

Emotional Health Problem (EHP) and Environmental Sustainability: The Perception of Civil Service Society

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ABSTRACT

Emotional Health Problem (EHP) is one of the social-environmental problems investigated by authors for its consequential impacts on the well-being of citizens and its concomitant impacts on workers' productivity. More so, the chances of public workers in less developing countries, such as civil servants in Nigeria, experiencing EHP is higher as the country experiences increasing levels of economic woes ranging from rising inflation, less job satisfaction, and low remuneration to poor working and environmental conditions. Despite these challenges, the proportion of civil servants experiencing EHP in Nigeria is not known. In this study, the authors investigate, using a survey, the proportion of civil servants randomly sampled from the population of 959 civil servants employed in the state at the time of data collection. Findings show that a moderate percentage of the civil servants experience one form of EHP or the other. It was recommended that local authorities prioritize organizing emotional and well-being support programs to improve the emotional health of their public workers, as that will help improve their social and environmental well-being and sustainability and workers' productivity.

Keywords: Emotional Health, Public Health, Anxiety, Depression, Stress, Environment, Emotions

INTRODUCTION

Emotional Health Problems (EHPs) have been identified as one of the global silent killers of humanity and a major destabilizing factor in environmental and social order and sustainability. They are health problems comprising a range of psychological difficulties that often destabilize the internal homeostasis of individuals, resulting in anxiety, depression, and stress. These problems are found to be a significant burden on the health of the residents of the United Arab Emirates (Al-Mazouqi et al., 2022). Kim et al. (2019) and Lee et al. (2018) indicated that civil servants in different countries suffer from depression, anxiety, and other psychological problems. According to Song et al. (2017), long-term (relatively high) stress, depression, and anxiety will not only reduce work efficiency but also affect physical health. In line with this assertion, the



National Alliance on Mental Health (NAMH) (2016) described EHPs, such as Mental Health, as a condition that impacts a person's feelings or mood, affecting his or her ability to effectively relate to others or function daily in their immediate environment.

Mental Health Problems (MHP) include depression, anxiety, stress, and sleep disorders. These MHPs span all aspects of life, including civil servants. Unfortunately, symptoms of EHP have been found in many parts of the world, although in varying degrees at different regions. For instance, the World Health Organization (WHO) (2016) in their report, have it that EHP is prevalent in many nations, usually manifesting when there is a discrepancy between demands from the immediate environment and individual ability to carry out and complete demands required of the person in the environment. If EHPs, according to the WHO, affect various countries and the global environment negatively, it becomes pertinent that cogent solutions to this problem should be sought to reduce its concomitant additional stress on environmental sustainability already faced by humans. Sadly, issues relating to practical solutions to EHPs are less sought because of their multifaceted nature (Inter-governmental Panel on Climate Change, IPCC 2022), including the lack of data on the proportion of persons experiencing EHPs. This gap points to the premise and rationale for this study.

Suffice at this point to explore how the identified psychological difficulties, depression, anxiety, and stress relate to EHPs. Mental Health Problems (MHPs)—such as depression, anxiety, and stress—are prevalent among contemporary university students (Kim et al., 2019). These disorders appear to be increasing in number and severity due to stress and transitional events (Nadeem et al., 2017; Saeed et al., 2018). These common mental health problems are not limited to students alone but also affect civil servants in their various places of work. Previous studies reported that the global prevalence of depression, anxiety, and stress ranges from moderate to extremely severe levels (Taneja et al., 2018; ul Haq et al., 2018). In Bangladesh, the prevalence of depression, anxiety, and stress has been reported to be as high as 54.3%, 64.8%, and 59.0%, respectively (Alim et al., 2017; Mamun & Griffiths, 2019; Mamun et al., 2019). When the emotional health problems are not controlled appropriately and promptly, it may aggravate MHPs. MHPs are also among the strongest predictors of suicide, with approximately 90% of suicide victims having at least one mental disorder (Arafat & Mamun, 2019; Shah et al., 2017). Consequently, the EHP of focus in this study is depression, anxiety, and stress.

Depression refers to a state of low mood and aversion to activity or apathy, which can affect a person's thoughts, behavior, feeling, and sense of well-being (Chukwudum et al., 2019). Depression, according to WHO (2016), is defined as the condition of feeling sad, apathetic, hopeless, and withdrawn. A depressed person shows little or no interest in life activities and is accompanied by feelings of guilt, worthlessness, inadequacy, and moodiness (Salik & Marwaha, 2022; Singh et al., 2021). Other symptoms include loss of interest in daily activities, former hobbies, social activities and sex.

