

Elderly Care Knowledge, Attitude and Perceived Self Efficacy of Nurses in Selected Hospitals in Ogoja Local Government Area. Cross River State

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ABSTRACT

Background: Nurses play a vital role in delivering effective geriatric care, and their knowledge, attitudes, and perceived self-efficacy strongly influence care quality and outcomes for older adults. This study assessed nurses' knowledge of elderly care, attitudes toward older adults, and perceived self-efficacy in selected hospitals in Ogoja Local Government Area, Cross River State, Nigeria.

Methods: A descriptive cross-sectional survey was conducted among all registered nurses (N=103) in selected hospitals. Data were collected using validated instruments: The Knowledge-about-Older-Patients Quiz, Kogan's Attitudes toward Old People Scale, and the General Self-Efficacy Scale. Ethical approval and informed consent were obtained. Data were analyzed with SPSS version 24 using descriptive statistics and inferential tests, including chi-square, independent t-test, and one-way ANOVA. Statistical significance was set at $p < 0.05$.

Results: Fewer than half of nurses (48.5%) demonstrated good knowledge of elderly care, while 54.4% showed positive attitudes toward older adults. Perceived self-efficacy was moderate, with scores ranging from 25.0 to 32.5. Knowledge of elderly care was significantly associated with attitude ($\chi^2=18.23$, $p < 0.05$) and perceived self-efficacy ($F=16.89$, $p < 0.001$). Attitude toward elderly care was also significantly related to perceived self-efficacy ($F=19.16$, $p < 0.001$). Socio-demographic variables, including age, years of experience, academic qualification, and marital status, were significantly associated with knowledge, while age and marital status were related to attitude and self-efficacy.

Conclusion: Nurses demonstrated generally adequate geriatric care knowledge and positive attitudes, with moderate perceived self-efficacy, highlighting the need for targeted training and supportive workplace interventions.

Keywords

Geriatric care, Nurses, Knowledge, Attitude, Perceived self-efficacy, Clinical practice in Nigeria settings.

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Introduction

Nursing practice emphasizes holistic care across the lifespan, with caring as its core responsibility, including for older adults [1].

Health is a fundamental human right, and the rapidly growing elderly population requires increasing healthcare attention [2,3]. Adult aged 60 years and above commonly experience chronic,

complex, and multiple health conditions, leading to higher healthcare utilization, prolonged hospital stays, and greater need for coordinated care [4,5]. Globally, the elderly population is projected to reach 2.1 billion by 2050, with sub-Saharan Africa experiencing substantial growth [6].

Nurses play a pivotal role in geriatric care by providing physical, psychological, and social support, particularly for frail older adults and those with age-related disabilities [7]. The quality of care depends on nurses' knowledge, attitudes, and perceived self-efficacy, which influence clinical performance, commitment, and patient outcomes. Yet, evidence indicates persistent gaps in geriatric knowledge, negative attitudes, and low confidence among nurses, often due to limited gerontology education and training [8-11]. In Nigeria, structured geriatric care is limited, and traditional family support has weakened due to urbanization and migration, increasing reliance on formal healthcare [12,13]. Empirical data on nurses' knowledge, attitudes, and self-efficacy at the local government level are scarce. This study therefore assessed these factors among nurses in selected hospitals in Ogoja Local Government Area, Cross River State, Nigeria, to provide context-specific evidence for improving geriatric nursing practice and policy development

Materials and Methods

Study Design

A descriptive cross-sectional survey design was adopted to assess nurses' knowledge, attitudes, and perceived self-efficacy in elderly care.

Study Setting

The study was conducted in three hospitals within Ogoja Local Government Area, Cross River State, Nigeria: General Hospital Ogoja, Catholic Hospital Moniaya, and Tuberculosis and Leprosy Hospital Moniaya.

Study Population and Sampling

The study population comprised all registered and licensed nurses working in the selected hospitals. A total population sampling technique was used, involving 103 nurses who were actively engaged in patient care.

