Knowledge, Self-Reported Practices and Perceived Barriers in the Care of Older Adults Among Nurses at Specialist Hospital Yola, Nigeria: A Cross-Sectional Study

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Abstract

Background: Population ageing is increasing demand for nurses who can recognise common geriatric syndromes, provide person-centred care and coordinate multidisciplinary support. Evidence on Nigerian nurses' preparation for this role remains limited.

Objective: To describe selected knowledge items, self-reported care practices and perceived barriers related to the care of older adults among nurses at Specialist Hospital Yola, Adamawa State, Nigeria.

Methods: A descriptive cross-sectional survey was conducted among 132 registered nurses selected by stratified random sampling across hospital departments. A structured questionnaire assessed sociodemographic characteristics, knowledge statements, frequency of selected practices and perceived barriers. Data were summarised with frequencies and percentages.

Results: Most respondents were female (62.9%); 41.7% were aged 30-39 years. Although 67.4% agreed that older adults are at increased risk of multiple chronic diseases, 62.9% incorrectly regarded cognitive decline as a normal part of ageing. Only 19.7% reported always conducting a comprehensive assessment, 18.9% always documenting an individualised care plan and 14.4% always using geriatric-specific protocols when available. Commonly endorsed barriers were staff shortage (63.6%), high workload (59.8%), absence of geriatric-specific protocols (57.5%) and limited specialised training (50.7%).

Conclusion: The findings identify specific knowledge misconceptions, inconsistent self-reported practices and organisational barriers. They support locally evaluated in-service education, standardised assessment pathways, geriatric-care protocols and workforce planning. The study does not establish objective clinical competence.

Keywords: older adults, geriatric nursing, knowledge, practice, Nigeria, cross-sectional study

Introduction

The number and proportion of older people are increasing globally, including in low- and middle-income countries. Older adults commonly live with multimorbidity, frailty, polypharmacy, cognitive impairment, functional limitation and social vulnerability. Health systems therefore require nurses who can distinguish normal ageing from disease, undertake multidimensional assessment and coordinate person-centred care [1,2].

Evidence from lower- and middle-income countries indicates that nurses and nursing students may have insufficient knowledge of gerontological care despite generally positive attitudes [3]. Nigerian research has also identified gaps in knowledge of mental-health aspects of ageing [4]. More recent African evidence shows persistent misconceptions, including the belief that pain, depression or cognitive decline are inevitable features of ageing [5].

Gerontological nursing competence is broader than factual knowledge. It includes person-centred assessment, relational and cultural skills, family partnership, safeguarding, professional judgement and coordination across settings [6]. Because the present survey used item-level self-report rather than an objective competence measure, this study focuses on knowledge, practices and perceived barriers. It aimed to describe these domains among nurses at Specialist Hospital Yola.

Methods

Design and setting

A descriptive cross-sectional survey was conducted at Specialist Hospital Yola, a major hospital in Adamawa State providing medical, surgical, emergency, paediatric and obstetric services.

Participants and sampling

The target population comprised registered nurses employed at the hospital. A sample of 132 was calculated using the Taro Yamane approach. Stratified random sampling was used to represent departments, followed by random selection within strata.

Instrument and data collection

A structured questionnaire covered sociodemographic characteristics; knowledge statements about ageing, chronic disease and geriatric care; self-reported practices; and perceived barriers. Knowledge and barrier items used four response categories, while practice items used always, sometimes, rarely and never.

Analysis

Data were summarised using frequencies and percentages. No composite knowledge, practice or competence score was reported; the analysis therefore remains item based. No inferential comparisons are claimed.

Ethics

Ethical approval was reported from the hospital ethics committee (protocol ADS/SHY/SUB/45/VOL.1). Written informed consent was obtained from participants.

Results

Participant characteristics

Of the 132 respondents, 83 (62.9%) were female, 55 (41.7%) were aged 30-39 years, 48 (36.4%) reported RN/RM qualifications and 45 (34.1%) had 5-10 years of work experience. (See Table 1).

