Geriatric physiotherapy care: exploring the state of affairs in southeast Nigeria

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Abstract

Background: Decline in physical functioning due to aging necessitates geriatric physiotherapy role to improve well-being and quality of life.

Aims: To examine the approaches adopted in the physiotherapy care of older adults, the facilitating and the limiting factors to geriatric physiotherapy care in southeast Nigeria.

Material and methods: This evaluative qualitative research explored the situation of the geriatric care of older adults in southeast Nigeria using face-to-face interviews of purposefully selected 8 physiotherapists and 8 caregivers. Data obtained were analyzed using thematic analysis.

Results: Three major themes emerged, including an overview, approaches, and factors influencing geriatric physiotherapy care. This study supported that geriatric physiotherapy care in Nigeria is at its developing stage. However, it is thriving due to the committed efforts of the physiotherapy department leadership and the presence of a continued professional development program. On the other hand, there are delimiting factors like long waiting times, limited working space and tools, the overwhelming cost of the care, and physiotherapists' dissatisfaction with a late referral from other care professionals.

Conclusion: Health and social policy are warranted to encourage cost-effective, quality, and accessible geriatric physiotherapy care and the impartation of relevant skills for the care of older adults.

Key words

Geriatric physiotherapy, older adults, rehabilitation, multidisciplinary, Nigeria.

Introduction

United Nations and World Health Organisation [1] have reported the increasing number of older adults worldwide and the associated implication on their general well-being [1,2]. The older population in sub-Saharan Africa will increase trice between 2018 and 2050, from 74.4 million to 235.1 million [3]. This rise in the older population has raised serious health concerns due to the rise in chronic illnesses with aging [4]. Though aging is not a disease, it remains a risk factor for many diseases in older adults [5] as it is characterized by biopsychosocial health decline and dependence and the consequent increased demand for care services [6].

As one age, there is an aggregation of diverse damaging changes occurring in the cells and tissues, responsible for the increased risk of disease and death among the population of older adults [4,7,8]. These changes due to aging make older adults vulnerable to diseases, often described as geriatric syndrome [9]. This proves the increased demand for care services among the older population to help them go through these physical, psychological, and cognitive changes by optimizing their overall quality of life, which warrants geriatric rehabilitative intervention [10].

The heterogeneity of the older population adds to the complexity of their needs based on their differences in disease presentation, the pattern of aging, experiences of ill health, and approaches to situations [11]. Hence, the need for individualized patient-centered and biopsychosocial approaches to care in the management of geriatric conditions [12]. This, therefore, makes geriatric rehabilitation complex requiring care from an interdisciplinary team of health and social care workers [10].

Physical therapy remains an important part of a rehabilitation program, and the role of Physiotherapists in the geriatric rehabilitation team is paramount. However, due to the complexity of older adults' cases, the physiotherapist who takes care of them must be equipped with relevant skills and knowledge in all specialty care needs [10], as older adults often present with overlapping multimorbidity [13].

A Physiotherapist assesses care needs, makes the diagnosis, plans, and renders rehabilitation services to improve mobility and functional independence. Where functional mobility is not achievable, they target their comfort and pain-free living, as well as health promotion for preventive measures. Considering the above-summarised roles of physiotherapy in geriatric rehabilitation, it is pertinent to consider the situation of geriatric physiotherapy care in Nigeria, especially in the south-eastern region where this topic has been scarcely researched.

Few studies that have been carried out on this concept include the work of Kalu, Vlachantoni, and Norman [14], who described the self-reported levels of knowledge on risk factors of falls and practices about fall prevention in older adults among 237 physiotherapists in Nigeria. Their result showed that 89% had a good level of knowledge about preventing falls among older adults, and 64% rated their level of practice on this topic as high. Among the individual items that measured knowledge, 40% of the participants reported a moderate level of knowledge about multiple medications as a fall risk factor. Secondly, Nwankwo et al. [15] carried out a qualitative descriptive study of how physiotherapists in northern Nigeria managed the environmental and socioeconomic determinants of mobility for older adults using telephone interviews with 20 physiotherapists. Their result showed that the physiotherapists had between 5 and 11 years of practice experience in managing older adults with mobility limitations. Three iterative stages of identification, intervention, and documentation emerged as clinical experiences of Nigerian physiotherapists in managing environmental and socioeconomic determinants of mobility for older adults. Identification stages included determining older adults with mobility limitations through patients'

and physiotherapists' reports and identifying the environmental and socioeconomic factors.

