Perception towards role in psychosocial care among the registered nurses in a private hospital in Kuala Lumpur, Malaysia

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Abstract

Background: Psychosocial care remains an important component in holistic care nursing and is crucial for patients' recovery outcomes.

Objective: The purpose of the study was to determine nurses' perception towards their role in psychosocial care.

Methodology: The research design was descriptive and cross-sectional. Nurses' Role in Psychosocial Care Questionnaire (NRPCQ) was used for data collection and approximately 110 registered nurses (response rate = 52.38%) participated in the study via convenience sampling. Descriptive and inferential statistics, Mann-Whitney U test were used for data analysis.

Results: In general, nurses' perception towards their role in providing psychosocial care was positive (M = 73.71, SD ± 12.20). Items on "demonstrating warmth and friendliness by smiling" (M = 3.92, SD ± 0.28); and "explaining nursing procedures or interventions to the patient" (M = 3.88, SD ± 0.32) were rated most positive. Nevertheless, items on "referring patients to other health care team members" (M = 3.32, SD ± 0.83), and "discussing with patient and patient's family regarding planned care" (M = 3.44, SD ± 0.69) were rated the least positive. The Mann-Whitney U test analysis revealed significant association between nurses' age and perception towards their role in psychosocial care (p = 0.025), in which the older nurses have a more positive perception towards their role in psychosocial care than the younger nurses.

Conclusion: The findings highlighted some important gaps in the practice of psychosocial care among the registered nurses. The information serves as a baseline for the planning and implementing of relevant strategies in enhancing nurses' role in psychosocial care provision.

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Introduction

Psychosocial care involves the provision of psychological, social and spiritual care to patients and their family members. As every individual enters the hospital, he or she will respond to the stress of illness in a unique way. Henceforth, providing emotional and social support helped to protect the hospitalised patient from undesirable emotional breakdown due to physical condition in relation to the intimidating environment (Chivukula, Hariharan, Rana, Thomas & Swain, 2014). Furthermore, the psychosocial support is crucial in boosting patients' confidence, and thus, reducing the stress of illness, giving the patient time to think through and decide the treatment options (Chivukula *et al.*, 2014).

Legg (2010) also reinforced that effective psychosocial care comes down to good communication skills, both verbal and non-verbal. Some examples which include listening to patients' problems, providing explanation, and giving appropriate advice. In addition, supporting individuals going through illnesses through one-to-one interaction, and being empathetic were deemed to be the utmost basic support (Legg, 2010). On another note, qualitative findings by Attree (2001) revealed that nurses who were friendly, sociable, approachable, and demonstrate kindness and sensitivity were highly appreciated by both patients and caregivers/ families. A smile is a simple action but this warm personality was rated the most important among the patients and their family members (Attree, 2001).

In general, past studies have affirmed the importance of psychosocial care provision among the nurses. Ausserhofer *et al.* (2014) had conducted a large scale study among the European nurses across twelve countries. The study found that the most frequent nursing care activities which "left undone" were "providing emotional care/ talking with patients" (53%) and "'educating patients and families" (41%) which clearly reflected the lesser priority of providing psychosocial care among the nurses. Instead, nurses placed high priority in technical

roles particularly, in the aspects of administrating treatment and procedure (Ausserhofer *et al.*, 2014; Ball *et al.*, 2013). Similarly, a separate study conducted by Pavlish and Ceronsky (2009) revealed that the oncology nurses perceived that provision of emotional and palliative care should only be rendered to end-of-life patients. In addition, 89.5% of the Chinese nurses reported that the provision of emotional care was the role of the family caregivers instead of nurses (Jiang, Ma, Li & Gu, 2015). Nonetheless, information pertaining to Malaysian nurses' perceptions towards their role in providing psychosocial care remained scarce. Thus, the purpose of the study was to determine Malaysian nurses' perception towards their role in psychosocial care. The findings of the study can be used as baseline information to facilitate interventions in strengthening the provision of psychosocial care among nurses.

