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EMPIRICAL EXAMINATION OF NIGERIAN WORKERS' SOCIETAL CHALLENGES AND MENTAL HEALTH

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ABSTRACT: *Nigerian societal challenges seem to impact on Nigerian workers' psychological health. This was verified in this study which focused on empirical examination of Nigerian workers' societal challenges and mental health. A total of 285 workers were sampled across various Nigerian occupations through a cluster sampling technique. Cross-sectional design, and multivariate analysis of variance (MANOVA) were adopted. The findings revealed that Nigerian societal challenges significantly and negatively impact the overall mental health of workers ($F(1, 285) = 15.747; p < 0.000$). Furthermore, specific dimensions of these challenges, including "insecurity" ($F(1, 285) = 8.280; p < 0.004$); "drug use behaviour" ($F(1, 285) = 9.823; p < 0.002$); "mental challenges" ($F(1, 285) = 11.383; p < 0.001$); and "sexual abuse" ($F(1, 285) = 13.673; p < 0.000$), were all found to significantly impact Nigerian workers' mental health. The results also indicated that Nigerian societal challenges impact key psychosocial competencies such as "prosocial attitude" mental health ($F(1, 285) = 16.364; p < 0.000$); "self-control" mental health ($F(1, 285) = 5.280; p < 0.022$); "problem-solving" mental health ($F(1, 285) = 4.074; p < 0.045$); and "interpersonal relationship skills" mental health ($F(1, 285) = 7.628; p < 0.006$). Demographically, variations in genders" ($F(1, 285) = 6.980; p < 0.009$); "education Level" ($F(7, 285) = 3.783; p < 0.001$); "occupation" ($F(7, 285) = 5.130; p < 0.000$) significantly influenced workers' experiences of mental health challenges. The major implication of the study and its findings is that Nigerian workers' mental health challenges have been affected by Nigerian societal/social challenges. The study recommends urgent policy reforms aimed at economic stabilization, and enhanced social security. The study contributed to knowledge by empirically demonstrating the pervasive and multidimensional societal and systemic stressors impacting Nigerian workforce's psychological wellbeing/health. Consequently, integrated view is essential for developing effective mental health strategies for Nigerian workers.*

KEYWORDS: Nigerian Workers, Societal Challenges, Social Challenges, Mental Health, Psychological Health

INTRODUCTION

Nigeria as a society is faced with numerous societal/social challenges, which have far-reaching consequences on various aspects of life, particularly the mental health of its workforce. The workplace, is a critical aspect of life. In Nigeria, workers face multiple challenges that may exacerbate mental health issues. Workers, who form the backbone of any economy, face immense pressures stemming from these social challenges, which often manifest as poor psychological health, and affect productivity. In recent years, the intersection of socio-economic issues and workers' mental health has become a growing area of concern, emphasizing the need for urgent interventions to mitigate these effects. The understanding of mental health and its pivotal role in personal and national development cannot be overstated, as a mentally sound workforce is essential for achieving sustainable economic growth and societal stability.

Mental health remains integral to productivity and job satisfaction, addressing factors that contribute to workers' mental distress is paramount (Ezeh et al., 2023). Mental health refers to a person's emotional, psychological, and social well-being, significantly influencing how they think, feel, and behave in daily life. It also affects how individuals handle stress, relate to others, and make choices (World Health Organization

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[WHO], 2020). In the Nigerian context, mental health issues have often been under-discussed, with stigmatization surrounding mental illnesses further compounding the problem (Adewunmi& Salami, 2022). This has created a culture of neglect, where many individuals endure psychological distress without seeking professional help. Mental health is critical for overall well-being of workers, as it enables individuals to work productively, cope with daily stresses, and contribute meaningfully to their communities (Ogunleye et al., 2023).

Statement of the Problem

Mental health is increasingly recognized as a critical component of overall psychological health, wellbeing and productivity in the workplace. Despite its importance, workers' mental health in Nigeria remains a neglected area, exacerbated by the country's persistent social challenges. The convergence of high unemployment rates, inflation, job insecurity, poor working conditions, and inadequate mental health care has created a crisis that demands urgent attention. Many Nigerian workers face daily stressors that significantly affect their mental well-being, leading to reduced productivity, absenteeism, and, in extreme cases, suicidal tendencies This situation underscores the need to examine the intersection between social challenges and workers' mental health to provide data-driven interventions.

One of the most glaring problems is the growing financial strain on workers due to Nigeria's deteriorating economic environment. With inflation rates soaring and the cost of living increasing exponentially, workers often struggle to meet their basic needs (National Bureau of Statistics [NBS], 2022). This financial instability is a significant source of stress, leading to mental health conditions such as anxiety and depression. Many workers feel trapped in a cycle of financial pressure, which negatively impacts their ability to perform effectively at work.

Job insecurity is another critical issue affecting workers' mental health. The rise in casual and contract employment, coupled with frequent layoffs, has created an atmosphere of uncertainty and fear among employees. Workers in such precarious situations are more likely to experience psychological distress, which can manifest as chronic stress, low self-esteem, and burnout (Ezeh & Nwankwo, 2023). Furthermore, the lack of social safety nets and support systems in Nigeria exacerbates these issues, leaving affected workers vulnerable and unsupported.

Poor working conditions also contribute to the mental health challenges faced by Nigerian workers. Many workplaces lack adequate resources, fair compensation, and opportunities for career growth, leading to feelings of dissatisfaction and demotivation. Moreover, toxic workplace cultures characterized by discrimination, harassment, and unrealistic expectations further worsen workers' mental health (Amadi & Chukwuma, 2023). Such environments not only harm employees' well-being but also reduce organizational efficiency and increase turnover rates.

The systemic neglect of mental health care in Nigeria amplifies the problem. According to recent studies, the country has an alarming shortage of mental health professionals, with less than one psychiatrist available per 100,000 people (Adewuyi & Onwuzulike, 2023). This gap makes it difficult for workers experiencing mental health challenges to access timely and effective care. Additionally, the stigma surrounding mental health in Nigeria discourages many individuals from seeking help, further perpetuating the cycle of untreated mental illnesses.

Insecurity and instability in various parts of the country further compound the problem. Workers in conflict-prone areas face heightened levels of stress and anxiety due to fears of violence, kidnapping, and communal clashes (Okoro & Ikechukwu, 2023). The psychological toll of living and working in such conditions can have lasting effects on mental health, including post-traumatic stress disorder (PTSD) and other anxiety-related disorders.

The cumulative effect of these social challenges on workers' mental health poses a significant threat to Nigeria's economic growth and development. A mentally distressed workforce is less productive, less innovative, and more prone to errors and accidents, which negatively impacts organizational and national outcomes (Oluwaseun & Adedayo, 2023).

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Despite these glaring issues, researches on workers' psychological health like mental health seems greatly dire. This gap highlights the urgency of the problem and the need for evidence-based solutions to safeguard workers' general psychological health, and mental health in particular. Hence, the study wants to explore the impact of the Nigerian social challenges on workers mental health.

Purpose of the Study

The main purpose of the study is to investigate the impact of Nigeria societal/social challenges on workers mental health. Specifically, the study aims to;

1. Examine Nigerian social challenges and impacts on workers mental health.
2. Investigate dimensions of Nigeria social challenges and impacts on dimensions of mental health for workers.
3. Explore dimensions of Nigerian social challenges and impacts on workers' mental health.
4. Find out if Nigerian workers differ significantly on mental health experience, as impacted by Nigerian social challenges.

Research Questions

Based on the objectives of the study, the following research questions are formulated to guide the investigation:

1. To what extent do Nigerian social challenges impact on workers mental health?
2. In what ways do Nigeria social challenges impact on workers mental health dimensions for workers?
3. Will dimensions of Nigerian social challenges impact on workers' mental health?
4. To what extent will Nigerian workers differ on experience of mental health as impacted by Nigerian social challenges.

Significance of the Study

The findings of this study will benefit various stakeholders in multiple ways. To the policy makers **t**he study will provide evidence-based insights into the social challenges that affect workers' mental health. Policy makers can use this information to design and implement targeted interventions, such as mental health policies and economic reforms, aimed at reducing workplace stressors and improving workers' overall well-being.

To employers and organizations, the study will provide a deeper understanding of how social challenges impact their workforce. The study will offer practical recommendations on creating supportive workplace environments, providing mental health resources, and addressing systemic issues like job insecurity and poor working conditions.

