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Age and Emotional Health Problems Among Civil Servants in Nsukka Local Government Area (LGA) of Enugu State

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Abstract

This study investigated relationship between age and emotional health problems among civil servants in Enugu state, Nigeria. Specifically, the study determined: proportion of civil servants who experience EHPs (depression, anxiety and stress) in Nsukka LGA of Enugu state, relationship between age of the civil servants and EHPs in the are. Cross sectional survey research method was employed in the study. One hypothesis was tested by the study. The population for the study consisted of 959 civil servants currently employed at Nsukka (LGA) of Enugu State. The sample for this study consisted of 282 civil servants. Questionnaire was used for data collection. Data were analyzed using frequencies and percentages. Hypothesis was tested using regression analysis at .05 level of significance. Findings show seven depression indicators with scores ranging from 160 (66.3%) – 100 (41.5%). These include, among others "I found it difficult to work up the initiative to do all things" 160(66.3%), "I felt I was not much as a person" 100(41.5%), "I felt down hearted and blue 152(63). Other findings are seven indicators of anxiety, including I was aware of dryness in my mouth" 130(54%), "I experienced trembling" 128(53.%1), "I was close to panic" 148(61.4%), and others. There are also seven indicators of stress, including "I found it difficult to wind down" 136(56.3%), "I tended to overreact to situations" 166(68.9%), "I felt that I was using a lot of nervous energy" 152(63.1%) and others. Overall, moderate proportion (58.5%) of civil servant experience EHPs. Age was found to be a significant predictor of EHPs among civil servants. The study recommends that special training should be organized for civil servants who are within vulnerable age group to EHPs to help them become more resilient to EHPs.

Keywords: Anxiety, Depression, Age, Emotional, Health, Problems, Civil, Servants.

Introduction

Emotional Health Problems (EHPs) can be defined as those psychological and behavioral dispositions of man which usually lead to eliciting negative behavioral outcomes. Lin, Adepoju, Kash, DeSalvo, & McMaughan, (2017) explained EHPs as behaviours that can influence negative outcomes from individuals. Examples of EHPs considered in this article include Depression, Anger and Stress (Mental Health Foundation, 2016). EHPs were initially erroneously perceived to be only associated with a set of people, especially the poor and afflicted in the society (American College of Cardiology, 2012). However, EHPs seem

to be linked with more variables than just affliction and hardship because when there is consistent experience or built up of emotions especially negative emotions, they make it difficult for a person to function properly, impair wellbeing and precipitate emotional health problems (Beitner, 2015). EHPs affect the society as a whole, not just a small, isolated segment of the population. Although, the risk of EHPs are higher among the poor, persons with low education, abused girls and women, the elderly, internally displaced persons (IDPs) and refugees, no group is immune to it (Kuruvilla & Jacob, 2007). EHPs are therefore major public health challenge of great concern. It is disheartening that in most parts of the developing world including Nigeria, emotional health is not given needed attention with the same importance as physical health compared to developed nations (World Health Organization, WHO, 2017). Instead, in developing nations, including Nigeria, emotional health seems to be largely ignored or neglected.

This situation seems to have affected the emotional health of civil servants in some states and local government areas in Nigeria. In Nsukka local government area (LGA) of Enugu State, Nigeria. employees seem to be prone to conditions leading to EHPs. These conditions include poor remuneration, discriminations, inadequate office accommodation, maltreatment, low educational status among others. In some cases, the conditions may lead to worry, anxiety, anger and depression which are forms of emotional health problems (McDiarmid, 2014). It was noted that naturally; depression, anxiety among others are common in the general populace but it may be more pronounced among civil servants due to their responsibility at work and this can have negative effects on their emotional health and productivity (Polikandrioti, Goudevenos, Michalis, Koutelekos, Tzialas & Elisaf, 2015) . Furthermore, another important factor to be considered among employers with respect to EHPs is age (Singh & Misra, 2009).

