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Counselling Needs of Patients: A Comparative Study between Nigeria and Canada

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Abstract. This study attempts to compare the expectations of patients between Nigeria and Canada towards healthcare. The descriptive survey was adopted for the study. The sample consisted of Two thousand four hundred respondents who were selected both in Nigeria and Canada using simple random and systematic random techniques. A questionnaire tagged: Counselling Needs of Patients Questionnaire (CNPQ) was used to collect data. Three research questions were constructed and answered. The validity of the instrument was done by experts and the reliability of the instrument was ascertained with an r value of 0.70. The data collected were analyzed using frequency types and percentages. The results showed that there is close similarity in the counselling needs of respondents in Nigeria and Canada. It was concluded that Counsellors should be aware of the needs of patients and they should strive to meet the needs in a professional manner. Counsellors should also be aware of the unique need of patients based on social, spiritual, financial and physical need to provide appropriate and adequate care for patients. Professional counsellors need to engage in continuous training to meet the needs of patients as it may change over time.

1. Introduction

Counselling is an umbrella term that covers a range of talking therapies. Counselling is delivered by a trained practitioner who works with people over a short or long period of time to help them bring about effective change or enhance their good being (British Association for Counselling and Psychotherapy). Although the term counselling implies the giving of advice and guidance, in the past much of the counselling available used a client-centered nondirective. In this approach, the counsellor passive and tends to recast and reflect all that the client says. Counselling may be concerned with addressing and resolving specific problems, making decisions, coping with crises, working through conflict, or improving relationships with others. The work of most counsellors in health care is general and may not necessarily link to any diagnostic category. In generic counselling, a broad range of techniques is used to help patients. In specific counselling , a specific model such as psychodynamic counselling is used (Tidy, 2013).

International health policy has placed strong emphasis on counselling which promotes patients wellbeign and enhances their individual coping abilities (Anderson & Funnell, 2005).

Counselling for patients and families is quite important because of the information needed and their expectations on achieving improved life (Elmqvist, Fridlund & Ekebergh, 2008). An insufficient amount of information and guidance on medications, diet and how to recognize symptoms that can show that the patient's condition has worsened may lead to failure of health care (Leino-Kilp, 2009). Counselling in Health care provides the opportunity for patients to discuss the implication of treatment in confidence with a trained counsellor. The patient could attend as an individual or participate in group sessions as the case requires. Patients who

have attended counselling, usually provide positive feedback of the benefits of speaking to someone who is independent and directly involved with them or their treatment. Counselling allows patients to explore their feelings and discuss implications of their treatment (Bower, Knowles, Coventry & Rowland, 2011).

According to the American Psychological Association (2016), counsellors are needed to work with people of all ages who experience mental health disorders including depression and anxiety; serious and enduring mental illness (e.g., bipolar disorder, schizophrenia); neurological disorders (e.g., Alzheimer's disease); adjustment to physical illnesses (e.g., heart disease, diabetes); addictive behaviors (e.g., substance abuse); eating disorders; behavior disorders (e.g., Attention Deficit Hyperactivity Disorder - ADHD); personal and family relationship problems; and learning disabilities. Counsellors and psychologists are needed to assist in the diagnosis and treatment of patients with chronic illnesses. They are needed and expected to utilize interventions such as psychotherapy, behavioral techniques, and biofeedback to help individuals make behavioral changes (e.g., medication compliance, diet, exercise) and develop coping strategies (e.g., chronic pain management) to reduce problems that are residual to the patient's illness or disorder (e.g., cardiovascular disease) (American Psychological Association, 2016). They are also needed to teach patients the skills necessary to enhance physician/patient partnership by reporting changes in their condition and sharing concerns, questions, and treatment preferences.

Specifically, counselling is needed in many situations and sectors. In the heath care sector, counselling is needed according to Tidy (2003) to (i) relieve acute distress in which, there is emphasis on emotional release and ways of coping with the immediate concern (ii) for late effects of trauama e.g. post-traumatic stress disorder (iii) risk counselling such a helping those who have the risk of certain health challenges due to heredity (iv) bereavement counselling (National Institute for Health and care excellence, 2009) (v) mild to moderate depression (vi) generalized anxiety and panic disorder (vii) psychosomatic disorders such as chronic pain , chronic fatigue, gastrointestinal disorders (Ford, Talley, Schnofeld, Quigley & Moayyedi, 2009) (viii) some gynaecological syndromes such as premenstrual and chronic pelvic pain management (ix) chronic or terminal illness and (x) health promotion e.g. smoking cessation (Tidy, 2009).