However, the health situation of older adults in Nigeria is still mainly unmet with little research to inform better outcomes [16]. Furthermore, physiotherapy care for older adults in Nigeria is not specialized due to the limited number of geriatric physiotherapists and the lack of adequate healthcare settings and facilities [17]. Hence, care services are led by a physiotherapist with no specialized skill in caring for older adults. This could be a deterrent to quality geriatric physiotherapy care.

Aims

Thus, this study was designed to explore the situation of the geriatric care of older adults in south-east Nigeria to examine the approaches adopted and the facilitating and limiting factors to geriatric physiotherapy care.

Material and methods

Research design

This study followed a qualitative research methodology through a semi-structured interview of 16 participants (8 physiotherapists and 8 older patients and their caregivers). The inclusion criteria for the chosen participants include physiotherapists in active rehabilitation of at least 10 older adults per month and older adults who have been receiving care in the selected facilities for at least 6 weeks. **Table 1** and **2** presents detailed description of participants.

Research instrument

The data was collected using an interview guide. The interview guide was in three parts: the first asked general questions about socio-demographic details, the second elicited narratives on the experiences of the physiotherapists in the care of the older adults, and the third part elicited narratives on the experience of older adults receiving physiotherapy services.

A pilot study with four participants determined the content validity of the interview guide. Participants asked that certain questions they did not understand well should be rephrased more clearly. Thus, it was consequently reviewed for succeeding interviews, which led to the adjustment of the interview guide after the pilot test to improve ease of understanding.

Data collection procedure

Before data collection began, ethical approval was sought and obtained from the College of Medicine Research Ethics Committee (COMREC), University of Malawi.

Subsequently, inquiries from the heads of the Department of Physiotherapy enabled access to targeted physiotherapists based on the inclusion criteria. The older patients and their caregivers were identified by attending their outpatient clinic days. Sixteen participants were contacted using criterion-based approaches to purposive sampling [18]. The potential participants were given a chance to ask questions, and their questions were duly answered after the purpose of the study was explained to them. Afterward, they sought explicit informed consent before contacting them for possible face-face interviews.

Data collection was done in May 2021. The 16 participants underwent face-face interviews at their desired times. The interviews were audio-recorded to capture the participants' narratives verbatim while monitoring their feelings through their level of eagerness to reply and vocal tone.

Data analysis

Data were analyzed via the six phases of thematic analysis as outlined in Braun and Clarke [19]. First, at the descriptive level, an inductive open coding approach was deployed as there was no prior code list. Second, the transcripts were read repeatedly to become conversant with the subjects and get a further understanding of the interview. Third, some seemingly relevant codes were further explored before coding with Nvivo.

Table 1. Description of participants (older people and caregivers).

H	S/N	Pseudonyms	Sex	Age	Marital Status	Occupation	Relationship to patient	Age of patients/sex	Condition of patients
A	1	Tim	M	72	Married	Retired	Patient	72, Male	Stroke
	2	Jude	M	30	Single	Teacher	Son	75, Male	Stroke
	3	Jul	F	40	Single	Civil servant	Daughter	65, Female	Stroke
	4	Kach	F	40	Single	Trader	Daughter	65, Female	Osteoarthritis
B	5	Am	F	28	Single	Trading	Daughter	58, Female	Osteoarthritis
	6	Gini	M	24	Single	Hair stylist	Grandson	75, Male	Stroke
	7	Aug	F	75	Married	Not working	Patient	75, Female	Stroke
	8	Chin	F	39	Married	Trader	Wife	55, Males	Spinal cord injury

***Abbreviations*: :** *F, Female; M, Male; H, hospital.*

Table 2. Description of participants (physiotherapists).

