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## Attitude of Non-Psychiatric Trained Nurses toward the Management of Psychiatric Patients in a Nigerian Hospital

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### ABSTRACT

*This study is designed to examine the attitudes of non-psychiatric trained nurses towards the management of psychiatric patients in Federal Medical Centre, Yenagoa, Bayelsa State, Nigeria. Descriptive study design was used and data were collected by means of self-reporting questionnaire from 105 participants. The data were analyzed using SPSS 15.0 statistical package with a significance level of 0.005. The results revealed a significant relationship between the participants' socio-demographic characteristics and their outcome of care. The participants showed lack of confidence, fear of attacks, insecurity and lack of adequate skills as major factors that make them to resent taking care of psychiatric patients. It is therefore recommended that for effective and efficient care for these patients, all that is involved should be adequately prepared by their employers.*

**Keywords :** Attitude, non-psychiatric trained nurses, psychiatric patients, Psychiatric trained nurses.

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### INTRODUCTION

Attitude influence both professional and personal behavior. Stigma and discrimination associated with mental illness and expressed by mental health professionals especially nurses as well as the general public results in the underuse of mental health services.

The propensity of psychiatric patients to cause injury or harm to others and to property is one of the strong stereotype beliefs Nigerian public holds toward psychiatric patients.

Caring for people living with mental illness is ethically complex and commitment to work. The ethical complexity derives in part from the ways in which psychiatric disorders affect a person's experiences and sense of worth. Mental illness influences beliefs, feelings, perception, behaviours and motivations and ultimately can shape one's development, personality and capacities for love, self-knowledge, self-reflection and societal contribution.

Because of this special nature of mental disorders, psychiatric nurses in their effort to prevent and alleviate mental suffering, assume a role of unusual significance in their patients' lives and in society at large. Psychiatric nurses may be called upon to use their own values, life experiences, communication skills and human relatedness as well as their

clinical knowledge and judgment to help their patients. They also bring into play their interpersonal skills to transform the feelings, ideas and relationships of people living with mental illness.

The psychiatric nurse is expected to display clinical ethical skills such as ability to recognize ethically important aspects of a patient's care, evaluate his or her involvement, understanding and potential sources of bias in the patient care situation, ability to identify one's areas of clinical expertise and to work within this scope except under unusual circumstances and to know when external resources are necessary to provide competent, ethical care to a patient.

American Psychiatric Association (APA) (2000) asserted that good mental health assessment skills are crucial to quality health care and this helps care providers to learn about all aspects of their clients. The ability to effectively obtain and use information about a client is a vital part of the multidisciplinary treatment plan and the foundation of the nursing process because people enter the health care system because they are stressed; disabled or suffering and mental health problems are not as easily identified and defined as physical disorders.

The relationship between physical and psychological self is difficult to separate. It is important to remember, however, that every psychological problem has physical effects and this is better applied by psychiatric nurses as a result of their knowledge and experiences. It is therefore important to take into consideration, that knowledge acquired from other disciplines determine behavior and attitude between a client and his care provider which may either positively or negatively influence the care rendered by a nurse who is formally trained as a psychiatric nurse.

The role of psychiatric nursing began to emerge in the early 1950. In 1947, Weiss published an article in the American Journal of Nursing that emphasized the shortage of psychiatric nurses and outlined the differences between psychiatric and general duty nurses. She described attitude therapy as the nurse's directed use of attitudes that contribute to the patient's recovery. In implementing this therapy, the nurse observes the patient for small and fleeting changes, demonstrates acceptance, respect and understanding of the patient and promotes the patient's interest and participation in reality.

Benneth and Eaton in the American Journal of Psychiatry in 1951 identified the following three (3) problems affecting psychiatric nurses:

- The scarcity of qualified psychiatric nurses
- The under-use of their abilities; and
- The fact that very little real psychiatric nursing is carried out in otherwise good psychiatric hospitals and units.

These psychiatrists believed that the psychiatric nurse should join mental health societies, consult with welfare agencies, work in outpatient clinics, practice preventive psychiatry, engage in research and help educate the public.

