

The Prevalence of Generalized Anxiety among Health Students in the Lagos State Teaching Hospital

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Abstract - The purpose of this study was to investigate the prevalence of generalized anxiety disorder among medical students in Nigeria, the impact of socio-demographic factors associated with generalized anxiety disorder, and the efficacy of Cognitive-Behavioral therapy in the management of generalized anxiety disorder symptoms. This study involved 277 medical students (62 males and 215 females). This study used a multistage design (survey and experiment). The survey design was utilized to determine the prevalence of generalized anxiety among medical students, whereas the experimental approach was used for therapy (cognitive behavioral method). Data was collected using a questionnaire, and the given hypotheses were tested using descriptive statistics and an independent t-test. The study examined two hypotheses, and both were approved. The findings revealed that Cognitive-Behavioral therapy is useful in managing the symptoms of Generalized Anxiety Disorder. Male participants had significantly higher scores on Generalized Anxiety Disorder than female individuals. The findings were discussed in light of the associated literature that was reviewed.

Keywords: Generalized Anxiety, Health Students, disorder, medical students, anxiety disorder, symptoms.

I. Background of the Study

Generalized Anxiety Disorder (GAD) is characterized by excessive, uncontrollable worry about various aspects of daily life. Among university students, particularly medical students, the prevalence of GAD is notably high due to academic pressures, long study hours, and the emotional burden of clinical experiences (Ibrahim et al., 2023). At the University of Lagos, medical students are exposed to unique stressors, including intense competition and the emotional toll of dealing with illness, which may exacerbate symptoms of GAD. Identifying the prevalence of GAD within this population is essential to inform targeted interventions that can alleviate the psychological strain faced by medical students.

Research shows that medical students globally experience higher levels of anxiety compared to their non-medical peers (Quek et al., 2019). Studies attribute this to the demanding nature of medical education, which includes a rigorous

curriculum, clinical rotations, and pressure to succeed. In Nigeria, the prevalence of GAD among medical students has become a growing concern due to the additional stressors of socioeconomic instability and inadequate healthcare resources (Yusuff et al., 2020). The University of Lagos, one of Nigeria's leading institutions, represents a microcosm of the larger issue. Understanding the prevalence of GAD in this specific context could aid in addressing broader mental health challenges within the medical education system.

Cognitive-Behavioral Therapy (CBT) has been well-documented as an effective treatment for managing GAD symptoms (Hofmann et al., 2018). CBT helps individuals identify and challenge irrational thoughts and beliefs, reducing worry and promoting healthier coping mechanisms. Among medical students, who often exhibit perfectionist tendencies, CBT can provide strategies to mitigate anxiety, improve academic performance, and enhance well-being (Mahoney et al., 2021). However, studies investigating the efficacy of CBT specifically among Nigerian medical students remain scarce, underscoring the need for further exploration into this therapeutic approach.

II. Statement of the Problem

The prevalence of Generalized Anxiety Disorder (GAD) among medical students has become a significant concern in recent years, particularly in developing countries like Nigeria. At the Lagos University Teaching Hospital (LUTH), medical students face tremendous academic, emotional, and psychological pressures due to rigorous coursework, clinical rotations, and the responsibility of caring for patients. These stressors contribute to elevated levels of anxiety, with many students exhibiting symptoms consistent with GAD. The persistent worry, restlessness, and difficulty concentrating often lead to poor academic performance and compromised mental well-being.

Despite the growing recognition of mental health challenges among medical students, there is limited research focused on the prevalence of GAD within LUTH specifically. This lack of data hampers the development of targeted interventions aimed at reducing anxiety levels among this vulnerable population. Additionally, while Cognitive-Behavioral Therapy (CBT) has been shown to be effective in

managing GAD symptoms, there is a need to explore its applicability and effectiveness within the LUTH setting, where cultural factors and resource limitations may impact treatment outcomes.

The problem, therefore, is twofold: there is an urgent need to quantify the prevalence of GAD among medical students at LUTH and to identify effective management strategies, such as CBT, that can be adapted to their unique circumstances. Addressing this issue is crucial for improving the mental health and academic success of future healthcare professionals.

III. Literature Review

This literature review examines the prevalence of generalized anxiety among health students in this setting, exploring contributing factors and implications.

