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Research Article

Life Satisfaction Assessment of Elderly Living in Geriatric Homes: Case Study of a Geriatric Home in Ibadan, Nigeria

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ABSTRACT

Due to the gradual extinction of the extended family system, many Nigerian elderly now live in geriatric homes. The main objective of the study was to assess the level of life satisfaction of the elderly living in a geriatric home; while the specific ones were to identify the factors responsible for their level of satisfaction, the antecedents of being residents of the home, and their perception of living in a geriatric home. This study was conducted in a geriatric home at Akobo, Ibadan North Local Government, Oyo State, Nigeria. An exploratory, descriptive design was used to elicit data from thirteen participants using In-depth Interview. Out of the twenty-two elderly persons in the home: fifteen met the inclusion criteria and two declined to participate. Hence, only thirteen were interviewed. The mean level of life satisfaction of the participants was 23.60 + 4.09, which meant majority of them were generally satisfied; Illness, childlessness and loneliness were found to affect their life satisfaction. All the participants said either chronic illness or loneliness was the major reason for them residing in the home; and 53.8% of the participants had poor perception about the home, mainly due to movement restriction in the home and lack of a private life. In conclusion, all participants hope to leave the home to re-unite and live with their loved ones. It is therefore imperative for all stakeholders to put necessary measures in place, to strengthen family institution, monitor operation of geriatric homes and elaborate the training of health professionals in geriatric care.

Keywords: *Elderly, Geriatric Home, Life Satisfaction, Perception*

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INTRODUCTION

The United Nations defines elderly persons as "those aged 60 years and above" (UN DESA Population Division, 2017). The population is aging globally, due to modernization, globalization, and urbanization (Adebowale, Atte and Ayeni, 2012; Hayat *et al*., 2016). In 2017, there was an estimated 962 million elderly persons in the world (13 per cent of the global population), with a growing rate of about three percent per year (UN DESA Population Division, 2017). In sub- Saharan Africa, the number of people over 60 years of age is expected to increase over threefold, from 46 million in 2015 to 147 million in 2050 (WHO Department of Ageing and Life Course, 2017). It was reported that in 2013, 6.1% of Nigerian population, amounting to more than 10 million Nigerians, are above sixty (60) years old; compared to 5.6% reported in 1999 with over 2 million Nigerians (National Population Commission, 2000; NPC Nigeria and ICF International, 2014). This change in population structure has several implications on the health, well-being and quality of life of the elderly (Rao, Trivedi and Yadav, 2015); with a clear need to pay more attention to healthy ageing. Life satisfaction, one of the general construct of subjective wellbeing, has been identified as a key indicator of healthy ageing (Gana *et al*., 2013).The concern for healthy ageing – including subjective wellbeing – spurred the assessment of life satisfaction of the elderly.

Life satisfaction is one among a range of concepts that is assumed to reflect the conditions of a good life (Choudhary, 2013). It has been used interchangeably with happiness and subjective wellbeing in literature; though life satisfaction is a type of happiness while subjective wellbeing is the sum of all forms of happiness (Veenhoven, 2012; Ng, Tey and Asadullah, 2017; Lachmann *et al*., 2018; Diener, 2020). Satisfaction with life is used in the sense of overall positive

assessment by the individual concerned (Beyaztas, Kurt and Bolayir, 2012). Life satisfaction among the elderly has become an important issue in community geriatric care. It has been defined as a subjective evaluation of one's life; and in old age, regarding the past as more satisfying than the present could indicate a negative orientation towards present life and thus a symptom of depression or low well-being (Kimondo, 2012). What is critical to life satisfaction in almost all cases is an individual's perception of control within his or her own situation, which appears to be more important than objective measures (Choudhary, 2013).

