



UNIwersytet
Warszawski



Wydział Stosowanych Nauk Społecznych i Resocjalizacji
Instytut Stosowanych Nauk Społecznych

Dr hab. Mariola Raław. Professor

Institute of Applied Social Sciences

Faculty of Applied Social Sciences and Social Rehabilitation

University of Warsaw

Review of the doctoral thesis by Chiazoka Clare Obasi, MA

*Dementia Knowledge and Attitudes among Nurses in Igboland, Nigeria: A Mixed-Methods
Study of Cultural Beliefs, Stigma, and Family Caregiving*

written under the supervision of Prof. Jerzy Kochanowicz

Date and place of review: 28 September 2026, Warsaw

General comments

The doctoral thesis submitted for review by Ms Chiazoka Clare Obasi, MA, entitled '*Dementia Knowledge and Attitudes among Nurses in Igboland, Nigeria: A Mixed-Methods Study of Cultural Beliefs, Stigma, and Family Caregiving*', was prepared under the supervision of Prof. Jerzy Kochanowicz, at the WSB Academy in Dąbrowa Górnicza.

The thesis submitted for review is situated within the field and discipline of family studies. Family studies is an interdisciplinary field drawing on the psychological, pedagogical, sociological, legal, biomedical, and philosophical-theological sciences. As a sociologist, I interpret the work through the prism of the social sciences, and in particular their sub-disciplines: the sociology of social problems, the sociology of old age and ageing, the sociology of disability and – to a much lesser extent – the sociology of the family. It should be emphasised that in her thesis, the author explicitly draws on a sociological theoretical framework, namely

the concept of stigma as defined by the symbolic interactionist Erving Goffman. Furthermore, she refers to other theories of stigmatisation. In the methodological section, she employs methods and techniques used in the sociological sciences.

Broadly speaking, the thesis addresses the issue of care, as it relates to healthcare professionals. The study focuses on the knowledge of dementia and the attitudes of nursing staff towards patients and their families in Igboland, Nigeria. The nature of the study and its disciplinary context necessitate this focus, whilst also requiring a multi-theoretical approach and a grounding in practice. The author has therefore adopted a strategy that corresponds to the complexity of the research problem, situating it at the intersection of autonomous disciplines.

To conclude these general remarks, the ethnographic dimension of the thesis under review should be emphasised. The PhD candidate highlights the cultural context in which nurses' knowledge and attitudes are shaped within the field of caring for people with dementia, which in turn influence the implementation of specific approaches in the practice of everyday professional activities. This is extremely intriguing for those from other cultural backgrounds. The differences noted are interesting, but even more inspiring are the similarities between certain empirical findings and issues raised in European countries (including Poland), which lead us to reflect on the universality of the fragile human condition and the inadequacy of social organisation in responding to difficult civilisational challenges.

Title and structure of the thesis

The title of the thesis is appropriate to its content, i.e. it refers to the main issues analysed therein. The thematic strands announced in the title run consistently throughout the work: cultural context, stigma, family care – although the latter issue, i.e. the question of family caregiving, is explored to a lesser extent. In the 'Introduction', the reader is informed about the content of the thesis, its epistemological and empirical aims, and the meanings of the key terms used in the thesis are also explained. This naturally facilitates an understanding of the research

and analytical choices and strategies adopted by Ms Obasi; however, such a convention gives the 'Introduction' a somewhat 'school-essay-like' structure.

Assessment of the structure and substantive content of the doctoral thesis

1. Comments on the structure of the thesis

The thesis consists of an introduction and six chapters (the last of which serves as a kind of extended conclusion to the work as a whole). Four appendices relating to the empirical part of the thesis have also been included. Including the bibliography, the contents of the appendices and the abstracts, the thesis runs to 223 pages.

