Original Research

Competences of physiotherapists and nurses working with older adults in Sri Lanka: a need analysis exploratory study with students, academics and health professionals

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Abstract

Background & Aim: The population of Sri Lanka (SL) is rapidly aging, with a growing demand for healthcare professionals skilled in geriatric care. Nurses and physiotherapists play a crucial role in the management of the health and well-being of older adults. This survey aimed to identify the current resources and demands in the professional competences for physiotherapy and nursing professionals working with older adults in SL.

Methods: An observational cross-sectional study was conducted among physiotherapists and nurses working in health care settings in SL, academic staff members involved in teaching, training and research, and final year physiotherapy and nursing undergraduates in selected state universities in SL. All the participants completed an online survey consisting of general socio-demographic information, professional and education-related information, knowledge, skills, and clinical and non-clinical competences required for older adult care.

Results: Among the 189 respondents (mean age=32.44; SD=8.16 years), 145 (76.7%) were females, 113 (59.8%) were physiotherapists, and 76 (40.2%) were nurses. Of the total participants, 54 (28.6%) were academic staff members, 64 (33.9%) were final-year undergraduates and 71 (37.6%) were healthcare professionals (physiotherapists and nurses). Physiotherapists reported being less confident in "managing chronic pain in older adults" compared to nurses (p=0.03). "Active listening" (88%) and "respect for dignity and autonomy" (76.8%) were identified as more relevant aspects for health professionals under empathy in the care of older adults. "Communication barriers" (83.1%), "financial constraints" (66.7%) and "cultural sensitivity" (63.0%) were identified as challenges that healthcare professionals faced when working with older adults.

Conclusions & Recommendations: The findings emphasize the importance of incorporating geriatric-specific training into the undergraduate education and professional development of healthcare providers, particularly nurses and physiotherapists. Policymakers, education and healthcare institutions should collaborate to develop structured training programs that address the identified competency gaps and promote the delivery of holistic and person-centred care for older adults.

Keywords: *competences, physiotherapy, nursing, older adults, Sri Lanka.*

Introduction

Worldwide populations are getting older, implying new demands on access to health care that can allow responding to the clinical conditions of the older adults, and promote healthy and active aging of the older adults. Sri Lankan context is not different from the global scenario, with the estimated older (60+) population of 2.5 million out of 20.4 million of the total Sri Lankan population in 2012 and is expected to increase by 5.2 million by 2037, which is approximately doubling within 25 years. Sri Lanka (SL) is experiencing the fastest rate of population aging in South Asia, with projections indicating that by 2042, nearly one in four people will be older adults (1). This new demand for care in older adults requires increasing knowledge and skills of health professionals. Caring for older adults is challenging since it requires a deep understanding of the physiological, psychological and social changes that occur with aging. Older adults living with chronic conditions have unmet care needs related to their physical and psychological health, social life, as well as the environment in which they live and interact (2).

The older population is defined as individuals who are 65 years of age or older in many industrialized countries, and as those who are 60 years of age or older in the majority of developing countries, including SL. Although there are some exceptions, the common retirement age in both government and private institutions in SL is 55–60 years old, which is why 60 is the cut-off age (3). According to the World Bank´s open data, a steep rise in the older adult population can be seen over the past decade. In 2022, the percentage of the population above 65 years from the total population was around 12%, showing 4% growth compared to the year 2012 (4). This transformation has created challenges for the healthcare system and other social welfare programs, requiring a change in policy focus to address the needs of the older population (5).

Physiotherapists and nurses are two of the health professionals included in interdisciplinary teams that contribute to an active and healthy aging process. They are recognized as key players among healthcare providers. They participate in all phases of the healthcare process (i.e., prevention, primary care and rehabilitation). The increasing disability with age and the changed pattern of aging-related health problems, mainly non-communicable diseases, require specific competences for the different healthcare specialists, specifically physiotherapists and nurses, who provide care for these populations (6).

This aging population also demands the adaptation of societal and health policies; despite efforts to organize social and health systems, it will be necessary to reconsider certain aspects, particularly those related to the improvement of social protection for older adults and the access and availability of long-term health care and palliative care for the older adults.

Physiotherapy and nursing practice in Sri Lanka

The physiotherapy and nursing practice are regulated by the Sri Lanka Medical Council and the SL Nursing Council, respectively. Physiotherapists and nurses work in government, private, and non-government organizations. Physiotherapists are trained in universities of both government and private sectors. A bachelor's degree is the minimum qualification required to practise in SL. The World of Physiotherapy, in 2023, identified 680 registered physiotherapists, with a ratio of 0.31 practising physiotherapists per 10,000 population in SL (7).

In 2019, the total number of physiotherapists in the government sector nationwide was 493. Currently, there is no specific allocation for physiotherapy services dedicated to the care of older adults or geriatric care. The physiotherapists employed in government, private and non-government organizations treat patients of all age groups.

Physiotherapists are allocated positions in the provincial hospitals, districts, and base hospitals. However, at regional levels of the Medical Officer of the Health sector, there are no physiotherapists employed.