The gradual extinction of the Nigerian cultural extended family system plus the inadequacies of economic situation of the younger generation has resulted in many elderly persons now living alone (Okoye, 2012). Today, some Nigerian elderly now live in geriatric homes because of this change in family structure (Okoye, 2012). This idea of institutionalization of the elderly has been largely borrowed from the west to improve the care of those who are neither able to manage their own affairs or have any person to look after them (Joseph *et al*., 2014). However, living in these homes has led to loneliness and isolation among this population. The feeling of loneliness, cum the natural age-related decline in physical and physiological functioning, makes their psychological wellbeing a concern (Rao, Trivedi and Yadav, 2015).

Of great interest is the wellbeing of elderly in the rapidly ageing world (Ng, Tey and Asadullah, 2017). Meanwhile, life satisfaction – which is pertinent to psychosocial investigation of ageing – is influenced by many factors (Sangar *et al*., 2015). Some of the factors identified to contribute to life satisfaction of elderly living in nursing homes include lack of autonomy, loss of independence; loss of dignity; loss of control; lack of privacy in nursing home e.g. shared bathrooms, having roommates and no private place for residents to entertain their visitors; and lack of meaningful activities within the homes, which resulted in feeling bored; and lack of meaning in life (Kimondo, 2012). Similarly, it has been revealed that social support has significant effect on the psychosocial well-being of the elderly in old people's homes (Oluwagbemiga, 2016).

Several studies have reported association between life satisfaction and living arrangement among elderly (Chen, 2001; Kooshiar *et al*., 2012; Lim *et al*., 2016); with reports of average and low level of life satisfaction among elderly people residing in geriatric homes (Dahlan, Nicol and Maciver, 2010; Jaradat and Abood, 2016). Similar findings of relationship between wellbeing and living arrangement were reported in Ibadan, Nigeria (Gureje *et al*., 2008; Oladeji, 2011). However, when considering those living in old people's home, there is paucity of data on their perception of level of life satisfaction and the reasons that brought them to the home. Also, majority of the previous studies reviewed used a quantitative approach; hence, this study utilized a qualitative approach. Therefore, the study assessed the level of life satisfaction of the elderly living in a geriatric home using case study approach, and the following specific objectives were explored:

- To identify the factors responsible for their level of life satisfaction.
- To determine the antecedents to admission to the home.
- To assess their perception about living in geriatric homes.

MATERIALS AND METHODS

Study design: A descriptive, exploratory design was used to provide a comprehensive summary of the life satisfaction and perception of the elderly living in a geriatric home.

Location: The study was carried out among elderly residing in a government-registered elderly people's home at Akobo, Ibadan North Local Government Area, Oyo State, Nigeria. There were four (4) registered geriatric homes in Ibadan city (NgEX Business Directory, 2014). Out of these, one was purposively selected for the study due to the quality of care rendered in the facility – which earned the home a resource facility for postgraduate nursing students from University of Ibadan.

Participants and selection criteria: Total enumeration was used for the study. Inclusion criteria for the study were persons who were 60 years old and above, had spent minimum of one month residing in the geriatric home and were mentally stable and alert to discuss; while exclusion criteria were persons who were unwilling to participate and (or) did not have the ability to communicate without limitations. There were twenty-two (22) elderly persons in the home. Fifteen (15) met the inclusion criteria, while seven (7) met the exclusion criteria. However, two (2) declined participation in the study. Hence, only thirteen (13) were interviewed.

Research instrument: An interview guide, which had five sections, was developed to elicit information from the participants. It was translated back-to-back from English to Yoruba language. Section A comprised of the socio-demographic data of participants, while section B assessed the level of life satisfaction of participants. Sections C, D, E contained questions exploring factors influencing their life satisfaction, their antecedents to admission to the home and their perception about living in the home respectively. Section B was adapted from Satisfaction with Life Scale (Diener *et al*., 1985); while other sections were developed by the researcher. The psychometric properties of Satisfaction with Life Scale have been tested in other numerous studies (Pavot and Diener, 1993, 2008). Face and content validities of the other sections of the guide was properly addressed by comparing their items to literature and matching their items with the set objectives and research questions. Besides, copy of the instrument was made available to an expert qualitative researcher for intellectual review, critiquing and recommendation.