Selected knowledge items

As shown in Table 2, the majority of the participants recognised the increased risk of multimorbidity (67.4%), but 62.9% agreed that cognitive decline is a normal part of ageing. Only 53.8% agreed that regular functional assessment should be conducted, and 50.0% agreed that depression is common but often underdiagnosed. These mixed item-level responses do not justify a global label of "moderate" knowledge without a validated scoring rule.

Self-reported practices

Table 3 reported the "Always" responses were low across the assessed practices. Comprehensive assessment was always reported by 19.7%, individualised care-plan documentation by 18.9% and use of geriatric-specific protocols by 14.4%. Self-report may overestimate actual practice and was not corroborated by observation or record review.

Perceived barriers

Assessment of the institutional and operational challenges encountered by nurses caring for older adults ($N = 132$) revealed that systemic workforce limitations were the most prominently reported barriers (Table 4). A substantial majority of respondents endorsed a shortage of nursing staff (63.6%, $n = 84$; 26.5% strongly agree, 37.1% agree) and a high workload (59.8%, $n = 79$;

26.5% strongly agree, 33.3% agree) as primary obstacles to care delivery. Organizational and professional preparation deficits were also widely cited, with over half of the cohort identifying a lack of geriatric-specific protocols (57.5%, $n = 76$; 22.7% strongly agree, 34.8% agree) and limited specialized geriatric training (50.7%, $n = 67$; 21.2% strongly agree, 29.5% agree) as major impediments. Moderate proportions of respondents highlighted communication difficulties (46.9%, $n = 62$), limited administrative support (44.7%, $n = 59$), and negative cultural perceptions of aging (37.1%, $n = 49$). Overall, structural constraints related to staffing, workload, and clinical protocol standardization constituted the principal barriers to effective geriatric care provision in this cohort.

Perception of the Negative Effects of Sleep Deprivation

As presented in Figure 1, an overwhelming majority of respondents acknowledged that sleep deprivation exerts negative effects (~97%), reflecting near-unanimous agreement across the sample. In contrast, only a negligible fraction of participants indicated that sleep deprivation does not have a negative impact (~2%) or expressed uncertainty (~1%).

Perceived Impact of Sleep Deprivation across Cadres

Analysis of the operational and cognitive consequences of sleep deprivation revealed substantial impairment across both lower and upper healthcare cadres (Figure 2). The most frequently reported adverse outcomes were increased medication errors (91% overall; 44% lower cadre, 47% upper cadre) and reduced focus and attention (90% overall; 47% lower cadre, 43% upper cadre). Impaired decision-making capacity was cited by 87% of respondents, with a comparable distribution between lower (45%) and upper (42%) cadres. Cognitive deficits in memory affected 64% of participants, showing a higher prevalence among lower cadre staff (37%) than upper cadre staff (27%). Additionally, slow reaction times were noted by 52% of respondents (25% lower cadre, 27% upper cadre), while an elevated risk of workplace accidents was identified by 37% (19% lower cadre, 18% upper cadre).

Table 1: Socio-Demographic Characteristics of the respondents (N=132)

Variables	n	%
Age (years)		
20-29	27	20.4
30-39	55	41.7
40-49	36	27.3
50 and above	14	10.6
Sex		
Male	49	37.1
Female	83	62.9
Highest nursing qualification		
RN	37	28.0
RM	23	17.4
RN/RM	48	36.4
BNSc	12	9.1
MSc	3	2.3
Other	9	6.8
Work experience		
<5 years	26	19.7
5-10 years	45	34.1
11-15 years	39	29.5
>15 years	22	16.7

Assessment of Institutional Support

Evaluations of institutional measures to mitigate sleep deprivation demonstrated widespread dissatisfaction among staff (Figure 3). A substantial majority of respondents rated hospital support unfavorably, with 52% categorizing support as bad and 22% as very bad, amounting to a cumulative negative assessment of 74%. Conversely, positive perceptions were minimal: 20% rated hospital support as good, 6% as very good, and fewer than 3% as excellent.