Methodology

Research design

The research design was quantitative, cross-sectional and descriptive. The study was conducted in a private hospital in Kuala Lumpur, Malaysia. The hospital provides treatments for patients with emergencies and referral for medical specialties. The study duration was between November and December 2016.

Study participants

Participants of the study were full-time Malaysian registered nurses who were working in the in-patient departments. The entire population of the study (N = 270) was invited to participate in the study. Nevertheless, 110 (response rate 52%) participants responded to the questionnaire. The slightly low response rate was due to the data collection period in which relatively high proportion of registered nurses took leave for festive and year-end holidays. Registered nurses who held managerial and supervisory positions such as ward managers, deputy ward managers, and clinical instructors were excluded from the study in view of the differences in the nature of their job scope.

In general, the average age of the participants was 27.08 years old (SD ± 5.51). As shown in Table 1, 52.70% of nurses were single while 47.30% of nurses were married. Majority of the nurses were diploma holders (71.80%) while the remaining possessed qualifications higher than diploma level (28.20%). In terms of working areas, almost half of the participants were working in the medical surgical wards (42.70%), whereas the remaining of the nurses (53.70%) were working in the specialised areas such as intensive care unit (ICU), coronary care unit (CCU), high dependency ward (HDU), pediatric ward, emergency department, orthopedic ward and labour ward. The average number of years of working experience for the nurses was 4.78 (SD ± 4.14). Furthermore, at least half of the recruited study participants rated moderate for their workload (52.70%), while the other nurses rated their workload as satisfactory (4.50%), heavy (36.40%), extremely heavy (6.40%). On another note, the average double shift days in a month for the staff nurses was 4.62 (SD = 1.77).

Instrument

The instrument used for the study was the Nurses' Role in Psychosocial Care Questionnaire (NRPCQ). NRPCQ is a self-developed questionnaire based on few literature (Lu, While & Barriball, 2008; Jacob, McKenna & D'Amore, 2015). In addition, the items of the questionnaire were aligned with the competency standards stipulated in the code of professional conduct for nurses (Nursing Board Malaysia, 1998). The response format was rated using a four-points Likert scale: 1 = sometimes/year, 2 = sometimes/month, 3 = sometimes/week, and 4 = almost every day. Nurses' perceptions towards their role in psychosocial care was reflected by the aggregated score on the questionnaire. The score ranged between 20 and 80. A higher score is suggestive of more positive perception.

Table 1: Distribution of Demographic Characteristics. (n =110)

Demographic	Frequency (*f*)	Percentage (%)	Mean	*SD*
AGE			27.08	5.51
MARITAL STATUS				
• Single	58	52.70		
• Married	52	47.30		
EDUCATIONAL STATUS				
• Diploma in Nursing	79	71.80		
• Post basic certification/ Advanced Diploma	25	22.70		
• Bachelor of Nursing	6	5.50		
SITE OF WORKING				
• Medical surgical ward	47	42.70		
• Intensive Care Unit (ICU), Coronary Care Unit (CCU), High Dependency Ward (HDU)	18	16.40		
• Pediatric ward	14	12.70		
• Others (Emergency department, Orthopaedic ward, Labour ward)	31	28.20		
YEARS OF WORKING EXPERIENCE			4.78	4.14
Staffing Position				
• Staff nurse	88	80.00		
• Senior staff nurse	21	19.10		
• Missing value	1	0.90		
Rate of workload				
• Satisfactory	5	4.50		
• Moderate	58	52.70		
• Heavy	40	36.40		
• Extremely Heavy	7	6.40		
NUMBER OF DOUBLE SHIFT DAYS IN A MONTH			4.62	1.77

Validity and reliability

The content validity of the instrument had been verified by a panel of experts comprising of nursing educator, hospital counselor, and a clinical instructor of the study site, a private hospital in Kuala Lumpur. Content validity was validated using the content validity index (CVI). The average scale content validity index (S-CVI) of NRPCQ was 0.83 which is an acceptable index (Polit & Beck, 2014). In terms of reliability, a pilot study involving 35 registered nurses was conducted in another private hospital. The Cronbach's alpha coefficient was 0.95, which indicated acceptable internal reliability. Thus, NRPCQ was deemed to be valid and reliable to be used on the study population.