Instruments

Data were collected using a structured, self-administered questionnaire, adapted from validated instruments: Knowledge-about-Older-Patients Quiz to assess elderly care knowledge. Kogan's Attitudes toward Old People Scale to evaluate nurses' attitudes. General Self-Efficacy Scale to measure perceived self-efficacy. The questionnaire was pre-tested for reliability and clarity [14] Procedure: Ethical approval was obtained from the Cross River State Ministry of Health Research and Ethics Committee. Informed consent was obtained from all participants prior to data collection. Questionnaires were administered in-person and completed anonymously to ensure confidentiality. Participants

spent about 30 minutes before completing and submitting. The duration for data collection was one month (Mid June –Mid July 2024) and all shift covered in order to get all the respondents:

Analysis

Data were analyzed using SPSS version 24. Descriptive statistics (frequencies, percentages, means, and standard deviations) summarized nurses' knowledge, attitudes, and self-efficacy. Inferential statistics, including chi-square tests, independent t-tests, and one-way ANOVA, were used to test the study hypotheses. Statistical significance was set at $p < 0.05$ shows the demographic characteristics of participants. Their age ranged from 25- 46 years.

Results

Table 1: Socio-demographic characteristics of the respondents N-103.

Socio-demographics	Categories	Frequency	Percent
Age of respondents	25 and below	15	14.6
	26-35	30	29.1
	36-45	21	20.4
	46 & above	37	35.9
Gender of respondents	Male	10	9.7
	Female	93	90.3
Years of Experience	5 Years & below	18	17.5
	6-10 years	32	31.1
	11-15 years	34	33.0
	16 years & above	19	18.4
Nursing qualification	R N	22	21.4
	R M	48	46.6
	RN/RM/B.Sc	33	32.0
Marital Status	Married	61	59.2
	Single	42	40.8

Participants within the age range of 25 years and below were 15 (14.6%), 30 (29.1%) within the age range of 26-35 years, with the majority being from 46 years and above (37%). Majority of the participants were females (90.3%). Participants with work experience of 6 years and above were 32 (31.1%), with majority being 11-15 years 34 (33%), 22 (21.4%), were registered nurses, 48 (46.6%), were registered midwives, while 33 (32.0%) had Bachelor of Nursing Science. Most participants were married (59.2%), (40.8%) were single.

The information on (Table 2) showed the correct and incorrect responses to the items that assessed knowledge of elderly care among nurses in the study area.

Table 2 shows the knowledge of elderly care was measured with 24 items test, with true and false options. The respondents were scored according to the number of correct and incorrect responses to the items.70% and above were considered to have good knowledge of the elderly care. 50% and below were considered to have poor knowledge of the elderly care.

Table 2: Knowledge of Elderly Care Among nurses (N = 103).

