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Prioritizing care and addressing distinct needs of older adults with disabilities in Ghana amidst challenges

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ABSTRACT

Background: Older adults with disabilities face major barriers to quality healthcare, including chronic conditions, mental health issues, and cognitive impairments yet their needs are often overlooked. This study examined experiences of nurses in Ghana caring for older adults with disabilities.

Methods: A qualitative descriptive design was used. Researchers conducted face-to-face interviews with 40 nurses in two hospitals in Accra, Ghana. Data were transcribed and analyzed using inductive content analysis. **Results:** Nurses viewed aging as natural and rejected negative attitudes toward older adults. The findings also revealed several ways of prioritizing and caring for older with disabilities.

Discussion: Nurses help bridge care gaps by promoting autonomy and challenging ageism for older adults with disability. However, systemic changes are needed for sustained impact.

Conclusion: Key challenges include limited resources, lack of geriatric services for older adults with disabilities, and misconceptions about aging. Addressing these requires better training, funding, awareness, and policy reform.

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Introduction

Approximately 15% to 16% of the global population—equating to 1 to 1.3 billion individuals—live with one or more disabilities, with older adults accounting for 46% of this group.^{1,2} Disability is more prevalent among women, individuals living in rural areas, those experiencing poverty, and older people.^{3,4} Adults aged 60 years and above are particularly vulnerable, with over 250 million older individuals experiencing moderate to severe levels of disability.¹

Older adults with disabilities across the globe—including high-income countries such as the United States (U.S.), Australia, and

various European nations—face a wide range of persistent challenges. These include difficulties with physical functioning, such as musculo-skeletal disorders, as well as barriers to transportation and limited access to essential home- and community-based services.^{1,5,6} In Ireland, additional concerns have been identified, including unmet intellectual and social needs among older adults with intellectual disabilities⁷. Furthermore, self-care deficits among this population have been reported in countries such as the US, England, broader Europe, Israel, and China.⁸ These widespread and multidimensional issues underscore the urgent need for effective, integrated approaches focused on both disability prevention and improved long-term disability management for older adults.

Moreover, the provision of adequate care and support for older adults with disabilities presents significant challenges, particularly as the global population continues to age.⁹ Older adults, whether living with disabilities or not, frequently encounter barriers to accessing healthcare, social support, and economic opportunities, which often result in poor health outcomes and increased social isolation.¹⁰ With

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projections indicating that one in six people worldwide will be aged 60 or older by 2050, it is essential to prioritize the unique and complex needs of older adults with disabilities.¹¹ Without intentional efforts, this population remains at high risk of being left behind in global and national development agendas.¹²

There is currently no universally accepted definition of “older adults”.¹³ Aging is a natural process that can be understood in two key ways: chronological aging and biological (functional) aging. Chronological aging refers to the number of years a person has lived since birth, with individuals typically considered older adults from the age of 65 and above.^{14,15} However, perceptions of when one becomes “old” vary. For instance, one study identified the transition to older adulthood as beginning around age 74, but responses ranged widely from 45 to 100 years.¹⁶ Importantly, aging is not solely a matter of counting years—it also encompasses biological, psychological, social, emotional, and spiritual dimensions that shape an individual’s health and life experience.¹⁶ While older age is often associated with increased impairments and disabilities, it remains an integral and natural part of the human life course.¹⁶ The number of older adults in developing countries surpasses that of developed countries. This is said to increase with over 80% of older people live in low- and middle-income countries by 2050.¹⁷ Due to limited external and governmental support, care for older adults falls primarily on families, which can be inadequate, especially when finances are strained.¹² Key challenges for African older adults include poverty, lack of trained geriatric professionals, food insecurity, health issues, disability, and long-term care.¹⁸ This demographic shift presents major challenges for healthcare and social support systems, which are often underprepared to meet the needs of this vulnerable population. Older adults with disabilities experience challenges such as transportation issues, lack of access to home and community-based services, intellectual needs, mental and physical challenges.^{5,7,19}

In Ghana, the total number of older adults in Ghana is increasing, driven by overall population growth. Over one-third (38.4%) of older adults are disabled.²⁰ Women aged 70 and above, those living in rural areas, unemployed, and from middle- to high-income households are more likely to have a disability.^{20,21} Additional challenges include inadequate information from health workers, queuing frustrations, and financial burdens.²² Factors that reduce functional disability include sufficient fruit intake and wealthier household status.²¹ However, little is known about nurses’ professional caregiving experiences and the strategies they use to navigate the challenges encountered while caring for older adults with disabilities. This study aims to explore the experiences of nurses and the approaches they adopt to effectively respond to the unique and complex needs of older adults with disabilities in clinical settings.