Data collection procedure

Ethical approval was obtained from the International Medical University Joint-Committee on Research and Ethics. Institutional permission was also obtained from the chief executive officer of the private hospital. Furthermore, participants provided written consent prior to participating in the study. Privacy and anonymity of each participant were maintained. Participation of the study was on a voluntary basis.

As for data collection, eligible registered nurses were approached after their shift duties from Monday to Friday. They were briefed about the study and provided with the questionnaire along with a consent form. In total, there were 110 (52% response rate) registered nurses who participated in the study. They were given approximately five to ten minutes to complete the questionnaire which was then returned directly to the researcher on the same day or the day after.

Data analysis

Data analysis of the study was done using Statistical Package for the Social Science (SPSS) version 24. Descriptive statistics were used to analyse the demographic characteristics of the study sample and research variables. The overall and composite mean scores were calculated to determine the nurses' perception towards their role in psychosocial care. The data was also analysed in terms standard deviation, frequencies and percentages of each item on the questionnaire. Mann Whitney U test was used to determine the association between the demographic variable and nurses' perception towards their role in psychosocial care.

Results

Nurses' perception towards their role in psychosocial care

The results in Table 2 revealed that in general, the nurses' perception towards their role in psychosocial aspect of care was positive ($M = 73.71$, $SD \pm 12.20$). According to the analysis, nurses showed the most positive perception towards their roles in demonstrating warmth and friendliness by smiling ($M = 3.92$, $SD \pm 0.28$), followed by explaining nursing procedures or interventions to the patient ($M = 3.88$, $SD \pm 0.32$) and maintaining patients' confidentiality, privacy and dignity ($M = 3.84$, $SD \pm 0.44$). The high frequency in demonstrating such roles could be due to the study hospital which is a private sector healthcare setting in which branding is prioritised and customer service is very highly emphasised among the staff.

Table 2: Distribution of Mean, Standard Deviation and Percentage of each item in the NRPCQ (n =110)

Item No	Items	Mean	Standard Deviation (SD)	Perception of Roles Yes (%)	No (%)
18	Demonstrate warmth and friendliness by smiling.	3.92	.28	100.00	0.00
15	Explain nursing procedures or interventions to the patient.	3.88	.32	100.00	0.00
11	Maintain patients' confidentiality, privacy and dignity.	3.84	.44	97.30	2.70
19	Show empathy.	3.81	.52	96.40	3.60
1	Spend time listening to patients.	3.80	.63	97.30	2.70
2	Identify patient's emotional needs (eg: anxious about procedures).	3.80	.63	97.30	2.70
6	Provide health education relevant to the patient's condition.	3.78	.63	98.20	1.80
17	Provide comfort via therapeutic touch.	3.73	.59	96.40	3.60
16	Provide non pharmacological pain management.	3.71	.56	96.40	3.60
5	Assess patient's level of knowledge prior to providing information.	3.69	.68	97.30	2.70
4	Provide support to emotionally upset patients and families.	3.68	.71	95.50	4.50
12	Be a patient advocate.	3.68	.56	97.30	2.70
14	Describe concisely and accurately the patient's condition to respective health care team members.	3.67	.53	97.30	2.70
7	Provide reinforcement related to patient's condition to patient and family to minimize anxiety.	3.67	.72	94.50	5.50
8	Encourage patient and the family to ask questions.	3.63	.73	94.50	5.50
3	Reassure the emotionally upset patient.	3.61	.74	93.60	6.40
9	Empower patient to make decisions via health education.	3.58	.53	98.20	1.80
20	Provide palliative care.	3.47	.91	86.40	13.60
10	Discuss with patient and patient's family regarding planned care.	3.44	.69	90.90	9.10
13	Refer the patient to other health care team members as required (eg: wound care nurse).	3.32	.83	80.90	19.10
	TOTAL	**73.71**	**12.20**		

