Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Nurses' Practices in Addressing Psychosocial Problems of Patients with Physical Illness: A Case in Armed Forces Referral and Teaching Hospital

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November, 2014

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This Thesis is Submitted to the School of Psychology in Partial Fulfillment of the Requirement of MA Degree in Social Psychology

November, 2014

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Acknowledgement

First and foremost I would like to give thanks to the Almighty God who was and is with me throughout my journey. I am very grateful to my advisor, Dr. Girma Lemma for the constructive feedbacks he has provided me from the inception of this project to this end. My thanks go to the School of Psychology for being patient with me. My heartfelt thanks also go the Armed Forces Referral and Teaching Hospital for granting me the permissions to undertake my study; and the study participants both the nurses and patients who willingly responded to all of my questions.

Further, this study could not have been concluded without the deep love and the real commitment of my best friends Mekedes Assefa, Mulugeta Kussa and Senait Mantegaftot. Furthermore, I want to express my deepest love, acknowledgment, and appreciation to my beloved family: for their, support and wisdom; without them I never could have made it this far.

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Abstract

The purpose of the study was to explore nurses' practice in addressing the psychosocial needs of patients with physical illness in the Armed Forces Referral and Teaching Hospital. The researcher used qualitative research method to identify whether nurses in this hospital address the psychosocial needs of patients while caring for their physical needs. Focused group discussion, in-depth interview and non participant observation were used as tools to collect the data. The finding indicated that patients did not get opportunity to discuss and express their feelings in the process of their care and treatment. It also showed that providing psychosocial support is not considered as one of the responsibilities of nurses in the hospital. The practice of addressing patients' psychosocial problems along with physical care need is almost nonexistent. The whole round discussions the nurses supposed to have with their patients usually focuses on the physical illness the patients experience rather than psychosocial support which is also crucial in the caring process. The nurses' workload and lack of knowledge and skill to identify and manage psychosocial problems at an early stage were as well found to be limiting factors that hindered attending to patients' psychosocial needs. Based on the findings, some recommendations are forwarded.

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

There are some images that come to people's minds when thinking about a nurse. For example, white uniform, nursing cap, needles, and bed pans are connected with these images. In contrast, one can associate nurses with kindness, skill, care and intelligence. Many issues influence the way nursing is perceived by the public, by nursing professionals and other colleagues, by those beginning their nursing careers, and by the media. Our history has had a significant impact on the image of nurses today (Kozier & Erb, 2008).

Nursing is defined as caring, commitment, and dedication to meeting functional health needs (physiological, psychological and sociologic) of all people (Gorman & Sultan, 2008). These authors also describe nurses as individuals committed to identifying and meeting the health care needs of other individuals, families, communities and groups.

According to Hogan (2004), nursing care is one of the major components of health care services and the nursing staffs comprise the vast majority of hospital personnel and have the greatest contact with patents. Nurses, rather than physicians, are seen as responsible for the day-to-day activities in a unit. Nurses provide the main connection with patients and offer psychosocial support to both patients and families (Gorman & Sultan, 2008).

As society's health care needs continue to change, nursing will continue to grow and change in response. Based on these needs, nursing offers a huge number of demanding but exciting career opportunities. As a profession, nursing continues to promote excellence in health

care by attracting the brightest and most passionate people (Harkreader, Hogan, & Thobaben, 2007).

The role of a nurse has been developing with time and technological advancement. Kozier and Erb (2008) put the change that has been observed in nursing through time as follows: historically, the sole duty of a nurse was to provide care and comfort to the sick. The expansion of technology, knowledge, health promotion and prevention has expanded the role and functions of the nurse. Nursing functions include activities that the nurse performs independently or collaboratively (Kozier & Erb, 2008).

As a provider of care, the nurse assumes responsibilities for helping the client, promote, restore and maintain health and wellness. The patient is seen as a unique individual and the 'whole' person is considered in the caring process. Not only physiologic concerns are addressed but also spiritual, emotional and social needs (Ladner & DeLauna 2002). Psychosocial support is one part of holistic perspective and allows patients to look for informational and psychosocial support from nurses to help them handle their health (Hogan, 2004).

As stated by Gorman and Sultan (2008), "to maximize quality of care, the nurse should identify psychological impact is present in any illness and the illness threatens the individual and brings to mind a wide array of emotions such as fear, sadness, anger, depression, hopelessness and loss of control" (p.3). They argue that each individual who faces an illness responds differently according to personality, previous life experiences and copying style.

Daily, nurses contact with patient problems and crises that fall in the area of the psychological dimension and the nurses must find ways to deal with them. In general nurses can be good at managing patient's physical health problems and not ready to manage psychosocial

problems (Gorman & Sultan, 2008). This problem holds true to the situation in our country as well.

1.2. Statement of the Problem and Significance of the Problem

Nursing has historically been paying attention to patient support and the best possible outcomes for patients. In nursing, the primary concern is the physical well-being of the patient. However, health is considerably more than mere physical well-being or the absence of disease. Hogan (2004) stated, "The role of modern nursing has expanded to include a heightened emphasis on illness prevention, health promotion, and concern for client's holism" (p.9). Taking this into consideration, all aspect of health are as important as physical well-being, even if they can be ignored for short periods of time to deal with a physical crisis.

Health is multi-faceted and, while the various aspects are all proven to be important, their importance has little effect on health practice. Nurses need to know how to deal with and treat these different areas so that the patient can achieve optimal health. Fentaie and Bosena (2004) said holistic care as a process of promoting health and wellness has come more and more to the forefront of health.

Among the different dimensions of patients that must be addressed by nursing care is the psychosocial dimension. Psychosocial care emphasizes on interventions to assist individuals who are having difficulty in coping with the emotional aspects of illness, with life crises that affect health and health care (Gorman & Sultan, 2008). For example, problems such as depression, anger, anxiety, substance abuse, or grief can influence a patient's response to illness or to the interventions of the health-care system.

Nurses' practice is patient driven and patient centered. Nurses are in unique position to monitor patients and their psychosocial problems. However, there remain barriers that hinder efforts of exploring some of these components of care. Nurses need to be more aware to provide very effective holistic care these included physical and psychological support, social support and spiritual support.

The ability to recognize behaviors that suggest psychosocial problems and to develop skills to manage them effectively not only improves the patients' chances of healing, but can also reduce frustration for nurses (Gorman & Sultan, 2008).

As a nurse who has been working for the past 20 years, I have been able to witness the practice of nurses in addressing the psychosocial problems of patients. There are times when the practice does not match the professional expectations. People who receive service at the different governmental health institutions complain that nurses do not give due attention to their psychosocial problems. Providing psychosocial support to patents is essential but can be an over looked part of nursing care. This indicates that there are psychosocial cares that patients expect from nurses, which has its own impact for the wellbeing of the patient.

Up to now, there is limited research evidence regarding the practice gap in attending to the psychosocial problems of patients by nurses in our country. In our situation, there are few studies focused on psychosocial problems of patients. For instance, a study conducted in Ethiopia by Tigist (2010) on psychosocial problems of women with breast cancer is among those few. The researcher stated that among sixty women with breast cancer, 73% experience anxiety symptom to anxiety disorder, 73%t shows depression symptom to depression disorder, 85% patients experience moderate to severe social stigma and 68% experienced moderate lack of social

support. She concluded that women with breast cancer experience anxiety, depression, social stigma and lack of social support.

Other study done by Mekasha (2007) assessed the psychosocial problems of patients with HIV who are using Anti Retro Viral drugs. This study indicated that majority of respondents were psychologically and socially affected. The most pressing psychological and social problems encountered by clients were depressed mood, lack of disclosure, stigma, and discrimination. It showed that patients faced these problems due to their illness.

The purpose of this study is to explore nurse's practice in addressing psychosocial problems of patients who are receiving inpatient care in the Armed Forces Referral and Teaching Hospital found in Addis Ababa and recommend ways of bridging the gaps. The study can be helpful to educators in the field of nursing by drawing their attention to the essence of psychosocial care and how nurses can address psychosocial problems.