Age has influence on emotional health. A child can have emotional health problems from early age and it can continue into adulthood. This could be as a result of the child continuing in such unconducive emotional environment (Shavers, 2014). Manaf, Mustafa, Rahman, Yusof and Aziz (2016) opined that age and education act to reduce the risk of depression, as does being male. Charles and Carstensen (2010) acknowledged that in a study where younger and older adults listed to negative comments directed toward them and were asked to voice aloud their responses to these comments, younger adults were more likely to react to these negative comments by making disparaging remarks toward the people speaking and reflecting on what they had just heard. Older adults, in contrast, made few comments about what they had heard and instead made comments that were less negative and focused less on the criticisms. In some instances, age is seen as not having any significant effect on depression. This is supported by Singh and Misra (2009), studies which found that age is not always significantly related to level of depression, and that the oldest of olds may even have better coping skills to deal with depression, making depressive symptoms more common but not as severe as in younger populations. The study further considered another angle to it that as individuals grow older, they are faced

with numerous physical, emotional and social role changes that challenge their sense of self and capacity to live happily resulting in EHPs. Consequently, depression and loneliness are considered to be the major problems leading to impaired quality of life among elderly persons (Mental Health Foundation, 2015).

Knowledge about the proportion of civil servant experiencing EHPs and more importantly the relationship between age distribution of the workers with respect to their EHPs will be of significant benefit to practitioners and other stakeholders in the field of emotional health in Enugu state and in Nigeria. Also, it is noted that EHPs comprises of many issues ranging from anger, depression, stress to jealousy, envy etc. For the purpose of this study however, focus is on three major emotional health problems (Mental Health Foundation, 2015) namely; depression, anxiety and stress. Unfortunately, no known study has effectively provided answers or solution with regards to the proportion of civil servants experiencing EHPs in Enugu state nor the relationship between the age of the workers and their emotional health status. To fill this gap, this study seeks to investigate the relationship between EHPs and age of the civil servants workers in Nsukka LGA of Enugu state and their emotional health.

Objectives of the Study

This study investigated relationship between age and emotional health problems among civil servants in Enugu state, Nigeria.

Specifically, the study determined:

1. proportion of civil servants who experience EHPs depression, anxiety and stress in Nsukka LGA of Enugu state.
2. relationship between age of the civil servants and EHPs among in Nsukka LGA of Enugu state.

Hypothesis

Ho_1: Age is not a significant predictor of emotional health problems (depression, anxiety and stress (DAS) among civil servants in Nsukka LGA

Methodology

***Design of the study*:** The study employed cross-sectional survey research design.

***Area of the study*:** The area of this study was Nsukka LGA of Enugu State. This is one of the 17 LGAs in Enugu State and is made up of 20 communities. The civil servants of Nsukka LGA are made up of different categories of staff including the senior and the junior staff.

***Population for the Study*:** The population for the study consists of 959 civil servants employed at Nsukka LGA. Nsukka LGA is subdivided into four administrative offices. They were at work at the time of data collection. These include Nsukka main area at with 504 staff members and three developmental areas namely: Nsukka East at Eha-Alumona with 169 staff members; Nsukka West at Ibagwa-Ani with 249 staff members; and Nsukka central at Isiakpu with 45 staff members (Office of the Head of Personnel Management, 2017).

***Sample for the study*:** The sample for this study consists of 282 civil servants. This was calculated using Taro Yamane's formula. Taro Yamane's formula is the formula for determining the sample size of any finite population (Yamane, 1967). Proportionate stratified random sampling technique was used to select 148 (52%, 50(18%), 73(26%), and 13(4%)

civil servants from Nsukka main, Nsukka East, Nsukka west and Nsukka central respectively. The rationale for selecting the stated percentages was based on the proportion of each subgroup in relation to the population of the study. By this, the size of the subgroups was duly represented in the study to ensure adequate representation of each subgroup. Convenience sampling technique was used.