To mental health professionals the study will highlight specific social factors contributing to workers' mental health challenges, enabling mental health professionals to design context-specific interventions and programs tailored to the Nigerian workforce.

To workers and employees, the study will increase awareness of how external social factors influence their mental health. The study may empower them to advocate for improved working conditions and mental health support systems within their organizations.

To academics and researchers, the study will contribute to the existing literature on mental health and social challenges in Nigeria, providing a foundation for further research and exploration into effective solutions for improving workers' mental well-being.

Operational Definitions of Terms Measured Variables

Mental Health: This refers to the psychological, emotional, and social well-being of workers, influencing their ability to cope with stress, work productively, and make meaningful contributions to their workplaces as measured with mental health scale by Sienra-Monge et al (2023).

Social (Societal) Challenges: This refers to the difficulties and barriers faced by individuals or communities that impact their psychosocial functioning and well-being. These challenges are characterized by factors such as poverty, unemployment, insecurity and high cost of living standard, as well as issues related to crime, politics and governance and corruption as measured by the sub-scale of the Nigerian Social Challenges Inventory by Nwankwo (2023)

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LITERATURE REVIEW

Theoretical Anchor/Base

Social Stress Theory by Avison and Turner (2005): A suitable theory to anchor the study on Nigeria's social challenges and their impacts on workers' mental health is the Social Stress Theory, initially developed by Avison and Turner (2005). This theory emphasizes the role of socio-economic stressors such as poverty, unemployment, inequality, and job insecurity in negatively affecting individuals' mental health. Social Stress Theory posits that stress occurs when an individual perceives a gap between the demands placed on them and their ability to cope with those demands. When these stressors exceed an individual's coping capacity, they can lead to mental health problems such as depression, anxiety, and burnout (Turner & Avison, 2003).

The theory is grounded in the idea that socio-economic factors act as major stressors that contribute to mental health outcomes. In the context of Nigeria, social issues such as widespread poverty, high unemployment rates, and systemic corruption exacerbate stress among workers. These stressors can manifest in various forms, such as work-related stress, financial insecurity, and a sense of social marginalization. According to this theory, the chronic experience of these stressors can lead to significant psychological distress.

In Nigeria, social stressors are particularly pervasive. For instance, unemployment rates are high, and many workers are faced with low wages and job insecurity, especially in the informal sector. Corruption within both public and private sectors further compounds these issues, leading to feelings of helplessness and distrust in social institutions. The high cost of living and lack of access to adequate healthcare also contribute to stress among workers, as they struggle to meet basic needs and secure a better quality of life (Akinmoladun et al., 2022).

Social Stress Theory provides a framework for understanding how social stressors in Nigeria contribute to the mental health challenges faced by workers. The theory emphasizes the importance of examining how individuals' perceptions of social difficulties, and their inability to cope with these challenges, can lead to chronic mental health problems.

However, the theory has some limitations. It tends to focus primarily on the stressors themselves, without fully accounting for other factors such as individual resilience, social support, and the role of cultural differences in shaping responses to stress. Additionally, it does not always address how systemic or institutional factors such as policies and social structures can mitigate or exacerbate the impact of stressors on mental health.

The theory suggests that improving social conditions such as reducing unemployment, addressing corruption, and improving access to healthcare could alleviate stress and improve mental well-being among workers (Marmot, 2004). This theoretical framework will provide a comprehensive understanding of the social determinants of mental health, while also offering insights into potential interventions that could help mitigate the negative effects of stress on workers' mental health in Nigeria.

Empirical Review

Akinmoladun et al. (2022) in their study titled "Social challenges and Workers' Mental Health in Nigeria: A Cross-sectional Analysis" examined the relationship between social challenges and mental health outcomes among Nigerian workers. The study targeted workers in both the public and private sectors across Lagos and Abuja, with a sample size of 400 respondents. The hypotheses formulated were that social stressors significantly affect workers' mental health and that social stressors significantly influence anxiety and depression. The method of data analysis was regression analysis. The findings revealed that unemployment, low income, and corruption significantly impacted workers' mental health, leading to increased anxiety and depression. The study concluded that social stressors have a profound effect on workers' mental health in Nigeria.

Ogunyemi and Adebayo (2020) in their study "Impact of Corruption on the Psychological Well-being of Nigerian Workers" aimed to explore the relationship between corruption and mental health among Nigerian

civil servants. The study focused on a population of 1,000 civil servants in the Lagos State Government, with a sample size of 300 workers. Hypotheses tested included that corruption significantly reduces workers' psychological well-being and that the perception of corruption correlates with mental distress. Data analysis involved structural equation modeling. The results indicated that the perception of corruption was associated with higher levels of stress, anxiety, and depression among workers. The study concluded that addressing corruption is essential for improving workers' mental health and recommended that anti-corruption initiatives and transparency measures be implemented to improve workers' mental health.

Abubakar et al. (2021) in their work "Living Standards, Poverty, and Mental Health of Workers in Nigeria" sought to determine the effects of poverty and living standards on workers' mental health in rural and urban areas. The study's population consisted of workers from both urban and rural sectors in Ogun State, with a sample size of 500. The hypotheses included that poor living standards negatively affect mental health and that poverty exacerbates psychological distress. The method of analysis was hierarchical regression. Findings revealed that lower living standards and poverty contributed significantly to mental health problems like anxiety, depression, and burnout among workers.

The study concluded that improving living standards and reducing poverty would benefit workers' mental health. It recommended poverty alleviation programs and better working conditions. The focus on poverty and living standards directly connects to the present study's interest in social stressors and their effect on workers' mental health.

Okoye and Nwogwugwu (2021) in their study titled "Job Insecurity and Mental Health: A Study of Workers in Nigeria's Formal Sector" focused on the effect of job insecurity on mental health. The study targeted 600 employees from formal sector organizations in Enugu, with a sample size of 350 workers. Hypotheses included that job insecurity has a significant negative impact on workers' mental health, and that mental health deteriorates as job insecurity increases. Data was analyzed using the chi-square method. Results showed that workers experiencing high levels of job insecurity reported significant mental health issues such as anxiety and depression.

The study concluded that job insecurity is a major contributor to poor mental health in Nigerian workers. The current study will address a broader range of social stressors, including inflation and economic instability, which were not the focus of this study.

Chukwuemeka and Okeke (2020) in their research "Unemployment and Mental Health Outcomes: Evidence from Nigerian Workers" aimed to explore the impact of unemployment on the mental health of Nigerian workers. The population consisted of unemployed individuals in Anambra State, with a sample size of 450 respondents. The hypotheses included that unemployment has a significant effect on mental health, and that the unemployed exhibit higher levels of mental distress. Data analysis involved multiple regression. The study found that unemployment was a significant predictor of mental health problems, particularly depression and stress.

The study concluded that unemployment exacerbates mental health challenges, recommending employment creation programs and mental health interventions for the unemployed. This study's examination of unemployment aligns closely with the present study's focus on social stressors affecting workers' mental health. The current study will focus on both employed and unemployed workers, unlike this study, which focused exclusively on the unemployed population.

Gap(s) in Literature

Despite the extensive research conducted on the relationship between social challenge factors and mental health, gaps remain in understanding the cumulative effects of multiple societal/social challenge stressors on workers' mental well-being. Most studies focus on isolated factors, such as job insecurity or low income, without exploring their combined impact. Additionally, there is a need for more sector-specific studies that assess the unique social challenges faced by workers in different industries and regions of Nigeria.

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The present study aims to fill existing gaps by offering a comprehensive analysis of the interplay between various social challenge stressors and their collective impact on workers' mental health across multiple sectors. By addressing these gaps, the study will contribute to the development of targeted interventions and policies aimed at improving workers' mental well-being in Nigeria.

Hypotheses

1. Nigerian social challenges will not significantly impact workers' mental health
2. Nigeria social challenges will not significantly impact on dimensions of workers' mental health
3. Dimensions of Nigeria social challenges will not significantly impact workers' mental health.
4. Variations of Nigerian workers will not significantly differ on experience of 'Mental health, as impacted by Nigerian social challenges.

METHOD

Participants: The participants for this study consist of 285 workers sampled from various sectors in Anambra State, Nigeria.