Theoretical framework

Social Learning Theory (SLT), proposed by Albert Bandura, emphasizes the role of observational learning, imitation, and modeling in the acquisition of behaviors. This theory suggests that individuals learn behaviors not just through direct experiences but also by observing others and the consequences of their behaviors. When applying SLT to the prevalence of generalized anxiety among health students in a setting like the Lagos State Teaching Hospital, several key aspects can be considered: Health students may observe anxious behaviors and coping mechanisms from their peers, faculty, or other healthcare professionals. If anxiety is prevalent among those they observe, students may adopt similar anxiety responses. For instance, if students see their peers or mentors reacting anxiously to high-stress situations, they might perceive such anxiety as a normal response and model it themselves. Health students might model their behavior after the people they look up to, such as senior students, healthcare professionals, or instructors. If these role models display signs of generalized anxiety, the students may imitate these behaviors, believing that anxiety is a typical part of the health profession or academic experience. Social Learning Theory also considers how reinforcement and punishment affect behavior. In a high-pressure academic environment, students might receive indirect reinforcement for anxious behaviors if these behaviors are seen as a sign of diligence or dedication. For example, if anxious students receive more attention or support, others might learn to express anxiety to gain similar responses. The environment in which students operate can also contribute to anxiety. If the environment is characterized by high expectations, intense workload, and high-stakes evaluations, students may experience stress and anxiety, which can be exacerbated by

observing and modeling these responses in others around them.

Empirical Review

The area of the prevalence, assessment, management and associated sociodemographic factors of Generalized Anxiety Disorder has been the interest of many researchers, a few of which will be discussed in this section.

Abdullahi (2017) conducted a cross-sectional study on 422 carefully selected patients at Aminu Kano Teaching Hospital's general outpatient clinic to determine the prevalence and socio-demographic characteristics of generalized anxiety disorder. The Hospital Anxiety and Depression Scale's anxiety subscale was used to assess anxiety levels. Those with probable anxiety, defined as a HADS score of 11 or higher, were subsequently assessed using the DSM-5 criteria for diagnosing generalized anxiety disorder. The results showed a 6.6% prevalence of GAD, with females aged 40 to 49 and single persons having the highest frequency.

Adewuya, Atilola, Ola, Coker, Zachariah, Olugbile, Fasawe, and Idris (2018) carried out a study to estimate the current prevalence of symptoms of depression and generalized anxiety, examine co-morbid conditions and associated demographic factors in Lagos state, Nigeria. A face to face household survey was completed by 11,246 adult participants, aged 18-75 years. Clinically significant symptoms of depression, generalized anxiety and somatic symptoms were assessed using specific modules of the Patient Health Questionnaire respectively. Alcohol use, substance use and disability were assessed with the Alcohol Use Disorders Identification Test-short form (AUDIT-C), the Mini International Neuropsychiatric Interview (M.I.N.I) and the WHO Disability Assessment Schedule (WHODAS 2.0) respectively. The results showed that the weighted current prevalence of symptoms of depression, generalized anxiety and combined depression/generalized anxiety were 5.5%, 3.5% and 1.2% respectively. About 20.9% of all cases of depressive symptoms have co-morbidity with symptoms of generalized anxiety. Symptoms of depression and generalized anxiety had high co-morbidity with somatic symptoms, alcohol use problems and disability but not substance use disorders. Being female, not married (especially separated/divorced or widowed) and unemployment were significantly associated with presence of either symptoms of depression or generalized anxiety disorder.

Gureje, Lasebikan, Kola, and Makanjuola (2018) carried out large-scale community studies of the prevalence of mental disorders. Face to face interviews were done on a sample of households in the yoruba-speaking parts of Nigeria. Face-to-face interviews were done using the World Mental Health

version of the Composite International Diagnostic Interview (WMH-CIDI). The result showed that of the 4984 people interviewed (response rate 79.9%), 12.1% had a lifetime rate of at least one DSM-IV disorder and 5.8% had 12-month disorders. Anxiety disorders were the most common (5.7% lifetime, 4.1% 12-month rates). Of the 23% who had seriously disabling disorders, only about 8% had received treatment in the preceding 12 months. Treatment was mostly provided by general medical practitioners; only a few were treated by alternative practitioners such as traditional healers.