Method

The study employed a qualitative approach with a descriptive design to explore the experiences of caregiver nurses in prioritizing care and addressing the distinct needs of older adults with disabilities in health care facilities amidst challenges. The qualitative approach provided the opportunity for caregiver nurses to share their experiences and perspectives in their own words, offering a rich and in-depth understanding of the challenges they face and the strategies nurses employ to address the needs of older adults with disabilities. This study was conducted at two hospitals in the Greater Accra Region of Ghana: Greater Accra Regional Hospital and St. John of God Hospital. These hospitals are located in the Greater Accra Region is the most populous in Ghana with approximately 5.4 million people is located in the southern part of the country, bordering the Gulf of Guinea. By selecting hospitals with varying levels of care and resources, the researcher sought to gather diverse experiences and perspectives from health care professionals, enriching the study’s findings.

Nurses were eligible to participate if they were currently working in any unit of the two selected hospitals and had provided or were currently providing care for older adults with disabilities. Additional inclusion criteria required a minimum of one year of professional nursing experience and at least three months of direct caregiving experience specifically with older adults with disabilities. Participants also needed to be proficient in English, as English is the official language of nursing practice in Ghana. Nurses were excluded from the study if they declined to participate or were unavailable during the data collection period due to workload or scheduling conflicts. Nurses aged 20 years and above were included in the study, as the minimum age requirement to pursue nursing in Ghana is 18 years.

A purposive sampling technique was employed, based on the established inclusion criteria. Following institutional approval, nurses were approached at the selected hospitals, and the purpose of the study was explained after establishing rapport. Nurses who confirmed—through verbal communication—that they had previously cared for older adults with physical or cognitive disabilities, or were currently providing care for such individuals in their units, were invited to participate.

Informed consent was obtained from all participants, including permission to conduct and audio-record face-to-face interviews. With participants’ consent, contact information was collected to schedule interviews at a time and location of their choosing. Most interviews were conducted in private spaces within the hospital premises (e.g., offices or quiet areas under trees nearby), while others took place in participants’ homes to ensure comfort and confidentiality.

The sample size for this study was determined based on data saturation, the point where no new or relevant information emerges during data collection.²³ Initially, 50 nurses were invited to participate; 42 agreed, and 40 completed the interviews. Data saturation was approached around the 36th interview, when participants began repeating ideas and responses already expressed in earlier interviews. To ensure that no new themes were emerging and to enhance the credibility of the findings, four additional interviews were conducted. After the 40th interview, no new information or concepts were identified, confirming that data saturation had been achieved. The relatively larger sample size was warranted due to the novelty of the phenomenon under study, as well as the diversity in nursing units, professional roles, and individual caregiving experiences related to older adults with disabilities. Ethical approval for the study was granted by the Dodowa Institutional Review Board (IRB) with protocol ID DHRCIRB/228/11/23. Informed verbal and written consent were obtained from all participants, ensuring confidentiality and voluntary participation. Data security measures included transcript anonymization and secure storage of digital files.

Data were collected through face-to-face semi-structured interviews using an interview guide with open-ended questions and 12 probes. The interview guide was developed and refined collaboratively by the authors, in consultation with experts experienced in conducting research with geriatric populations. The guide included four main questions, such as, “What is your perception of caring for older adults with a disability?” and “What challenges do you face when caring for disabled adults?” Interviews were conducted privately in hospital settings to ensure confidentiality and comfort. The interview guide was pilot-tested with 5 nurse caregivers to refine questions, ensure clarity, and address any uncertainties before the main interviews. Each interview, based on audio recordings, lasted an average of 45–70 minutes. The interviews took place from November 2023 to February 2024.

The interviews were conducted in English by two of the authors, F.A. and A.A., following a preparatory group meeting in which a demonstration was held on how to effectively use the interview guide. All authors contributed input to refine the data collection process.