There are many counselling services available in the hospital, including social worker services, chaplain or spiritual care services, bereavement counselling, dietitian services and other services which may be needed by the patient and/or family/caregivers. Basically, it has been documented (Tidy, 2009) that the following are the counselling needs of patients:

Physical needs: Pain management is one of the most important concerns of hospital care (National Hospice Foundation, 2001). In addition to administering pain medication, the use of traditional psychological interventions such as biofeedback, hypnosis, relaxation and imagery techniques are used to provide skills that increase the client's awareness and control of pain. Sensitive education about the physical changes and common processes of illness and recovery can help alleviate anxiety and diminish erroneous preconceptions (Rando, 2000). Patients who have preconceived ideas from the media may be disillusioned when their notions do not match with reality. Counselling is needed to provide information on how the body changes, what changes to expect in the future, and when to contact a physician (Rando, 2000; Daneker, 2006). Clients often experience a loss in strength, increased fatigue requiring greater sleep and rest, a decrease in appetite due to nausea, constipation and pain. The loss of functional ability as the illness progresses is important for counsellors to address. The client may no longer able to do the things he/she was once able to do and may feel depression or feel they are a burden to caregivers; counselling is needed in this regard. Viney (1984) in her study of 484 seriously-ill patients, found that the loss or threat of loss to body integrity affected the individuals' emotional state, producing feelings of sadness, anger, helplessness, and hopelessness. Reconciling the loss of body parts or changes from treatment (e.g., hair loss) with the individual's identity is important for emotional health (Daneker, 2006).

Emotional needs: Individuals who are sick have challenges coping with intense emotions such as anger, fear, guilt, and grief (Rando, 2000). These individuals benefit from counselling as much as anyone and these emotions are both a normal part of the process of illness and can be alleviated by sensitive intervention (Schuuman, 2000). Addressing the anticipatory grief of the individual is critical for counsellors (Rando, 2000). Issues of anticipatory grief include helping clients redefine life as it currently is, facilitating communication about feelings of being a burden, supporting clients as they struggle with change, encouraging the search for meaning, and allowing the client to live day-by-day (Stroebe, Hansson, Stroebe & Schut, 2001). Open communication within the family must be developed or supported during this stressful time (Rando; Shuuman).

Social needs: The sick individual needs social involvement as much as he or she did before the illness (Daneker, 2006). Interventions by a counsellor can facilitate the ability of friends and family to enable the individual to maintain a social life in the face of physical limitations (Stroebe, Hansson, Stroebe & Schut, 2001). The process of finishing business is an important part of this social realm. Tasks such as interacting with important others are significant to the patient. Counsellors working with sick individuals need to be aware of the unique social needs of each client to provide developmentally appropriate care (Schuuman, 2000). Peer support and support groups are common forms of intervention that allow individuals with serious illness to live as normally as possible (Daneker, 2006).

Spiritual needs*:* Spirituality has been defined by the Spiritual Care Work Group of the International Work Group on Death, Dying and Bereavement as "…concerned with the transcendental, inspirational, and existential way to live one's life as well as, in a fundamental and profound sense, with the person as a human being..… spirituality may be heightened as one confronts sickness and death" (Rando, 2000). The Spiritual Care Work Group continues by providing a 31-item statement of general assumptions and principles that describe the spiritual needs of the dying individual and appropriate responses by caregivers. It was stated that these assumptions and principles must be implemented within the individual's spiritual life and society.

According to Deneker (2006), three main spiritual components for counsellors to provide for ill individuals were outlined. First, it is important to help clients find meaning in their lives and in the illness. This search for the integration of events, experiences, and meaning in life can be precipitated by old age or severe illness. The failure to find meaning in life can create a deep spiritual pain as individuals may feel their life has become empty or meaningless. Counsellors are needed to facilitate the integration of life events and experience to create meaning by providing time for this reflection and encouraging exploration of events that have been witnessed or things the individual has done. These reminiscences can be supported by using the creation of picture albums of life events, journals of history, or tape recordings left for the future. Secondly, Deneker discussed helping clients create a personal definition of an appropriate death. Individuals desire to die in a way that is consistent with their self-identity. Individuals who have lived an independent life may feel great distress if all control over their own illness is taken from them. If the illness is a terminal one, counsellors are needed to alleviate some of this distress by listening to what plans the individual has for her or his manner of death, care of the body after death, and the disposition of possessions after death. Lastly, Deneker described the need to help clients transcend death, either through religion and an afterlife or through future generations or work left behind. Deneker stated that an important spiritual need is transcendental in that one seeks assurance that his life has had meaning and he has contributed something of value.