Table 1: Demographic Distribution of the Participants

Participants' Category		N
GENDER	Male	117
	Female	168
HIGHEST EDUCATIONAL LEVEL	Doctorate	39
	Master	33
	First Degree/HND	129
	Diploma	27
	Secondary Education	48
	Primary Education	3
	No Education	6
MARITAL STATUS	Married	165
	Single	87
OCCUPATION	Separated	15
	Widowed	9
	Divorced	9
	Educationists	5
	Artisans	7
	Technologists	5
	Administrators	19
	The Unemployed	22
	The Religious	5
	Unidentified	222
TYPE OF ORGANIZATION	Nil	132
	Private Organization	15
	Public Organization	69
	Personal Venture	69
POSITION	Unidentified	132
	Junior Staff	114
	Middle Cadre Staff	27
	Senior Staff	12

Source: Questionnaire primary data

The participant were 117 males and 168 females with mean age and standard deviation of 31.7 and 8.2 respectively. The sampling of participants was carried out using the cluster and

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stratified sampling techniques to ensure adequate representation of different categories of workers across the State. This sampling method allowed for the division of the population into distinct clusters based on specific characteristics relevant to the study, such as sector of employment, geographic location, and type of occupation. The clusters considered in this study included workers of male and female genders, educational levels, marital status, occupations, type of organization, and positions. These clusters were further categorized based on the three senatorial zones in Anambra State, namely Anambra North, Anambra Central, and Anambra South. Stratified sampling was based on the education levels and positions of workers.

This stratification helps to ensure that the sample reflects the diverse social backgrounds and working conditions prevalent across the State. Participants were sampled from government establishment, private companies, and self-employed individuals within major urban cities such as Awka, Onitsha, and Nnewi, as well as semi-urban and rural areas to capture a comprehensive perspective on the social challenges affecting workers' mental health. Workers in different age groups, educational levels, and years of work experience were included to enhance the strata diversity of the sample and provide a more holistic understanding of the research problem.

Instruments: Two instruments were utilized and they are: **Nigerian Social Challenges Inventory by Nwankwo (2026):** The Nigerian Social Challenges Scale is a psychological assessment tool designed to measure the various socio-economic and psychological challenges experienced by individuals within the Nigerian society. It captures a broad spectrum of issues that affect the well-being and functionality of individuals, particularly in relation to their mental health and overall quality of life. The scale utilizes a four-point Likert response format, ranging from "to some extent" to "not at all," allowing respondents to indicate the extent to which they experience or are affected by these social challenges.

The scale comprises fourteen domains, each representing a critical aspect of the socio-economic landscape in Nigeria. These domains include aggression, insecurity, frustration, secret cultism, drug use behavior, mental health, sexual abuse, corruption, living standards, unemployment, politics and governance, quality of life, interpersonal relations, and judicature. Each domain provides insight into the specific challenges faced by individuals, thereby offering a comprehensive understanding of the prevailing social issues in the country.

Scoring on the Nigerian Social Challenges Involves involves summing up the responses across the fourteen domains to obtain an overall score that reflects the level of social challenges experienced by an individual. Higher scores indicate greater exposure to or experience of social challenges, while lower scores suggest a lesser degree of exposure. The scoring system provides a quantitative means of assessing the impact of social challenges on individuals and groups, which can be useful for research, policy formulation, and intervention strategies.

Overall, the complete 94-item instrument demonstrated an excellent reliability coefficient with a Cronbach's alpha of .95, confirming its consistency in measuring Nigeria's multifaceted social challenges. The Inventory exhibited strong internal consistency across all subscales, with Cronbach's alpha values ranging from 0.78 to 0.93, indicating robust reliability. The specific reliability coefficients for each subscale were as follows: Aggression (α = .88), Insecurity (α = .90), Frustration (α = .84), Secret Cultism (α = .82), Drug Use Behavior (α = .86), Mental Health (α = .91), Sexual Abuse (α = .89), Corruption (α = .92), Living Standard (α = .87), Unemployment (α = .85), Politics and Governance (α = .90), Quality of Life (α = .93), Interpersonal Relations (α = .80), and Judicature (α = .88).

A pilot test conducted by the researcher yielded a Cronbach's alpha of 0.92 for the scale. The reliability coefficients from this pilot test for the subscales included: Aggression (α = .78), Insecurity (α = .86), Frustration (α = .77), Secret Cultism (α = .82), Drug Use Behavior (α = .88), Mental Health (α = .86), Sexual Abuse (α = .77), Corruption (α = .93), Living Standard (α = .92), Unemployment (α = .76), Politics and Governance (α = .77), Quality of Life (α = .83), Interpersonal Relations (α = .82), and Judicature (α = .94).

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The validity of the Nigerian Social Challenges Inventory (NSCI) has been established through extensive psychometric testing, demonstrating strong content and construct validity with a reported value of 0.87. The NSCI was also correlated with the Social Anxiety Scale to establish concurrent validity for its subscales. The correlation coefficients were as follows: Aggression (r = .70), Insecurity (r = .82), Frustration (r = .96), Secret Cultism (r = .92), Drug Use Behavior (r = .74), Mental Health (r = .76), Sexual Abuse (r = .73), Corruption (r = .96), Living Standard (r = .82), Unemployment (r = .97), Politics and Governance (r = .92), Quality of Life (r = .86), Interpersonal Relations (r = .77), and Judicature (r = .82).

Mental Health Scale by Sienra-Monge et al (2023): The Mental Health Scale is a psychological tool designed to measure the mental well-being of individuals by assessing various aspects of their emotional, psychological, and social functioning. It provides insight into the overall mental health status of an individual, focusing on their ability to cope with stress, maintain relationships, and contribute to their community. The scale utilizes a four-point Likert response format, ranging from "always" to "never," allowing participants to indicate the frequency with which they experience specific mental health attributes or challenges.

The scale comprises five domains, each addressing a critical component of mental health. These domains include personal satisfaction, prosocial attitude, self-control, autonomy, problem-solving, and interpersonal relationship skills. Personal satisfaction reflects an individual's sense of fulfillment and contentment with their life. Prosocial attitude measures the tendency to engage in behaviors that benefit others and society. Self-control assesses the ability to regulate emotions, impulses, and behaviors. Autonomy evaluates independence and self-determination, while problem-solving focuses on the capacity to identify and resolve issues effectively. Interpersonal relationship skills examine the ability to form and maintain healthy relationships. Together, these domains provide a holistic evaluation of an individual's mental health.

Scoring on the Mental Health Scale involves summing responses across the domains to obtain a total score that represents the individual's overall mental health status. Higher scores indicate better mental health, characterized by positive functioning and adaptive behavior, while lower scores suggest potential challenges in one or more areas of mental health. This scoring approach allows for the identification of specific areas that may require intervention or support.

The validity of the Mental Health Scale has been established through rigorous psychometric testing, demonstrating a validity coefficient of 0.89, which indicates that the scale effectively measures the intended mental health constructs. The reliability of the scale, assessed using internal consistency measures, has been reported at 0.93, signifying a high degree of consistency in responses across the items and domains. The norm for the scale was estimated to be 78. Specifically, personal satisfaction domain demonstrated a content validity of .0.67 and internal reliability of 0.78, prosocial attitude demonstrated a content validity of .0.67 and internal reliability of 0.78, self-control demonstrated a content validity of .0.65 and internal reliability of 0.60, autonomy demonstrated a content validity of 0.57 and internal reliability of 0.61, problem-solving demonstrated a content validity of .0.69 and internal reliability of 0.82, and interpersonal relationship skills demonstrated a content validity of .0.57 and internal reliability of 0.68. These psychometric properties confirm the scale's robustness and suitability for assessing mental health in diverse populations and settings.

Procedure: The procedure for this study involved several steps to ensure a thorough and reliable collection of data. A pilot study was conducted for the study. Participants were briefed on the purpose of the study, the importance of their participation, and the confidentiality of their responses. Informed consent forms were provided to participants, and only those who agreed to participate voluntarily were included in the study. A research assistant

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was co-opted for the study, and she is knowledgeable in psychological research. The instruments for the study, which included the Nigerian Social Challenges Inventory and the Mental Health Scale, were administered on the participants in their places of endeavours.

Participants were given clear instructions on how to complete the questionnaires. Those who had difficulties understanding certain items were assisted, while ensuring that the assistance did not influence their responses. The researcher collected the completed questionnaires on the spot to prevent loss or misplacement. The data was then coded and prepared for statistical analysis to address the research questions and hypotheses. Throughout the procedure, the researcher-maintained professionalism and ensured the integrity of the data collection process.