Although all participants were practicing nurses, some with prior experience in caring for older adults and individuals with disabilities—those with such experience were asked to reflect and journal their experiences beforehand to minimize potential bias. Notably, the two authors who conducted the interviews had no prior caregiving experience with older adults, helping to reduce interviewer bias in the data collection process.

Interviews were audio-recorded using personal recording devices belonging to the authors, with participants' informed consent. Recordings were supplemented by field notes and transcribed verbatim for analysis. To ensure confidentiality, all transcripts were securely stored on password-protected laptops and were accessible only to the research team during data analysis. Additionally, all data were de-identified following transcription to protect participants' anonymity. All transcripts were labeled using pseudonyms, ranging from P1 to P40, where "P" denotes "Participant" and the numbers 1 to 40 correspond to the order in which the interviews were conducted.

Transcripts were anonymized and imported into NVivo software for efficient data management and analysis. Data were analyzed using inductive content analysis, which involves systematically organizing textual data into categories based on emerging patterns, similarities, and differences, while considering both participant perspectives and contextual factors.²⁴⁻²⁷ An iterative process was employed, beginning with initial coding and followed by constant comparison and refinement to develop themes.²⁸

To enhance familiarity with the data, each author transcribed five interviews and reviewed them multiple times. Each transcript was coded by assigning 2-3 word in-text codes that captured the main ideas within each paragraph. The research team held regular debriefing sessions to review coding decisions and reach consensus on code validity. Codes were then grouped into broader categories by the first four authors, leading to the generation of themes and subthemes, which were subsequently reviewed and approved by all authors.¹¹

To enhance the study's trustworthiness, strategies such as member checking, peer debriefing, and maintaining an audit trail were employed.²⁹ Member checking was conducted by sending four transcripts to participants to verify the accuracy of the data, particularly due to unclear audio in portions of the recordings during transcription. Peer debriefing sessions allowed the authors to discuss and refine the coding process. An audit trail was kept to document the research process and decisions made throughout.³⁰ These methodological approaches ensured a rigorous and thorough exploration.

Socio-demographic data

The socio-demographic data of the 40 participating nurses showed that the majority were between the ages of 30-35 years (40.0%, n = 16), followed by those aged 24-29 years (25.0%, n = 10), 36-41 years (20.0%, n = 8), and the smallest group aged 42 years and above (15.0%, n = 6). Females comprised the majority of participants (80.0%, n = 32), while males represented 20.0% (n = 8). Regarding educational qualifications, 45.0% (n = 18) held a diploma in nursing, 22.5% (n = 9) were certificate or enrolled nurses, 20.0% (n = 8) held a bachelor's degree, and 12.5% (n = 5) had a master's degree. The minimum work experience among participants was one year. Nurses with 1-5 years of experience formed the largest group (42.5%, n = 17), followed by those with 6-10 years (32.5%, n = 13), and those with 11 years or more (25.0%, n = 10). Detailed socio-demographic information is presented in Table 1.

Results

Two main themes and seven subthemes emerged from the analysis, as presented in Table 2 below.

Table 1
Socio-demographic characteristics of participants.

Variables	Frequency (n=40)	Percentage (%)
Age group		
24-29 years	10	25.0
30-35 years	16	40.0
36-41 years	8	20.0
42 years and above	6	15.0
Sex		
Male	8	20.0
Female	32	80.0
Educational status		
Certificate	9	22.5
Diploma	18	45.0
Degree	8	20.0
Masters	5	12.5
Years of working experience		
1-5 years	17	42.5
6-10 years	13	32.5
11 years and above	10	25.0
Rank		
SN	12	30.0
EN	9	22.5
NO	6	15.0
SSN	10	25.0
SNO	3	7.5
Expertise		
Medical	20	50.0
Surgical	8	20.0
Emergency	5	12.5
Critical-Care	7	17.5
Marital Status		
Married	21	52.5
Single	8	20.0
Divorced	3	7.5
Co-habiting	5	12.5
Widowed	3	7.5
Care recipients		
50-59	5	12.5
60-69	5	12.5
70 and above	30	75
Results		

This theme highlights nurses' efforts to balance respect for older adults' autonomy with the need for appropriate support. It also reflects their role in educating families about the overlap between aging and disability, while advocating for equitable care tailored to the unique challenges faced by this population.