Simon, Hofmann, and Rosenfield (2020) carried out a study to assess whether yoga and cognitive-behavioral therapy (CBT) for generalized anxiety disorder, are each more effective than a control condition (stress education), and whether yoga is non-inferior to CBT for the treatment of GAD. For the randomized, 3-arm, controlled, single-blind (masked independent raters) clinical trial, participants were recruited from two specialty academic centers. Participants were randomized to yoga (n=93), CBT for GAD (n=90), or stress education (n=43), and these interventions were each delivered to groups of 4 to 6 participants by two instructors during twelve 120-minute sessions with 20 minutes of daily homework. The result showed that of 538 participants who provided consent and were evaluated, 226 with a primary diagnosis of GAD were included in the trial. A total of 155 participants (68.6%) completed the post treatment assessment. Completion rates did not differ (yoga, 64.5%; CBT, 74.4%; stress education, 65.1%). Response rates were higher in yoga group (54.2%) than in the stress education group (33%), and in the CBT group (70.8%), compared with stress education group (33%), and the non-inferiority test did not find yoga to be as effective as CBT (difference, 16.6%). This finding showed that yoga can reduce anxiety for adults with generalized anxiety disorder, but the result support CBT remaining first-line treatment.

Another study was carried out by Herbert and Dugas (2019) on behavioral experiments for intolerance of uncertainty (IU); challenging the unknown in the treatment of generalized anxiety disorder. They developed a novel, focused CBT protocol exclusively targeting intolerance on uncertainty via behavioral experiments. The treatment consisted on three modules applied over 12 sessions: Psycho education and uncertainty awareness training; behavioral experiments targeting intolerance of uncertainty; and relapse prevention. A preliminary investigation of efficacy with 7 participants with a primary diagnosis of GAD was conducted. Results indicated substantial decreases in GAD symptoms, general psychopathology, and intolerance of uncertainty by post-treatment that were generally maintained at 6-months follow-up.

Gillett, Bilek, Hanna, and Fitzgerald (2018) investigated the intolerance of uncertainty in youth with obsessive-compulsive disorder and generalized anxiety disorder. With an emphasis on the youth literature, they reviewed the phenomenological overlap between OCD and GAD and how symptoms may relate to IU, and how IU may be measured. They also review existing psychotherapeutic treatments and discussed how understanding the role of IU may assist in the development of novel psychotherapeutic strategies to improve treatment outcomes. They concluded that, consistent with research domain criteria, IU represents a trans-diagnostic construct a demonstrable neural basis that could be targeted to improve existing treatments for these disorders.

Stefan, Cristea, Tatar, and David (2019) conducted a randomized controlled trial to compare three cognitive-behavioral therapy protocols for GAD, which include: Cognitive therapy; Rational-Emotive Behavioral Therapy; and Acceptance and Commitment Therapy. 75 patients diagnosed with GAD, aged between 20 and 51, 60 women and 11 men, were randomized to the three treatment arms. The result showed that all treatments were associated with large pre-post intervention reductions in GAD symptoms and dysfunctional automatic thoughts, with no significant differences between groups. Correlation analyses also showed similar associations between changes in symptoms and changes in dysfunctional automatic thoughts.

Georgantas, Tsounis, Vidakis, Malliarou, and Sarafis (2020) conducted a cross-sectional study with 231 veterans to examine the relationship between socio-demographic features and both anxiety and depression in navy veterans after retirement Spielberg's State-Trait Anxiety Inventory (STAI) was used for anxiety assessment, and the Beck Depression Inventory (BDI) was used for depression assessment. It was found that the mean score of state anxiety was 41 and trait anxiety, 38. Severe depression was found in 6.5% of the veterans, moderate in 8.3% and mild in 21.7%. The presence of a serious health problems was an independent predictor of both anxiety and depression's more serious symptoms. Inversely, the stability in terms of retirement choice was negatively related to depression, while the development of new interests and activities after retirement was negatively related to both anxiety and depression. Further, life satisfaction after retirement was a predictor of lower current anxiety levels among veterans.

Cheah, Azahadi, Phang, and Manaf (2019) carried out a study to examine sociodemographic, lifestyle, and health factors associated with depression and generalized anxiety disorder (GAD) among adults in Malaysia. Data were extracted from the National Health and Morbidity Survey 2011 (NHMS 2011), which is a nationally representative

sample collected using a 2-stage stratified sampling method. A bivariate probit model was utilized to examine the influences of sociodemographic, lifestyle, and health factors on the likelihood of suffering from depression and GAD. It was found that Age, gender, ethnicity, education, marital status, and self-rated health were significantly associated with depression and GAD. In particular, there were positive relationships between depression and GAD, and younger adults, females, Indian ethnic group, lower level of education, being unmarried, and self-rated poor health.

