

Awareness and Attitude on Care of Patients with Alzheimer's Disease Among College Students at Selected College, Chennai

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ABSTRACT

Introduction: Alzheimer's disease (AD) is a progressive neurodegenerative disorder and the leading cause of dementia worldwide. Nursing students, as future caregivers, require both adequate knowledge and positive attitudes to deliver effective patient care.

Objective: This study assessed the awareness and attitudes of undergraduate nursing students toward AD care and examined the relationship between these variables.

Methods: A descriptive correlational design was employed among 100 final year B.Sc. Nursing students at selected nursing college, Chennai. Data were collected using a structured questionnaire on AD awareness (20 items) and the Dementia Attitudes Scale (20 items, 7-point Likert). Descriptive and inferential statistics were analyzed using SPSS.

Results: Most students demonstrated inadequate knowledge (mean score 8.12/20 $\pm$ 3.21; 40.6%), with only 2% achieving adequate knowledge. In contrast, 80% expressed positive attitudes (mean score 79.30/140 $\pm$ 14.00; 66.08%). No significant correlation was found between knowledge and attitude ($p > 0.05$).

Conclusion: Nursing students exhibited encouragingly positive attitudes but insufficient knowledge regarding AD care. These findings highlight the urgent need for curriculum integration of dementia specific content, simulation based training, and structured clinical exposure to better prepare students for patient centered Alzheimer's care.

Keywords: Alzheimer's disease, Awareness, Attitude, Nursing students, Dementia care.

1. INTRODUCTION

Alzheimer's disease (AD) is the most common cause of dementia and a major public health concern worldwide.¹ It is a progressive neurodegenerative disorder characterized by deterioration in memory, thinking, behavior, and the ability to perform daily activities.² The disease primarily affects older adults and

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gradually impairs cognitive functioning, leading to loss of independence and increased dependence on caregivers.³ According to global estimates, more than 55 million people are living with dementia, with Alzheimer's disease accounting for approximately 60–70% of all cases.⁴ As life expectancy continues to rise, the prevalence of Alzheimer's disease is expected to increase substantially, posing significant challenges to healthcare systems, families, and society.⁵

The progression of Alzheimer's disease is associated with profound physical, psychological, social, and economic consequences.⁶ Individuals affected by the disease often experience memory loss, confusion, impaired judgment, communication difficulties, personality changes, and behavioral disturbances.⁷ These symptoms not only affect the quality of life of patients but also place considerable emotional and financial burdens on family members and caregivers.⁸ The increasing prevalence of Alzheimer's disease highlights the urgent need for healthcare professionals who possess adequate knowledge, skills, and positive attitudes to provide effective and compassionate care.⁹

Awareness regarding Alzheimer's disease plays a crucial role in its early recognition, diagnosis, management, and prevention of complications.¹⁰ Adequate knowledge enables healthcare professionals and students to understand the risk factors, signs and symptoms, disease progression, treatment options, and caregiving strategies associated with the condition.¹¹ In addition to knowledge, attitudes toward individuals with Alzheimer's disease significantly influence the quality of care provided.¹² Positive attitudes promote empathy, respect, patience, and person-centered care, whereas negative attitudes may lead to stigma, discrimination, and inadequate support for affected individuals.¹³

College students, particularly those pursuing health-related education, represent the future healthcare workforce.¹⁴ Their awareness and attitudes toward Alzheimer's disease can influence their readiness to care for older adults with cognitive impairment.¹⁵ Despite the growing burden of dementia, studies conducted in various countries have reported gaps in knowledge and misconceptions regarding Alzheimer's disease among students.¹⁶ Limited

exposure to patients with dementia, inadequate curriculum content, and insufficient clinical experience may contribute to these knowledge deficits.¹⁷ Understanding the level of awareness and attitudes among students is therefore essential for identifying educational needs and developing targeted interventions.¹⁸

