

PASTORAL COUNSELLING AND PSYCHOSOCIAL ADJUSTMENT: THE INFLUENCE OF PERSONAL VARIABLES ON PATIENTS IN CROSS RIVER STATE GOVERNMENT HOSPITALS

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Abstract

The study investigated the influence of Personal Variables, Pastoral Counselling on Psychosocial Adjustment of Patients in Government Hospitals in Cross River State, Nigeria. Three hypotheses directed the study and relevant literature was reviewed. The ex-post factor research design was used. The population consisted of 4,200 inpatients in Government Hospitals in Cross River State, Nigeria. 420 respondents were randomly selected as sample for the study. The questionnaires titled "Personal Variables, Pastoral Counselling and Patients' Psychosocial Adjustment Questionnaire (PEVAQ)" was used for data collection.

The instrument was subjected to validation by experts in Measurement and Evaluation Pastoral Counsellors in the Faculty of Education, University of Calabar. The test-retest reliability method was used with sub-scale estimates of 71-80 were found to be high enough, hence the instrument was deemed reliable. Independent t-test was used to test the hypotheses at .05 level of significance with relative degree of freedom. The result showed that age, perception towards pastoral counselling, counselling except gender significantly influence patient's psychosocial adjustment in Government Hospitals in Cross River State, Nigeria. It was concluded that personal variable, pastoral counselling influence patients' psychosocial adjustment in the hospitals. It was therefore recommended among others that apart from administering drugs therapies on patient, their psychology, emotion, self-concept should be worked upon to boost their self-confidence, their resolve and their mentality to adjustment and recovery while on admission in the hospitals.

Keywords: Personal variables, pastoral counselling, Psychosocial Adjustment, Patients

Introduction

Psychosocial adjustment of patients in the hospital's environment facilitates their healing and recovery by enhancing their inner strength, comfort, peace wholeness, coping abilities and alleviating depressive symptoms. It also promotes mental health, increasing energy and decreasing issues that may lead to frustration and rejection. Several, schools going adolescent experience mental health programme, either temporarily or for a long period of time (Ngwu, Arop, Effiom, Abuo 2021). The failure to adjust leads to the incidence of anxiety, depression, distress and behavioural problems.

The experience of illness and hospitalization exert a great deal of psychosocial adjustment from the patients and caregivers. Being admitted to the hospital as a result of ailment pose a serious disruption in one's routines and life. Therefore, one needs to adequately adjust to such situation. The patient is exposed to different people who may be patients, medical personnel, visitors, different type of food etc. It also entails living a regimented lifestyle that is dictated and directed by hospital staff. The patient has to engage and observe a periodic administration of drugs even when the demands of nature such as sleep demands otherwise. The patient has to sleep in an open hospital ward or a secluded ward but with tiny hospital bed quite different from one at home is a big challenge for the patient. Depending on the nature of ailment, a patient is also exposed to a time of pain and agony and in most cases, the people that may sympathize with him may not be readily available. The diagnosis of diseases activates some pressure on people and thereby creates numerous problems in physical, psychosocial, social, economic and family dimension. The situations therefore call for adjustment by the patients to the present realities he is facing in the hospital environment.

Psychosocial Adjustment

According to Omorogiuwa (2016) refers to people's capacity to align or adapt to the environment they find themselves, which implies that the individual has sufficient mechanism to feel good, to integrate, to respond adequately to the demands and needs of the environment (hospital) so as to achieve his or her objectives. According to (Effiom, Arop, Ngwu,Obi,Ubi 2022)genetic disorders, birth injuries, early infection, matabolic disorder, severe emotional disturbance, poor upbringing and poor quality of neural mechanism in which the child in born and caused by poor environmental stimulation genetic alliance . Psycho-social adjustment includes interactive, cognitive, behavioural and emotional responses, psycho-social adjustment to disease involves multiple changes, associated with the treatment and care of the patient. The patients' family and caregiver often live in a state of constant worry and anxiety over the patient condition. There is also some psychosocial difficulties such as persistent worry, fears about the illness and it longtime effects, fear of dying, fear of hospital and medicines procedures, persistent sadness, anger, irritability moodiness, changes in self-esteem, concern about physical appearance and bodily image. Issues associated with these are behavioural problems and social difficult such as missing work place being separated from friends and relations.