The main objective of this study is to assess the level of generalized anxiety among medical students in Nigeria and to find a way to effectively manage the symptoms. The specific objectives of the study are to: determine the prevalence of Generalized Anxiety Disorder among medical students in the University of Lagos; examine the influence of socio-demographic factors associated with Generalized Anxiety Disorder and determine the efficacy of Cognitive-Behavioral therapy in the management of the symptoms of Generalized Anxiety Disorder.

IV. Participants and Procedure

The participants for this phase of the study includes ten (10) medical students who scored 10 and above on the Generalized Anxiety Disorder-7 scale (GAD-7). Criterion sampling method is used for this study. Criterion sampling involves the selection of sample based on some pre-established criterion or criteria, which is of importance to the research (Omona, 2013). In this type of sampling, there is a large group of sample and from it we draw a sample that can provide the information, so, the information we get is both in-depth and generalizable to a larger group.

In this Phase of study therefore, participants' selection will be based on these inclusion criteria;

- a) Scores greater than ten (10) on the Generalized Anxiety Disorder-7 questionnaire (GAD-7).
- b) Not in any psychotherapeutic treatment program at the time of assessment and treatment.
- c) Participants who dropped their contact information during the first phase of the study (assessment).

Participants who signed the consent form to be included in the study.

Participants who did not sign and did not meet these criteria will be excluded from the study.

V. Measures

The Generalized Anxiety Disorder Questionnaire was adopted and used to obtain data from the study participants for

phase two (before and after the intervention). The Cognitive-Behavioral Therapy Manual for Generalized Anxiety Disorder developed by St Vincent Hospital in 2010 was also adopted.

Data Analysis

The filled questionnaires were collected. Statistical Package for Social Sciences-23 (SPSS-23) was used to analyze the data using both descriptive and inferential statistics. The descriptive statistics was used to calculate the frequency, mean and standard deviation while for inferential statistics, paired sample t-test and independent t-test was used to analyze the hypotheses.

VI. Results

Demographic Information

This section shows the frequency distribution of respondent demographics questions of 277 copies of questionnaire with variables: sex, age, religion, marital status, and educational qualification.

Table 1: Respondents Demographic Profile

Characteristics	Status	Frequency	Percent
Sex	Male	62	22.4
	Female	215	77.6
	Total	277	100.0
Age	17-21years	115	41.5
	22-26 years	65	23.5
	27-31 years	63	22.7
	32-36 years	34	12.3
	Total	277	100.0
Marital Status	Single	183	33.9
	Married	94	66.1
	Separated	16	33.9
	Total	277	100.0
Religion	Christian	195	70.4
	Islam	82	22.9
	Total	277	100.0

Source: Fieldwork 2022

Table 1 shows the demographic distribution of sampled respondents by showing the sex of the respondents as the number of male was 62 representing 22.4%, while the remaining 215 respondents representing 77.6% were female. This indicates that female respondents responded more than male counterparts. The distribution of respondents in terms of the respondents' age showed that 115 respondents representing 41.5% were within the age bracket of 17-21years, 65 respondents representing 23.5% were within the age

bracket of 22-26 years, 63 respondents representing 22.7% were within the age bracket of 27-31 years, while 34 respondents representing 12.3% were within the age bracket of

32-36years. This shows therefore, that the large number of young people that are between 17-21years responded more.

Table 2: What is the prevalence of Generalized Anxiety Disorder among medical students in Lagos University Teaching Hospital?

Characteristics	Status	Frequency	Percent
Generalized anxiety disorder	Low anxiety	110	39.7
	High anxiety	167	60.3
	Total	277	100.0

Table 2 shows the prevalence of Generalized Anxiety Disorder among medical student’s distribution of sampled respondents by showing the 110(39.7%) have low anxiety while 167(60.3%) have high anxiety. This indicates that majority of the respondents have higher anxiety.

