Job satisfaction among ghanaian mental health nurses

1. 1 Background Study

The main objective of this research is to evaluate the attitudes of Ghanaian mental health nurses and the level of job satisfaction in the three government psychiatric hospitals in Ghana. It has been identified that most people who suffer from mental illness are always vulnerable and at high risk of suffering from stigmatisation and discrimination. Mental health professionals such as nurses are always in contact with patients and their attitudes towards these patients can play a major factor in their recovery. This aspect of study has been neglected especially in developing countries like Ghana. This study is to try as much as possible to find out how the nurses' attitudes affect their patients and the role job satisfaction plays.

Over the years mental health has changed in many faces including the establishment of mental institutions, which has also gone through several changes in different countries thereby drastically reducing the number of psychiatric admissions in general hospitals. However, it is important for one to know if these changes reflect the attitudes of people towards mental illness especially mental health nurses. The perception of mental illness plays a major role in the psychiatric medical profession which several disputes on what should be classified as pathological and which should be seen as normal. These disputes have several consequences on the diagnosis, research, and policies concerning psychiatry and may also have some form of bias on the selection of treatments and prognosis due to the widespread of unauthentic ascriptions of the causes of the illness (Wakefield, 2007).

According to World Health Organisation (WHO), mental health is " a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO 2001). There are several definitions by researchers on mental health, which is a fundamental aspect of well-being and quality of life and also a basic element of social structure, productivity, peace and stability in the environment (WHO, 2005).

This definition by WHO stresses on the positive scopes of mental health and Shives (2008) also states that mental health is a positive state in which each and everybody is responsible, self-directive and displays self-awareness where ones behaviour is generally accepted within a group. However Bryne (2000) stated that multiple factors influence the level of mental health of person at any point in time and one of the major hindrances to the realisation of positive health and well being leads to stigma.

Mental illness is a psychological response to stress that interferes with or inhibits a person's ability to easily meet human needs and functions within a culture (NSW, Department of Health, 2007). Moreover, the American Psychiatric Association also defines mental illness as a " clinically significant behaviour and psychological syndrome or pattern that occurs in an individual associated with present distress, disability or loss of freedom" (Bryne, 2000). Mental illness is a major contributor to the burden of disease internationally, which has a major influence on the disability, co-morbidity, and mortality being experienced globally (CAMIMH 2007, Lauber & Sartorius 2007).

World Health Organisation (WHO) estimates that about 450million people will suffer from some form of mental disorder with 13% of the global disease burden being made of schizophrenia, depression, epilepsy, dementia, alcohol dependence, neurological and substance-abuse disorders which exceeds both cardiovascular disease and cancer (National Institute of Health) moreover people with mental illness are more likely to be at risk of other health conditions as well. It is estimated that at least one member in every four families has a mental disorder and the primary caregivers of those affected are the family members and this brings some form of burden to these families, which are mostly ignored (WHO, 2010). Depression is estimated to be the second highest cause of disease burden in middle-income countries and the third highest in low-income countries by 2030 (WHO, 2010).

Moreover, in addition to the health and social cost, which is a problem, there is also the victimisation of human rights violation, stigmatisation and discrimination of people with mental illness, which occurs both inside, and outside of psychiatric institutions (WHO, 2010). According some researchers, people with mental illness are at increased risk of drifting into or remaining in poverty through increased health expenditure, reduced stigma and loss of employment and associated earnings (Lund et al, 2911). This puts lots of pressure on people with mental illness and their families especially in low income or developing countries where it is more stressful (NSW, Department of Health, 2007).

People diagnosed with mental illness are looked at differently in the world as compared to people who are diagnosed with general health problems. Thus

most people have the impression that mental illness patients are strange, frightening, unpredictable, aggressive and lack self-control especially those diagnosed with mental disorders such as schizophrenia which is always associated with negative stereotypes of being very aggressive and dangerous (Crisp et al, 2000).

Individuals suffering from mental illness for some time now have been at a higher risk of experiencing prejudice and discrimination and most of these prejudice leads to stigmatisation even within health institutions (Linden and Kavanagh, 2011). Prejudice can be said to be an emotional response to stereotypes which is tolerated where stereotypes are mostly unfavourable intercessions used to describe a group or persons based on their merits thus leading to discrimination which is the real behaviour based on prejudice (Lauber et al, 2006). Stigma and prejudice mostly play a basic role in the abuse of human right, which is sadly still being practiced, in some psychiatric institutions and care homes and remain the basis of mental health organisations in some developing countries in the world.

