ORIGINAL ARTICLE

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF NURSING STAFF TOWARDS MENTAL HEALTH PROBLEMS IN JIMMA ZONE, SOUTH WESTERN ETHIOPIA

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ABSTRACT

BACKGROUND: ***Nursing staffs are in the front line in caring of psychiatric patients. However, their attitude and knowledge pertaining to mental health problems is not fully assessed. The aim of this study was to assess the knowledge and attitude of nursing staffs of Jimma zone towards mental health problems.***

METHODS: ***This was a cross-sectional study conducted in 12 health centers of Jimma zone and two hospitals (Jimma and Limu) in the month of December 2003 to assess the knowledge and attitude of nurses towards mental health problems. Amharic version Structured questionnaires were distributed to each nursing staffs for self administration. The collected data were entered in to SPSS-11 for window and analyzed using chi-square and Analysis of Variance (F-test).***

RESULTS: ***A total of 135 nurses were studied with a response rate of 89.4%. The socio-demographic profiles of the respondent revealed that majority of them were females (57%), diplomas (62%), singles (60%), Oromos (40%) and Orthodox Christians (42%). Self neglect, sleep disturbance, aggressive and talkativeness were the commonest perceived symptoms of mental health problems. Biochemical disturbance, poverty, other non-mental and evil spirit were implicated as causes of mental health problem. Fifty six and thirty-four percent of respondents labeled major depressive disorder (MDD) and schizophrenia as minor diseases respectively. A person with MDD was said to be 'Insane' and 'dangerous' by 22 and 26% of respondents respectively. On the other hand, 24 and 17% of nurses respectively said that the person with vignettes of schizophrenia is 'Insane" and 'dangerous'. Majority of the respondents seems to have positive attitude on the functioning the persons with MDD and Schizophrenia. However, One out of five nurses had negative attitude on the marital prospects of schizophrenia.***

CONCLUSION: ***Refreshing courses at working areas pertaining to mental health problems should be given to nurses to change their negative views to mentally ill patients.***

KEY WORDS: ***Nurses, Mental illness, Major Depressive disorder, Schizophrenia, Knowledge, attitude.***

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INTRODUCTION

About 450 million people suffer from mental or behavioral disorders world wide today, yet only small minority of them receive even the basic treatment. Globally, many are victimized for their illness and become the target for stigma and discrimination (1).

It was said that mental health problems are more common in developed world than in developing world. But this notion has long been disputed (2).

In Ethiopia where malnutrition and infectious diseases are very common, mental health problems are not given due attention. However, 12% of the Ethiopian people have suffered from mental health problem and mental health problem accounts 12.45% of burden of diseases in Ethiopia (3, 4). The problem is aggravated by poverty, unemployment, and the presence of other physical illness like the current pandemic HIV/AIDS. These are known risk factors for common mental health problems (1).

Ethiopia with a population of 70 million has only one mental hospital, a department at the armed force hospital and a university department out patient clinic run by psychiatrists. Currently, the department of psychiatry in JU hospital is run by expatriate Nigerian psychiatrist. There are eleven psychiatrists which give a psychiatrist population ratio of 1:6,000,000, all of them working in Addis Ababa. Releasing this problem, the Ministry of Health together with World Health Organization started discussion in 1995 on training of psychiatric nurses at the best alternative for providing primary mental health service in Ethiopia. In 1997, 27 regional hospitals including Jimma hospital and one health center have psychiatric units operated by psychiatric nurses (5-7).

Assessing the knowledge, attitude and practice of nurses is crucial since they are directly involved in patient management in general and care of psychiatric patients in particular. However, there are few studies world wide related to this issue. A study conducted in Nepal had assessed the knowledge and attitude of the nursing staffs towards mental illness. Majority of the respondents believed that mental illness could be caused by financial constraints (68%), genetic inheritance (65%) or biochemical disturbances (90%). Concerning the functioning of mentally ill people, respondents thought that mentally ill people could not take care of self (43%), family (67%) and relation ship (73%). A sizable number of them thought that mentally ill were 'Insane', violent and dangerous' indicating their negative view (8). In another study in US, 82% of respondents believed that symptoms of mental illness are associated with potential violence (10).

