

The Challenges of Psychiatric Nursing Specialty: Education and Practice in Nigeria

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Abstract

The current mental health care system in Nigeria continues to struggle with providing adequate care and services to all that require it due to limited resources, stigma of persons and families living with mental illness, biases from other professional team members and the complexities of treatment of many of those individuals that suffer from mental illness. Mental health nurses, also referred to as psychiatric nurses, are impacted by these same biases, limited resources, and complexities in their role. This paper highlights the challenges of psychiatric nursing as a profession, and societal perception of both those who have mental illness and those who provide treatment. It is imperative that psychiatric nurses should continue to educate other health care professionals as well as the general public of the role of the psychiatric nurse and those who suffer from mental illness. Unfortunately, the biases of the pre-colonial era are still upheld in the 21st century.

Keywords: Aging workforce; Mental illness; Psychiatric nursing; Challenges; Public perception

Introduction

Mental illnesses are devastating disorders. Unfortunately, these diagnoses are not well understood by the public. Often those who have mental illness are stigmatized as being 'crazy' 'mad' and millions of them suffer in silence. There are reports of increase in mental illness across the country [1]. These increase have serious implications for psychiatric nursing, as more persons are diagnosed with mental illness, the greater the need for psychiatric nurses [2]. Currently, psychiatric nursing in Nigeria faces a number of challenges, perhaps chief among them is the aging psychiatric nursing workforce, low human professional resources to provide education and care, exclusion of mental health in key health sector documents, societal negative attitude of professionals engaged with the provision of care and people living with mental illness and their families [3,4].

Aside from policy-related problems on implementation of the Primary Mental Health Care in Primary Health Care (PHC) system in Nigeria [5], there are numerous health and social problems facing the nation which include: poverty, increased numbers of displaced persons arising from communal conflicts, kidnapping/terrorism, that may eventually predispose more of the citizenry to mental illness. Yet the practice of the day have no provision for people living with mental illness, this is obvious in the lack of basic amenities and poor or lack of access to treatment for those in need of mental health care in urban and especially in the rural communities in particular. It is no secret that in spite of the enactment of the Primary Mental Health Care Policy in PHC services in Nigeria, which requires that mental health care be provided in the communities, people with mental illness embark on long distance journeys before they could access treatment [5]. This posed great difficulty in maintaining positive treatment

outcomes and managing psychiatric emergencies at home by many families living with the illness. Mental health care and treatment, for the most part, leaves much to be desired. At the policy level, mental health care is low key and is not given priority due to stigma [3,6]. At the professional level, many people will not take up mental health care practice and at the community level mental illness is a "taboo".

Psychiatric nurses are the nursing professionals providing a large portion of the care to individuals and families who are fortunate enough to access psychiatric hospitals. Yet, just as the mental health field is not without obstacles and challenges, psychiatric nursing faces a number of obstacles and challenges as well. Some obstacles and challenges have a longer history than others, but they all have the capacity to render mental health care less affordable, accessible, and efficient, and in doing so, to negatively impact this area of specialized nursing. The aim of this paper is to highlight the challenges of psychiatric nursing as a profession in Nigeria followed by a discussion of a number of challenges that arise directly from the health profession itself, society and policy as well as people living with mental illness.

Aging psychiatric nursing workforce

Psychiatric Nurses are group of nurses that specialized in mental health care practice that provides nursing care services to people with mental illness and their families throughout the continuum of care [7]. There is an aging psychiatric nursing population worldwide including Nigeria with little or no replacement across many nations [6-9]. It is paramount to note the ageing workforce of nurses working in psychiatric settings in Nigeria, are now in their 40s and 50s and most of these nurses will be retired over the next few years. Psychiatric Nurses' retirement will further exacerbate the mental health and psychiatric nurse's shortage. The ageing workforce is very critical and further compounded with the failure to recruit and train new graduate nurses sufficient to replace older psychiatric nurses as they reach

retirement. Older, experienced psychiatric nurses are also essential to provide mentoring for inexperienced young psychiatric nurses coming into the workforce. The current aging psychiatric nursing workforce will soon retire with all their wealth of experiences (Table 1). The shortage of experienced nurses affects not only quality of care provided but also mentoring of new graduates and inexperienced nurses into the psychiatric nursing workforce.

Variable	Frequency (N=75)	%
Age		
25-30	2	2.7
31-35	6	8
36-40	4	5.3
46-50	15	20
51 and above	48	64
Gender		
Male	35	46.7
Female	40	53.3
Categories of Nurses		
Director of Nursing Services	1	1.3
Deputy Directors	18	24
Chief Nursing Officers	46	61.3
Principal Nursing Officers	8	10.7
Nursing Officer 1	2	2.7
Working Experience		
10-15 years	2	2.7
16-20 years	4	5.3
21-25 years	12	16
26-30 years	22	29.3
31 and above	35	46.7

Table 1: Psychiatric Nurses working in one of the psychiatric facilities in the Niger Delta Region.