Goffman (1963) cited in (Newton-Howes et al, 2008) describes stigma as a mark of shame or dishonour which can have a negative self esteem and appraisal on a the person thereby becoming a hindrance to recovery, moreover Gray (2002) also stated that, stigma was originally used to mark Greek slaves separating them from men. The stigma of mental illness although more often is related to context than to person's appearance, still remains a powerful negative attribute in all social relations (Bryne, 2000) and the stigma of mental illness comes from the possession of a devalued

attribute of an individual which is seen by society as a hostile response (Goffman, 1963) cited in (Newton-Howes et al, 2008).

World Health Organisation (2011) states that stigmatisation of mentally ill patients by the healthcare providers is the worst form of stigma which affects the quality and rate of recovery. There are several evidence from other studies conducted by researchers from other populations which proves that stigma can sometimes been seen to pervade professional groups including mental health nurses.

Research by Read and Harre (2001), found that negative attitudes are mostly displayed by mental health nurses towards patients who are disturbed which is mostly present in the patients at acute level of their illness. Health professionals mostly come into contact with people with mental illness regularly and they play an important role in shaping attitudes towards mental ill people. Moreover, these health professionals serve as a role model on how to approach people with mental illness however Schulze (2007), states that healthcare professionals have been identified to assume three main positions when it comes to stigmatisation and these include people with mental illness being stigmatised, they being stigmatised by their own association with mental illness and finally playing the role of advocator's or de-stigmatises.

Stigma affects the progression and healing of people with mental illness according to Perlick et al, (2001) and the loss of income, low self-esteem, loneliness, isolation, delayed seeking of treatment and many more are the results of stigma and discrimination towards people with mental illness

(Sharac et al, 2010; illac et al, 2011). Creating major campaign of the awareness of stigmatising attitudes will support healthcare workers to be more reflective in the treatment methods towards people with mental illness.

Sartorius (2007) stated that, people who suffer from mental illness do not frequently pursue treatment due to the fact that healthcare professionals including nurses are considered prime contributors of stigma and discrimination. Some staff who have been given special training in taking care of people with mental illness do hold negative stigmatising attitudes towards their patients as well which proves that stigma is not only held by individuals with lack of knowledge about mental illness even though educational intervention can help reduce its effect in the community or country as a whole (Burti and Mosher, 2003; Pinfold et al, 2003).

Mental health services in Ghana are not well recognised as there are lots of inequalities in the provision of resources for this sector as compared to the needs of the general hospitals. Moreover there is still lack of knowledge about mental illness, which is a major contributor of stigma towards people affected with mental illness and the healthcare professionals who even take care of them. The population of Ghana has increased extremely since the country's independence from 1957 resulting in the growing number of people suffering from mental illness (Ghana Statistical Service, 2003).

Mental health service in Ghana is mostly available in primary health care yet the majority of care is provided through specialised psychiatric hospitals of which there are three (3) all located in the southern part of the country providing 7. 08beds per 100, 000 populations (Ghana Health Service, 2012).

The WHO estimates that out of the 21. 6 million Ghanaians, about 650, 000 are believed to be suffering from some form of severe mental disorder and 2, 166, 000 are suffering from moderate to mild form of mental illness (WHO, 2007). Nevertheless, this estimate has not been recognised as a serious health issues and Ghana has not yet developed facilities and public health services including mental health care to keep up with the growing demand of these services and population expansion (Offori-Attah et al. 2010).

According to the WHO Atlas Survey about 65% of beds in the psychiatric hospitals, are extremely unsatisfactory. The ratio of these beds in Accra the capital city of Ghana is 6. 21: 1 thus the total number of beds to the rest of the country indicating a high intensity of resources in the capital (Ofori-Atta et al, 2010). WHO has also reported that most psychiatric hospitals have scarce, undignified, and even harmful practices as well as unhygienic and inhuman living conditions (WHO, 2003). The main focus of psychiatric care today in the world is mainly on a number of key conditions such tolerance and non-discrimination being one of the most important aspect (Hannigan, 1999).

Inadequate knowledge about mental illness and negative attitudes mostly towards individuals suffering from mental illness has been noted to be prevalent in the general public (Nordt, Rossler and Luber, 2006) thus most major research of attitudes towards people with mental illness has been mainly focused on the general public with the opinions of professionals who come into contact with the mentally ill specifically mental health workers recently being highlighted (Angermeyer & Dietrich, 2006).

