



ATTITUDE OF PSYCHIATRIC WARD NURSES OF TWO NIGERIAN TERTIARY HOSPITALS TO SUBSTANCE USE CLIENTS

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ABSTRACT

Attitude of nurses to substance use clients could constitute major barriers to treatment. Anecdotal evidences show that some psychiatric ward nurses at the University of Benin Teaching Hospital (UBTH) and the Federal Medical Centre (FMC), Makurdi may view substance use clients as being responsible for their clinical circumstances. They may exhibit an attitude that gives the impression that the clients are morally weak and have formed a bad habit which they are not prepared to do away with. The clients are seen as impossible for therapy. Consequently, the aims of this cross-sectional study were to provide knowledge on the attitude of psychiatric wards nurses to substance use clients and to find out factors that may determine such attitude. Comparison was also made between the two hospitals. An instrument consisting of sociodemographic variables and the Drug and Drug Problems Perceptions Questionnaire was administered on all nurses of both wards. Females made up 82.1% of the participants, 50% were above 45 years old while 89.3 were married. All of them practised Christianity and 60.7% of them were from UBTH. Sixty three point six percent of nurses from FMC had negative attitude while it was 47.1% for UBTH, the difference was not significant. Overall, 53.6% of the participants had a negative attitude. Only being a trained psychiatric nurse and being primarily interested in caring for substance use clients significantly differentiated nurses with positive attitude from those with negative attitude. Negative attitude towards substance use clients is not desirable as this would constitute a barrier to treatment and put client and society at risk of the adverse consequences of substance use. Trained psychiatric care nurses and nurses with interest in substance use disorder should provide care for substance use clients.

Key-words; attitude, psychiatric, nurses, Nigerian, substance

INTRODUCTION

Substance use disorder (SUD) is a global phenomenon affecting at least 15.3 million persons worldwide. (WHO, 2017). It is estimated that 3.3 million deaths arise each year from the use of alcohol. (WHO, 2017). There is increase in the use of psychoactive substances in Africa. For example, the estimated prevalence of cannabis use in African in the population aged 15-64 years is 7.5 %. Meanwhile, the global average for the age group is 3.9 %. The prevalence is particularly high in West and Central Africa (12.4 %) (United Nations Office on Drugs and Crimes, 2015).

Nigeria is a producer of psychoactive substance as well as a transit country for substances such as cocaine, cannabis and heroin (United Nations Office on Drugs and Crimes, 2015). Most cases of substance abuse in Nigeria are thought to arise due to the continued availability of locally manufactured illicit substances (United Nations Office on Drugs and Crimes, 2013).

Psychoactive substance use causes significant health and social problems not only for the people who use them but also for others. In 2004, 7.6% of all global burden of disease and injuries among men, and 1.4% among women, were linked to alcohol use (WHO, 2010). It is only recently that substance use disorders are gaining recognition as major health problem in many countries and this is particularly so in developing countries (WHO, 2012).

Stigma and discrimination associated with substance use disorders have been major barriers to appropriate treatment (WHO, 2012). Mental health professionals, including nurses working in psychiatric wards, play a key role in treatment outcome and mitigating the consequences that arise from use of psychoactive substances (Saxena, Jané-Llopis & Hosman, 2006; Kalebka, Bruijns & van Hoving, 2013). However, nurses may exhibit negative attitude towards substance use clients (Crips, Gelder, Rix et al., 2000; Rao, Mahadevappa, Pillay et al., 2009; Gilchrist, Moskalewicz, Slezakova et al., 2011; Kalebka, Bruijns and van Hoving, 2013; van

Boekel, Brouwers, van Weeghel, et al., 2014). On the other hand, another study that examined the attitude of nurses to patients with alcohol use disorder found neutral to positive attitude. However, 14.3% of the participants did not want to work with alcohol users and 12.5% stated that they did not believe they would find it rewarding to work with patients with alcohol use disorder (Crothers & Dorrian, 2011). Another study that looked at how nurses managed substance use clients found that negative attitudes, lack of trust, lack of requisite education e.t.c imparted negatively on the nurse-patient relationship (Monks, Toppings & Newell, 2012). "Many mental health clinicians demonstrate misunderstanding and judgement of those suffering from concurrent disorders" (Danda, 2012). Attitude can be reinforcing or detrimental to the patient's care. It has been noted that the rehabilitation of individuals who take psychoactive substances and their reintegration into mainstream society is dependent on the positive and accepting attitude of the health care givers (Bryan, Moran, Farrell et al., 2000). Correlation has been found between successful intervention in substance abuse and the attitude that health practitioners have towards it (Au, 2006). Some factors have been found to determine the attitude. Postgraduate education has been reported to promote a positive attitude towards substance use clients; while sex, age, experience in the management of psychiatric or mental health patients were not associated with the attitude (Richmond & Foster, 2003).