In India, the aging population is increasing rapidly, resulting in a growing number of individuals living with dementia and Alzheimer's disease.¹⁹ Consequently, healthcare institutions must prepare future professionals to address the complex needs of this population.²⁰ Educational programs that enhance dementia awareness and foster positive attitudes can improve the quality of care delivered to patients and their families.²¹ Assessing students' awareness and attitudes can also provide valuable information for curriculum planning and the development of training programs focused on dementia care.²²

Therefore, the present study was undertaken to assess the awareness and attitudes regarding the care of patients with Alzheimer's disease among college students at a selected college in Chennai. The study also sought to explore the relationship between awareness and attitudes toward Alzheimer's disease care. The findings may contribute to the development of educational strategies aimed at improving students' preparedness, competence, and confidence in caring for individuals affected by Alzheimer's disease.

2. METHODOLOGY

The present study employed an exploratory survey design among 100 final-year B.Sc. Nursing students from a selected college in Chennai affiliated with The Tamil Nadu Dr. M.G.R. Medical University. Ethical approval was obtained from the Institutional Ethics Committee, and permission to conduct the study was granted by the college authorities.

The study sample comprised final-year B.Sc. Nursing students (2022 batch) selected using a consecutive sampling technique. Students who were willing to participate were included in the study, whereas those who were ill or unwilling to participate were excluded.

Data were collected using three validated instruments. The Background Variables Proforma gathered demographic and academic information, including age, medium of instruction, type of school attended, academic performance, family income, native state, and exposure to patients with Alzheimer's disease (AD). The Structured Questionnaire on AD Awareness consisted of 20 multiple-choice questions covering risk factors, signs and symptoms, assessment, diagnosis, treatment, and management of AD. Each correct response was awarded one point, yielding a total score ranging from 0 to 20. Attitudes toward AD care were assessed using the Dementia Attitudes Scale (DAS), which contains 20 items rated on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). Negatively worded items were reverse-coded, resulting in a total score ranging from 20 to 140, with higher scores indicating more positive attitudes toward dementia care.

After obtaining informed consent, data were collected through self-administered questionnaires distributed in the classroom setting. Confidentiality and anonymity of participants were ensured throughout the study. The content validity of the instruments was established by experts in Mental Health Nursing, and reliability testing was conducted prior to data collection.

Data were analyzed using descriptive statistics, including frequency, percentage, mean, and standard deviation, and inferential statistics using Pearson's correlation coefficient to determine the relationships among Alzheimer's disease awareness, attitudes toward AD care, and academic performance.

3. RESULTS

The majority of the undergraduate nursing students were below 21 years of age (80%), while 20% were above 21 years. Most participants had completed their schooling in the English medium (87%), whereas 13% had studied in the Tamil medium. More than half of the students belonged to Kerala (54%), followed by Tamil Nadu (45%), and only 1% were from other states. Regarding exposure to patients with Alzheimer's

disease, 63% of the students reported no prior exposure, while 37% had encountered individuals with the disease. Among those who had such exposure (n = 37), the majority reported having a family member with Alzheimer's disease (32%), whereas 5% reported exposure through a relative. These findings indicate that most students were young, educated in English-medium schools, predominantly from Kerala, and had limited exposure to patients with Alzheimer's disease.

Table 1: Frequency & percentage distribution of background characteristics of undergraduate nursing students. (N=100)

Background Characteristics	f & %
Age in years	
> 21 years	20
< 21 years	80
Medium of instruction in school	
Tamil	13
English	87
Hindi	0
Others (specify)	0
Native state	
Tamil Nadu	45
Kerala	54
Others (specify)	1
Exposure to the patient with Alzheimer's Disease	
No	63
Yes (specify)	37
If yes (N = 37)	
In family	32
In relation	5

Table 2: Frequency and percentage distribution of level of knowledge of students on the care of patients with Alzheimer's disease. (N=100)