In a study conducted in India, most of the respondents of Nurses felt that Gods curse, witchcraft or evil spirits does not cause mental illness. However, 91% of them have negative attitude towards marital prospects of mentally ill person (11). Frances Brinn assessed the general nurses attitude towards mental health problems. In that study, the nursing staffs were afraid of people with mental health problem and they were wary of possible unexpected behavior (11).

In Ethiopia, to the best of our knowledge, no survey was conducted to determine the degree of deficiencies knowledge and attitude of the nursing staff in giving care for people with mental health problems. This study was carried out to address this issue and to serve as a base line data with the objective of assessing the knowledge, attitude and practice of nursing staffs towards mental health problems in Jimma Zone.

METHODS AND MATERIALS

This cross sectional study was conducted in Jimma and Limmu hospitals and 12 health centers of Jimma zone which are located with in the radius of 50-100 km from Jimma town in December 2003 to determine the knowledge, attitude and practices of nursing staffs towards mental health problems.

The source population were all nurses in Jimma zone working at health centers, Jimma and Limmu hospitals (N = 150). The study population constituted all nursing staffs in the study sites who took psychiatric course at college and were directly involved in patient care .Nurses who didn't take psychiatric courses and were involved in other activities such as administrative works and not directly involved in patient care for two years and above were excluded.

Structured questionnaire translated in to Amharic was employed for data collection. The questionnaire was retranslated in to English by other people to check its consistency. The content of the questionnaire included: socio-demographic information, knowledge of the symptoms and causes of mental illness, practices and attitude towards mentally ill person as depicted in vignettes. Two major mental health problems (Major depression and Schizophrenia) were given in the form of vignette description based on DSM-IV as shown in the appendix. The vignettes were commented by experienced colleague in the department of psychiatry of Jimma University.

The questionnaires were distributed to the respondents in each health centers and hospitals for self administration. Data were checked for completeness, cleaned, coded and entered in to SPSS-11 for window statistical package and analyzed using chi-square and Analysis of Variance (F- test). Attitude towards the two major mental health problems (schizophrenia and major depression) were assessed using the five point scale: 1. strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree or 1.Very poor 2. Poor 3. Fair 4.Good 5. Very good. Attitude is considered to be positive if respondents answer 1and 2 for positive statements and 4 & 5 for negative statements. Respondents who answer 3 are considered to be neutral. P- Value of below 5% was considered statistically significant association.

The proposal was submitted to the council of the Department of Epidemiology and Biostatistics; and Research and Publication Office of Jimma University for ethical clearance. Permission was sought from each director of the health institutions. The aim of the study was explained to the respondents and verbal consent was obtained. Confidentiality was assured for every information provided.

RESULTS

A total of 135 Nurses were included in the study with a response rate of 89.4%. Seven questionnaires (4.6%) were discarded due to incompleteness and nine respondents (6%) did not return the questionnaire. The socio-demographic profiles of the respondents revealed that majority of them were females (57%), diplomas (62%), singles (60%), Oromos (40%) and Orthodox Christians (41.5%) as shown in table 1.

Table 1. Socio-demographic profile of the respondents, Jimma zone, February 2004

Variables	Number (%)
Sex	
Male	58(43)
Female	77(57)
Age	
18 - 24	55(40.7)
25 - 31	42(31.1)
>31	38(28.2)
Educational status	
Junior	44(32.6)
Diploma	84(62.2)
Degree	7(5.2)
Marital status	
Single	81(60)
Married	50(37)
Divorced	4(3)
Ethnicity	
Oromo	55(40.7)
Amhara	44(32.6)
Tigre	9(6.7)
Gurage	15(11.1)
*Other	12(8.9)
Religion	
Muslim	43(31.9)
Orthodox	56(41.5)
Protestant	35(25.9)
Catholic	1(0.7)

* Others: includes Yem, kullo, Keffa

About 89% of the respondents were knowledgeable about mental health problems, 79 and 23 percent of whom got the information from schools and health professionals respectively. Self neglect, sleep disturbance, aggression, talkativeness, talking alone were the commonly perceived symptoms of mental health problems as shown in figure 1.

