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Community nurses' role as counsellors in primary health care

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BACKGROUND: Counselling is regarded as an interactive process during which help is usually provided to individuals with health problems. In the framework of nursing, nurses also play a counselling role.
AIM: The present study aims at determining the general public's attitudes and opinions about the role that nurses can play as counsellors in health related topics.
MATERIAL - METHOD: Our sample consisted of 246 participants randomly chosen; 104 (43.2%) were men and 137 (56.8%) were women. The data were collected using a questionnaire specifically developed for this study and based on literature review.
RESULTS: 56.1% of the participants are unaware of the term "health counselling" and 59.4% are unaware of the counselling process performed by nurses. However, unawareness does not mean that they have negative attitudes, since 202 participants (82.8%) say that they would seek counselling on health topics from nurses. Furthermore, the majority (90.7%, n=215) of the participants responded that they would trust the family nurse and 95.1% (n=231) said that they would welcome a family nurse's placement in their neighbourhood. People with chronic diseases, and mainly elderly people (n=127) would be the ones who would mostly seek counselling.
CONCLUSIONS: The results indicate that nurses are accepted as counsellors by lay people. The community nurse's role is important because it contributes to detection, as well as addressing of health needs of community members.

KEY-WORDS: Counselling, primary health care, community nursing

INTRODUCTION

The roots of counselling are found in the era of Plato and Aristotle, and later in philosophers of the 17th and 18th centuries. However, it was presented and developed as a science in the USA in the beginning of the 20th century. Counselling appeared in a period (between 1890 and 1920) which is known as period of social reforms. People and groups, afraid of poverty, unemployment, injustice, and corruption, were demanding some way of facing these problems, while the USA was going through the transitional period of its industrialization. After the war, many reforms were attempted, such as the creation of organized philanthropy, elderly homes, compulsory education as a means of preventing social disorders, services for veterans' rehabilitation and for finding employment, in order to face social problems (Corey 2005).

Counselling should not be over-simplified nor equated with a specific number of techniques (Kosmidou-Hardy & Galanoudaki-Rapti 1996). On the contrary, it is a complicated technique which demands from the counsellor a high level of self-knowledge, deep and broad theoretical knowledge (especially in topics of communication and counselling), and of course knowledge of, and a critical approach to methods, tools, abilities and techniques (Bourdoncle 1993).

Counselling and the counsellor's basic abilities

There are several definitions of counselling. Altschul (1983) describes counselling as a method with which the counsellor provides direction and advice in order to ex-

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plore feelings and situations, without taking decisions on behalf of the client, so that through this process the latter will be able to discover and use mechanisms that will help him face his problems. According to Rogers (2007) provision of counselling has a humane dimension, since all human beings at some point in their lives care for and comfort other people who go through difficulties.

Counselling takes place when the counsellor sees someone during a private and confidential meeting, in order to investigate a psychological, social or other difficulty that the patient has, or a loss of a sense of direction and of the purpose of life (Noonan 2000).

Counselling is based on theories of personality. Many scientists have approached counselling with their own personal collage. One of the most basic theories of counselling is the "theory of the person-centred approach" which has broad application and demonstrates basic abilities that constitute part of almost all the counselling approaches (Kirnan 1977).

The person-centred approach demonstrated the most important abilities of the counsellor which are:

1. Respect for the client.
2. The counsellor's accordance with the client.
3. Independent care for the client. The counsellors show with their words and actions that they appreciate the client "exactly as he/she is", that they understand his/her own world of reference (inner-awareness) and that they try to teach the client that he/she is totally free to have his/her feelings and self-experiences without risking losing the counsellor's respect.
4. Total inner-awareness understanding, which stems from the counsellor's ability to feel the present experience of the client, to show that he/she understands the client, that he/she accepts the client with warmth and interest, and that he/she considers the client worthy of his/her understanding and interest.
5. The true authentic presence of the counsellor in the "here and now" of the counselling relation (Kirnan 1977).

The nurse as a health counsellor

Initiation of counselling is important because the nurse often acts as the trigger for the counselling relation. Encouragement of the patient to participate in the discussion has the best results when he has the opportunity to ask questions at the beginning of the discussion, to express the hope of his own participation, to devote time for a chat or asking how he sees the topic of the counselling session (Kettunen et al 2001).