Levels of Knowledge	f & %
Adequate knowledge (15-20)	2
Moderately Adequate knowledge (10-14)	35
Inadequate knowledge (1-9)	63

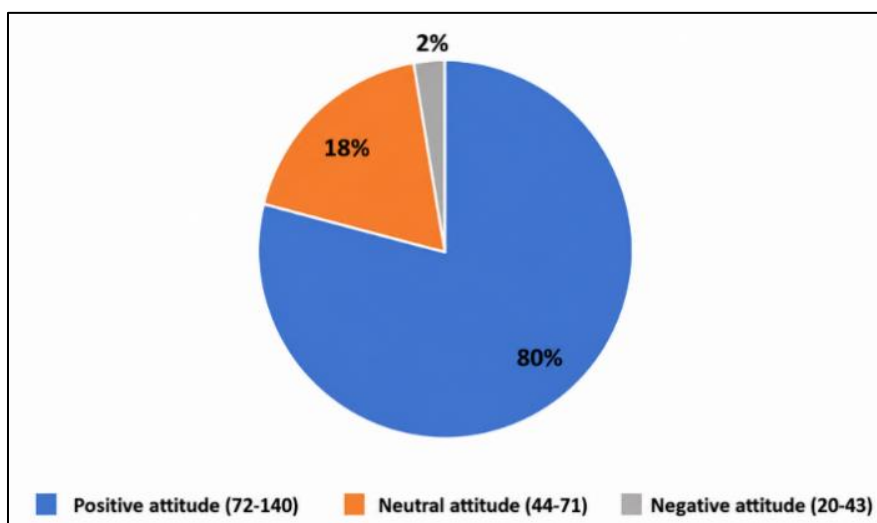


Figure 1: Percentage distribution of level of attitude of students on the care of the patient's with Alzheimer's disease

Table 3: Mean and standard deviation of attitude score on the care of the patient with Alzheimer's disease (N=100)

Variables	Obtainable Scores	Minimum	Maximum	Mean	Mean %	S. D
Knowledge	0-20	2	17	8.12	40.6	3.21
Attitude	20-140	24	120	79.30	66.08	14.00

Table 4: Item wise analysis of attitude score nursing students on the care of the patient with Alzheimer's disease (N=100)

S. No.	Items	Disagree f&%	Neutral f&%	Agree f&%
1.	It is rewarding to work with people who have Alzheimer's disease-related dementia (ADRD)	35	36	29
2.	I am afraid of people with ADRD	54	31	14
3.	People with ADRD can be creative.	33	40	27
4.	I feel confident around people with ADRD	33	41	26
5.	I am comfortable touching people with ADRD	29	33	38
6.	I feel uncomfortable being around people with ADRD	43	39	18
7.	Every person with ADRD has different needs.	24	33	43
8.	I am not very familiar with ADRD	34	37	29
9.	I would avoid an agitated person with ADRD	38	43	19
10.	People with ADRD like having familiar things nearby.	29	48	23
11.	It is important to know the history of people with ADRD	23	37	40
12.	It is possible to enjoy interacting with people with ADRD.	23	47	30
13.	I feel relaxed around people with ADRD	25	48	27
14.	People with ADRD can enjoy life.	31	46	27
15.	People with ADRD can feel when others are kind to them.	25	44	31
16.	I feel frustrated because I do not know how to help people with ADRD	34	41	25

Table 4 Continued....

17.	I cannot imagine caring for someone with ADRD	36	40	24
18.	I admire the coping skills of people with ADRD	24	44	32
19.	We can do a lot now to improve the lives of people with ADRD.	23	43	34
20.	Difficult behaviors may be a form of communication for people with ADRD.	29	43	28

Note: Responses such as strongly disagree, somewhat disagree, and disagree, were clubbed as disagree. neither disagree nor agree as neutral and strongly agree, agree, somewhat agree, clubbed as agree.

