

Original Articles

Assessment of Knowledge of Nurses in Providing Psychosocial Care for Mothers with Sickle Cell Child in Osun State Nigeria



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Article Info	Abstract
Article history: Received: 4 January 2020 Accepted: 15 February 2020	<i>Introduction:</i> This descriptive study is designed to assess the knowledge of nurses in providing psychosocial care for mothers with sickle cell diseases child in Osun State Nigeria. <i>Methods:</i> Nurses working in the two teaching hospitals were used. Simple self-designed questionnaire was adopted, two hundred (200) respondents primarily the nurses were used in the research study. The questionnaire has three sections: the demographic variables, Knowledge of nurses on use of psychosocial care and mothers' knowledge on care of child with Sickle Cell Disease (SCD). The data were collected and analysed using a descriptive statistics of percentage and frequency. <i>Results:</i> The results revealed that there is a need to improve nursing skills on psychosocial care among the nurses. The current nursing practices with regard to psychosocial care needs to be reviewed and upgraded so as to give a desired outcome. 46.5% of the nurses reported that mothers do not have confidence in the skills of nurses in providing psychosocial care, 43.5% have confidence in the skills of nurses while 10% were undecided. <i>Conclusion:</i> It was concluded that psychosocial care plays an important role in managing patients with SCD, hence, there is a need to retrain nurses on standard method of psychosocial care.
Keywords: psychosocial care, knowledge, sickle cell disease	

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INTRODUCTION

Sickle Cell Disease (SCD) is the most occurring genetic pathological disorder among black race in the world, it is a chronic non-communicable disorder that largely affects children. It has a negative effects on family as a psychological burden as well the affected child and the caregivers [1]. In 2008, the 63rd Session of United Nation General Assembly recognised Sickle Cell Disease as a public health problem and agreed with member nations to create awareness every June 19 of every year [2]. Non Communicable Disease (NCD) accounts for 22% of premature death in Nigeria which also included SCD [3].

SCD is classified as a major chromosomal defect disorder that is largely dominant in Africa sub-region. A healthy individual has a round shape of red blood cell whereas it's a sickled, crescent moons shape in individual with SCD. The blood vessel enhance easy movements of the round red blood cell, but the sickled red blood cell movements is inhibited and sluggish which results in clogging and clots in the vessel. The sickled blood is characterised with severe pain in the chest, the joints of the body, neck, back, feet and hands. It's also symptomized with sluggish blood flow causing organs damage, bones and muscles. Often time there is weakness, paleness of the eye, and fatigue, and the eye usually present yellowish [4].

Afolayan & Jolayemi (2011) cited that socio-environmental factors plays a major role in coping mechanism of parent which in turns influence the developmental pattern of the child [5]. Parent with poor economic outlook has a great challenge in meeting the

child's need and the family thereby experiencing an untold hardship [6].

Various factors has been identified to contribute to child's development affected with SCD. This depends on the severity and the nature of the SCD - (HbSS), sickle cell haemoglobin C (Hb-SC) and sickle cell thalasaemia (Hb-SSthal) [7]. Some related factors include interpersonal relationship, bullying, rejection, emotional distress, poor educational attainment, work failure and many more [8]. Some predisposing factors that causes red blood sickling include dehydration, infection, and sudden change in body temperature especially cold skin, excessive physical exertion and stress [9].

Psychosocial care involves three distinct subjects that is psychological care, social care and spiritual care [10]. Nurses are involved in establishing patients and families' support system, nurses promote professional dialogue with mothers with SCD children by enhancing their psychological stability. This relationship affects the decisions and their strength and capacities to live up with those decisions [11]. Nurses having good communication and assessment skills has a viable rapport with the mother and the child, these two skills enhance the clinical relationship with the patient and the family. Nurses ensure to provide individualised care with specific physical, symptomatic and psychological care [12].

A professional psychosocial care has been found to be greatly beneficial for patients with SCD and the mother, thus reducing both psychological and physical distress which enhance good quality of care, quality of life, promoting coping mechanism and drastically minimised pain threshold

which is influenced on the hospitalisation demands [13].

The complex treatment of SCD impact on psychological and emotional status of the sick child and the family at large, this put pressures on family members to adjust with the new circumstances [14][15]. Studies had shown that there is proportional relationship between the emotional state of family members and the intra-family relationship with more significance on mothers of SCD children, this reflects the level of support the SCD child receives [16][17]. Environmental factor, especially the home plays an important part in care of the child with SCD [18]. Studies also revealed that mothers with SCD child reported negative effect of caring for the child, the care has impact on their personality as well the families, friendship interference, disruptions of family activities, poor routine affairs and uncordial relationships [19].