Recommended Strategies to Reduce Night Shift Sleep Deprivation

When asked to identify strategies to reduce sleep deprivation during night shifts, respondents predominantly favored structural and facility-level interventions (Figure 4). Increasing manpower was the most frequently endorsed solution (52%), followed by the provision of dedicated nap rooms (32%). Secondary recommendations included reducing the total number of night shifts (10%) and conducting staff training (6%). Combined, workforce expansion and dedicated resting amenities comprised over 80% of all suggested strategies.

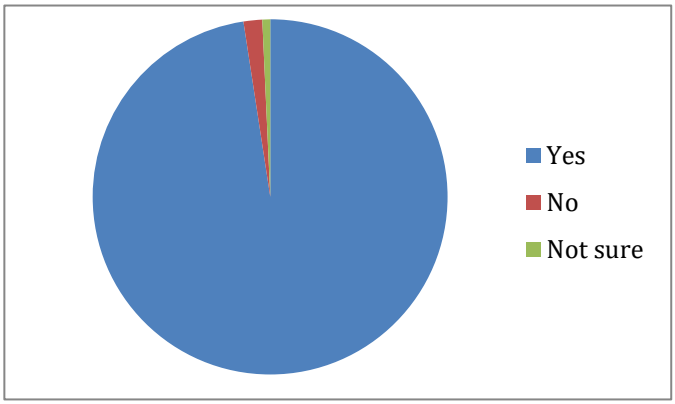

Fig 1: Perception on negative effect of Sleep deprivation

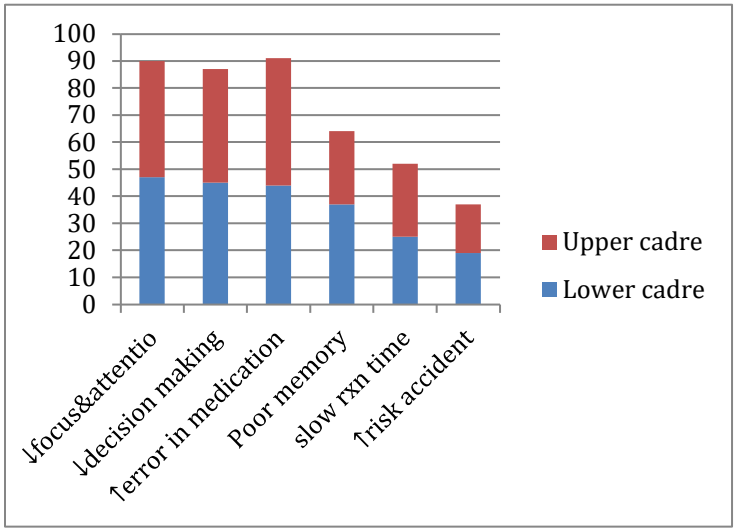

Fig 2: Main effects of sleep deprivation on ability to provide quality care during night shifts