Hays (1975) reiterated the following functions of psychiatric nurses which make their roles unique as compared with other non-psychiatric trained nurses such as: dealing with patient's problems of attitude, mood and interpretation of reality, exploring disturbing and conflicting thoughts and feelings, using the patients' positive feelings towards the therapist to bring about psycho-physiological homeostasis, counseling patient in emergencies, including panic and fear and strengthening the well part of the patients.

Mental health nursing is the practice of promoting mental health as well as caring for people with mental illness, potentiating their independency and restoring their dignity. In order to fulfill this arduous occupation, a mental health nurse uses his/her knowledge from the psychosocial and biophysical sciences and theories of personality and human behavior to derive a theoretical framework on which to base nursing practice and also possesses a sound knowledge base and the requisite skills for professional nursing practice, all these exposures make him better in his approach and management of psychiatric cases than untrained nurses in this field.

## MATERIALS AND METHODS

### Research Setting

This study was carried out in Federal Medical Centre, Yenagoa, Bayelsa State, Nigeria. It is a Federal Health Institution, well equipped with personnel of various mix and modern equipment. It is made up of 15 units for effective and efficient service delivery. It serves as a specialist and a referral centre for neighbouring. The study used a descriptive research method and a self-reporting questionnaire to elicit the needed data from 105 registered

nurses which consisted of psychiatric and non-psychiatric nurses from the different units. The participants were selected by simple random sampling technique using balloting method. The data obtained were analyzed using the Statistical Package for the Social Sciences (SPSS) version 11.0. Simple percentages, frequency distribution tables and chi-square test were used.

### **Ethical Consideration**

An official letter of permission to conduct the study was written to the hospital administration through the Assistant Director of Nursing Services by the researchers, the permission was expressly granted. Informed consent of the participants was obtained before the questionnaire given to them, they were also assured of the confidentiality of the information afforded the researchers and that the product of the work would be communicated to them through the hospital for improved quality service delivery of care.

## **RESULTS AND DISCUSSION**

A total of 105 participants were used for the study both non-psychiatric and psychiatric nurses working in the hospital.

**Table 1: Demographic distribution of the participants (n = 105)**

Variable	(f)	(%)
1. Gender		
Male	35	33.3
Female	70	66.7
2. Age range (years)		
21 – 30	56	53.3
31 – 40	31	29.5
41 and above	18	17.1
3. Marital Status		
Single	42	40.0
Married	52	51.4
Divorced	4	3.8
Widowed	3	2.9
Separated	2	1.9
4. Religion		
Christianity	93	88.6
Moslem	9	8.6
Others	3	2.9
5. Qualifications		
RN only	26	24.8
RN/RM	37	35.2
BNSc/RN/RM	35	33.3
RPN	7	6.7
6. Psychiatric specialization		
Psychiatric nursing	7	6.7
Non- Psychiatric	98	93.3

The demographic distribution of the participants as represented in table 1 showed that 35 (33.3%) were males and 70 (66.7%) were females. Age range of the respondents showed that between 21 and 30 years were 56 (53.3%), 31 (29.5%) were between 31 and 40 years and 18 (17.1%) were 41 years and above. Marital distribution showed 42 (40%) were singles, 54 (51.4%) were married, 4 (3.8%) were divorced, 3 (2.9%) were widowed and 2 (1.9%) were separated. Religious distribution showed 93 (88.6%) were Christians, 9 (8.6%) were moslems and 3 (2.9%) in other religions. The qualifications of the participants showed that 26 (24.8%) were RN only, 37 (35.2%): RN/RM only, 35 (33.3%): B.NSc/RN/RM while 7 (6.7%): RPN respectively while the distribution of psychiatric and non-psychiatric training showed that 7 (6.7%) were trained nurses and 98 (93.3%)