***Instrument for data collection*:** Standardized instrument known as Depression Anxiety Stress Scale with 21 items (DASS-21) developed by Lovibond and Lovibond (1995) was adopted for this study. The DASS-21 consists of three 7-item self-report scales that measured the three major EHPs identified; (Depression, Anxiety and Stress) with a 4 – "point rating scale of Never" (0 point); "Sometimes" (1point); "Often" (2 points) and "Almost Always" (3 points). The components of EHPs in the instrument were measured thus: Items 1-7 measures depression; Items 8-14 measured anxiety while items 15-21 measured stress. The instrument contains two sections, namely sections A and B. Section A elicited information on demographic data of civil servants while Section B elicited information on depression, anxiety and stress among the respondents using DASS-21.

***Data collection methods*:** The instrument for data collection was administered to the civil servants at the four administrative offices of the LGA by the researcher with the help of five trained research assistants from the administrative offices. The instrument was administered at the offices during working hours. The workers (via the unit head) were informed about the visit ahead of time, this ensured good access to the staff members. Out of the 282 copies of the questionnaire administered, only 241 copies were properly completed and retrieved. These gave 85.46 percent returned.

***Data analysis technique*:** Frequencies, percentages and Spearman's Rho were used for data analysis. Three categories of age were compared; 20–39 yrs, 40–59 yrs, and 60 yrs and above. Decisions on frequencies were taken using the following categorizations; Low proportion = 0-29%, Moderate proportion = 30-59%, High proportion = 60-79%, Very high proportion = 80% and above. The Spearman's Rho that was computed from sample data measured the strength and direction of a linear relationship between two quantitative variables (Cohen, Manion & Morrison, 2011). Using Jackson (2009) criteria for interpreting correlation coefficient values: 0.00–0.29 was considered as none to weak relationship; 0.30–0.59 was considered as moderate relationship; 0.60–1.00 was considered as strong relationship. Null hypotheses was tested using logistic regression statistics at 0.05 level of significance.

Results

Table 1: Proportion of Civil Servants that Experienced Depression, Anxiety and Stress (DAS) (n=241)

S/N	DASS Indicators	DAS F(%)	Remark
	Depression		
1	I could not seem to experience any positive feeling at all.	147(60.9)	HP
2	I found it difficult to work up the initiative to do all things	160(66.3)	HP
3	I felt that I have nothing to look forward to	137(56.8)	MP

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4	I felt down hearted and blue.	152(63)	HP
5	I was unable to become enthusiastic about anything.	144(59.8)	MP
6	I felt I was not much as a person.	100(41.5)	MP
7	I felt that life was meaningless.	127(52.7)	MP
	Cluster %	57.3	MP
	Anxiety		
8	I was aware of dryness in my mouth.	130(54)	MP
9	I experienced breathing difficulty (for instance, excessive rapid breathing, breathlessness in the absence of physical exertion)	97(40.2)	MP
10	I experienced trembling.	128(53.1)	MP
11	I was worried about situations in which I might panic and make a fool of myself.	139(57.7)	MP
12	I felt I was close to panic	148(61.4)	HP
13	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing beat).	147(61)	HP
14	I felt scared without any good reason.	139(58)	MP
	Cluster %	55.0	MP
	Stress		
15	I found it difficult to wind down.	136(56.3)	MP
16	I tended to overreact to situations	166(68.9)	HP
17	I felt that I was using a lot of nervous energy.	152(63.1)	HP
18	I found myself getting agitated.	148(61.4)	HP
19	I found it difficult to relax.	140(58.1)	MP
20	I was intolerant of anything that kept me from getting on with what I am doing.	161(66.8)	HP
21	I felt I was rather touchy.	163(67.6)	HP
	Custer %	63.2	HP
	Overall %	58.5	MP

Key: Low proportion (LP) = 0-29%; Moderate proportion (MP) = 30-59%; High proportion (HP) = 60-79%; Very high proportion (VHP) = 80% and above.

