Assessment of Mental Health Status and Attitude towards Promotive Mental Health Care Practice among Nurses in Ekiti State, Nigeria

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ABSTRACT

Self care practices remain a major concern among nurses. In particular, mental health self care awareness and practice is an uninvestigated area of research in our environment.

Aim: The study aimed to investigate mental health status and attitude towards promotive mental health care practice among nurses in Ekiti State southwest Nigeria.

Materials and Methods: Adopting a descriptive cross-sectional design, a multistage sampling technique was employed involving proportionate sampling with simple random probability sampling method to select 263 Nurses whose Socio-demographic data, mental health status and attitude towards promotive mental health care practice were determined using an adapted standardized questionnaire. Descriptive analyses and Logistic regression was used at 0.05 level of significance through statistical package for the social science software. SPSS version 27

Results: Results indicated that study participants had, predominantly female gender of (81.9%), (74.6%) of the respondents had working experiences of between 1 and 5 years and with the mean age to be 27.6 years. Majority (97.3%) reported good mental health state. The mean value of (2.74) was recorded for attitude towards the practice of promotive mental health care with the expected mean value of (2.0). The model fitting information (MFI) value of (0.001) with Pearson and Deviance good-of- fit value of (0.600 and 0.870) respectively, shown significant relationship between respondents' attitude and the practice of promotive mental health care. The study concludes that the mental health state among the studied population is good and that attitude towards practice of promotive mental health care is good among nurses.

Keywords: Mental Health Status, Promotive, Mental Health Care, Nurses.

BACKGROUND OF THE STUDY

The burden of mental health problems is increasing globally. In 2020, mental disorders accounted for 13 % of the worlds burden of diseases and this figure is projected to increase to 15 % by the year 2025. Worldwide studies have shown that as many as 450 million people suffer from mental disorder and their disabling effect. Mental disorder, as defined according to diagnostic criteria, refers to a lack of psychological wellbeing affecting a person's thoughts, feelings, behavior and functioning. (Sintayehu, 2020).

According to Anyebe et al (2019), despite having the mental health units on the service delivery charts of the primary healthcare centres, none was providing any formal mental health services and there were only few uncoordinated services in some centres in Nigeria.

Mental health is the level of psychological well-being or an absence of mental illness (WHO, 2019). It is the state of someone who is "functioning at a satisfactory level of emotional and behavioral adjustment". From the perspectives of positive psychology or of holism, mental health may include an individual's ability to enjoy life and to create a balance between life activities and efforts to achieve psychological resilience (Snyder, Lopez, Shane, Pedrotti & Jennifer, 2017). In a study on interventions to increase use of services; Mental Health prevention and promotion in Nigeria, The incident rate for initial period of intervention is five times higher than the baseline rate (95% CI; 3.42–7.56; $p < 0.001$) though this diminished in the long term, leveling off above initial baseline (Gureje et al, 2018).

In another study on Developing mental health services in Nigeria For the year 2013, the distribution of the counts (new patients seen) was not statistically different from month to month between the months of January to October 2003 (v 2 = 9.50, df = 9 and P = 0.39). How- ever, the distribution of counts for the whole year, following the awareness campaign, was statistically signifcant (v 2 = 149.82, df = 11 and P < 0.05). Again, this basic conclusion held when a linear model fit on this time series was carried out. The model incorporating the first 10 months yielded an R 2 of 0.001 with a P value of 0.93. In sharp contrast was the model that incorporated the 2 months of November and December following the awareness campaign, it yielded an R 2 of 0.33 and a P value of 0.05. Thus, the awareness campaign accounted for about a third of the increase in the presentation of new cases to the community clinics. The result of a linear model fit for the year 2014 (when no training was held in Imo) was instructive. There was no statistical difference for the first 10 months and that of the whole year. The burden of illnesses from mental health disorders is by far the highest of all health problems worldwide, accounting for 13% of the total burden of illness from all diseases. More specifically, mental illness accounts for 32.4% of years lost due to mental illness or disability (YLDs) and 13% of disability-adjusted life years (DALYs), which is the exact measure of disease burden (Sam & Greb, 2017). DALYs corresponding to the burden of mental illness is the sum of YLDs along with years lost due to premature death from mental illness (YLL). At the EU Member State level, the cost of mental disorders is estimated at 3–4% of GDP, mainly due to the loss of productivity. Providing high-quality psychiatric care to mental patients, especially in the context of the EU, is an obligation of the welfare state, a duty of the mental health professionals, and the patients' right (Vigo &Thornicroft, 2018). Health is defined as "a state of complete physical, mental, and social well-being and not merely an absence of disease or infirmity" by World Health Organization (WHO, 2016).