To support the comfort of transcendental continuation, counsellors can identify lasting contributions, from modest contributions such as participating in group activities like a Parent Teacher Association to more noticeable contributions such as building a railroad. Opportunities for intergenerational visitation provide subtle reminders of biological legacy. Many religious and spiritual belief systems provide a theoretical framework for immortality, although even in religious or spiritual belief

systems that include God, the counsellor needs to be aware of emotions of anger at God, fear that past sins may have caused the illness, and guilt for not having always lived a righteous life (Rando, 2000). It also is important for counsellors to recognize that positive psychological growth can occur, such as a new appreciation for others in life, an increased sense of freedom to experience life, or a new unlocking of emotions (Stroebe, Hansson, Stroebe & Schut, 2001). The use of ritual and symbolism to create meaningful experiences can help the client identify meaning, gain emotional comfort, and gain control over how her/his illness is perceived. For example, some clients create ritual endings before they die by inviting friends and family to an "end of life party" where music is played, the client's life is discussed, gifts are given, and goodbyes are said.

Practical problem: Another area where counsellors are needed is helping solve practical problems. Issues such as who helps to carry responsibilities e.g. who among the relatives takes care of the sick person and settling financial affairs are important topics for discussion, but are ones that family members often are hesitant to approach (Rando, 2000).

The American Cancer Society (2016) submitted that patients may need counselling to manage financial concerns, help with daily activities, anxiety, depression, adjust to changes in care and ensure quick recovery. In essence, counsellors are needed to work with ill individuals in a multi-disciplinary team to provide psychological comfort to the sick and their family. Counsellors may normalize emotions during a difficult time, provide spiritual support, educate about normal physical, emotional, and social changes, and assist in managing practical problems. Due to the enormous importance of counselling service in quick recovery of patients, it is on this note that this study made an attempt to assess the counselling needs of patients in Nigeria and Canada.

2. Research Questions

- What are the counselling needs of patients in Nigeria?
- What are the counselling needs of patients in Canada?
- Is there any comparison between the What are the counselling needs of patients in Nigeria and Canada?

3. Methods

Descriptive survey research design was adopted for the study. Descriptive survey methods give the researcher opportunity to describe, find out and interpret conditions that exist or the attitude or expression of people towards events and ideas. The descriptive survey gives room for generalization of the entire population. It is in view of these, that the researcher adopted the descriptive method as appropriate for this study.

In Nigeria, there are six geo-political zones out which a zone was randomly selected. In the south-west zone that was selected comprise six states; a state was again chosen, using the simple random sampling technique. In Oyo State that was chosen, has only a teaching hospital; the University College Hospital Ibadan, Nigeria was therefore adopted for the study. The University College Hospital is basically a tertiary institution with appendages of community-based outreach activities, has attained the million-clientele mark and enjoys the wide patronage of both natural and international clientele. A total of 900 respondents were selected to participate in the study. The clinic at the General Outpatient Departments (GOPD) of the hospital was used for the study because it represents the primary health care section of the Teaching Hospital. The systematic random sampling technique was adopted to select every 20th patient that registered at the health record was sampled. If a patient does not consent, the next patient in line was chosen. This continued until 1200 respondents were obtained in the Teaching Hospital. The patients were sampled across ages, gender and educational qualifications. The study was conducted in Nigeria between January 2015 and June 2015.

There are ten provinces in Canada; a province was randomly chosen. The Saskatchewan province has fourteen cities out of which one city was again randomly selected. In Regina city of Saskatchewan, there is only one general hospital; Regina General Hospital which is one

of the region's two major hospitals and has a long history of providing innovative and progressive institutional health care to the southern Saskatchewan was adopted for the study. The Systematic Random Sampling Technique was used to select every 20th patient who attended the hospital and who consented to participate in the study. This continued until 1200 respondents were gotten to respond to the questionnaire. The respondents were sampled across ages, gender and educational qualifications. The study was conducted in Canada between June 2016 and November 2016. All the respondents that participated in the study were aged 18 and over.