Table 5: Correlation between knowledge, attitude, and academic performance of the nursing students in the care of the patient with Alzheimer’s disease. (N=100)

Variables	Statistics	Knowledge	Attitude	Academic Performance
Knowledge	r	1		
	p	-		
Attitude	r	0.189	1	
	p	0.061	-	
Academic Performance	r	0.059	0.049	1
	p	0.565	0.636	-

Table 3 depicts that the Mean and SD of the Mean and SD of knowledge scores were 8.12/20 ± 3.21 and attitude scores were 79.30/120±14.00 on the care of Alzheimer's disease patients among undergraduate students.

Table 4 depicts that around 40% of the students responded that people with ADRD can be creative (40%), feel confident around people with ADRD (41%), possible to enjoy interacting with people with ADRD (47%), having familiar things nearby and (48%) and ADRD can enjoy life (46%). Difficult behaviors may be a form of communication for people with ADRD (43%), would avoid an agitated person with ADRD (43%) People with ADRD can feel when others are kind to them (44%), Difficult behaviors may be a form of communication for people with ADRD (43%).

Table 5 depicts there was a weak correlation between knowledge, attitude, and academic performance which was not significant at p<0.05. Hence the research hypothesis H1 There will be a correlation between awareness and attitude scores on the care of patients with Alzheimer's disease among Undergraduate nursing students was rejected.

4. DISCUSSION

The present study assessed the awareness and attitudes of undergraduate nursing students toward the care of patients with Alzheimer's disease and identified important educational gaps. The findings revealed that 63% of the students had inadequate knowledge regarding Alzheimer's disease care, with a mean knowledge score of 8.12 ± 3.21 out of 20. These findings are consistent with previous studies reporting insufficient dementia-related knowledge among healthcare students. Wang et al.²³ reported inadequate dementia knowledge among Chinese nursing and medical students, while Aljezawi et al.²⁴ found limited knowledge regarding Alzheimer's disease among undergraduate nursing students. The comparatively lower scores observed in the present study may be attributed to inadequate curricular emphasis on dementia care and limited clinical exposure, as 63% of participants reported no previous interaction with patients with Alzheimer's disease.

Despite inadequate knowledge, 80% of the students demonstrated a positive attitude toward caring for patients with Alzheimer's disease. The item-wise analysis revealed that students recognized the abilities and emotional needs of individuals with

Alzheimer's disease-related dementia (ADRD). Many participants agreed that people with ADRD can be creative, enjoy life, and benefit from compassionate interactions. However, 43% reported that they would avoid an agitated patient with ADRD, indicating uncertainty and discomfort in managing challenging behavioral symptoms. Similar observations were reported by Wang et al.²³ who found that limited dementia education was associated with lower confidence in caring for individuals with dementia.

The present study found a weak positive correlation between knowledge and attitude ($r = 0.189$), which was not statistically significant ($p = 0.061$). This finding is comparable to observations by Zuo et al.,²⁵ who reported variations in Alzheimer's disease knowledge among nursing personnel and emphasized the importance of education and exposure in improving dementia-related competencies.

Recent Indian studies reinforce this need for structured interventions. Vanitha et al. (2026)²⁶ demonstrated that predictors of academic motivation significantly influence performance among nursing students, highlighting the role of psychological and educational preparedness in shaping care competencies. Similarly, their randomized controlled trial on motivational packages showed measurable improvements in academic motivation and performance, suggesting that structured training interventions can be effective in bridging knowledge gaps.²⁷

Satchi (2026)²⁸ also emphasized the importance of learning approaches in determining academic outcomes, which aligns with the present study's call for curriculum integration of dementia-specific modules. Kanchana et al (2024),²⁹ demonstrated the improvement in nurses' competence on heart failure after the educational intervention program, which is applicable for other conditions also. Priya et al. (2019)³⁰ found that self-esteem strongly impacts academic performance, underscoring the psychological dimensions of preparedness. Complementary interventions such as virtual reality therapy bibliotherapy, Simulation Based learning and OSCE (Objective Structured Clinical Examination) have been shown to enhance concentration, coping skills,

communication & team work, performance and satisfaction among students, further supporting the integration of innovative teaching strategies.³¹⁻³⁵ In addition, Priya et al. (2024) highlighted the importance of creativity, pointing to the broader academic environment's role in shaping students' learning and attitudes.³⁶ These findings collectively suggest that enhancing dementia education requires not only content integration but also motivational, psychological, and innovative pedagogical approaches.