The three kinds of interventions of promotion, prevention, and treatment are interrelated and complementary; however, they are somewhat different from one another. In this regards, psychiatrists also need to be competent in prevention of mental illnesses and mental health promotion in various settings, therefore this research will assess preventive and promotive mental healthcare services among nurses in selected Hospitals In Ekiti State.

MATERIAL AND METHOD

A descriptive survey method was employed in carrying out this study. The setting was the three (3) tertiary health institutions, the three (3) state specialist hospitals with the general hospitals in Ekiti State which were Federal Teaching Hospital, Ido-Ekiti (FETHI), Ekiti State University Teaching Hospital, Ado-Ekiti (EKSUTH), Afe-Babalola Multisystem Hospital, Ado-Ekiti (AMSH), State Specialist Hospital in Ikole Ekiti, Ado Ekiti and Ijero Ekiti, General Hospital in Oye Ekiti, Ifaki Ekiti and Iyin Ekiti. The target population comprised of **916** nurses from the health institutions. The sample size is two hundred and sixty three (263) participants proportionate and simple random probability sampling technique

Sample Size Determination

Proportionate and simple random probability sampling technique was employed to ensure that every nurse who met the inclusion criteria was adequately represented and had equal chance of being selected. The sample size was determined using Taro Yamane method of sample size calculation according to the formula, n = sample size, e= margin error = 0.05 with a sample size of 263. A standardized instrument adapted from Abaris Questionnaire was developed. The instrument comprised of four sections. Section A consist of demographic

characteristics of respondents, Section B focused on mental health state of the respondents , Section C presented attitudes of the respondents towards promotive mental health care practice.

Ethical Approval

The study was approved by the ethical committees of the health institutions and ethical approval certificate was obtained with reference number ERC/2021/05/30/550B, EKSUTH/A67/2021/03/07 and AB/EC/21/03/230 respectively. Having obtained the informed written consent from the eligible participants, the respondents were informed about the purpose and benefits of the study. They were informed of their right to withdraw at any time without any consequences. Information provided by the participants during data collection was not divulged to others. Name or any form of identity was not required on the questionnaire to ensure confidentially and anonymity, thus protecting the privacy of participants.

RESULTS

The socio-demographic data of Ekiti Nurses that took part in the study has mean age of 27.6 years. The majority were female with 213(81.9%) of the participants and male nurses involved were only 47(18.1%). The marital status across board were 202(77.7%), single 52(20%), divorce 2(0.8%) and widowed 4(1.5%). Three prominent ethnicity were focused; Yoruba 225(86.5%), Igbo 15(5.8%), Hausa 0(0%) and others 20(7.7%) formed the ethnicity. The religion were Christianity that has the highest devotees of 246(94.6%), Islamic religion recorded 12 (4.6%) while others has the least members 3(0.4%). Those with RN that took part in the study was 176(67.7%), RN/RPN 40(15.4%), RPN/BSc 39(15%), RPN/MSc 3(1.2%). The Ekiti Nurses were ranked under five cadres namely Nursing Officer (NO), Senior Nursing Officer (SNO), Principal Nurses Officer (PNO), Chief Nursing Officer (CNO) and Assistant Director Nursing Services (ADNS) with the values 194(74.6%), 40(15.4%), 12(4.6%), 6(2,3%) and 7(2.7%) respectively. Lastly, the year of service starting from 1-5years who has the highest number194 (74.6%), followed by 6-10years with figure 40(15.4%), 11-20years of experience recorded 14(5.4%) and above 20years has the lowest number of 12(4.6%)