Unfortunately, evidences of increasing cases of EHPs are growing globally. In their study, Mamun et al. (2019) found that over half of their study participants have moderate to extremely severe levels of depression (52.2%) compared to 58.1% with moderate to extremely severe levels of anxiety and 24.9% with moderate to extremely severe levels of stress. Hu et al. (2021) reported that 37.25 and 38.06% of their study respondents had symptoms of depression and anxiety, respectively. Also, Bhargava and Trivedi (2018) reported high (81.60%) prevalence of depression among their study respondents. Nonetheless, these manifestations of depression are usually associated with anxiety although both expressions differ slightly.

Anxiety is a state of unpleasant feelings arousing from both external and internal stimulus. American Psychological Association (APA) (2020) described anxiety as emotions characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. Ganesan et al., (2018) reported that the prevalence of anxiety among undergraduate students was moderate (67%) among students respondents. Similarly, Al-Maouqi et al. (2022) reported that anxiety disorders was predominant emotional health problems among students in United Arab Emirates while Song et al., (2021) reported that (42.1%) of the



grass root civil servants indicated suffering from anxiety. This level of anxiety that developed in the students may even continue after academic pursuit and throughout lifespan. An individual with high level of anxiety may experience fear where there is no fear or threat. An anxious person may avoid certain situations out of worry and may develop physical symptoms such as sweating, trembling, dizziness or rapid heartbeat compromising the person's well-being. For instance, such persons experience "stage fright" during events, although, the audience poses no threat to their safety. While normal anxiety is not harmful to people, however, intense and persistent anxiety can become disruptive and prevent people from doing what they want to do. These states usually triggers stress which is one of the conditions associated with EHPs.

Stress is a psychological term that describes mental and emotional strain and pressure. Stress is the physiological and psychological response to circumstances that threaten or challenge us and that involve some specific kind of adjustment (Khan et al, 2018). Rani & Yadapadithaya, (2018) asserted that anything that poses a challenge or a threat to ones well-being is a stress. The global organization for stress reported that (75%) of Americans experience moderate to high stress level (Megan, 2020). Stress can be positive, acute, negative, chronic or bad. Stress can be positive when it is in small measure. However, some stress levels are not healthy to the body. For instance, Michaela et al., (2020) stated that the experience of high levels of academic stress increases the risk of young people developing physical health problems later in life. This is also applicable to civil servants who are exposed to high level of stress during the service years. These notwithstanding, evidence points to higher incidences of EHPs among students, but little is known about the prevalence of EHP among workers, especially, in Sub-Saharan African countries such as in Nigeria.

Nigeria is one of the developing countries in the world with prevailing environmental and social unrest such as constant economic down-turns, frequent communal clashes, insecurity, and scores of violence due to banditry. In many cases, low-ranking government employees, including those working at the sub-district level, have to work overtime to meet expectations from superiors, colleagues, and citizens. They play multiple roles as diligent workers, professionals, service providers, and intermediaries (Hung et al 2021 and Hung et al 2018). Remuneration for these low ranking government employees are usually limited, which tends to predispose them to emotional health problems. This has created the role overload faced by low-ranking government employees, as their responsibilities often "exceed their available time, resources, and/or capability" (Alfes et al., 2018). The low ranking civil servants tend to engage in multiple employments like menial jobs for extra earnings to meet up with responsibilities. This multiple employment can result to role overload and emotional health problems. Role overload can lead to anxiety, depression, headache, and various diseases, and therefore injures government employees' physical and psychological health (Bakker & Demerouti, 2017). This assertion is exemplified in the report of Tinubu (2016) which noted that of 400 million people currently suffering depression at global level, 12 per cent are Nigerians.

Connecting EHP to Environmental Sustainability

Emotional health problems like depression, anxiety, and anger can have significant impacts on society, including environmental sustainability. In Nigeria, rapid urbanization, deforestation, and pollution threaten the environment. Addressing emotional health issues is crucial for fostering sustainable practices.

Individuals with emotional health problems often struggle with motivation and energy, impairing their ability to engage in activities that support environmental conservation. Depression can lead to apathy, making it difficult for individuals to participate in community clean-up efforts or environmental advocacy. Anxiety can prevent individuals from thinking critically about long-term environmental impacts. Anger driven by frustration over socio-economic challenges can lead to destructive behaviors that harm the environment, such as engaging in unsustainable exploitation of natural resources.