Biochemical disturbances, poverty, physical illnesses (non-mental illnesses), heredity and evil spirits were implicated as causes of mental health problems as depicted in figure 2.

Vignette description of Major depressive disorders (MDD) and schizophrenia were presented to the respondents to assess their attitude. Fifty-eight percent of respondents said that they had encountered patients like the vignette description of MDD during work, 30 and 8 percent of whom transferred the patients to hospitals and did nothing respectively. Fifty-six percent of the respondents labeled the person with MDD as having a minor disease. Ninety percent of the respondents said that special training is needed to deal with such patients. When asked on the place of help for MDD, 81, 13, 13 and 3 percent preferred hospital, private clinic, family and holy water respectively.

About 10, 12 and 13 percent of respondents had negative attitude on prognosis (chance of cure), work opportunity and marital prospects of a person with MDD respectively (table 2).

Twenty-two and twenty-six percent of respondents said that the person with MDD is 'Insane' and 'dangerous' respectively. Nurses whose work experience less than 5 years were more likely to say that the person with MDD is 'dangerousness' ($F=3.5$, $P = 0.033$).

Sixty two percent of respondents said that they had faced patients like the vignette description of a person with schizophrenia, 23 and 10 percent of whom transferred the patient to hospitals and did nothing to the patients respectively. Thirty-four percent of nurses labeled the person with schizophrenic vignettes as having minor disease. More than 90% of them said that they need special psychiatric training to handle patients with schizophrenia. When asked on the preferred place of help for the schizophrenic vignettes, 81, 14, 5 and 4 percent of them preferred hospitals, private clinics, holy water and family treatment respectively. Nineteen, eleven and ten percent of the nurses respectively had negative attitude on marital prospects, work opportunity, and prognosis of the person with schizophrenia after treatment (table 3).

Twenty-four and seventeen percent of the nurses said that the person with schizophrenia is 'Insane' and 'dangerous' respectively. Nurses whose experience was less than 5 years had more negative attitude of the question 'this patient is Insane' ($F = 3.7$, $p = 0.048$).

Table 2. Attitude of the respondents on the functioning and prognosis of a person with Major depression (n=135) Jimma zone, February 2004

Functioning	Attitude		
	Positive No (%)	Negative No (%)	Neutral No (%)
Chance of cure by modern medicine	101(74.8)	13(9.6)	21(15.6)
Ability self care after treatment	102(75.6)	13(9.6)	20(14.8)
Ability of family care after treatment	102(75.6)	13(9.6)	20(14.8)
Chance to resume work after treatment	101(74.8)	16(11.9)	18(13.3)
Marriage prospects after treatment	103(76.3)	17(12.6)	15(11.1)
Future social relationship after treatment	107(79.3)	12(8.9)	16(11.9)

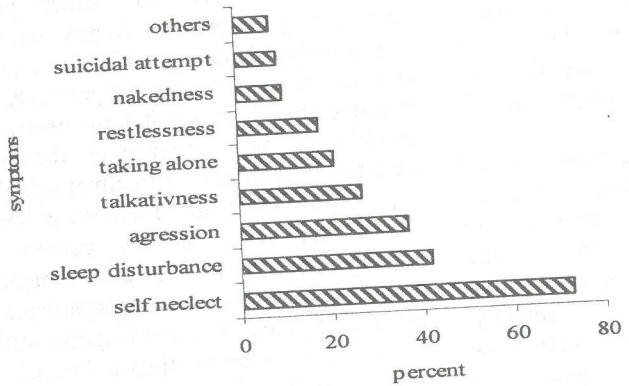
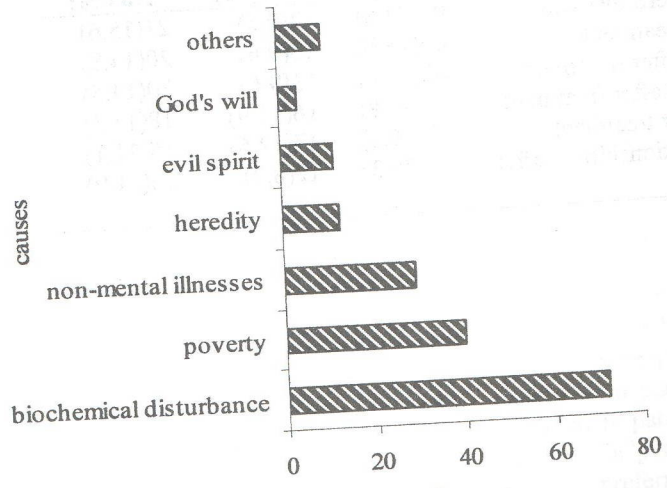


Fig 1. Perceived symptoms of mental health problems, Jimma Zone,February 2004.