Out of 260 nurses that formed the sample only 8 (3.1%) confessed that they were admitted for mental health related issues. Also, 8(3.1%) indicated presently taking mental health medication. “Have taken medication on mental health problem in the past”, “trouble in controlling violent behaviour” and “serious thought of suicide” recorded values 14(5.4%), 18(6.9%) and 19(7.3%) respectively. However, trouble in concentrating was 61(23.5%), troubled understanding was 36(13.8) and trouble in remembering attracted 49(18.8%)

Behavioral patterns like cowardly attractive; feeling of worthlessness; feeling of not being loved; hostility; inadequacy, being ugly recorded low scores: 7(2.73%), 7(2.7%), 9(3.5%), 10(3.8%), 6(2.3%) and 4(1.6%) respectively. While feeling of guilt was 20(7.7%), aggressiveness accounted for 18(6.9%) and misunderstood by people had 35(13.5%). Other behavioral patterns that received higher responses are anxiety, feeling of being intelligence incompetency, attractiveness and being confident were 82(31.3%), 108(41.5%),116(41.5%) and133(51.2%). On the attitude towards promotive mental health care practice, the mean values were 2.4808, 2.6154, 2.4615, 2.5615 and 2.7385 which were well above benchmark of 2.0. for screening, proper diagnosis, level of predisposition, referral services and treatment respectively. The model fitting information (MFI) in Table 4.7 is significant with value 0.000, the good-of- fit of Pearson and Deviance were 0.60 and 0.870 respectively hence the model was well fit to the data set. The value of 0.264 for pseudo R square meaning that 26.4% of the dependent variable which is PPMS would be explained by the two covariates predictors known as attitude of Ekiti Nurses and factors influencing PPMS.

The estimate of 0.858 indicated that one unit of attitude variable would be predicted by the dependent variable. Similarly, one unit of factor variables would be explained by estimate of 1.993 of dependent variable. In the same vein, attitude and factor are significant.

The implication of the result is that attitudes and factors would not significantly predict PPMH despite that fitting of the model to the dataset. Hence the hypothesis 2 is thereby rejected.

DISCUSSION

It was found that suicidal tendency, violent behaviour and taking of mental drugs in the past recorded low percentages 19(7.3%), 18(6.7%) and 14(5.4%). But trouble in concentration and forgetfulness were fairly on the high side with values of 61(23.5%) and 49 (18.8%) respectively. This contradicted the result obtained by Zing et al (2020) in a national cross – sectional survey on mental health status of Chinese healthcare providers which revealed that anxiety, feeling unhappy & depressed, unable to concentrate and couldn't overcome difficulties with the values of 2970(32.18%), 4533(49.12%), 8195(88.81%) and 8442 (91.48%) respectively. Also, only 8(3.1%) were admitted for mental health related cases but 6258(67.77%) confessed to be admitted for mental health related issue. The findings indicated that the attitudes of nurses toward practice of promotive mental health care were positive. These findings disagreed with all the literature on attitudes of nurses on mental health issues reviewed within and outside the country. The studies of Al-Awadji et al (2017); Hsiao et al (2015); Sahile et al (2019) & Coker et al (2018) submitted that nurses have negative attitude to mental health issues in the hospital. The result revealed that the predictors that is; attitude would not significantly predict mental health care practice. These findings agreed with the findings of Al-Awadhi et al., (2017) and the study of Sahile et al., (2019) that nurses have negative attitude toward mental health issues in the hospital. In the same vein, the factors identified to influence mental health care practice would not significantly predict mental health practice as stated by Umukoro (2016).

CONCLUSION

In accordance with the results of this study, it could be concluded that the nurses working in the three tertiary health facilities have good mental assessments. The attitudes toward PMHC and its practice are commendable in Ekiti State. Irrespective of gender and years of experience of nurses in Ekiti State to practice preventive and promotive of mental health care services do not statistically related. Consequently, attitudes of nurses would not significantly predict the practice of Preventive Mental Health Care.