Anecdotal evidence shows that psychiatric ward nurses at the University of Benin Teaching Hospital (UBTH), Benin City, Nigeria and the Federal Medical Centre (FMC), Makurdi, Nigeria may view substance use clients as being responsible for their clinical circumstances. They may exhibit an attitude that gives the impression that the clients are morally weak and that they have formed a bad habit which they are not prepared or willing to do away with. Consequently, such nurses are thought to view such clients as impossible for therapy. This kind of attitude leaves much to be desired. It puts such nurses in a position that makes them give up on the patient. Thus, the professional is not in the right frame of mind to render therapeutic assistance to the client. The impact of this is that the outcome of the treatment will be poor. However no empirical study has evaluated the attitude of the psychiatric ward nurses of the two hospital to substance use clients. Indeed, there is a paucity of data on the attitude of psychiatry nurses to substance use client in Nigeria. However, in view of the serious clinical implications of attitude of nurses who work with substance use clients, some Nigerian researchers have done studies in this regard. A study carried out in Borno State, Nigeria reported that 90.2% of the participants had satisfactory attitude towards substance use clients (Maigari, Mosaku, Umar, et al., 2014). Another researcher evaluated the attitude of mental health Professionals with regard to substance use and its disorders across 4 geopolitical regions in Nigeria. It was found that participants were largely stereotyped, conservative and non-permissive. A sizeable number believed that it was almost impossible for addicted clients to recover. Majority did not support angry confrontation when dealing with substance use clients. There was statistically significant variation in the attitude of participants across the regions (Akinola, 2015)

It has been reported that clients who are in the hospital because of substance use may not enjoy the feeling of sympathy that patients with physical illnesses do enjoy owing to negative beliefs cum negative attitude (Gureje, Lasebikan, Oluwanuga, et al., 2005; Ewhrudjakpor, 2009) and health workers are not free from these negative beliefs and attitude (Odejide & Olatawura, 1979; Minas & Diatri, 2008; Ewhrudjakpor, 2009). From the foregoing, this study was carried out to provide knowledge on the attitude of nurses on psychiatric wards towards substance use clients and to find out factors that may determine such attitude. Comparison was also made between the university teaching hospital and the federal medical centre.

METHOD

The study was carried out on nurses who work on the psychiatric wards of two federal government owned tertiary hospitals in Nigeria; the University of Benin Teaching Hospital (UBTH) in Benin City, Edo State and the Federal Medical Centre (FMC), Makurdi in Benue State. All the 18 and 13 nurses who work in the psychiatric wards of UBTH and the FMC



respectively were recruited for the study. The study was explained to them and they gave consent. A questionnaire was thereafter given to each of the nurses. The respective ward managers were trained on the questionnaire and they helped to administer it on the nurses. The questionnaire was earlier pretested on nurses and other health workers in UBTH.

The questionnaire consisted of 2 sections. The first section consisted of sociodemographic and other variables while the second section was made up of the Drug and Drug Problems Perceptions Questionnaire (DDPPQ), developed by Watson, Maclaren and Kerr (2007). The DDPPQ is a 20-item questionnaire that is used to assess the attitude of health workers to patients who use psychoactive substances. Each item or statement of the 20-items questionnaire is followed by a seven point Likert scale ranging from strongly agree to strongly disagree and each respondent indicates the extent to which he or she agrees or disagrees with the statements. It has been found to be reliable and valid, with a reliability coefficient of 0.87 (Watson, Maclaren & Kerr, 2007; Hohman, Finnegan & Clapp, 2008). A low score denotes positive attitude while a high score denotes negative attitude. Some of the items are negatively worded and thus scores on these items are reversed (13, 15, 16 and 17). The scores on each item is added to get total score. The questionnaire has been used in different parts of Nigeria, including the southern and northern parts (Akinola, 2015).