**Table 2: Attitudinal scale**

STATEMENTS	RESPONSES									
	SA		A		D		SD		U	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
The manner in which you talk to patients affects their mental state.	72	68.6	27	25.7	4	3.8	2	1.9	0	0.0
Mentally ill patients have no control over their emotions.	36	34.3	36	34.3	23	21.9	7	6.7	3	2.9
Locating psychiatric wards within the hospital premises put others on admission in danger.	26	24.8	38	36.2	24	22.9	10	9.5	7	6.7
It is fearful to think of people with psychiatric problems admitted within the hospital premises.	22	21.0	41	39.0	20	19.0	11	10.5	11	10.5
Psychiatric wards should be placed outside the hospital premises.	34	32.4	31	29.5	20	19.0	15	14.3	5	4.8
There is a lot of difficulty in managing psychiatric patients.	27	25.7	55	52.4	14	13.3	4	3.8	5	4.8
It is stressful in nature to manage a psychiatric patient.	33	31.4	52	49.5	16	15.2	3	2.9	1	1.0
Psychiatric Nurses behave like their patients.	8	7.6	14	13.3	36	34.3	38	36.2	9	8.6
Every care giver is careful to treat each client equally, fairly and respectively despite their aggressiveness.	32	30.5	57	54.3	8	7.6	5	4.8	3	2.9
Most patients are injurious.	24	22.9	50	47.6	22	21.0	6	5.7	3	2.9
Psychiatric patients do not participate in informed decision making in their care.	27	25.7	28	26.7	30	28.6	12	11.4	8	7.6
Care givers are sensitive in management of psychiatric patients.	39	37.1	54	51.4	3	2.9	4	3.8	5	4.8
The mentally ill do not need medical care and attention.	5	4.8	2	1.9	16	15.2	81	77.1	1	1.0

Table 2 showed the responses of the attitudinal scale administered to the participants with five (5) levels of responses as Strongly Agree (SA), Agree (A), Disagree (D), Strongly disagree (SD) and Undecided (U) respectively.

The study also used two hypotheses which was tested with chi-square at the significance level of 0.005.

Hypothesis 1: There is no significant relationship between psychiatric trained nurses and non-psychiatric trained nurses and their outcome of care.

**Table 3: Chi-square contingency test**

Item	Value	df	Asymp. Sig (2-sided)
Pearson Chi-square	17.226	20	0.638
Likelihood	18.963	20	0.524

The above table showed that at  $P = 0.005$ , there is significance which is expressed by the Chi-square value of 17.226,  $df = 20$  with  $P$  at 0.638 and a likelihood of 18.962. Hence the null hypothesis was rejected.

Hypothesis 2: Gender of the participants will make no significant difference in their attitude to the care of psychiatric patients.

**Table 4: Chi-square contingency test (gender vs attitude to care)**

Item	Value	df	Asymp. Sig (2-sided)
Pearson Chi-square	6.037	4	0.196
Likelihood ratio	6.458	4	0.167

Above table showed that there is a significant difference expressed by the Pearson Chi-square value of 6.037,  $df = 4$  with  $P = 0.196$  and a likelihood of 6.458. Hence, the hypothesis was rejected. Females expressed negative attitudes than males.

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## DISCUSSION

From the findings of the study, non-psychiatric trained nurses especially females expressed unfavourable attitude and anticipatory fears towards letting psychiatric patients obtain admission for treatment within the hospital setting. The finding further agreed with Gureje et al (2005) that non-psychiatric trained does not want psychiatric wards to be established with the hospital premises due to occasional violent expressions and dangerousness of people with mental illness.

Knowledge base of the participants is a predator to their attitudes, Morrison and Thomson (1999) were of the view that in order to provide a culturally specific care to patients, it will involve ensuring that clinical staff are properly educated on underlying issues and to Ewhrudjakpor (2009), negative attribution toward psychiatric patients by health workers is claimed to be due to deeply rooted negative cultural beliefs and traditional acts that result in societal dislikes for such patient.

Attitudes of non-psychiatric trained nurses to the management of psychiatric patients, from the result was influenced by gender difference and female non-psychiatric nurses were observed to have negative attitudes than their male counterparts, this further confirmed the study of Bolton (2003), that stigma of mental illness remains high among nurses despite having a high rate of medical and surgical patients with psychological morbidity and that mentally ill patients have no control over their emotions and could become irrational and violent anytime, hence the security of lives and properties of the health care providers are in jeopardy.