Design and Statistics

The study adopted a cross-sectional design, which is suitable for collecting data across large population at a particular point in time. This design allows data to be collected simultaneously from many participants. The data collected were analyzed using both descriptive and inferential statistics. Descriptive statistics, including mean and standard deviation were used to summarize the participants' responses and highlight key trends in the data. Inferential statistics was utilized to test the hypotheses and explore the influence of Nigerian social challenges on workers' mental health. The statistical tool for analysis was multivariate analysis of variance (MANOVA), which evaluates multiple independent variables and multiple dependent variables. The MANOVA examines the extent to which dimensions of Nigerian social challenges influence workers' dimensions of mental health: Statistical package for social sciences (SPSS) version 26 software was used to perform the analysis.

RESULT

Table 2: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
AGE	285	6	50	31.78	8.28	-.069	.144	-.314	.288
NIGERIAN SOCIAL CHALLENGES	285	325	476	437.88	34.62	-1.813	.144	2.543	.288
Aggression	285	2	53	37.19	4.67	-.902	.144	1.921	.288
Insecurity	285	22	40	35.02	4.68	-1.342	.144	1.264	.288
Frustration	285	12	35	28.55	2.83	-2.550	.144	11.225	.288
Secret Cultism	285	15	35	26.14	3.85	-.415	.144	.613	.288
Drug Use Behaviour	285	14	33	26.82	3.54	-1.917	.144	3.849	.288
Mental Health	285	20	36	32.79	3.76	-1.966	.144	2.836	.288
Sexual Abuse	285	18	40	30.44	4.26	-1.231	.144	1.329	.288
Corruption	285	3	40	33.42	4.37	-4.399	.144	24.774	.288
Living Standard	285	18	35	28.91	2.62	-2.240	.144	6.193	.288
Unemployment	285	12	35	28.27	4.28	-2.083	.144	4.496	.288
Politics/Governance	285	14	40	34.21	3.01	-3.410	.144	20.809	.288
Quality of Life	285	5	44	37.28	4.82	-3.697	.144	19.992	.288
Interpersonal Relations	285	19	40	27.42	3.15	.739	.144	3.011	.288
Judicature	285	21	40	33.85	2.95	-2.067	.144	4.787	.288
MENTAL HEALTH	285	67	144	114.09	15.67	-.315	.144	.342	.288
Personal Satisfaction	285	10	36	20.81	5.89	.148	.144	-.678	.288
Prosocial Attitude	285	7	25	14.89	3.05	.491	.144	1.067	.288
Self-Control	285	8	24	14.99	3.51	.127	.144	-.248	.288
Autonomy	285	5	24	13.18	4.87	-.020	.144	-.896	.288
Problem-Solving	285	11	38	30.40	4.89	-1.225	.144	2.113	.288
Interpersonal Relationship Skills	285	9	31	20.80	5.33	-.519	.144	-.447	.288
Valid N (listwise)	285								

Source: Questionnaire primary data.

Table 2 shows "Nigerian Social Challenges" were very high (437.88 of 476). SD (34.62) shows Nigerians vary so much in experience of "social challenges". Skewness (-1.813) of Nigerian Social Challenges indicates data of higher values more than lower values were collected. Kurtosis (2.543) being positively high but below the 3-point benchmark indicates increasing outlier performance. "Mental Health" (114.09 of 144) outcome shows high mental health issues for Nigerians, with SD (15.67) showing wide variations in the mental health challenges. Skewness (-0.315) of Mental Health indicates data of higher values more than lower values were collected. Kurtosis (0.342) being positive but far below the 3-point benchmark indicates minimal outlier performance.

Table 3 (A) : Tests of Between-Subjects Effects on Impacts of Nigerian Social Challenges on Nigerian Workers' Mental Health

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power
NIGERIAN SOCIAL CHALLENGES	MENTAL HEALTH	1641.282	1	1641.282	15.747	.000	.065	15.747	.977
	Personal Satisfaction	.486	1	.486	.023	.879	.000	.023	.053
	Prosocial Attitude	56.554	1	56.554	16.364	.000	.068	16.364	.981
	Self-Control	26.101	1	26.101	5.280	.022	.023	5.280	.629
	Autonomy	21.669	1	21.669	1.971	.162	.009	1.971	.287
	Problem-Solving	37.303	1	37.303	4.074	.045	.018	4.074	.520
	Interpersonal Relationship Skills	89.948	1	89.948	7.628	.006	.033	7.628	.785
Aggression	MENTAL HEALTH	252.990	1	252.990	2.427	.121	.011	2.427	.342
	Personal Satisfaction	71.489	1	71.489	3.433	.065	.015	3.433	.454
	Prosocial Attitude	29.769	1	29.769	8.614	.004	.037	8.614	.832
	Self-Control	18.975	1	18.975	3.838	.051	.017	3.838	.496
	Autonomy	.237	1	.237	.022	.883	.000	.022	.052
	Problem-Solving	20.796	1	20.796	2.271	.133	.010	2.271	.323
	Interpersonal Relationship Skills	7.562	1	7.562	.641	.424	.003	.641	.125
Insecurity	MENTAL HEALTH	862.966	1	862.966	8.280	.004	.035	8.280	.817
	Personal Satisfaction	119.341	1	119.341	5.730	.017	.025	5.730	.664
	Prosocial Attitude	1.258	1	1.258	.364	.547	.002	.364	.092
	Self-Control	51.694	1	51.694	10.457	.001	.044	10.457	.896
	Autonomy	78.516	1	78.516	7.143	.008	.031	7.143	.758
	Problem-Solving	.325	1	.325	.035	.851	.000	.035	.054
	Interpersonal Relationship Skills	254.322	1	254.322	21.568	.000	.087	21.568	.996
Frustration	MENTAL HEALTH	264.088	1	264.088	2.534	.113	.011	2.534	.354
	Personal Satisfaction	77.965	1	77.965	3.744	.054	.016	3.744	.487
	Prosocial Attitude	41.359	1	41.359	11.967	.001	.051	11.967	.931
	Self-Control	2.334	1	2.334	.472	.493	.002	.472	.105
	Autonomy	13.131	1	13.131	1.195	.276	.005	1.195	.193
	Problem-Solving	62.595	1	62.595	6.836	.010	.029	6.836	.740
	Interpersonal Relationship Skills	8.147	1	8.147	.691	.407	.003	.691	.131
Secret Cultism	MENTAL HEALTH	124.413	1	124.413	1.194	.276	.005	1.194	.193
	Personal Satisfaction	32.213	1	32.213	1.547	.215	.007	1.547	.236
	Prosocial Attitude	33.265	1	33.265	9.625	.002	.041	9.625	.871
	Self-Control	29.031	1	29.031	5.873	.016	.025	5.873	.675
	Autonomy	81.685	1	81.685	7.432	.007	.032	7.432	.775
	Problem-Solving	10.045	1	10.045	1.097	.296	.005	1.097	.181
	Interpersonal Relationship Skills	279.274	1	279.274	23.684	.000	.095	23.684	.998

Source: Questionnaire primary data. $p<0.05$; N = 285

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HYPOTHESIS ONE: It stated that "Nigerian Social Challenges will not significantly impact on workers' mental health". Table 3(A) shows that "Nigerian Social Challenges" significantly impacted on "Mental Health" of Nigerian workers (F (1, 285) = 15.747; $p < 0.000$). This rejects the hypothesis. Nigerian Social Challenges account for η^2 = 6.5% (0.065). The non-centrality parameter (δ = 15.747) was far above 0, indicating a very high degree to which the null hypothesis is false. The observed power of 0.977 showed a very high statistical strength of Nigerian Social Challenges impacting on Mental Health of Nigerian workers at p<0.05.

HYPOTHESIS TWO: The hypothesis stated that "Nigerian Social Challenges" will not significantly impact on dimensions of workers' "Mental Health". Table 3(A) shows that the hypothesis is rejected for the following dimensions of Mental Health, as "Nigerian Social Challenges" significantly impacted on "Prosocial Attitude" mental health (F (1, 285) = 16.364; $p < 0.000$); "Self-Control" mental health (F (1, 285) = 5.280; $p < 0.022$); "Problem-Solving" mental health (F (1, 285) = 4.074; $p < 0.045$); and "Interpersonal Relationship Skills" mental health (F (1, 285) = 7.628; $p < 0.006$).

