

Prof. dr hab. Piotr Morciniec
Institute of Theological Sciences
Faculty of Theology
University of Opole

Chiazoka Clare Obasi, MA, *Dementia Knowledge and Attitudes among Nurses in Igboland, Nigeria: A Mixed-Methods Study of Cultural Beliefs, Stigma, and Family Caregiving*, Dąbrowa Górnicza 2026, unpublished manuscript, 227 pp.

Review of the Doctoral Dissertation

Dementia is one of those fields of research in which a medical perspective is indispensable yet clearly insufficient. Population ageing means that dementia is becoming not only a clinical and healthcare issue, but also an increasingly serious social, cultural, and family challenge. This is particularly significant in societies where long-term care for older people remains primarily the responsibility of families, while systemic forms of support are limited or underdeveloped. This is precisely the situation in Nigeria, and especially in Igboland, the region examined in the dissertation.

Sr. Chiazoka Clare Obasi, MA, has undertaken a topic that is timely, socially significant, and still relatively under-researched, focusing on nurses' knowledge of and attitudes towards people living with dementia, as well as on the cultural, social, and institutional factors that shape care practices. An important feature of the project is its inclusion of a family perspective: in the context under study, the family remains the principal setting for the long-term care of a person with dementia, while the nurse becomes an important intermediary between the professional healthcare system and the family providing day-to-day care. The Candidate explicitly presents nurses as professionals who significantly influence how families understand the condition, interpret symptoms, and make decisions about seeking help.

Anticipating the overall conclusion of this review, it should be stated that the dissertation represents a valuable and ambitious research project, one that brings together interesting empirical material and leads to findings of genuine scholarly value. The dissertation is not without weaknesses, particularly methodological and formal ones, which should be identified and subjected to discussion. At the same time, a doctoral dissertation is usually a researcher's first extensive attempt to address a multidimensional problem independently and in a scholarly manner, and may therefore legitimately reflect research competence that is still developing. The project submitted for review confirms the Candidate's ability to formulate a research problem independently, conduct empirical research, critically analyse the findings, and draw conclusions. In the reviewer's assessment, these abilities are convincingly demonstrated in the dissertation.

I. Title and Subject Matter of the Dissertation

The title of the dissertation is extensive but, on the whole, accurately communicates its subject matter. Its first part - Dementia Knowledge and Attitudes among Nurses in Igboland, Nigeria - precisely identifies the population studied, the geographical scope of the research, and the two principal variables: nurses' knowledge of and attitudes towards dementia. The subtitle specifies

both the methodology employed - A Mixed-Methods Study - and three important areas of interpretation: cultural beliefs, stigma, and family caregiving. The final element of the title, family caregiving, does, however, raise a certain reservation. A reader may reasonably expect family care for people living with dementia to constitute one of the direct objects of empirical investigation. In fact, the respondents in both phases of the study are nurses, while families and family caregivers were not directly included in the research design. Family caregiving therefore appears primarily as a context, a consequence, and an area in which the findings may be applied. This does not make the title incorrect, but in the event of publication it would be worth considering whether a formulation such as "implications for family caregiving" might more precisely reflect the actual scope of the study.

This issue leads to a more fundamental question concerning the dissertation's disciplinary grounding in family studies. The Candidate addresses this issue consciously as early as the Introduction and in the operationalisation of the key concepts. She emphasises the significance of nurses' knowledge and attitudes for supporting family-based care arrangements (pp. 14-15), and subsequently describes nurses as intermediaries between the formal healthcare system and family caregivers, influencing how families understand the condition, interpret symptoms, and seek support (pp. 20-21). This orientation is well founded and intellectually worthwhile. It nevertheless raises a question that, in my view, merits inclusion among the questions for the defence: from the perspective of family studies, what is the primary object of inquiry in this dissertation - the family itself, the system of family care, or the relationship between professional healthcare and the family as the primary provider of care?