The thesis follows the traditional structure, comprising a theoretical section (Chapter 1 and, above all, Chapter 2), a methodological section (Chapter 3) and an empirical section (Chapters 4–5), as well as a conclusion (Chapter 6). The proposed structure raises no objections; it is clear and guides the reader from the conceptual framework, through methodological choices and the selection of research tools, then the research process and the empirical results of the research project, to the final conclusions and recommendations. The comment I wish to make regarding the structure of the thesis concerns the placement of section 6.5, 'Limitations of the Study', in the chapter that concludes the entire thesis. Whilst this corresponds to the customary structure of articles in academic journals, in a thesis the logical arrangement would be to place this section in Chapter 4 or 5.

Comments on substantive issues: theoretical analyses, methods and results of empirical research

The thesis constitutes an original empirical study on the knowledge and attitudes of nurses in one of Nigeria's regions regarding dementia and the care of patients with dementia. The author has clearly defined the aim of the thesis, namely: 'the main objective of this study is to examine nurses' knowledge of dementia, their attitudes towards people with dementia, and the socio-demographic, cultural, and institutional factors influencing dementia care practices in

Igbo land of south-eastern Nigeria' (p. 21), and has formulated research questions appropriate to this aim (set out on p. 21).

The aim of this work reflects a certain concept of the author's, which I interpret – in sociological terms and according to Robert K. Merton (1964) – as the process of moving from the identification of a social problem (a problem to be solved) to transforming it into a sociological problem (a subject of concern for sociologists/researchers that needs to be analysed, explained and understood) and applying the knowledge gained in practice. From this perspective, I interpret the motivation behind this work not only as a desire for intellectual discovery, but also as a practical curiosity with the potential to bring about change in social life – something I appreciate as a representative of the Institute of Applied Social Sciences. The 'transfer of knowledge' to practice is evident in section 6.4, 'Recommendations', where the recommendations are grouped into organised sections. Three of these are explicit recommendations for practical changes: for nursing education, for clinical practice, and for policy; the final section provides guidance for academics and researchers on what to investigate in order to expand knowledge.

Of course, the main field and discipline within which this doctoral thesis is situated is family studies, rather than sociology. The author emphasises this and grounds the thesis firmly within this field. In this context, I consider the assumption that 'nurses function not only as clinical providers but also as key mediators between healthcare systems and family-based caregiving structures' (p. 13) to be a successful approach and an interesting perspective. In Western medical culture, the emphasis is placed on the first of these roles – clinical providers. In European countries, the care-related aspects of nurses' work tend to 'fade into the background' in the face of a tendency to enhance the profession's prestige through strong identification with medicine and advanced technology. This was already pointed out in the 1990s by V. Tschudin (1992). It is a pity that the theme of nurses as a mediating structure between the family and the system is only indirectly explored in the reviewed study. It is addressed in aspects concerning communication with the patient and their family, and the appropriate dissemination of information. It seems that the theme of mediating structures has

not been fully exploited. The mediating role of nurses plays an important part in every healthcare system, particularly where there are strong influences from traditional religions and beliefs, and where healthcare services are relatively less developed or accessible. The question that arises is whether, in the context of less developed healthcare systems – which are criticised in Western countries for placing a stronger emphasis on nurses acting as clinical providers – this does not protect the system from the consequences of nurses applying the so-called ‘informal theories’ rooted in traditional rather than professional standards of care. Perhaps, unlike in Western countries, the mediating structure embodied in nurses’ work should take the form of a ‘mini doctor’, rather than being softened by care relationships, which constitute the empirical category? I pose this question as a provocation for discussion with the PhD student.