Table 3 (B) : Tests of Between-Subjects Effects on Impacts of Nigerian Social Challenges on Nigerian Workers' Mental Health

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power
Drug Use Behaviour	MENTAL HEALTH	1023.843	1	1023.843	9.823	.002	.042	9.823	.877
	Personal Satisfaction	117.599	1	117.599	5.647	.018	.024	5.647	.658
	Prosocial Attitude	.119	1	.119	.034	.853	.000	.034	.054
	Self-Control	5.662	1	5.662	1.145	.286	.005	1.145	.187
	Autonomy	18.353	1	18.353	1.670	.198	.007	1.670	.251
	Problem-Solving	5.607	1	5.607	.612	.435	.003	.612	.122
	Interpersonal Relationship Skills	48.937	1	48.937	4.150	.043	.018	4.150	.527
Mental Challenges	MENTAL HEALTH	1186.468	1	1186.468	11.383	.001	.048	11.383	.919
	Personal Satisfaction	8.235	1	8.235	.395	.530	.002	.395	.096
	Prosocial Attitude	28.288	1	28.288	8.185	.005	.035	8.185	.813
	Self-Control	15.572	1	15.572	3.150	.077	.014	3.150	.424
	Autonomy	13.001	1	13.001	1.183	.278	.005	1.183	.191
	Problem-Solving	12.593	1	12.593	1.375	.242	.006	1.375	.215
	Interpersonal Relationship Skills	104.403	1	104.403	8.854	.003	.038	8.854	.842
Sexual Abuse	MENTAL HEALTH	1425.126	1	1425.126	13.673	.000	.057	13.673	.957
	Personal Satisfaction	94.689	1	94.689	4.547	.034	.020	4.547	.565
	Prosocial Attitude	25.588	1	25.588	7.404	.007	.032	7.404	.773
	Self-Control	19.168	1	19.168	3.877	.050	.017	3.877	.500
	Autonomy	16.792	1	16.792	1.528	.218	.007	1.528	.234
	Problem-Solving	4.143	1	4.143	.452	.502	.002	.452	.103
	Interpersonal Relationship Skills	.462	1	.462	.039	.843	.000	.039	.054

Source: Questionnaire primary data. p<0.05; N = 285

HYPOTHESIS THREE: The hypothesis stated that "dimensions of 'Nigerian Social Challenges' will not significantly impact on workers' 'Mental Health'". Tables 3(A, & B) show that the hypothesis is rejected thus: "Nigerian Social Challenges" dimensions of "Insecurity" (F (1, 285) = 8.280; $p < 0.004$); "Drug Use Behaviour" (F (1, 285) = 9.823; $p < 0.002$); "Mental Challenges" (F (1, 285) = 11.383; $p < 0.001$); and "Sexual Abuse" (F (1, 285) = 13.673; $p < 0.000$) all significantly impacted on workers' Mental Health.

Table 3 (C): Impacts of Nigerian Social Challenges on Nigerian Workers' Mental Health

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power
Corruption	MENTAL HEALTH	23.501	1	23.501	.225	.635	.001	.225	.076
	Personal Satisfaction	13.586	1	13.586	.652	.420	.003	.652	.127
	Prosocial Attitude	9.377	1	9.377	2.713	.101	.012	2.713	.375
	Self-Control	5.298	1	5.298	1.072	.302	.005	1.072	.178
	Autonomy	.038	1	.038	.003	.953	.000	.003	.050
	Problem-Solving	9.597	1	9.597	1.048	.307	.005	1.048	.175
	Interpersonal Relationship Skills	409.837	1	409.837	34.756	.000	.134	34.756	1.000
Living Standard	MENTAL HEALTH	1028.920	1	1028.920	9.872	.002	.042	9.872	.879
	Personal Satisfaction	211.160	1	211.160	10.139	.002	.043	10.139	.887
	Prosocial Attitude	20.188	1	20.188	5.841	.016	.025	5.841	.672
	Self-Control	9.003	1	9.003	1.821	.179	.008	1.821	.269
	Autonomy	189.401	1	189.401	17.231	.000	.071	17.231	.985
	Problem-Solving	41.374	1	41.374	4.518	.035	.020	4.518	.562
	Interpersonal Relationship Skills	.402	1	.402	.034	.854	.000	.034	.054
Unemployment	MENTAL HEALTH	4618.559	1	4618.559	44.312	.000	.165	44.312	1.000
	Personal Satisfaction	106.089	1	106.089	5.094	.025	.022	5.094	.613
	Prosocial Attitude	112.648	1	112.648	32.595	.000	.127	32.595	1.000
	Self-Control	170.327	1	170.327	34.456	.000	.133	34.456	1.000
	Autonomy	14.212	1	14.212	1.293	.257	.006	1.293	.205
	Problem-Solving	97.041	1	97.041	10.597	.001	.045	10.597	.900
	Interpersonal Relationship Skills	278.508	1	278.508	23.619	.000	.095	23.619	.998
Politics & Governance	MENTAL HEALTH	5175.488	1	5175.488	49.656	.000	.181	49.656	1.000
	Personal Satisfaction	94.626	1	94.626	4.544	.034	.020	4.544	.565
	Prosocial Attitude	57.116	1	57.116	16.526	.000	.068	16.526	.982
	Self-Control	240.458	1	240.458	48.643	.000	.178	48.643	1.000
	Autonomy	34.556	1	34.556	3.144	.078	.014	3.144	.423
	Problem-Solving	.028	1	.028	.003	.956	.000	.003	.050
	Interpersonal Relationship Skills	234.978	1	234.978	19.927	.000	.081	19.927	.994
Quality of Life	MENTAL HEALTH	366.115	1	366.115	3.513	.062	.015	3.513	.463
	Personal Satisfaction	.191	1	.191	.009	.924	.000	.009	.051
	Prosocial Attitude	.657	1	.657	.190	.663	.001	.190	.072
	Self-Control	.183	1	.183	.037	.847	.000	.037	.054
	Autonomy	2.046	1	2.046	.186	.667	.001	.186	.071
	Problem-Solving	692.991	1	692.991	75.677	.000	.252	75.677	1.000
	Interpersonal Relationship Skills	.695	1	.695	.059	.808	.000	.059	.057
Inter-personal Relations	MENTAL HEALTH	805.506	1	805.506	7.728	.006	.033	7.728	.790
	Personal Satisfaction	56.210	1	56.210	2.699	.102	.012	2.699	.373
	Prosocial Attitude	.272	1	.272	.079	.779	.000	.079	.059
	Self-Control	33.712	1	33.712	6.820	.010	.029	6.820	.739
	Autonomy	48.329	1	48.329	4.397	.037	.019	4.397	.551
	Problem-Solving	14.539	1	14.539	1.588	.209	.007	1.588	.241
	Interpersonal Relationship Skills	27.245	1	27.245	2.311	.130	.010	2.311	.328
Judicature	MENTAL HEALTH	4744.128	1	4744.128	45.517	.000	.168	45.517	1.000
	Personal Satisfaction	288.816	1	288.816	13.868	.000	.058	13.868	.960
	Prosocial Attitude	118.908	1	118.908	34.406	.000	.133	34.406	1.000
	Self-Control	99.578	1	99.578	20.144	.000	.082	20.144	.994
	Autonomy	63.694	1	63.694	5.795	.017	.025	5.795	.669
	Problem-Solving	12.791	1	12.791	1.397	.239	.006	1.397	.218
	Interpersonal Relationship Skills	138.180	1	138.180	11.718	.001	.050	11.718	.926

Source: Questionnaire primary data. p<0.05; N = 285

Table 3(C) shows hypothesis three is rejected thus: "Nigerian Social Challenges" dimensions of "Living Standard" (F (1, 285) = 9.872; $p <$ 0.002); "Unemployment" (F (1, 285) = 44.312; $p <$ 0.000); "Politics & Governance" (F (1, 285) = 49.656; $p <$ 0.000); "Interpersonal

Relations" (F (1, 285) = 7.728; $p < 0.006$); and "Judicature" (F (1, 285) = 45.517; $p < 0.000$) all significantly impacted on workers' Mental Health.