According to the statistics of the SL Nursing Council, the regulatory body of the nursing profession in SL, there are 38,750 nurses employed in government healthcare institutions. In addition, many nurses work in various private healthcare institutions, but these numbers are not known (8).

Nurses are trained in universities and nursing schools in both government and private sectors. Currently, specific training for nurses is mainly conducted by the Post Basic School of Nursing in addition to a few private institutions. The community health nurses are trained at the National Institute of Health Sciences. Importantly, the Post-Basic School of Nursing and Sri Lanka Association of Geriatric Medicine organize various training programs for geriatric care. In the community, community health nursing officers are responsible for geriatric nursing care.

These two professional groups have been gaining progressive relevance in the healthcare provision for older adults. So, it is important to understand their needs but also potential gaps in terms of competences. This exploratory study aimed to identify the competences but also needs and demands of physiotherapists and nurses working with older adults through a need analysis survey with students, academic staff, and professionals working with older adults.

Methods

This study was performed as a part of an ERASMUS+ capacity-building project titled, "Promoting academic and professional excellence in health care to meet the challenges of aging in SL (CAPAGE)". This study was led by the CAPAGE members of the Santa Maria Health School, Portugal, with representatives from all partner EU universities, including the University of Applied Sciences FH JOANNEUM, Austria, JAMK University of Applied Sciences, Finland, University of A Coruña, Spain and SL universities including, University of Colombo, University of Peradeniya, University of Ruhuna, General Sir John Kotelawala Defence University, University of Jaffna and Eastern University of SL.

A need analysis study was performed to identify core competences for healthcare professionals working with older adults in SL, through an online survey. The respondents for the survey were physiotherapy and nursing HEALTH CARE professionals, academic staff members, and nursing and physiotherapy undergraduates from Health Education Institutions (University of Colombo, University of Peradeniya, University of Ruhuna, University of Jaffna, and Eastern University) in SL.

Health care competences must be understood in a "broader sense" involving both values, knowledge, skills, and abilities (European Union, 2014) (9). It is recognized that physiotherapists and nurses working with older adults need to have specific competences and understand the specificity of this field of intervention. This is a preliminary exploratory study to understand the perspectives of physiotherapists and nurses and needs of older adults' health care in SL.

Participants definition and inclusion and exclusion criteria

Nursing and physiotherapy academics from the SL Health Education Institutions were responsible for the dissemination of the questionnaire. The recruitment of three different types of participants was performed using direct institutional databases or through a contact list of partners and/or internship institutions: the academics were from five selected universities (that teach physiotherapy and nursing graduate courses in SL), final year physiotherapy and nursing undergraduates; physiotherapists and

nurses currently working in health care services with older adults in SL. A snowball convenience sampling was used. We defined at least a minimum of 20 participants in each sample group, both for physiotherapy and nursing, in the 3-week data collection period.

Participants who did not provide informed consent or who refused to participate, physiotherapists and nurses working outside SL, academic staff members not directly or actively involved in teaching, training, and research in physiotherapy and nursing, and students from other courses or other years of graduation, were excluded from the study.

Survey development

The survey was developed based on specialists' discussions and previous literature, mainly results provided by the AGE Platform (2016) (10) and SIENHA project (2023) (11). The purpose was to assess the understanding of academics, students, and professionals on the core competences of physiotherapists and nurses working with older adults in SL. Clinical and non-clinical skills, training and professional continuous development, challenges, and future demands were the main aspects addressed in this need analysis survey. The questionnaire was progressively improved by the collaboration of the different Health Education Institutions involved; it was divided into the following sections: general demographic information, professional and education-related information, competence in clinical skills, communication skills, empathy and patient-centred care, training, and professional development, understanding of competences required for elderly care, challenges, and opportunities.

Pre-test

Ten academics from the physiotherapy and nursing departments, ten physiotherapists and nurses working in healthcare settings, and ten physiotherapy and nursing final-year undergraduates were invited to participate in the pre-test survey to determine the understandability and comprehensiveness of the questions and validity of the content. Changes were made to the online survey based on the feedback and results of the pre-test. The changes were mainly related to the understandability of questions, response options, and interpretation aspects.

Survey application

The survey was implemented digitally using Google forms®(https://forms.gle/ZXXwDVHq8SQaeppR). The online survey link was sent through e-mails and WhatsApp® to the participants, for those who were recruited according to the inclusion and exclusion criteria. The participants were requested to fill out the online form and submit it. A 3-week time frame was defined for data collection. The participants received two reminders in the second and third weeks to complete the survey.

Ethical considerations

The study was submitted to the Ethics Review Committee of the Escola Superior de Saúde Santa Maria – Porto, Portugal, and approved with the code CE2024/05. An informed consent form was sent to all participants along with the questionnaire in digital format. The form contained information about the study objectives, study design, the guarantee of confidentiality, and the absence of prejudice in case of withdrawal.