Adjustment is a continuous process, effective adjustment to illness will lead to improved performance, better living and improved quality of therapy. Psychological adjustment is the condition of accommodation of a person to a life uttering event or situation (Ngwu, Effiom, Arop & Ushlibima, 2022).Society embraced the idea that parents, educators and the government should ensure children's welfare, mainly by protecting children from illness and from the hardships of poverty(Effiom, Arop, Ngwu, Ukwieke, 2022).

The challenge of lack of psychosocial adjustment of patients in the hospital has been a source of concern to healthcare professionals, psychologist, social workers, counsellors, educators, researcher, family members of

patients and indeed the general public. It has been observed from several visits to the University of Calabar Teaching Hospital and other Government Hospitals in Cross River State, Nigeria that many patients find it difficult to adjust to the hospital and their diseases condition. However, most of the research workers had focused on physical healing method with drug therapy. Ngwu and Nwachuku (2016) observed that Western medicine has always taken the approach of identifying and eradicating symptoms of illness through medical approach and drug therapy (pharmaceuticals) use as the first resorts. Not much research attention had been extended to psychosocial adjustment and holistic healing of patients. Ngwu and Nwachukwu (2016), the spiritual correlate which involves emotional, social, and cultural dimension of sickness, is ignored thus absence of holistic healing.

The researcher was interested in whether personal variable such as gender, age have anything to do with psychosocial adjustment of patients in the hospital. Derwigwe and Ngwu (2022) see personal variable in this study refers to the sex or a person either as a male or female. Age is another personal variable in the study. Aged people often have limited regenerative abilities and more prone to disease and could easily become maladjusted. Ageing is the last state of human development which comes with deteriorating health and loss of energy (Ngwu, Effiom, Arop, Ushibima, 2002). The dirty habits of some youths especially those living in dirty environments predispose them to viral disease (Denwigwe, Ngwu 2022). (Ngwu, Effiom, Arop, Amuchi (2022) opine that urbanization movement of people to cities, looking for greener pasture and displacement of people from their homes as a result of insurgency, trauma among others, lead to stress full situating which citizen are exposed to and these have several consequences.

Ngwu and Nwachukwu (2016) opined that the pastoral counsellor is guided by the conviction that emotional distress or problems can best be addressed by taking into consideration both spiritual aspect and knowledge of human psychology. According to (Effiom, Abuo, Akapan 2020) mental health sigma may have a profound effect on the success of mental health treatment. Counselling can help individual achieve optional level of wellness throughout life span. Counsellor who work with the older adults do so with other team which include, social workers, physician, physical therapist occupational therapist, nurses, homecare providers, family members and gerontological counsellors (Ngwu, Effiom, Arop & Ushibima, 2022). The Pastoral counselling plays a significant role when cure is not possible and patient question the meaning of life (Ngwu & Nwachukwu, 2016). Helping patients cope or adjust with illness through personal interaction and empathy is the most basic level of support that pastoral counselling provides. Pastoral counsellors and other medical professionals responsible for the care of patients need to incorporate planning for psychosocial management or adjustment as an integral part of treatment.

The low level of awareness given to the importance of pastoral counselling services does not seem to contribute to proper psychosocial adjustment and holistic healing of patient on drug therapy. According to (Effiom, Undiyaundeye, Akpama, 2021) education shapes human being lives in a positive way. Many young ones were

being kept in the dark as there were not importuned into an educated family life (Effiom, Odey, Undiyaundeye 2022). The research is poised to ask, is it appropriate to concentrate only on physical recovery of patient without corresponding emotional, spiritual and psychosocial healing?

The interpersonal theory of adjustment by Walter Klofer emphasis the element in all the concept of adjustment in behavioural interaction between persons for two purposed. First, there is the alleviation of anxiety by improving interpersonal communication, and secondary there is he mutual enhancement of sense of self-esteem by provoking positive feedback from others. An appropriate sense of self-esteem is one characterized neither by excessive and unbridled grandiosity nor by inappropriately critical and self-derogating feeling. Anxiety is produced by any attack upon the reality of the sense of self-esteem by means of threat either from external frustration or unrecognized internal conflicts. The therapist along with the patient will decide on the format that is needed for the patient. In turn, anxiety is thought to require the use of defensive or adaptive techniques of various kinds in order to reduces discomfort and raise self-esteem back to the level of tolerance or endurance. The implication of this theory to the study is that there seems no doubt on the basic of the evidence and the logic seems irrefutable that illness does constitute narcissistic threat to almost everyone so “afflicted”. Whether an ill person does or does not succeed in adjusting to this situation to the point where he can be reasonably content and satisfied would depend largely on whether or not he can master appropriately, adaptive techniques to deal with the various threat to self-esteem. According to (Effiom, Arop, Ngwu, Obi, Ubi 2022) Counselling youths with sub-normality is often misunderstood and frequently less served by the counselling profession, this services could also be applied patients with similar abnormalities .