This aspect of informal theories leads us to the theoretical framework adopted in the study. I appreciate the PhD student’s idea of combining three distinct concepts: Social Stigma Theory, the Theory of Planned Behaviour, and the Health Belief Model. All of these were intended to contribute to an understanding of the process by which nurses’ attitudes, beliefs and behaviours are shaped within a specific social context linked to the stigmatisation of illness and those affected by it. I would like to focus on the first element of the theoretical framework, namely the concept of stigma. It belongs to the school of social interactionism and has influenced the development of labelling theories. Given the context of traditions and beliefs highlighted by the PhD candidate, drawing on these theoretical concepts could provide additional explanatory value. Social labelling theories assume that a social problem and the label of ‘deviant’ result from a constant exchange of meanings and symbols between actors. In other words, a certain group of people reaches a consensus on designating a given phenomenon as a social problem, and an individual becomes a so-called ‘deviant’ – to use the terminology of this school of thought – because such a label has been successfully applied (Becker, 1963). This shifts the focus to the so-called ‘audience’ – that is, the individual’s social environment – which determines whether a specific behaviour or set of behaviours will be stigmatised as deviant. At the same time, through various practices associated with the ritual of degradation, deviant individuals are excluded from society. It seems to me that reflecting on the assumptions

of labelling theory would allow for a more in-depth examination of the influence of cultural factors on the stigmatisation of people with dementia and their families, and would better ground this process in its socio-cultural context.

On the other hand, this would likely reveal the mechanisms by which informal theories operating amongst nurses influence their attitudes and behaviours – a specific phenomenon highlighted by Obasi, MA, in her research. Roger Sibeon (1990) drew attention to the significance of informal theories in the helping professions in his well-known work *Comments on the Structure and Forms of Social Work Knowledge*. Informal theories consist of broader theories and values prevalent in a society, as well as constructs derived from people's practical experience. They relate to informal attitudes, beliefs, opinions and assessments concerning the external world, including the causes and manifestations of, and solutions to, social problems. Combining the cultural foundations of informal theories and personal experiences with the mechanism of labelling would reveal the specific nature of knowledge acquisition and the factors influencing changes in the attitudes of nursing staff.

As a sociologist, I find there is a lack of reference to the rapidly expanding field of social research into the individual and social experience of chronic illness. This field is developing, amongst other reasons, due to demographic changes and the issue of people living longer with chronic illnesses. Within this body of work, the concept of the 'stigmatisation trajectory' proposed by A. A. Alonzo and N. R. Reynolds (1995) is of particular interest and could have been helpful. They identified four phases of this trajectory: threat (stigma and anxiety), diagnosis (confrontation with a change in identity), concealment (living between illness and health), and disclosure (social ostracism, followed by physical ostracism). At each of these stages, the reactions of the family and the wider community – including the support provided by nurses as mediating agents – are significant for how these stages unfold.

Given that the thesis is situated within the field of family studies, I would also have expected a slightly stronger emphasis on the disease-family relationship. Essentially, there are two lines of analysis: a focus on the disease and its impact on the family, and a focus on the

family and its impact on the health of its members. Both of these approaches are present in the thesis, but they are only briefly touched upon. It seems that, given the doctoral candidate's areas of interest, the latter approach could have been developed further in terms of prevention, aetiology, treatment, and rehabilitation.

Another substantive comment relates to section 2.4, 'Best Practices in Dementia Care'. The author's intention was to highlight the recommendations and approaches used in the process of caring for people with dementia and supporting their families, which have gained the endorsement of international bodies and practitioners. I interpret this as an attempt to link existing theoretical considerations with everyday practice. In this way, Obasi, MA, has indirectly highlighted the process of the politicisation and publicisation of the issue of dementia. I also understand that exploring the theme of the politicisation of dementia was not the aim of the thesis; hence, we are provided only with brief references to international and national agendas. However, I would like to draw attention to the terminology used by the PhD candidate, which is significant in the field of public policy. Firstly, it has long been recommended to abandon the term 'best practices' (which raises the difficult question of "For whom?" and "Under what conditions?") in favour of 'good practices' (a more neutral term, reflecting the variability of outcomes due to the context in which the practice is implemented). Secondly, recently – particularly in the field of public policy – terminology such as 'evidence-based practice', 'evidence-informed/evidence-guided practice' and 'practice guidelines' has even been promoted. It should be borne in mind that best practices carry the risk of becoming questionable due to varying implementation circumstances, differing local histories and social contexts, and ultimately – due to outcomes when applying different evaluation criteria, i.e. economic gain, compliance with local legislation, recommendations and standards, social impact, staff recruitment, and retention. These observations serve to raise awareness for the PhD candidate, who herself points out that: 'While international best practices emphasise person-centred care, early diagnosis, workforce training, and stigma reduction, their implementation depends heavily on the knowledge base, attitudes, and perceived behavioural control of frontline healthcare professionals. In contexts such as Igboland, where structural