Ethical consideration: The researchers got approval to conduct the study from the Research Ethics Committee of Oyo State Ministry of Health. Access to research field was gained by the researchers after presentation of the ethical approval certificate to the management of the home. The interview was scheduled after the researchers explained the purpose of the study to and obtained consent from the participants. No third party was present when conducting the interview to ensure privacy, and confidentiality was maintained throughout the study. Names of participants were not collected, so as to

ensure qualitative research analysis expert could not link the participants to the information obtained; all tape recorders were retrieved from the analyst once the analysis was done. Lastly, pictures of participants were not taken, as only their voices were recorded.

Data collection procedure: This study utilized In-depth Interview (IDI) to elicit information from the participants. The participants were interviewed individually in English language; while a few, who did not understand English language, were interviewed in Yoruba language. The researchers explained or rephrased the questions if the participants did not understand the questions. Also, participants were put at ease by giving them the option of not answering the questions with which they were uncomfortable. For easy documentation, a recording device and postscripts were used – with the consent of the participants. The interview was conducted with open questions in order to give the participants space and time to talk about their experiences. All the study participants were asked the same questions; though, the order of the questions varied based on the progression of the interview. After each interview, the results was summarized and then communicated to the interviewee. The key aspects were documented and approved by the study participants. Each interview session lasted thirty-five (35) to fifty (50) minutes.

For credibility to be achieved in the study, the researchers spent the first week in the study setting to become oriented to the environment and build trust and rapport with the participants. Four (4) of the researchers were involved in the interview, and peer debriefing was conducted through meetings and discussions with one another to allow for questions and critique of data collected from the field. Also, observation was used in addition to the interview (methodological triangulation) to assess the emotions, gestures and other non-verbal cues of the participants while the interview was on.

Bracketing was achieved by presenting the researchers' interpretation and description of the participant's narratives to him/her; and then providing the opportunity to review the transcripts and modify it if they wish. The use of interview guide was to ensure transferability. All the researchers met and discussed about how to use the interview guide to ensure variations in the questioning skill of each researcher was limited to the barest minimum. Dependability of the findings of the study was achieved by two (2) researchers being involved in the interview session; one as interviewer and the second as note taker. After the interview session, peer review was done with the remaining two (2) researchers who critiqued and validated the findings of the interviewers. After this, themes and descriptors were identified and agreed upon by all the four (4) researchers after deliberations. Audit trail also took place to examine the process of data collection, analysis and interpretation, by documenting daily activity and running account of the journal – to ensure confirmability. Lastly, the researchers recruited a qualitative research analysis expert to review the transcribed material and validate the themes and descriptors identified.

Data analysis: Both quantitative and qualitative data analyses were used. Quantitative data were analysed with the aid of Statistical Package for Social Sciences (SPSS) version 24.0. For the socio-demographic variables of the participants (Section A), results were presented frequency and percentages, while life satisfaction of participants (Section B) was interpreted using Scores on the Satisfaction with Life Scale by Ed Dienner (Diener *et al*., 1985). The questions on the life satisfaction was analysed using a deductive approach and presented in chart. Below is the interpretation of the findings (Diener *et al*., 1985):

30 – 35 Very high score; highly satisfied: They love their lives and feel that things are going very well.
25- 29 High score: They feel that things are going well, of course their lives are not perfect, but they feel that things are mostly good.
20 – 24 Average score: They are generally satisfied, but have some areas where they very much would like some improvement.
15 – 19 Slightly below average in life satisfaction: They usually have small but significant problems in several areas of their lives.
10 – 14 Dissatisfied: They are substantially dissatisfied with their lives.
5 – 9 Extremely Dissatisfied: They are usually extremely unhappy with their life.