Research Questions

The following research questions were formulated to guide the study:

1. To what extent does age of patient influence their psychosocial adjustment in the hospital?
2. To what extent does gender of patient influence their psychosocial adjustment in the hospitals?
3. To what extent does patients’ perception towards pastoral counselling influence their psychosocial adjustment in the hospitals?

Statement of Hypotheses

1. There is no significant influence of age on the psychosocial adjustment of patients in the hospital.
2. There is no significant influence of gender on the psychosocial adjustment of patients in the hospitals.
3. There is no significant influence of perception towards pastoral counselling on the psychosocial adjustment of patients in the hospitals.

Methodology

The research design adopted for the study was ex-post facto research design, this design studies phenomena after they have occurred. The research area was Cross River State in Nigeria. The state has one teaching hospital, one psychiatric hospital, twelve general hospital and three tuberculosis hospitals in Cross River State. The population

of the study consisted of 4,200 in patients in government own hospitals. The patients were selected as seen in the hospitals. The sampling techniques adopted for the study were the stratified random and systematic sampling techniques. Stratified random sampling technique was used to stratified the public hospitals in Cross River State into Southern, Central and Northern Senatorial districts. The researcher with written permission from Hospital management, got access to patients records and used systematic sampling technique to select the required number of patients. Some questionnaires were dropped with the nurses who help in collecting data and gave to the researcher. The sample of the study consisted of 420 inpatients comprising 10 percent of patients population in selected government hospitals. The sample was collected based on the number of patients in the hospitals records as at the time of carrying out this research. The instrument used for data collection was the questionnaire titled Personal variables, Pastoral counselling and Patients' Psychosocial Adjustment Questionnaire (PEVAQ). The questionnaire consisted of two sections. Section A was designed to measure bio-data of patients while section B is consisted of 40 items aimed at eliciting information from patients. The section dealt with patients' attitude/perception toward pastoral counselling and psychosocial adjustment.

The instrument was validated by experts in Measurement and Evaluation, and experts in Guidance and Counselling all in the University of Calabar. To determine the reliability of the instrument, the questionnaires was administered o 40 patients comprising 20 male and 20 females in a study area but not included as part of the sample of the study. The patient was administered the questionnaires twice at two weeks interval. Scores from the two sessions for each patient was correlated using Pearson Product Moment Correlation Coefficient test statistics. The estimate yielded high correlation which ranged from 716.80, which was high enough to be used for the study. The items on patients' attitude to pastoral counselling was scored as follows: Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD). The data was analyzed on hypothesis-by-hypothesis basis using (ANOVA) independent t-test.

Presentation of Results

Hypothesis one

There is no significant influence of age on the psychosocial adjustment of patients in the hospitals. Result of the analysis in Table 1, shows that the calculated F-ratio of 9.312 is greater than the critical F-ratio of 3.05 at 0.05 level of significance using 414 degrees of freedom. This means that age significantly influence the psychosocial adjustment of patients in the hospital.

Hypothesis two

There is no significant influence of gender on psychosocial adjustment of patients in the hospitals. Result of analysis in Table 2 show that calculated t-value of 1.747 is less than the critical t-value of 1.96 at 0.05 level of significance using 418 degree of freedom. This means that gender differences do not significantly influence the psychosocial adjustment of patients in the hospitals.

Table 2: Summary of Independent t-test for the influence of gender on patients' psychosocial adjustment

Gender	N	Mean	SD	t
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Male	128	32.59	3.39	1.747	Not
Female	292	32.04	2.70		

significant at .05; df = 418, critical t-value = 1.961

Hypothesis three

There is no significant influence of perception towards pastoral counselling on psychosocial adjustment of patients in the hospitals. Result of analysis in Table 3 shows that calculated t-value of 6.900 is greater than the critical t-value of 1.96 at 0.05 level of significance using 418 degrees of freedom. This means that perception towards pastoral counselling significantly influence the psychosocial adjustment of patient in the hospitals.