Several studies had been conducted to analyse the psychological, attitude and knowledge of mother's towards the care of child with SCD. This study focuses on nurses' knowledge on providing psychosocial care to mothers with SCD.

The aim of this research work is to assess the Knowledge of Nurses working in teaching hospitals in Providing Psychosocial Care for Mothers with Sick Cell Child in Osun State Nigeria. There are basically two teaching hospitals in Osun State: Ladoke Akintola University of Technology Teaching Hospital Oshogbo and Obafemi Awolowo University Teaching Hospitals Ile Ife.

METHODS

Study design

This is a descriptive research study design. A self-designed questionnaire was formulated, distributed to respondents, and collected. The questionnaire consisted of three parts I – III. Part I is made of Demographic information, Part II is made of Assessment of Knowledge of Nurses on Psychosocial Care, Part III is made of Assessment of level of understanding of mothers with care of child with SCD.

The psychometry properties of the instrument used in the study was initially utilised through a pilot study that was conducted at Seventh Day Adventist Hospital Ile Ife among 17 nurses. The part II and III showed a reliability of 0.79 using Cronbach Alpha analysis.

Study Population

The understudied population were nurses currently working in Ladoke Akintola University of Technology Teaching Hospital (LAUTECH) LTH, Idi-Seke, Oshogbo and Obafemi Awolowo University Teaching Hospital (OAUTHC) Ile Ife.

Sample and Sampling Technique

Two hundred nurses were selected randomly using a non-probability purposive sampling. All the selected nurses were initially asked if they had contact with child with SCD before giving them the questionnaire. This is purposely to avoid a nurse working in a unit that doesn't admit patient with SCD: Paediatric Unit, Emergency Unit, Paediatric Outpatient Unit, General Outpatient Unit, Male Medical Unit, and Female Medical Unit. The self-designed questionnaire was distributed

and returned after it was administered. Consent was given while all information were considered confidential, hence nurses' cooperation was solicited for and granted which was included on the questionnaire.

Analysis of data

The collected data were analysed through a descriptive statistics of frequencies, and percentages.

Ethical Considerations

Informed consent of the respondents was obtained via the instrument used. Also, approval was received from Obafemi Awolowo Teaching Hospital Ile Ife and Ladoko Akintola University of Technology Teaching Hospital, Oshogbo.

RESULTS

Table I showed that majority of the respondents were females 79.5% (159) while only 20.5% (41) were males. In terms of years of experience, majority of the respondents with highest years of experience are 27% while the least are 10.5%.

Considering table 2 above majority of nurses agreed that psychosocial care provides a positive contributions in the care of child with SCD as well the mother, while just 5% do not agree psychosocial therapy is important for mothers with SCD Child.

Table 3 showed that majority of the respondent agreed that social care, Emotional Care Physical Care, Spiritual Care, Mental Care, Financial Care, Cultural Care, Communication Care and Educational Care

accounting for 97%, 93%, 95%, 86.5%, 92%, 80%, 67%, 60%, 55.5% respectively are components of psychosocial care while 33% do not agree with cultural care as part of psychosocial care, also 40% disagree that communication isn't part of psychosocial care and 44.5% also disagree that educational is a component of psychosocial care.

Table 4 above showed that the 97% of mothers complained of family neglect during the crisis of the child while only 3% received family support.

Considering the table 5 above, majority of the mothers believed that children with SCD can't live beyond 21 years of age, while 33% do not believe in it. This reflects the level of literacy and awareness of mothers on care of child with SCD.

Table 6 depicted that majority of the mothers 69% go through financial hardship during and after the care of the child with SCD while only 31% is buoyant enough to take adequate care without complaining.

Figure 1 above depicted that 90% of nurses agreed that there is a need for continuous retraining of nurses on providing a positive outcome psychosocial care while only 10% do not agreed.

Figure 2 revealed that all the respondents accepted that psychosocial therapy is an essential component of nursing care.

Figure 3 above revealed that 46.5% of mothers do not have confidence in the skills of nurses in providing psychosocial care, 43.5% have confidence in the skills of nurses while 10% were undecided.