For the qualitative data (Sections C, D, E), narrative analysis of the IDI with the participants was used. The questions on factors influencing their life satisfaction, what brought them to the geriatric home and how they cope with the challenges in the home were analysed using thematic content analysis.

RESULTS

The socio-demographic characteristics of the participants was presented in Tables 1 and 2, level of life satisfaction of the participants in figure I, and summary of the themes that emerged from the IDI conducted in Table 3. The median age of the participants was 73 years, and median duration of residence in the home was 24 months. Six (46.2%) of the participants were male while seven (53.8%) were female. Nine (69.2%) were widowed, while four (30.8%) were married. Nine (69.2%) had a primary disease (ranging from hypertension, stroke, blindness, joint pain to cataract) while four (30.8%) had no primary disease. Twelve (92.3%) lived in their home prior admission, while one (7.7%) lived in the church. Ten (76.8%) of them lived with their family members, one (7.7%) with employer, and two (15.4%) lived alone. Three (23.1%) each of the participants were teachers, traders, and civil servants, while one (7.7%) each was a clergy man, a medical artist, a civil engineer and an accountant before retirement. One (7.7%) had no formal education, two (15.4%) had primary education, four (30.8%) had secondary education, while six (46.2%) had tertiary education.

Table I:
Socio-demographic characteristics of the participants I

Variables	N	Median	Minimum	Maximum
Age of Participants (years)	13	73.0	65	95
Duration of residence (months)	13	24.0	2	60

Table 2:
Socio-demographic characteristics of the participants II

Variables	Frequency	Percent
Gender		
Male	6	46.2
Female	7	53.8
Total	13	100.0
Marital Status		
Married	4	30.8
Widowed	9	69.2
Total	13	100.0
Primary Disease		
Yes	9	69.2
No	4	30.8
Total	13	100.0
Environment Prior Admission		
Home	12	92.3
Church	1	7.7
Total	13	100.0
Person Lived With Prior Admission		
Family Members	10	76.8
Employer	1	7.7
Alone	2	15.4
Total	13	100.0
Job Before Retirement		
Teacher	3	23.1
Trader	3	23.1
Civil Servant	3	23.1
Clergy	1	7.7
Medical Artist	1	7.7
Civil Engineer	1	7.7
Accountant	1	7.7
Total	13	100.0
Level Of Education		
No Formal Education	1	7.7
Primary Education	2	15.4
Secondary Education	4	30.8
Tertiary Education	6	46.2
Total	13	100.0

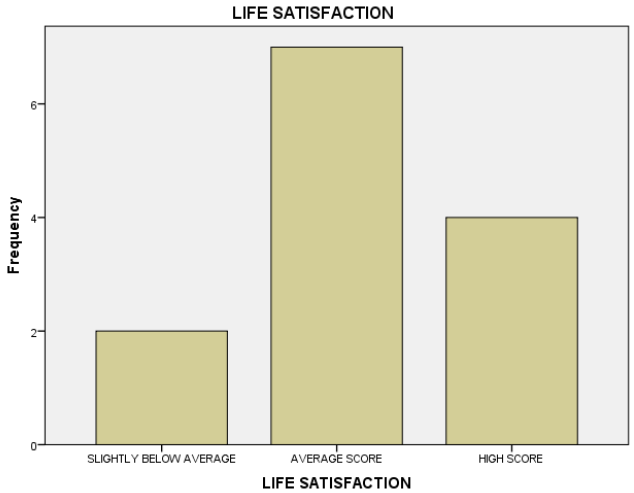

Figure 1:
Level of Life Satisfaction of the Elderly People Living in the Geriatric Home

The mean level of life satisfaction (SD) of the participants was 23.6 (4.1); with the mean score of 23.6, participants had "average score" in life satisfaction. None of the respondents was 'highly satisfied' with their life (very high score of 30 – 35), 'dissatisfied' with life (10 – 14) or 'extremely dissatisfied' with life (5 – 9). Two (15.4%) participants had high score (of 25 – 29), seven (53.8%) participants had average score (of 20 – 24) and four (30.8%) had slightly below average in life satisfaction (of 15 – 19).