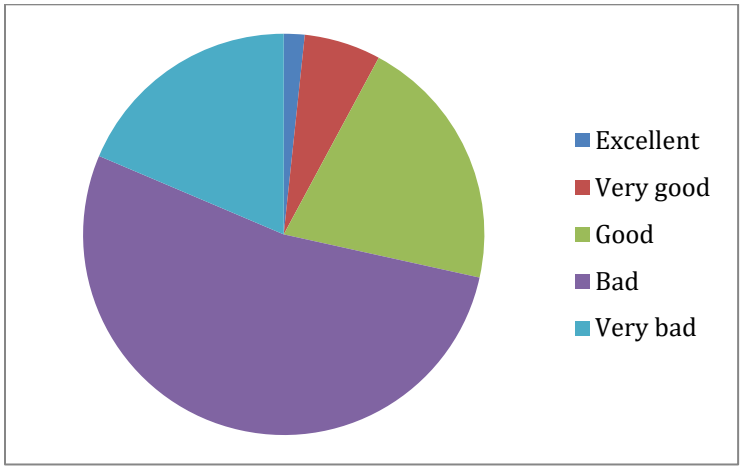

Fig 3: Hospital support to curb sleep deprivation

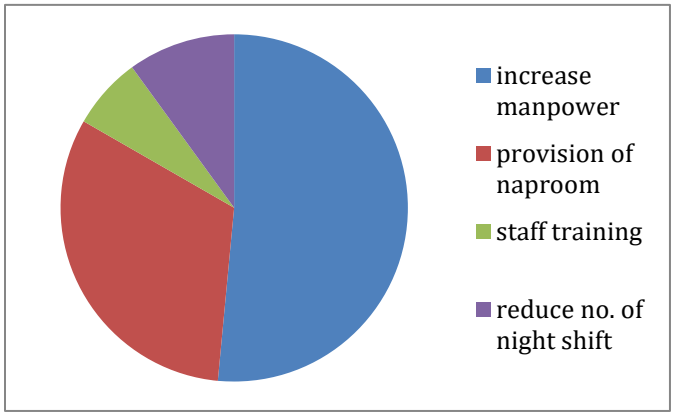

Fig 4: Ways to reduce sleep deprivation during night shift

Table 2: Nurses' Knowledge Regarding Care of Older Adults (N=132)

Statement	Strongly agree (n/%)	Agree (n/%)	Disagree (n/%)	Strongly disagree (n/%)
Ageing is always associated with disease and disability.	23 (17.4)	49 (37.1)	38 (28.8)	22 (16.7)
Older adults are at high risk of multiple chronic diseases.	37 (28.0)	52 (39.4)	30 (22.7)	13 (9.8)
Cognitive decline is a normal part of ageing.	34 (25.8)	49 (37.1)	36 (27.3)	13 (9.8)
Nurses should conduct regular functional assessments.	28 (21.2)	43 (32.6)	39 (29.5)	22 (16.7)
Depression is common but often underdiagnosed in older adults.	21 (15.9)	45 (34.1)	37 (28.0)	29 (21.9)
Nutritional needs decrease significantly with age.	16 (12.1)	31 (23.5)	48 (36.4)	37 (28.0)
Health promotion and preventive care are unnecessary for older adults.	26 (19.7)	39 (29.5)	46 (34.8)	21 (15.9)

Table 3: Nurses' Practices in Caring for Older Adults (N=132)

Practice	Always (n/%)	Sometimes (n/%)	Rarely (n/%)	Never (n/%)
Comprehensive assessment	26 (19.7)	47 (35.6)	37 (28.0)	22 (16.7)
Encourage mobility and physical activity	32 (24.2)	45 (34.1)	30 (22.7)	25 (18.9)
Emotional support and therapeutic communication	29 (21.9)	49 (37.1)	34 (25.8)	20 (15.2)
Involve family in care planning	35 (26.5)	39 (29.5)	32 (24.2)	26 (19.7)
Document individualised care plans	25 (18.9)	57 (43.2)	32 (24.2)	18 (13.6)
Collaborate with other professionals	36 (27.3)	50 (37.9)	29 (21.9)	17 (12.9)
Use geriatric-specific protocols when available	19 (14.4)	31 (23.5)	39 (29.5)	43 (32.6)

Table 4: Challenges Faced by Nurses in Caring for Older Adults (N=132)

Barrier	Strongly agree n (%)	Agree n (%)	Combined agreement %
Limited specialised geriatric training	28 (21.2)	39 (29.5)	50.7
Shortage of nursing staff	35 (26.5)	49 (37.1)	63.6
Communication difficulties	25 (18.9)	37 (28.0)	46.9
Negative cultural perceptions of ageing	17 (12.9)	32 (24.2)	37.1
Limited administrative support	23 (17.4)	36 (27.3)	44.7
High workload	35 (26.5)	44 (33.3)	59.8
Lack of geriatric-specific protocols	30 (22.7)	46 (34.8)	57.5