Psychiatric Nursing Human Resource Recruitment

Poor human resources for psychiatric nursing care in Nigeria contribute to poor population mental health in the country [4]. In Nigeria, as in most sub-Saharan African countries [10,11] there is a gross inadequacy of psychiatric nurses. For example, Nigeria has about 2.41 per 100,000 populations to a population of over 170 million. Almost all of these nurses work in big psychiatric hospitals located in urban cities leaving the vast majority of the rural community with no service. Despite the centrality of the psychiatric nurse's role in addressing the unique needs of persons with mental illness, there has been a limited focus on the recruitment and retention of these nurses and other mental health professionals.

The current shortage of nurses in mental health facilities makes it inevitable that a considerable number of persons with mental illness may not access care. Heyman et al. [12] reported that psychiatric nursing recruitment proves difficult and that appreciation of the skills and roles of psychiatric nurses is low. Situational analysis in one of the facilities in the Niger Delta region shows over 70% of nurses working in the psychiatric facility will retire within the next few years with no replacement. Previously, there were direct effort by government to sponsor people to train in psychiatry and psychiatric nursing specialty. One of the state's Ministry of Health and Hospitals Management Board in the region in the 1980's use to recruit and sponsor people for training within and outside the country and after completion of such programmes, they are posted to the psychiatric facility. However, over the past 25 years there has been no such recruitment or training as the programme was discontinued due to economic meltdown. These incentives attracted many people into this specialty but over the years there is no more sponsorship hence people are not willing to take-up psychiatric nursing as a career due to stigma and perceived work hazard. Therefore the need for policy makers to motivate and attract people to take-up career in psychiatric nursing and other mental health profession by providing incentives and a stimulating environment for training and practice (Table 2).

Mental Healthcare Professionals	Nigeria	South Africa	Mozambique
Psychiatric nurses	2.41	10.08	0.17
Psychiatrists	0.15	0.28	00.4
Other medical doctors (not specialized in psychiatry)	0.49	0.45	0.00
Psychologists	0.07	0.32	0.42
Social workers	0.12	0.4	0.03
Occupational therapists	0.05	0.13	0.09
Other health workers	8.03	0.28	0.94

Table 2: Median estimate of mental healthcare professionals working in mental health facilities per 100,000 populations in Nigeria compared to two other African Countries.

Low Preference of Psychiatric Nursing Practice

While the public's perception of psychiatric nurses is not always favorable, other specialty in the nursing profession also views psychiatric nurses as inferior and not real nurses, less desirable career choice compared with other nursing specialty, and that psychiatric nurses behave like their patients i.e. crazy [13]. In recent times, there is drastic reduction of young nursing students taking up psychiatric nursing practice in Nigeria. There is limited literature reporting on the attitudes of nursing students towards psychiatry and their reasons for not choosing psychiatric nursing as a career in Nigeria.

In a study of undergraduate nursing students' attitude towards psychiatry and psychiatric nursing as a career choice in the Niger Delta region of Nigeria [13], it was reported that psychiatric nursing clinical posting experience has a positive attitude on students nurses perception of the profession and people with mental illness. However, on the students' preference on area of specialization show that only 5.7% of the students were willing to pursue psychiatric nursing as a career. This was similar to the study conducted by Hunter [14] in a

university in a large city in the Midwestern US on nursing students' attitudes about psychiatric nursing show few of the participants agreed that psychiatric nursing clinical experience prepares them to work as psychiatric nurses, yet none of the students planned to pursue career in psychiatric nursing. In another study by Hoekstra et al. [15] on nursing career in mental health care: choices and motives of nursing students revealed that nursing students have stereotype, mostly negative perceptions of mental illness and psychiatric nursing as a career. Furthermore, student nurses are also aware of how other health team members view psychiatric nurses, not just by the public, but by those in other nursing specialty as well. Undoubtedly, that leads some students' nurses who want to be "real" nurses into other nursing specialty. It is critical that nursing programs develop strategies to prepare nurses for meeting the mental health needs of clients as well as encouraging students to consider this area of practice.

Psychiatric nursing human resource for undergraduate programmes

Challenges to psychiatric nursing occur in a number of arenas, including the classroom where nursing students are first introduced to the various areas of psychiatric nursing. In many instances, it is certainly not uncommon to see some of the psychiatric curriculum being taught by nurse educators with little or no experience or academic preparation in psychiatric nursing. The practices of the use of non-psychiatric nurses to teach psychiatric nursing do not serve the profession well [16,17]. It is more beneficial and enriching to use experienced psychiatric nurse educators to teach the necessary psychiatric nursing curriculum and share experiences.

The belief that mental health is an easy topic and that everyone have personal emotional experiences as such, qualifies him/her to teach. Then it can be said of having a 'square peg in a round hole'. Unfortunately, what is communicated to the students is a lecture with little depth by someone with no experience to share with the students. Consequently the inexperienced teacher would rather present an unrealistic and unpleasant picture about people living with mental illness and the profession, thereby robbing young nursing graduates of making a career in psychiatric nursing specialty. Happell [18] emphasizes the importance of how theory and practice of mental health and psychiatric nursing should be presented to students, as to avoid biases against the profession. This is of particular importance in determining their future career choice. Nursing education must reinforce the importance of psychiatric nursing and demand for intelligent, imaginative psychiatric nurse educators capable of delivering required experiences and knowledge to nursing students cannot be overstated.

