HEALTH PROMOTION COUNSELLING AND LITERACY OF CARE PROVIDERS IN AKWA IBOM STATE

BY

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ABSTRACT

This study investigated health promotion counselling and literacy of care providers in Akwa Ibom State. Three research questions and three corresponding hypotheses were formulated. The descriptive survey research design was adopted for the study. The population of the study comprised all 2,557 health care providers in Akwa Ibom State, Nigeria. A sample size of 455 was selected using a simple random sampling technique. The researcher-made instrument tagged: Health Promotion Counselling and Literacy of Care Providers Questionnaire (HPCLCPQ) was used for the study. An average reliability coefficient of 0.82 was realized. The reliability coefficient was high enough and the instrument was found to be highly reliable and justify the use of the instrument. The data collected for this study from the questionnaire were collated into the Statistical Package for Social Science (SPSS) version 20. The data were analyzed using mean, independent t-test analysis and Pearson Product Moment Correlation PPMC to in answering the research questions and testing the null hypotheses. All the hypotheses were tested at .05 level of significance. Findings of the study showed that there is low level of health promotion counselling and low level of care providers literacy in Akwa Ibom State and that health promotion counselling has a relationship with literacy of care providers in Akwa Ibom State. Based on the findings it was recommended that Health care organistions should ensure that they have appropriate internal processes and support to obtain workers' input and respond to concerns in a timely fashion and that accreditation organization should provide greater opportunities for health care workers to provide input on quality of care issues.

Keywords: Health promotion counselling, literacy of care providers, Akwa Ibom State.

Introduction

It is observed that there is a widespread problem that is seriously impacting progress in the health sector and that is low health care literacy. According to WHO (1997) health care literacy is the ability of an individual to access, understand, and use health-related information and services to make appropriate health decision. Today, low health care literacy is a threat to the health and wellbeing of the global medical system. Low health care literacy costs the health care industry over $73 billion a year due to misdirected or misunderstood health care services (Heathy People, 2010). Delays in seeking appropriate care and not seeking care at all contributes to a large number of deaths in developing countries.

Health Care is the treatment and management of illness and the preservation of health through services offered by the medical, dental, complementary and alternative medicine pharmaceutical, clinical sciences, nursing and allied health professions. Health Care embraces all the goods and services designed to promote health, including preventive, curative and palliative interventions, whether directed to individuals or to population (WHO, 2000). The definition of Health Care is continuously evolving and varies significantly between different cultures (Appel, 2009). Before the term Health Care became popular, English-speakers referred to medicine or to the health sector and spoke of the treatment and prevention of illness and disease. According to Phelps (2002) a health care system is the organization by which health care is provided. Such systems could be endorsed and/or managed by governments or managed completely or partially by private market-based institutions. Health care institutions include hospitals, laboratories, surgical theatre, among others.

The delivery of modern health care depends on an expanding group of trained professionals coming together as interdisciplinary teachers (Princeton University, 2007). The social and political issue of access to health care in the United States of America led to public debate and confusing use of terms such as “health care” (medical management of illness or disease) health insurance (reimbursement of health care cost., and the public health (the collective state and range of health in a population) (USDL, 2007). A health care provider is an organisation or person who delivers proper health care in a systematic way professional to any individual in need of health care services Psychology, 2007). The health care industry incorporates several sectors that are dedicated to providing services and products dedicated to improving health of individuals.

Health care professionals include doctors, surgeons, physicians, dentists, Chiropractors, operating department practitioners, optometrists, pathologists, psychologists, psychiatrists, nurses, anesthesiologists, medical laboratory technologists, phlebotomist therapy, pharmacists, radiographers. Others include traditional birth attendants, patent medicine dealers, and a wide variety of other individuals regulated and/or licensed to provide some type of health care. These professionals often deal with some illnesses, disorders, conditions and issues. However, their scope of practice often differs. The most significant difference between mental health professionals is education and training (Psychology, 2007).

Promotion of health counselling is fundamentally important in enhancing literacy, skills, knowledge and know how of health care providers with the aim of reducing health hazards and mortality (Penny, Creed-Kanashiro, Robert, Narro, Caulfield and Black, 2007), and thus, for achieving Millennium Development Goals (WHO, 2002). Health counselling has been shown to increase the knowledge of health care providers and to promote adequate health care delivery in the entire society (Penny, 2001). Further, Goldstein (1995) emphasised that health care counselling is more of a retaining process for health care providers. The training of health care providers may improve health care delivery for patients. For instance, counselling for the care of sick children presents a major opportunity for the delivery of feeding counselling to mothers. This can only be successful where the health care

providers/counsellors are equally trained and adequately counselled on how to counsel the public on such peculiar issues (WHO, 2002 and Mitchelman, Faden, Gjelen, 1990).

