.
9. Cho S, Kwon S, Jang S (2022) Validity and reliability of the gender equity scale in nursing education. *Nursing and Health Sciences*, 24(2): 447-457.
10. Christianson J, Frank E, Keating S, Chickering M (2023) Developing global open access covid-19 education for frontline healthcare workers.
11. Curtis E, Jones R, Tipene-Leach D, Walker C, Loring B, et al. (2019) Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*. 18(1): 174.
12. da Silva T. H. R (2022) Emotional awareness and emotional intelligence. *British Journal of Community Nursing*. 27(12): 573-574.
13. da Silva T.H.R, Rodrigues E.C.P (2023) Body Image Related Discrimination. In: Leal Filho, W., Azul, A.M., Brandli, L., Lange Salvia, A., Özuyar, P.G., Wall, T. (eds) *Reduced Inequalities. Encyclopedia of the UN Sustainable Development Goals*. Springer, Cham.
14. Dagi A, Boskey E, Nuzzi L, Kang C, Ganor O, et al. (2021) Legislation, market size, and access to gender-affirming genital surgery in the united states. *Plastic and Reconstructive Surgery Global Open*. 9(2): e3422.
15. Elliott J, McNeil H, Ashbourne J, Huson K, Boscart V, et al. (2016) Engaging older adults in health care decision-making: a realist

- synthesis. *The Patient Patient-Centred Outcomes Research*. 9(5): 383-393.
16. Fernández-Feito A, Basurto-Hoyuelos S, Palmeiro-Longo M, García-Díaz V (2019) Differences in professional values between nurses and nursing students: a gender perspective. *International Nursing Review*. 66(4): 577-589.
 17. Fitzpatrick JM, Bianchi LA, Hayes N, Da Silva T, Harris R (2023) Professional development and career planning for nurses working in care homes for older people: A scoping review. *International journal of older people nursing*. 18(1): e12519.
 18. Giuliano K, Sup F, Benjamin E, Krishnamurty S (2022). *Innovate Preparing Nurses to Be Health Care Innovation Leaders*. *Nursing Administration Quarterly*. 46(3): 255-265.
 19. Hebditch M, Daley S, Grosvenor W, Sherlock G, Wright J, et al. (2022) Student nurses' career preferences for working with people with dementia: A longitudinal cohort study. *Nurse Education Today*. 111: 105303.
 20. Höglund A, Carlsson M, Holmström I, Kaminsky E (2016) Impact of telephone nursing education program for equity in healthcare. *International Journal for Equity in Health*. 15(1): 152.
 21. Höglund A, Carlsson M, Holmström I, Lännerström L, Kaminsky E (2018) From denial to awareness: a conceptual model for obtaining equity in healthcare. *International Journal for Equity in Health*. 17(1): 9.
 22. Isbell L, Boudreaux E, Chimowitz H, Liu G, Cyr E, et al. (2020) What do emergency department physicians and nurses feel? a qualitative study of emotions, triggers, regulation strategies, and effects on patient care. *BMJ Quality & Safety*. 29(10): 1.5-2.
 23. Laari L, Duma S (2023) A call for total nursing role reformation: perceptions of Ghanaian nurses. *Nursing Inquiry*. 30(3).
 24. Lim E (2014) Gender differences in the relationship between physical functioning and depressive symptoms in low-income older adults living alone. *Nursing and Health Sciences*. 16(3): 381-386.
 25. Logie C, Lys C, Dias L, Schott N, Zouboules M, et al. (2019) Automatic assumption of your gender, sexuality and sexual practices is also discrimination: exploring sexual healthcare experiences and recommendations among sexually and gender diverse persons in arctic Canada. *Health & Social Care in the Community*.
 26. Lovink M, Vught A, Persoon A, Schoonhoven L, Koopmans R, et al. (2018) Skill mix change between general practitioners, nurse practitioners, physician assistants and nurses in primary healthcare for older people: a qualitative study. *BMC Family Practice*. 19(1): 51.
 27. Mason K, Smout S, Wall C, Coston B, Perrin P, et al. (2022) Exposure to childhood healthcare discrimination and healthcare avoidance among transgender and gender independent adults during a global pandemic. *International Journal of Environmental Research and Public Health*. 19(12): 7440.