H	S/N	Name	Age	Qualifications	Rank	Duration of practice	Marital Status	Current units
A	1	Oka	40	BMR, MSc	Assistant Director	15	Married	Medicine
	2	Wulu	39	BMR	Principal	7	Married	Geriatric
	3	Mara	38	BMR, MSc	Assistant Director	12	Married	Neurosurgery
	4	Iz	40	BMR, MSc	Assistant Director	17	Married	Mental Health/ Neuro-surgery
B	5	Gil	45	BMR, MSc	Chief	17	Married	Medicine
	6	Aso	40	BMR	Principal	10	Married	Adult Neurology
	7	Cos	43	BMR	Principal	10	Married	Paediatrics
	8	Pau	39	BMR	Principal	11	Married	Orthopaedic

***Abbreviations*: :** *BMR, Bachelor of Medical Rehabilitation; MSc, Master; H, hospital.*

Finally, concise labels (coding) were given to data substantial to the overall research question, given the literal meaning of words and sentences and concepts derived from the data.

At the interpretative level, themes were generated by pondering how clusters of codes related to the research question. Incorporating constant comparison, codes that were connected by strong concepts were organized into a coding tree of parent and child codes.

Associations between the research question and the coding tree were explored using a thematic map. Themes were built by collating and determining the central message a group of relevant coded data or categories of interest implied, which assumed a concise and informative theme.

To ensure rigor, a second researcher reviewed the themes for validity, correspondence with coded excerpts and the complete data set, the nature of each theme, and its relationship with other themes. Finally, three overarching themes emerged, including *an overview of geriatric physiotherapy in hospitals, approaches to geriatric physiotherapy care, and factors influencing geriatric physiotherapy care.*

Results

Overview of geriatric physiotherapy in the hospitals

Based on the interview: Hospital A is a federal tertiary institution; with a physiotherapy department where four physiotherapists and four older adults participated. The department has an established geriatric unit established in the year 2020. It is one of the very few in Nigeria (not up to five in number) that has it. The hospital management officially recognizes the unit but does not have a physical office for the members but has a cubicle dedicated to it for attending to their patients.

The reason that warranted its establishment was due to observed demographic change and perceived patients' dissatisfaction and the resultant need for specialized care for older patients.

The administrative structure included a head of the unit, a chief physiotherapist, the only established member of the unit, and one intern physiotherapist, who is temporarily posted to the unit.

Hospital B is a state-owned tertiary healthcare institution with a functional physiotherapy department. There is no physical representation of the geriatric unit in the department. However, the department attends to people of all ages, including older adults.

Approaches to geriatric physiotherapy care

The uniqueness and the heterogeneity of older adults have required that their Physiotherapy care be approached through such personal attributes as adaptability, empathy, patience, and good knowledge and skillset peculiar to their care.

Older patients were explained to be heterogeneous, that no two patients are the same even when they suffer the same conditions. This is supported by the statement from the Physiotherapists in hospitals A:

"*You may want the person to do what may benefit them, but until you address their psychosocial concern, it might not turn out well*" (Wulu, 39, Chief physiotherapist, the Head Geriatric Unit).

"*… the length it will take for me to achieve any goal depends on the patients, …, I often let them know how long it will take me at onset*" (Oka, 40, Assistant Director of Physiotherapist).

Also, care approaches to these groups of patients were affected by contextual influences such as beliefs and norms. For example, the physiotherapists explained they are required by the culture they share in common with the patients to behave in certain ways in terms of greetings, mode of addressing the patients, and approach to treatment.

"*And concerning the culture where we grew up in …, they demand respect, as pleasantries, greetings*" (Aso, 40, Principal Physiotherapists, Hospital B).

Similarly, the care approaches required positive moral and attitudinal factors. Geriatric patients

were reported to desire affection, attention, interaction, and special care based on their perspectives of life. The participants' narratives showed the physiotherapist must be able to come to the level of the patients and get used to their line of thoughts and ideology for effective communication, relationship, and positive outcomes.