S/N	Items	Correct responses		Incorrect responses	
		N	%	N	%
1	The aged needs care because of their declining biological functions	97	94.2	6	5.8
2	Teaching and promoting regular physical exercise for older patients can improve their quality of life.	56	54.4	47	45.6
3	It is important for elderly individuals to have regular and appropriate meals	103	100.0	0.0	0.0
4	The elderly with unexpected urinary incontinence should be encouraged to go for further investigation to ascertain cause of infection	92	89.3	11	10.7
5	Extreme caution should be taken when administering medication to the elderly due to declining function of the liver and kidney	90	87.4	13	12.6
6	Actively encourage and support appropriate dietary intake for older adults	95	92.2	8	7.8
7	Elderly people need less fluid	80	77.7	23	22.3
8	Asking elderly patients whether they have fallen in the past six months is a good way of assessing their risk of falling	44	42.7	59	57.3
9	Providing support for movement, assistive devices, preventive strategies, can reduce the risk of falls	57	55.3	46	44.7
10	Assisting the elderly to maintain social contact with friends, and relations can prevent memory loss	62	60.2	41	39.8
11	Recognizing and addressing symptoms of depression, anxiety and loneliness is an essential component of elderly care	72	69.9	31	30.1
12	It is good to have older people drink more often, because they have reduced thirst sensation	81	78.6	22	21.4
13	In the case of delirium, bright light should be used to illuminate all of the corners of the room	60	58.3	43	41.7
14	Medications with severe side effect should be administered with caution	56	54.4	47	45.6
15	Over burden caregiver may not be able to provide adequate care for the elderly	95	92.2	8	7.8
16	It is good to provide extensive instruction about how to complete a task to patients suffering from apraxia	79	76.7	24	23.3
17	When speaking to hearing impaired older patients, it is best to speak at normal volume	54	52.4	49	47.6
18	In the case of difficulty in swallowing, all medicines must be crushed to ensure that patients ingest them	99	96.1	4	3.9
19	Encouraging depressed older patients to speak out about their symptoms and treatment options improve their health.	81	78.6	22	21.4
20	Geriatric nurses needs to be patient, understanding, and posses the ability to remain calm when caring for the elderly	49	47.6	54	52.4
21	Providing a safe and supportive environment can address emotional needs of the elderly	79	76.7	24	23.3
22	Pain medication should be administered to older people as little as possible, due to the possibility of addiction	82	79.6	21	20.4
23	Assisting with basic task such as dressing, bathing, eating, and transportation are components of geriatric care	80	77.7	23	22.3
24	Activities should be spread evenly over the day for elderly patient suffering from delirium	66	64.1	37	35.9

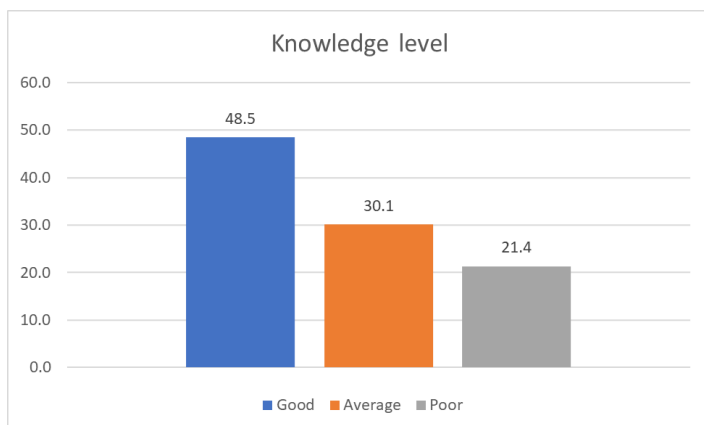


Figure 1: Summary of Level of knowledge of nurses about elderly patients care.

Figure 1, shows 48.5% of the participants have good knowledge of elderly care 30.1% have average knowledge of elderly care. 21.4% have poor knowledge of the elderly care. As indicated in the bar chart, it could be said that majority of the nurses (though less than 50%) in the study have good knowledge about elderly care.

Table 3 shows that 30 out of the 34 items have their mean values within the cut off mean value of 3.0. Items 4, 13, 14, and item 34 have their mean values less than the cut off mean value of 3.0

However, the obtained grand mean value for the attitude sub-scale is 3.90, which is within the cut off mean value of 3.0.

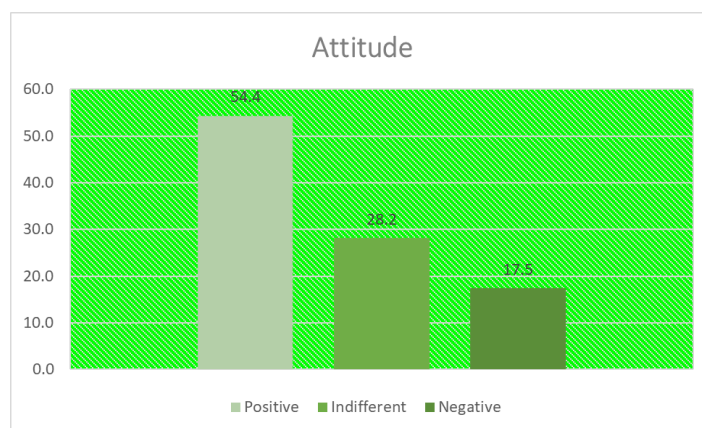


Figure 2: Summary of Attitude of nurses towards the care of the elderly patient.