Table 1
Demographic variables of respondents

Variables	Frequency	Percentage
Institution		
OAUTHC	120	60%
LAUTECH	80	40%
Total	200	100%
Sex		
Male	41	20.5%
Female	159	79.5%
Total	200	100%
Age		
20 - 25	29	14.5%
26 - 31	38	19.0%
32 - 37	49	24.5%
38 - 43	35	17.5%
44 - 49	27	13.5%
50 and above	22	11.0%
Total	200	100%
Years of Experience		
1 - 5	21	10.5%
6 - 10	23	11.5%
11 - 15	25	12.5%
16 - 20	32	16%
21 - 25	45	22.5%
26 - 30	54	27%
Total	200	100%

Table 2
Agree that psychosocial care is importance for mothers with SCD Child

Item	Frequency	Percentage
Agree	190	95%
Disagree	10	5%
Indifference	0	0%
Total	200	100%

Table 3
Nurses Knowledge on Components of Psychosocial Care

Components of Psychosocial Care	Frequency		Percentage	
	Agree	Disagree	Agree	Disagree
Social Care	194	6	97%	3%
Emotional Care	186	14	93%	7%
Physical Care	190	10	95%	5%
Spiritual Care	173	27	86.5%	14.5%
Mental Care	184	16	92%	8%
Financial Care	160	40	80%	20%
Cultural Care	134	66	67%	33%
Communication Care	120	80	60%	40%
Educational Care	111	89	55.5%	44.5%

Table 4
Mother complained of family abandonment and neglect during the care of the child

Item	Yes	Percentage	No	Percentage	Total
Mother complained of family abandonment and neglect during the care of the child	194	97	6	3	100%

Table 5
Does mother believe that a child with sickle cell disease cannot live beyond 21years?

Item	Yes	Percentage	No	Percentage	Total
Does mother believe that a child with sickle cell disease cannot live beyond 21years?	134	67	66	33	100%

Table 6
Does mother complain of financial bottleneck during and after the care of the child with SCD?

Item	Yes	Percentage	No	Percentage	Total
Does mother complain of financial bottleneck during and after the care of the child with SCD?	138	69	62	31	100%

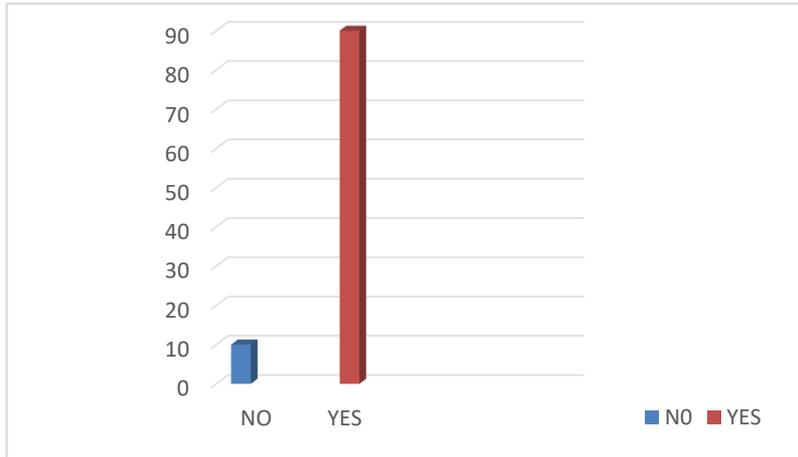


Fig. 1. There is a need for continuous retraining of nurses on psychosocial care

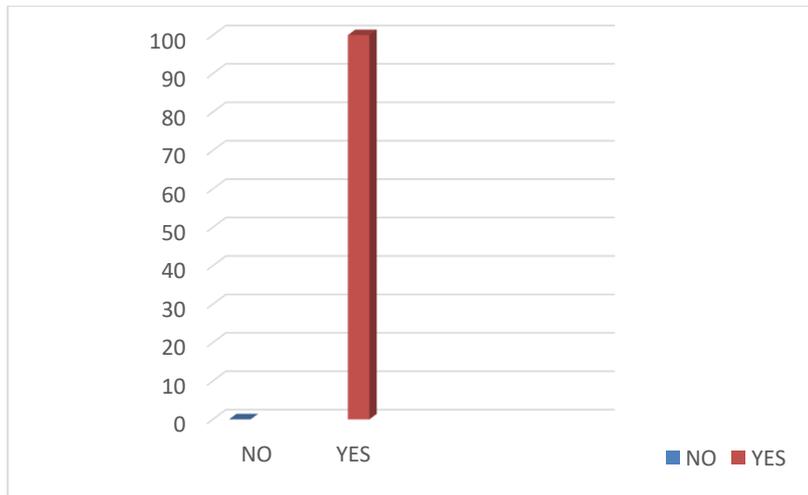


Fig. 2. Psychosocial therapy is an essential component of nursing care

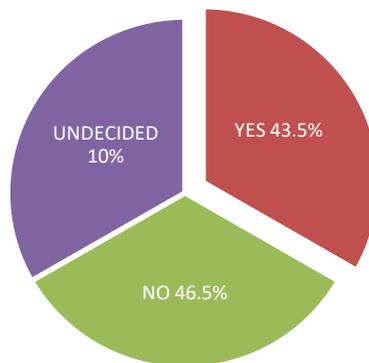


Fig. 3. Do mothers express confidence in the skills of the nurse in providing psychosocial care of the child with SCD?