The effective of counselling interventions has been demonstrated in both developed and developing settings to improve health care practices with consequent benefits in reduction in morbidity (Penny, 2001; Santos, 2001; and Zaman, 2002). The success of health promotional to improve medical services through counselling for improved complementary health practices has been well-demonstrated (Kimmons, Dewey, Haque, Chakraborty, Osmdarp, and Brown 2004).

Further studies show that people of all ages, incomes, and educational levels are challenged by low health literacy (Yoder and Hornik, 1994). Experts say, the greatest challenges are among the elderly and in underdeveloped/developing countries (Yoder and Hornik, 1994). World Health Organisation (2002) stated that low health literacy is a problem all over the world. The problem has grown as some health care providers have been asked to assume more responsibilities for health-care delivery in a complex health care system. Adequate health literacy is important in secondary prevention as ineffective communication between health providers and patients normally result in medical errors due to misunderstanding about medication and self-care instruction (Black, Morris and Bryce, 2003). Compounding the problem is the fact that most patients hide any confusion from their doctors, because they are too ashamed and intimidated to ask for help. In many countries, shortcomings in the implementation of WHO guidelines have been found. Inadequate training of health workers, particularly primary health-care providers. For instance, about the relative risks associated with infant feeding in the context of HIV, lack of culturally sensitive counselling tools, and the stigma associated with replacement feeding, all to make appropriate and effective health-care delivery difficult, hence, health hazards (UNICEF/WHO, 2003).

UNICEF/WHO said that counselling is a proven cost-effective approach for changing health-care delivery. Community-based approach for changing health care delivery procedures. Community-based interventions using local women's groups have also been shown to change behaviour in relation to infant breastfeeding and birth outcomes. In a discerning voice by Humphrey (2006) observed that due to the poor follow up of health care seekers by the health care providers through routine public health services and counselling in our society today, very little is known about the actual medical practices. This means, some health care providers are not updated so as to know how best to follow their patients up and offer expert advices on certain issues, therefore the need for promotional counselling for the health care providers. Rollins (2006) opined that some health care providers are illiterate from a particular perspective. This is because, older health care providers may/or are not conversant with current trends in the health industry. The lack of updated knowledge and skills in current health delivery has been one of the major problems that plague the health sector especially in developing/underdeveloped countries like Nigeria (Nigerian Medical Association, NMA, 2005).

Chen, Evans,Anand, Boutfford, Brown and Chowdhury (2004) asserted that health care providers together can use the Standard-Based Management and Recognition (SBM-R) approach through counselling to help improve upon their performance and the quality of services rendered. WHO (1997)opined that health care promotional counselling can guide the health care providers in (i) setting performance standards for effective health provision, that detail what to do and how to do it. (ii) identifying steps needed to meet the standards (such as refresher training in safe medical practices of acquiring more equipment and supplies), (iii) measuring progress, and (iv) motivating the providers to achieve objectives by offering incentives and recognizing achievement. For instance provider can use the checklist for intramuscular conceptive injection to ensure that they follow the appropriate steps. World

Bank (2000) and WHO (1997) reported that more than 50% of childhood mortality is associated with health illiteracy and inexperience.

Health promotional counselling improves health literacy and communication skills of health workers. Their communication and counselling skills were significantly improved after the training and health worker proved to apply these new skills in their practice after counselling session. A similar effect of training in health counselling using the IMCI materials was observed in Brazil (WHO, (1997). It is observed that the adequacy of the content of the feeding recommendations provided by counselled health workers as significantly improved due to the training. In Brazil, Pelto, Santos, Goncalves, Victora, Martines, and Habicht (2004) observed a similar effect. The results showed that the caregivers who were counselled by trained health workers recalled more information provided during consultation even six months after the training of health workers and recruitment of the child into the study. The responses, however, were different for the time of visits and also for the recall of the specific advice provided by the health workers. This indicates that the feeding practices were changed according to the ages but within the context of the accepted practices among the mothers since the pattern is more or less consistent within the two groups. However, studies have measured the impact of these promotional counselling of health care providers and concluded that it is significant way of enhancing healthcare literacy and overall productivity among healthcare providers.