Figure 2 shows 54.5% of the participants have positive attitude towards elderly care. While 17.5% have negative attitude of elderly care. It shows that the respondents mostly agreed to the items that measured the sub-scale. This implies that nurses in this study have positive attitude in the care of the elderly.

Table 4 shows that all the items had a mean score above 2.5 which is the decision rule. The highest mean score was 3.5(0.80) while the least was 2.7(1.20). The grand mean is 3.05

Table 5 shows that there is a significant association between knowledge of elderly care and attitude of nurses towards elderly patients at (p=0.001). Nurses with good knowledge of elderly care have high positive attitude towards care of elderly patients. The more the increase in knowledge of nurses about elderly care, the more positive attitude they develop towards the care of elderly.

Table 6 shows that there is significant association between knowledge of elderly care and perceived self-efficacy of nurses in

the care of the elderly. (P=0.001). (F-ratio is 16.89 with p-value of 0.00).

Table 7 shows that there is a significant association between selected socio-demographic variables of nurses and their knowledge in the care of the elderly patients. (Age p=007), experience (p=0.001), qualification (0.013), and marital status (0.000). There is no significance association between gender of participants (p=0.82) and knowledge of elderly care.

Table 8 shows that there is a significant association between social demographic variables, age (p=0.001), marital status (p=0.001) of nurses and their attitude towards the care of elderly patients.

Table 3: Attitude towards the Elderly Patients Care (N = 103).

S/N	Items	N	X	SD	Decision
1	Caring for the aged is more like an obligation than a pleasure	103	3.98	1.31	Accepted
2	I like caring for the elderly	103	4.07	1.38	"
3	Caring for the elderly is very challenging and demanding	103	4.27	1.17	"
4	Caring for the elderly though challenging is very interesting.	103	2.92	1.45	Rejected
5	It is more difficult to care for the elderly than the young adult.	103	4.28	1.22	Accepted
6	It is very easy to care for the elderly.	103	4.05	1.13	"
7	I cannot care for elderly patients that are incontinent.	103	3.64	1.45	"
8	I can care for the elderly patient that are incontinent to any extent	103	4.11	1.24	"
9	Elderly patient can be very dirty making caring for them very unpleasant	103	4.30	1.08	"
10	Elderly patient can be very clean when cared for adequately.	103	4.50	1.07	"
11	It Elderly patients are more difficult to care for than younger patients	103	3.91	1.35	"
12	Caring for the elderly patients is very rewarding, it feels like caring for ones parent	103	3.54	1.34	"
13	I feel very uncomfortable when caring for the elderly patient.	103	2.75	1.30	Rejected
14	I II enjoy working with elderly patients.	103	2.59	1.49	"
15	Caring for frail elderly patient makes me very uncomfortable.	103	3.11	1.78	Accepted
16	Old people are very relaxing to be with during care	103	4.10	1.47	"
17	Most old people insist on receiving care their own way.	103	4.27	1.25	"
18	One of the most interesting and entertaining things about old people is that they accept care very easily	103	4.83	0.61	"
19	Old people are never satisfied with care rendered to them.	103	3.29	1.49	"
20	Old people are easily satisfied and are grateful for care rendered to them	103	4.05	1.22	"
21	Old people always find fault and complain about care rendered to them.	103	3.79	1.29	"
22	Old people response to care is not different from younger adult	103	3.61	1.44	"
23	It's a waste of time to care for the elderly	103	4.30	1.09	"
24	Elderly care can be very rewarding	103	3.52	1.35	"
25	It is evident that most old people are very different from one another so their care needs differs	103	4.57	1.04	"
26	It is evident that most old people are not very different from each other	103	4.33	1.20	"
27	Most old people should be concerned with personal appearance. They are too untidy	103	3.80	1.28	"
28	Most old people seem quite clean and neat in their personal appearance They just need to be assisted when they cannot help themselves.	103	4.50	1.05	"
29	Most old people are irritable, grouchy and unpleasant. Caring for them is very difficult.	103	4.06	1.37	"
30	Most old people are cheerful, agreeable, and good humored	103	4.56	1.00	"
31	Most old people are constantly complaining about the behavior of the younger care givers	103	4.17	1.16	"
32	Old people seldom complain about the behaviour of the younger caregivers	103	3.83	1.52	"
33	Most old people make excessive demands for care	103	4.12	1.33	"
34	Most old people need no more love and reassurance than anyone else and only demand for their due care.	103	2.91	1.28	Rejected
	Grand Mean		3.90	1.27	Accepted