Data analysis

Data was collected by the project members, who are academics from the partner Universities in SL. Data extraction and analysis were performed in cooperation with the EU project partners. The statistical analysis was performed using the SPSS (Statistical Package for the Social Sciences, IBM) 28.0.1.0 version.

Descriptive statistics were used to summarize the data and identify variables related to the core

competences of healthcare professionals working with older adults. Categorical data was grouped into frequency tables (absolute and relative); for continuous variables, mean and standard deviation values were used. The chi-square test and the Exact Fisher test were used to identify differences between groups. A 95% confidence interval was used for the analysis.

Results

Respondents (N=189) respondents participated with positive informed consent in the online survey, with a mean age (SD) of 32.44 (8.16) years. There were 145 (76.7%) females. Among the respondents, nurses were older compared to physiotherapists ($p<0.01$).

Of the academic staff members and health care professionals, 90 (73.8%) respondents had a Bachelor's Degree, 19 (15.6%) had a Master's Degree and 13 (10.7%) had a Doctorate. Only 6.5% of the participants, 3 (4.3%) physiotherapists and 5 (9.1%) nurses, had an academic or professional specialization in Geriatrics.

Table 1. Socio-demographic characteristics of the sample studied

Characteristics		Total (n=189)	Groups, No. (%)		*p* value
			Physiotherapists (n=113)	Nurses (n=76)	
Age, mean (SD)		32.44 (8.16)	30.51 (6.24)	35.32 (9.75)	**<0.01**
Female, n (%)		145 (76.7)	86 (76.1)	59 (77.6)	0.48
Group of participants No. (%)	Academics	54 (28.6)	28 (24.8)	26 (34.2)	0.24
	Health care professionals	71 (37.6)	42 (37.2)	29 (38.2)	
	Undergraduates	64 (33.9)	43 (38.1)	21 (27.6)	

Table 2. Educational characteristics of the academics and healthcare professionals (physiotherapists and nurses)

Characteristics		Groups, No. (%)			*p* value
		Total (n=124)	Physiotherapists (n=69)	Nurses (n=55)	
Level of education (n=122)	Bachelor's degree	90 (73.8)	51 (72.9)	39 (75.0)	**<0.01**
	Master's degree	19 (15.6)	14 (20.0)	5 (9.6)	
	Doctorate	13 (10.7)	5 (7.1)	8 (15.4)	
Professional or academic specialization in Geriatrics (n=124)	Yes	8 (6.5)	3 (4.3)	5 (9.1)	0.24
	No	116 (93.5)	66 (95.7)	50 (90.9)	
Years of experience in older people care (n=125)	Less than 1 year	45 (36.0)	23 (32.9)	22 (40.0)	**0.01**
	1≥3 years	21 (16.8)	17(24.3)	4 (7.3)	
	3 ≥-6 years	17 (13.6)	10 (14.3)	7 (12.7)	
	6 ≥-10 years	19 (15.2)	13 (18.6)	6 (10.9)	
	More than 10 years	23 (18.4)	7 (10.0)	16 (29.1)	

Almost half of the sample had less than three years of experience in older adult care: 27 (57.2%) nurses and 26 (47.3%) physiotherapists (Table 2).

Regarding competence evaluation, no significant differences were found between physiotherapists and nurses, except in "managing of chronic pain in older adults," where it was found that a higher proportion of physiotherapists reported less confidence compared to nurses. The ability to differentiate "changes in normal physiological aging and pathological aging in the elderly" was the aspect that both physiotherapists and nurses identified as having less ability/confidence (Table 3).

Most of the participants identified the need to have updated knowledge; however, it was found that more than 25% of the participants in all groups (both physiotherapists and nurses) rated "fair" as their current understanding of the core competencies required for health care professionals working with the older adults.

"Active listening" (88%) and "respect for dignity and autonomy" (76.8%) were the characteristics more relevant for health professionals in terms of empathy in the care of older adults (Figure 1).

According to the stratified analysis for each group, nurses presented a lower proportion of participants who identified 'specific training in older adults' care, including academics, healthcare professionals, and students, compared to physiotherapists (50% vs. 15%) ($p<0.01$).

Most of the participants identified the need to have updated knowledge; however, it was found that more than 25% of the participants in all groups (both physiotherapists and nurses) rated "fair" as their current understanding of the core competences required for health care professionals working with the older adults (Table 4).