Discussion

The survey identifies specific misconceptions rather than a single level of competence. Most respondents recognised multimorbidity risk, yet almost two-thirds considered cognitive decline a normal feature of ageing. This matters because normalising cognitive symptoms can delay assessment of delirium, dementia, depression or reversible medical causes. Comparable knowledge gaps have been

reported among nurses and nursing students in lower-resource settings [3,5].

Self-reported practices were inconsistent. Fewer than one in five respondents reported always conducting comprehensive assessment or documenting an individualised care plan, and only 14.4% always used geriatric-specific protocols when available. Contemporary gerontological competencies emphasise person-centred assessment, relational and cultural competence, family partnership and safeguarding [6]. Standardised tools and education may support these practices, but implementation also requires time, staffing and accessible referral services.

The most frequently endorsed barriers were staffing shortage, workload and lack of protocols. These findings suggest that education alone will be insufficient. In-service training should be paired with hospital-level pathways for functional, cognitive, nutritional, medication, falls and psychosocial assessment. Audit and feedback can determine whether reported practice changes.

This study should not be interpreted as an objective competence assessment. The questionnaire's measurement properties were not supplied, results were self-reported, and no clinical observations or patient outcomes were available. The single-hospital setting also limits generalisability.

Recommendations

Develop and validate a contextually appropriate geriatric-care questionnaire or use an established instrument with documented adaptation.

Provide practical in-service education on multidimensional assessment, delirium and dementia recognition, polypharmacy, falls, nutrition, communication and family-centred care.

Introduce concise geriatric screening and care-planning protocols with referral thresholds.

Address staffing and workload in units with substantial older-patient attendance.

Evaluate implementation through chart audit, direct observation, patient experience and clinical outcomes rather than self-report alone.

Limitations

The study was conducted in one hospital and may not represent other Nigerian settings. The response rate and non-response pattern were not supplied. The questionnaire's source, validation and reliability were not reported, and no scoring framework supported an overall knowledge or competence category. Practice data were self-reported and vulnerable to recall and social-desirability bias. The analysis was descriptive and cannot identify predictors or causal relationships.

Conclusion

Nurses at Specialist Hospital Yola showed mixed knowledge across selected ageing statements, infrequent routine use of several geriatric practices and substantial perceived organisational barriers. The results justify targeted education and service improvement, but they do not establish overall clinical competence. Future studies should use validated measures, report response rates and connect nurse preparation with observed care and patient outcomes.

References

1. World Health Organization. Ageing and health. Geneva: WHO; 2025.

2. World Health Organization. Decade of Healthy Ageing: baseline report. Geneva: WHO; 2020.
3. Abudu-Birresborn D, McCleary L, Puts M, Yakong V, Cranley L. Preparing nurses and nursing students to care for older adults in lower- and middle-income countries: a scoping review. Int J Nurs Stud. 2019;92:121-134. doi:10.1016/j.ijnurstu.2019.01.018.
4. Togonu-Bickersteth F, Akinnawo EO. Knowledge about aging and perception of the old by Nigerian nurses. Arch Gerontol Geriatr. 1989;9(2):137-146. doi:10.1016/0167-4943(89)90034-4.
5. Atakro CA. Knowledge of Ghanaian graduating undergraduate nurses about ageing. SAGE Open Nurs. 2021;7:23779608211020957. doi:10.1177/23779608211020957.
6. Tate K, Guney S, Lai C, Van Son C, Kennedy M, Dahlke S. Gerontological nursing competencies: a scoping review. Nurse Educ Today. 2024;133:106034. doi:10.1016/j.nedt.2023.106034.

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