- **Decision rule:** mean ≥ 3 = accepted; mean ≤ 3 = rejected. The cutoff mean score is set at 3.0 for the items, which is the mean for the highest and least obtainable scores in each item. The items with scores below the cut off means were rejected, while items with scores within the cut off mean were accepted as prevalent attitude of the nurses towards the care of elderly patients.

Table 4: Mean Rating of perceived Self-Efficacy of Nurses in Care of Elderly Patients.

S/n	Items	N	X	SD	Level
1	I am very confident in my ability to provide effective care for older adults.	2.5	2.9	1.03	Average
2	I feel competent in managing the challenges related to aging and age-related illnesses.	2.5	2.7	1.20	"
3	I believe my knowledge and skills are sufficient to care for an older adult with specific condition	2.5	2.8	1.11	"
4	I am very confident in my ability to administer medication to an older adult	2.5	2.8	0.95	"
5	I am very confident in my ability to assist an older adult with activities of daily living, such as dressing or bathing	2.5	3.3	0.81	High
6	I am very confident in my ability to educate older adults and their families about their health conditions and care plan	2.5	3.1	0.80	Average
7	I can remain calm when facing difficulties with the elderly because I can rely on my coping abilities	2.5	3.3	0.87	High
8	When I am confronted with a problem concerning the elderly, I can usually find several solutions	2.5	3.1	0.90	Average
9	I am very comfortable my ability to provide emotional support and counseling to an older adult	2.5	3.0	0.99	"
10	I am very confident in my ability to recognize and manage changes in an older adult's condition, such as symptoms of illness or distress	2.5	3.5	0.80	High
	Grand mean		3.05	4.63	Average

- **Decision rule:** mean ≥ 2.5 = accepted; mean ≤ 2.5 = rejected: The cutoff mean score is set at 2.5 for the items. Scores that are below the cut off means were considered as low level, those within the lower limit of the cutoff means (2.5 -3.2) for items were considered as average, while scores within the upper limit of the cut off points (3.3-4.0) for the items, were considered as high level.

Table 5: Contingency Chi-Square analysis of association between knowledge level and attitude of nurses in the care of elderly patients (N = 103).

Knowledge level	Attitude category				X ² Cal.	Df	X ² Crit.	P-value
	Positive Count (%)	Indifferent Count (%)	Negative Count (%)	Total				
Good	37	10	3	50	18.23*	4	9.49	.001
	(74.0)	(20.0)	(6.0)	(100.0)				
Average	12	12	7	31	18.23*	4	9.49	.001
	(38.7)	(38.7)	(22.6)	(100.0)				
Poor	7	7	8	22	18.23*	4	9.49	.001
	(31.8)	(31.8)	(36.4)	(100.0)				
Total	56	29	18	103	18.23*	4	9.49	.001
	(54.4)	(28.2)	(17.5)	(100.0)				

*P<.05

Table 6: Association between Knowledge of elderly care and perceived self-efficacy of nurses in the care of elderly patients (N = 103).