Table 3 (D) : Tests of Between-Subjects Effects on Impacts of Nigerian Social Challenges on Nigerian Workers' Mental Health

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power
GENDER	MENTAL HEALTH	727.472	1	727.472	6.980	.009	.030	6.980	.749
	Personal Satisfaction	6.395	1	6.395	.307	.580	.001	.307	.086
	Prosocial Attitude	14.170	1	14.170	4.100	.044	.018	4.100	.522
	Self-Control	19.369	1	19.369	3.918	.049	.017	3.918	.504
	Autonomy	5.683	1	5.683	.517	.473	.002	.517	.110
	Problem-Solving	123.211	1	123.211	13.455	.000	.056	13.455	.955
	Interpersonal Relationship Skills	.561	1	.561	.048	.828	.000	.048	.055
HIGHEST EDUCATIONAL LEVEL	MENTAL HEALTH	2760.026	7	394.289	3.783	.001	.105	26.481	.978
	Personal Satisfaction	407.451	7	58.207	2.795	.008	.080	19.564	.912
	Prosocial Attitude	90.939	7	12.991	3.759	.001	.105	26.313	.977
	Self-Control	63.929	7	9.133	1.847	.079	.054	12.932	.733
	Autonomy	507.418	7	72.488	6.595	.000	.170	46.164	1.000
	Problem-Solving	177.529	7	25.361	2.770	.009	.079	19.387	.909
	Interpersonal Relationship Skills	206.586	7	29.512	2.503	.017	.072	17.520	.873
OCCUPATION	MENTAL HEALTH	3742.935	7	534.705	5.130	.000	.138	35.911	.997
	Personal Satisfaction	1151.686	7	164.527	7.900	.000	.197	55.300	1.000
	Prosocial Attitude	192.211	7	27.459	7.945	.000	.198	55.616	1.000
	Self-Control	162.882	7	23.269	4.707	.000	.128	32.950	.995
	Autonomy	164.532	7	23.505	2.138	.041	.062	14.969	.805
	Problem-Solving	177.774	7	25.396	2.773	.009	.079	19.413	.910
	Interpersonal Relationship Skills	154.406	7	22.058	1.871	.075	.055	13.094	.739
POSITION	MENTAL HEALTH	816.942	3	272.314	2.613	.052	.034	7.838	.636
	Personal Satisfaction	261.297	3	87.099	4.182	.007	.053	12.547	.851
	Prosocial Attitude	63.559	3	21.186	6.130	.001	.076	18.391	.960
	Self-Control	250.534	3	83.511	16.894	.000	.184	50.681	1.000
	Autonomy	462.503	3	154.168	14.026	.000	.158	42.078	1.000
	Problem-Solving	217.568	3	72.523	7.920	.000	.096	23.759	.990
	Interpersonal Relationship Skills	663.584	3	221.195	18.758	.000	.200	56.275	1.000
GENDER & HIGHEST EDUCATIONALLEVEL	MENTAL HEALTH	2881.218	4	720.304	6.911	.000	.109	27.643	.994
	Personal Satisfaction	462.600	4	115.650	5.553	.000	.090	22.212	.976
	Prosocial Attitude	11.193	4	2.798	.810	.520	.014	3.239	.257
	Self-Control	33.855	4	8.464	1.712	.148	.030	6.848	.520
	Autonomy	399.530	4	99.882	9.087	.000	.139	36.349	.999
	Problem-Solving	396.022	4	99.005	10.812	.000	.161	43.247	1.000
	Interpersonal Relationship Skills	50.074	4	12.518	1.062	.376	.019	4.247	.332
GENDER & OCCUPATION	MENTAL HEALTH	619.072	2	309.536	2.970	.053	.026	5.940	.573
	Personal Satisfaction	96.879	2	48.440	2.326	.100	.020	4.652	.468
	Prosocial Attitude	183.330	2	91.665	26.523	.000	.191	53.046	1.000
	Self-Control	12.589	2	6.295	1.273	.282	.011	2.547	.275
	Autonomy	114.885	2	57.442	5.226	.006	.044	10.452	.828
	Problem-Solving	27.437	2	13.718	1.498	.226	.013	2.996	.317
	Interpersonal Relationship Skills	52.869	2	26.434	2.242	.109	.020	4.484	.454
GENDER & POSITION	MENTAL HEALTH	1317.139	3	439.046	4.212	.006	.053	12.637	.854
	Personal Satisfaction	751.986	3	250.662	12.036	.000	.138	36.108	1.000
	Prosocial Attitude	179.007	3	59.669	17.265	.000	.187	51.795	1.000
	Self-Control	23.511	3	7.837	1.585	.194	.021	4.756	.414
	Autonomy	15.124	3	5.041	.459	.711	.006	1.376	.142
	Problem-Solving	74.922	3	24.974	2.727	.045	.035	8.182	.657
	Interpersonal Relationship Skills	157.405	3	52.468	4.450	.005	.056	13.349	.874

Source: Questionnaire primary data. p<0.05; N = 285

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HYPOTHESIS FOUR: The hypothesis stated that "variations of Nigerian workers will not significantly differ on experience of 'Mental Health'". Tables 3(D) shows that the hypothesis is rejected thus: Nigerian workers of various "Genders" (F (1, 285) = 6.980; $p <$ 0.009); "Education Level" (F (7, 285) = 3.783; $p <$ 0.001); "Occupation" (F (7, 285) = 5.130; $p <$ 0.000); "Gender and Highest Education Level" (F (4, 285) = 6.911; $p <$ 0.000); as well as "Gender and Position" (F (3, 285) = 4.212; $p <$ 0.006) all significantly differed in experience of Mental Health.

Table 3 (E) : Tests of Between-Subjects Effects on Impacts of Nigerian Social Challenges on Nigerian Workers' Mental Health

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power
HIGHEST EDUCATIONAL LEVEL & OCCUPATION	MENTAL HEALTH	2677.361	5	535.472	5.138	.000	.102	25.688	.985
	Personal Satisfaction	531.515	5	106.303	5.104	.000	.102	25.521	.984
	Prosocial Attitude	74.626	5	14.925	4.319	.001	.088	21.593	.962
	Self-Control	121.624	5	24.325	4.921	.000	.099	24.603	.981
	Autonomy	80.613	5	16.123	1.467	.202	.032	7.334	.511
	Problem-Solving	264.588	5	52.918	5.779	.000	.114	28.894	.993
	Interpersonal Relationship Skills	313.591	5	62.718	5.319	.000	.106	26.594	.988
HIGHEST EDUCATIONAL LEVEL & POSITION	MENTAL HEALTH	1985.701	8	248.213	2.381	.018	.078	19.052	.887
	Personal Satisfaction	513.284	8	64.160	3.081	.003	.099	24.646	.960
	Prosocial Attitude	169.198	8	21.150	6.120	.000	.179	48.957	1.000
	Self-Control	173.305	8	21.663	4.382	.000	.135	35.058	.996
	Autonomy	870.692	8	108.837	9.902	.000	.260	79.214	1.000
	Problem-Solving	195.134	8	24.392	2.664	.008	.087	21.309	.924
	Interpersonal Relationship Skills	341.222	8	42.653	3.617	.001	.114	28.937	.983
OCCUPATION & POSITION	MENTAL HEALTH	967.760	1	967.760	9.285	.003	.040	9.285	.859
	Personal Satisfaction	55.237	1	55.237	2.652	.105	.012	2.652	.368
	Prosocial Attitude	68.201	1	68.201	19.734	.000	.081	19.734	.993
	Self-Control	32.493	1	32.493	6.573	.011	.028	6.573	.723
	Autonomy	7.720	1	7.720	.702	.403	.003	.702	.133
	Problem-Solving	66.958	1	66.958	7.312	.007	.031	7.312	.768
	Interpersonal Relationship Skills	.194	1	.194	.016	.898	.000	.016	.052
GENDER & HIGHEST EDUCATIONAL LEVEL & POSITION	MENTAL HEALTH	2693.262	2	1346.631	12.920	.000	.103	25.840	.997
	Personal Satisfaction	406.655	2	203.327	9.763	.000	.080	19.526	.982
	Prosocial Attitude	66.399	2	33.200	9.606	.000	.079	19.213	.980
	Self-Control	149.390	2	74.695	15.110	.000	.118	30.220	.999
	Autonomy	18.386	2	9.193	.836	.435	.007	1.673	.192
	Problem-Solving	91.844	2	45.922	5.015	.007	.043	10.030	.811
	Interpersonal Relationship Skills	207.807	2	103.903	8.812	.000	.073	17.623	.970
Total	MENTAL HEALTH	3779739.000	285						
	Personal Satisfaction	133275.000	285						
	Prosocial Attitude	65865.000	285						
	Self-Control	67530.000	285						
	Autonomy	56244.000	285						
	Problem-Solving	270186.000	285						
	Interpersonal Relationship Skills	131370.000	285						

Source: Questionnaire primary data. p<0.05; N = 285

Further on hypothesis four, tables 3(E) shows that the hypothesis is rejected thus: Nigerian workers of combination of "Highest Education Level and Occupation" (F (5, 285) = 5.138; $p <$ 0.000); "Education Level and Position" (F (8, 285) = 2.381; $p <$ 0.018); "Occupation and Position" (F (1, 285) = 9.285; $p <$ 0.003); as well as "Gender, Highest Education Level, and Position" (F (2, 285) = 12.920; $p <$ 0.000) all

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significantly differed in experience of Mental Health.

