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Review of the Doctoral Dissertation by Mrs Chiazoka Clare Obasi

I would like to thank the university for the opportunity to review Mrs Chiazoka Clare Obasi's doctoral dissertation entitled "Dementia Knowledge and Attitudes Among Nurses in Igboland, Nigeria: A Mixed-Methods Study of Cultural Beliefs, Stigma, and Family Caregiving."

The relevance, importance, and novelty of this study relate to several aspects. Spiritual aspects of care have not always received sufficient recognition in healthcare, although they are an important part of holistic care. Sulmasy (2002) proposed a biopsychosocial-spiritual model of care, emphasising the importance of addressing the physical, psychological, social, and spiritual dimensions of the person. I would therefore like to congratulate the candidate on choosing such an important, sensitive, and complex topic for her doctoral research.

The study focuses on nurses' knowledge, attitudes, and beliefs, as well as the sociodemographic, cultural, and institutional factors influencing dementia care. These aspects are important for professional and cultural competence and for understanding how people living with dementia are perceived and cared for. According to the World Health Organization, 57 million people worldwide were living with dementia in 2021, with nearly 10 million new cases each year. Dementia-related stigma and its impact on families further emphasise the importance of addressing this issue across different cultural and geographical contexts.

The dissertation is timely and relevant, and its scientific novelty lies in examining these issues within the specific cultural and professional context of Igboland, Nigeria. By exploring nurses' knowledge and attitudes alongside cultural beliefs and dementia-related stigma, the study contributes to a better understanding of the challenges in dementia care and the potential role of nurses in promoting dementia awareness among families and communities.

Before moving to the more specific evaluation of the dissertation, I would like to note that reviewing this work provided an opportunity to learn more about Igboland, the healthcare system, the situation of people living with dementia in Nigeria, and the development of nursing in this context. This made reading the dissertation particularly valuable, as it provided a broader understanding of the cultural, social, and professional context in which dementia care is provided.

The following review is structured according to the main sections of the dissertation and includes comments and discussion questions for the candidate.

Research Questions and Objectives. The research questions and main objective are clearly formulated and reflect the overall focus of the dissertation. They provide a clear direction for exploring nurses' dementia knowledge, attitudes, and the cultural, social, and institutional factors influencing dementia care in Igboland, Nigeria.

One point of particular interest concerns the development of the study focus. While cultural factors were included in the initial research questions and objectives, stigma and cultural beliefs became more prominent in the findings and were reflected in the final dissertation title. I would therefore like to raise the following discussion question: **How did this development influence the interpretation of the results and the overall conceptual framework of the study?**

Literature Review. The literature review provides an important overview of the challenges faced by nurses caring for older people and people living with dementia, as well as their roles in clinical care, family education, and psychosocial support. Having recently completed a COST Action focused on ethics in dementia care, I was particularly interested in the ethical dimensions of this topic, especially autonomy, dignity, and the rights of people living with dementia (also discussed in Section 2.4.2). Discussion question: **How does the candidate see the role of ethical principles, such as respect for autonomy, dignity, and the rights of people living with dementia, in nursing practice in Igboland, particularly when cultural beliefs and family expectations may influence care-related decisions?**

Subchapter 1.4 provides a broad overview of dementia knowledge among family members, the wider community, and healthcare professionals. The importance of professional education and training is also acknowledged. As nurses are the main population of the study, more specific information about their professional preparation would help to provide a more complete picture. For example, it would be useful to know to what extent older-person care and dementia are included in formal nursing education, whether nurses have opportunities to develop their knowledge through continuing professional development (CPD), and what previous evidence is available regarding nurses' knowledge of dementia and dementia care in Nigeria.

Theoretical Framework. I would like to commend the candidate for her critical thinking and analytical approach to the theoretical models and their integration within this chapter. The theoretical framework provides a broad perspective for understanding dementia care and the influence of social,

cultural, and individual factors. Although relatively extensive, this section helps to explain the different dimensions of the topic. Discussion question: **How did you integrate the three theoretical frameworks when interpreting the findings, and what specific contribution did each framework make to your understanding of nurses' knowledge, attitudes, and dementia care practices?**

I would also like to highlight the prominent role of stigma in the theoretical framework and the final dissertation title. As stigma was not explicitly identified as a separate focus in the original research questions, I am interested in understanding how it became such an important aspect of the study. Discussion question: **Was stigma included in the theoretical framework from the beginning, and, if so, how was this reflected in the research design and data collection? Or did its importance become clearer during the analysis of the findings?**

Methodology. The use of a mixed-methods approach is a strength of the study. By combining quantitative and qualitative perspectives, this approach allows the topic to be explored both broadly and in depth, providing a more comprehensive understanding of dementia knowledge, attitudes, cultural beliefs, stigma, and family caregiving.