Figur 2. Percived causes of mental health problems, Jimma Zone, February 2004.

Table 3. Attitude of the respondents on the functioning and prognosis of a person with Schizophrenia (n=135) Jimma zone, February 2004

Functioning	Attitude		
	Positive No (%)	Negative No (%)	Neutral No (%)
Chance of cure by modern medicine	101(74.8)	13(9.6)	21(15.6)
Ability self care after treatment	104(77.0)	13(9.6)	18(13.3)
Ability of family care after treatment	102(75.6)	13(9.6)	20(14.8)
Chance to resume work after treatment	83(61.5)	15(11.1)	37(27.4)
Marriage prospects after treatment	86(63.7)	25(18.5)	24(17.8)
Future social relationship after treatment	90(66.7)	8(6)	37(27.3)

DISCUSSION

The respondents recognized most of the overt psychotic symptoms such as self neglect, aggression and talking alone. This finding is similar to the views of the key informants (lay persons) of the Butajira study (12). This can indicate that nurses may miss persons with mental health problems with less severe manifestations. Most of the implicated causes of mental health problems go with scientific grounds of the field. This view goes parallel with the notion of the Western society and that of the study of India (8, 13). Their perception on the causes of mental health problems may not go with that of the public because of their training. However, one out of seven nurses still thought that supernatural power (evil sprits, God's will) could causes mental health problems which is in contrary to a study conducted in India (10). This could be due to the deep rooted cultural influences our of community.

One out of ten nurses did nothing for patients with schizophrenia and major depressive disorder. This could be due to the low perception of the nurses to consider the illnesses less severe. Over 90% of them also indicated the need of special training to give care for these patients which is in agreement with other study (11). Since our study was based on perceived performance which is more subjective, the results regarding practices may not be valid and further follow up study is recommended.

Over 80% of the respondents preferred hospitals for the treatment of MDD and schizophrenia which is in contrary to the other study(12).As mentioned in the result, 56 and 34% the nurses labeled MDD and schizophrenia as minor diseases. On the other hand a sizable number respondents considered the vignettes of MDD and schizophrenia 'Insane' and 'dangerous' indicating their negative view; which is in line with other study(8). This could be due to inadequate training at school and lack of refreshing courses pertaining to mental health problems.

The attitude of majority of nurses seems to be favorable on the functioning of persons with MDD and schizophrenia (after modern treatment is given) irrespective of literacy status and effect of socio-demographic variables. This could be due to the perception of the respondents to consider these diseases minor as shown in the result above. The other explanation could be that the nurses may be more optimistic on the effect of modern medicine for the treatment of MDD and Schizophrenia. However, one out of 5 nurses had still negative attitude on marital prospects of schizophrenia even after appropriate treatment. This could be due to cultural influences.

In conclusion, since nurses are the front line workers in managing patients, intensive training regarding mental health problems should be given to rectify their false views.

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APPENDIX

Vignette-1

Twenty eight years old unmarried secretary lives with her family. She has been feeling sad for the past one month after quarrelling with her boss. She was tearful and felt hopeless and worthless. She has been unable to sleep well and slow in her activities because of which she couldn't go to work for the last two weeks. She has no family history of similar illness and she doesn't use any substance.

Vignette-II

A 25 years old single teacher became suspicious of his friends that they are plotting against him and gradually avoided interacting with others since 8 months. He hears voices telling him his neighbors are going to kill him. He has difficulty in falling asleep. He avoids eating, as he believed that the food is poisoned. He has no family history of mental illness &he doesn't use chat, cigarette or alcohol

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