The Instrument adopted in collecting data for this study was a self-developed questionnaire titled Counselling Needs of Patients Questionnaire (CNPQ). The questionnaire consists of two sections; viz. A and B. Section A consists of items on the personal data of each respondent. Section B contains 15 items that seek information on the counselling needs of patients at one time or the other. To ensure that all the respondents can participate in the study in Nigeria, the instrument was translated by bilingual experts to the 3 major languages in Nigeria, i.e. Igbo, Hausa and Yoruba languages. English was the language used in conducting the study in Canada.

The validity of the instruments adopted for this study was conducted by giving the instruments to the nine experts both in Nigeria and Canada. The reliability of the questionnaire was determined using a test re-test reliability procedure. The instrument was administered twice to 20 patients within an interval of three weeks in both countries. The two results were correlated using Pearson Product Moment Correlation Coefficient formula. The correlation coefficient obtained was 0.70 which indicates a positive and high correlation between the responses at the two periods of administration. The coefficient was considered high enough to conclude that the instrument is reliable.

In Nigeria, the questionnaire for the study was administered to the respondents by the researcher and six research assistants to ensure ease of administration and retrieval of the instrument. The research assistants which consisted of bi-lingual experts were recruited and trained for the study in Ibadan, Nigeria. A total number of 900 copies of the questionnaire were administered to the respondents. Prior the administration of the instruments, the researcher got clearance from the Ethical Review Committee (ERC), University College Hospital Ibadan. In Canada, the e-mail addresses of consented respondents after the purpose of the study was explained to them were taken and the questionnaires were mailed out. Respondents filled the questionnaires and mailed them back to the researcher.

The questionnaire items were scored in line with the format of each section. Section A contains items on the demographic data of the respondents and it was scored using frequency counts and percentage. Sections B was scored using a four-point Likert-type scale format. The choices of these were based on the premise that the researcher intend to know the respondents' degree of agreement or disagreement to each of the items in the questionnaire. The items thus were scored as follows: 'Yes' or 'No'. The average score is 50% and above which will indicate the counselling needs of patients.

Canada. In Nigeria, 960 questionnaires were correctly filled and returned while in Canada 933 questionnaires were returned. The data were analyzed using frequency counts and percentages.

4. Results

The purpose of the study was to compare the counselling needs of patient in Nigeria and

Research Question 1: What are the counselling needs of patients in Nigeria?

Table 1: Counselling Needs of Patients in Nigeria

Item No	When I am ill, I need counselling to:	Yes%	No%
1	Manage financial concerns	82.0	18.0
2	Help with job/school decisions	80.0	20.0
3	Handle daily activities	66.0	34.0
4	Manage anxiety	72.0	28.0
5	Help with the shock of being ill	76.0	24.0
6	Manage depression	82.0	18.0
7	Change the way I think and feel about my body	72.0	28.0
8	Adjust to changes in care	81.0	19.0
9	Cope with abuse/neglect in the home	70.0	30.0
10	Adequately express my feelings	70.0	30.0
11	Manage pain	87.0	13.0
12	Ensure quick recovery	82.0	18.0
13	Promote quality life	72.0	28.0
14	Make decisions for future medical care	86.0	14.0
15	Manage grief	74.0	16.0
		X	**76.8**

Table 1 showed the expression of the respondents in Nigeria on the counselling needs of patients. It was shown on the table that 82% of the respondents expressed that they need counselling to manage financial concerns, 80% of the respondents expressed they need counselling to help with job/work decisions, 87% of the respondents expressed that they need counselling to manage pain while 86% of the respondents expressed that they need counselling to make decisions for future medical care. In all, 76% of the respondents expressed that they need counselling when they are ill.

Research Question 2: What are the counselling needs of patients in Canada?

Table 2: Counselling Needs of Patients in Canada

Item No	When I am ill, I need counselling to:	Yes%	No%
1	Manage financial concerns	80.0	20.0
2	Help with job/school decisions	76.0	24.0
3	Handle daily activities	82.0	18.0
4	Manage anxiety	82.0	18.0
5	Help with the shock of being ill	80.0	20.0
6	Manage depression	86.0	14.0
7	Change the way I think and feel about my body	80.0	20.0
8	Adjust to changes in care	86.0	14.0
9	Cope with abuse/neglect in the home	64.0	36.0
10	Adequately express my feelings	66.0	34.0
11	Manage pain	88.0	12.0
12	Ensure quick recovery	86.0	14.0
13	Promote quality life	86.0	14.0
14	Make decisions for future medical care	80.0	20.0
15	Manage grief	62.0	38.0
		X	**78.9**

Table 2 showed the expression of the respondents in Canada on the counselling needs of patients. It was shown on the table that 80% of the respondents in Canada expressed that they need counselling to manage financial concerns, 76% of the respondents expressed they need counselling to help with job/work decisions, 88% of the respondents expressed that they need counselling to manage pain while 80% of the respondents expressed that they need counselling to make decisions for future medical care. In all, 78.9% of the respondents expressed that they need counselling when they are ill.