Table 3. Competence evaluation of academics and health professionals (physiotherapists and nurses)

Competence in clinical skills		Total (n=125)	Groups, No. (%)		*p* value
			Phyiotherapists (n=69)	Nurses (n=55)	
How proficient are you in assessing mobility issues in older adults	Very proficient	5 (4.0%)	2 (1.6)	3 (2.4)	0.1
	Proficient	70 (56.0%)	45 (36.0)	25 (20.0)	
	Somewhat proficient	43 (34.4%)	21 (16.8)	22 (17.6)	
	Not proficient	6 (4.8%)	1 (0.8)	5 (4.0)	
	Not Applicable	1 (0.8)	1(0.8)	0 (0)	
Rate your ability to develop individualized treatment plans for older adults based on their physical condition and needs	Excellent	8 (6.4)	3 (4.3)	5 (9.1)	0.39
	Good	88 (70.4)	52 (74.3)	36 (65.5)	
	Fair	25 (20.0)	14 (20.0))	11 (20.0)	
	Poor	4 (3.2)	1 (0.8	3 (5.5)	

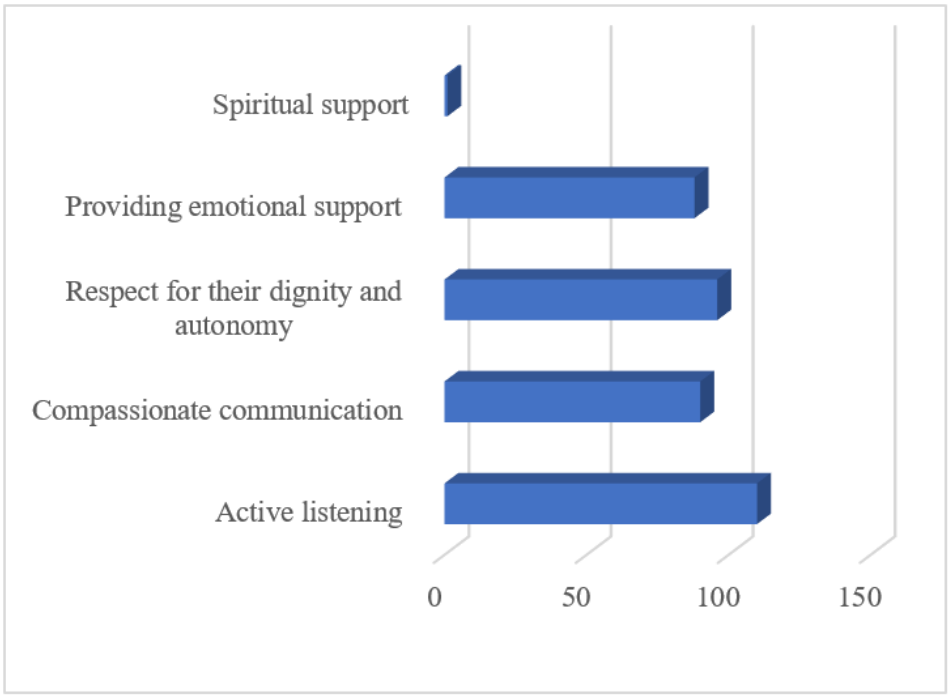

Figure 1. How physiotherapists and nurses demonstrate empathy towards older adults during their care (n=125)

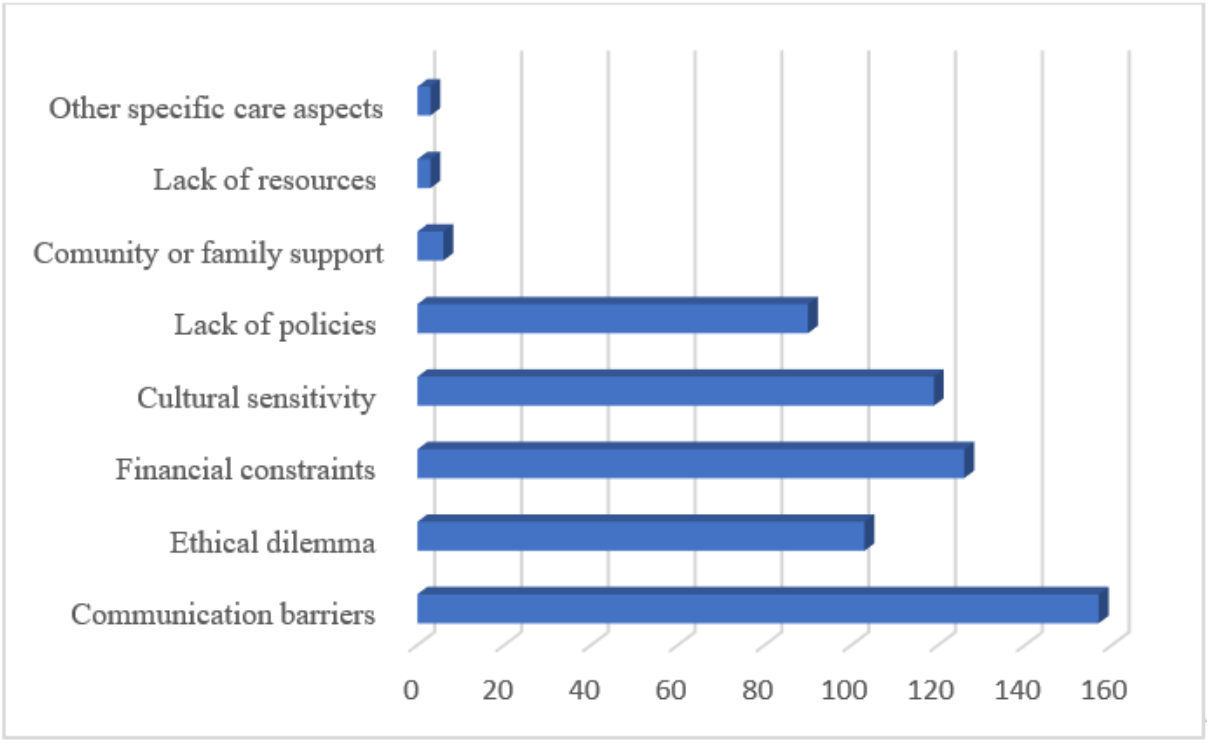

Figure 2. Challenges that healthcare professionals face when working with older adults (n=189)

