

Summary of the dissertation in English

The global increase in life expectancy has resulted in a rapidly ageing population, accompanied by a corresponding rise in dementia prevalence. While dementia has become a major public health concern in many high-income countries, it remains poorly understood and insufficiently addressed in several low- and middle-income countries (LMICs), including Nigeria. In Igboland of south-eastern Nigeria, dementia is frequently misunderstood and culturally interpreted either as a normal consequence of ageing or as a spiritual or supernatural phenomenon. These interpretations contribute to stigma, delayed diagnosis, inadequate care, and increased burden for families and caregivers.

Nurses occupy a pivotal position at the intersection of clinical care, family guidance, and community health education. However, little empirical research has examined nurses' dementia knowledge and attitudes toward people living with dementia in Igboland. This study therefore examined nurses' dementia knowledge, attitudes, and the socio-demographic, cultural, and institutional factors shaping their dementia care practices.

The study adopted an explanatory sequential mixed-methods design. A cross-sectional quantitative survey was conducted among a purposive sample of 241 nurses working in different hospitals across the five states of Igboland, using a questionnaire composed of validated dementia knowledge and attitude instruments (DKAT2, DKAS and DAS), alongside socio-demographic variables. The purposive sampling approach was adopted to ensure inclusion of nurses with direct clinical exposure to patients, although this limits the generalisability of the findings. Quantitative data were analysed using descriptive statistics and non-parametric inferential tests. Following the quantitative phase, qualitative data were collected through focus group discussions involving 31 nurses to explore in greater depth the factors influencing nurses' dementia knowledge, attitudes, and caregiving practices. Qualitative data were analysed thematically following Braun and Clarke's six-phase approach.

Quantitative findings revealed that most nurses demonstrated moderate overall knowledge of dementia. Knowledge related to care considerations was relatively high, whereas significant gaps were identified in communication and behavioural management. Common misconceptions included beliefs that dementia is a normal part of ageing, that sudden cognitive decline typifies dementia, and that communication with people with

advanced dementia is impossible. Attitudes toward people with dementia were predominantly neutral, with fewer nurses expressing positive attitudes. Dementia knowledge was positively associated with more favourable attitudes, although the correlation was weak. This suggests that knowledge alone may not be sufficient to influence attitudes, particularly in contexts where cultural beliefs and stigma strongly shape perceptions of dementia.

Qualitative findings elaborated on these patterns and revealed four interrelated themes: (1) prognosis and nature of dementia, (2) communication and interaction, (3) caregiving: challenges and rewards, and (4) knowledge, beliefs, and awareness. Nurses' understandings of dementia were shaped by a blend of biomedical knowledge and cultural or spiritual beliefs, influencing how symptoms were interpreted and managed. Communication was viewed as challenging but achievable through empathy, validation, and emotional attunement. Caregiving was described as emotionally, physically, socially, and financially demanding, yet also potentially meaningful and rewarding. Widespread stigma and misconceptions were reported at family and community levels, often leading to concealment, delayed help-seeking, and increased caregiver burden.

The study contributes theoretically by applying the Social Stigma Theory, Health Belief Model, and Theory of Planned Behaviour within a culturally grounded Nigerian context. It identifies a reciprocal stigma loop in which community stigma influences nurses' perceptions and behaviour, which in turn reinforce stigma within families, ultimately affecting people with dementia. It further illustrates how culturally embedded belief systems interact with professional knowledge, perceived behavioural control, and subjective norms to shape dementia care practices in Igboland.

Practically, it highlights how nurses' knowledge and attitudes about dementia impact perception and help-seeking behaviour of families and communities. The findings underscore the need for dementia-specific nursing education, improved communication training, supportive institutional environments, culturally sensitive public awareness initiatives, and effective policy implementation to strengthen dementia care, reduce stigma, and enhance the quality of life of people with dementia and their families in Igboland, south-eastern Nigeria.