This means scores shows that patients with positive perceptions ($\bar{x}$ = 33.34) adjusted.

Psychosocially better than their counterparts with negative preceptors ($\bar{x}$ = 31.43).

Table 3: Summary of Independent t-test for the influence of perception towards pastoral counselling patients' psychosocial adjustment

Perception towards pastoral counselling	N	Mean	SD	T
Negative perception	249	31.43	3.02	6.900*
Positive perception	171	33.34	2.38	

Significant at .05; df = 418, critical t-value = 0.96

Discussion of Findings

Age and psychosocial adjustment of patients

The result of the analysis of the hypothesis revealed that the age significantly influences psychosocial adjustment of patients. It was found that patients in the age bracket of 25-43 years ($\bar{x}$ = 34.37) adjusted psychologically better than patients of other age bracket like 18-24 year ($\bar{x}$ = 32.33), 45 – 54 years ($\bar{x}$ = 32.07), 55 – 64 years ($\bar{x}$ = 31.92), 35 – 44 years ($\bar{x}$ = 31.81, and 65 years and above ($\bar{x}$ = 31.44).

The finding is in line with the view of Ngwu and Uche (2020) who observed that age significantly influence patients' psychosocial adjustment in hospitals. It is worthy of note that having physical illness is an important stress factor. Furthermore, Ngwu and Uche (2020) opine that intense stress seems to weaken the immune system and increase susceptibility of illness. In all women, the greatest assets are adaptability and adjusting to new situations that she comes across. In providing assistance, a number of factors should be taken into consideration,

including age of patient, how he perceives his illness, the impact of the illness has on the patients' life, and a determination of the degree of psychosocial adjustment or depression being experienced by the patient.

Considering that those in age bracket 25 – 43 that adjusted significantly more than those in other age bracket, one is poised to state that this bracket comprises very strong and energetic individuals at the youthfulness. That played a great role in their psychosocial adjustment in the hospitals.

Gender and psychosocial adjustment of patients

The result from the second hypotheses indicated that gender difference does not significantly influence psychosocial adjustment of patients in the hospital. The finding of this hypothesis is in agreement with the view of Ellison (2009), who observed that there was no significant gender difference on the influence of gender on psychosocial adjustment of patients in the hospital. The finding of the study contradicts the work of Deribe (2003) who revealed a significant gender difference in patients' adjustment in the hospital with the female having the upper hand. He concluded that although the female patients faced many challenges in life but if support and care is given to them, they can easily adjust better in the hospital and in the society.

Perception towards pastoral counselling and psychosocial adjustment of patients

The result of the third hypothesis revealed that there was a significant influence of perception toward pastoral counselling on psychological adjustment of patients in the hospital. The result of the hypothesis is in line Ngwu and Nwachukwu (2016) who opine that emotional distress or problems can best be addressed by taking into consideration spiritual aspect and knowledge of human psychology. Helping patients cope or adjust with illness through personal interaction and empathy is the basic level of support that the pastoral counsellor provides. Patients with negative perception of pastoral counselling had significant higher stressful events violence exposure and negative adjustment compared with controls. However, lack of exposure to pastoral counselling was the most deteriorating condition associated with patients' negative perception toward pastoral counselling. Findings suggest the benefits of targeting actions geared toward strengthening the positive perception of patients towards pastoral counselling service to improve the quality of health and better adjustment of patients.

Pastoral counselling works to provide support by meeting these six goals. Enlivening the mind, revitalizing with nature and surroundings, personal growth within the chosen social system, including family and career and deepening relationship with God providing these tools means that pastoral counsellor can become a helpful resource for patients to address many of the same issues for which people seek counselling including personal concerns such as anxiety, depression and relationship problems. Pastoral counselling often is ideal for individuals who are coping with grief resulting from loss of loved ones, who are facing terminal illness, those having crisis of faith, who may benefit from talking to a theologian in addition to mental health counsellor.

Conclusion

The paper pointed to the fact that personal variables, pastoral counselling and psychosocial adjustment has significant influence on the psychological adjustment of patients in the hospital. It reveals that age, gender, perception towards pastoral counselling significantly influence psychosocial adjustment of patients in government hospitals which play vital roles in the total healing of patients in the hospital.

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