Participants highlighted that successful geriatric care would require empathy, a good sense of dressing, humor and appearance, patience, self-control, flexibility, creativity, the ability to adapt to each patient, and carrying patients and caregivers along. This is seen in the response of physiotherapists in hospital A.

"*Sometimes, people wake up from the other side of the bed … the person might have been moody, mostly dependent on their home-related challenges. Be emphatic enough and kind to see yourself in the person's shoes, ... Understand the individual trials and relate it to yourself and imagine what you may need if you are passing through the same experience*" (Wulu, 39).

"*..., I call them, Mummy, daddy, I know it is not ethical to do that, for this client it creates a bond and rapport...., they like neatness, and ask many questions about what you are doing to them*" (Oka, 40).

Furthermore, the Physiotherapists' knowledge and skill, and personal experiences with the older adults, were helpful in their care of the older patients.

"*...you must know about orthopedics, Neuro, every aspect of Physiotherapy... You must know how to partner with others. ..., for Geriatrics, you review every day you meet the patients. … the geriatric care is both psychological and physical, … You must be patient, very well read, ..., use this walking stick, you must be creative in giving instructions*" (Oka, 40, Assistant Director of Physiotherapist, Hospital A).

Other points raised were relationships with caregivers and with other healthcare workers. For example, the caregivers help clean the geriatric care during treatment, motivate the patients to do their home program, and helping to stabilize, lift and position the patient during treatment.

"*The caregivers are helpful in the sense that you ask them to help hold the patients…so with this, the work will be lessened for you, and you will achieve your aim better*" (Paul, 39, Principal Physiotherapist, Hospital B).

Aging and older adults are associated with multimorbidity, which may require contributory efforts of various care professionals as needs arise. The participants described scenarios where they had to refer patients to other healthcare workers and when the other healthcare workers referred patients to them.

"*… it is so holistic, and areas you cannot just manage alone, ... Like somebody that cannot eat well, where is the energy to do the standing, so the dietician comes in. ...*" (Iz, 40, assistance Director of Physiotherapist, Hospital A).

Finally, regarding the discharge plan and follow-up, the Physiotherapists of hospital A explained that they do not discharge geriatric patients or they discharge partially as they adopt the strategy of decreasing patent visiting frequency. Meanwhile, the participant from hospital B reported that they discharge patients and request follow-up as in-house visits.

"*…Geriatric case, there is no specific discharge plan. What you might do is to reduce the frequency of sessions but still have an eye on them. I had a patient, managed the patient, and the patient became well, … two months later the man came down with another condition. ...*" (Oka, 40, Assistant Director of Physiotherapist, Hospital A).

"*...if the patient recovers fully to a good extent, you can discharge and give a home program. …if they notice deconditioning or relapse, they can come back*" (Cosmas, Principal Physiotherapist, Hospital B).

"*...I do follow up… If the family can afford. …I cannot follow up on my expenses. So, if we discharge and the family is capable…, I recommend follow up...*" (Pau, Principal Physiotherapist, Hospital B).

The participants' expressions showed that both hospitals do not have a functional and defined follow-up plan in the physiotherapy units.

Factors influencing the geriatric physiotherapy care

This concerns situations that determine how geriatric patients receive help from physiotherapists, including the limiting and facilitating factors. Firstly, the physiotherapists reported that their set goals for each older patient are what motivates them. The responsibility to meet and maintain treatment goals compels positive efforts and attributes for successful engagement in activities. These goals are mostly centered on reducing rehospitalization and length of hospital stay and improving their quality of life despite a presenting challenge.

Another facilitating factor reported is the policy of continued professional development programs practiced by the Nigerian professional body. Interaction with the participants showed that periodic continuous training or skill improvement programs improve competence in functions. Some of the Physiotherapists participants put it this way:

"*We have had quite a several training ...sometimes virtual meetings, organized by Geriatric specialties in Nigerian Physiotherapists associations. Physiotherapy national postgraduate school runs training on it too. ...what we need to do is to continue to develop ourselves, ...*" (Wulu, 39, Chief physiotherapist, Hospital A).