Other ethical considerations included the observance of confidentiality and anonymity; the nurses did not have to write their names on the questionnaire. The data was entered into SPSS and secured by password in a computer. The data was only accessible to the researchers.

The data was analysed using univariate and Chi square and Fisher's exact test of significance (when more than 25% of expected cell frequencies are equal to or less than 5). The level of significance was set at p less than 0.05.

RESULTS

Three nurses out of the total of 31 did not return the questionnaire. Therefore, a total of 28 questionnaires were analysed. The results are displayed in tables 1 through 3.

**Table 1: Sociodemographic variables of the participants**

| Variable | Frequency | Percentage |
|---------------------------------------|-----------|------------|
| Sex | | |
| Male | 5 | 17.9 |
| Female | 23 | 82.1 |
| Age | | |
| 30-45 years | 13 | 46.4 |
| greater than 45 years | 14 | 50.0 |
| Marital status | | |
| Married | 25 | 89.3 |
| Single | 3 | 10.7 |
| Ethnicity | | |
| Benin | 5 | 17.9 |
| Esan | 4 | 14.3 |
| Etsako | 2 | 7.1 |
| Ibo | 2 | 7.1 |
| Idoma | 2 | 7.1 |
| Igbo | 1 | 3.6 |
| Owan | 1 | 3.6 |
| Tiv | 7 | 25.0 |
| Religion | | |
| Christianity | 28 | 100.0 |
| Participants' Hospital | | |
| Federal Medical Center | 11 | 39.3 |
| University of Benin Teaching Hospital | 17 | 60.7 |

N: B

1 participant did not report age

4 participants did not report their ethnic group

Table 2: Participants' attitude to substance use clients

| Participants' Hospital | Attitude | |
|------------------------|----------------|----------------|
| | Positive n (%) | Negative n (%) |
| FMC | 4 (36.4) | 7 (63.6) |
| UBTH | 9 (52.9) | 8 (47.1) |

Table 3: Association between the characteristics of the participants and attitude to substance use clients

| Characteristics | | Attitude | | | Pvalue |
|--|-----------------------|---------------|---------------|-------|--------|
| | | Positive | Negative | Total | |
| Age | 30-45 years | 8 (61.5%) | 5 (38.5%) | 13 | 0.128 |
| | greater than 45 years | 4 (28.6%) | 10 (71.4%) | 14 | |
| Sex | Female | 10 (43.5%) | 13 (56.5%) | 23 | 0.639 |
| | Male | 3 (60.0%) | 2 (40.0%) | 5 | |
| Participants' Hospital | FMC | 4 (36.4%) | 7 (63.6%) | 11 | 0.460 |
| | UBTH | 9 (52.9%) | 8 (47.1%) | 17 | |
| Are you a trained psychiatric nurse | No | 2 (18.2%) | 9 (81.8%) | 11 | 0.024* |
| | Yes | 11 (64.7%) | 6 (35.3%) | 17 | |



| | | | | | |
|--|----------------------|---------------|---------------|----|--------|
| Do you have BSc in nursing | No | 13 (50.0%) | 13 (50.0%) | 26 | 0.484 |
| | Yes | 0 (0.0%) | 2 (100.0%) | 2 | |
| Are you primarily interested in the care of substance clients | No | 0 (0.0%) | 6 (100.0%) | 6 | 0.018* |
| | Yes | 13 (59.1%) | 9 (40.9%) | 22 | |
| Do you have a loved one who uses substance | No | 10 (52.6%) | 9 (47.4%) | 19 | 0.435 |
| | Yes | 3 (33.3%) | 6 (66.7%) | 9 | |
| Do you use substance | No | 13 (50.0%) | 13 (50.0%) | 26 | 0.484 |
| | Yes | 0 (0.0%) | 2 (100.0%) | 2 | |
| Did you use substance in the past | No | 12 (57.1%) | 9 (42.9%) | 21 | 0.084 |
| | Yes | 1 (14.3%) | 6 (85.7%) | 7 | |
| How many years have you worked on a psychiatric ward | 0-5 years | 4 (26.7%) | 11 (73.3%) | 15 | 0.057 |
| | Greater than 5 years | 8 (66.7%) | 4 (33.3%) | 12 | |
| Have you had any training in substance use | No | 6 (40.0%) | 9 (60.0%) | 15 | 0.705 |
| | Yes | 7 (53.8%) | 6 (46.2%) | 13 | |

* = statistically significant

DISCUSSION

Response rate was 94% for UBTH and 85% for FMC. More than 60% of the participants were from UBTH. This may not be surprising as UBTH is a larger hospital than the FMC. Majority of the participants were female (82.1%) and married (89.3%).

