

CHALLENGES FACED BY PSYCHIATRIC NURSES IN MANAGING PSYCHIATRIC PATIENTS IN KANO STATE, NIGERIA

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Abstract

Due to the complex nature of working environment and increase prevalence of mental illness in Nigeria, psychiatric nurses are faced with highly demanding and challenging roles in the process of service delivery. The study aimed to identify the challenges, factors associated with and strategies to overcome these challenges faced by psychiatric nurses in managing psychiatric patients in Kano state, northwest Nigeria. A cross-sectional descriptive survey research study was conducted among the entire 81 psychiatric nurses working in Dawanau Psychiatric Hospitals and Aminu Kano Teaching Hospital Psychiatric ward. Data was collected using structured self-administered questionnaire and analyzed using SPSS Version 20. The major identified challenges were staff shortage (90.1%), inadequate facilities (72.8%), unavailability of drugs (71.6%) and lack of support and workplace dissatisfaction (69.1%). Most of the factors associated with the challenges included limited resources (87.6%), inadequate government and institutional funding (79.0%) as well as neglect of the unit (70.4%). Increasing and improving psychiatric facilities (92.6%), recruitment of additional staffs in the unit (91.4%), availing the necessary drugs to the unit (63.0%), improving staff training and motivation (77.8%) and adequate support from the government (79.0%) were the suggestions to overcome the challenges. It is concluded that such challenges are inimical to the needed psychiatric services in the study setting. The role of governments and health policy makers in paying more attention to human resource development, provision of adequate facilities, continuous academic advancement and timely updates to enhance the quality of care rendered to the patients with mental illnesses are recommended as ways to improve services.

Key words: Psychiatric services, Challenges, Strategies, Psychiatric nurses, Psychiatric patients

Introduction

Psychiatric mental health nursing is an integral part of the continuum of nursing practice (American Nurses Association [ANA], 2007) in which, psychiatric nurses play an important role in the process of caring for mentally ill people, and they frequently face numerous and complex challenges in the care (Holmes, 2006). Mental illness constitutes 7.4% of global burden of disease and are among the leading global causes of life lived with disability (Whiteford *et al.*, 2014). Although, Patel & Prince (2010) and Collins & Pringle (2015) pointed out the disparity in resources among countries around the world, with low- and middle-income countries reported to have worse and share unequal of the mental health resources which further weakens access to the care as the European region has 200 times as many psychiatrists as in Africa. In Nigeria, there are

2.47 nurses per 100, 000 populations (WHO, 2006). Ngako *et al.*, (2012) reported that the role of the psychiatric nurse has been described as demanding, challenging and has resulted in nurses working in complex environments. The proportion of people receiving treatment for mental disorders remains low, particularly in low- and middle-income countries (LMICs), estimated to be <10% (Collins *et al.*, 2015), there remains a large disparity in the quantity, quality and impact of mental health research carried out in LMICs (Thornicroft, *et al.*, 2012).

Mental health nurses face numerous challenges in practice, as they are required to support and care for people hospitalized for treatment of mental illnesses, on their recovery journeys, but are also expected to manage ward administrative tasks, admit patients, attend meetings, dispense medication and communicate with patients (Gunasekara, *et al.*, 2014). A number of specific challenges have been identified, including lack of mental health professionals and trained researchers, limited peer networks, insufficient staffs, insufficient technical expertise, inadequate funding, a limited research culture within universities and lack of opportunities for collaboration (Thornicroft *et al.*, 2012). If targets such as those set by the WHO Mental Health Action Plan are to be achieved, research will be necessary in order to track progress, identify obstacles to implementation and find ways in which challenges maybe overcome (Collins & Saxena, 2016). Stigma negatively affects the relationship between the patient and the health professionals (Ukpong & Abasiubong, 2010). In addition, the News Agency of Nigeria (2017) reported that psychiatric nurses were faced by persistently high number of suicides, the increase in depression and overflowing numbers of patients visiting clinics and outpatient departments at hospitals, inadequate staffs, insecurity, lack of adequate facilities, unavailability of mental health resources, the absolute shortage of child psychiatrists, little progress with the transition from hospitalization-centered to community-centered medical care and the disappearance of beds for psychiatry patients from general hospitals.

