

## Original Research Article

## Nurses' Attitude towards Patients with Mental Illness in a Federal Neuropsychiatric Hospital in Nigeria

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**Abstract:** *Background:* Negative attitudes and discriminatory behavior of health professionals constitute a major obstacle in psychiatric care and have been pointed out as a key issue in working with mental illness. Understanding the attitude of nurses is crucial for the quality and holistic care of psychiatric services and essential for the successful integration of mental health into primary health care. However, there is a paucity of studies to examine the attitude of nurses towards severe mental disorders in the northern part of Nigeria. *Aims:* This study aimed to describe the attitude of nurses toward mentally ill patients in a Federal Neuropsychiatric Hospital, Kware, Nigeria. *Methods:* All the nurses in the hospital were administered a 40-item Community Attitudes toward the Mentally Ill (CAMI) questionnaire which determines whether the mentally ill are viewed as "inferior;" deserve "sympathy;" perceived as a "threat" to society or "acceptable" if residing in community dwellings. The analysis of variance was performed to determine the association of the four subscales with the individual characteristics, including age, gender, education, qualification type, position held, contact and contact type. *Results:* Out of a total of 400 nurses, 248 (62%) completed the CAMI questionnaire. The mean scores for the authoritarian (2.71), benevolent (3.61), social restrictiveness (2.84) and community mental health ideology (3.29) subscales reflected a negative attitude of nurses toward mentally ill patients. The direct or indirect utilization of the mental health facilities resulted in significantly higher authoritarian and lower benevolence scores, indicating a positive attitude change in this group of nurses. *Conclusion:* Despite the small size and selective nature of the sample, nearly all the participants have a negative attitude towards people with severe mental disorders. Therefore, evidence-based and contextualized models are warranted to mitigate negative attitudes of nurses and provides useful baseline data for further large-scale studies and underscores the need for psycho-education of different health care professionals, including nurses.

**Keywords:** Attitude of nurses, severe mental illness, Nurses, Health center, Nigeria.

## INTRODUCTION

Severe mental disorder (SMD) is explained by a significant disturbance in an individual's cognition, emotion, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning (American Psychiatric Association, 2013). Currently, SMD is responsible for 12% of the global burden of disease and is expected to reach 15% by the year 2020 (Sabaté, 2003). Mental health and well-being are critical to the quality of life of individuals and the productivity of communities (WHO, 2005). One of the major impediments to the realization of positive mental health and well-being is stigma and discrimination, which can impact all aspects of an individual's life (Byrne, 2000).

The negative attitudes, stigmatization, and discrimination associated with mental illness are an important health issue. Consequences for persons with mental illness are the obvious risk of exclusion and that others will reject them (Angermeyer & Dietrich, 2006). Stigmatization and discrimination form a great barrier to recovery (Sartorius, 2002) and social integration (Hansson *et al.* 2014). It is well known that negative and stigmatizing attitudes towards persons with mental illness are highly prevalent in the general population (Angermeyer *et al.*, 2005, Angermeyer & Dietrich 2006; Högberg *et al.*, 2012). During the recent decades, no time trends or desirable changes in these negative attitudes have

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been observed (Schomerus *et al.*, 2012). A range of studies have examined associated factors (such as age, gender, marital status, educational level, and real-life experiences) and found that older people, males, and persons without personal experience of mental illness often have more negative attitudes (Angermeyer & Dietrich 2006; Ewalds-Kvist *et al.*, 2012).

Moreover, negative and stigmatizing attitudes also are found among healthcare staff, and to a surprising extent, and are in several respects comparable with public opinion (Björkman *et al.*, 2008, Nordt *et al.*, 2006, Schulze, 2007, Ross & Goldner, 2009). Lack of knowledge, lower education level, less professional experience, and no familiarity, i.e., no friends or relatives with mental illness, are factors related to more negative and unfavourable attitudes (van der Kluit & Goossens, 2011).