Integrating mental health support with environmental education and sustainability programs in Nigeria is



essential. This would empower individuals to contribute meaningfully to environmental conservation and sustainable development. By fostering emotional resilience and promoting community-based environmental initiatives, Nigeria can better safeguard its ecosystems and enhance the well-being of its people. This is one of the justification why this paper seeks to provide solution by measuring the proportion of civic servants with EHPs in Enugu state Nigeria. Little has been done empirically to reduce the increasing incidences of EHPs in Nigeria. Worse, no known study shows empirical data on the prevalence of EHPs in the country. There, the objective of this study is to estimate the proportion of Civil servants experiencing EHPs in Nigeria, using Enugu State as a case for the study.

MATERIALS AND METHODS

The study adopted survey research design in a case study method. Case study according to Yin (2018) is defined as an empirical inquiry that investigates a contemporary phenomenon in depth and within its reallife context, especially when the boundaries between phenomenon and context are not clearly evident. Yin (2018) further elaborates that case studies are the preferred method when "how" or "why" questions are being posed and the investigator has little control over the events. Merriam and Tisdell (2016), in the context of qualitative research, highlights case studies as a research form where the focus is on the search for meaning and understanding, the researcher as the primary instrument of data collection and analysis, an inductive investigative strategy, and the end product being richly descriptive. Rashed et al., (2019) stated that case study is a type of qualitative methodology which enables the researchers to conduct an in-depth exploration of intricate phenomenon within some specific context. Erickson (2018) indicated that case studies provide a holistic view of the context and uses a variety of qualitative research methods such as observations and interviews to provide rich details, which makes case studies a useful tool for instructions and discussions in many subjects such as law and social sciences including education. Case study method was considered appropriate for the present study because its narratives offer detailed, rich descriptions of objective of the study that was targeted at investigating the proportion of civil servants experiencing emotional health problems among civil servants in Nsukka local government area of Enugu State in Nigeria.

Participants comprises of two hundred and forty one (241) civil servant randomly sampled from a total population of nine hundred and fifty nine (959) civil servants currently employed at Nsukka LGA of Enugu State in Nigeria. The A sample size of 241 civil servants was determined appropriate based on recommendations of Krejcie and Morgan (1970), who provide guidelines for calculating required sample size of finite populations. All participation was on voluntary basis and the respondents were asked to fill and sign an informed consent form before they were administered the survey. All respondent administered the survey instrument were expected to fill and return on the spot. Participants who needed clarifications and reading of the instruments were guided by the researchers who administered the instrument by themselves.

Ethical considerations were observed as the participants were explained to, the objective of the study, their level of participation in the survey and that data generated will be only used for the purpose of this research in line with the ethical requirements of Researchers in the University. All participants gave consent to participate in the research and they filled and signed consent forms administered to them. All the ethical guidelines for the survey as given and cleared by the University of Nigeria Nsukka Research Ethics Approval Committee were also adhered to.

The instrument adopted in the study is a standardized instrument – Depression, Anxiety and Stress Scale (DASS-21) developed by Lovibond & Lovibond in 1995 for determining proportions of associated EHPs such as depression, stress and anxiety. The instrument has been validated and standardized by the developers (See appendix 1) for use in determining proportion of EHPs among interest groups in various societies. The psychometric properties of the standardized instrument (DASS-21) has also been established (Haibbi et al, 2017; Ali et al, 2021). The Instrument adopted was considered appropriate for the study



because the study objectives and characteristics of the sample meets the descriptions of target sample for which DASS-21 was designed for in determining the proportion of sample experiencing EHPs.

RESULTS

Results from the study were organized under the following sub themes: depression, anxiety, stress and Emotional Health Problem. Results from each component of Emotional Health Problem were first presented, and then the proportion of civil servants on that combined experience of the variables leading to EHP in the location of interest.

Depression

Results from the study found moderate proportion (57%) of the civil servants experiencing depression as at the time of the investigation. Data from the study using the DASS–21 survey revealed that average proportion of the respondents feel depressed which is a contributory variable to EHP.