DISCUSSION

The findings showed that majority of the respondents were females 79.5% (159) while only 20.5% (41) were males. In terms of years of experience, majority of the respondents with highest years of experience are 27% while the least are 10.5%. Majority of nurses agreed that psychosocial care provides a positive contributions in the care of child with SCD as well the mother, while just 5% do not agree psychosocial therapy is important for mothers with SCD Child. Beside, majority of the respondent agreed that social care, Emotional Care Physical Care, Spiritual Care, Mental Care, Financial Care, Cultural Care, Communication Care and Educational Care accounting for 97%, 93%, 95%, 86.5%, 92%, 80%, 67%, 60%, 55.5% respectively are components of psychosocial care while 33% do not agree with cultural care as part of psychosocial care, also 40% disagree that communication isn't part of psychosocial care and 44.5% also disagree that educational is a component of psychosocial care.

Meanwhile, the study showed that the 97% of mothers complained of family neglect during the crisis of the child while only 3% received family support. Majority of the mothers believed that children with SCD hardly live beyond 21 years of age, while 33% do not believe in it. This reflects the level of literacy and awareness of mothers on care of child with SCD. Majority of the mothers of 69% go through financial hardship during and after the care of the child with SCD while only 31% are financially stable during and after the care without complaining. 90% of nurses agreed that there is a need for continuous retraining of nurses on providing a positive

outcome of psychosocial care while only 10% do not agreed. All the respondents agreed that psychosocial therapy is an essential component of nursing care.

This study revealed that 46.5% of mothers do not have confidence in the skills of nurses in providing psychosocial care, 43.5% have confidence in the skills of nurses while 10% were undecided.

A study was conducted by Adegoke SA, & Kuteyi EA. on Psychosocial burden of sickle cell disease on the family, Nigeria. The study revealed that caregivers had financial constraints to take care of the child with SCD, this support the findings in this study that majority of the mothers of 69% go through financial hardship during and after the care of the child with SCD.

Majority of the mothers believed that children with SCD hardly live beyond 21 years of age, while 33% do not believe in it. This was supported by a study conducted in Canada by Burnes, Antle, Williams, & Cook, that mothers live in fear because the SCD can be hospitalised suddenly and fear of premature death [20]. Meanwhile, the study showed that the 97% of mothers complained of family neglect during the crisis of the child while only 3% received family support, this findings correlated with a findings of Burnes et al that mothers reported lack of psychosocial support from the community.

Psychosocial care is a universal intervention that provides physical psychological and social demands of patients [21]. It's very important for nurses to know that it's pertinent to engage in continuous program on developing a professional training on psychosocial therapy. As this is a major care that mothers with child with SCD

need. The psychosocial care is a comprehensive care that cares for the physical care, psychological care, social care, emotional care, communication skills and many more. Beside, a need to review the current nursing training curriculum that will contain full psychosocial therapy education and be translated into nursing care.

CONCLUSION

Psychosocial support assists individuals or communities in healing the psychological wounds and rebuild social structures after an emergency or a life-threatening incidents [22]. Some of the psychosocial impacts on the mothers as seen in the study include the shortness of the life expectancy of the child with SCD, financial costs of the care, psychological and emotional imbalance, and poor family support. The study also revealed that 46.5% of mothers believed that nurses do not have adequate knowledge on providing psychological care. Hence, this study revealed that there is a need for nurses to improve their skills in promoting psychosocial care for mothers with SCD child as the respondents 100% agreed that psychosocial support is an essential aspect of nursing care. Also, the study showed that emotional stability, financial capability, psychological balance, social compatibility, and family support are some of the possible outcome of psychosocial care of mothers with SCD child. Mothers, Child with SCD and family members' at large need to support one another during crisis, as this will promote healing and psychological support.

RECOMMENDATION

This findings of this study has the following recommendations: (1) Retraining nurses on standard psychosocial therapy, (2) Update the nursing training curriculum to adapt with psychosocial therapy, (3) Promote further educational attainment among nurses which will enhance professional nursing delivery of care, (4) Further research into how to improve the current nursing care.

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