1.3. Research Questions

The study would be guided by the following research questions:

1. What is the practice of nurses in addressing psychosocial problems of patients in Armed Forces Referral and Teaching Hospital?
2. What factors do contribute to practice gaps?

1.4. Objectives

1.4.1. General Objective

- To explore nurses' practice in addressing the psychosocial problems of patients with physical illness in Armed Forces Teaching General Hospital.

1.4.2. Specific Objectives

- To identify nurses practice in addressing the psychosocial problems of patients with physical illness in Armed Forces Teaching General Hospital.
- To identify the factors contributing to practice gaps in addressing the psychosocial problems of patients with physical illness in Armed Forces Referral and Teaching Hospital.

1.5. Limitations of the Study

The aim of this study is to assess the overall practice of nurses towards addressing psychosocial needs of patients in a small scale. The sample size is limited due to lack of resources. As a result, the findings of the study cannot be generalized to the source population; patients and nurses in the hospital, other health institutions in Addis Ababa and the nation in general.

1.6. Operational Definition of Terms

- **Psychosocial problems**: Is a term used to address the psychological and social issues of human needs, considering the person as a whole.
- **Holism:** refers to the belief that human beings can only be understood when examined within their context.
- **Practice:** refers to the acceptable way of doing things in the profession of nursing.
- **Inpatient Care:** is the care of patients whose condition requires admission to a hospital.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Introduction

Ladner and DeLaune (2002) defined nursing as "…the science and art of providing nursing care to promote health, prevent illness, restore health and alleviate suffering of individuals' family and the society at large"(p.9). All nursing measures focus on the person receiving care and are a combine of the art and the science of nursing. Kozier and Erb (2008) explained that nursing care is one of the major components of health care services and the nursing staff more involves in these services and have the greatest contact with patients than other health professionals.

Nurses, rather than physicians, are seen as responsible for the day to day activities on a unit. Nurses provide the main connection with patients; act as patient advocate with other care providers, give physical, emotional, psychological and spiritual support to patients and families. In their teaching capacity, they also play a key role in post hospital adjustment (Kozier & Erb, 2008).

Nursing consists of autonomies and collaborative care of individual, families, groups and communities in both health and illness in a variety of practice settings (Harkreader, Hogan, & Thobaben, 2007). Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (Ladner & DeLaune, 2002).

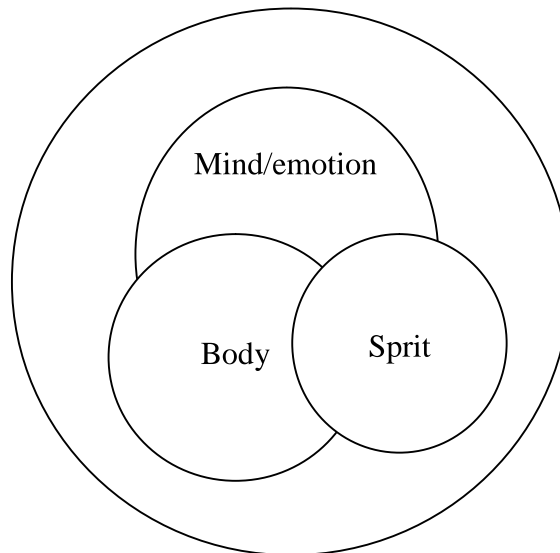
> *The nurse takes personal responsibility and accountability for nursing practice, and for maintaining competence by continual learning. The nurse maintains a standard of personal health such that the ability to provide care is not compromised. The nurse uses judgment regarding individual competence when accepting and delegating responsibility. The nurse at all times maintains standards of personal conduct which reflect well on the profession and enhance public confidence. The nurse in providing care, ensure that use of technology and scientific advices are compatible with the safety, dignity and rights of people (Ethiopian Nurses Association, 2003, p.1-2).*

Hogan (2004) wrote that a major goal for nursing would be that it can continue to provide high quality physical care that it currently does and also meet the needs of the patients holistically. The concept of holistic nursing care is a movement that has great implication for nursing. No longer do nurses focus only on the medical problems but they possess the technical skill needed for the client's physical, psychosocial, and spiritual dimension that makes each individual unique. This focus allows the nurse to provide care that is person centered and wellness oriented (Kozier & Erb, 2008).

According to the Ethiopian Nurses Association (2003), "nursing care is given in a context of the holistic nature of humans understanding to the mind-body-sprit. Nurses provide service to clients who can be individuals, families, groups or communities as a whole." (p13). Health care is intended to cover care for the whole human being. Nursing in the past focused on patient support and the best possible outcome for the patient. Until recently, the primary concern in nursing had been the physical well-being of the patient. However, health is considerably more than mere physical well-being or the absence of disease.

2.2 Holistic Health

> *Holistic health is based on the interdependence of the body, mind and spirit. The term 'holism' also refers to the beliefs that all people cannot be fully understood if examined solely in peaces apart from their environment. This interdependency of body, mind and spirit in dynamic interaction with the environment is being recognized as fundamental to heath promotion effort (Fentaie and Bosena, 2004, p.5).*



Diagrammatic Presentation of Holistic Health

Berehane, Balcha, Tsehay, Cheru, & Zuriash (2007) described that "holistic model recognizes the strength of the social, economic, political, and environmental influences on health. Holistic model corresponds to the view held by the ancient belief that health implies a sound mind, in a sound body, in a sound family, in a sound environment" (p.7-8). The holistic approach implies that all sectors of society have an effect on health, in particular, agriculture, animal, husbandry, food, industry, education, housing, public works, communications, and other sectors. The importance is on promotion and protection of health.

Harkreader et al (2007) put “holistic care identifies nursing care that goes beyond physical needs to include spiritual, cultural, social, and psychological needs to help an individual achieve health” (p.4). According to Hogan (2004) people are whole and indivisible. This means that it is impossible to pin point in spirit, the personality, the will, or the values that an individual holds dear. Nursing approach that deals only with the mind or only with the body is inadequate.

Patients who receive holistic care generally do much better than those who do not. It is also well documented that those with a good support which provides good physical, psychosocial and spiritual do much better than those without it (Chapple, Ziebland, & McPherson, 2006). The nurse must aim to provide holistic support to all patients so that they may achieve the highest level of wellness possible.

2.3 Holistic health and nursing practice

> *Basic to the scientific body of nursing is the commitment to the “whole” person although the holistic role of the nurse has become more openly promoted in the 1960s and 1970s; historically nurses have always valued the idea of the consideration of the “whole” person. Nightingale, in her chapter entitled “Variety”, included that “A patient can just as much as move his leg when it is fractured as change his thoughts when no external help from variety is given him. This is ended, one of the main sufferings of sickness, just as the fixed posture is one of sufferings of a broken limb” (Fentaie and Bosena, 2004, p.12).*

Holistic nursing focuses on promoting health and wellness, assisting healing, and preventing or alleviating suffering (Kozier & Erb, 2008). Holistic care identifies nursing care that goes beyond physical needs to include spiritual, psychological, social and cultural, needs to help

an individual to accomplish health. Nurses are concerned with the individual as a whole complete or holistic person not as an assembly of parts and processes.

Ladner and DeLaune (2002) described that holism in nursing give stress to the fact that, nurses must keep the whole person in mind and make every effort to understand how one area of concern relates to the whole person. The nurse must also consider the relationship of the individual to the external environment and to others.

Holistic care is an integrated process which involves all areas of a person while on the path to health (Heiskanen, 2005).The idea of holistic care is based on the idea that health is more than the absence of disease. Holistic care has a great implication for nursing. No longer do nurses focus only on the medical problem or the technical skills needed for client care. The physical, psychosocial, and spiritual dimensions make each individual unique. This focus allows the nurse to provide care that is person centered and wellness oriented.