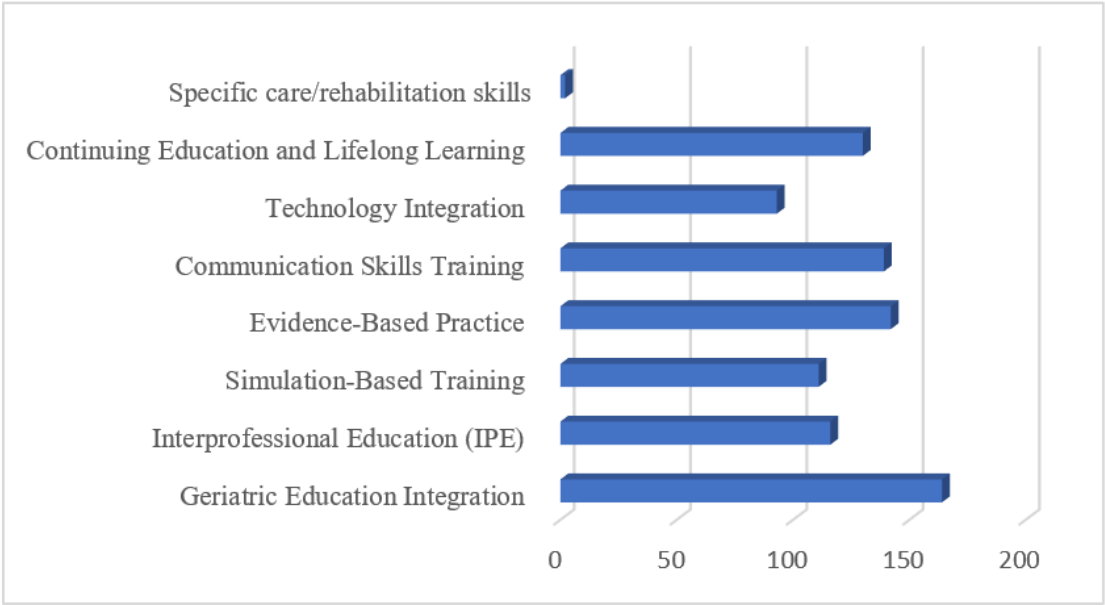

Figure 3. Aspects that Health Education Institutions should improve to prepare healthcare professionals for working effectively with older adults (n=189)

Challenges that healthcare professionals face when working with older adults were mainly reported as "communication barriers" (83.1%), "financial constraints" (66.7%), and "cultural sensitivity" (63.0%) aspects (Figure 2).

Participants identified that competence in the care of older adults should be reinforced in SL Health Education Institutions, with "geriatric education integration" (86,8%), "evidence-based practice" approach (75,1%), and "communication skills training" (73,5%). The data is presented in Figure 3.

Several core competences for healthcare professionals working with older adults were identified. "communication with older adults and their families" (88.4%) and "integration in a multidisciplinary team" (87.3%) were two of the major aspects identified as essential by participants. Other competences are described in Figure 4.

Participants identified that additional training or professional development opportunities should be offered for healthcare professionals working with older adults; they reported that these opportunities should be related mainly to knowledge in providing psychological support (7,4%), specific rehabilitation skills (4,8%), new technologies in health care (4,2%), communication skills (4,2%) and geriatric assessment and outcomes (3,7%) (Figure 5).

Finally, in the additional comments or suggestions regarding competences in physiotherapy and nursing professionals working with older adults, few undergraduates (n=5) stated that elderly care training should be added to the core curriculum (without keeping it as an elective module) further, they expressed that there should be more educational courses and post-graduate studies, master's and PhD in Geriatrics.

On the other hand, academics and health professionals (n=8) stated that evidence-based practice in geriatrics and updated knowledge in this area is essential. The main areas to explore should be psychological assessment and intervention and communication skills.