Sub-theme 1.1 opinions over allowing full independence and autonomy

Encouraging patients' independence and autonomy is one of the essential core needs of patients. Nurses have a responsibility to ensure patients partake in anything involving their care so that they do not feel left out or totally dependent because of their disabilities. Some of the nurses showed how they involve patients while caring for them as follows:

"In Ghana, neglecting to involve older adults in their care is seen as disrespectful, as we place great value on their autonomy. For example, last week, I cared for a 54-year-old man with paraplegia. Every time I helped him out of bed, I made sure to ask about his comfort and his preferred method of assistance. This approach keeps him actively engaged in his care, allowing him to focus on his abilities and participate in the process." **P11**

"Currently, I'm caring for an 82-year-old patient who is frail and needs assistance with movement. However, I prioritize maintaining her dignity to the fullest extent possible. Rather than doing everything for her like a child, we encourage her autonomy by letting her handle tasks she's capable of, such as brushing her teeth, while

Theme 1

Recognizing and addressing the distinct needs of older adults with disabilities.

THEMES	SUB THEMES
Recognizing and addressing the distinct needs of older adults with disabilities	<ul style="list-style-type: none"> • Opinions over allowing full independence and autonomy • Helping Older Adults/Families Understand the Intersection of Aging and Disability
Prioritization of Care for Older Adults Amid Challenges	<ul style="list-style-type: none"> • Advancing Health Equity for Elderly Individuals with Disabilities • Personal Experiences of Nurses Regarding Embracing Inclusivity / Non-discriminatory Attitudes • Supporting Social Engagement • Mobility During Caregiving and Challenges • Implementing measures to prevent accidents and promote safety

assisting with things she can't manage. This approach has proven to make her more comfortable" **P4**

Despite caregivers' willingness to promote patient independence and autonomy, they are faced with challenges that make it difficult at times.

"A common challenge we face is when patients decline assistance, even when it's clear they need it. In these situations, we initially respect their wishes to allow them to maintain control. Many older adults, despite needing help, refuse out of concern that they'll be seen as dependent or burdensome. Our task is to find ways to assist without making them feel uncomfortable or undermining their dignity." **P7**

Sub-theme 1.2 helping older adults/family understand the intersection of aging and disability

As one ages, it mostly brings about changes in the functioning of the body which can bring about some disabilities. The following narrations were shared by some of the nurses. The findings revealed that as professional nurses they often observe the need to balance older adults' desire for independence with the realities of age-related physical changes.

"As a professional nurse, I have observed that many older adults attempt to engage in activities as they did in their youth during their hospital stay, which is a positive behavior that should be encouraged. However, we also inform them of the risks, particularly for those with disabilities, such as weakened bones that increase the likelihood of fractures and other injuries. Consequently, we assist them in adjusting their activities to align with their age and abilities, helping them remain active and functional while minimizing the risk of harm. This approach also emphasizes the importance of accepting help when needed for their overall safety and well-being." **P15**

Negative perceptions about aging and its intersection with disability can lead to the mistreatment of older adults. One participant, currently working in the medical unit, shared an experience from her clinical rotation at the mental health unit two years ago, as follows:

"While working in the mental health department, a couple of elderly women were brought in by their family under the belief that they were mentally ill. However, upon investigation, it became evident that these older adults were neglected and were exhibiting attention-seeking behaviors as a result. The psychiatrist educated the family on the importance of prioritizing the basic needs of older adults with disabilities and ensuring they receive proper care as neglecting them could adversely affect their overall wellbeing, including their mental health." **P12**

Sub-theme 1.3 Advancing Health Equity for Elderly Individuals with Disabilities

Health equity for older adult with disabilities is necessary to ensure a comprehensive approach in addressing the unique needs of this group of patients. The following highlights some of the reports

from the nurses on some of the challenges they face with health equity advancement for older adults with disability.