Knowledge level	N	X	SD		
Good	50	32.78	3.54		
Average	31	29.06	4.18		
Poor	22	27.27	4.87		
Total	103	30.49	4.63		
Source of variation	SS	Df	MS	F	Sig.
Between Groups	552.91	2	276.46	16.89*	.000
Within Groups	1636.81	100	16.37		
Total	2189.73	102			

Dependent variable: Self-efficacy of nurses

*P<.05

Table 7: Contingency Chi-Square analysis of association between socio-demographic variables of nurses and their knowledge of care of elderly patients (N = 103).

Socio-demographics	Knowledge level				X ² Cal	Df	X ² Crit	P-value
	Good Count (%)	Average Count (%)	Poor Count (%)	Total Count (%)				
Age								
25 and below	4 (26.7)	6 (40.0)	5 (33.3)	15 (100.0)				
26-35	9 (30.0)	11 (36.7)	10 (33.3)	30 (100.0)				
36-45	17 (81.0)	4 (19.0)	0 (0.0)	21 (100.0)	17.88*	6	12.59	.007
46 & above	20 (54.1)	10 (27.0)	7 (18.9)	37 (100.0)				

Total	50 (48.5)	31 (30.1)	22 (21.4)	103 (100.0)				
Gender								
Male	8 (80.0)	2 (20.0)	0 (0.0)	10 (100.0)				
Female	42 (45.2)	29 (31.2)	22 (23.7)	93 (100.0)	5.00	2	5.99	.082
Total	50 (48.5)	31 (30.1)	22 (21.4)	103 (100.0)				
Experience								
5 Years & below	4 (22.2)	10 (55.6)	4 (22.2)	18 (100.0)				
6-10 years	13 (40.6)	7 (21.9)	12 (37.5)	32 (100.0)				
11-15 years	19 (55.9)	13 (38.2)	2 (5.9)	34 (100.0)	22.79*	6	12.59	.001
16 years & above	14 (73.7)	1 (5.3)	4 (21.1)	19 (100.0)				
Total	50 (48.5)	31 (30.1)	22 (21.4)	103 (100.0)				
Qualification								
R N	10 (45.5)	2 (9.1)	10 (45.5)	22 (100.0)				
R M	22 (45.8)	19 (39.6)	7 (14.6)	48 (100.0)	12.63*	4	9.49	.013
B.Sc	18 (54.5)	10 (30.3)	5 (15.2)	33 (100.0)				
Total	50 (48.5)	31 (30.1)	22 (21.4)	103 (100.0)				
Marital Status								
Married	38 (62.3)	17 (27.9)	6 (9.8)	61 (100.0)				
Single	12 (28.6)	14 (33.3)	16 (38.1)	42 (100.0)	15.37*	2	5.99	.000
Total	50 (48.5)	31 (30.1)	22 (21.4)	103 (100.0)				
*P<.05								

Table 8: Contingency Chi-Square analysis of association between socio-demographic variables of the nurses and their attitude towards care of elderly patients (N = 103).