Effective treatment of patients is not the privilege of a health care professional, but it is a combined approach by all of them. Nurses, because of the nature of their work, have the opportunity to have a deeper understanding of the patient's condition, through their increased contact with the patients, since they offer 24-hour care 365 days per year. They also have the chance to achieve homogeneous care, by ensuring continuation of contact with the patient. However, for the treatment to be effective, patients, carers, and health professionals should work as a team. Evaluation of the patient's needs and of the appropriate intervention is based on the understanding of what is physiologically happening to the patient, on the possibility of positive response by the patient himself and by his care-givers, and on the resources that can assist the situation (Van Veenandal et al 1996, Mayer et al 2005).

The role of the nurse with counselling abilities is to rehabilitate the patient physically, spiritually, and psychologically and to assist him to regain his previous personal and social roles in the best possible way. It is important for the counsellor to be aware of his own feelings, so that they won't interfere with his effort to get to know the patient as a person. Otherwise he might be so absorbed with his eagerness to help, or he might be so engaged in proving how successful he is, that these might overshadow the interview and distort his understanding and his reactions.

Community nurses often face situations that demand not only well-developed, but also specialized counselling abilities, such as offering help to people with chronic disease, special needs, or in mourning. As counsellors, health professionals must face not only new and different diseases (e.g. HIV and AIDS), but also policy initiatives, such as the national framework of mental health services and its consequences (Freshwater 2003). In addition, nurses should know the different theories of personality and how to connect those theories with the theories of counselling.

MATERIAL-METHOD

The aim of this study is to determine the general public's attitudes and opinions about the role that nurses may play as counsellors in health topics. More specifically, this study aimed at defining:

1. The sources from which members of the general public obtain information about health topics.
2. The general public's behaviours of health and disease.
3. The specific health topics for which they would ask the nurses for information.

Our sample is a convenience sample consisting of 246 lay people, 104 (43.2%) were men and 137 (56.8%) were women. The data were collected using a questionnaire with close-ended questions created after a review of recent literature.

The data collection was conducted according to the Hautman & Bomar model (1995), which takes into consideration the researcher's scientific pursuits, the participants' cultural and other needs and values, the place of data collection, and the wider community. The basic preface of this model is that the elements of care, reciprocity, trust, sensitivity, and emotional engagement affect all aspects of the research process.

The statistical software SPSS (Statistical Package for Social Sciences) version 15 for Windows was used for analysing the data.

RESULTS

The men's mean age was 43.15±15.21 years and the women's mean age was 42.83±16.33 years. The t-test did not show a statistically significant difference (P=0.314) in the mean age of men and women. The x^2-test showed a statistically significant difference (P<0.001) in the percentages of men and women according to their occupation. More specifically, 38.1% of men were free-lancers, while 23.1% of women were civil servants.

Out of a total of 70 people, 56 (80%) answered that there is one person in their family who cannot care for him/herself, 11 (15.7%) answered that there are two persons, and 3 (4.3%) answered that there are three persons.

Eighty one percent of the participants answered that decisions on topics related to the health of the family and of the children are taken by the two parents, while 6.3% answered that they are taken by other members of the family (Figure 1).

Fifty six point one percent (n=137) answered that health counselling is not known to them and 59.4% that health counselling by nurses is not known to them.

More than half of the participants (63.3%, n=105) receive information about health and about their families' health from the medical doctor (Figure 2), 31 from nurses, 11 from the mass media, and only one participant mentioned their insurance fund.

Ninety eight (40.3%) of the participants responded that they do not take care of their health, 110 (45.3%) responded that they take care of their health "always", 23 (9.5%) "some times", and 12 (4.9%) "rarely". More than half (58%, n=142) have been in need of out-of-hospital

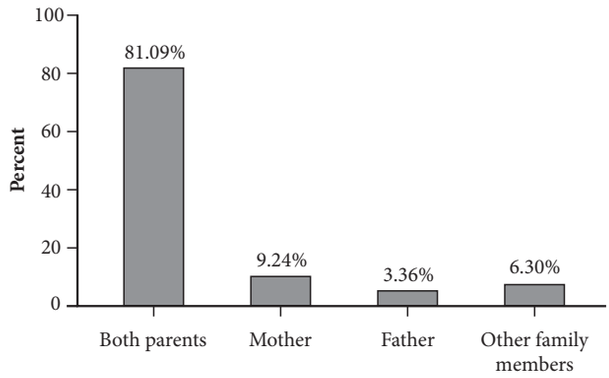

Figure 1. Answers to the question "Who makes the decisions on topics related to the health of the family and of the children?"