Summary of Findings

1. "Nigerian Social Challenges" significantly impacted on "Mental Health" of Nigerian workers.
2. "Nigerian Social Challenges" significantly impacted on "Prosocial Attitude" mental health of workers.
3. "Nigerian Social Challenges" significantly impacted on "Self-Control" mental health of workers.
4. "Nigerian Social Challenges" significantly impacted on "Problem-Solving" mental health of workers.
5. "Nigerian Social Challenges" significantly impacted on "Interpersonal Relationship Skills" mental health of workers.
6. "Insecurity" dimensions of Nigerian Social Challenges significantly impacted on workers' Mental Health.
7. "Drug Use Behaviour" dimensions of Nigerian Social Challenges significantly impacted on workers' Mental Health.
8. "Mental Challenges" dimensions of Nigerian Social Challenges significantly impacted on workers' Mental Health.
9. "Sexual Abuse" dimensions of Nigerian Social Challenges significantly impacted on workers' Mental Health.
10. "Living Standard" dimensions of Nigerian Social Challenges significantly impacted on workers' Mental Health.
11. "Unemployment" dimensions of Nigerian Social Challenges significantly impacted on workers' Mental Health.
12. "Politics & Governance" dimensions of Nigerian Social Challenges significantly impacted on workers' Mental Health.
13. "Interpersonal Relations" dimensions of Nigerian Social Challenges significantly impacted on workers' Mental Health.
14. Judicature" dimensions of Nigerian Social Challenges significantly impacted on workers' Mental Health.
15. Nigerian workers of various "Genders" significantly differed in experience of Mental Health.
16. Nigerian workers of various "Education Level" significantly differed in experience of Mental Health.
17. Nigerian workers of various "Occupation" significantly differed in experience of Mental Health.
18. Nigerian workers of various "Gender and Highest Education Level" significantly differed in experience of Mental Health.
19. Nigerian workers of various "Gender and Position" significantly differed in experience of Mental Health.
20. Nigerian workers of combination of "Highest Education Level and Occupation" significantly differed in experience of Mental Health.
21. Nigerian workers of combination of "Highest Education Level and Position" significantly differed in experience of Mental Health.
22. Nigerian workers of combination of "Occupation and Position" significantly differed in experience of Mental Health.
23. Nigerian workers of combination of "Gender, Highest Education Level, and Position" significantly differed in experience of Mental Health.

DISCUSSION

Hypothesis 1 which stated that Nigerian social challenges would not significantly impact workers' mental health was rejected. The result, however, revealed a statistically significant impact of Nigerian social challenges on workers' mental health. This finding suggests that the broader Nigerian social environment plays a critical role in shaping the psychological well-being of workers. Social challenges such as insecurity, economic hardship, unemployment pressure, inadequate healthcare services, poor governance, and social inequality serve as chronic stressors that undermine emotional stability and psychological resilience. Adeyemi et al (2022) demonstrated that macro-social stressors such as rising cost of living, fuel scarcity, and poor social welfare systems contributed to emotional exhaustion and burnout among Nigerian employees.

Hypothesis 2 proposed that Nigerian social challenges would not significantly impact the dimensions of workers' mental health. The findings revealed that Nigerian social challenges significantly impacted prosocial attitude, self-control, problem-solving ability, and

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interpersonal relationship skills. This indicates that social challenges do not only affect general mental health but also impair specific psychosocial competencies that are essential for effective workplace functioning. The significant effect on prosocial attitude suggested that exposure to social adversity reduces workers' willingness to cooperate, show empathy, and engage in supportive social behaviours. Adebola and Osibogun (2023) further reported that societal pressure and insecurity weakened workers' ability to maintain healthy professional relationships.

Hypothesis 3 examined whether specific dimensions of Nigerian social challenges would significantly impact workers' mental health. The results showed that insecurity, drug use behaviour, mental challenges, and sexual abuse all significantly impacted workers' mental health. This finding highlights the multifaceted nature of social challenges and their differential but interconnected effects on psychological well-being. Adebisi and Oyatunde (2020) also reported that insecurity-related stress increased symptoms of depression and trauma among employees. Similarly, Ezeh (2023) observed that persistent exposure to insecurity led to hypervigilance and emotional exhaustion.

Hypothesis 4 stated that variations among Nigerian workers would not significantly differ in experiences of mental health. The findings revealed significant differences based on gender, education level, occupation, gender and education level, and gender and position. This indicates that workers' mental health experiences are shaped by social location and demographic characteristics. Differences based on education level support Aremu and International studies by Marmot (2004) emphasize the role of social stratification and occupational hierarchy in mental health disparities. These findings collectively justify the rejection of Hypothesis Four.

Implications of the Study

First, the significant impact of Nigerian social challenges on workers' mental health underscores the need to reconceptualize mental health as a social and structural issue rather than solely an individual problem. This implies that interventions must extend beyond personal coping strategies to include systemic and policy-level responses.

Secondly, the impairment of specific mental health dimensions such as prosocial attitude, self-control, and interpersonal skills suggests that social challenges can negatively affect workplace harmony, productivity, and organizational effectiveness. Organizations that ignore these psychosocial consequences risk increased conflict, reduced collaboration, and declining performance.

Recommendations

1. Employers should establish comprehensive workplace mental health programmes that address stress arising from social challenges such as insecurity and economic instability.
2. Government should strengthen security, social welfare, and labour protection policies to reduce societal stressors affecting workers.
3. Organizations should provide accessible psychosocial support services, including counselling and employee assistance programmes.
4. Regular mental health awareness and anti-stigma campaigns should be conducted in workplaces and communities.

Limitations of the Study

Despite its contributions, this study has some limitations. The cross-sectional research design limits the ability to establish causal relationships between Nigerian social challenges and workers' mental health. The reliance on self-report measures may have introduced social desirability and response biases. Additionally, the sample may not fully represent all occupational sectors and regions within Nigeria, which may limit the generalizability of the findings.

Contributions to knowledge

This study contributes to knowledge by providing empirical evidence on the influence of Nigerian social challenges on workers' mental health within the Nigerian socio-economic context. This study expands existing knowledge by demonstrating that broader societal challenges such as unemployment, corruption, poor living standards, and insecurity also serve

as significant predictors of workers' mental health.

Suggestions for further studies

Further research could also explore organizational and cultural moderators, as well as extend the study to other geopolitical zones and informal work sectors in Nigeria.

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NIGERIAN SOCIAL CHALLENGES INVENTORY

	TO WHAT EXTENT DO YOU AGREE WITH EACH OF THE STATEMENTS BELOW?	**To a Large Extent (5)**	**To Some Extent (4)**	**Sometimes (3)**	**Rarely (2)**	**Not at All (1)**
	AGGRESSION					
1	Nigerians are becoming very violent.					
2	Nigerians are becoming very aggressive to one another.					
3	Nigerians see violence and aggression as a way of life.					
4	Conducts of some parents influence their children into violence.					
5	Nigerians are exposed to all kinds of violent movies.					
6	Terrorism in Nigeria is common event.					
7	Assassinations are very rampant in Nigeria.					
8	Ethnic and religious violence are very common events in Nigeria.					
	INSECURITY					
9	Nigerians feel highly unsecured.					
10	Insecurity in Nigeria is a major challenge for Nigerians.					
11	Indiscriminately killing of people in Nigeria is very common.					
12	Nigeria is a place where people are kidnapped easily.					
13	Increasing rape experiences in Nigeria is rising.					
14	Nigerian campuses are no longer safe.					
15	Increasing incidence of robbery in Nigeria is discouraging.					
16	In Nigeria, places of work are becoming unsafe.					
	FRUSTRATION					
17	Frustration is everywhere in Nigeria.					
18	Many mental disorders in Nigeria are associated with bad governance.					
19	Nigerian is a frustrating society.					
20	Many cases of mental problems in Nigeria are caused by hopeless future.					
21	Depression is very common among Nigerians.					
22	Many citizens have lost hope in Nigeria.					