Ngako *et al.*, (2012) show psychiatric nurses burnout to be associated with factors such as insufficient staff and increased workloads add to the stressors in acute psychiatric settings and calls for psychiatric nurse practitioners to participate in regular updates and in-service training related to the management of psychiatric patients. Another study reported that verbal aggression and work injuries directed towards psychiatric nurses (Hanrahan, 2007) while Wilstrand *et al.*, (2007) noted threat to nurses' life from violent psychiatric patients, feeling overwhelmed by frustration in frightening situations, and a lack of support by coworkers and management. Thornicroft and Tansella (1999) reported that there is occasional threat to verbal and physical aggressive behavior from service consumers, some staff may be physically and sexually abused by the patients, low staff morale due to under-resourced services, neglected wards, poor sanitary conditions and overcrowding, very demanding for clinicians.

According to Joubert and Bhagwan (2018) in KwaZulu-Natal in South Africa reported that psychiatric nurses' levels of agreement with the most common challenges faced in practice were patients deny mental illness (95.7%), continuous exposure to patients' unpredictable behaviour (95.2%), increased levels of patient aggression and violence (88.6%), inadequate (88.38%), patients who refused medication (88.35%). Polycarp (2014) in Western Kenya Region reported that most of factors contributing to the challenges were staff shortage, poorly maintained facilities, and unavailability of drugs. Another study conducted by Marie *et al.*, (2017) in the West Bank, Palestine reported that lack of safety in workplaces, recurrent relapse of patients, lack of support from their employers and nursing association, inconsistency of care services due to lack of health care supplies and instability within health care services, lack of resources and organizational challenges. In a study conducted by Jack-Ide *et al.*, (2018) reported that the

challenges were psychiatric nurse's shortage, experience 'stigma, dearth of mental health care facilities. The study described some of the main challenges that profoundly disturb the delivery of quality care to mentally ill inpatients were organizational rules and regulations, whereby nurses claimed they face many shortcomings such as staff shortage, low pay/benefits, lack of clinical supervision, lack of caring facilities, lack of equipment, and little support from those in upper management, safety and security issues, lack of trained staff, stigma (Zarea *et al.*, 2012).

In Iran, Zarea *et al.*, (2012) reported that possible strategies for the improvement upgrading the status of nursing care within psychiatric wards were identified as empowerment of psychiatric nurses, mentally ill patients and their families based on the nurses' quotes and empowerment within the cultural context which should be related to the community. Polycarp (2014) reported the strategies or suggestions to be used include; increase and improve facilities, increase staff in the unit, availing the necessary drugs to the unit, staff training, staff motivation, improve management systems.

In Nigeria, Jack-Ide *et al.*, (2013) reported the lack of political power and the absence of a nursing voice in the Ministry of Health, depriving the psychiatric nurses of the opportunity to be heard and/or receive attention. To the best of the researchers' knowledge, very few studies were conducted in the field, thus, a study to identified challenges, factors associated with the challenges and the strategies to curb the challenges faced by psychiatric nurses in managing psychiatric patients in Kano State.

Methods and Materials

Research Settings: The study was conducted in Dawanau Psychiatric Hospitals and Aminu Kano Teaching Hospital Psychiatric ward. All the 81 psychiatric nurses from the two hospitals participated in the study; these included a total of 34 psychiatric nurses from Aminu Kano Teaching Hospital have and 47 from Dawanau psychiatric hospital constituted.

Research Design: A cross-sectional descriptive design was utilized for the study to identify the challenges, factors associated with the challenges, and the strategies to surmount the challenges faced by psychiatric nurses in managing psychiatric patients in Kano state.

Sample Size and Sampling Technique: Census sampling technique was employed in this study. A total of 81 psychiatric nurses participated in the study.

Research Instrument and Method of Data Collection: Data was collected using a structured self-administered questionnaire (SAQ) and was entered into statistical package for social sciences (SPSS) version 20 and analyzed using descriptive statistics. The questionnaire elicited information on socio-demographic characteristics of the respondents, challenges faced by psychiatric nurses in managing psychiatric patients, factors associated with the challenges, strategies to curb the challenges. Face and content validity of the instrument was ensured by Juris. A pilot study was conducted using split half reliability method and a correlation coefficient of 0.78 was obtained. Researcher and research assistants ensured that all psychiatric nurses from the hospitals participated in the study.

Ethical Approval: Ethical approval was obtained from the Health Research Ethic Committee of Aminu Kano Teaching Hospital and Kano State, Ministry of Health Research Ethic Committee. Informed consent was assured and information collected was handled with utmost confidentiality and strictly for the purpose of the proposed study.