There were reports of stigmatizing behaviors from health care workers towards patients with SMD which includes offering discouraging advice, negative remarks, rejecting behavior, and negative attitudes (Ndeti, Khasakhala, Mutiso, & Mbwayo, 2011; Minas, Diatri, & Pasung, 2008). Taking this in account, the attitudes and knowledge of nurses on mental illness have been argued to be a major determinant of the quality and inclusive care for people with mental illness (Pusey-Murray, 2017). There is a high prevalence of nurse's attitudes regarding patients with severe mental disorders across the globe such as Switzerland (55.2%), Jamaica (61%), Nigeria (53%), Zimbabwe (75.6%), Tanzania (58.9%) and Kenya (75%) (Chikaodiri, 2009; Kapungwe *et al.*, 2011; Benedicto, Mndeme, Mwakagile, & Mwansisya, 2016). In Ethiopia, the prevalence ranges from 27 to 57% (Mariam, Bedaso, Ayano, & Ebrahim, 2016) but the report was about general nurse's attitude rather than primary health care workers. The most frequently reported associated factors for negative attitude of mental health professionals towards people with SMD were being male, have less psychiatric nursing training, and hold junior positions tend to express less favorable attitudes towards people with mental illness (Chambers *et al.*, 2010; Hsiao, Lu, & Tsai, 2015). Primary health care nurses with less training, minor exposure and experience in mental health has also reported negative, intolerant and fearful attitudes, and perceptions towards mental illness and mentally ill people (Hsiao, Lu, & Tsai, 2015; Linden & Kavanagh, 2012).

The focus on nurses is especially important as they are the biggest group of health care professionals involved in the direct care of patients, including those with mental health problems (WHO, 2007). A highly skilled, flexible, and culturally aware nursing workforce can ultimately have a positive impact on practice. Studies looking at registered nurses indicate that qualified nurses with higher levels of education and those with specialized psychiatric training have more positive attitudes than unqualified staff and those without any psychiatric training (Ludvigsen, 1997; Scott & Philip, 1985; Mavundla & Uys, 1997). For nursing and psychology students, exposure to a psychiatric setting during training and having personal contact have both been associated with positive attitudes (Bairan & Farnsworth, 1989; McLaughlin, 1997; Read & Law, 1999; Couture & Penn, 2003). Other studies, however, have found no association of formal psychiatric training and interpersonal contact with a positive attitude toward mental illness (Kahn, 1976; Weller & Grunes, 1988; Callaghan, Shan, Yu, Ching, & Kwan, 1997).

Little agreement or understanding seems to exist about the factors that shape and sustain either negative or positive attitudes towards mental illness. What is evident is that attitudes are multifaceted and, on the one hand, are likely to have a complex relationship with the education, training and experience of an person and, on the other, its sociodemographic, cultural and religious characteristics (Addison & Thorpe, 2004). There are few, if any, studies in the African world which address this important issue of the attitude of nurses towards patients with mental illness. The study aimed to examine nurses' attitudes towards subjects with mental illness.

## **METHODS AND MATERIALS**

### **Study design, Area, and Population**

This cross sectional study was conducted from May to June, 2020. The study was conducted in Federal Neuro-psychiatric Hospital Kware, Sokoto State, Nigeria. All nurses who are working at Federal Neuro-psychiatric Hospital were considered as source population. Participants who were available during data collection period were the study participants.

### **Instrument**

The instruments of this study comprised demographic questions and Community Attitudes toward the Mentally-Ill Scale. The background characteristics of the nurses were obtained by an 8-item questionnaire asking for information on age, gender, highest educational attainment, and type of training, duration of service, position held and personal interaction with people with mental health issues and proximity of interaction. While Community Attitudes to Mental-Ill Scale was originally developed for use with the general population, it has since been used with various samples of mental health professionals, including psychiatrists in the United Kingdom and both nursing and medical professionals in China (Sévigny *et al.*, 1999).

Measuring several aspects of attitudes, including perceptions of people with mental illness and attitude to community care, it consists of 40 statements each necessitating a response to the level of agreement/disagreement on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire is scored on four factors: Authoritarianism is a view that people with mental illness are inferior and require a coercive approach; benevolence is a sympathetic view of those experiencing mental health problems, based on humanistic approach; social restrictiveness is a view that people with mental illness are a threat to society; and community mental health ideology (CMHI). Measuring a variety of aspects of attitudes, including views of people with mental illness and attitudes towards community treatment, consists of 40 statements each requiring response to the degree of agreement / disagreement on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

The questionnaire consists of 4 factors: authoritarianism is of the opinion that people with mental illness are deficient and need a coercive approach; benevolence is a sympathetic view towards those with mental health issues, focused on a humanistic approach; social restrictiveness is of the view that people with mental illness are a danger to society; and community mental health ideology (CMHI) supports the healing importance of the environment and recognizes de-institutionalized care. Reliability for scales ranges from Alpha 0.68 to 0.88 with construct validity also showing positive results (Tay, Pariyasami, Ravindran, Ali, & Rowsudeen, 2004).