Table 4. Understanding of competences of training and professional development by the different physiotherapy and nursing groups

Competencies	Total (N=189)	Groups, No. (%)						*p value**
		Physiotherapists (n=113)			Nurses (n=76)			
		AC [a]	HC [b]	US [c]	AC [a]	HC [b]	US [c]	
Have you received any training specific to older adults' care during your educational or professional career?	Yes	23 (83.1)	31 (73.8)	42 (97.7)	12 (46.2)	10 (34.5)	16 (76.2)	**<0.01**
	No	5 (17.9)	11 (26.2)	1 (2.3)	14 (53.8)	19 (65.5)	5 (23.8)	
Effectiveness of the older adults training program(s)	Very Effective	1 (3.6)	10 (23.8)	11 (25.6)	7 (26.9)	6 (20.7)	6 (28.6)	**0.04**
	Effective	16 (57.1)	18 (43.9)	26 (60.5)	7 (26.9)	10 (34.5)	9 (42.9)	
	Neutral	11 (39.3)	14 (33.3)	6 (14.0)	12 (46.2)	13 (44.8)	6 (28.6)	
	Ineffective	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	
	Very Ineffective	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	
How frequently do you engage in continuing education or professional development activities related to older adults' care	Monthly	1 (3.6)	3 (3.7)	8 (19.0)	2 (7.7)	3 (10.7)	3 (15.0)	0.22
	Quarterly	2 (7,1)	6 (15.4)	9 (21.4)	1 (3.8)	2 (7.1)	4 (2.0)	
	Annually	7 (25)	7 (17.9)	4 89.5)	4 (15.4)	3 (100.7)	2 (10.0)	
	Rarely	17 (60.7)	21 (53.8)	19 (45.2)	16 (61.5)	14 (50.0)	8 (40.0)	
	Never	1 (3.6)	2 (5.1)	2 (4.89)	3 (11.5)	6 (21.4)	3 (15.0)	
Rate the importance of staying updated with current research and best practices in geriatric care for your professional development.	Extremely important	21 (75.0)	31 (81.0)	24 (55.8)	20 (76.9)	13 (44.8)	11 (52.4)	**0.02**
	Important	7 (25.0)	8 (19.0)	18 (41.9)	4 (15.4)	14 (48.3)	8 (38.1)	
	Somewhat important	0 (0)	0 (0)	1 (2.3)	2 (7.7)	2 (6.9)	2 (9.5)	
	Not important	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	
	Not Applicable	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	

*[a]AC – Academics from Health Educations Institutions in SL; [b] HC – Health care professionals (physiotherapists and nurses); [c] US - Undergraduate student (final year students); * Overall differences between "physiotherapy" and "nursing"*

Table 5. Understanding of competences required for older adult's care understanding of competences by the different physiotherapy and nursing groups

Competencies	Total (N=189)	Groups, No. (%)						*p value**
		Physiotherapists (n=113)			Nurses (n=76)			
		AC [a]	HC [b]	US [c]	AC [a]	HC [b]	US [c]	
How would you rate your current understanding of core competences required for health care professionals working with the older adults	Excellent	0 (0.0)	1 (2.4)	5 (11.6)	1 (3.8)	3 (10.3)	3 (14.3)	0.11
	Good	17 (607)	28 (66.7)	26 (60.5)	12 (46.2)	15 (51.7)	9 (42.9)	
	Fair	11 (39,3)	12 (28.6)	12 (27.9)	12 (46.2)	9 (31.0)	6 (28.6)	
	Poor	0 (0)	1 (2.4)	0 (0)	1 (3.8)	2 (6.9)	3 (14.3)	
	Not Applicable	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	

*[a]AC – Academics from Health Educations Institutions in SL; [b] HC – Health care professionals (physiotherapists and nurses); [c] US - Undergraduate student (final year students); * Overall differences between "physiotherapy" and "nursing".*