Socio-demographics	Attitude category				X ² Cal.	Df	X ² Crit.	P-value
	Positive Count (%)	Indifferent Count (%)	Negative Count (%)	Total Count (%)				
Age								
25 and below	10 (66.7)	2 (13.3)	3 (20.0)	15 (100.0)				
26-35	9 (30.0)	12 (40.0)	9 (30.0)	30 (100.0)				
36-45	15 (71.4)	4 (19.0)	2 (9.5)	21 (100.0)	12.76*	6	12.59	.001
46 & above	22 (59.5)	11 (29.7)	4 (10.8)	37 (100.0)				
Total	56 (54.4)	29 (28.2)	18 (17.5)	103 (100.0)				
Gender								
Male	7 (70.0)	2 (20.0)	1 (10.0)	10 (100.0)				
Female	49(52.7)	27 (29.0)	17(18.3)	93 (100.0)	1.11	2	5.99	.573
Total	56 (54.4)	29 (28.2)	18 (17.5)	103 (100.0)				
Experience								
5 Years & below	11 (61.1)	4 (22.2)	3 (16.7)	18 (100.0)				
6-10 years	14 (43.8)	9 (28.1)	9 (28.1)	32 (100.0)				
11-15 years	22 (64.7)	8 (23.5)	4 (11.8)	34 (100.0)	6.69	6	12.59	.350
16 years & above	9 (47.4)	8 (42.1)	2 (10.5)	19 (100.0)				
Total	56 (54.4)	29 (28.2)	18 (17.5)	103 (100.0)				
Qualification								
R N	11 (50.0)	5 (22.7)	6 (27.3)	22 (100.0)				
R M	30 (62.5)	11 (22.9)	7 (14.6)	48 (100.0)	4.86	4	9.49	.302
B. Sc	15 (45.5)	13 (39.4)	5 (15.2)	33 (100.0)				
Total	56 (54.4)	29 (28.2)	18 (17.5)	103 (100.0)				
Marital status								
Married	35 (57.4)	22 (36.1)	4 (6.6)	61 (100.0)				
Single	21 (50.0)	7 (16.7)	14 (33.3)	42 (100.0)	13.78*	2	5.99	.001
Total	56 (54.4)	29 (28.2)	18 (17.5)	103 (100.0)				
*P<.05								

Table 9: One-Way Analysis of Variance (ANOVA) of the association between socio-demographic variables (age, experience and qualification) of the nurses and their perceived self-efficacy in care of elderly patients (N = 103).

Socio-demographics	Source of variation	SS	Df	MS	F	Sig.
Age	Between Groups	894.68	3	298.23	22.80*	.000
	Within Groups	1295.04	99	13.08		
	Total	2189.73	102			
Experience	Between Groups	622.64	3	207.55	13.11*	.000
	Within Groups	1567.09	99	15.83		
	Total	2189.73	102			
Qualification	Between Groups	41.14	2	20.57	0.96	.387
	Within Groups	2148.58	100	21.49		
	Total	2189.73	102			
Dependent variable: Self-efficacy of nurses						
*P<.05						

There is no significance association between socio demographic variables: Years of working experience (p=0.350), gender (p-0.573), qualification (p=0.302) of nurses and their attitude towards elderly care.

Table 9 shows that there is a significant association between ages and experience of the nurses and their perceived self-efficacy in the care of the elderly patients. Age (F-ratio is 22.80, with p-value of .000). Experience (F-ratio is 13.11, with p-value of .000). There is no significant association between nurse’s educational qualification (F-ratio is 0.96, with p-value of .387) and their perceived self-efficacy in the care of the elderly patients.

Discussion

The elderly population is increasing and the demand for geriatric care is rising, empirical evidence on nurses’ knowledge, attitudes, and perceived self-efficacy remains limited in many parts of Nigeria. This study examined nurses’ knowledge, attitudes, and perceived self-efficacy in the care of elderly patients and explored the relationships among these variables. The findings revealed that fewer than half of the nurses had good knowledge of elderly care. This is consistent with reports from some studies [3,15], who documented that less than half of nurses had moderate knowledge levels, but contrasts with other studies [16], who reported significantly lower knowledge. These variations may reflect differences in clinical exposure, work environment, and duration of professional experience, all of which influence nurses’ understanding of geriatric care needs.