Some sections, particularly the description of mixed-methods research (pp. 66–68), provide extensive background information. While useful, a more focused discussion of the rationale for the methodological decisions would strengthen the analysis. In particular, it would be helpful to explain why the three-stage data integration approach was selected and how it supported the study objectives. A diagram of the study design using standard mixed-methods notation would also help clarify the research flow, the relative priorities of the quantitative and qualitative components, and their integration. Similarly, a deeper analysis of the specific characteristics of dementia-related stigma within the cultural and social context of Igboland could further strengthen the discussion.

The contextual adaptation of the instruments is an important step in ensuring their relevance to the study population. However, further clarification would be helpful regarding the language in which the questionnaires were administered and whether translation into a local language was considered necessary. It would also be useful to explain the rationale for selecting and reducing the number of items from the original DKAS, DKAT2, and DAS instruments (p. 79), and how it was ensured that the adapted versions adequately retained the intended constructs. Discussion question: **Could you explain how the decisions regarding language, item selection, and adaptation were made, and whether any additional steps were taken to assess the validity and reliability of the adapted instruments beyond face validity and pilot testing?**

The focus group discussions provided an opportunity to explore nurses' perspectives in greater depth and to elaborate on the quantitative findings. However, some aspects of the relationship

between the two phases would benefit from further clarification. Discussion questions: **1) Were the nurses who participated in the focus group discussions also participants in the quantitative survey, or were they recruited separately? 2) What additional insights did the focus group discussions provide beyond the quantitative findings, particularly regarding nurses' cultural beliefs, attitudes, and experiences related to dementia and stigma?**

In addition, the terminology used to describe the qualitative data collection method varies throughout the dissertation, with terms such as “focus group discussions,” “group discussions,” and “discussion groups” used interchangeably. Consistent terminology would improve methodological clarity.

The attention given to cultural sensitivity and researcher reflexivity (p. 93) is a positive aspect of the dissertation. Practical examples would further demonstrate how these principles were applied during the research process. For example, it would be interesting to understand how the wording of questions was adapted to the local cultural context, how potentially stigmatising beliefs about dementia were addressed during the focus group discussions, and how the researcher reflected on her own assumptions when interpreting participants' responses.

Results. The candidate appropriately acknowledges that the number of valid responses varies across analyses due to item non-response. However, the relatively high proportion of missing responses for gender (48 out of 241 participants) raises a question about the extent and pattern of missing data across the survey. **Could the candidate clarify why so many participants did not provide information about gender and whether missing responses affected the study results?**

Table 3 (p. 95): Since age and work experience are presented in categories rather than actual years, it is unclear how the reported means were calculated and what they represent. Further clarification would be helpful.

The categorisation of knowledge and attitude scores (pp. 86 and 99) into three levels is an important methodological decision. However, the rationale for establishing these categories could be explained more clearly. As the categories were based on the empirical distribution of scores within the sample, it is unclear whether this approach followed an established method or was developed specifically for this study. The implications for comparisons with other studies using different categorisation criteria could also be considered.

The significant differences in dementia knowledge across nursing specialties are interesting, although their interpretation is complicated by the diversity of specialties and potentially different levels of exposure to dementia care. A clearer explanation of how these specialties were grouped and

how differences in clinical experience may have influenced the findings would strengthen the analysis.

More generally, the presentation of results in tables and graphs could be more selective and analytical. Some tables provide extensive statistical output, while others, such as Table 10, appear to add limited information where no meaningful differences between groups are observed. A greater focus on the most relevant findings and their interpretation would improve clarity and readability. The regression models (p. 114) have limited explanatory power (not a correlation!), with adjusted (R^2) values of 0.037 for the knowledge model and 0.072 for the attitude model. The description of the latter as having “moderate but meaningful explanatory power” would benefit from further justification, as this interpretation is not supported by the adjusted (R^2) value alone. Clarification of the handling of missing data and the interpretation of regression diagnostics would also strengthen confidence in the findings.