RECOMMENDATIONS

Based on the findings from this study, the following are recommended:

Paucity of funding and unfavourable government policy about mental health and its practice inhibiting the development of mental health nursing in Nigeria, the government at all levels are hereby encourage to fund and enact laws that would assist mental health delivery in Nigeria.

Awareness about preventive and promotive mental health service through available mass media channels should be embarked upon so that superstitious beliefs and stigmatization about mental illnesses could be addressed among populace.

Government at all levels should make policy that will enhance Promotive Mental Health Care Services

Government at all levels should allocate more resources to finance Mental Health Care system

Suggestions for further studies

There are always rooms for further study on MHSPMHC, the topic can encompasses many categorical, dependent and independent variables. The study was delimited to health institution in Ekiti State, it could therefore be extended to southwest, Nigeria. A mixed method research or qualitative research could be carried out, this would give a good evidence on triangulation of results. Other research design could be employed for instance longitudinal method, quasi experimental design among others. Therefore the following research topics are hereby suggested:

Effect of preventive and promotive mental health care service on mental health clients' prognosis in specified location.

Perceptions and knowledge of non- psychiatry nurses toward preventive and promotive mental health service in selected specialists hospitals in a specified location

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Table 1: Socio- Demographic Characteristics of Nurses in Tertiary Health Facilities in Ekiti State

Variables	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Gender				
male	47	18.1	18.1	18.1
female	213	81.9	81.9	100.0
Total	260	100.0	100.0	
Marital Status				
Single	202	77.7	77.7	77.7
Married	52	20.0	20.0	97.7
Divorce	2	.8	.8	98.5
Widowed	4	1.5	1.5	100.0
Total	260	100.0	100.0	
Ethnicity				
Yoruba	225	86.5	86.5	86.5
Igbo	15	5.8	5.8	92.3
others	20	7.7	7.7	100.0
Total	260	100.0	100.0	
Religion				
Christianity	246	94.6	95.0	95.0
Islam	12	4.6	4.6	99.6

	Others	1	.4	.4	100.0
	Total	259	99.6	100.0	
	Professional Qualification				
	RN	176	67.7	68.2	68.2
	RN/RPN	40	15.4	15.5	83.7
	RPN/BSc	39	15.0	15.1	98.8
	RPN/MSc	3	1.2	1.2	100.0
	Total	258	99.2	100.0	
	Ranks				
	NO	194	74.6	74.9	74.9
	SNO	40	15.4	15.4	90.3
	PNO	12	4.6	4.6	95.0
	CNO	6	2.3	2.3	97.3
	ADNS	7	2.7	2.7	100.0
	Total	259	99.6	100.0	
	Years of Experience				
	1-5years	194	74.6	74.6	74.6
	6-10years	40	15.4	15.4	90.0
	11-20	14	5.4	5.4	95.4
	>20years	12	4.6	4.6	100.0
	Total	260	100.0	100.0	
	Age	Mean = 27.6	Median=26.0	Mode=24.0	S.D =6.92

Table 2: Mental Health Assessment of Nurses in Ekiti State

Mental health assessment		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Number of patients hospitalized		**8**	**3.1**	**3.1**	**3.1**
Trouble in understanding	No	224	86.2	86.2	86.2
	Yes	36	13.8	13.8	13.8
	Total	260	100.0	100.0	100.0
Trouble in concentrating	No	199	76.5	76.5	76.5
	Yes	61	23.5	23.5	23.5

	Total	260	100.0	100.0	100.0
Trouble in remembering	No	211	81.2	81.2	81.2
	Yes	49	18.8	18.8	18.8
	Total	260	100.0	100.0	100.0
Trouble in controlling violent behavior	No	242	93.1	93.1	93.1
	Yes	18	6.9	6.9	6.9
	Total	260	100.0	100.0	100.0
Serious thought of suicide	No	239	92.7	92.7	92.7
	Yes	19	7.3	7.3	7.3
	Total	260	100.0	100.0	100.0
Presently taking mental health medication?	No	250	96.2	96.9	96.9
	Yes	8	3.1	3.1	3.1
	Total	260	100.0	100.0	100.0
Have taken medication on mental health problem in the past	No	244	93.8	94.6	94.6
	Yes	14	5.4	5.4	5.4
	Total	260	100.0	100.0	100.0