constraints and cultural interpretations of dementia intersect, the translation of best-practice principles into everyday nursing practice may be uneven' (p. 57). In this context, it appears that Obasi, MA, refers to 'practice guidelines' or 'evidence-guided practice' and is aware of the problematic nature of the term 'best practices', and yet still uses it.

Among the minor substantive comments, I would highlight the issue of citing historical data or recording it imprecisely, which occurs, for example, in the section 'The Background and Context of the Study' (p. 10 – forecast data from 2020 – was there no revision of the forecast?; WHO data from 2018 and 2019 regarding dementia estimates not anchored to a specific starting date).

Comments on the methodology, the chosen methods and the research techniques employed, the research procedure, and ethical considerations regarding the research

In order to answer the main research question and the specific research questions, the PhD candidate employed a mixed-methods approach: she conducted the research using both quantitative (a questionnaire) and qualitative (focus groups) techniques. I commend the author's methodological awareness, as she highlighted pragmatism as the philosophical foundation of the chosen research strategy and drew attention to the differences between methodology and research method. I also highly commend her thoroughness in presenting the methods, techniques and research process. In the case of mixed methodology, it is extremely important to provide positive justification for its use and for the use of each individual research method. This involves addressing questions regarding their suitability in relation to the research subject and object, as well as a described and documented decision-making process concerning the choice of research strategy. I find this in the doctoral thesis under review. However, Chiazoki Clare Obasi, MA, did not avoid certain shortcomings in the conduct of the research using both methods.

Firstly, in the case of the quantitative research, I find that there is a lack of a clear, structured formulation and listing of hypotheses concerning variables and their cause-and-effect

relationships. In the analyses, we can infer that such assumptions have been made – for example, regarding the influence of length of service, religion or specialisation on knowledge and attitudes towards dementia – without these being explicitly stated.

Secondly, in the case of the qualitative research, I find there is a lack of a clear description of how the focus groups were selected. We know the size of each group (which, incidentally, varies), but we do not know what the criteria were for selecting participants for each one. Did the author group the respondents according to their geographical location? Or perhaps according to their specialisation? Why do the groups have different sizes? One is at or below the minimum number required for group interviews, whilst others exceed the usual number of focus group participants. Did these differences in group size affect the dynamics of the group discussions and the themes that emerged spontaneously? We do not know. Presumably, the PhD candidate had her reasons for the decisions regarding the recruitment and organisation of the group interviews, but we are not fully aware of them. From section 6.5, we know only that the group interviews involved people who volunteered to take part, and therefore had either the motivation or the relevant knowledge. The selection and grouping criteria for focus group participants raise further questions, which now relate to the analysis of the data.

The empirical data from the focus groups is analysed according to thematic issues, but in aggregate. Perhaps introducing a case-by-case analysis (in this instance, each focus group separately), followed by a cross-case analysis (comparisons and contrasts between focus groups), would offer new interpretative perspectives and deepen the conclusions drawn. This may be relevant if the focus groups were formed deliberately, in accordance with specific criteria, which I do not know.