The health care system is constantly undergoing changes in health care policy, adjustments, quality improvement initiates, adoption of new operational policies, personnel charges, or market demands (Derlet, Richards, Kravitz, 2001). These changes create a challenge for the design and operation of decision support systems that are based on probabilistic model such as logistic regression. Even though decision support systems may demonstrate high accuracy, health care providers' performance may suffer due to the changing environment within which they are expected to operate. The systems sometimes incorporate new trends, seasonal changes and temporal patterns. Although there is a considerable body of research that examine temporal reasoning aspects for decision support system in such changing environment, limited experience about the characteristics of different counselling strategies are available. Given the implications that poor health care delivery literacy may have for survival, promotional counselling and support is one of the most important and effective measures to enhance efficacious and adequate health care delivery by health providers.

Objectives of the Study

The main objective of this study is to determine the level of health promotion counselling and its influence on literacy of health care providers in Uyo while specific objectives are as follows:

1. To determine the level of health promotion counselling practiced in Akwa Ibom State.
2. To examine the level of literacy of health care providers in the study area.
3. To find out the relationship between the level of health promotion counselling and the literacy level of care providers in Akwa Ibom State.

Research Question

The following research question was used:

1. What is the level of health promotion counselling practical in Akwa Ibom State?
2. What is the level of literacy of care providers in Akwa Ibom State?
3. To what extent does health promotion counselling relate with the literacy level of care providers in Akwa Ibom State?

Research Hypotheses

The following research hypotheses were tested:

1. There is no significant level of health promotion counselling practical in Akwa Ibom State.
2. There is no significant level of literacy of care providers in Akwa Ibom State.
3. There is no significant relationship between health promotion counselling and the literacy level of care providers in Akwa Ibom State.

Design of the Study

The descriptive survey design was adopted for the study. The study is an enquiring approach which is appropriate for gathering data from health care providers in Akwa Ibom State as they actually existed without controlling any variable.

Population of the Study

The population of the study comprised all 2,557 health care providers in Akwa Ibom State, Nigeria.

Sample and Sampling Techniques

A sample size of 455 was selected using a purposive sampling technique. In selecting the samples, Krijcie and Morgan (1970) design was adopted. They observed that as the population increases, the sample size increases at diminishing rate. To them in a population size of about 100-110, a sample size of between 80-86 suffices. For a population between thousand (1000) and one million (1000, 000), (386) three hundred and eighty six suffice as sample and so on. In this case, the sample size of 455 was within the stipulation of Krijcie and Morgan (1970).

Instrumentation

The researcher-made instrument tagged: Health Promotion Counselling and Literacy of Care Providers Questionnaire (HPCLCPQ) with 48 items was used for the study. The questionnaire was made up of three parts A, B, and C. Part A called for demographic information of the respondents such as sex and designation.

Section B of the instrument with 30 items was designed to elicit information on Health Promotion variables, while Section C has 18 items on Literacy of Care Providers. Items in these sections were of the four point rating scale type ranging from strongly agree (SA), agree (A), disagree (DA), strongly disagree.

Validation of the Instrument

To ensure the validity of the research instrument, the items were carefully written to cover the purpose of the study and accommodate all the variables investigated. This ensured the face validity of the instrument. Furthermore, the instrument was validated by three experts from the National Open University of Nigeria, Uyo Study Centre. The people to validate the instrument were given the topic, objectives, questionnaire and the statistical tools for data analysis by the researcher. This was to ensure the construct and face validities of the instrument. These experts deleted some of the items that were not good, modified some, while the good items were allowed to remain. The corrections and suggestions of these experts were taken into consideration and integrated into the final drafts.

Reliability of the Instrument

To ascertain the reliability of the instrument, the researcher pre-tested the questionnaire on 30 health care providers who did not take part in the main study. Data collected from their responses were analysed using Cronbach's Alpha Method. An average reliability coefficient of 0.82 was realized. The reliability coefficient was high enough and the instrument was found to be highly reliable and justify the use of the instrument.

Method of Data Analysis

The data collected for this study from the questionnaire were analyzed using mean and Pearson Product Moment Correlation for answering the research questions and t-test/Pearson Product Moment Correlation PPMC in testing the null hypotheses. All the hypotheses were tested at .05 level of significance.