Furthermore, the physiotherapist was able to point out that the progress of the unit and the success in geriatric care could be credited to the departmental leadership whom they described as proactive, optimistic, and diligent.

"*The HOD, always encourages her staff to go for the continued education program and, seminars. ... for us in geriatrics, you must do at least four training in a year*" (Oka, 40, Assistant Director of Physiotherapist, Hospital A).

"*...the support the unit enjoys from the HOD, and the hospital's CEO has helped*" (Wulu, 39, Chief physiotherapist, Hospital A).

From the perspective of the older patients, moral concerns in the form of the friendly disposition of the physiotherapists were highlighted as they reported they were impressed with the skills and approach to the care of the physiotherapists.

"*...the people that take care of us,.. We are now friends with them. They are not harsh, eeehee.... Each time I remember to come, am encouraged*" (Aug, female, 75, patients, hospital B).

"*Yeah, (nodding his head) I was impressed because I think he takes his time to do the needful*" (Jude, 30, Caregiver, Hospital A).

"*They are doing their work, they are trying, they are nice people..., they are straightforward...I like his character, yeah, he is gentle, he cares, he knows how to console patients*" (Tim, 72, Male, patients, hospital A).

On the other hand, hindrances and limiting factors to the proficient flow of geriatric physiotherapy care were mentioned by the participants to be linked to the patients and their caregivers, the hospital management, and the physiotherapists themselves. The patient and caregiver-related limitations included the high cost of care due to multiple age-related problems and the transportation of older adults. They also highlighted the lack of a functional social welfare package to help lessen the cost burden of care for older patients.

"*..., giving Geriatric patients chance to come to the hospital is a good thing but ... so many caregivers and family complain that it is very difficult to mobilize some older patient. ... even when they do ..., the patients come back weary*" (Oka, 40, Assistant Director of Physiotherapist, Hospital A).

"*In a system where there is a social benefits plan, you can involve the social welfare. When those people cannot procure what is needed for their optimal health. ... Sometimes you want to do more, but they cannot afford it. ...*" (Wulu, 39, Chief physiotherapist, Hospital A).

"*I normally feel stressed ... in bringing him out from wheelchair to the bed, ...it is difficult...bringing him here...*" (Gini, caregiver, Hospital B).

Another patient and caregiver-related limitation mentioned concerns health illiteracy and unfavorable psychological disposition that contributed to incomplete and nearly unsuccessful geriatric physiotherapy care. The Physiotherapists noted that it is customary that patients and caregivers are exposed to social influences like pressure and advice from people and prevailing beliefs, which influence them more than their education and qualification. Hence, they tend to abandon their treatment for an alternative, which most time would end up detrimental, and after the delays, if the patient survives the encounter, they are brought back for physiotherapy with more complications and a worsened condition.

"*The limitations and challenges usually come from the patients' low educational background and patients with overzealous relatives... I had patients that took native drugs instead of their BP drugs... I had a patient that in the middle of the progress we were getting, they disconnect, the next thing ... she went for Faith healing houses for months, and when they come back, complications have set in*" (Oka, Physiotherapist, Hospital A).

"*Their expectation is always high, they want you to do miracles, ..., those that are not ambulant, they will want you to make them walk today or tomorrow*" (Cosmos, Physiotherapist, Hospital B).

They also mentioned the problem of patient compliance and adherence to physiotherapists' instructions and home programs. The multi-factorial Psychological and physical burden associated with geriatric care may render patients and caregivers not committed to their expected role in geriatric care. The physiotherapist expressed their dissatisfaction with the complacency of the patients and caregivers to carry out designed home programmes.

"*...some of them do not comply to the treatment, especially the home programs, ...it hinders you getting to your set goals. Sometimes it may even be from the caregivers, once the patient is lying down in the room, they abandon the patient without motivating them*" (Cosmas, Physiotherapist, Hospital B).