A holistic care is becoming more and more a focus of health care in general, it is necessary to look at the role nurses play in providing psychosocial support in the hospital setting. A study on cardiac patients evaluated the nurses role in providing holistic care and concluded that the nurse is the most effective and accessible person to provide for patients holistic care (Halm, Myes, & Bennetts, 2000).

A study of diabetic patients in china who were experiencing anxiety and hopelessness found that psychosocial support was actually valued above practical knowledge. While requesting genuine concern and understanding one patient stated “Giving me medicine, you are treating 30 percent of my illness, if you could treat my heart; you could have treated 70 percent.”

(Shiu & wong, 2002, p.10). Recently, nursing has valued psychosocial support as critical part of the role of the nurse in providing for holistic care and healing (Hogan, 2004).

2.4. Benefits of Holistic Care

Hus, Phillips, Sheraman, Hawkes, & Cherkin, (2008) argued that holistic care helps the patient to engage with their interventions and absorb them into the treatment of their disease process. While psychosocial support is only one aspect of holistic care, it is basically important one, because it helps the patient become physically, psychologically and socially involved in the path to his own health. If the patient feels that an intervention will help him emotionally and socially, spiritually and psychologically as well, he is much more likely to continue with the treatment.

A unique aspect about this form of care is that by addressing all areas during care, the nurse can increase patient health in a more efficient way. If people have a plan of care that involves all aspects of their being, the plan of care has higher chance to succeed.

2.5. Psychosocial Problems

Gorman and Sultan (2008) said, "Psychosocial problems are present in any illness. Illness makes threats the individual and inducing a wide array of emotions, such as fear, anxiety, sadness, anger, depression, isolation and loss of control" (p.3). They argue that each individual who faces an illness responds differently according to personality, previous life experiences, and coping style.

Ladner and DeLaune (2002) suggested that illness cannot be separated from person psychological, social or cultural context. There is a need to view a person holistically to

understand his illness and focus on the role of individual health behaviors, and life styles and a social, cultural and institutional environmental as they equally affect individual and community health.

Academy of Medical Royal Colleges (2009), described that becoming physically ill may generate many distressing emotions, which can range from feeling vulnerable to becoming hopeless, while people react differently, most go through a dynamic process that changes over time. This process may engage primarily assess the threat or meaning of the illness, followed by a period of adjustment where the patient understands the information and develops coping mechanisms.

Physically ill patients with poor psychosocial health have poorer outcomes, fewer adherents to treatment, use more health care resource and have a poorer quality of life than those with good psychosocial health (NHS employers, 2011).

Currid (2012) affirmed that the psychosocial health of physically ill people has received more attention from other health care professions than it has from nursing. Many patients with physical illness have high rates of psychological distress and social isolation resulting in poorer quality of life, higher rates of consultations, a greater use of health care services and poor adherence to treatment.

O’connel (1998) argued that emphasis must be given to the psychosocial wellbeing of patients with deep appreciation of patients. This demonstrates the high value nurses placed on the psychosocial needs of their patients, and indicated that fulfilling those needs was often a major focus of care for those patients requiring a disproportionate amount of nursing resources.

Sand (2003) noted that a high level of psychosocial support frequently needs to be delivered by nurses in a general setting.

Achempim, & Donkor, (2012) wrote that the participants in their study experienced psychological problems, depression, anxiety/fear and anger about their dependence on treatment for their survival. Social experiences included challenges encountered with their sexual activities, intentional self isolation from gatherings, and strained interpersonal relationships with family members and friends. Approximately one quarter of people with physical illness develop mental health problems as a consequence of their condition Academic of Medical Royal College (AMRC, 2009).

A study done by National Institute for Health and Excellence (NICE) (2009) illustrated that rates of depression in adults with long-term physical disease such as diabetes, hypertension and cardiac conditions were double than those in healthy controls; in other conditions, such as end-stage renal failure, Chronic Obstructive Pulmonary Disease (COPD) and cerebrovascular disease, the rates were triple than the healthy controls. The presentation of the result also indicated that the diagnosis of anxiety is less common than depression in medically ill patients; nevertheless, many patients do experience symptoms of anxiety that can cause significant distress.

Evidence suggests that 25% of people attending emergency and outpatient departments with acute chest pain have panic disorder and that the prevalence rate of panic disorder in patients with Chronic Obstructive Pulmonary Disease (COPD) is in the region of 67% (Increasing Access to Psychological Therapies, 2008a).

Anxiety symptoms such as worry and rumination are also common in people with coronary heart disease (CHD), thyroid disease, palliative care, pain-related disorders, stroke, pregnancy Academic of medical Royal Colleges (AMRC, 2009) and many other physical states that require investigations and a period of waiting for a diagnosis.

At this point, it is pertinent to remember that not all patients presenting with psychological distress have a medical diagnosable condition. Medically unexplained physical symptoms (MUPS) account for up to 20% of new consultations in primary care, and this figures rises to an average of 52% in secondary care consultations. It is thought that up to 70% of people presenting with MUPS will also be experiencing depression or anxiety (Increasing Access to Psychological Therapies, 2008a). Psychosocial problems can occur at any time along the diseases course.

There was a study conducted in Ethiopia by Tigist, (2010) on psychosocial problems of women with breast cancer. The researcher stated the following:

> *…among sixty women with breast cancer, 73% experience anxiety symptom to anxiety disorder, 73%t shows depression symptom to depression disorder, 85% patients experience moderate to severe social stigma and 68% experienced moderate to lack of social support. She concluded women with breast cancer experience anxiety, depression, social stigma and lack of social support.*

Mekasha (2007), after studying the different psychosocial problems that patients with HIV/AIDS who are using Anti Retro Viral drugs has revealed that these patients undergo through different psychosocial problems. He stated,

> *…majority of respondents in his study were psychologically affected due to a number of factors such as depression, stress, and feeling of shame. He also showed the most pressing psychosocial problems encountered by clients were depressed mood, Lack of disclosure, stigma and discrimination.*

Physical illness can lead patients to psychosocial problems.

2.6. Psychosocial Support

The goal of psychosocial support for physically ill patients is to provide patients with the chance to express their feelings and concerns, to increase their ability to cope with treatment stresses, to improve their quality of life, to decrease their complaints, to help them develop new condition (Aysun & Olcay, 2008). Psychosocial support involves the culturally sensitive provision of psychological, social and spiritual care (Kozier & Erb, 2008).

Psychosocial support is one of the corner stone's of nursing practice and is often the reason a person choose nursing as career (Mcqueen, 2004). Psychosocial support is also known to be a key factor in reducing anxiety in hospitalized patients (Kang, 2002).

Psychosocial support seen as systematic formalized care designed to detect, address and help patient's struggle psychological distress and social problems and may also include discussion with patient about their health progress and referral to other departments as needed. Generally it is part of holistic patient perspective and allows patients to seek both informational and psychosocial support from nurses to help them manage their problems.

Nurses play a unique role in supporting patients: by building conversation with patients nurses can begin to understand how patient view themselves as individual, what is important to

them, and how their relationship with others may affect their decisions and their ability to live to those decisions during their treatment and beyond (Ellis, Blouin, & Lockett, 2006).

According to Heiskanen (2005), there are several interventions which are part of the core of providing psychosocial support. Patients reported wanting psychosocial support from their nurses to decrease their anxiety, worry and the like. They also defined several components of psychosocial support. Psychosocial support was to include “facing the patients as individual, increasing provision of psychological, social and spiritual care and increasing the patients trust and faith in the future” (Heiskanen, 2005, p. 60).

There have been different studies done on the presence and quality of psychosocial - support in patients with different diagnosis. In a study on those diabetes the researchers discovered that patients desired emotional support from health care providers and related, it high on their list of need (Shiu & Wong, 2002).

Other study on patients with breast cancer survivors were evaluated based on cancer recurrence level and emotional and social support systems. Patients who had a higher level of emotional and social support had lower recurrence rate (Label, Rosberger, Edgar, & Devins, 2008). In another study, patients with psychological issues such as depression showed an increased need for psychosocial support to help them as they recover from their illness (Clark, Cook, & Snow, 1998). Intensive care patients have been found to need emotional support while transferring from an intensive care unit to a regular unit, as the change in the level of care may be frightening to them (Chaboyer, Kendall, Kendall, & Fosterr, 2005).