Table 3: What is the prevalence of General anxiety disorder among medical students? Answer to the research question is presented in the table 3 below

Variables	General anxiety		Total
	Low anxiety	High anxiety	
Gender			
Male	10(16.1%)	52(83.9%)	62(100.0%)
Female	100(46.5%)	115(53.5%)	215(100.0%)
Total	110(100%)	167(100%)	277 (100.0%)
Age			
17-21yrs	28(24.3%)	87(75.7%)	115(100.0%)
22-26yrs	19(29.2%)	46(70.8%)	65(100.0%)
27-31yrs	29(46.0%)	34(54.0%)	63(100.0%)
32-36yrs	34(100.0%)	0(0.0%)	34(100.0%)
Total	110(100%)	167(100%)	277 (100.0%)
Marital Status			
Single	67(36.9%)	116(63.4%)	183(100.0%)
Married	43(45.7%)	51(54.3%)	94 (100.0%)
Total	110(100%)	167(100%)	277 (100.0%)
Family types			
Single parenthood	63(64.3%)	35(35.7%)	98(100.0%)
Monogamous	47(40.9%)	68(59.1%)	115 (100.0%)
Polygamous	0(0.0%)	64(100.0%)	64(100.0%)
Total	110(100%)	167(100%)	277 (100.0%)

The table 3 above revealed that among the medical student’s participants, males 52(83.9%) have high anxiety compared to 115(53.5%) of the females. This implies that majority of the male participants have higher anxiety than female participants. The table also revealed that 43.3% young medical student’s participants 87(75.7%) have higher anxiety compared to other medical students’ participants (0.0%). This implies that the young medical students have higher anxiety than older medical students. Information on marital status shows that 116(63.4%) of the single medical students suffers from higher anxiety compared to married medical students 51(54.3%).

Information on family types shows that 68 medical students (59.1%) from monogamous family suffer from higher anxiety compared medical students from single parenthood 35(35.7%).

Test of Hypotheses

Hypothesis 1: Cognitive-Behavioral therapy will be effective in the management of the symptoms of Generalized Anxiety Disorder

Table 4: Independent t-test comparison of generalized anxiety by pre-test & post-test

Variables	Sex	N	Mean	SD	T	Df	Sig.	Pv
JB	Pre-test	10	63.80	12.48				
	Post-test	10	29.10	1.95	8.692	18	0.01	Sig

$p < 0.05$

From the table above, the mean score of the pre-test and post-test of the participants shows a significant difference in the management of the symptoms of Generalized Anxiety Disorder. Mean of pre-test (M=63.80; SD. 12.48) and post-test (M=29.10; SD=1.95). This difference is statistically significant at $df = 18, t = 8.692, p < 0.05$. The hypothesis which states that the Cognitive-Behavioral therapy will be effective in the management of the symptoms of Generalized Anxiety Disorder is hereby accepted.

Hypothesis 2: Male participants will score significantly higher on Generalized Anxiety Disorder than the female participants

Table 5: Independent t-test comparison of generalized anxiety by gender

Variables	Sex	N	Mean	SD	T	Df	Sig.	Pv
Sex	Male	62	69.11	5.93				
	Female	215	65.65	5.63	4.212	275	0.04	Sig

$p < 0.05$

From the table above, the mean score of male and female participants shows a significant difference on generalized anxiety disorder. Mean of pre-test (M=69.11; SD. 5.93) and post-test (M=65.65; SD=5.63). This difference is statistically significant at $df = 275, t = 4.212, p < 0.05$. The hypothesis which state that male participants will score significantly higher on Generalized Anxiety Disorder than the female participants is hereby accepted.

VII. Discussion

The study explored the level of generalized anxiety among medical students in the University of Lagos and to find a way to effectively manage the symptoms. The sole aim of the study is to determine the prevalence of generalized anxiety disorder among medical students in Nigeria, the influence of socio-demographic factors associated with generalized anxiety disorder and the efficacy of Cognitive-Behavioral therapy in the management of the symptoms of generalized anxiety disorder.

The study shows that generalized anxiety disorder is prevalent among medical students in Nigeria. Generalized Anxiety Disorder (GAD) is increasingly recognized as a prevalent issue among medical students in Nigeria, largely due to the high academic pressures, demanding workload, and future career uncertainties they face. Research indicates that medical students often experience high levels of anxiety due to their exposure to stressful environments, such as clinical rotations and exams, which can lead to GAD. The competitive nature of medical education further exacerbates this mental health challenge.

In a recent study, Olumide et al. (2023) found that 31% of medical students in a Nigerian university reported symptoms of GAD. Factors contributing to this prevalence included excessive workload, fear of failure, and inadequate coping mechanisms. Another study by Adewuya et al. (2022) showed a similar trend, identifying GAD prevalence rates of 27% among Nigerian medical students, with higher rates among female students compared to males.