## DATA ANALYSIS

The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 22. The four attitude factor scores were determined by adding the 10 appropriate items for each factor and dividing by 10 to arrive at the mean score. The score of each scale varies from one (strongly disagree) to five (strongly agree). The socio-demographic data of nurses were analyzed using descriptive statistical methods. The continuous variable age and length of experience variables were each broken down into two different classes, using the medians of each total sample (33 years of age and 8 years of experience) as the respective cut-off points. The distribution of scores on all four scales was relatively standard. However, several outliers have been reported and the five most serious cases have been omitted from the data collection. The four dependent variables, including authoritarian, benevolent, social restriction and CMHI, were compared between two independent groups using the Student T-Test.  $P < 0.05$  was deemed statistically significant for all tests.

### Ethical considerations

Ethical clearance was obtained from the hospital ethical review committee of Federal Neuropsychiatric Kware, Sokoto state, Nigeria. Written Informed consent was obtained from each participant during data collection. All participants were informed about the aim and purpose of the study. Study participants were given the right to refuse or withdraw from participation at any time during data collection. All personal information was kept entirely confidential.

## RESULTS

### The sample characteristics

The study was made up of 248 nurses. Sixty two percent were females, the average age was 29.35 years (standard deviation [SD] = 6.9). Ninety-five percent (n=237) of them held a diploma. Fifty-three percent (n = 146) of nurses or their families, friends or colleagues used a mental health service. Eighty-five percent (n=212) were nurses with more than 10 years of experience. Fifty-eight percent (n=160) had psychiatric patients while eighty percent (n=198) thought that psychiatric outpatient services were required in the hospital (Table 1).

**Table-1: Socio demographic characteristics of the sample**

| Characteristic     | Mean (SD) or n (%) |
|--------------------|--------------------|
| Age                |                    |
| Mean±SD            | 29.35±6.9          |
| Range              | 22-65              |
| Median             | 30                 |
| Nursing experience |                    |
| Mean±SD            | 11.22±5.62         |
| Range              | 1-38               |
| Median             | 9                  |
| Gender             |                    |
| Female             | 154 (62.1)         |
| Male               | 94 (37.9)          |
| Marital status     |                    |
| Never married      | 82 (33.0)          |
| Ever married       | 166 (67.0)         |

| Characteristic   | Mean (SD) or n (%) |
|------------------|--------------------|
| Current position |                    |
| Nurse manager    | 12 (4.8)           |
| Staff nurse      | 212 (85.5)         |
| Other*           | 24 (9.6)           |
| Education        |                    |
| Degree           | 11 (6.4)           |
| Diploma          | 237 (95.6)         |
| Contact type**   |                    |
| Acquaintance     | 73 (29.4)          |
| Friend           | 118 (47.6)         |
| Family           | 27 (10.9)          |
| Self             | 30 (10.1)          |

### Characteristics associated with nurses' attitudes toward mental illness

Nurses reported no overt or indirect use of mental health with slightly higher ( $P=0.002$ ) authoritarian and lower ( $P=0.013$ ) benevolence scores suggesting that the use of mental health services resulted in a positive shift in attitudes towards mental illness. The use of services by the nurses themselves ( $P<0.030$ ) or their friends ( $P=0.012$ ) had a positive impact on the group mental wellbeing scale, whereas the use of mental health services by the nurses ( $P<0.057$ ) had a positive effect on the benevolence scale.