A study By Kenny, Endacott, Botti, & Watts, (2007) found up to 60% of patients diagnosed with cancer have major difficulties dealing with psychological issues and these

patients report oncology providers do not consider psychosocial support integral to their care and fail to recognize, adequately treat. Psychosocial support is important, it has an impact on quality of life and encompasses a broad spectrum of issue in patients care including physical, social, cognitive, spiritual, emotional and role functioning.

2.7. Limitation to Providing Effective Psychosocial Support

To provide effective psychosocial support, it is a requirement that nurses build a relationship with their patients. However to build this relationship, there is a need to gain the patients trust and it is not until this trust is gained that psychosocial support can be provided. Many times patients are reluctant to ask for help if they do not feel an urgent or immediate need for it (Okoyuma et al., 2008).

According to Kenny et al. (2007), there are stigmas associated with being the needy patient and with needing emotional and psychological support. For many patients, asking for psychosocial support and reassurance seems the last recourse .Nurses are taught to offer services and to normalize the process, experiences and emotions that accompany being ill (Hogan, 2004).

Research has shown that providing psychosocial support is one of the most important tasks for the nurse. However, many nurses feel that they do not have time to help patients with psychosocial issues. According to the American Nurses Association (ANA) (2001) staffing survey (2001), 56% of nurses believe that their time for direct patient care diminished due to increase inpatient load, a decrease in the quality of patient care and a delay in providing basic nursing care. This means that nurses are less likely to be spend time with patients on other tasks and may have to limit psychosocial interventions.

One study discovered that the nurses were aware that they were unable to provide support in areas that are important to patients. From the nurse interviewed, 64% felt over worked and that they did not have enough time to provide psychosocial support and to help relieve the anxieties and fears of their patients. One nurse reported, "We have to give them medication to keep them alive, we have to make sure they can breath, and we have to help the heart going .Things after that get missed" (Kalisch, 2006 p.3).

There are many reasons that nurses have difficulty in providing proper psychosocial support. Many of these stem from nursing staffing situations shortage of man power, when there are not enough nurses to provide the optimal nurse/patient relation, some care missed (Kalisch, 2006). One of the primary causes of inadequate psychosocial support to patients is that nurses feel they are over worked and therefore must prioritize interventions.

The American nurses Association (ANA) survey (2001) showed that nurses are worried about their patients, and care for them. They reported 2,928 out of over 7,000 nurses felt that they were powerless to change their situation to provide safe and effective care to their patients. 1,931 of these nurses reported being frightened for their patients.

There is a very large amount of frustration in the nursing field today because of the decreased level of care. Nurses care for their patients and want to see conditions change for the better. One of the most striking facts is that according to the American nurses Association (ANA) survey (2001), over half of nurses would not recommend nursing as a profession for friends and family members. This speaks deeply to the frustration that nurses feel with their work place and, their ability to make a difference.

Botti et al. (2006) argue that high work load and lack of available time were cited as potential barriers that limited nurse's opportunity to sit down and engage in conversation with patients to elicit their needs. Other study evaluated the barriers to psychosocial support in lung cancer patients and discovered that many of these were due to insufficient emotional communication with care provider (Okoyma et al., 2008).

In a study, Kalisch (2006) reports that nurse feel a high level of guilt, frustration, and regret that they are not able to provide quality care. One of the nurses interviewed reported that though it bothered her that she is not able to give good care, she felt pulled in many different directions and was not able to provide the care she wished she could.

There are many barriers to nurses providing adequate psychosocial support. Many of these barriers are manmade and can be changed. The fact that research shows that patients' desire and need from their nurses is very encouraging, as understanding the problem is the first step to finding solution. Nurses must realize the need for their involvement in order for patients to begin to receive adequate psychosocial support.

By providing appropriate psychosocial support, the nurse can decreases the time patients are in hospital with side effects relating to psychosocial problems. Hospitals and health care centers are looking for cost effective ways to help meet budget demands whilst still achieving patient satisfaction. This study will hopefully be influential upon leaders in the field and will help initiate change.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Study Design

Flick et al., (2004, p.14) quoting Steinke (2004) stated, “Research design is a plan for collecting and analyzing evidence that will make it possible for the investigator to answer whatever questions she or he has posed”. According to them, this design touches almost all aspects of the research from the minute details of data collection to the selection of techniques of data analysis.

The researcher followed exploratory design to conduct the research. Exploratory design is a type of qualitative research that allows researchers to employ multiple data collection methods, facilitates the gaining of richer understanding of abstract issues concerning a group under study.

This study mainly deals with exploring and explaining the nurses’ practice in addressing psychosocial problems of patients with physical illness. As a result, in designing this project, qualitative method was emphasized as one main angle to the study. This was done for the reason that “qualitative research is noted, above all for its explanatory power and for the richness and depth of information it generates” (Holland & Cambell, 2005, p.5).

> *Qualitative tends to rely on detailed intricate and thick description of events which may convey the complexity of the situation and provide the reader with sufficient detail to judge for himself whether the researcher’s interpretations of the phenomenon is justifiable and relevant for other circumstances (Denscomber 2003, p.233).*

3.2. Study Area

The studies were conducted at Armed Forces Referral and Teaching Hospital. This hospital is situated in Ledeta Sub City to the southwest part of Addis Ababa, the capital city of Ethiopia. It is a tertiary level specialized Referral and Teaching Hospital catering the demand of Ethiopian Defense Forces. Armed Forces Referral and Teaching Hospital accepts referral cases from all the command referral hospitals including the Air Force Hospital.

There are 200 staff nurses and128 medical professionals. It has 600 beds ready to expansion. It is at the forefront of cutting edge technology and is the leader in providing cost effective Medical-care to patients, and still striving to provide service excellence through an ideal blend of medical expertise.

Suffice to mention, the Armed Forces Referral and Teaching Hospital at the present state is tenacious to provide ample medical service to members of the Defense Force and their surrogates.

Through perseverance and overwhelming commitment of the medical professionals of Armed Forces Referral and Teaching Hospital and paramedics alike, the horizon of service provision has remarkably escalated to attend to the convenience of its customer.

Taking in to account the full-fledged service delivery and the diversified spectrum of sub specialty dispositions, Armed Forces Referral and Teaching Hospital is edging to excellence by all reasonable standards and now it is capable of rendering concordant Level III medical service.

All the necessary requirements to a Level III medical set-up is robustly fulfilled and it is therefore imperative to proclaim that Armed Forces Referral and Teaching Hospital acquired ample proficiency as outlined and stipulated by the United Nation requirement formant.

3.3. Study Period

The data for this study was collected from May 1 to May 31, 2014. This time was chosen simply because it was the data collection schedule for this study.

3.4. Study Participants

Selecting research participant is believed to be one of the important aspects of planning and designing a research study. In fact, "the specific research design used in a study often determines how the participants will be selected for inclusion in the study" (Dematteo, Marczyk, & estinger, 2005). The research being investigated, the research design being used, and the availability of an appropriate numbers and types of study participants are among several factors that determine how potential participants are selected (Dematteo et al., 2005).

The design of the study is qualitative and more specifically exploratory design. Such a study requires employing qualitative data collection methods that demands due care and time. Therefore, the number of nurses and patients involved in the study are limited.

The selected nurses are head nurses and staff nurses involved in actual patient care in AFGTH during the study period. The selected nurses are those who are involved in patient care for more than two years.

3.4.1. Inclusion Criteria

The patient inclusion criteria focus on two aspects: the first is the age of the patients and the second is the time on which they received care in the Hospital. Patients who are 18 years and above and patients who were receiving inpatient care during the study period for 15 days and above were selected to participate in the study. The patients who were conscious and able to express their idea were part of the study.