Numerous challenges faced by mental health institutions such as lack of resources, increased work load and shortage of staffs put lots of burden on the nurses which negatively affects the quality of nursing care given to these patients therefore positive changes in mental health services will go a long way to impact on the role and practice of mental health nursing (Cleary, Walter and Hunt, 2005). Low job satisfaction plays a major role in the outcome of patients' care and there have been lack of research in the country concerning this. Job satisfaction of healthcare professionals is a very important aspect that should not be neglected as it can affect the outcome of care given to these patients. Moreover, there are lots of evidence gaps in the country concerning mental health issues and that is the why it is important to conduct this research in order to fill some of these gaps.

Job satisfaction is a complex situation, which can be construed, and it involves the absence of pain, oppressiveness and intolerance as well as enjoyment (Sultana and Begum, 2001). Studies on job satisfaction are mostly based on fountains of emotional response of the employees which is linked with some socio-cultural institutions and the personal elements such as pay, promotion, supervision, benefits, nature of work, co-workers, working condition, social status and many more (Sultana and Begum, 2001).

1. 2 RATIONALE

Research fills a very important aspect in the society where discoveries are made as well as confirming or rejecting ideas, controlling or predicting events and developing or refining theories. Thus one develops knowledge as a result of these functions from research. It is unsurprising that human right abuse is mostly related to the poor standard of mental health care in low-

income countries such as Ghana and the need for ways to restraint is the most obvious choice for healthcare professionals in the absence of neuroleptics (Read, Adiibokah and Nyame, 2009).

Studying the attitudes of healthcare professionals especially in the field of mental illness is important. According to Baker et al (2005), attitudes are made of cognitive, affective, and behavioural components, which are activated due to exposure of stimulus or objects. Moreover, the quality of nursing care provided by mental health professionals can be influenced by the attitudes of the nurses towards these patients (Baker, 2008). There have been several campaigns to change negative attitudes and promote positive attitudes towards mental health problems by some countries, which include the United States, New Zealand, United Kingdom, and India (Royal College of Psychiatrist (2001) and World Psychiatrist Association (2001).

Ghana health service (GHS) is the main provider of biomedical care for mental illness in the country however there are just three government psychiatric hospitals in the country providing free healthcare for patients which are all located in the south of the country serving over 21million Ghanaians. All three hospitals have suffered from lack of resources to overcrowding with the end results being poor quality of healthcare.

The status of mental health nurses in some communities is low and the advantage of being part of this profession has been dent with some form of stigma such as stigma by association or courtesy stigma (Hinshaw 2007, Thornicroft 2007, Halter 2008) whereby professionals associated with the care of people suffering from mental illness are judged by the same

stereotyping stigma. It is therefore very important to explore the theoretical relationship between job satisfaction and professionals' stigma towards mental illness.

The focus of this study is to address some of the gaps in mental health concerning stigma and job satisfaction mental health nurses are facing in Ghana. The findings of this study will be a stepping stone to address issues that will come out as a result of the study or re-enforce any positive findings as well. The outcomes of this study may allow a greater understanding of how these attitudes are connected and the realistic outcomes can help to the strategize anti-stigma campaigns such as identifying shortfalls of certain groups or identifying logical way

1. 3 RESEARCH QUESTION

- To what extent do mental health nurses in Ghana stigmatise people with mental illness?

- What personal and professional background factors (including job satisfaction) explain the attitudes that Ghanaian mental health nurses have towards mental illness?

- What characteristics are associated with nurses' attitudes towards mental illness?

- What is the rate of job satisfaction in mental health nursing and does it affect the care patients receive?

1. 4 OBJECTIVES

The main objective of this research is to evaluate the attitudes of psychiatric nurses in Ghana towards the care of mentally ill patients.

The specific objectives are as follow:

- To identify the relationship and levels of job satisfaction and stigma towards psychiatric patients among Ghanaian mental health nurses.
- To determine prevalence of stigma among mental health nurses in Ghana.
- To explore the rate of job satisfaction in mental health nursing and the impact it has on the attitudes of nursing providing care for patients.
- To examine the characteristics associated with the attitudes on mental health nurses in Ghana.
- To disseminate findings to increase awareness and knowledge among healthcare professionals' especially mental health nurses.

The findings of this study will be used to:

- Develop programs and strategies to reduce stigma.
- Help create awareness of stigma in healthcare professionals.
- Develop policies to reduce stress in the hospitals.
- Suggest improvements/amendments to existing mental health policies.

1. 5 RESEARCH HYPOTHESIS

The following research hypothesis was formulated for testing: the researcher hypothesised that the more psychiatric nurses are satisfied with their job, the more they will exhibit positive attitude towards mental ill patients.

The researcher also hypothesise that the more psychiatric nurses are stigmatised about their job, the quality of care they provide will be less and they will exhibit negative attitudes towards their patients