Overall, the findings suggest that although undergraduate nursing students possess positive attitudes toward caring for patients with Alzheimer's disease, substantial knowledge deficits remain. Comprehensive dementia education, simulation-based training, and increased clinical exposure are essential to equip future nurses with the knowledge, skills, and confidence required to deliver high-quality, person-centered dementia care.

5. IMPLICATIONS

These findings highlight the urgent need to strengthen dementia education in nursing curricula. Integrating dementia-specific modules, simulation-based training, and mentorship programs can bridge the gap between empathy and competence. Hospitals and community health programs can also play a role by offering structured exposure to dementia patients, thereby enhancing both knowledge and confidence. By combining cultural empathy with evidence-based knowledge, nursing education can empower future professionals to deliver compassionate, competent, and patient-centered care.

6. LIMITATIONS

The study's limitations include its small sample size, single-site design, and non-random sampling, which restrict generalizability. Future research should employ larger, randomized samples and longitudinal designs to evaluate the impact of educational interventions. Experimental studies testing simulation or sensitization programs could provide stronger evidence for effective strategies to enhance both knowledge and attitudes.

For nursing practice, these findings emphasize the role of nurses in early AD recognition and management. Hospitals can implement mentorship programs pairing

students with experienced nurses to enhance clinical exposure. Community-based education, as suggested in the study, can leverage nurses to raise public awareness about AD prevention. The study's limitations, including the small sample size and non-random sampling, limit generalizability, as noted in the source document. Future research should use larger, randomized samples and longitudinal designs to explore the impact of educational interventions on knowledge and attitude. Experimental studies testing simulation or sensitization programs could further validate effective strategies.

7. CONCLUSION

This study revealed a striking disparity between knowledge and attitudes toward Alzheimer's disease care among undergraduate nursing students. While empathy and openness were evident, knowledge gaps remained substantial, limiting students' preparedness for clinical practice. The absence of correlation between knowledge and attitude suggests that positive dispositions alone cannot ensure competence. To address this, nursing curricula should incorporate dementia-focused modules, experiential learning opportunities, and simulation-based training to strengthen both theoretical understanding and practical skills. By bridging these gaps, nursing education can empower future professionals to deliver compassionate, evidence-based care that enhances the quality of life for individuals living with Alzheimer's disease.

AUTHOR CONTRIBUTIONS

S. Priya: Conceptualization, study design, data collection, data analysis, interpretation of results, manuscript drafting, and final approval of the manuscript.

K. Vijayalakshmi: Study supervision, methodology development, critical review of the manuscript, and final approval of the manuscript.

I. Stella Mary: Data collection, data validation, literature review, manuscript editing, and final approval of the manuscript.

J. Jaslina Gnanarani: Statistical support, manuscript review, language editing, and final approval of the manuscript.

All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

ETHICAL APPROVAL

This study was approved by the Institutional Ethics Committee (IEC), Apollo College of Nursing, Chennai (Reference No.: TNMGR/2025/02/01).

DECLARATION OF PATIENT CONSENT

Not applicable.

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Nil.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

USE OF ARTIFICIAL INTELLIGENCE (AI) - ASSISTED TECHNOLOGY FOR MANUSCRIPT PREPARATION

The authors confirm that no artificial intelligence (AI)-assisted technology was used to assist in the writing or editing of the manuscript, and no images were manipulated using AI tools.

DATA AVAILABILITY STATEMENT

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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