Table 1: Proportion of Civil Servants that experienced Depression

(DASS-21, n=241)				
S/N		DAS Present		
	ITEM	f(%)		
	Depression			
1	I could not seem to experience any positive feeling at all.	147(60.9)		
2	I found it difficult to maintain initiative to do all things	160(66.3)		
3	I felt that I have nothing to look forward to	137(56.8)		
4	I felt downhearted and blue.	152(63)		
5	I was unable to become enthusiastic about anything.	144(59.8)		
6	I felt I was not much as a person.	100(41.5)		
7	I felt that life was meaningless.	127(52.7)		
	Cluster %	57.3		

*Key explaining criterion for levels of proportion of civil servants' exposure to the various EHPs. The key explains criterion for all the EHP variables – anxiety, stress and depression. Low proportion = 0-29%; Moderate proportion = 30-59%; High proportion = 60-79%; Very high proportion = 80% and above.

Of note is item six which focused on a feeling of dejection where participants were asked to rate how they feel as a person. The relatively below average proportion (41.5%, n=241) shows that many of the participants rated that they felt more as a person when compared to their rating in other similar items focusing on depression. Also important to note is item 2 where high proportions (66.3%) of Civil Servants indicated that they find it difficult to maintain initiative to do all things.

Anxiety

Results from cluster two of the study found that a moderate proportion (55%) of Civil Servants experience anxiety with respect to EHP at the time of the investigation.



Table 2: Proportion of Civil Servants	s that Experienced A	nxiety
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(DASS-21, n=241)				
S/N		DAS Present		
	ITEM	f(%)		
	Anxiety			
8	I was aware of dryness in my mouth.	130(54)		
9	I experienced breathing difficulty (e.g. excessive rapid breathing, breathlessness in the absence of physical exertion)	97(40.2)		
10	I experienced trembling.	128(53.1)		
11	I was worried about situations in which I might panic and make a fool of myself.	139(57.7)		
12	I felt I was close to panic	148(61.4)		
13	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing beat).	147(61)		
14	I felt scared without any good reason.	139(58)		
	Cluster %	55.0		

Data from the study using the DASS–21 survey revealed relatively average proportion of the respondents were anxious of environmental and social issues related to their work. Of note is item nine, which focused on difficult breathing, where participants were asked to rate their breathing. The relatively below average proportion (40.2%, n=241) show that many of the participants rated that they experienced normal breathing when compared to their rating in other similar items focusing on anxiety. Of serious importance are items 12 and 13, where high proportions (61% and 61.1%) of civil servants indicated that they experienced panic and were aware of the action of hearts without physical exertion (e.g., sense of heart rate increase, heart missing beat).

Stress

Results from the study show a moderate proportion (63%) of the civil servants experiencing stress in their work environment at the time of investigation.

Table 3: Proportion of Civil Servants that Experienced Stress

(DASS-21, n=241)		
S/N		DAS Present
	ITEM	f(%)
	Stress	
15	I found it difficult to wind down.	136(56.3)
16	I tended to overreact to situations	166(68.9)
17	I felt that I was using a lot of nervous energy.	152(63.1)
18	I found myself getting agitated.	148(61.4)
19	I found it difficult to relax.	140(58.1)
20	I was intolerant of anything that kept me from getting on with what I was doing.	161(66.8)
21	I felt I was rather touchy.	163(67.6)
	Custer (%)	63.1



Data from the study using the DASS–21 survey revealed a relatively average proportion of the respondent's stress associated with their working environment and conditions. Of note is item fifteen, which focused on the difficulty of winding down, where participants were asked to rate how they wind down after stress. The relatively below-average proportion (56.3%, n=241) shows that many participants rated that they found it easy to wind down compared to their rating in other similar items focusing on stress. Of profound importance is that all the items – 16, 17, 18, and 20, 21 where the high proportions (68.9%, 63.1%, 61.4% and 66.8% and 67.6%) of civil servants indicated that they intend to overreact to situations, used a lot of nervous energy, got irritated, intolerant of anything that blocks their ways.

Emotional Health Problem

The findings show that the combined proportion of civil servants who experienced EHP is 58.4% (n=241) (see table 4 below). This shows that a relatively small, above-average number of civil servants in the study experience one form of EHP or the other.

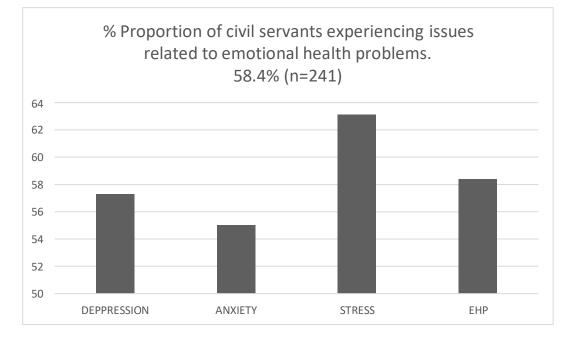


Table 4: Proportion of Civil Servants that Experienced EHP (Depression, Anxiety, Stress, and combined)

This finding shows that a moderate proportion of the civil servants experience emotional health problems. It is worthy to note, however, that despite the high proportion of civil servants experiencing stress, in general, the overall EHP experienced by the civil servants was moderated by lower proportions of depression and anxiety. This observation might not be unconnected to Solomon's proposition (1980) in the Opponent Process Theory, which shows a weakening counter-reaction to stress. Consequently, the findings of this study will imply interesting implications for scholars working on the Opponent Process Theory.