Read and Harrie (2001) further asserted that some health professionals also have negative attitude towards some aspects of mental illness. And that most people judge the seriousness of psychiatric illness on behavioural grounds, therefore, most deviant behavioural manifestations in the society equate to psychiatric illness presentation in the affected person and these negative attitudes even within the health professionals lead to prejudice in the management of their patients.

The finding of the study as par the gender further confirmed the study of Kabir (2004) that fear and avoidance of the mentally sick was frequent among females. Traditionally, men are expected to be outwardly brave and less submissive towards aggression which mentally ill individuals are known for generally and that the concept of the mentally sick has an unfavourable public image as people may evaluate mental illness negatively, reject and discriminate against mental patients, and then base their views on traditional stereotypes.

Halter (2008) stated that typical pre-clinical comments gleaned in anecdotal conversations with student nurses (2004 – 2009) have indicate worries about inadvertently setting someone off with ill-timed or improper communication skills, destroying someone's hard-earned progress, again because of poor communication skills, or fear of being physically hurt by an aggressive patient.

Halter (2008) further aid that students and nurses indicated that they viewed psychiatric nurses and the practice of mental health nursing negatively.

Bjorkman, Angelman and Jonsson (2008), Happell and Taylor (2001) and Rao, Mahadevappa, Pillay, Sessay, Abraham and Luty (2009) also opined that psychiatric nursing frequently carries with it an ominous sense. Exceptionally talented and caring nurses who regularly deal with life and death situations often shy away from working with someone with a known mental illness and that these attitudes, often reflective of a societal mind-set in general which may be conveyed to students (Chung, Chen & Liu, 2001, Day, Edgren & Eshleman, 2007).

Halter (2008) indicated that psychiatric nursing was one of the least desirable nursing careers both from the nurses' personal and societal perspectives. According to Atkin, Holmes and Martin (2005), the non-psychiatric trained nurses indicated that they lacked the skills to work effectively with patients with mental illness and that they believed the mentally ill geriatric population cannot receive good care in the general hospital setting.

Reed and Fitzgerald (2005) addressed attitudes of nurses in rural general hospital about working with patients with co-occurring mental illness. The nurses indicated that the factors nfluencing their attitudes were lack of availability of specialized mental health services, perception of dangerousness of clientele, inadequate time, support and education for working with the population and the stigma of mental illness. They attributed the greatest influence on

their attitudes to the nature of the experiences they had had with mentally ill individuals. The nurses also believed that their negative attitudes contributed to avoidance, which in turn led to compromises in care.

Gureje, Olley, Ephraim-Oluwanuga and Kola (2006) investigated whether belief about causation of mental illness influenced attitudes toward mentally ill people and found out that those that endorsed the biopsychosocial belief causation evidenced less stigma.

The attitudes and knowledge of the health professionals on mental illness has been argued to be a major determinant of the quality and outcome of care for mentally ill (Callaghan et al. 1997 & Jadhav et al, 2007).

No doubt, nurses are responsible for ensuring that clients with severe mental illness receive the services they need in a timely manner and also need to be able to provide mental health education and care is the most accessible form of care worldwide (WHO, 2007). And, in view of the severe scarcity of mental health personnel, the role of general nurses becomes more critical in caring for the mentally ill hence, a positive attitude towards mental illness is a necessary prerequisite for the provision of holistic care to the patients.

### CONCLUSION

The high incidence of mental illness in our society is a subject of concern due to several environmental factors inimical to mental health. This has greater impact on national development, hence, training of health personnel on how to handle psychiatric situations is crucial to the future of any nation.

### Recommendation

On the findings of the researchers, the following recommendations were made:

- Employers of nurses should provide a safe environment for them to work especially, psychiatric hospitals to protect these nurses from assaults.
- More nurses should be trained in the management of psychiatric disorders, in fact, retraining is also recommended so as to render qualitative and efficient psychiatric management.
- More female nurses should be encouraged by the employers in the psychiatric nursing specialty to meet up the challenges.
- Government, agencies and philanthropist are to fund mental health services in both personnel, finances and material provision, so that adequate mental health service delivery will be ensured.
- Public campaign on mental health/mental illness should be aggressively pursued by the government, agencies and private individuals so that our society can be well informed.

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