"I believe there's a gap in providing adequate care for older adult with disabilities. In our facility, we lack healthcare professionals specialized in geriatric care. While we nurses possess general knowledge, it's insufficient to meet the unique needs of this population effectively. We require specialized expertise and skills to ensure appropriate care tailored to older adults with disabilities." **P20**

"Look around, how many assisted devices do you see here? ...we have only two, wheel chairs and that is all. The resources are not available to help these patients like we should. It makes it more tedious having to provide care without the needed resources" **P37**

"In the future, the government should prioritize constructing facilities dedicated to older adults with disabilities, as I have yet to see such establishments in Ghana. Currently, they are typically admitted to surgical or medical wards alongside patients of all ages, which I believe is unfair. Just as there are wards designated for children, older adults especially those with disabilities should have their own specialized spaces." **P38**

As healthcare providers, we strive to meet the needs of all patients, but the specific challenges involved in caring for older adults, particularly those with disabilities, often go unrecognized.

"We're making an effort, but the added workload of caring for older adults especially those who are disabled, such as mobility issues and cognitive decline like dementia, can be overwhelming. Their dependence on assistance requires more time and staff compared to younger, able-bodied patients who are more actively involved in their care however this is not considered when setting up facilities in Ghana." **P33**

Theme 2: prioritizing care for older adults amid challenges

The attitudes of caregivers towards adults with disability is crucial in the quality of health of the patients. There were 5 findings found from the study thus; embracing inclusivity/non-discriminatory attitudes, supporting social engagement, acknowledging feelings of unpreparedness due to a lack of expertise, managing occupational strains and empowering and educating patients.

Sub-theme 2:1 personal experiences of nurses regarding embracing inclusivity / non-discriminatory attitudes

Nurses' personal experiences and cultural values play a significant role in shaping their approach to care for older adults with disabilities. These experiences highlight the importance of inclusivity and non-discriminatory attitudes, emphasizing respect for older adults and their needs, as well as the responsibility to educate and challenge misconceptions. These experiences emerged when asked about the professional roles in caring for older adults with disabilities as listed below "In Ghana, we believe it is a bad luck not to have an elder in the family, as they are seen as a source of wisdom and hold significant influence in society. We hold our elders in high regard and believe that caring for them is linked to a long life. Therefore, we do not look down on older

people or discriminate them because they have disability, as others will hold us accountable for such behavior." P1

Another reason we hold our elders, especially grandmothers and grandfathers, in such high regard is because they are often the ones who raise us. With our parents busy working, it's usually our grandparents who take care of us. We have a saying: "If your elders cared for you while you grew your teeth, you should care for them when they are losing theirs," meaning we must not neglect them after all the sacrifices they made to care for us no matter their condition" p20

"Why should we be rude to our elderly when we know that aging is inevitable and we will all reach that stage? We strive to treat older individuals with the same respect and care we would want for ourselves in the future. This means always seeking their consent prior to carrying out procedures and honoring their wishes in every decision." P19

Some nurses expressed concerns about the negative perceptions held by a few Ghanaians regarding their older adults.

"In Ghana, many older adults are sometimes viewed as 'possessed' due to difficulties in hearing or taking longer to recognize someone, which can lead to neglect. As nurses, our main responsibility is to educate patients and their families when they come on admissions about the natural causes of impairments like hearing and vision loss, helping to dispel these misconceptions". P 40

One shared her personal experiences when asked about their professional experiences with older adults with disabilities

At home, since many of us live with our partners, we sometimes let our children stay with their grandparents to keep them company and ensure they aren't left alone. The grandparents also visit us from time to time, usually every month or two, to strengthen family bonds. This connection helps them stay healthier and live longer" P32

Sub-theme 2:2 supporting social engagement

As part of the responsibilities of nurses, nurses have to take steps that will positively enhance the health and quality of health of their older adult with disabilities. Some of these reports were highlighted by the nurses as follows;

"Many older adults in Ghana enjoy chatting, particularly with their families. They can share stories from morning till evening, discussing everything from personal experiences to historical events. As nurses, we prioritize spending ample time engaging in these conversations to alleviate any feelings of boredom. We also permit families to give a listening ear and spend more time with them during admission" P28

"At times during admission, we ensure that older adults especially those with disabilities are placed in close proximity to each other, considering their individual conditions and appropriateness. This facilitates opportunities for them to engage in conversations with peers of their own age group, given that we don't have specialized units for the elderly here." P24