Secondly, they identified several hospitals and management-related limitations, such as the absence of a Geriatric Unit in the hospital and concern with the availability of functional equipment. The participants point the finger at the management for their reluctance to repair and insufficiency of working tools, which frustrates geriatric care, such as increasing patient/caregiver waiting time and physical stress.

"*...some equipment and the tools that we need to work with are lacking ...we will blame the management of course because they are the ones that are supposed to provide those things*" (Cosmos, Physiotherapist, Hospital B).

"*We never get a good response from the management in terms of purchasing needed modalities*" (Pua, Physiotherapist, Hospital B).

There is also the issue of poor management structure, such as the policy of rotation of physiotherapists amongst units. Hospital Physiotherapy care in Nigeria is structured in that physiotherapists only spend certain months in one unit and move to another. Geriatrics have remarkably greater tendencies to get used to a particular physiotherapist whose absence affects the care of the older patients since the older patients would feel that no one person can help more effectively than the former.

"*...Like now I am no longer in adults neuro, I am in medicine, what happened to Some patients that have adapted to me, most of them called me on phone and inform me that they are not coming again, ...I am not saying that others are not doing well. ..., how many barbers barb your hair, only one person and it does not matter how far the person is*" (Eloka, Assistant director of physiotherapy, Hospital A).

Again, there are concerns with physical spatial design. For example, participants presented their common concerns with the size of rooms and small spaces in hospital B.

"*My limitation is space ... goes to our gym, everywhere is jam-packed. You can't do appropriate mat exercises...*" (Cos, Physiotherapist).

"*...the rooms are so small [with a raised voice tone]*" (Gini, Caregiver).

The limited space in the departments of Hospital B can be a cause of increased waiting time and stress that the patients and caregivers experience related to geriatric care. There was less mention of increased waiting time in Hospital A. Caregivers reported their long stay per visit in the hospital due to poor staff character, technical issues, limited patient-physiotherapist proportion, and small room spaces.

"*... those people that give the card, most time we come there, ...either they say that the computer has a problem or they say the file is missing. Sometimes you may be there for two hours they have not brought out your card. Because they are much in the office, you may be asking them question none will give you attention*" (Kachi, female, patient, Hospital A).

"*... this place is always crowded...You will come by 9 am and may wait for ooo...12 pm or 1 pm before you will go. It may be due to the number of physiotherapists or maybe the number of their rooms. ...*" *Light (refreshing to the infrared) is only three in number. ..., thevy will keep on waiting for someone to finish ...*" (Gini, Caregiver, Hospital B).

Another healthcare-workers-related limitation mentioned across the hospitals was issues of late referrals. A late referral is a limitation to a cost-effective, time-effective, and efficient treatment with quick improvement. The participants suffered situations where other healthcare professionals delay the invitation of physiotherapy in the care of patients. However, the participants attributed this to many professionals' lack of knowledge of the roles of physiotherapists in the management of certain cases.

"*...sometimes the patient has cases that need the co-management of the physiotherapist but the other health professional would not be too quick to refer until complications sets in ...*" (Oka, Physiotherapy, Hospital A).

"*Most of the times, they don't refer on time .... It affects the prognosis, ...because it is earlier the better*" (Cosmas, Physiotherapist, Hospital B).

Discussion

This qualitative study investigated how older people are cared for by physiotherapists on an outpatient basis in hospitals in the south-east of Nigeria to identify the facilitating and the limiting factors influencing the nature of geriatric physiotherapy care. The findings are discussed in the subsections below.

Overview of geriatric physiotherapy in the hospitals

Firstly, the results showed that geriatric physiotherapy care is at its developing stage; almost no physiotherapist holds a formal certification in geriatric care, and there are limited established geriatric units in physiotherapy departments. The establishment of geriatric physiotherapy is being negotiated amongst physiotherapists in south-eastern Nigeria, considering the demographic changes of the Nigerian population, where the number of older adults is at a progressive increase [20,21]. This finding corroborates those reported by Nigerian physiotherapy scholars who have called for more specialization and continuous professional training [17].