Stigma

Stigma has been defined as the combined effect of prejudice, ignorance and discrimination [19,20]. Stigma associated with mental illness has been described as the main obstacle to the provision of mental health care service. Society holds outdated beliefs about mental illness [21,22]. A central theme of stigma of mental illness is a perception that persons with mental illness are dangerous, unpredictable, incompetent and not only in control of the illness but they caused it [23]. Psychiatric nurses and other mental healthcare professionals taking care of the patients also experience 'stigma by association' [21,24]. Such 'stigma by association' also appears to exist in the form of attributing negative characteristics to psychiatric nurses. In comparison to nurses in other specialty areas, psychiatric nurses were

seen as the least liable 'to be described as skilled, logical, dynamic and respected' [21]. Given these depictions, it should not be surprising that psychiatric nursing was found to be among the least favoured of the specialty areas in nursing, with relatively few nurses interested in making a career in this area of practice [14,15,17].

As long as this stigma exists, the possibility of consumers of mental health services receiving optimal care may be severely diminished, as is the vision on the other hand of psychiatric nursing as a satisfying, worthwhile area of practice [25,26].

The dearth of mental health care facilities

One of the major challenges in treating mental illness in Nigeria is the dearth of mental health care facilities in urban cities and rural areas in particularly, makes it inevitable that a considerable amount of mental illness care is provided in the non-mental health care sector [27,28]. Moreover, access to psychiatric care services seems difficult as most of the hospitals are regionally located in urban cities and any one of such facility across the nation is expected to be a catchment area for a population of over 8-10 million. The low-income groups in both urban and rural areas who access care through mental health facilities are therefore at greater risk of not receiving the needed care [29]. Others who are unable to access these hospitals, about 70% of Nigerians will receive treatment from traditional healers, spiritualist, faith healing and complementary medicine, the use of which is widespread in most communities [30,31]. The treatment gap for persons with mental illness who did not receive any treatment in the preceding 12 months due to the absence of mental health care services is estimated at 80% in Nigeria [30]. In another large-scale epidemiological study [32] conducted in several countries (including Nigeria) have shown that only about 20% of persons with mental health disorders had received any treatment in the prior 12 months. Among those who did, only 10% received minimally adequate treatment. Creating mental health units in health centres, and posting of psychiatric nurses to these facilities in the communities will significantly reduce the problem of institutionalizing mental health care, and increase access for people with mental illness thereby reducing the illness burden on many families.

Cultural belief system and care

All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient health education as having cultural relevance for them can have a profound effect on their reception to information provided by health personnel and their willingness to use it. In Western industrialized societies such as the United States, which see disease as a result of natural scientific phenomena, advocate medical treatments that combat microorganisms or use sophisticated technology to diagnose and treat disease. Other societies i.e. Nigerians believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces and only when that fails, they subsequently seek professional help [28]. Cultural issues play a major role in health belief of individuals and compliance with treatment.

Among the Ijaw people of the Niger Delta region in Nigeria, because the behavior of the individual reflects on the family, mental illness or any behavior that indicates lack of self-control may produce shame and dishonor and severely reduces the chances of other members of the

family getting married. As a result, they may be reluctant to discuss symptoms of mental illness, and not seek help from medical professionals. They may prefer to receive treatment from either traditional healers, spiritualist, faith healing and complementary medicine, the use of which is widespread, as lay perception of mental disorders are rooted in super-natural belief systems, secrecy and considered untreatable with western medicine [27,32]. In the mist of this competition with traditional care models, society's prejudices, general conditions of psychiatric services, negative portrayals of people with mental illness in media and movies may continue to affect the engagement of psychiatric hospitals for early and prompt treatment. As a result, individuals and families quality of lives is severely impacted with little or no hope for recovery.

Conclusion

To assist with recruitment and retention of psychiatric nurse's workforce, there is need to make psychiatric specialty attractive to motivate nursing students choose psychiatric nursing as a future career. This in turn would increase access and ensure adequate treatment for individuals and families living with mental illness. Unfortunately, stigma of mental illness also affects the way psychiatric nursing is perceived by the public and other health team members in the 21st century, but perhaps with perseverance and education it will not continue into the future. The need for increased budget directed towards training of more mental health professionals. However, to increase the number of mental health professionals, other resources are needed as well, such as hospitals and universities for training of these professionals. To improve mental health care services, psychiatric nurses must collaborate with stake holders, lobby and engaged in advocacy for increased access to mental health care services and treatment, de-stigmatization of the illness, training and recruitment of nurses and other mental health care personnel for better patient care.

Mental health and psychiatric nursing education programme needs restructuring to ensure more credit hours is allotted for lectures and clinical experiences. Theory classes should be taught by psychiatric nurse educators, as to help students make informed decision in their eventual career choice.

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