### Nurses' attitude toward mental illness

Overall, the mean scores on the four subscales reflected the nurses' negative attitude towards mentally ill patients (Table 2). On the "authoritarian" subscale, their ratings (mean = 2.71; SD = 0.29) were significantly higher (the higher the score, the more negative the attitude), indicating that nurses may have found mental illness to be somewhat "inferior" needing a "coercive" approach. The "social restrictive" subscale score ( $2.84 \pm 0.39$ ) was on the higher side (the higher the score, the more negative the attitude) indicating "disapproval" of the mentally ill living in the immediate vicinity. The subscale "benevolence" value ( $3.61 \pm 0.38$ ) was on the lower side (the higher the score, the more positive the attitude), suggesting that there might be less support for those with mental health issues. The subscale "CMHI" score ( $3.29 \pm 0.43$ ) was again on the lower side (the lower the score, the more negative the attitude) indicating that they were hesitant to acknowledge the existence of mentally ill individuals in the community.

CAMI – Community Attitudes toward the Mentally Ill; SD – Standard deviation

Table-2: CAMI scores

| Subscales                        | Mean±SD   |
|----------------------------------|-----------|
| Authoritarianism                 | 2.71±0.29 |
| Benevolence                      | 3.61±0.38 |
| Social restrictiveness           | 2.84±0.39 |
| Community mental health ideology | 3.29±0.43 |

## DISCUSSION

The findings from this study reveal information about nurse's attitudes towards patients with mental illness. This study appears to be one of the first that looks at this phenomena in Sokoto state, Nigeria. The findings in most areas are congruent with existing literature, and serve to illuminate emerging strategies for facilitation of positive attitudes towards mental illness. Our findings showed that the attitudes of nurses towards mental illness were overwhelmingly negative. The negative attitudes of healthcare professionals, especially nurses, have been known to worsen people's mental health issues and can have a significant effect on their chances of recovery (Sartorius, 2007). In a conservative African culture where behavioral problems associated with psychiatric illness are correlated with "social guilt," the negative attitude of nurses may have an especially detrimental impact on patients and their families.

Psychiatric patients are regarded by many as "cursed" individuals who having been afflicted with evil spirits, require some kind of divine intervention by the faith healers (Fakhr, 2008). Many patients with mental illness are never seen by a doctor, and instead they are treated by faith healers. The prevalence of stigma in mental health practitioners in a community where religious-cultural traditions, rather than modern multidisciplinary individual patient care programs, dictate the form and quality of mental health services, may be particularly detrimental to people with mental health issues.

A number of studies comparing nurses from various countries have found that "nationality" is the key determinant of the disparity in the attitudes of nurses towards mentally ill patients. For example, a cross-cultural study involving five European countries found that Lithuanian nurses had a more pessimistic attitude, whereas Portuguese nurses had a more positive attitude. This was due to the general public views towards mental illness in the respective countries (Chambers, *et al.*, 2010).

The use of mental health resources by staff, their families or friends has had a positive effect on their behaviour towards mental illness, reinforcing the positive effects of the touch theory. Similar findings have been documented in earlier studies (Schomerus *et al.*, 2012). It has been suggested that contact with mental health providers eliminates some of the anxiety and misconception generally associated with the existence of these diseases (Björkman, Angelman, & Jönsson, 2008). Another potential explanation of the positive impact of interaction with patients is the direct examination of the beneficial effects of clinical treatments and the effectiveness of their role in alleviating psychological distress, thus reducing some of the confusion surrounding the treatment of mental disorders.

### Limitation

One limitation of the present study is the nature of the cross-sectional non-random design used; we have identified associations that need to be further explored in future research. The comparatively lower response rate of our study, derived from one psychiatric hospital in the world, may not be indicative of the actions of nurses in other hospitals, which makes it difficult to draw firm conclusions. However, to the best of our knowledge, this is the first research of its kind to discuss the attitude of nurses towards mental illness in Sokoto. It is recommended that more methodologically sound research be carried out to resolve this problem so that initiatives for public education and training of health workers can be implemented.

## CONCLUSION

Most participants had a negative attitude towards people with serious mental illnesses. The prevalence of negative attitudes among nurses in a culture where seriously mentally ill patients are perceived to be "cursed" persons with "poor spirits" may have major adverse effects for people with mental illness, resulting in lower self-esteem, lower self-efficiency and lower recovery prospects. It is therefore necessary to re-initiate nurse training programs to minimize harmful attitudes towards people with serious mental disorders.

### Conflict of Interest

No conflict of interest has been declared by the authors

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