Contrariwise, nurses showed the least positive perception towards their roles in referring the patient to other health care team members as required (M = 3.32, SD ± 0.83), discussing with patient and patient's family regarding planned care (M = 3.44, SD ± 0.69), as well as providing palliative care (M = 3.47, SD ± 0.91). Based on the findings, why nurses perceived these roles less positively could be due to a few reasons. Referring the patient to other health care team members has always been the doctor's role in the local context. Nurses, on the other hand are less empowered to refer the patient to the respective health care worker because most of them do not have the autonomy to do so. Discussing with patient and patient's family members regarding planned care may be difficult for the nurses to perform as not all family members are by the patients' side in the hospital. Instead, caregivers such as maids and private nurses were the ones accompanying the patient in most

of procedures. That being said, therefore it was slightly difficult for nurses to carry out these responsibilities fully. Besides, in the nursing curriculum, palliative care is not included for all education programmes except for specialisation in specific courses, such as in the oncology field. Hence this can be the reason nurses are not competent enough or not well equipped to provide palliative care to patients.

Association between nurses' demographic characteristics and perception towards their role in psychosocial care

Mann-Whitney U test was used to determine whether there is any significant association between nurses' demographic characteristics and perception towards their role in psychosocial care. The analysis results are presented in Table 3.

Table 3: Associations between demographic characteristics and perceptions towards psychosocial care. (n = 110)

Demographic data	n	Percentage (%)	Mean	SD	p
AGE					*.025
• 20-25 years old	57	51.80	71.70	7.19	
• Above 25 years old	52	47.30	75.14	4.85	
• Missing value	1	.90			
MARITAL STATUS					
• Single	58	52.70	72.51	7.06	
• Married	52	47.30	74.40	5.47	
Level of Education					
• Diploma	79	71.80	72.86	6.40	
• Higher than Diploma	31	28.20	74.79	6.29	
Site of Working					
• General (Medical Surgical Ward)	47	42.70	73.99	5.76	
• Specialty Units	63	57.30	72.96	6.85	
YEARS OF WORKING EXPERIENCE					.633
• 1-5 years	75	68.20	72.90	6.81	
• Above 5 years	31	28.20	74.31	5.63	
• Missing values	4	3.60			
Staffing position					
• Staff nurse	88	80.00	73.14	6.62	
• Senior staff nurse	21	19.10	74.40	5.54	
• Missing value	1	.90			
Workload					
• Heavy workload	47	42.70	74.05	6.32	
• Acceptable workload	63	57.30	72.92	6.46	
DOUBLE SHIFT DAYS					.675
• 0-5 days/month	80	72.70	73.17	6.63	
• More than 5 days/month	29	26.40	73.88	5.85	
• Missing value	1	.90			

*Significance level at p <0.05

The analysis revealed there was no significant association between nurses' demographic characteristics (i.e., marital status, level of education, working areas, years of working experience, staff position, workload, and number of double shift days in a month) and perception towards their role in psychosocial care ($p > 0.05$). Nonetheless, significant association was found between nurses' age and perception towards their role in psychosocial aspect of care ($p = 0.025$). Nurses who were older (above 25 years old) were found to have a more positive perception towards their role in psychosocial care ($M = 75.14$, $SD \pm 4.85$) as compared to younger nurses ($M = 71.70$, $SD \pm 7.19$).