Table 1 shows an overall moderate proportion (58.5%) of civil servants experienced EHPs as revealed in the results. Furthermore, the Table shows that 57.3 per cent of civil servants experienced depression, 55.0 per cent of civil servants experienced anxiety while 63.2 per cent of civil servants experienced stress.

Table 2: **Relationship between Age and DAS among Civil Servants. (n-241)**

S/N	DASS Indicators	Rho(ρ)	P-value	Remark
	Depression			
1	I could not seem to experience any positive feeling at all.	0.40	.528	MR
2	I found it difficult to work up to work up the initiative to do all things	0.90	.175	SR
3	I felt that I have nothing to look forward to.	0.76**	.006	SR
4	I felt down hearted and blue.	-0.06	.317	WR

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5	I was unable to become enthusiastic about anything.	-0.06	.320	WR
6	I felt I was not much as a person.	0.02	.689	WR
7	I felt that life was meaningless.	0.02	.758	WR
	Cluster (ρ)	0.01	.927	WR
Anxiety				
8	I was aware of dryness in my mouth	-0.07	.273	WR
9	I experienced breathing difficulty (e.g. excessive rapid breathing, breathlessness in the absence of physical exertion)	0.11	.079	WR
10	I experienced trembling.	0.09	.145	WR
11	I was worried about situations in which I might panic and make a fool of myself.	-0.07	.292	WR
12	Felt I was close to panic.	0.06	.347	WR
13	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing beat).	0.10*	.037	WR
14	I felt scared without any good reason.	0.13*	.043	WR
	Cluster (ρ)	0.10	.358	WR
Stress				
15	I found it difficult to wind down.	0.06	.333	WR
16	I tended to overreact to situations	0.00	.950	WR
17	I felt that I was using a lot of nervous energy.	0.04	.515	WR
18	I found myself getting agitated.	0.06	.378	WR
19	I found it difficult to relax	-0.01	.820	WR
20	I was intolerant of anything that kept me from getting on with what I am doing.	0.01	.910	WR
21	I felt I was rather touchy.	0.08	.203	WR
	Cluster (ρ)	0.10	.431	WR
	Overall	0.06	.572	WR

N=241; rho criterion (Jackson, 2009); <*0.00–0.29=Weak Relationship (WR); 0.30–0.59=Moderate Relationship (MR); 0.60–1.00 = Strong Relationship (SR)*

Table 2 shows an overall weak positive relationship between age and DAS (ρ = 0.06. p-value = 0.572) among civil servants. It further shows that there was a weak positive relationship between age and depression (ρ =.01, p-value=.927), anxiety (ρ =.10, p-value=358) and stress (ρ =.10, p-value=.431) among civil servants.

Ho_1:

Table 3: Logistic Regression of Relationship between Age and DAS among Civil Servants in Nsukka LGA (n-241)

						95% C.I. for Exp(B)	
Coefficients	**B**	**SE**	**Wald**	**Df**	**Sig.**	**Exp(B)**	**Lower**	**Upper**
Age	–2.339	1.099	4.531	2	.033	0.96	.011	.831
Constant	2.335	1.268	3.392	1	.066	10.328		

Cox and Snell R^2 = .047; x^2 (2) = .104; P = .949 > .05

Table 3 shows that the overall model predicting DAS was not significant, x^2 (2) = .104, p = .949 > .05 with a small effect (variance) in EHPs explained by the

logistic model with Cox and Snell R^2= .047.

Interpreted plainly, Age was found to predict 47% more likelihood of EHPs (OR = .096, 95% CI [.011 -.831], Sig. = .033 < .05) indicating that age was associated with an increased likelihood of EHPs among civil servants in Nsukka LGA.