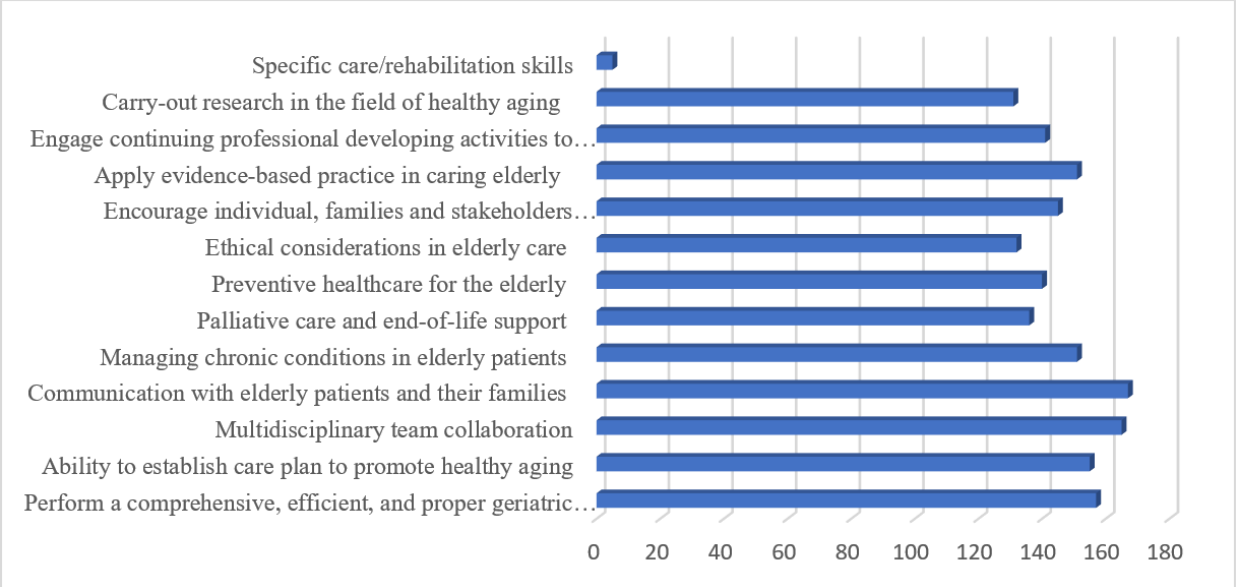

Figure 4. Core competences essential for health care professionals working with older adults (n=189)

Discussion

Healthcare professionals are often unprepared to address the needs of older adults. Many current training approaches were developed in the 20th century when acute infectious diseases were the world's most prevalent health problems. As a result, health workers have been trained primarily to identify and treat symptoms and conditions using an episodic approach to care. This does not prepare them well to adopt the holistic perspective, which has been proven most effective in caring for older people. They also struggle with effectively

managing and controlling the burden of chronic conditions nowadays. Health workers are often trained to respond to address immediate health issues and concerns rather than to proactively anticipate and counter changes in function, Additionally, they are seldom trained to collaborate with older people to empower them to take greater control over their health (11).

We had 189 participants in our study; the sample represented young professionals and academics with less experience in the field of geriatrics. Almost half of the sample had less than three years of experience in older adult care. Only 6.5% of the participants, 3 (4.3%) physiotherapists, and 5 (9.1%) nurses had academic or professional specialization in geriatrics.

The results of the survey allowed us to understand the existing knowledge and needs of SL academics, healthcare professionals, and also undergraduates. As far as competence evaluation is concerned, physiotherapists (more often than nurses) identified the challenges in "managing chronic pain in older adults." The ability to differentiate "changes in normal physiological aging and pathological aging in older adults" is also an important theme identified to develop further knowledge and understanding.

Challenges that healthcare professionals faced when working with older adults were mainly communication barriers, financial constraints, and cultural sensitivity. Effective communication with older adults requires adjustments to account for sensory and motor impairments, cognitive declines, and cultural differences.

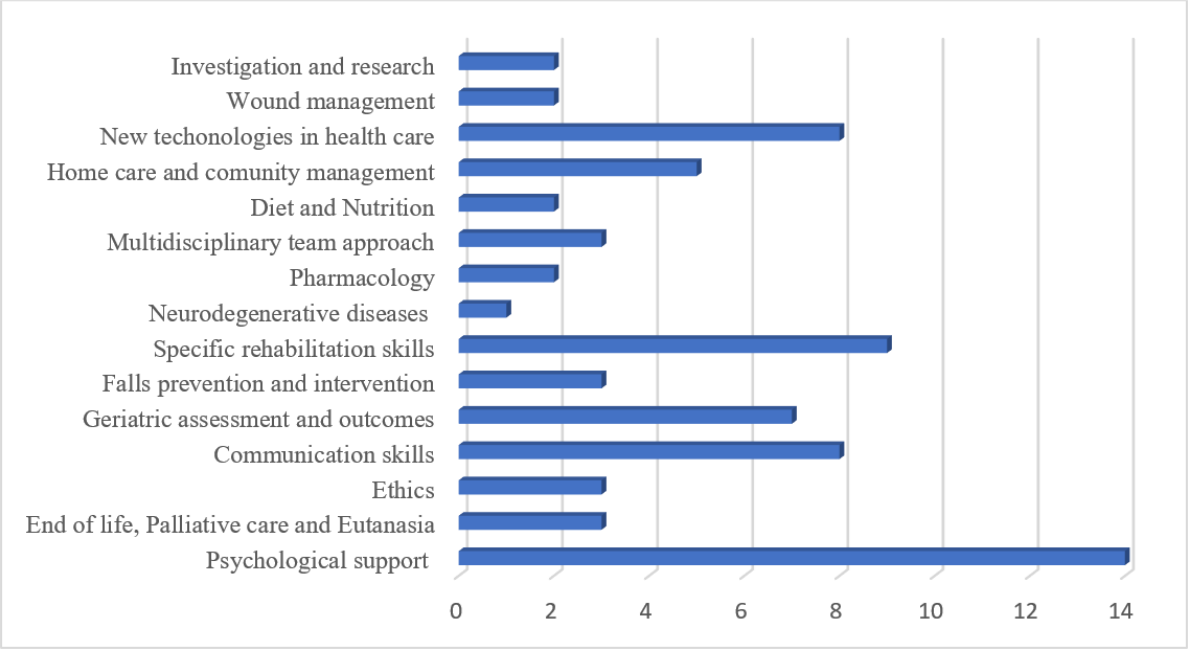

Figure 5. Additional training or development opportunities that should be offered for healthcare professionals working with older adults (n=189)

Healthcare professionals' competences in this area are essential to answer these challenges. However, these challenges stem from the unique needs and vulnerabilities of the aging population, as well as healthcare system specificities and availability.