	SECRET CULTISM					
23	Secret societies are very common in Nigeria.					
24	A lot of Nigerian youths are initiated into secret cults.					
25	Nigerian universities are characterized by cult activities.					
26	Many secondary schools in Nigeria have cult groups.					
27	In Nigeria, members of the secret cults commit various crimes.					
28	Learning institutions in Nigeria are no longer safe due to cultism.					
	DRUG USE BEHAVIOUR					
28	Drug/substance use is common among Nigerians, especially the youths.					
29	In Nigeria, drug use is associated with frustration.					
30	Bad habit is the major reason why Nigerians' smoke.					
31	Some health problems Nigerians suffer arise from drug use.					
32	Many Nigerians do use drugs to enhance performance purposes.					
33	There are a lot of drugs/substances that many Nigerians are addicted to.					
	MENTAL HEALTH					
34	Many Nigerians have been traumatized by life events.					
35	Violence is a major cause of trauma for Nigerians.					
36	Nigeria is full of frightening uncertainties.					
37	Many Nigerians feel rejected/abandoned by their country (or leaders).					
38	There is a very high level of hopelessness in Nigeria.					
39	Owing to hardship in Nigeria, risking traveling abroad has become an option.					
40	Most Nigerians have lost confidence in the usefulness of the government to them.					
	SEXUAL ABUSE					
41	A lot of Nigerians have been sexually abused.					
42	Many Nigerians are exposed to various forms of sexual insecurity.					
43	Most sexual offenses in Nigeria go unreported.					
44	Pornography is a common feature in Nigeria.					
45	In Nigeria, a lot of people have sexual experiences at a very young age.					
46	Some Nigerians are forced into commercial sex all because of money.					
47	A lot of Nigerians are addicted to sex.					
	CORRUPTION					
48	Nigeria is fantastically corrupt.					
49	Politics in Nigeria is a game of corruption.					
50	Even the Nigerian Constitution itself is built on corruption.					
51	In Nigeria, religion of various types is loaded with corruption.					
52	Every institution/agency in Nigeria is not free from corrupt practices.					
53	A lot of people have become successful in Nigeria through corrupt means.					
54	Nigeria is a place where what you have is important, not how you made it.					
	LIVING STANDARD					
55	A lot of Nigerians are homeless.					
56	Many Nigerians find it difficult to feed.					
57	There is very high cost of living in Nigeria.					
58	Building materials in Nigeria are incredibly high.					
59	Many Nigerians are unable to pay their house rents.					
60	The standards of living for most Nigerians are below human level.					
	UNEMPLOYMENT					
61	Many Nigerians are unemployed.					
62	Owing to joblessness, many Nigerian graduates state that education "is a scam".					
63	In Nigeria, the elderly refuse to retire by falsifying their ages to retain their jobs.					
64	Nigerian graduates roam about without jobs.					

65	Nigerian graduates lack wealth-creation or job skills.					
66	Desire for quick wealth makes many Nigeria engage in atrocities to make money.					
	POLITICS & GOVERNANCE					
67	Politics in Nigeria is a very dirty game.					
68	In Nigeria, good governance is absolutely not in existence at all.					
69	Nigerian politicians don't carry the citizens along.					
70	Nigerian politicians only use and dump the citizens during and after elections.					
71	Democracy in Nigeria is fruitless to the citizens.					
72	Politics in Nigeria is an investment.					
72	Nigerian politicians are insatiably corrupt.					
	QUALITY OF LIFE					
73	Selfishness has become a norm in Nigeria.					
74.	Nigerians exploit their fellow citizens so much.					
75	Many Nigerians are becoming very heartless.					
76	In Nigeria, the value of human lives is very low.					
77	Many Nigerians suffer from a number of troubling ailments.					
78.	A lot of Nigerians hardly embark on holidays.					
79	The living environment of many Nigerians is very poor.					
80	In Nigeria, basic human rights are violated with impunity.					
	INTERPERSONAL RELATIONS					
81	Nigerians are very suspicious of one another.					
82	Interpersonal tolerance among Nigerians is low.					
83	Domestic violence is a common occurrence in Nigeria.					
84	Street fighting is a common scene in Nigeria.					
86	Nigerian unity is impossible.					
87	Many Nigerians take defrauding people as a sign of smartness.					
	JUDICATURE					
88	Justice delivery in Nigeria is too poor.					
89	Injustice in Nigeria is very prevalent.					
90	Judgment can be bought in Nigeria.					
91	Nigerian Courts are not the hope of the common man.					
92	The rule of law is not applicable in Nigeria.					
93	Human rights don't mean much in Nigeria.					
94	Nigerian Executives/politicians don't obey the court's orders.					

SOURCE: Nwankwo, O.D. (2026). ***Nigerian Social Challenges Inventory.*** **Department of Psychology, Chukwuemeka Odumegwu Ojukwu University, Anambra State, Nigeria. nwankwodo@gmail.com , nwankwodo@yahoo.com , +2348030809950 , +2348120207053**

MENTAL HEALTH SCALE

S/N	HOW DO YOU FEEL CONCERNING YOUR INVOLVEMENT IN COUNTER-TERRORISM OPERATIONS?	Always (4)	Frequently (3)	Sometimes (2)	Never (1)
	PERSONAL SATISFACTION				
1.	I like myself as I am.				
2.	I feel like I am about to explode.				
3.	I find life to be boring and monotonous.				
4.	I view the future with pessimism.				
5.	I see myself as less important than those around me.				
6.	I feel inept and useless.				
7.	I feel unsatisfied with myself.				
8.	I feel unsatisfied with the way I look.				
	PROSOCIAL ATTITUDE				
9.	I find it difficult to accept others when their attitudes are different from				

	mine.				
10.	I find it difficult to listen to people telling me about their problems.				
11.	I feel that I am someone to be trusted.				
12.	I consider the needs of others.				
13.	I like to help others.				
	SELF-CONTROL				
14.	Problems often cause me to feel blocked.				
15.	I am able to control myself when I feel negative emotions.				
16.	I am able to control myself when I have negative thoughts.				
17.	I can maintain high level of self-control in conflict situations in my life.				
18.	When I experience unpleasant pressure, I can maintain my personal balance.				
	AUTONOMY				
19.	I worry a lot about what others think of me.				
20.	Opinions of others have strong influence on me when making decisions.				
21.	It troubles me when people criticize me.				
22.	I find it hard to hold my own opinions.				
23.	When I have to make big decisions, I feel very unsure of myself.				
	PROBLEM-SOLVING				
24.	I am able to make decisions on my own.				
25.	I try to look for the positive side when bad things happen to me.				
26.	I try to improve myself as a person.				
27.	When there are changes in my surroundings, I try to adapt to them.				
28.	In the face of a problem, I am able to ask for information.				
29.	I find changes in my daily routine to be stimulating.				
30.	I am able to say no when I want to.				
31.	I try to develop my abilities to the maximum.				
32.	When I am faced with a problem, I try to find possible solutions.				
	INTERPERSONAL RELATIONSHIP SKILLS				
33.	I find it particularly difficult to provide emotional support to others.				
34.	I find it hard establishing satisfying interpersonal relationships with some people.				
35.	I feel that I have a strong ability to put myself in the shoes of others and to understand their responses.				
36.	I consider myself to be a good professional.				
37.	I think that I am a sociable person.				
38.	I find it particularly hard to understand the feelings of others.				
39.	I find it hard to relate openly with my teachers/bosses.				

SOURCE: Sienra-Monge J.J.L., Luna, D., Figuerola-Escoto, R.P., Montufar-Burgos, I.I., Hernández-Roque, A., Soria-Magaña, A., Toledano-Toledano, F. (2023). Positive mental health questionnaire (PMHQ) for healthcare workers: A psychometric evaluation. *Healthcare (Basel), 11*(23), 3041. doi: 10.3390/healthcare11233041.