Discussion of Findings

Findings in Table 1 showed that an overall moderate proportion (58.5%) of civil servants experienced EHPs such as (depression, anxiety and stress). Specifically, it showed that moderate proportions of civil servants experienced depression (57.3%) and anxiety (55.0%) respectively while high proportion (63.2%) of civil servants experienced stress. The finding was not surprising because considering the situation in Nigeria, individuals including civil servants are likely to suffer from one emotional health problem or the other including depression, anxiety and stress. The finding was consistent with Ofuebe (2014) who found that academic staff in universities in Enugu State had moderate proportion (55.6%) of stress. The study was also supported by the report of National Association of Mental Health Institute (NAMI) (2016), who opined that worktime sitting globally is affecting the Emotional Health of Workers. In addition, the finding was in tandem with the finding of Ivandic, Kamenov, Rojas, Ceron, Nowak and Sabariego (2017) who reported that workers had moderate proportion (41.1%) of anxiety. These consistencies could be as a result of the fact that both studies were carried out on workers who share some common characteristics.

In contrast, the finding was inconsistent with the finding of Akhtar-Danesh & Landeen (2007) who reported high proportion (61.4%) of depression among the elderly patients attending outpatient departments of a tertiary hospital in North India. The finding was also inconsistent with the finding of Farrer, Gulliver, Bennett, Fassnacht, Kathleen and Griffiths (2016) who reported low proportion of depression (7.9 %) and anxiety (17.5 %) in Australian students. Another contrasting finding to the report is the findings from Costello, Hays, & Gamez, (2020) who reported lower levels of Emotional Health Problems among women in Churches. These inconsistencies in the findings could be because the studies were carried out in entirely different geographical and cultural backgrounds from those of the present study.

Findings in Table 3 showed that age was found to predict 47 per cent more likelihood of EHPs such as Depression, Anxiety and Stress (OR = .096, 95% CI [.011 -.831], P = .033 < .05) indicating that age was associated with an increased likelihood of EHPs among civil servants in Nsukka LGA. This finding was consistent with that of Nisar, Uzair, Khan and Aktar (2017) who reported that age was a significant predictor of DAS in patients undergoing haemodialysis. The finding was also consistent with that of Bhat, Hassan, Shafiq and Sheikh (2015) who reported that age was a significant predictor of DAS among pregnant women. Also, this finding was supported by the findings of Rezaei, Abedi, Maraghi, Hamid &Rashidi, (2020) who opined that age was an important factor in affecting EMPs status of women with hypothyroidism in their reproductive age.

These consistencies could be because emotional health problems cut across all

races and cultures. However, the finding was in contrast with the finding of Milanovic, Erjavec, Poljicanin, Vrabec and Brecic (2015) who reported that age is not a significant predictor of DAS in primary health care patients. Also, in contrast with the findings of this study is the report by Azuine & Singh (2019) who opined that Age does not really affect the emotional heal problems of children in the US. These inconsistencies could be due to the fact that the studies were carried out in different cultures and with different tools.

Conclusion

In general, moderate proportion (58.5%) of civil servants in Nsukka LGA of Enugu State experience EHPs. Specifically, 57.3 per cent of the civil servants experienced depression, 55.0 per cent of the civil servants experienced anxiety while 63.2 per cent of the civil servants experienced stress. On overall, there was a weak positive relationship between age and EHPs such as depression, anxiety and stress (ρ =.06. p-value =.572) among civil servants. From the hypotheses, age was found to be a significant predictor of EHPs among civil servants in Nsukka LGA. This suggests that although the number of civil servants who experience EHPs is relatively on average compared to the population of the civil servants, age as a variable was found
to moderately (47%) predict the likelihood of a civil servant experiencing EHPs.

Recommendation

Based on the findings of the study, the following recommendations were made.

1. Local government administrators in Enugu State should re-evaluate their management and administrative strategies, paying attention to the impacts of their administrative strategies on the emotional health of their workers.
2. Special training should be organized for civil servants, especially those who are within vulnerable age group to EHPs to help them become more resilient to EHPs.
3. The civil servants in Enugu State should avail themselves opportunities of participating in any training on how to support their emotional health needs.
4. Workers should try to avoid stressors that can jeopardize their emotional health such as anger, depression or stress.
5. Relevant state authorities should increase efforts at providing policies and programmes on coping with EHPs associated with work such as stress and anger management.

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