Table 3:
Summary of the Themes that Emerged from the IDI Conducted

Objectives	Questions	Themes
Objective 1: Factors responsible for Participants' Level of Life Satisfaction	Explain the reason for your level of life satisfaction	• Illness • Childlessness • Other challenges of life
Objective 2: Factors Compelling Participants to Reside in the Geriatric Home	Why did you come here?	• Chronic Illness • Loneliness
Objective 3: Perception of Participants on Residing in a Geriatric Home	How do you perceive this home?	• Poor • Good

Factors responsible for Participants' Level of Life Satisfaction

Illness: The participants were asked to explain the reason for the answer they gave on their level of life satisfaction. Seven of them reported illness as their reason. One of them expressed her reason by saying *"I was initially satisfied with my life until all these problems set in. I lost my husband to sickness, after which my son became successful. Having suffered to raise my only son, when he became successful and was time for me to reap the fruit of my labour, I developed stroke and blindness (crying)... I am not satisfied with my life".*

Childlessness: One (1) participant gave childlessness as the reason for her answer. She said *"...I am not happy because I have no child. The problem became complicated when my spouse died (crying)..."*

Other Challenges of Life: Five participants gave reasons associated with challenges of life. One of the participants said *"I was a victim of circumstances while outside the country, but I feel blessed in my marriage",* while another responded by saying *"I suffered a great deal from my uncle who I lived with as a young lady".* However, majority of them are optimistic that they could still make up for these challenges, as one of them said *"I am not bothered because there is still life"*

Factors Compelling Participants to Reside in the Geriatric Home: Two main reasons given by the participants for residing in the home were chronic illness and loneliness. Eight

participants reported chronic illness, while five reported loneliness.

Chronic Illness: Some of the participants were brought to the home so that nursing care could be rendered to them on a long term basis. One of the participants said *"I was receiving care at University College Hospital for seven years, after which I was brought here..."* Another respondent said *"After the death of my husband, I moved to my son's house in Lagos. I later developed blindness and stroke, complicated with hypertension (crying). I started receiving care at University College Hospital, and later brought here by my child"* Another yet said *"When I was sick and became helpless at home, unable to cook, eat or even care for myself, my children decided to bring me here".*

Some of those who were sick were taken to the home because the sickness affected their Activities of Daily Living (ADLs) as there was no help from friends and family members. One of the participants also said *"I was living at home alone and taking care of myself. I cook by myself. I was brought here by my children when I was sick and helpless at home"* Another responded by saying *"When my children relocated abroad and I was sick, they got a Help for me who did not treat me well at all. And you know that Helps usually maltreat the elderly nowadays, hence the decision of my children to bring me here".*

Loneliness

Some of them reported to be lonely because they were abandoned by their family members or caregiver, while one was due to childlessness. One of the participants said *"My sister whom I was living with had stroke and could no longer take care of me. Since, there is no one else to take care of me; I had to come here (sad)..."*

Another participant said *"I was living at home with a house help, who did not do well. Then I started living in the church when I felt lonely. But, when the church failed, I came here".* One other participant said *"I was living with my children. When they travelled out of the country, they employed a house help for me. When the help's plan did not work, I was brought here"*. It was noted that while answering this question, most of the participants were emotionally down, as they were either sad or crying.