Table 3: A closer look on mental health assessment

Mental Health Assessment		Frequency	Percent	Valid Percent	Cumulative Percent
Worthlessness	No	253	97.3	97.3	97.3
	Yes	7	2.7	2.7	100.0
	Total	260	100.0	100.0	
Inadequate	No	254	97.7	97.7	97.7
	Yes	6	2.3	2.3	100.0
	Total	260	100.0	100.0	
Guilt	No	240	92.3	92.3	92.3
	Yes	20	7.7	7.7	100.0
	Total	260	100.0	100.0	
Anxious	No	178	68.5	68.5	68.5
	Yes	82	31.5	31.5	100.0

	Total	260	100.0	100.0	
Aggressive	No	242	93.1	93.1	93.1
	Yes	18	6.9	6.9	100.0
	Total	260	100.0	100.0	
Lonely	No	221	85.0	85.3	85.3
	Yes	38	14.6	14.7	100.0
	Total	259	99.6	100.0	
Confused agitated	No	245	94.2	94.2	94.2
	Yes	15	5.8	5.8	100.0
	Total	260	100.0	100.0	
Ugly	No	254	98.4	98.4	98.4
	Yes	4	1.6	1.6	100.0
	Total	258	99.2	100.0	
Unloved	No	251	96.5	96.5	96.5
	Yes	9	3.5	3.5	100,0
	Total	260	100.0	100.0	
Unconfident	No	235	90.4	90.4	90.4
	Yes	25	9.6	9.6	100.0
	Total	260	100.0	100.0	
Intelligence incompetent	No	152	58.5	58.5	58.5
	Yes	108	41.5	41.5	100.0
	Total	260	100.0	100.0	
Hostility	No	250	96.2	96.2	96.2
	Yes	10	3.8	3.8	100.0
	Total	260	100.0	100.0	
Cowardy unattractive	No	253	97.3	97.3	97.3
	Yes	7	2.7	2.7	100.0
	Total	260	100.0	100.0	
Misunderstood by people	No	225	86.5	86.5	86.5
	Yes	35	13.5	13.5	100.0

	Total	260	100.0	100.0	
Attractive	No	144	55.4	55.4	55.4
	Yes	116	44.6	44.6	100.0
	Total	260	100.0	100.0	
Confident	No	127	48.8	48.8	48.8
	Yes	133	51.2	51.2	100.0
	Total	260	100.0	100.0	
Panicky	No	237	91.2	91.2	91.2
	Yes	23	8.8	8.8	100.0
	Total	260	100.0	100.0	

Table 4: Attitude of Ekiti Nurses toward Promotive Mental Health Care Practice.

Attitude towards preventive and promotive mental health care services	**N**	**Mean**	**Expected mean**	**Std. Deviation**	**Remark**
It is necessary to go for screening on mental well-being	260	2.4808	2.0	1.45579	G.A
Appropriate diagnose is necessary to know my mental status	260	2.6154	2.0	0.66790	G.A
I must verify whether I am predisposing to a mental problem	260	2.4615	2.0	0.79723	G.A
Prompt referral for mental problems when indicated is necessary	260	2.5615	2.0	0.71933	G.A
Prompt treatment is necessary for mental problems	260	2.7385	2.0	0.62204	G.A

Table 5: Ordinal regression of Practice of Mental Health Care against attitude of nurses and factors influencing PPMHC

PREDICTORS	**Estimate**	**Std. Error**	**Wald**	**df**	**Pseudo R square**	**Good-of-fit**		**MFI**	**Sig.**	**95% Confidence Interval**	
						Pearson	**Deviance**			**Lower Bound**	**Upper Bound**
ATTITUDE	0.858	.214	16.033	1	26.4%	0.600	0.870	0.000	0.000	0.438	1.278
FACTOR	1.993	.343	33.838	1					0.000	1.322	2.665