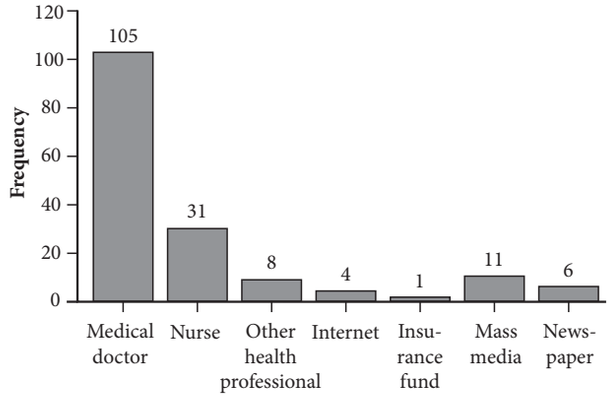

Figure 2. Answers to the question "What are your sources of information for health and for family's health?"

services, and 125 out of those 142 (88%) have been satisfied with those services.

The majority (82.8%, n=202) would ask nurses for advice on health related topics. Eighty nine participants (36.5%) have in their families persons with chronic diseases. Ninety point seven percent (n=215) answered that they would trust the family nurse for information about health and health promotion. The vast majority (95.1%, n=231) would welcome the placement of a family nurse in their neighbourhood.

Fifty three point seven percent of the participants responded that the "counsellor-nurses" should be placed at "health centres", 12.5% answered at "pharmacies", and only 6.17% responded at "private offices" (Figure 3).

Eighty three point seven percent of the participants would like a family nurse's visit at home. Most wish to receive information on chronic problems in old age (e.g.

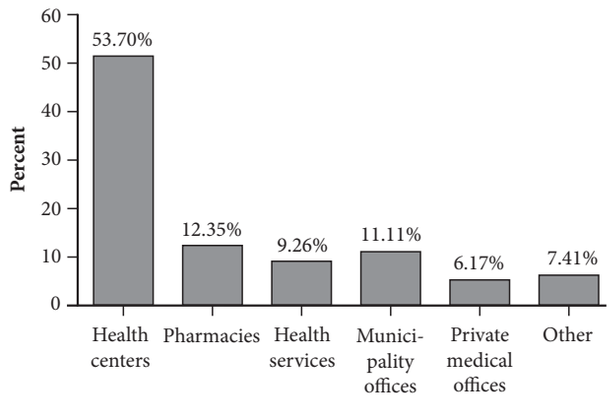

Figure 3. Answers to the question "Where you think a nurse could offer counselling?"

rheumatisms, cancer, arthritis, respiratory problems, diabetes) and on chronic diseases (e.g. diabetes, asthma, allergies), while only few would like to receive information on mobility, on health problems associated with immigration, and on marriage counselling (Table 1).

There is a statistically significant difference:

– In the answers of men and women about who makes the decisions on topics related to the health of the family and of the children (P=0.003). The answer "both parents" was given by 48.5% of women and by 32.2% of men (Table 2)
– Between the two genders on whether health counselling is known to them (P<0.001), 29.4% of the men and 54% of the women answered that it is known to them. The results on whether health counselling by nurses was known to them were similar, with 24.8% of men and 51.9% of women responding that it is known to them
– In the answers of men and women to the question if they take care of their health (P=0.012), with 47.8% of women and 43.1% of men responding that they take care of their own health
– In the answers of men and women to the question what are their sources of information about the health of their family (P=0.008), with 59.5% of men, as opposed to 65.9% of women, responding that they ask mainly the medical doctor for information (Figure 4)

However, there is no statistically significant difference between the two genders about:

– Whether they have been in need of an out-of-hospital service (P=0.842), 53.4% of men and 61.3% of women answered positively
– Their satisfaction from using some out-of-hospital service (P=0.236), 80% of men and 77.9% of women were satisfied
– Whether they would ask nurses for advice on health related topics (P=0.734), 81.4% of men and 83.2% of women responded that they would
– The number of persons with chronic diseases in their families (P=0.734), 81,4% of men and 83.2% of women have persons with chronic disease in the family
– Their answer to the question whether they would trust the family nurse to inform them about their health (P=0.825), 90% of men and 90.9% of women responded positively
– The answer to the question whether they would like a visit from a family nurse (P=0.725), 84.5% of men and 82.5% of women responded that they would.

It should be mentioned that the ANOVA test showed that those who answered that they do not take care of their health were older (46.43±17.61) in comparison to those who answered that they take care of their health "always" (40.30±14.90), "sometimes" (40.29±10) and "rarely" (46.21±5.83).