3.4.2. Exclusion Criteria

Not all the nurses and patients that fulfill the inclusion criteria are involved in the study. Nurses who are involved in non-clinical services and nurses who refused to participate in the research were excluded. Similarly, patients who refused to participate and patients who were unable to hear and those who were mentally disabled and unconscious were excluded from the study.

3.5. Sample size and Sampling Procedure

In the first step, five inpatient units that fairly represent all the inpatient departments in the hospital and have at least 50% their beds occupied were purposefully selected. Then three head nurses and two staff nurses who are working in the selected five units were included for the in-depth interview and observation.

From among the inpatients that were being treated in the five units, 18 patients were purposively selected. These 18 patients were divided into 3 groups containing 6 patients each. The three groups participated in focus group discussion at different schedules.

3.6. Data Collection Instruments and Procedures

Data were collected with the help of an in-depth interview guide, a focus group discussion guide and an observation checklist. The data collection instruments were prepared based on the review of related literature.

The researcher had a prior discussion with the selected participants and with the administration of the Hospital. After permission and consent was acquired, convenient time and venues were selected for data collection.

3.6.1. In-depth Individual Interview

According to Dematteo et al., (2005), a thought interview is a form of self report that is relatively simple approach to data collection. Although simple, as they stated, it can produce a wealth of information and is also an efficient way to collect a wide variety of data that does not require formal testing.

Hence, in depth individual interview was another versatile approach applied in this project. It was conducted with relevant individuals at different levels lead to the construction of the study case. The researcher performed in depth interview with five head nurses who are working in the selected units head nurse. They were from medical B, medical A, surgical B, orthopedic and obstetrics and gynecology units.

In the process of conducting this, a semi-structured interview question guide was used to ensure consistency between the research issues and the data gathered. Related to this, Deacon (1999) stated that:

> *Semi-structured interviews abandons concern with standardizations and control seeks to promote an active open ended dialogue… The interview controls the discussion by referring to an interview guide that sets out the issues to be covered during the exchange (p.65).*

Moreover, a decent effort was made to make the guide questions to have a quality of stipulating and presenting the effective, cognitive or perceptive and value-oriented meaning about the nurses' practice in addressing psychosocial problems of physically ill patients.

Most questions asked were loose and open ended, an interactive conversation were created between the interviewees and interviewer. Interviews were recorded on audio cassette based on the consent of the interviewee. The researcher also took notes while the interviewees answered the questions.

3.6.2. Focus Group Discussions (FGDs)

"Focused group discussions can be extremely useful techniques for obtaining individuals' impressions and concerns about certain issues, services or products" (Dematteo et al., 2005). Moreover, Buddenhaum and Katherine (2001, p.127) also stated, "Focus group discussion makes the response possible to probe beneath surface opinions behaviors towards the research project."

As Dematteo et al., (2005) stated FGDs enable a researcher to obtain data from a relatively large number of participants in a short period of time. They observed that "the information obtained from focus groups can provide useful insight into how various procedure, systems, or products are viewed, as well as desired and concerns of a given population." A similar view also states:

> *Focus groups have proved popular in this area because they seem to produce rich qualitative material well suited to detailed interpretive analysis (transcripts of people discussing their views and actions in their own words, and in some degree, on their own terms) (Deacon, 1999, p.55).*

The FGDs were undertaken in the purposively selected units. 18 ambulatory patients from three out of the five selected units were selected to participate in three focus group discussions. The units were randomly selected and the 18 patients were put in groups of 3: each group containing 6 members.

The discussions were guided by pre-planned focused group discussion guide prepared by the researcher. The researcher facilitated the discussions and based on the consent of the participants, the conversations were tape-recorded and notes were taken by the researcher.

3.6.3. Non Participant Observation

In an attempt to double check as well as to get a clue of understanding about the truthfulness of the information discussants and interviewees were giving, the researcher implemented a systematic observation approach. The researcher prepared an observation checklist based on the review of related literature. The checklist was used to identify the different ways the nurses employ to address the psychosocial needs of the patients. The researcher received prior consent from the Hospital and nurses to conduct the observation.

3.7. Data Analysis

Audio taped data from the Focus Group Discussions and interviews were first transcribed. Then field notes and the transcriptions were coded and recoded to identify major categories looking for relationship among the results obtained through the three techniques and with relevant literatures were the techniques used to interpret the finding.

CHAPTER FOUR

RESULT AND DISCUSSION

4.1. Result

In this section findings obtained through the three qualitative techniques are presented under the four major categories identified during the data analysis process. The first part of the section describes profiles of study participants.

4.1.1. Participant's Profile

Three Focus Group Discussions with a total of six discussants under each were conducted. Participants of the two Focus Group Discussants were all male soldiers. The third group was composed of females, two of whom were soldiers and the remaining wives of soldiers. All of the participants in the three Focus Group Discussants have stayed in the hospital longer than two weeks time. Discussants in the two focus groups were selected from medical wards and six who were included in the remaining one were from surgical ward.

Three head nurses from Emergency room, Surgical and obstetrics and gynecology; and two staff nurses from medical and paraplegic wards were the subjects for the in depth interview.

The non participant observations were carried out in five wards, two surgical, one medical, one paraplegic and one from emergency room.

4.1.2. Nurses' Interaction with Patients

In all of the wards where observations of nurse practices were done, each day started with similar routines; putting on work uniforms; receiving reports from nurses who were in charge during the night shift; checking the availability and adequacy of medications, other supplies and

writing prescriptions to refill items that are out of stock. The researcher observed that only one nurse had reviewed medical records of patients to see if there were new orders. Visiting /greeting patients that aimed at seeing how they made through the night were the activity all the nurses perform except one. Among the nurses who visited patients before starting the nursing cares, only one seen to conduct visits to individual patients were as a group greeting was done by the rest.

Patients were observed to experience happiness and enlightenment when they received the greetings of the nurse who used the individual visit approach. Regardless of the approach that the nurses were listing to conduct the morning visits, it looks that the nurses expected nothing or a simple positive response from patients, to the “Good Morning” greeting they forwarded to the patients.

Almost all nurses execute their daily activities as if they were in hurry. They didn’t take time to listen and respond to patients concerns. There almost were no verbal communications happened with patients while the nurses carryout nursing procedure; administer prescribed medications; check vital signs; take blood samples for running laboratory test.

The mood the nurses started their day at the hospital was noted to affect their interaction they had with their colleague, the way they respond to correctable mistakes their colleagues have made and more importantly their interaction with the patients; individual, whose health condition is dependent on the quality of service the nurses provide correcting misconceptions. Patients may have on the treatments they are receiving and explaining the reasons behind performing each procedure will be more difficult to a nurse who is in the before mentioned state. This was witnessed in one of the words, where the nurse started her daily activities with a frowned face and with no greeting or other kind of communication with the patients. She came across a patient

who takes the medication prescribed to him. He threw the medication this nurse had prepared to provide to him. It was similar to the one he took the hour before. From his actions and responses it seems he was attempting to protect himself from “Incorrect” medications in response to his refusal the nurse didn’t show any effort to take time and explain the difference between the medications he was receiving. She instead simply left the patient by altering it wasn’t her business. This indicates that she was not caring for the patient at that moment.

It was observed that the focuses of all nurses in providing patient care were addressing the physical care need of patients. None of them have made attempts to identify and respond to the social, psychological, spiritual needs of the patients as witnessed from the observation.

4.1.3. Psychosocial Problems Experienced by Patients

The Focus Group Discussants have expressed that they had experienced fear, stress, anxiety, depression, loneliness, and hopelessness which are common psychosocial problems patients admitted in the hospital experience. The interviewed nurses had also witnessed the same problems. Long time separation from family and friends was the reason mentioned by some patients for the loneliness feeling, stress and anxiety they experienced. A patient in medical ward said “I am very sad because I am staying here away from my family”. A patient of surgical ward has also reported to have “a bad feeling” for being separated from family and friends.