In the reviewer's view, the third of these possibilities is the most convincing. The dissertation's contribution to family studies would then lie not so much in the study of nurses' knowledge as such, but in demonstrating that the knowledge and attitudes of healthcare professionals help shape how families understand dementia, the care strategies they adopt, their willingness to seek help, and their susceptibility to stigma. Such a perspective locates the dissertation at the intersection of the professional care system and the family system, and provides a convincing justification for its place within the discipline of family studies.

The research problem is articulated through three questions concerning nurses' knowledge of dementia, their attitudes towards people living with dementia, and the socio-demographic, cultural, and institutional factors affecting knowledge, attitudes, and care practices. The family does not appear explicitly in the research questions, and of the five specific objectives only the final one refers to promoting dementia awareness among families and communities (p. 21). The preceding discussion does, however, make clear why the findings concerning nurses are relevant to families. A strength of the project is that it moves beyond a simple measurement of knowledge and attitudes and attempts to interpret the findings within their cultural, family, and institutional contexts. A minor point requiring clarification is the statement about the "growth of multigenerational households" (p. 20), which should either be more firmly grounded in demographic data or reformulated.

II. Structure and Substantive Assessment of the Dissertation

The dissertation has a clear and conventional structure. The extensive Introduction is followed by six chapters: the first addresses the cultural, family, and institutional context of dementia care in Igboland; the second presents the theoretical framework and best practices; the third discusses methodology; the fourth reports the quantitative and qualitative findings; the fifth is

devoted to their discussion; and the sixth presents conclusions, implications, and recommendations. This structure is logical and well suited to the nature of an empirical study.

Context and Theoretical Foundations

Chapter One performs an important explanatory function, particularly for readers unfamiliar with Nigeria. It helps the reader understand the social and cultural specificity of Igboland, the place of older people within the family, the structure of the healthcare system, and the significance of the family as the principal provider of long-term care. It also provides a sound justification for context-sensitive research: findings obtained in high-income countries cannot simply be transferred to a setting in which dementia may also be interpreted in spiritual or moral terms and where the burden of care rests primarily on families. From the perspective of family studies, however, it should be noted that only a few pages are devoted directly to family caregiving for people living with dementia (Section 1.5, pp. 39-42). A valuable complement is the consistent reference to the person-centred care model, which foregrounds the person, their dignity, and the relational context of care (p. 56).

Chapter Two is built around three interpretive frameworks: Social Stigma Theory, the Theory of Planned Behaviour, and the Health Belief Model. The Author rightly observes that none of these theories, taken in isolation, is sufficient to explain the phenomenon under investigation in its entirety. Importantly, these frameworks are genuinely employed in the later discussion rather than merely presented as the dissertation's theoretical background.

From the standpoint of family studies, however, a certain theoretical lacuna remains. The three principal theories derive mainly from social psychology, the sociology of health, and behavioural sciences, while theories developed more specifically within family studies - such as family systems theory, family stress models, or concepts of the family's adaptive capacity in situations of crisis - are not used to a comparable extent. This is not a methodological error, but it does mean that the dissertation's grounding in family studies is more substantive and applied than theoretically developed.

Research Methodology

The use of a sequential explanatory mixed-methods design is a very good choice. The quantitative phase was intended to establish the principal patterns in knowledge and attitudes, while the subsequent qualitative component was designed to help understand and explain the relationships identified. The Author does not merely juxtapose two methods, but deliberately integrates the two streams of data: the quantitative findings informed the development of the focus-group interview guide, while the qualitative findings were subsequently used to explain the statistical results. This aspect of the project should be regarded as one of the dissertation's significant methodological strengths.

The quantitative study involved 241 nurses. Sampling was purposive and supplemented by snowball sampling. On the one hand, this approach made it possible to reach respondents in the absence of a complete sampling frame for nurses working in Igboland; on the other hand, it clearly limits the extent to which the findings can be generalised to the population as a whole. The Candidate is aware of this limitation and, in the concluding part of the dissertation, candidly acknowledges both the possibility of selection bias and the limitations arising from respondent self-selection. This methodological self-awareness strengthens the overall assessment of the study.