 28. Matthews J (2021) Moral determinants of health: an overview of disparities in healthcare. *Journal of Vascular Surgery*. 74(2): 2S-5S.
 29. Mikovits J (2022) I don't feel like I'm a person": nursing knowledge of transgender care through the lens of transgender people. *Journal of Advanced Nursing*. 78(9): 3012-3024.
 30. Müller A (2017) Scrambling for access: availability, accessibility, acceptability and quality of healthcare for lesbian, gay, bisexual and transgender people in south Africa. *BMC International Health and Human Rights*. 17(1).
 31. Nazaré M, Silva J, Navega M, Fagnello-Navega F (2014) Comparison of pain threshold and duration of pain perception in men and women of different ages. *Fisioterapia Em Movimento*. 27(1): 77-84.
 32. Okenwa-Emegwa L, Eriksson H (2020) Lessons learned from teaching nursing students about equality, equity, human rights, and forced migration through roleplay in an inclusive classroom. *Sustainability*. 12(17): 7008.
 33. Pinchoff J, Austrian K, Rajshekhar N, Abuya T, Kangwana B, et al. (2021) Gendered economic, social and health effects of the covid-19 pandemic and mitigation policies in Kenya: evidence from a prospective cohort survey in Nairobi informal settlements. *BMJ Open*. 11(3): e042749.
 34. Rayner J, Fetherstonhaugh D, Beattie E, Harrington A, Jeon Y, et al. (2023) Oh, older people, it's boring": Nurse academics' reflections on the challenges in teaching older person's care in Australian undergraduate nursing curricula. *Collegian*. 30(1): 141-146.
 35. Reis da Silva TH (2023a) Falls assessment and prevention in the nursing home and community. *British Journal Community Nursing*. 28(2): 68-72.
 36. Reis da Silva TH (2023b) Ageing in place: ageing at home and in the community. *British Journal of Community Nursing*. 28(5): 213-214.
 37. Reis da Silva T. H. (2023c) Moving and Handling in the Community. *British journal of community nursing*. 28(8): 369.
 38. Reis da Silva TH (2024a) Falls prevention in older people and the role in nursing. *British Journal Community Nursing*. 29(7).
 39. Reis da Silva T (2024b) Can supplementing vitamin B12 improve mental health outcomes?: a literature review. *British Journal of Community Nursing*. 29(3): 137-146.
 40. Reis da Silva, T. H (2024c) Loneliness in older adults. *British Journal of Community Nursing*. 29(2): 60-66.
 41. Reis da Silva TH (2024d) Understanding body fluid balance, dehydration and intravenous fluid therapy. *Emergency Nurse*.
 42. Reis da Silva, T. H (2024e) Death and Its Significance in Nursing Practice. *Palliat Med Care Int J*. 4(3): 555640.005

43. Reis da Silva TH (2024f) Oncology and cancer medicine: understanding the complexities in older patients. *Biomedical Journal of Scientific and Technical Research*. 55(3): 47105-47110.
44. Ridling D (2023) Nursing's critical role in driving toward health equity. *JONA the Journal of Nursing Administration*. 53(7/8): 399-407.
45. Shabalala S (2023) The complexities of trans women's access to healthcare in south Africa: moving health systems beyond the gender binary towards gender equity. *International Journal for Equity in Health*. 22(1): 231.
46. Shomuyiwa D (2023) Addressing neglected tropical diseases in Africa: a gender perspective. *Health Science Reports*. 6(11): e1726.
47. Streed C, McCarthy E, Haas J (2018) Self-reported physical and mental health of gender nonconforming transgender adults in the united states. *LGBT Health*. 5(7): 443-448.
48. Sutherland J (2020) Kicking off the 2020s with healthcare policy. *Healthcare Policy | Politiques De Santé*. 15(3): 6-11.
49. Tiittanen H, Heikkila J, Baigozhina Z (2021) Development of management structures for future nursing services in the republic of kazakhstan requires change of organizational culture. *Journal of Nursing Management*. 29(8): 2565-2572.
50. Yamada T, Chen C, Murata C, Hirai H, Ojima T, et al. (2015) Access disparity and health inequality of the elderly: unmet needs and delayed healthcare. *International Journal of Environmental Research and Public Health*. 12(2): 1745-1772.