Finally, the question of ethics. In social research, there is a set of ethical principles that researchers must adhere to, namely: voluntary participation; doing no harm to research participants; maintaining anonymity and confidentiality; transparency and honesty towards research participants; and ensuring the reliable analysis and presentation of research findings. In Poland, within the discipline I represent, there is a code of ethics adopted by the Polish

Sociological Association. The PhD student observed the principles of confidentiality and anonymity, and also declared her full integrity towards the research participants. She also informed her readers (her fellow researchers) of the difficulties encountered during the data collection process (e.g. the need to switch from collecting quantitative data via an online questionnaire to a traditional, paper-based method), which I appreciate. Another aspect of research ethics is the moral obligation towards fellow researchers to present research collection procedures, analysis and presentation in a reliable manner. The author is best placed to recognise the weaknesses and limitations of their own research. Disclosing the truth about problems and pitfalls encountered during the analysis serves the advancement of science. Chiazoka Clare Obasi, MA, highlighted the limitations of her research. She also revealed one area where her analysis might have been distorted due to her cultural background. As early as page 17, and subsequently in section 3.5 on ethical issues, she mentioned that, on the one hand, her identity as a member of the Igbo people allowed her to enter the cultural environment and understand cultural mechanisms, but on the other hand, it might also lead her to apply routine interpretative frameworks. Through standardisation and reflection, she sought to neutralise any potential over-interpretation of the data. However, there is no such reference with regard to her professional identity, namely her role as a nurse. Was there a conflict here between her roles as a researcher and a professional, for example in attempts to reconcile the research findings with any potential loyalty to her professional community? I hope that this question will be addressed during the defence.

In conclusion, the PhD candidate's research was creative and provided new insights into the mechanisms underlying the acquisition of knowledge and the formation of attitudes amongst nurses in the Igboland region of Nigeria regarding their work with people with dementia and their families. The empirical findings are well documented and provide answers to the main research question and the specific research questions derived from the analyses in the theoretical section. The PhD candidate's contribution to the advancement of science is evident and highlighted by her. The contribution to practice is also highlighted, and the list of recommendations formulated will be of benefit to practice. The comments made in the review

do not detract from the significance of the work, nor do they diminish its contribution to science. On the contrary, I would like to emphasise that the resulting thesis is original, well-grounded both theoretically and empirically, contributes to the development of family studies, and has the potential to bring about change in the face of the rising number of people with dementia. This is highly significant, and Obasi, MA, addresses a topic that is important both theoretically and in practice – the issue of appropriate care for people with dementia is becoming an urgent matter at regional level and in many countries. Poland, too, faces this challenge, as evidenced by Resolution No. 173 of the Council of Ministers of 11 December 2025 on the ‘National Action Programme on Dementia: Public Policy until 2030’ (M.P. 2025, poz. 1276). We, too, can learn from this work what to focus on when shaping a responsive system, particularly as the aforementioned government document not only forecasts a rapid increase in the number of patients, but also highlights gaps in education and information amongst Polish medical and social workers, as well as shortcomings in service infrastructure.

Assessment of the formal aspects of the thesis

The thesis is written correctly in terms of language. The editing of the thesis is good, with only a few typographical, stylistic and punctuation errors (e.g. p. 64: ‘Mixed Metod’ instead of ‘Mixed-Methods’; a similar error appears in the table of contents).

Conclusion

In summary, I consider Ms Obasi’s thesis to be interesting and to contribute to the advancement of science. I appreciate the rigour and meticulousness of the research carried out by the PhD candidate. The thesis demonstrates the candidate’s ability to select a field of academic interest and to conduct research, and indicates a good knowledge of the contemporary literature on the subject. The shortcomings I have identified and highlighted, and the doubts I have raised, do not alter my high assessment of the work. I conclude that it meets the requirements for doctoral theses as set out in Article 187(1)–(4) of the Act of 20 July 2018, The

Law on Higher Education and Science (Dz. U. 2018, poz. 1668 z późn. zm.), i.e. the thesis presents an original solution to a scientific problem, demonstrates the doctoral candidate's general theoretical knowledge, and proves their ability to conduct independent scientific research.

Therefore, the thesis I have reviewed may form the basis for initiating further procedures leading to the award of a doctoral degree in the discipline of family studies to Ms Chiazoka Clare Obasi. I recommend that the doctoral candidate be admitted to the defence.

Henriette Ransau