Perception of Participants on Residing in a Geriatric Home

Poor Perception: Seven participants did not like the home as they said it is a bad idea. One of the participants described the place as *"military life where every rule is strictly followed".* Another participant corroborated the rigid rules by saying *"They serve too much fish, but I prefer meat"* One of the participants also complained about the structure of the house being unfriendly to the disabled among them. He said *"The house is not supportive or fit for those who cannot walk on their own".*

Many complained about movement restriction in the home. Participants phrased their displeasure about the home in statements such as: *"It is not a good place... I do not know what I did to them, they do not like me. They do not allow us to go out...", "we are not allowed to move outside or go around, we just sit at a place from morning till evening", "I hate confinement... It is quite disturbing...Old people talk a lot and it is quite disturbing listening to them", "I am not happy, just adapting (sad)..."*

Only few (two participants) complained having problem with attitude of the workers. One of the participants said *"They are always finding my trouble... They complain about everything I do... Let them care for me without anger and annoyance... Let them have mercy on me (crying)... I beg"*

Good Perception: Six participants like the geriatric home, and said it is a good place and welcome idea, especially for those who do not have time to care for their aged at home. Some of the participants described the place as "a place of rest", "a change of environment", "quiet place", "peaceful place" etc. Some like the place because they assist them with their ADLs. One of the participants said *"I like them because they give us good food, wash our clothes and boil water for us".* Others like the place because they render nursing care. Another participant said *"The workers are caring and pray for us".* Even though these participants reported enjoying the geriatric home as part of their life experience, they hope to leave the home one day, to re-unite and live with their loved ones. When asked whether they would love to leave the home, they responded by saying *"Definitely! I would love to leave this place someday", "Definitely! I would love to leave this place when I'm well and reunite with my son", "Will I live here forever? I will definitely love to leave here (enthusiastic). I don't pray to die here"*.

DISCUSSION

Findings revealed majority of the participants were female, widowed, lived in their home prior admission, lived with their family members, had tertiary education (45.5%), and had a primary disease ranging from hypertension, stroke, blindness, joint pain to cataract. Majority of the participants were generally satisfied, but had some areas they desired some improvement. One of the participants said "With God, nothing is impossible when I am still alive... Once my health improves, I know things will get better". Some individuals score in this range because they are mostly satisfied with most areas of their lives but see the need for some improvement in each area – He/she would usually like to move to a higher level by making some life changes (Diener *et al*., 1985). One of the participants said "If I could live my life all over again, I would like to change certain things". This finding corroborates that of a previous study which revealed more than half of the participants expressed a moderate satisfaction (Dahlan, Nicol and MacIver, 2010; Joseph *et al*., 2014).

From the analysis, illness, childlessness and other life challenges like loneliness were found to affect life satisfaction in the elderly residents of the geriatric home. Majority of the participant said that illness was their major challenge to life satisfaction especially at old age. This finding is in conformity with several studies (Beyaztas, Kurt and Bolayir, 2012; Evangelista *et al*., 2014; Animasahun and Chapman, 2017). It has been reported that satisfaction of the elderly with life depends on subjective (spouse, child, grandchild, relatives,

neighbours, etc.) and objective (such as economic, income and social security) variables (Beyaztas, Kurt and Bolayir, 2012). The findings of this study were reflected in the subjective variables identified. However, the objective variables were not reflected - This could be as result of the social status of the home occupants, who were majorly from wealthy family. Similarly, findings from another study reported sense of abandonment and loneliness in the elderly to be related to their life satisfaction (Evangelista *et al*., 2014). They further explained that when the elderly are institutionalized, they are faced with the difficulty of losses, face health and economic problems, isolation, rejection, social marginalization, among other issues. As a result, they feel that they did not enjoy life, everything was wasted and that if they had another chance they would have lived differently (Evangelista *et al*., 2014).

Findings from the study also showed all the participants either reported chronic illness or loneliness to be the major reasons for residing in the elderly home. This finding is in line with that of several studies, which revealed the major reasons elderly seek admission in geriatric home are loss of some social roles and independence, retirement, deaths of friends and relatives, children leaving home, increasing feelings of loneliness, financial difficulties, and various illnesses that arise as a result of these changes – especially chronic illnesses (Beyaztas, Kurt and Bolayir, 2012; Kimondo, 2012; Evangelista *et al*., 2014). Other reasons identified in another study are adjustment problem, nuclear family system, having no son, children settled in abroad, children do not want to keep the elderly due to their physical and psychiatric illness (Akbar *et al*., 2014).