Approaches to geriatric physiotherapy care in South-eastern Nigeria

The results also showed that physiotherapists adopt the approach of teamwork, individualized, and biopsychosocial models of care. These approaches promise holistic and comprehensive geriatric care where the uniqueness of the individual patient is considered [6,22]. Quality healthcare and primary care practice considers the patient's context, abilities, ambition, and inclinations of the patients and supports their resolution to uphold the lifestyle they value [6]. The physiotherapist is expected to focus on the individuals instead of the service; by considering the patients' goals and dreams, needs, and rendering

individual care, and not the one-fits-all care approach [23]. Similarly, geriatric patients are cared for, considering them as individuals with concern for their biopsychosocial well-being [6,22], as against the biomedical care approach, where the clinician concentrates on the medical issues of the patients alone [10]. The participants explained how their care planning, administration, assessment, and treatment are conducted within their psychological and social aspects of life. Thus, their emphasis on 'adaptation' suggests that the biopsychosocial approach to care is used to engage with the patient and caregiver to enable great rapport, understanding, and effective care [6].

Besides, the prevalence of multimorbidity among older adults warranted the joint effort of the health and social care professionals in the platform of the multidisciplinary approach to care [24,25]. The physiotherapists explained that they work as a team with the older patients, their caregivers, other colleagues, and healthcare professionals connected to them by referrals. Their interaction with the patients considered the heterogeneity and the complex needs of the population groups, and the recognition of individual differences influenced their care planning and administration. This agrees with the recommendation of Radder et al. [26] on a multidisciplinary approach to care. Good interaction with patients in the team has a lot to do with the capacity and the individuality of the physiotherapist, confirming the finding of Ha and Longnecker [27], who reported that clinician-patient relationship concerns are effective when the skills and attitude of the health workers are informed. At every level of their teamwork collaboration, attitudes required of geriatric physiotherapists were highlighted, which are believed by the participants to aid in working effectively with all types of geriatric patients and the care team [28,29]

However, the concept of discharge and follow-up plans in geriatric physiotherapy care seemed less structured and poorly understood by the physiotherapists interviewed. Older adults suffer from chronic conditions and aging-related concerns, which renders them liable to rehabilitation, palliative, and long-term care [30]. Therefore, geriatric patients are often managed lifelong [30]. However, there was variation in the idea of discharge and follow-up amongst the respondent physiotherapists. This confirms the findings of Olasunkanm, Adu, and Apena [31], who reported on the poor practice of discharge planning among Nigerian health institutions.

Facilitating factors of the geriatric physiotherapy care

The physiotherapists emphasized the place of continuing professional development programs in the improvement of their knowledge and skills for geriatric care. Previous studies have identified continuous professional education as a key strategy being used by Nigerian physiotherapists to improve their skills [12,12,32]. The Medical Rehabilitation Therapists (Registration) Board of Nigeria (MRTB) operates a commendable policy of yearly participation in at least one continuing professional development programs as a condition for member registrations and continued licensure [33].

Secondly, the physiotherapist commended the efforts of their departmental heads for their commitment to standard care that motivates the geriatric units. This may be attributed to the fact that the heads and the physiotherapist respondents share the same professional identity and aim, and indicates attitudes that should be promoted in planning geriatric care units. Good leadership is paramount for an effective care system and operations [34,35]. Geriatric care requires good leadership and support as the healthcare workers would often need to be encouraged to approach their work with a good spirit.

Limitations to geriatric physiotherapy care

Every member of the team and the government was highlighted by the participants as contributing to the retarded growth and development of Nigerian geriatric physiotherapy care. The patients and their caregivers are stressed with

the care demands and processes while they experience financial constraints, this observation was confirmed by the caregivers themselves who felt burdened by the overwhelming financial demands of the care on them. Financial factors in Nigeria's health care system have been heavily mentioned in previous works [36,37], given the prevailing poor social system and welfare coverage for the aging population [16].