Some nurses disclose having challenges and enhancing their social well being

"There aren't any activities tailored specifically for older adults with disabilities to engage in in this facility, even with the presence of a television on the unit. Often, younger individuals dominate the choice of programs, opting for sports and movies, which many older adults do not enjoy or those with disabilities cannot partake in, presenting a challenge." P15

Sub-theme 2:3 mobility during caregiving and challenges

Caring for older adult patients with disabilities can be a daunting task. Nurses interviewed revealed how they were coping with some of these stresses as follows;

"I find immense fulfillment in caring for older patients because of my deep passion for supporting the elderly, which also drives my involvement with an NGO focused on their well-being. However, the physical demands, especially the need for extra help in repositioning patients, can sometimes result in back injuries for caregivers. Despite these challenges, the gratitude shown by the older adults makes the work incredibly rewarding." P5

"To prevent complications like DVT and bed sores, older adults who are immobile or unable to move should be assisted to either turn in bed every 2-4 hours or help move out of bed. However, this is challenging especially with limited devices and sometimes they have to bear all the weight on you and by the time you get home you are exhausted with muscle pains all over. Even though we love our job that is physically draining" P6

Lack of resources contributed to this challenge as narrated by some nurses

"Some wheelchairs are in poor condition, requiring caregivers to provide additional support from behind during transportation due to torn back support. This situation can be incredibly stressful. While it's easier with lightweight individuals, it becomes more challenging with heavier patients. Unfortunately, compensation for this demanding work is inadequate." P29

Sub-theme 2:4 implementing measures to prevent accidents and promote safety

Preventing injury to patients is a key responsibility of nurses, particularly for older adults who are more vulnerable and prone to accidents due to their disabilities. Below are some of the reports shared by the nurses regarding their experiences.

"They are susceptible to various injuries, including fractures and skin breaks. Therefore, we handle them with utmost care during tasks like bathing to prevent such injuries, especially considering their delicate skin" P19

"We ensure older adults, especially those with disabilities, are supervised when descending or climbing stairs, and we minimize fall risks by keeping floors clear of liquids or hazards. Recognizing their vulnerability to injuries and delayed wound healing due to age, we prioritize their safety by always providing accompaniment and support" P29

"Due to the fragility of their skin, prolonged periods of lying down can cause discoloration and pressure sores. Hence, we prioritize their skin care and regular repositioning to prevent such issues. Given the prevalence of pressure sores among older adults, we take no chances and emphasize the importance of nutrition to maintain skin health." P6

Discussion

This study aims to explore the experiences of nurses and the strategies they employ to address the unique and complex needs of older adults with disabilities in clinical settings. The findings reveal that in Ghana, disrespectful attitudes toward older adults, especially those with disabilities, are strongly discouraged. As a result, nurses place significant emphasis on respecting the autonomy of older adults with disabilities. This approach fosters active participation in the caregiving process, focusing on patients' abilities rather than their limitations. Nurses recognize their responsibility to involve patients in their care, ensuring they do not feel excluded or overly dependent due to their disabilities. It is crucial to build on the strengths of older adults, providing only the necessary support to maintain their independence. This is crucial as previous research has shown that older

adults in several countries, including Indonesia, South Korea, the United States, Australia, and Hong Kong, often face abuse, neglect, and exclusion from their care.^{31,32} This underscores the importance of prioritizing the autonomy, independence, and well-being of older adults, particularly those with disabilities.

The research highlighted that nurse play a crucial role in educating older adults and their families about the natural aging process and the disabilities that often accompany it. Nurses emphasize the importance of informing both patients and their families about common age-related challenges, such as weakened bones, which increase the risk of injuries. By helping patients and their families understand these struggles, they can better accept and manage these disabilities. This approach also empowers family caregivers with greater insight, enabling them to provide more effective support and fostering better acceptance. Such education helps manage expectations and improves patient care. Furthermore, educating families is essential, as negative perceptions of aging can lead to ageism and violations of older adults' rights, as highlighted in several studies.³³ This reinforces the need for interventions aimed at preventing abuse and violence against older adults.