Result

Sociodemographic characteristics

Table 1 showed that most (37%) of the respondent were between 50-59 years. Majority were male (67.9%) and also Hausa-Fulani by tribe (66.7%), with 88.9% were married. Also, 77.8% of the respondents were psychiatric nursing officers with most (75.3%) of them holding R.PN as qualification.

Table 1: Socio-Demographic Characteristics (N=81)

Variables	Frequency	Percentages (%)
Age		
20-29	4	4.9
30-39	18	22.2
40-49	24	29.6
50-59	30	37.0
60-69	5	6.2
Mean/SD = 46.2 ±10.2		
Gender		
Male	55	67.9
Female	26	32.1
Ethnicity		
Hausa/Fulani	54	66.7
Igbo	14	17.3
Yoruba	10	12.3
Others	3	3.7
Religion		
Islam	66	81.5
Christianity	15	18.5
Marital status		
Married	72	88.9
Single	9	11.1
Rank/Position		
Psychiatric nursing officer	63	77.8
Senior nursing officer	17	21.0
Assistant director nursing services	1	1.2
Qualification		
R.PN	61	75.3
B.NSc	20	24.7

Challenges Faced Psychiatric Nurses

Table 2 revealed that majority of the respondents believed staff shortage (90.1%, n=73), inadequate facilities (72.8%, n=59), and unavailability of drugs (71.6%, n=58) stigma and discrimination (56.8%, n=46) as well as lack of safety (51.9%, n=42) were some of the challenges faced by psychiatric nurses.

Table 2: Challenges Faced Psychiatric Nurses (N=81)

Variables	Yes	No
Inadequate facilities	59(72.8%)	22(27.2%)
Staff shortage	73(90.1%)	8(9.9%)
Lack of safety	42(51.9%)	39(48.1%)
Patients deny medication	38(46.9%)	43(53.1%)
Unavailability of drugs	58(71.6%)	23(28.4%)
Patients deny mental illness	32(39.5%)	49(60.5%)
Increase level of aggression and violence	34(42.0%)	47(58.0%)
Stress or emotional exhaustion	39(48.1%)	42(51.9%)
Stigma and discrimination	46(56.8%)	35(43.2%)
Recurrent relapse of patients	49(60.5%)	32(39.5%)
Exposure to patients' unpredictable behavior	34(42.0%)	47(58.0%)
Lack of support and workplace dissatisfaction	56(69.1%)	25(30.9%)

Factors Associated with the Challenges

Table 3 revealed that majority of the respondents consider limited resources 71 (87.6%), neglect of the unit 57 (70.4%) and inadequate government and institutional funding 64 (79.0%) as factors associated with challenges face by psychiatric nurses.

Table 3: Factors Associated with the Challenges (N=81)

Variables	Yes	No
Limited resources	71(87.6%)	10(12.4%)
Neglect of the unit	57(70.4%)	24(29.6%)
Public perception	40(49.4%)	41(50.6%)
Inadequate government and institutional funding	64(79.0%)	17(21.0%)
Poor staff orientation	26(32.1%)	55(67.9%)

Table 4 depicted that majority of the respondents have the opinion that improve psychiatric facilities 75 (92.6%), recruitment of additional staff 74 (91.4%), adequate support from the government 64 (79.0%) as well as staff training and motivation 63 (77.8%) as strategies to be placed to curb the challenges.

Table 4: Strategies to Curb the Challenges (N=81)

VARIABLES	Yes	No
Increase and improve psychiatric facilities	75(92.6%)	6(7.4%)
Recruitment of additional staffs in the unit	74(91.4%)	7(8.6%)
Staff training and motivation	63(77.8%)	18(22.2%)
Availing necessary drugs to the unit	51(63.0%)	30(37.0%)
Improve management systems	37(47.5%)	44(54.3%)
Adequate support from the government	64(79.0%)	17(21.0%)