Fear of death or uncertainty on the course the disease might take is the other reasons the patients reported to contribute to the stress and anxiety they experienced. “I am very much worried for I feel like I will pass away” was what was stated by a female patient in medical ward when she was asked for the presence of psychological or social problem she was experiencing in relation to her physical illness. A patient in medical ward who reported to visit many hospitals

but didn't get an ultimate solution instead was suffering from the side effects of medications he was taking, also reported fear of more serious complications and death. Incurable nature of diseases and the need for taking medication for the rest of one's life, anticipated stigma and discrimination, and dependently on others for executing activities of daily living were situations patients reported to contribute to the hopelessness and helplessness feelings they experienced.

4.1.4. Nurses Response to Psychosocial Need of Patients

The way nurses respond to psychosocial needs of patients was assessed from the perspectives of the patients and the nurses themselves. The results below are sectioned scoring by:

I. Patients Perception towards Nurses' Response to the Psychosocial Needs they Experience

Host of the Focus Group Discussants reported that it is the head nurses who would perform morning visits and greet them every day before they start their daily activities. The physical care need was the focus of nursing care as stated by most of the patients. A patient in medical word reported that "they support us with what they can when we are in pain they will give me a painkiller". Response of another patient in similar ward read as" they help us with the treatment we are receiving. I didn't see any other support other than this" supported the former report. The practice of asking patients if they are having any problems was mentioned to be nonexistent by a patient in similar ward. He said "I have not seen a nurse who takes time to counsel and wanted to know if I have any other problem."

II. Nurses Perception towards their Response to Psychological Needs Patients' Experience

The nurse admitted that patients experience psychosocial problem that are associated to their physical ailment. Most of the nurses, however, agreed that their nursing care is centered on addressing the physical need of patients. Though not consistent, identification of psychosocial problem of patients and taking the necessary measures to address them were reported to be practiced by some of the nurses. Identification of the psychosocial problems were done either if reported by the patients themselves or become overt. In the following section, the perception of nurses on how they usually respond to psychological needs of patients will be discussed. The nurses' names were avoided for the sake of not revealing their identity. Instead, N1, N2, N3, N4 and N5 are used to represent the five interviewed nurses. Accordingly, N2 reported that "when the patients tell us their problem or we came to know that they are suffering from these problems, we will try to address them". The extent of support provided to patients with the indentified problems range from counseling and encouragement made by the nurses themselves to referral made to a psychiatrist for better evaluation and management of the conditions "when the problems pressurize us, we try to solve them according to their severity.

We will send them to the psychiatrist if the problem is beyond our capacity" was the account of N3 with their regard. Encourage patient to cope up with their situation was mentioned by N4 as the only measure that will be taken if a patient is identified as having a psychological problem.

The gap with regard to addressing psychosocial needs of patients was partly attributed to the work load and lack of knowledge the nurses have on the ways to indentify and respond to the

problems “Because of the workload we have and lack of knowledge we don’t practice it’ was the account of N2 in relation to the lacking practice. Two nurses have pointed out that the inadequate emphasis given to holistic nursing care concepts, tools and practice during the pre-service nursing training has attribution to the observed practice problems. Nonetheless N1 had a different view point. She believed that the depth holistic nursing care is addressed during the preserves training is adequate, and according to her all senior nurses provide holistic care. She added the skill to address psychosocial problems is something that improves through time and with the right kind of feedback we support the junior nurses to improve their skill with this regard.

4.1.5. Patients Participation in the Care Process

All except one nurse reported that the practice of involving patients in treatment decisions that will be made on their body is non-existent. N2 said that “we usually do not involve patients in the decision making process. We do only what is prescribed by the physician”. Carrying out what is decided and prescribed by the physician was reported to be the norm. To the contrary, N1 reported that “we present choices to the patients concerning the treatment they are receiving and we work on the choices they decided to take.” This nurse’s idea was, however challenged by the discussants in the FGD.

A report from the Focus Group Discussions was in accordance with what was expressed by majority of the nurses. “I have not seen them giving us information or making us to participate in the treatment plan” was what was uttered by a patient in medical ward. Another patient from the same ward concurred with the former patient statement and said that “we don’t have any information about the drugs we are taking; when does change. More drugs added or dropped”.

4.2. Discussion

4.2.1. Introduction

The analysis of the data collected using the focused group discussion, in-depth interviews and observation revealed key issues concerning the psychosocial challenges patients face and how they are addressed by nurses at Armed Forces Referral and Teaching Hospital. In this section, the identified issues are categorized under three major groups and are brought in dialogue with the review of related literature.

4.2.2. Patients' Psychosocial Needs

Within the notion and practice of nursing lies a deeper commitment of nurses to the holistic wellbeing of patients. Holistic nursing advocates that all patients have more dimensions to them than just their suffering body.

Among these aspects of human beings that require attention is the psychosocial dimension. It refers to the way people perceive and relate to themselves and people around them. Even afflictions that are not directly related to patient's emotional and social dimension, can affect their psycho-social wellbeing. Different forms of ailments hinder patients from performing their usual activities, some forms of diseases may defy treatment and/or patients may feel that they are not receiving the treatment they needed. When such things happen, patients naturally fall into psychosocial crisis that can be expressed in the form of anxiety, depression, isolation, loss of control and so on (Craven et al., 2002).

When we see the practice in Armed Forces Referral and Teaching Hospital in this aspect, the interviewed nurses revealed that the patients experience different kinds of psychosocial

problems. The nurses revealed that some patients feel depressed because of things that they did in the past. For instance, N2 said, “One of my patients was usually depressed because he contracted HIV after engaging in unsafe intercourse on his graduation party.” N3 also mentioned that some of her patients feel unhappy and distressed about their family situation and feel anxious about returning home after their treatment.

The nurses also identified the sickness of the patients as the greatest source of psychosocial problems they face. They affirm that the more serious the ailment, the deeper the psychosocial problem the patient go through. N5 stated, “All patients need psychosocial support. But the degree of their problem differs according to their diseases. A patient with chronic illness or bad progress is more exposed to such problems.”

The data collected using the focused group discussions also points to the same result. Loneliness, anxiety, fear, and isolation are among the commonly known psycho-social problems expressed recurrently by the patients. Most of the patients have their own families. According to them, the nature of their sickness or lack of the attention given by the hospital has made them spend more than a week and in some of the cases over a month at the hospital. This has made most of them feel a strong sense of loneliness. A patient in medical ward stated, “I feel unhappy because of staying away from my family.” A similar feeling was also expressed by another patient in surgical ward who said, “It is difficult when you are involved in an accident. The worry makes me give up. I feel bad that I am separated from my family and friends.” For some of them, the condition of the hospital in which they have to stay for a long time has made the feeling of separation even stronger.

Most of the patients experience anxiety. Some of them reported to have stayed for long time in the hospital without receiving treatment. They say that the feeling of being neglected by the hospital and the possible complications which they think may occur due to not receiving the treatment in time make them feel anxious. A patient in surgical ward said, “I was told that the disease could be removed with a minor operation at first. But it has been a month since I was admitted to this hospital. I did not receive any medical or surgical treatment. This by itself brings psychological problem.”

Others suffer from anxiety because they feel that their case is hopeless. In some cases the patients do not see improvement in their health and they feel that things will get worse. Some others suffer from ailments that hinder movement and they fail to see a place for them in the society. “I was hopeless when the sickness started. I feel paralytic. I am hopeless within. I am sad when I see myself as a person who is left behind others” was the expression of a female patient in medical ward in this regard.

Other researches done in different contexts also reveal a much similar result. A study done on Chinese diabetic patients led to a conclusion that incurable sicknesses such as diabetic lead to psychosocial problems of anxiety and hopelessness. The researchers also pointed to the undeniable significance of psychosocial support for such patients apart from medical and educational supports that they receive (Shiu and Wong, 2002).