In addition, there is a statistically significant difference:

– In the mean age of those who answered that health counselling is known to them (39.96±15.55) and those who answered that it is not known to them (45.28±15.35), which means that the younger ones are more familiarized with health counselling (P=0.009)
– In the level of education and the satisfaction from out-of-hospital services (P=0.015). More specifically, graduates of tertiary education were more satisfied, and those who had not finished school were less satisfied
– Between the two genders in their answer to the question whether they would wish to receive counselling about addictive substances, drugs and alcohol (P=0.003), 37.9% of men and 19.9% of women answered positively
– In the profession and the question whether they would wish to receive maternity counselling (P=0.015). It was desired the most by civil servants and the least by farmers and ranchers
– In the profession and the question whether they would wish for counselling about addictive substances (P=0.021). It was desired the most by private employees and the least by pensioners
– In the profession and the question whether they would wish to receive counselling about nutrition (P=0.021). It was desired the most by freelancers and the least by pensioners
– In the profession and the question whether they would wish for counselling about vaccinations (P=0.002). It

Table 1. Answers to the question "About which topics you think you would wish to receive health counselling?"

Would you wish for health counselling on	Yes		No	
	N	(%)	N	(%)
Family planning	88	36.1	156	63.9
Pregnancy	87	35.7	157	64.3
Maternity and child care	60	24.6	184	75.4
Raising a child	48	19.7	196	80.3
Addictive substances, drugs and alcohol	67	27.5	177	72.5
Nutrition	86	35.4	157	64.6
Chronic diseases, such as diabetes, asthma, allergies	111	45.4	133	54.4
Vaccinations	91	37.3	153	62.7
Adolescence	62	25.4	182	74.6
Psychological burden from school or work	34	13.9	210	86.1
Marriage counselling	26	10.7	218	89.3
Men's and women's health	46	18.9	198	81.1
Single parenting	49	20.1	195	79.9
Mobility	13	5.3	231	94.7
Loss of employment due to disease	56	23	188	77
Mental disorders	64	26.2	180	73.8
Before retirement	29	11.9	215	88.1
Death-loss of relatives	73	29.9	171	70.1
Chronic diseases in elderly age (such as rheumatisms, cancer, arthritis, heart problems, respiratory problems, diabetes)	127	52	117	48
Health problems that are usually due to immigration	26	10.7	218	89.3

Table 2. Answers to the question "Who makes/takes decisions on health topics?"

Decisions are taken by	Men		Women	
	N	(%)	N	(%)
Both parents	75	32	113	48.5
Mother	7	7.1	15	11.2
Father	8	8.1	0	0
Other family members	9	9.1	6	4.5

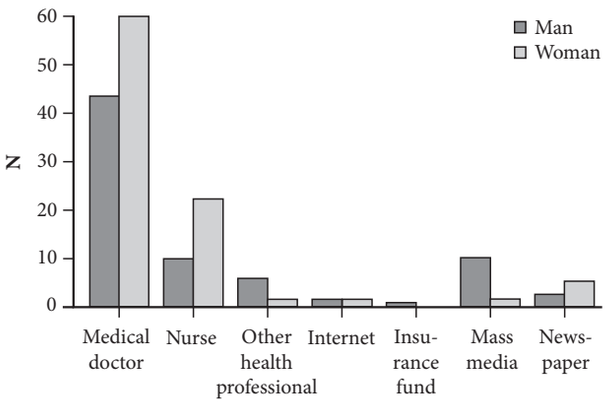

Figure 4. Answers to the question "What are your sources of information for health and for family's health?"

was desired the most by freelancers and civil servants, and the least by pensioners

- In the profession and the question whether they would wish for counselling for single-parents (P=0.040). It was desired the most by private employees and the least by pensioners
- In the profession and the question whether they would wish for counselling before they get retired (P<0.001). It was desired the most by pensioners and the least by civil servants
- In the profession and the question whether they would wish for counselling about chronic diseases in elderly age (P=0.001). It was desired the most by farmers and ranchers, and the least by private employees
- In the level of education and the question whether they would wish for counselling about family planning (P=0.001). It was desired the most by those who had graduated compulsory education and the least by those who were technical high-school graduates
- In the level of education and the question whether they would wish for maternity counselling (P=0.016). It was desired the most by graduates of tertiary education and the least by technical high school graduates
- In the level of education and the question whether they would wish for counselling for single-parents (P=0.035). It was desired the most by graduates of compulsory education and the least by technical high school graduates.