The decision rule for the research questions was that if the correlation coefficient is less than zero, the relationship is said to be negative. But if the correlation coefficient is higher than zero, the relationship is positive. More specifically, the research questions were answered using Pearson's product moment correlation as provided by Uzoagulu (2011) as follows:-

Coefficient (r) -		Relationship
± .00 to ± .20	-	Negligible, weak, very low, little or none
± .21 to ± .40	-	Present, slight, but low positive
± .41 to ± .60	-	Average, moderate, fairly high positive
± .61 to ± .1.00	-	Moderately high, very high positive

For the null hypotheses, the decision rule was to reject the null hypothesis, if the calculated t or r was greater than the critical t or r at the .05 level of significance, the null hypothesis was rejected.

Result

Research Question 1. What is the level of health promotion counselling practical in Akwa Ibom State?

Research Hypothesis 1. There is no significant level of health promotion counselling practical in Akwa Ibom State.

Table 1:
Independent t-test Analysis of Level of Health Promotion Counselling

Variables	$\bar{x}$	SD	Df	t_{-cal}	t_{-cri}	Decision
High Level	2.18	1.09				
			453	1.67	1.96	*
Low Level	3.07	1.04				

***Not Significant at 0.05, df = 453; n= 455; $t_{-cal,}$ =1.67; t_{-cri} = 1.96**

The result of the data analysis on high and low level of health promotion counselling shows calculated mean scores of 2.18 and 3.07 for those of high level of health promotion

counselling and those of low level of health promotion counselling respectively. Based on the decision rule, the mean for low level of health promotion counselling is found to be greater than the cut-off score of 2.5, while that of high level of health promotion counselling is below the cut-off mean. The result implies that there is low level of health promotion counselling. On testing the hypothesis the result of indicates a calculated t-value of 1.67 and a critical value of 1.96 at .05 significance level and 453 degrees of freedom. Hence, the null hypothesis, which stated that there is no significant level of health promotion counselling in Akwa Ibom State is retained, showing that health promotion counselling have been low in Akwa Ibom State..

Research Question 2. What is the level of literacy of care providers in Akwa Ibom State?
Research Hypothesis 2: There is no significant level of literacy of care providers in Akwa Ibom State.

Table 2:
Independent t-test Analysis of Level of Literacy of Care Provider

Variables	$\overline{x}$	SD	Df	t_{-cal}	t_{-cri}	Decision
High Level	2.20	1.12				
			453	1.82	1.96	*
Low Level	2.70	1.06				

***Not Significant at 0.05, df = 453; n= 455; $t_{-cal,}$ =1.82; t_{-cri} = 1.96**

The result of the data analysis on high and low level of literacy of care providers shows calculated mean scores of 2.20 and 2.70 for high level literacy and low level of literacy respectively. Based on the decision rule, the mean for low level of literacy is found to be greater than the cut-off score of 2.5, while that of high level literacy is below the cut-off mean. The result implies that there is low level of care providers. The result of the analysis as presented in Table 2 indicates a calculated t-value of 1.82 and a critical value of 1.96 at .05 significance level and 453 degrees of freedom. Hence, the null hypothesis, which stated that there is no significant level of literacy of care providers in Akwa Ibom State is retained, showing that health care providers have low level of literacy.

Research Question 3. To what extent does health promotion counselling relate with the literacy level of care providers in Akwa Ibom State?
Research Hypothesis 3. There is no significant relationship between health promotion counselling and the literacy level of care providers in Akwa Ibom State.

Table 3:
Pearson Product Moment Correlation Analysis of Health Promotion Counselling and Literacy of Care Providers

	Health Care Promotion counsellling	Literacy of Care Providers
Health Care Promotion counsellling		.78**
Literacy of Care Providers	.78**	

**** Significant at 0.05, df = 453; n= 455; $r_{-cal,}$ =.78; r_{-cri} = 0.096**

Data in Table 3 showed the relationship between Health Care Promotion counsellling and Literacy of Care Providers in Akwa Ibom State. The result yields the correlation coefficient of 0.78. This means that there was a very high positive relationship between Health Care Promotion counselling and Literacy of Care Providers. Testing the hypothesis, a calculated r-value of 0.78 is found to be greater than the critical r-value of .096 when compared at .05 significance level and 453 degree of freedom. Since the calculated r-value is greater than the critical r-value, then the null hypothesis, which stated that health care promotion counsellling, has no significant relationship with literacy of care providers is rejected. This infers that health care promotion counselling has a significant relationship with literacy of care providers.