Another psycho-social problem patients experienced was fear: that is, fear of death. Some see their situation worsening. They may receive treatment for their sickness but instead of getting strong and well, their problem worsens. For this reason, they fear that death would be eminent for them. A female patient in medical ward said, “The sickness by itself creates problem. I am not

happy because I am sick. I am worried. I feel like going away. I am afraid of death." Others also fear that they might die because of lack of proper care.

Some of the patients among the discussants also suffer from the problem of isolation. The deep hopelessness they feel as a result of the kind of disease they suffer from or its severity, they alienate themselves from the company of others. A patient in medical ward said, "my disease is incurable…I want to separate myself from others. I do not have happiness, especially when I think about for how long this would continue".

The above result is similar with a study finding by (Currid, 2012) which explains that many patients with physical illness have high rates of psychosocial distress and social isolation. The researcher stated that distress and isolation usually results in poorer quality of life, higher rates of consultations, a greater use of health care services and poor adherence to treatment.

The focused group discussions revealed numerous types of psycho-social problems. These problems are related to the types of diseases the patients suffer from, their being separated from family and friends for a long time, the kind of care they receive from the hospital and more. The findings clearly affirm the fact that psycho-social problems have accompanied the physical ailments that patients are admitted into the hospital for.

4.2.3. Nurses' Response to the Perceived Psychosocial Needs of Patients

Psychosocial support is one of the corner stone's of nursing practice and is often the reason a person chooses nursing as a career (McQueen, 2004). Patients go through numerous forms of psychological and social problems as a result of their sickness and other causes. By providing psychosocial support, nurses provide patients with the "opportunity to verbalize their feelings and concerns, to increase their ability to cope with treatment stress, to improve their

quality of life, to decrease their complaints and to help them develop new conditions" (Aysun and Olcay, 2008).

Studies indicate that patients who receive psychosocial care are highly likely to recover from their ailment. When patients receive the proper psychosocial care they tend to be more hopeful about the future, adhere with their treatment regiment and take responsibility for their treatment and recovery. These increase their chance of getting better quickly and getting back to their normal life. A study conducted on breast cancer patients also indicates that patients who get "higher level of emotional and social support had lower recurrence rate" (Label et al., 2008). The result of the study is rather conflicting in this regard. If we consider the nurses responses to the interview question, they reveal two opposing ideas. All the interviewed nurses agree that their patients go through diverse psychosocial problems. Most of them responded positively to the question that asks if they give psychosocial support to their patients. They said that they give enough time to consult their patients concerning their treatment and their feelings. N4 said, "There is a good relationship between patients and nurses. They tell us many of their problems and we listen to them and do our level best to solve the problems."

The nurses also say that they are very careful to identify fillings of patients and address them in ways they understand. For example, N1 said, "I listen to what the patients say. I give him/her time and try to speak to him/her in a way that he/she understands. Even if sometimes they come aggressively, they tell me their problems and I speak to them calmly."

However, to the question that asks how they try to identify the psychosocial problems of their patients and resolve them, the interviewed nurses provided rather contradicting answer to what they described earlier. They said that they do not know methods to identify the psychosocial

problems of patients and they do not have enough training to address such problems. All of the nurses say that their expertise is in providing the required treatments needed and they do not have enough knowledge and skills to help patients concerning their psychosocial needs. Concerning this, N2 said, “If a patient has seven injections, there is nothing we do apart from giving those injections. I do not believe that patients are getting psychosocial care.”

Some nurses agree that the patients face psychosocial problems, but they feel that it is not their responsibility to address these issues. N4 said, “I do not have special knowledge in this area. I do not usually see it as something that needs attention. In fact it is the top administration that should solve the psychosocial problems.”

All except one of the nurses, however, say that they are not providing psychosocial support because they are not trained to provide such support. N2 said, “I do not believe that patients are getting psychosocial support. We need to be trained to give this support and nurses at school should learn them in their courses.” N5 agreed that she does not have the knowledge and skills to address psychosocial problems. She said, “I believe that there is a gap in this area. Training is needed in the area. It has to be included in the nursing care plan.”

The data collected using observation and focused group discussions also reveal that patients do not receive psychosocial support in the hospital. Only one of the nurses, among the five nurses observed, gave the patients proper and warm greeting in the morning. The patients generally show joy and respect when they meet with the nurses in the morning but most of the nurses do not respond with enthusiasm that can install a sense of friendliness and hope in the patients.

Most of the patients describe that they get better opportunity to have a discussion with the doctors and nurses about their situation when they are doing their rounds. At this time the questions and concerns they have are better treated and answered. A patient in medical ward said "I usually tell them my problems when the nurses make round visits with the doctors. It is usually at this time that they ask what our problems are".

Most of the patients assert that they do not get much opportunity to discuss and express their feelings out of the visit hours. The same result is identified through observation. The nurses are careful to give the patients the right medication at the right time but usually they do not take time to address psychological and social issues. A patient in medical ward said "the nurses approach us well. They help us in the treatment. I don't see any other support other than this".

The patients stated that the nurses do not allocate time to consider our issues. When they are providing nursing care they are always in a rush and do not take time to listen to our concerns. A female patient in medical ward complains that apart from seeing the nurses day after day, he does not know who they are. "They do not wear name tags that will help us to identify them and they do not make any further discussion beyond telling us what do" was his account in this regard.

The patients complain that some of the nurses do not even try to explain why the patients have to take their medications and why they have to do certain tests. An HIV positive patient in medical ward who is asked to give blood samples repeatedly described his situation saying, "I am taking anti-HIV drugs. I have done blood test in the ART clinic and they asked me to give blood again and again about five times. They did not tell me why I should do that".

The most reassurance the patients get was from each other. A patient in medical ward described this condition saying, "We comfort one another. We counsel each other. There is no counsel and psychological or social support from the nurses and doctors. We support one another." The researcher's observation also supports the patients' exposition. The nurses better discuss and talk among themselves than with their patients. They are careful with their routine work. They dress up properly for their work and follow their morning routines such as checking each patient's chart and arranging medications. However, they seem not to consider providing psychosocial care to the patients among their responsibilities.

The observation indicated that the friendliest discussion most of the nurses have with their patients is during morning greeting. Apart from that, the nurses focus on providing the right medicine at the right time. Occasionally the patients ask questions and the nurse's answer, but even such dialogues are dominated by the nurses and they often tell the patients what to do instead of properly listening to the concerns of the patients.

This finding is also supported by a study conducted by O'Connel, (1998). He explained that less emphasis is placed on the psychosocial aspect of care with scant appreciation of patients demonstrated concerning the disproportionate amount of nursing resources. Another study by Currid, (2012) explained that the psychosocial health of physically ill people have received more attention from other health care professionals than it has from nursing.

In general, the observation and focused group discussions indicated that providing psychosocial support is not considered among the responsibilities of nurses in the hospital. Although patients experience numerous psychological and social challenges, the nurses are doing

nothing to address these challenges. When the nurses ignore this dimension, the patients are falling into further crisis that jeopardize their recovery.

4.2.4. Patients Participation in the Treatment They Receive

One of the essential benefits of providing patients with holistic care is that it empowers patients to get involved in their intervention that would have a positive contribution in the recovery process. When patients' psychological and social concerns are addressed well, they tend to trust in the medical support they are receiving and be more hopeful about their recovery. "It helps the patients become physically, psychologically and socially involved in the path to their own health." (Hus, et al. 2008)

Patients, who feel that their intervention would address their health issue and their emotional, social, spiritual and psychological wellbeing, are highly likely to continue with the treatment. No matter how uncomfortable the treatment may make them feel, they tend to carry on with it because they own the intervention and they believe it will help them heal. Researches indicate that most of the interventions that engage patients in the treatment they receive are very much likely to succeed. And the route towards patients' involvement is an unconstrained communication between nurses and patients. (Hus, et al. 2008)

Most of the patients under study are not engaged in their treatment process. This has happened because they did not receive any psychosocial support that can convince them that the treatments are for their benefits and if they follow through they will recover. Most of the patients do not know why the benefits of the tests they make and the medicines they take. A patient in medical ward said, "We do not have any information about the drugs we are taking. I do not think that they are considerate of us. I have seen this with some nurses".