These results need to be understood considering the reduced experience in geriatric care and the low specialization among the participants; nevertheless, (and we can argue that it can be somewhat

contradictory) they self-identify as having adequate overall knowledge in this area.

The participants also identified the requirement to stay updated in their current understanding of core competences, which are mandatory for healthcare professionals working with older adults. They recognized that additional training and development opportunities should be offered to healthcare professionals in this field. Furthermore, communication with older adults and their families, integration into a multidisciplinary team, psychological support, specific rehabilitation skills, new technologies in health care, geriatric assessment, and outcomes were some of the major aspects identified as core competences essential for healthcare professionals.

In the literature, AGE Platform (2016) (10) and SIENHA project (2023) (11), two of the most important documents on core competences published, identified 7 different roles/categories: expert/leader, communicator, collaborator, organizer, health and welfare advocate, scholar and professional. Both documents also identify the need to understand different dimensions in terms of competences for health professionals working with older adults.

The 2015 document "World Report on Aging and Health", identifies that health professionals are often unprepared to deal with the healthcare needs of older adults and highlights two major concerns that need to be addressed: health promotion and disease prevention and care integration and coordination. Older people's care must be a shared decision-making process, implementing team-based care, using information technology, and engaging in continual quality improvement. Major challenges for healthy aging should be to stop ageism within health care; to offer older-person-centred integrated care, to provide systematic support for self-management, and to support aging in place (12).

The 2020 document, UN Decade of Healthy Aging: Plan of Action, recognizes that to foster healthy aging and improve the lives of older people and their families and communities, fundamental shifts in health professionals are required not only in the actions we take but in how we think about age and aging. This document addresses four areas for action: to change how we think, feel, and act towards age and aging; to ensure that communities foster the abilities of older people; to deliver person-centred integrated care and primary health services responsive to older people; and to provide access to long-term care (13).

Specifically in SL, in the "Policy Recommendations for the Provision of Health and Long-Term Care to the Elderly" paper identifies that improving the ability of primary care services to deliver effective primary and secondary preventive care for older people is essential (14).

We need to highlight some limitations to our study. The need analysis survey was developed based on a literature review and an expert opinion. It was not tested through a pilot study, and some questions with multiple options could lead to a response bias, with the tendency to select a higher number of options. Moreover, only a few participants identified further aspects besides those referred to/proposed as answers (although there was an open field for other responses).

We used a non-probabilistic method of sampling that may have influenced the results. We used the closest potential participants that we could reach conveniently. Furthermore, we had a reduced sample size of 189 participants that may not represent the groups used to obtain information on core competences in this need analysis survey.

Results may have been influenced by the sample characteristics. Academics were over-represented in the sample compared to professionals and students, especially if we look at the overall population in SL of these groups. We also had a

higher percentage of physiotherapists compared to nurses, and we know that there is a larger population of nurses compared to physiotherapists. Recognizing these limitations, we performed data analysis by professional group separately.

A "competence" considers scientific knowledge, practices, and operational models in health promotion, care, and rehabilitation of the elderly (9). The purpose of this study was to identify the professional and educational needs of physiotherapists and nurses in SL reality and its socio, religious, cultural and economic characteristics. We understand the limitations of this preliminary and exploratory study and the difficulty of expressing some particular aspects related to the diversity of scenarios, contexts, and particularities of SL culture.

However important insights gleaned from the need analysis indicate that both physiotherapists and nurses identify the care of the older person as a specialized area that needs enhanced knowledge and skills both presently and in the near future. It is noteworthy that alongside post-graduate specialized training, there is a need for continuous education within the undergraduate programs as a foundation for the development of high competences for both physiotherapists and nurses to address the needs of the progressively increasing aging population.

Professionals working with older adults should use a patient-centred practice, guided by the person's needs, but also to his values and preferences, in the shared decision-making process, to promote and maximize functionality and quality of life of the older person.

This need analysis exploratory study, that arises from this document will serve as a basis to create a core competence framework and posteriorly enrich the curricula at the 6 CAPAGE partner SL Universities with the co-creation of new competence-based courses on older adult's care and healthy aging for physiotherapist and nurses, promoting academic and professional excellence in health care in SL.

Conclusions

Healthcare professionals, namely physiotherapists and nurses, need to improve and update their knowledge of older adult's care. Higher Education Institutions in SL should modernize their programs to enhance the knowledge in the field of healthy aging and geriatrics considering the bio-psycho-social model, offering also continuous educational and professional development opportunities.

The main needs, when working with older adults, identified were communication competences, psychological support, specific rehabilitation skills, new technologies in health care, geriatric assessment/outcomes, and interdisciplinary teamwork. Essential challenges were mainly associated with communication, social, financial, and cultural barriers.

This study, as a part of the CAPAGE project, will address the identified needs by developing a modern and sustainable capacity for academic and professional education in elderly care.

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Author Declarations

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