The implications of these findings are significant, as GAD can impair academic performance and overall well-being. Addressing mental health concerns through institutional support, counseling services, and mental health education is essential for reducing GAD rates among medical students in Nigeria. The development of stress management programs could also be beneficial in alleviating anxiety-related issues.

The finding also revealed the influence of socio-demographic factors associated with generalized anxiety disorder. These comprises age, marital status, family type, personal life events, the death of family members, marriage, the birth of a child, family history of anxiety disorder, etc. all these are recognized to contribute to generalized anxiety disorder among the medical students (Kim et al, 2014). It is

evident from the result that people who have high propensity of generalized anxiety disorder are within the age bracket of 17-26 years who are still in school. These students are being plagued with diligent meticulous academic processes that leads to energy sapping and other financial challenges as their engagement in academic activities does not give them time to engage in other businesses to augment their incomes considering the high cost of their textbooks, all these combined to exacerbate their anxiety level. As medical education is considered a costly course which is also associated with other demands such as expensive textbooks, suitable clothing, and medical equipment (Silva et al. 2018). Students from monogamous family also have high propensity to generalized anxiety disorder due to parental cum societal expectation of them to excel in their academic discipline and sometimes these pressures from the parents eclipse the inner mind and distorts the mental alertness thereby giving room for generalized anxiety disorder. Again, death of family members plunges the student to mental distress which may impair the student's academic performance. All these difficulties encountered by medical students affect their mental health. The constant exposure to stressful situations, such as pressure from parents, age, marital status and fear of failure and the labor market challenges are factors associated with increasing susceptibility to different kinds of emotional outbreaks (Tiirikainen et al, 2019). Usually, medical school is known as one of the most laborious, often becoming a hostile environment of requirements which have ultimately a negative impact on the student's academic performance, physical health and psychosocial well-being. There is great difficulty in adapting to the environment of medical schools, due to the distance from family and friends, student workload and amount of content to be studied, intimidation from the faculty, exposure to death and human suffering. These variables contribute to the relatively high numbers of psychiatric disorder cases, especially generalized anxiety disorder, among medical students.

The study unearths the efficacy of Cognitive-Behavioral therapy in the management of the symptoms of generalized anxiety disorder. Cognitive-Behavioral Therapy (CBT) has been shown to be an effective intervention for managing the symptoms of Generalized Anxiety Disorder (GAD) among medical students in Nigeria. Given the high levels of academic and clinical stress faced by these students, CBT provides a structured, evidence-based approach that helps in identifying and altering maladaptive thoughts and behaviors contributing to anxiety.

Recent studies have demonstrated the efficacy of CBT in significantly reducing anxiety symptoms in this population. A study by Akinwale et al. (2023) found that after eight weeks of CBT intervention, medical students with GAD showed a 40%

reduction in anxiety symptoms as measured by the Generalized Anxiety Disorder Scale (GAD-7). The therapy helped students reframe their negative thought patterns about academic failure and clinical performance, reducing the impact of stress on their mental health.

Another study by Olatunde and Omole (2022) reported that CBT was effective in improving coping strategies among medical students. Participants who received CBT were better able to manage their time, handle academic pressures, and practice relaxation techniques, which collectively reduced their anxiety levels. The study noted that students who underwent group-based CBT sessions exhibited greater improvement in managing social anxiety, which is often prevalent in highly competitive environments like medical school.

CBT's focus on skill-building, such as cognitive restructuring and problem-solving techniques, was particularly effective in helping students gain control over their anxiety triggers. According to Adegboye et al. (2023), medical students who received CBT exhibited improved emotional regulation and reported fewer anxiety-induced disruptions in their academic and personal lives.

Overall, these findings highlight CBT's role as a crucial intervention for managing GAD symptoms among Nigerian medical students. The accessibility of CBT, especially through group formats, makes it a viable solution in academic institutions, potentially enhancing both the mental health and academic performance of students.

In conclusion, the study highlights the high prevalence of generalized anxiety disorder (GAD) among medical students in Nigeria. It underscores the significant role socio-demographic factors play in the development of GAD in this group. Additionally, the study confirms the effectiveness of Cognitive-Behavioral Therapy (CBT) in managing GAD symptoms, offering a viable treatment option for improving the mental well-being of affected individuals.

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