The most significant methodological reservation concerns the measurement instruments employed. The Author used three validated instruments - DKAS, DKAT2, and DAS - but did not apply them in their original form. She constructed a 27-item knowledge measure from the first two instruments and retained 14 items from the 20-item DAS; some questions were also modified (pp. 78-79). The adaptation was reviewed by three experienced nurses and subsequently piloted with ten participants. Such an approach can be justified by the cultural specificity of Igboland; nevertheless, the validation of the original scales does not automatically carry over to a modified instrument. This is particularly important in view of the Cronbach's alpha coefficient of $\alpha = 0.611$ for the knowledge scale (pp. 85-86). The Author explains why such a value may be regarded as acceptable in complex knowledge tests, yet the reliability of the measure remains relatively low. This does not invalidate the findings, but it limits the strength of the inferences that can be drawn and calls for interpretive caution.

A more satisfactory result was obtained for the attitude scale, for which the alpha coefficient reached 0.717 after the relevant items had been reverse-coded correctly. From a methodological perspective, however, a more comprehensive validation of the culturally adapted instrument would be advisable in future research.

The statistical analysis is extensive and, in general, appropriate to the material. The Author employs descriptive statistics, non-parametric tests, correlation analysis, and multiple regression, while also addressing statistical assumptions and missing data. One inconsistency should nevertheless be corrected before any future publication of the dissertation: in the description of one regression model, the adjusted R^2 is reported as 0.072, whereas Table 11a gives a value of 0.037 (pp. 112 and 114). This is most probably an editorial error, but because it concerns a statistical result it should be verified against the source data.

The construction of the "low - moderate - high" knowledge categories on the basis of the empirical distribution within the study sample, and the subsequent use of these categories in further analyses, also warrants comment. The Author rightly notes that these are neither clinical nor normative cut-off points. The solution is useful descriptively, but requires careful justification when employed in predictive analyses.

The qualitative component involved 31 nurses participating in five focus groups. The analysis was conducted in accordance with Braun and Clarke's six-phase procedure. The Candidate clearly documents the successive stages: familiarisation with the material, coding, generating and reviewing themes, and their final interpretation. A further strength is the deliberate combination of a research-question-driven orientation with open coding of the material.

The Researcher's reflection on her own positionality also merits a positive assessment. Her membership in the Igbo community provided linguistic and cultural competence and facilitated access to participants, but at the same time could have encouraged over-familiarity with the material and the introduction of unexamined assumptions into the interpretation. The Candidate recognises this issue herself and describes reflexive measures taken to reduce the risk of bias. The ethical standards of the study, together with the procedures for consent and participant protection, are also presented clearly and appropriately (pp. 91-92).

Research Findings and Discussion

Chapter Four contains a substantial body of empirical material and clearly reflects the considerable amount of work undertaken as well as the Author's research diligence. Particularly valuable is the parallel presentation of the overall result and the analysis of individual domains of knowledge. The nurses surveyed generally demonstrated a moderate level of dementia knowledge, with notable deficits relating primarily to communication, the interpretation of behaviour, and certain basic clinical features of the condition. Attitudes were predominantly neutral, while relatively low self-confidence in interactions with people living with dementia contrasted with a declared recognition of the value and meaningfulness of care. The material collected is substantively significant and intellectually interesting, and the manner in which it is presented confirms the Author's good command of the methods and scales employed.

Chapter Five, the discussion of the findings, appears to be the analytically most mature part of the dissertation. Here the Candidate moves beyond reporting the data and attempts to explain them in a genuinely interpretive manner. Particularly interesting is the distinction between declarative biomedical knowledge and procedural and relational knowledge, on the basis of which the concept of a knowledge-practice translation gap is formulated (p. 141). Even more valuable is the attempt to integrate the findings into three interconnected mechanisms: the aforementioned knowledge-practice translation gap, structured ambivalence, and the reciprocal stigma loop. Especially persuasive is the identification of the tension between intellectual acceptance of a biomedical explanation of dementia and the simultaneous internalisation of community narratives that frame dementia as socially troubling or morally charged - a phenomenon described as structured ambivalence (p. 143). The observation that many local languages lack a widely recognised term for dementia is also valuable (p. 145); it is regrettable only that such an important linguistic and cultural factor is brought clearly to the fore only at the stage of the discussion.