Discussion of Findings

The discussion of findings was done base on the research questions and the hypotheses:

The result of the data analysis on research question one on high and low level of health promotion counselling shows calculated mean scores of 2.18 and 3.07 for high level of health promotion counselling and low level of health promotion counselling respectively. This finding on hypothesis one revealed that there is no significant level of health promotion counselling in Akwa Ibom State. This finding is in line with the finding of the World Health Association (2002) which stated that low health literacy is a problem all over the world. The problem has grown as some health care providers have been asked to assume more responsibilities for health-care delivery in a complex health care system. Adequate health literacy is important in secondary prevention as ineffective communication between health providers and patients normally result in medical errors due to misunderstanding about medication and self-care instruction

The result of the analysis on research two on high and low level of literacy of care providers shows low level of literacy is found to be greater than the cut-off score of 2.5, while that of high level literacy is below the cut-off mean. The result implies that there is low level of care providers. The result of the analysis on hypothesis two indicates a calculated t-value of 1.82 and a critical value of 1.96 at .05 significance level and 453 degrees of freedom. Hence, the null hypothesis, which stated that there is no significant level of literacy of care providers in Akwa Ibom State is retained, showing that health care providers have low level of literacy. This finding corroborate with the finding of Penny, 2001; Santos, 2001; and Zaman, Jalit, Saleei, Mellander, Ashraf, & Hanson, 2002) who emphasised that the effectiveness of counselling interventions has been demonstrated in both developed and developing settings to improve health care practices with consequent benefits in reduction in morbidity. The success of health promotional to improve medical services through counselling for improved complementary health practices has been well-demonstrated (Kimmons, 2004).

Findings on research question three showed the relationship between Health Care Promotion counsellling and Literacy of Care Providers in Akwa Ibom State. This means that there was a very high positive relationship between Health Care Promotion counsellling and Literacy of Care Providers. Testing the hypothesis three the null hypothesis, which stated that health care promotion counsellling, has no significant relationship with literacy of care providers is rejected. This infers that health care promotion counsellling has a significant relationship with literacy of care providers. This is in line with the assertion of Penny, Creed-Kanashiro, Robert, Narro, Caulfield and Black (2007) who concluded that promotion of

health counselling is fundamentally important in enhancing literacy, skills, knowledge and know how of health care providers with the aim of reducing health hazards and mortality and thus, for achieving Millennium Development Goals. Similarly, Haider, Ashwirth, Kabir, and Huttly, (2000) opined that health counselling has been shown to increase the knowledge of health care providers and to promote adequate health care delivery in the entire society

Conclusion

This research work has been conceptualized to assess the effect of health promotional counselling on health care providers. In line with the review, the researchers conclude as follows:

That the delivery of modern health care depends on an expanding group of trained professionals coming together as an interdisciplinary team. That health care promotional counselling for the health care providers go a long way to cushion and arrest some negative tendencies that may influence providers' efficacy in the delivery of quantitative health services and their confidence in successfully counselling patients on health behaviour change. That is observed that the health care environment is constantly changing, therefore decision support system need to recognise current pattern and incorporate the short and long-term trends to maintain their initial accuracy and since there are limited experiences available to understand the impact of the changing environment on the accuracy of decision support and few system and few incorporate temporal trends by empowering the decision support model on a recurring basis in the form of health counselling.

Healthare counselling is a significant tool to balance services delivery amongst health care providers. Therefore providers can take advantage to educate themselves ad retool their skills to meet the needs of tomorrow's workplace. This is achievable through health promotional counselling.

Recommendation

In view of the findings of this study, the following recommendations are made:

1. Health promotional counselling of physicians, nurses and other health care providers must change to meet the demands of a changing health care industry. That is counselling of health providers should provide those individuals with greater experience in working in interdisciplinary teams, enhancement of knowledge and the provision of care in nonhospital settings, the effective use of clinical information to promote evidence-based practice, the measurement and improvement of quality and satisfaction, the conducting of small scale experiments of new ideas, the reporting and the reduction of error.

2. Health care organistions should ensure that they have appropriate internal processes and support to obtain workers' input and respond to concerns in a timely fashion. Accreditation organization should provide greater opportunities for health care workers to provide input on quality of care issues.
3. Health care organisations should acknowledge morale problems by taking steps to address the concerns of physicians, nurses and other health care workers regarding professional autonomy, rising workloads, non-productive paperwork, and employment security. Organisations undergoing restructuring should involve their employees in the planning and implementation of such changes.
4. Federal and State government should make funds available to ensure qualitative, regular and timely counselling for health care providers, hence encourage the conduct of research into workforce trends, and disseminate information on model workplace partnership.

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