Secondly, the significant level of health illiteracy and poor psychological dispositions among the patients and their relatives are shown to inhibit comprehensive and completed geriatric care and increase their vulnerability to disease complications and mortality. Finally, the physiotherapist pointed fingers to pressure from religious healers and others who claim to have the quickest solution to the patient's predicament, thereby interrupting their proper geriatric care. This finding is in agreement with previous studies that reported that alternative medicine [38–40], faith-based cares [38], and self-treatment [41] among Nigerians play major delay factors to effective and timely care. This makes some of these patients present to the hospital after they have come down with major complications.

Thirdly, the hospital and the departmental management were blamed for the absence of necessary working tools, inadequate working spaces, and patient-unfriendly policies. In line with this, many studies in Nigeria have reported the need to give priority to the medical care of the geriatric population in form of an improved number of geriatric experts and care institutions [42–44]. There is an obvious limitation of equipment-patient proportion and patients-physiotherapists proportion causing patients to experience increased waiting time and dissatisfaction with care rendered. Maruf [45] has previously mentioned the existence of poor awareness and hospital management attitudes to physiotherapy care as a factor that warrants immediate turnaround across the healthcare levels. Moreover, Ojukwu et al. [17] submitted that physiotherapists should be involved in the policymaking stages of hospital management. This can help improve awareness of the relevance of physiotherapy in the healthcare system in Nigeria.

Furthermore, the policy of rotation of physiotherapists amongst units was raised as a concern. Geriatric patients have a greater tendency of getting attached to a caregiver and a professional who meet their preferences and desire [46]. The participants reported this psychological connection with the patient and their caregivers to affect patients' commitment to the treatment goals. This phenomenon again calls for the need for specialized care in physiotherapy, where physiotherapists trained and skilled in the geriatric unit remain in and manage geriatric cases [17].

Finally, ignorance and negligence of the individual professional roles among healthcare professionals have hindered quality interdisciplinary care. The physiotherapists strongly emphasized how that late referral from the physician has not helped their rehabilitation role. This corroborates the previous finding about an inappropriate referral to physiotherapy care [47]. Levin [48] reported that late referral causes increased morbidity, mortality, and resource utilization while influencing patients' quality of life.

Study limitations and strengths

This study is the first of its kind to explore the approaches of geriatric physiotherapy in Nigeria. However, the physiotherapists, especially those from hospital A, were unwilling to release some information; for example, when asked questions on how the hospital was a limitation, they were reluctant to answer it, while one of them maintains that such information is private.

There was some familiarity between the physiotherapist and the researcher, including the hospitals explored, which was an advantage to this study as it afforded certain knowledge of the geriatric care situation in the physiotherapy department before the interviews. Excellent rapport was confirmed by high expression of perspectives which produced important data.

Implications for policy and future studies

The highlighted limitation of geriatric physiotherapy care in south-eastern Nigeria has social and health policy inferences. The reports of the respondents are summarized in their need for minimal stress and cost-effective care, specialized geriatric care, improved targeted training, sensitization on geriatric and physiotherapy care among the public and the care workers, adequate working tools, and physical spatial design. Therefore, policies sponsoring the establishment and improvement of geriatric units in hospitals, evolution of geriatric specialists especially in Physiotherapy, periodic review of care approaches, and improvement of awareness of geriatric care amongst the Nigerian populace are warranted.

Furthermore, the cost implication of geriatric care on the patient and their caregivers are highlighted in the study regarding which policies should consider functional welfare supports that will lessen the care burden on the caregivers.

Conclusion

This qualitative study disclosed that despite the increasing number of the older population in Nigeria, limited attention is given to geriatric physiotherapy care. This highlighted the necessity for health and social policy in Nigeria to act towards ensuring affordable, quality, and accessible geriatric physiotherapy care to abate gaps in maximal recovery and optimal care for older people.

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Declaration of interest statement:

The authors have no conflicts of interest to declare.

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