This interpretive proposal constitutes the proper centre of gravity of the dissertation's original contribution. The originality of the study does not lie merely in establishing that dementia knowledge is limited or that stigma impedes care. Its added value lies in the empirical identification of these relationships within the specific context of Igboland, in the integration of quantitative and qualitative material, and in the attempt to construct a coherent mechanism explaining the relationships among knowledge, attitudes, culture, and care practices.

At this point, however, a degree of methodological restraint is warranted. The Candidate states on several occasions that the findings "extend" Social Stigma Theory, the Health Belief Model, and the Theory of Planned Behaviour (pp. 154-155). Given the nature of the study, it would be more appropriate to say that the Author integrates and contextualises existing theoretical models and identifies their culturally specific application. To speak of extending theory requires a stronger empirical basis than is provided by a cross-sectional, non-probability study relying to a considerable extent on self-report.

From the perspective of family studies, the discussion of the findings leaves a certain sense of incompleteness. The family appears primarily as context and as an indirect addressee of the analysis rather than as an independent object of investigation; this is particularly evident in the summary of Chapter Five (p. 152), where the family dimension scarcely emerges. Some conclusions concerning the influence of nurses' knowledge and attitudes on family functioning are interpretive in nature, since the empirical material was obtained from nurses rather than from family caregivers. A distinction should therefore be maintained between empirical findings and

well-grounded interpretation or implication. To the dissertation's credit, the family is present more consistently in the implications and recommendations of Chapter Six (pp. 156-160), and the Author herself calls for future research into the direct nurse-family relationship.

Assessment of the Contribution to Family Studies

It is worth returning here to the question of the dissertation's disciplinary affiliation. At first glance, the object of the study - nurses' knowledge of and attitudes towards dementia - appears to locate the project primarily within the health sciences. Such an assessment would, however, be too superficial. In Igboland, a person living with dementia functions above all within the family system, which assumes the responsibilities of care and bears its emotional and economic costs. The competencies of healthcare professionals therefore become one of the factors shaping family functioning.

The reviewer therefore sees the dissertation's most convincing contribution to family studies in its emphasis on the relationship between the family and the professional care system. Nurses are not merely providers of medical procedures, but potential mediators of knowledge and ways of responding: they may challenge stigma and strengthen caregivers' competencies, or - if they themselves share cultural stereotypes - inadvertently reinforce them.

This is precisely the dimension that should be brought out more strongly in any future publication of the dissertation and during the defence. The family then appears not merely as the "place" where care is provided, but as a relational system in dynamic interaction with the healthcare system, local culture, and social mechanisms of stigma. Understood in this way, I find the dissertation's grounding in family studies convincing.

In summary, the dissertation constitutes a valuable empirical study whose principal strengths are the timeliness and contextual originality of the project, the use of a sequential mixed-methods design, the collection of a substantial body of empirical material, and a mature attempt to integrate and interpret the findings. The reservations concern primarily the psychometric quality of the modified instruments, the non-probability sampling strategy, the limits of generalisation, and, at times, an overly strong language of theoretical inference. These issues require discussion and methodological caution, but they do not undermine the fundamental value of the dissertation. In substantive terms, the work meets the requirements expected of a doctoral dissertation.

III. Assessment of the Formal Aspects of the Dissertation

In structural terms, the dissertation is coherent and readable. Its division into contextual and theoretical foundations, methodology, presentation of findings, discussion, and conclusions enables the reader to follow the research process with ease. The Author should also be commended for a certain scholarly restraint: despite the substantial empirical material, the text is not excessively long and the argument remains consistent. The appendices are a valuable addition, offering insight into the research process and the instruments employed.