DISCUSSIONS

Proportion of civil servants experiencing EHPs

Findings in Table 1 showed that an overall moderate proportion (57.3%) of civil servants experienced depression. The finding was not surprising because, considering the situation in Nigeria, individuals, including civil servants, are likely to suffer from one emotional health problem or another other, including depression. When faced with many responsibilities in their offices from their superiors, the low-ranking



civil servants may become withdrawn and depressed. This finding is consistent with previous studies by Nadeem et al. (2017), Saeed et al. (2018), Taneja et al. (2018), ul Haq et al. (2018), and Wahed and Hassan 2017), which reported that a moderate proportion of respondents in their study experienced depression. The study's findings are also in agreement with the findings of Alim et al. (2017), & Mamun and Griffiths (2019), which reported a moderate prevalence of depression in their study. However, while the findings of Mamun et al. (2019), Hu et al. (2021), and Bhargava and Trivedi (2018) reported severe depression, the depression levels found among civil servants in the present study were found to be moderate. Nonetheless, these manifestations of depression are usually associated with anxiety even though both expressions differ slightly. The finding further differed from the findings of Hamaideh (2018), Salari et al (2020), Luo et al (2019) and Ren et al., (2020) who reported low proportion of depression (28.5%, 37.7 %, 27%, and 29%) respectively among respondents in their study. These inconsistencies in the findings could be because the studies were carried out in entirely different geographical and cultural backgrounds from those of the present study.

Findings in Table 2 showed that a moderate proportion (55.0%) of civil servants experienced anxiety. This finding was not surprising due to the irritable actions and reactions of the respondents observed by the researcher during the study. Anxiety among the respondents may be due to job overload, why the low-ranking civil servants engage in extra menial jobs to meet family responsibilities and society's expectations. The finding was in line with that of Ganesan et al. (2018), Song et al. (2021), and Ivandic et al. (2017), which reported that the prevalence of anxiety was moderate (67%, 42.1%, 41.1%) respectively among respondents in their study. Al-Maouqi et al. (2022) reported that anxiety disorders were the predominant emotional health problems among students. The finding was at variance with the finding of Ren et al. (2020), Salari et al. (2020), and Luo et al. (2019), who reported a low proportion of anxiety (24 %, 31.9%, 32%), respectively among respondents.

Findings in Table 3 showed that a high proportion (63.1%) of civil servants experienced stress. The finding was unsurprising because it was observed during survey administration that the civil servants displayed some stress before accepting the request to fill out the questionnaires. When compared to the prevalence levels of stress among studies that used the DASS globally, results from the prevalence of stress in the present study were found to be higher (Salari et al., 2020; Nadeem et al., 2017; ul Haq et al., 2018; Wahed and Hassan, 2017; and Hamaideh, 2018) than the prevalence (29.6%, 38.5%, 47.6%; 62.4% and 22.6% respectively) reported in the other studies. This could be attributed to the prevailing economic situation and uncertainties that surround the payment of salaries and other emoluments due to civil servants in Nigeria.

CONCLUSION

Owing to the dearth of empirical studies showing how public workers such as civil servants cope with EHP in especially developing Nations such as Nigeria, this study investigated the proportion of civil servants experiencing EHPs among developing nations with Nigeria specifically used in this study. Findings show a moderate proportion of civil servants that experienced depression and anxiety, respectively, and a high proportion of civil servants that experienced stress as a leading cause of emotional health problems in Nigeria. The study, therefore, suggests that sensitization programs and government-organized psychological evaluations should be implemented to promote positive emotional health among civil servants. This will help improve the societal and environmental well-being and sustainability of the public workers and their productivity.

Also, emotional health problems such as depression, anxiety, and anger are intrinsically linked to environmental sustainability. Tackling these issues will not only improve mental well-being but also drive more effective and sustainable environmental practices across the country.



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CONFLICT OF INTEREST

The authors declare no competing interests in the research.

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