DISCUSSION

The present study is focused on health counselling and on investigating the general public's attitudes and opinions on the role that nurses can play as counsellors in primary health care. The data analysis showed that the term "health counselling" is not known to 56.1% of the participants and "health counselling by nurses" is not known to 59.4%. However, not knowing about it does not in any way mean that they reject it, since 82.8% (n=202) of the participants said that they would ask nurses for advice on health topics. This should not be surprising because nurses are more accessible than other health care professionals, since they work 24 hours a day next to the patients. In addition, 90.7% (n=215) responded that they would trust the family nurse and the vast majority (95.1%, n=231) would welcome the placement of a family nurse in their neighbourhood.

These results, combined with the fact that 70 participants answered that they have in their families persons who cannot take care of themselves, show that it is important for the State to seriously consider these issues and take actions which will support prevention in the framework of primary health care.

When it comes to the health topics for which the participants would like to receive information, chronic diseases come first and mainly chronic diseases in old age (n=127). It is known that chronic diseases can cause a number of problems (e.g. physical, psychological, cognitive, social) which in turn demand the development of adaptive mechanisms. The adjustment process and learning to live with a chronic condition may be immediately effective through counselling programmes. Other important topics are family planning (n=88), pregnancy (n=87), healthy nutrition (n=86), vaccinations (n=91), and death-loss of relatives (n=73).

The data analysis showed that age plays an important role since more of the younger participants know about health counselling (P=0.009), while the educational level is not related to the attention people pay to health issues (P=0.315). However, the educational level seems to influence the degree of satisfaction from the use of out-of-hospital services (P=0.015) with the graduates of tertiary education being the most satisfied.

Gender is statistically significantly related to counselling on addictive substances and alcohol (P=0.003), with men (37.9%) presenting a greater desire for information on these topics in relation to women (19.9%).

The profession and the level of education seem to be statistically significant factors in relation to counselling on specific health topics. More specifically, civil servants wish to receive counselling on maternity and child health topics (P=0.015), private employees on addictive substances (P=0.021), free-lancers on nutrition (P=0.021) and vaccinations (P=0.002), while pension-

ers wish to be informed on general topics of men's and women's health (P=0.013). Graduates of tertiary education wish for counselling on maternity and child health topics (P=0.016). On the other hand, graduates of compulsory education wish to receive counselling on family planning (P=0.001), on single parenting (P=0.035), on mobility (P=0.029), and on death-loss of relatives (P=0.027).

The above results demonstrate that health counselling and implementation of health promotion programmes are dictated by various needs.

Many contemporary diseases constitute the result of combined influence of different factors, some of which constitute the expression of everyday activities or quantitative and qualitative deviations of those activities (such as smoking, unhealthy diet/nutrition). It is known that the components of those everyday activities (and in general behavioural factors), causatively related to health, are usually shaped during youth. It has been proven that the retraction of a morbid situation in older ages is more difficult than the creation of conditions for prevention of its establishment in younger people (Trichopoulos 1986). This is why health counselling should be primarily addressed to young people.

Health counselling starts with the transmission of specific information, but at the same time it includes explanation and incorporation of information in such a way that will bring about change in behaviour and in the habits, which will lead to promotion of the person's health. According to Balog (1981), health counselling is the provision of information about the habits which promote good functionality of body and spirit and encourage people's self-control and self-care in health topics.

Basic aims of every health counselling intervention programme in communities are, first provision of information, second initiation of behavioural change, and third to make the person responsible for taking care of his/her own health (Sundeen et al 1994). Any communication of a health scientist with a client constitutes an educational experience. All the experiences of the person provide him/her the opportunity to develop intellectually, psychosocially and emotionally, and to understand and use the appropriate knowledge about health according to the circumstances. Because the knowledge that someone has is not always up to date and effective in complicated health conditions, scientists responsible for health counselling have the duty to provide the community with up to date and sound knowledge (Nowakowski 1980).

CONCLUSIONS

The results of the present study are useful for the area of health counselling, since they contribute to determining of health needs that members of a community want to be informed about, and since they show that nurses are accepted as professionals who can play a counselling role outside the hospital.

Finally, it is time to take administrative decisions about the implementation of health counselling programmes and interventions by nurses and by the rest of the health professionals, and in this way contribute to the reshaping of Primary Health Care. However, it must be noted that while making decisions we have to consider the cultural framework, the various socioeconomic factors and specific needs of the group they are addressed to.

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