Discussion

Findings from the study majority (37.0%) of the respondents were within the age group of 50-59 years with the mean age of 46.2 years (SD±10.2). This finding is similar to a study conducted by Jack-Ide *et al.*, (2018) in Nigeria who reported that most of psychiatric nurses were within 51 and above years. Also, 67.9% of the respondents were males and (32.1%) were females. This is in contrary to a study conducted by Joubert and Bhagwan (2018) who reported that females were 65.9% (n=261) and males were 34.1% (n=135). Findings revealed that (66.7%) were Hausa-Fulani by ethnicity. This may due to the fact that the study was conducted in Northern part of the country. Findings from this study revealed that (77.8%) were nursing officers, (21.0%) senior

nursing officers, and (1.2%) assistant director nursing services, this is in contrary to study by Jack-Ide *et al.*, (2018) in their study who reported that whereby (61.3%) were chief nursing officers, (24%) deputy directors, (10.7%) principal nursing officers, (2.7%) nursing officer-1 and (1.3%) director nursing services. Also findings showed that (75.3%) of the respondents were Registered Psychiatric Nurses, and (24.7%) B.NSc certificate holders by qualification which is similar to a study by Joubert (2018), in which majority of the respondents 84.9% (n=333) were Registered Psychiatric Nurses, 13.5% (n=53) were Operational Managers, 0.8% (n=3) were Assistant Nursing Service Managers and 0.8% (n=3) were Nursing Service Managers.

Findings from this study revealed that challenges most emphasized on were staff shortage (90.1%), inadequate facilities (72.8%), unavailability of drugs (71.6%) and lack of support and workplace dissatisfaction (69.1%) which goes in line with a study conducted by Polycarp (2014) in Western Kenya Region, who identified that most of the challenges were staff shortage, poorly maintained facilities, and unavailability of drugs. The shortage of staff in Nigerian can be illustrated from the WHO report of Nigerian Mental Health System where there are only 2.74 nurses per 100, 000 populations (WHO, 2006). The report also showed that there are 1.28 nurses per bed in community-based psychiatric inpatient centres compared to only 0.32 per bed in mental hospital (WHO, 2006). The study also, identified uncommon challenges as patient denying mental illness (60.5%), exposure to patients' unpredictable behaviour (58.0%), and exposure to increase level of aggression and violence (58.0%) which is in contrary to findings conducted by Joubert and Bhagwan (2018) in South Africa, who revealed that psychiatric patients deny mental illness" (95.7%; n=379), exposure to psychiatric patients unpredictable behaviour (95.2%;n=377) and increased levels of patient aggression and violence (88.6%; n=351) was a challenge. However, lack of safety (51.9%) and stigma and discrimination (56.8%) were less considered as challenges faced by psychiatric nurses which is in contrary to a study conducted by Marie *et al.*, (2017) in the West Bank, Palestine who reported that feelings of lack of safety both inside and outside the workplaces, stigma encountered by nurses as a result of significant lack of public and health professionals' awareness, lack of support from their employers and nursing association, inconsistency of care services due to lack of health care supplies and instability within health care services were the challenges faced by psychiatric nurses.

Findings from this study revealed that limited resources (87.6%), inadequate government and institutional funding (79.0%) and neglect of the unit (70.4%) were identified as factors associated with the challenges. This is similar to a study conducted by Polycarp (2018) in Western Kenya Region, who reported that factors associated or contributing to the challenges were limited resources, neglect of the unit as well as poor public perception of the unit. From the present study, improving psychiatric facilities (92.6%) recruitment of additional staff (91.4%), adequate support from the government (79.0%) as well as staff training and motivation (77.8%) were considered by the majority of the respondents as strategies that would help in curbing the challenges faced by psychiatric nurses. This corresponds with the findings of a study conducted in Western Kenya Region by Polycarp (2018) who reported increase and improve facilities, increase staff in the unit, availing the necessary drugs to the unit, staff training, staff motivation, improve management systems as strategies considered by larger proportion of the respondents to curtail the challenges faced by them. It also supports a similar study conducted by Zarea *et al.* (2012) in Iran in which majority of the strategies identified in the present study include empowerment of psychiatric nurses through training, empowerment of mentally ill patients and their families, increase in the patient's ability for self-care and increased independent living for

both the patient and his/her family and empowerment within the cultural context which should be related to the community.

Conclusion

Various challenges were identified as staff shortage, inadequate facilities, unavailability of drugs and lack of support and workplace dissatisfaction which could be related to factors like limited resources, inadequate government and institutional funding and neglect of units. Respondents gave their views to curtail the challenges such as increase and improve the number of psychiatric facilities, availing the necessary drugs to the unit, recruit more staffs in the unit to improve the ratio, availing necessary drugs to the unit, improve on staff training and motivation as well as adequate support from the government.

Recommendations

Government and health policy makers should pay more attention to providing conducive work environment that is of acceptable international standards by upgrading the existing and erecting the new modern psychiatric hospital, at least one per state. In order to motivate the staff carrier progression, strategies should be tailored towards enhancing incentives and better remunerations.

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