The study revealed significant gaps in the provision of adequate care for older adults with disabilities. Nurses noted a lack of specialized expertise and resources, which impacts the quality of care delivered. They emphasized the shortage of healthcare professionals trained in geriatric care and underscored the need for specialized training and resources to address the unique needs of this population. Furthermore, the absence of essential equipment, such as wheelchairs, adds to the difficulties faced by caregivers. To advance health equity, it is crucial to prioritize factors such as acceptability, affordability, appropriateness, availability of resources, recognition of older adults' decision-making capacity, and physical accessibility.³⁴

The study further revealed that nurses' personal experiences and cultural values significantly influence their approach to caring for older adults with disabilities. These values drive nurses to respect the views and preferences of older patients with disabilities, which aligns with delivering inclusive care. The nurses' prioritization of these patients' care stems from the belief that caring for older adults is a blessing or good fortune, and a form of reciprocity, as they view these individuals as akin to their own parents, who once cared for them. Consequently, nurses make intentional efforts to involve patients in decision-making and honor their preferences, such as selecting caregivers based on gender. This approach promotes positive relationships and reduces psychological stress. By prioritizing patient preferences, nurses enhance both the quality of care and patient satisfaction. Addressing the satisfaction of older adults with disabilities requires attention not only within the healthcare system but also in broader societal contexts.³⁵

The study emphasized the critical role of nurses in promoting the social engagement of older adults with disabilities, preventing complications through regular repositioning in bed, and supporting mobility to minimize the risk of falls. Nurses recognize the heightened vulnerability of older adults with disabilities to injuries compared to other older adults and place significant emphasis on these preventive measures. These practices are not only ethically important to protect these patients but also reflect the moral responsibility of nurses to care for and advocate for them, ensuring they receive equitable and optimal treatment. Previous research underscores the importance of such practices in enhancing patient safety and reducing injury risks, particularly through nurse-led fall prevention programs.³⁶

Recommendations

To enhance the care and support for older adults with disabilities, it is essential to implement structured educational programs

targeting both patients and their families. These programs should aim to improve understanding and acceptance of age-related challenges, fostering better management of disabilities and promoting independence. Addressing negative perceptions of aging is also crucial in combating ageism and safeguarding the rights of older adults with disabilities. Future initiatives could include community education campaigns and workshops designed for families and healthcare providers to reduce stigma and encourage acceptance.

Advancing health equity for older adults with disabilities necessitates interventions focused on enhancing the availability and accessibility of resources. This includes advocating for increased funding for geriatric training among healthcare professionals, ensuring the provision of necessary equipment like mobility aids, and improving the physical accessibility of healthcare facilities. Policies that recognize and support the decision-making capacity of older adults with disabilities are vital to uphold their autonomy and respect. Additionally, developing comprehensive action plans that address challenges such as inadequate healthcare resources, shortages of specialized staff, and the need for public education are essential steps toward ensuring that older adults with disabilities receive equitable, dignified, and optimal care. Implementing these recommendations will significantly improve the quality of care, reduce risks of neglect and abuse, and foster an inclusive healthcare environment that prioritizes the well-being and autonomy of older adults.

Strength and limitations

One limitation of this study is its focus on a specific region, as data were collected from hospitals in the Greater Accra Region, which may not represent experiences in other parts of Ghana. Additionally, the study relied on qualitative self-reported data, which may be subject to bias. Despite these limitations, the findings offer valuable insights into the care of older adults with disabilities in Ghana.

Conclusion

In conclusion, while nurses in Ghana face significant challenges in providing quality care for older adults, particularly those with disabilities, they continue to demonstrate a strong commitment to improving patient care. These challenges include limited resources, such as malfunctioning wheelchairs and the lack of geriatric facilities, as well as societal misconceptions that contribute to the stigmatization of older adults with disabilities, labeling them as "possessed" or "mentally ill." Nurses emphasized the importance of addressing these issues by advocating for more resources, specialized geriatric disability training for healthcare professionals, public education to combat disability ageism, and the implementation of healthcare policies to enhance care of older adults with disability especially in low resource settings. These efforts are critical to enhancing the care and support provided to older adults with disabilities.A

Ethics approval and consent to participate

The Dodowa Health Research Centre Institutional Review Board (DHRCIRB) granted ethical approval (Ref: DHRCIRB/228/11/23). Verbal consent was obtained from participants before data collection, and they signed informed consent forms prior to recruitment. All procedures followed relevant guidelines and regulations.

Consent for publication

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Declaration of competing interest

There is no conflict of interest to declare.

CRediT authorship contribution statement

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