The observations made also indicate that the nurses do not take time to make the care the patients are receiving. The nurses tell the patients to take certain medications and to take tests but the patients are not told why they have to do those things. Some patients ask questions when their medications are changed but the information provided by the nurses focus on how and when to take the medicine instead of why it has to be taken.

The interview with the nurses has also revealed that nurses didn't give much thought on the importance of involving patients to their own care process. Most of them believe that patient's role should be to accept the medications or procedures that are prescribed to them. A nurse in medical ward said "we don't involve patients in decision making. We do nothing more than what is prescribed by the physician". The account of the nurse in surgical ward, who said " We don't have the practice of involving patients in decisions made except making them accept what is already decided concerning them" shows the way nurses perceive what the roles of patients should be in the care process.

On the other hand, N1 stated that she and her colleagues involve patients in every decision that will be made. She said "We present patients the treatment options that are available for them and we will work on the choices they made". Though it is not possible to reason out why the practice of N1 is by far different from the responses of the reaming nurses the nature of care required by patients admitted in the ward she is working, the increased possibility of patient's accompanied by family members short hospital stays most of the patients will have and the nurses favorable attitude towards the importance participation play on patient health outcomes will be among the possible reasons for the practice difference. Further investigation however is required to validate the reported practice and identify the possible reasons.

Nursing literature clearly indicates that nurses must go beyond providing medical care to help patients recover and lead better life (McQueen, 2004). One of the ways to do that is by involving patients in their treatment process and by helping they own the treatment. Patients who are onboard their treatment schemes are highly likely to recover and lead a quality life. However, the nursing practice in Armed Forces Specialized hospital does not promote patients' involvement in their treatment and recovery. It is obvious that this in turn would lead to unnecessary stay of the patients in the hospital and delay of their recovery which has negative impact on cost as well.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1. Conclusion

The study aimed at identifying how the psychosocial needs of patients are addressed in Armed Forces Specialized Hospital. The researcher employed three data collection methods: namely, focused group discussion, in-depth interview and observation. The analysis of the data collected using the three methods revealed that patients go through numerous psychosocial problems. Most of the patients suffer from commonly known psychosocial problems such as anxiety, fear, sense of loneliness, hopelessness isolation. These psychosocial problems occurred as a result of being separated from their family and friends, lack of quick recovery, fear of death, inability to adapt to the hospital environment and so on.

The result of the study also indicated that the psychosocial problems of the patients are not fully addressed by the nurses. The nurses focus only on providing treatment to the ailments the patients are admitted for and they do not go beyond to address the emotional, psychological, social and spiritual needs of the patients. The nurses identified lack of knowledge concerning the impact of the psychosocial dimension on patients' health and the different way of addressing the psychosocial needs of patients as the major reason why they have been unable to address the problems.

This has intensified the psychosocial crisis the patients are in. It also has affected their recovery process because through psychosocial support, the patients are not made to engage in their treatment process. As per the Focus Group Discussion, most of the patients do not know why they receive treatments and go through procedures. They do not know if the interventions

can actually help them and how they can help them. This stands out as one of the crucial challenges standing on their way of recovery.

5.2. Recommendation

The following recommendations were made based upon the findings of this assessment:

- The magnitude of the gap with regard to meeting psychosocial needs of patients need to be further investigated using a combination of qualitative and quantitative research methodology. To clarify the finding those are contradicting.
- Nursing process: the systematic method of identifying and addressing unique physical, psychological, social and spiritual needs of individuals to the actual or potential alterations in health: needs to be made an integral part of the nursing practice in the hospital.
- Armed Forces Referral and Teaching Hospital should give emphasis on holistic nursing care concepts and practices in the pre-service nursing training.
- The hospital needs to plan an in-service training that focuses on improving the knowledge, attitude and practice of nurses towards addressing psychosocial needs of patients.

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Appendices

Appendices one: Focus Group Discussion Guide Questions

Dear respondents;

My name is -------------. I am a social psychology graduating students of Addis Ababa University. I am doing my thesis on the topic nurses practice in addressing psychosocial problems of patients with physical illness; a case in Armed Forces Referral and Hospital: given below are the guiding questions which help the researcher to explorer the nurses practice in addressing the psychological problems of the patients with physical illness. This information will be used for academic purpose and the response will be treated in strict confidentiality. So I request you to give your detail responses in the group discussion session.

1. Gender----------
2. Age-------------
3. How long is it since you come to the hospital?
4. How do you explain the practice of your nurse in communication with your illness and other related issues
5. Do the nurses take time to counsel you to support you psychologically and socially? On how to solve the problem?
6. Have the nurses discussed with you concerning the process (treatment and side effects) and result of your treatment?
7. What are the psychological and social problems that are faced because of your sickness?
8. What is the extent of your participation in making decision with regard to the medical and nursing care you are receiving?
9. What does the psychosocial support of nurses to the patients look like? How do you explain it?

Appendix two: semi structured interview for head nurses and staff nurses

Dear respondents;

My name is-----------. I am a social psychology graduating students of Addis Ababa University. I am doing my thesis on the topic nurses practice in addressing psychosocial problems of patients with physical illness; a case in Armed Forces Referral and Hospital: given below are the guiding questions which help the researcher to explorer the nurses practice in addressing the psychological problems of the patients with physical illness. This information will be used for academic purpose and the response will be treated in strict confidentiality. So I request you to give your detail responses.

1. How many years have you served as a nurse?
2. What does your relationship with patients look like?
3. How do you describe the relationship between you and your patient?
4. Have you come across patients with psychosocial problems?
   - If yes could you share me your experience and how you handle?
5. Do you help them understand the treatment process and participant in decision making?
6. What does your approach and support to patients who have given up and bored of their sickness look like?
7. How do know your patients have/need psychosocial problems?
8. Do all patients require psychosocial care?
9. Which psychosocial problems do you think can be addressed by the assistance of nurses?
10. Have you experienced patients with psychosocial problems?

Appendices three: Non participant observation cheek list

1. The way patient received
    - Greeting
    - Communication skill
    - Facial expression
    - non verbal communication
    - Verbal communication
    - Using gorgon words
2. Initiative to listen and support patient during patient care
    - Physical support the way they handle the patient on the process of care
    - Psychological support
        - Reassurance
        - Listening
3. Discussion with the patient concerning his/her medical process and progress
    - Advice on the care process
    - Identified problems
4. Informing and making the patient to know and participate in the care process
    - Decision making
    - Psychosocial counseling

Appendix Four: profile of respondents

Part-A: Focus Group Respondents'' profile

- Group-1; A total of six discussants
  - -All are adult men (age range 20-65yrs)
  - -All are working soldiers
  - -Stayed in hospital more than two weeks
  - -Held at "medical B"
  - -Held on Thursday morning, May 1, 2014
- Group -2; a total of six discussants
  - - All are adult men
  - - All are working soldiers except one who is retired
  - - Two of them are students
  - - Stayed in hospital more than two weeks
  - - Held at "surgical A"
  - - Held on Monday morning, May 5, 2014
- Group-3: a total of six discussants
  - - All are adult female
  - - Two of them are working soldiers
  - - Three of them working wives of soldiers
  - - One was a civilian working in defense organization
  - - Stayed in hospital more than two weeks
  - - Held at "female medical ward"
  - - Held on Friday morning, May 9,2014

Part B: In-depth interviewees' Profile

- Obstetrics and gynecology ward (head nurse)
- Medical B unit (stuff nurse)
- Surgical A (head nurse)
- Paraplegic unit (stuff nurse)
- Emergency unit (head nurse)
- Service year (range 5-25yrs)

Declaration

I, the undersigned declare that this thesis is my original work and has not been submitted for any degree in any other university, and that all sources of materials used for the thesis have been duly acknowledged.

Fikirte Nigussie ___________________

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October, 2014

Approved by _______________________________________ ______________

Advisor