Furthermore, the findings revealed that nurses who were married were more positive towards their psychosocial roles ($M = 74.40$, $SD \pm 5.47$) compared to nurses who were single ($M = 72.51$ $SD \pm 7.06$). In addition, nurses who had higher than diploma educational qualification were found to be more positive towards their role in psychosocial care ($M = 74.79$, $SD \pm 6.29$). Besides, nurses who had more than five years of working experience ($M = 74.31$, $SD \pm 5.63$) and those who held senior staff nurse positions ($M = 74.4$, $SD \pm 5.54$) generally had more positive perception towards their responsibilities in psychosocial care. Nevertheless, it was found that nurses who worked in general medical surgical wards had more positive perception towards their psychosocial role ($M = 73.99$, $SD \pm 5.76$) compared to nurses who worked in specialty units ($M = 72.96$, $SD \pm 6.85$). It was also shown that nurses who experienced heavy workload ($M = 74.05$, $SD \pm 6.32$) and had more than five double shift days in a month ($M = 73.88$, $SD \pm 5.85$) had more positive perception on their role in psychosocial care.

Discussion and implications

Psychosocial care remains as an integral part of holistic nursing care today. The findings of the study showed that registered nurses working in a private hospital had a positive perception towards their role in psychosocial care. These basic psychosocial nursing roles such as demonstrating kindness, care and concern should be maintained by the current nurses as these are good qualities of care that can bring a positive effect to patient's health outcome. Nurses should therefore place high emphasis on to these roles in order to establish a long term patient care quality outcome.

Furthermore, the study found that nurses' age was significantly associated with nurses' perception towards their role in psychosocial care. This finding suggested that the older nurses were more positive towards their role in psychosocial care. The findings were congruent with a past study conducted by Lange, Thom and Kline (2008), in which age was considered as one of the strongest indicators of exhibiting a positive attitude towards providing psychosocial care. Furthermore, the current study found that nurses who had more than five years of working experience and those who held senior staff nurse position generally had more positive perception towards their responsibilities in psychosocial care. Similarly, the findings supported previous studies which revealed that nurses with more years of practice experience were found to be more comfortable in providing psychosocial care, which includes caring for the dying children and their families as well as providing palliative care (Lange *et al.*, 2008; Chen & Raingruber, 2014).

In addition, the study found that nurses who had higher than diploma educational qualification had better perception towards their role in psychosocial aspects of care. In terms of providing palliative care to the patients, 86.4% of nurses in this study had positive perception towards this role. Past study done by Jacob *et al.*, (2015) revealed that students with a degree background are expected to perform this role more than nurses who have a diploma educational background. Thus, the findings implicated the need to review and refine the existing nursing curriculum whereby psychosocial nursing role such as palliative care should be included as a core module in the basic and/ or advanced nursing academic programmes.

It was also shown that nurses who had heavy workload had more positive perception on their role in psychosocial care. The findings in this study are in contrast with the results obtained from a paper by Pehlivan and Küçük (2016), in which the nurses reported that workload was

ranked as the first reason that nurses did not have extra time to fulfill patients' psychosocial needs. The additional tasks that nurses carried on their shoulder increased the work pressure which hindered them from carrying out psychosocial care. The additional pressure at work could cause nurses to avoid in-depth communication and long conversation with clients (Kenny & Allenby, 2013; Pehlivan & Küçük, 2016).

Limitations and recommendations

The study had yielded important results on the private hospital nurses' perception towards their role in psychosocial care. However, a few limitations were observed. The sample size of the study was relatively small ($n = 110$) and the data was collected from one private hospital, therefore the generalisability is restricted. Henceforth, a larger randomised sample of registered nurses across the city or country from both healthcare sectors (i.e., public and private) is recommended for future studies.

Conclusion

Providing psychosocial care to hospitalised patients is extremely important in ensuring positive patients' outcomes. Comparison of research findings is helpful in identifying the potential gaps in providing the optimum psychosocial care to patients. Planning and implementation of relevant interventions will be appropriate to encourage nurses to provide each elements of psychosocial care.

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