In this study, seven participants had poor perception about the geriatric home, mainly due to movement restriction in the home and lack of a private life. One of the participants described the place as "military life where every rule is strictly followed". Another participant complained about the structure of the house being unfriendly to the disabled among them. This finding is in accordance with that of a previous study, which reported the homes reduce social support and social network of residents through stringent rules and regulations of institution concerning visiting hours and also amount of leave that could be given to an individual; lack of privacy; nurses too busy to take the residents out of nursing home, resulting to feeling of isolation from outside world; as well as money and time factor since the relatives of residents lived far away from the nursing home (Kimondo, 2012). Meanwhile, it was further reported that these factors affect their life satisfaction (Kimondo, 2012). This was also corroborated by some other authors who asserted that people who move into these homes experience different types of changes which they feel to a greater or lesser degree is stressful (Riedl, Mantovan and Them, 2013).

The other six participants perceived the elderly home to be a good idea, especially for those whose children are not available to care for them at home. Some of the respondents described the place as "a place of rest", "a change of environment", "quiet place", "peaceful place" etc. Some occupants liked the geriatric home because they assisted them with their Activities of Daily Living (ADLs), while others liked the place because they rendered nursing care. Majority of the occupants who liked the home were those who had chronic illnesses. However, despite the good perception of these respondents about the home, the elderly who have stayed in the home for a long time hope to leave the home to re-unite and live with their loved ones. This finding is in support of that of a previous study, which reported participants felt "enhanced comfort" because they were freed from their familial responsibilities and the reduced dependency and burden on their families, and described receiving timely professional care as one of the benefits of living there (primarily because family members were often unable to provide them with the necessary care at home); and that majority of the residents wished to go home or live with their children, showing that family is very important to the elderly (Cho *et al*., 2017).

The study had some limitations. The sample size was minimal as some (7 out of 22) inmates did not meet the inclusion criteria due to ill health and ageing. It was also difficult to convince some of the inmates (who met the inclusion criteria) to partake in the study. Hence, the generalization of the findings was affected.

In conclusion: Of great interest is the wellbeing of elderly in the rapidly ageing world, and life satisfaction is pertinent to psychosocial assessment of ageing. There are many challenges faced by the elderly population in Nigeria, combined with the significant change in our family system during the last few decades. The collapse in family ties and structure has led many elderly to live in geriatric homes today. Hence, the need to study the life satisfaction of this population. Findings from this study revealed participants had "average score" in life satisfaction; with majority generally satisfied with life, but have some areas they desired some improvement. Illness and loneliness, which are the main reasons for residing in the home, are responsible for participants' level of life satisfaction. In addition, more than half of the occupants did not like the home – mainly due to movement restriction and lack of privacy. Therefore, there is need for geriatric homes to be more flexible in their rules and make the homes more disabled-friendly. It is worthy of note that majority of the occupants who liked the home were those who had chronic illnesses.

Meanwhile, all participants hope to leave the home to re-unite and live with their loved ones someday. Thus, the need for strong family ties to enhance the level of life satisfaction of elderly population. It is therefore imperative for the government to put all necessary measures in place, to strengthen the family institution, monitor the operation of geriatric homes and elaborate the training of health professionals on gerontology. There is an urgent need for the Nursing and Midwifery Council of Nigeria to incorporate geriatric nursing in the curriculum for nursing students and Mandatory Continuing Professional Development Programme for professional nurses, so that nurses can better understand the elderly and provide better services to the geriatric population. Lastly, Geriatric Nursing as a specialty needs to be included in Nigerian nursing programmes such that it can be studied at postgraduate level by graduate nurses, to improve quality of care rendered to this population.

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