Research Question 3: Is there any comparison between the What are the counselling needs of patients in Nigeria and Canada?

Table 3: Counselling Needs of Patients in Nigeria and Canada Compared

Item No	When I am ill, I need counselling to:	Nigeria	Canada
		Yes%	Yes%
1	Manage financial concerns	82.0	80.0
2	Help with job/school decisions	80.0	76.0
3	Handle daily activities	66.0	82.0
4	Manage anxiety	72.0	82.0
5	Help with the shock of being ill	76.0	80.0
6	Manage depression	82.0	86.0
7	Change the way I think and feel about my body	72.0	80.0
8	Adjust to changes in care	81.0	86.0
9	Cope with abuse/neglect in the home	70.0	64.0
10	Adequately express my feelings	70.0	66.0
11	Manage pain	87.0	88.0
12	Ensure quick recovery	82.0	86.0
13	Promote quality life	72.0	86.0
14	Make decisions for future medical care	86.0	80.0
15	Manage grief	74.0	62.0
	X	**76.8**	**78.9**

Table 3 showed the expression of the respondents in Nigeria and Canada on the counselling needs of patients. It was shown on the table that 76.8% of the respondents in Nigeria expressed that they need counselling when they are ill while in Canada, 78.9% of the respondents in Canada expressed that they need counselling when they are ill.

5. Discussion of the findings

Respondents both in Nigeria and Canada expressed that whenever they are ill, they need counselling to manage financial concerns, to help with job/school decisions, handling daily activities and manage anxiety. This finding corroborates the submission of The American Cancer Society (2016) that patients need counselling to assist them in financial needs and daily activities. In the same vein, the finding tallies with the findings of Rando (2000) which revealed that financial concern, making decisions and managing anxiety are peculiar to patients and they require professional help.

The finding of this study also revealed that the respondents need counselling to help with the shock of being ill, manage depression, change the way they think and feel about their body. This have been well documented by Deneker (2006) that individuals who fall ill are usually shocked and depressed which make them seek or need professional help. Similarly, the finding of this study tallies with the findings of Bower, Knowles, Coventry and Rowland (2011) which showed that patients need counselling for certain psychological concern such as shock of being ill and depression.

All the respondents in Nigeria an Canada expressed that they need counselling to manage pain, ensure quick recovery, promote quality life, make decisions for future medical, adequately express their feelings and manage grief. This tallies with the report of Stroebe, Hansson, Stroebe and Schut (2001) which showed that patients need the help of a professional counsellor to cope with grief. Shuuman (2000) also reported that patients need help to seek future medical care if need arises. The finding of this study also supports the findings of Tidy (2013) which showed that patients need counselling to help recover on time and live a quality life.

There is a close similarity in the expression of respondents in Nigeria and Canada. This is devoid of the discrepancies between the two countries in terms of culture and level of development. The reason for this finding could be that counselling is a necessity in the lives of individuals to help with difficulties and challenges which one alone could not handle. Another probable reason for the finding of this study could be that counselling is meant for everyone irrespective of race, culture or economic status. Counselling service is also meant for all and not only the sick. This finding could also be because counselling on the need of all individuals.

6. Conclusion and Recommendations

There is close similarity in the counselling needs of respondents in Nigeria and Canada therefore,

Government in both countries should invest more in counselling profession to help all and sundry. Government should mandate the employment of counsellors in hospital to form part of the treatment team and attend to the needs of patients. Counsellors should be aware of the needs of patients and they should strive to meet the needs in a professional manner. Counsellors should also be aware of the unique need of patients based on social, spiritual, financial and physical need to provide appropriate and adequate care for patients. Professional counsellors need to engage in continuous training to meet the needs of patients which may change over time. Counsellors should aggressively publicize the need for patients to seek the services of professional counsellors before challenges weigh them down. Patients should not hesitate to seek the assistance of a counsellor when need arises.

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