There was no statistical difference in attitude of the psychiatric ward nurses to substance use clients between the two hospitals. This is at variance with what was found in a previous study that looked at mental health professionals' attitude towards substance abuse in Nigeria (Akinola, 2015). The study found a significant variation in attitude of mental health professionals among the surveyed geopolitical zones of Nigeria. In our study No statistically significant difference was found between UBTH (South-south geopolitical zone) and FMC Makurdi (North-central geopolitical zone). This may be due to the fact that the present study involved only nurses while the previous study included psychiatrists, addiction counsellors, psychologists, psychiatric nurse, peer counsellors, and social workers. It is worthy of note that variation in attitude towards substance use related disorder clients has been reported among mental health professionals (Richmond & Foster, 2003).

In consonance with previous findings, being a trained psychiatry nurse and being primarily interested in working with substance use clients significantly differentiated nurses with positive attitude from those with negative attitude. Studies have shown that higher levels of personal and professional satisfaction when working with clients with substance use problems are significant predictors of a greater desire to work with this group (Crothers and Dorrian, 2011) and lack of education in addiction care negatively impacts attitudes (Danda, 2012). The psychiatry trained nurse is likely to have a desire to work with substance use clients.

Majority (60.0%) of the nurses who had no training in substance use showed negative attitude. This mirrors what was found in previous studies. In a study of medical ward nurses in the United Kingdom, it was found that most of the interviewed nurses had negative views of drug users and lack of knowledge to care was a key contributor (Monks, Topping & Newell, 2012). Ritson (cited in Fulton, 2001) identified several reasons why health care professionals may have negative attitude towards substance use patients. These included health care professional holding the general belief of dangerousness and unpredictability of substance use clients and the relapsing nature of the disorders. These make the professional to feel unsure or feel unable to help the client leading to disappointment, frustration and thereafter negative attitude.

Majority (73.3%) of the nurses who had worked in the ward for less than 5 years showed negative attitude while those who have worked for greater than 5 years showed positive attitude (66.7%). This is consistent with earlier findings (Chang & Yang, 2013; van Boekel, Brouwers, van Weeghel, et al., 2014) where nurses with more experience had more positive attitudes to clients who used substances. Studies have shown significant improvement in attitude after exposure to educational modules that included interaction with clients with substance use problems (Silins, Conigrave, Rakvin, et al., 2007) and duration of exposure has been suggested to be a factor in the change of attitude towards substance use clients (Danda, 2012). The longer the duration of work and interaction with substance use clients the more positive the attitude. Kalebka, Bruijns and van Hoving, (2013) found that despite receiving very little formal instruction emergency physicians who were in daily contact with substance abuse cases showed positive approach to such cases

Majority of the nurses who had used substance in the past (85.7%) and all the nurses who currently use substance showed negative attitude. It has been shown that nurses who use substance are less likely to find working with clients that use substance rewarding and question their ability to deal with such a person (Crothers & Dorrian, 2011).

All the nurses who had nursing degree showed negative attitude. This is at variance with previously reported findings (Richmond & Foster, 2003), where more education was found to be positively correlated with positive attitudes towards clients who use substance. However, it has been shown that when compared with in-service education and continuing education, school education do not have significant influence on any aspect of attitudes to clients with



substance use problems (Chang & Yang, 2013). The finding may also be a reflection of the very small number of respondents who had a degree.

Limitation

The DDPPQ is a self-report questionnaire. Thus, there may be social desirability bias on part of the participants. However, the confidentiality and anonymity observed are expected to have dealt with this.

Conclusion

Majority of the participants had a negative attitude towards substance use clients. This is not desirable at all, as this would constitute a barrier to treatment and put client and society at large at risk of the adverse consequences of substance use. Therefore, the need to make efforts so that nurses working with substance use clients may have positive attitude towards these client is only imperative.

Recommendations

Trained psychiatry nurses and nurses with interest in substance use disorder should provide care for substance use clients.

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