The qualitative findings are well structured, with clearly defined themes and subthemes. The quotations are appropriately selected and balanced in length, and the analysis captures diverse and contrasting perspectives. **How do you interpret these contrasting perspectives, and what might they tell us about changing cultural beliefs and attitudes towards people living with dementia in Igboland?**

At the same time, some parts of the analysis remain descriptive, and the cultural significance of the findings could be explored more fully. Given the focus on Igboland, particular attention could be paid to how stigma, family expectations, and gender differences in caregiving relate to cultural and social norms. Some participants’ perceptions also appear to be presented as general conclusions rather than views expressed in the focus groups. For example, the suggestion that female nurses are more tolerant or better suited to caregiving than male nurses reflects participants’ perceptions rather than established gender differences. The analysis could explore how such beliefs relate to cultural expectations about gender and caregiving.

The section on stigma is well supported by quotations and clearly illustrates how misconceptions, social exclusion, shame, and fear of community judgement affect people with dementia and their families. Further consideration of how these attitudes influence help-seeking and caregiving practices, including the tendency to conceal or confine relatives, would strengthen the analysis.

I would separately like to highlight the attention given to the integration of quantitative and qualitative findings, which is an important component of mixed-methods research. The comparison of the two strands helps identify areas of convergence and provides a broader understanding of the findings. However, some integrated interpretations, such as attributing neutral attitudes to caregiving

burdens and cultural stigma, should be presented as possible explanations rather than established relationships, since these factors were not directly measured in the quantitative phase. A clearer distinction between findings supported by both strands and explanations emerging primarily from the qualitative data would strengthen this section. There also appear to be some inconsistencies in the quantitative results reported in the text and Table 14, particularly regarding knowledge domains and scores, which should be checked.

Discussion. The discussion demonstrates considerable effort to interpret the findings in relation to the theoretical framework, existing literature, and the cultural context of Igboland. The integration of quantitative and qualitative evidence is a particular strength. The discussion is especially valuable in its consideration of cultural beliefs and stigma and in its attempt to explain the relationships between nurses' knowledge, attitudes, and dementia care.

Some interpretations, however, could be expressed more cautiously. In particular, the proposed knowledge–practice gap and the influence of cultural stigma on nurses' attitudes should be discussed as possible explanations, as these relationships are not necessarily established by the study design. Greater attention to alternative explanations, study limitations, and the distinction between participants' perceptions and empirically demonstrated relationships would strengthen the discussion. The original contribution of the proposed conceptual model could also be clarified, particularly how it extends existing theoretical frameworks and contributes new insights into dementia care.

Implications, Conclusions, Recommendations, and Limitations. The implications and conclusions provide a clear summary of the main findings and relevant recommendations for education, institutional support, and stigma reduction. The recommendations are comprehensive and address dementia care at several important levels, including nursing education, clinical practice, policy, and future research. Particularly noteworthy is the emphasis on culturally sensitive education, practical training, institutional support, and community-level stigma reduction. Given the range of recommendations proposed, **which interventions would you prioritise as the first practical steps to improve dementia care among nurses in Igboland, considering the available resources and healthcare context?**

Some conclusions about the effects of stigma and institutional constraints on nurses' confidence and care practices should nevertheless be expressed cautiously, as these relationships may not have been directly established by the study. The conclusions could also more clearly distinguish the study's demonstrated contributions from its potential implications for practice and policy.

The limitations section is well developed, acknowledging important issues related to the cross-sectional design, sampling, self-reported measures, and generalisability. One additional limitation worth considering is that the study assessed nurses' knowledge and attitudes rather than directly observing their clinical practice. Therefore, conclusions about how these factors influence actual care should be interpreted cautiously.

Overall, I would like to commend the candidate for undertaking research on an important and relatively underexplored topic. The developmental comments and questions presented in this review reflect my engagement with the dissertation and highlight opportunities to further strengthen its scientific contribution and practical relevance. **Despite the observations outlined above, I consider Mrs Chiazoka Clare Obasi's doctoral dissertation, "Dementia Knowledge and Attitudes Among Nurses in Igboland, Nigeria: A Mixed-Methods Study of Cultural Beliefs, Stigma, and Family Caregiving," a completed scholarly work that meets the requirements for a doctoral dissertation. I therefore consider the candidate worthy of the doctoral degree.**

I would like to encourage the candidate to disseminate the findings of this valuable research through scientific publications, thereby contributing to the development of dementia care knowledge and practice, particularly in culturally diverse settings. I hope that my comments, together with those of the other members of the dissertation defence committee, will be helpful in further refining the work, clarifying certain aspects, and identifying any inaccuracies that may benefit from correction. I wish the candidate every success in her future academic and professional endeavours.

Olga Riklikienė


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