A little over half of the nurses demonstrated a positive attitude toward caring for elderly patients. This finding is consistent with other studies that indicate a generally positive attitude toward elderly care [17,18]. Positive attitudes observed in this study may be attributed to personal caregiving experiences, mentorship from senior colleagues, and participation in continuing professional development programs focused on elderly care. A positive attitude among nurses can lead to improved quality of care for elderly patients, fostering better patient outcomes and satisfaction. Understanding these attitudes can also inform healthcare policies aimed at promoting geriatric care, ensuring that elderly patients

receive the attention and respect they deserve.

Nurses in this study demonstrated an average level of perceived self-efficacy, consistent with some studies [18]. This may be explained by mandatory continuing education programs required by the Nursing and Midwifery Council of Nigeria, which enhance clinical competence and confidence. Self-efficacy remains essential for effective decision-making and quality geriatric care. As nurses with high level of self-efficacy deliver quality care with confidence and competence

Significant relationships were identified among knowledge, attitude, and self-efficacy. Higher knowledge was associated with more positive attitudes, consistent with some studies [16,19]. Knowledge was also significantly related to self-efficacy, in line with some current studies [5]. Furthermore, positive attitudes were significantly associated with higher self-efficacy, corroborating earlier findings [16,5].

Socio-demographic factors such as age, educational level, years of experience, academic qualification, and marital status were significantly associated with knowledge of elderly care, consistent with some studies [20,21]. Age and years of experience were also associated with self-efficacy, while gender and academic qualification showed no significant influence, contrary to some previous studies [1,5].

Implications

The findings highlight the need for structured geriatric-focused education, mentorship, and continuous professional development to strengthen nurses’ knowledge, attitudes, and self-efficacy. Such interventions are essential for improving the quality of elderly care in clinical settings, particularly in resource-limited healthcare systems.

Limitations of the Study

This study has several limitations. First, the sample size was restricted to 103 participants, which may not adequately represent the larger population of nurses. A broader inclusion of hospitals across the state with a larger sample size would have enhanced the

generalizability of the findings.

Second, the assessment of self-efficacy relied solely on self-reported data, which is inherently subject to bias. Without corroborating these responses through related research or observational data, the views of participating nurses cannot fully represent all clinical nurses.

Third, the study was conducted in a single location, limiting the applicability of the results to other contexts. This also restricted opportunities to thoroughly test and validate the research instrument in diverse settings across the state.

Finally, the exclusive use of paper-based questionnaires presented another limitation. More modern data collection methods—such as Google Forms, social media surveys, or Microsoft Forms—could have facilitated participation from a wider range of nurses in various hospitals nationwide.

Future research, supported by more extensive funding, should address these limitations to produce more comprehensive and generalizable insights.

Recommendations

Based on the study findings, the following recommendations are proposed:

1. **Regular Continuing Education:** The government, in collaboration with relevant stakeholders in the healthcare delivery system, should periodically organize comprehensive training programs for nurses on geriatrics and gerontology to continually update their knowledge and skills.
2. **Periodic Competency Evaluation:** Hospital management boards should implement routine evaluations of nurses to identify gaps in knowledge and skills related to geriatric and gerontology nursing care, followed by targeted interventions.
3. **Enhanced Clinical Exposure:** Both practicing nurses and nursing students should be given structured clinical experiences that allow them to observe and learn from senior nurses providing care to elderly patients, thereby improving their practical competence.
4. **Inclusion of Geriatric Modules in MCPDP:** Geriatric care modules should be developed and incorporated into Mandatory Continuing Professional Development Program (MCPDP) workshops to improve the quality of care provided to elderly patients.
5. **Promotion of Geriatric nursing as a Specialty:** Efforts should be made to establish and promote geriatric nursing as a recognized specialty, thereby attracting nursing students to this important field.
6. **Specialty Allowance for Geriatric Nurses:** The government should consider introducing a special allowance for nurses in geriatric care, similar to incentives provided for other specialties such as nurse anesthetists, to enhance motivation and retention in the field.

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