A certain weakness is the rather textbook-like character of some methodological passages, in which the Author explains at length the differences between types of research and interviews, the foundations of survey research, or the advantages and disadvantages of particular methods. Greater value would have been achieved by shortening these sections in favour of a fuller justification of decisions specific to the project itself: the adaptation of instruments, the criteria for

participant selection, the credibility of the qualitative analysis, and the consequences of particular statistical decisions.

The Candidate draws on an extensive and, in general, sufficient body of literature. The structured search for publications and the correct identification of the research gap deserve positive assessment. A reservation arises, however, from the statement that, alongside publications selected according to the adopted criteria, the review also included books and other works recommended by the supervisor and by a friend (p. 64). Such recommendations may assist a literature search, but they should not appear as a criterion for selecting literature. The bibliography is extensive, although it omits some classic works on dementia, including, for example, John Swinton's monograph, the second edition of which was published in 2017.

The language of the dissertation requires separate comment. The text is comprehensible, and in the discussion chapters it at times reaches a very good level of academic English. At the same time, the dissertation as a whole remains stylistically uneven and contains a relatively large number of grammatical errors as well as inconsistencies between British and American English. These do not substantially impede comprehension, but before the findings are published I would recommend professional academic-language editing.

The Candidate openly acknowledges the use of generative AI - ChatGPT - as a language-support tool, limiting its use to improving phrasing and clarity of expression while emphasising the independent character of the research design, data collection, analysis, and interpretation (p. 64). Such transparency is appropriate and ethically commendable. The stylistic unevenness of the text, however, further reinforces the need for final linguistic harmonisation.

The formal shortcomings identified above do not alter the overall assessment. The dissertation meets the formal requirements expected of work of this kind, and the deficiencies noted are capable of being corrected.

IV. Final Conclusion

The doctoral dissertation submitted by Sr. Chiazoka Clare Obasi, MA, constitutes an independent and valuable study of an important research problem. The Author demonstrates a sound knowledge of the relevant literature, the ability to design and conduct a complex empirical study, competence in the use of quantitative and qualitative methods, and the capacity to interpret the findings critically.

A particularly valuable achievement of the dissertation is the integration of the research findings into the concepts of the knowledge-practice translation gap, structured ambivalence, and the reciprocal stigma loop, together with the attempt to show that the knowledge and attitudes of healthcare professionals matter not only for the individual person living with dementia, but also for the functioning of that person's family. Thus, despite its clear grounding in health-related issues, the dissertation contributes valuable material to family studies, particularly to research on long-term family caregiving and on the relationship between families and professional support systems.

The reservations raised in this review do not undermine the fundamental value of the project. Rather, they should be treated as part of scholarly discussion and as indications of directions in which the Candidate may further develop her research competence. This is all the more justified because a doctoral dissertation constitutes the first major test of scholarly independence, and

maturity at this stage does not require a work to be entirely free of shortcomings or debatable decisions.

In light of the above, I conclude that the dissertation under review meets the requirements set out in Article 187 of the Act of 20 July 2018 - Law on Higher Education and Science. I therefore recommend to the Council of the Faculty of Applied Sciences at WSB University in Dąbrowa Górnicza that Sr. Chiazoka Clare Obasi, MA, be admitted to the subsequent stages of the proceedings for the award of the doctoral degree in the discipline of Family Studies.

Opole, 14 September 2026



(prof. dr hab. Piotr Morciniec)

Questions for the Candidate to Answer during the Doctoral Defence:

1. If you had to identify the single most important element that makes your dissertation not only a study in the health sciences but also a contribution to family studies, what would it be, and why?
2. In your dissertation, you identify three interrelated mechanisms that together form a complex interpretive model: the knowledge-practice translation gap, structured ambivalence, and the “reciprocal stigma loop”. If only one intervention could be undertaken in Igboland to improve the situation of people living with dementia and their families, which of these mechanisms should be addressed first, and why?

Text translated with the assistance of ChatGPT.