Research Article

Assessment of Low Patient Social Support and its Associated Factors among Hospitalized Medical-Surgical Adult in Patients in Addis Ababa Public Hospitals, Addis Ababa, Ethiopia, 2020. Multicenter Cross-Sectional Study

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Abstract

Background: Research is focused on cardiovascular disease (CVD). CVD is the leading cause of death in the Background: Patient social support is a network or web of social relationships that each individual keeps including the closest people, such as family, close friends, and other neighborhood or community individuals in the hospital as well as out of the hospital. Patient psychosocial support influences the health status and treatment effectiveness, enhancing the quality of care in a hospitalized medical-surgical inpatient setting. Therefore, it should be practiced in a hospital setting than a community setting.

Methods: Institutional based cross-sectional study was conducted with 380 study subjects from March 1-30, 2020. A systematic random sampling technique was used and data were collected using interviewer-administered questionnaires. Trained nursing students collected data, which were entered into Epi-data 3.1 and exported to SPSS version 26 for analysis, and then binary and multiple logistic regression was performed to check the association between dependent and independent variables.

Results: In this study, the low level of patient social support was 61.9%, while 38.1% of them have high levels of patient social support. Variables being housewives [AOR=3.41; 95%CI (1.145-10.153)], chat chewing [AOR=2.596; 95%CI (1.072-6.288)], psychosocial counseling [AOR=4.149; 95 %CI (0.075-0.771) and previous history of hospitalization [AOR=1.673; 95%CI (1.019-2.746) were found to be significantly associated with low patient social support. While age, sex, ethnicity, religion, income, alcohol drinking, smoking, other illegal substance use, family history of mental health problems, having a mental illness, type of case, and length of hospital stay were not significantly associated.

Conclusions: The overall level of patient social support in hospitalized patients was low and being housewives, khat chewing, psychosocial counseling, and previous history of hospitalization were significantly associated with low levels of patient social support among adult inpatients, therefore health care providers should provide special consideration to those group of patients admitted to hospitals.

Keywords: Patient Social Support, Medical Surgical Adult Inpatients, Addis Ababa, Ethiopia

Introduction

Patient social support is a network or web of ties that each person maintains, including those closest to them, like family, close friends, and fellow hospital patients as well as that outside of hospitals [1]. Globally, the patient needs assessment data to show that 4.7 percent and 34.9 percent of inpatients, respectively, need assistance with their medical care, and 18.6 percent and 33.7 percent also require assistance with their psychosocial and emotional needs from their caregivers and other forms of community support [2].

More than 50.6% of patients need psychosocial support, which includes the availability of listening, attention, information, esteem, and companionship to satisfy their needs. In western areas, 45.6% of patients need support in the management and resolution of operational issues regarding treatment, daily living physical activities, material issues, and financial issues [3].

Social support is an endeavor to assist and support someone's own efforts to improve their health behaviors and interactions

that affect, govern, constrain, and comprise someone's ability or willingness to make such changes [4, 5]. Social support from other patients is crucial in reducing psychological instability like the stress, anxiety, and sadness that are frequently seen in both inpatients and outpatients, and 31.8% of hospitalized patients require psychological assistance [6].

In a study on the state of American healthcare, 80% of doctors said they lacked confidence in their ability to address patients' social requirements, and 85% of primary care doctors agreed that their patients had unmet social needs [7]. Social support for patients in their daily lives is crucial to minimizing and offsetting the negative effects of disease diagnosis and treatment [8].

Nearly 58.5% of people in Ethiopia require assistance with all elements of medical care, including assistance from their health care providers and other people, groups, friends, neighbors, and relatives who live in the same or a separate home [9].

Hospitalized individuals need devoted social support to handle challenging life circumstances [10]. Patient social support is linked to adherence to therapy, psychological well-being, and feelings of stability, all of which appear to lower illness susceptibility and serve as protective factors for hospitalized patients [11].

Low levels of patient social support were substantially correlated with several related characteristics, including being female, younger in age, having less education, being married only once, living alone, coming from a remote area, using drugs, and having previously been hospitalized. While some factors, such as having a mental disease, the type of case, and receiving psychosocial counseling, have not been statistically tested, such as work, family history of mental illness, and comorbidity [12, 13, 5, 14, 9, 15].

An essential tool in the process of enhancing patient resources, building relationships, fostering autonomy, enhancing self-image and self-esteem, and combating social isolation of hospitalized inpatients was the patient support group [16].

Although the value and necessity of patient social support ought to have been emphasized, my research into studies on the level of patient social support among medical and surgical adult inpatients in Ethiopia has turned up little data, and none of them have been conducted in the country's public hospitals. Few studies conducted outside of this nation also exclude crucial factors, are not statistically significant, and are not focused on adult medical and surgical inpatients. This study filled those knowledge gaps by examining the levels of social support received by hospitalized adult medical and surgical patients as well as its contributing variables.

Method and Materials
Study Design and Procedure
An institutional-based cross-sectional study was conducted on 380 participants in Addis Ababa public hospitals, Addis Ababa, Ethiopia from March 1 to 30, 2020. Addis Ababa, the capital city of Ethiopia, is located at the center of the country that had 10 sub-cities and 116 Woredas with a total population of around 3.4 million according to Ethiopian population projection for all regions in Wereda level from 2014-2017 [10]. There were 53 hospitals in Addis Abeba, of which 13 were state and 40 were private. The study was conducted in four randomly chosen public hospitals in Addis Abeba, Ethiopia: Tikure Anbessa Specialized Hospital (TASH) had 374 adult inpatients, St. Paul's hospital had 237 adult inpatients, Yikatit 12 hospitals had 139 adult inpatients, and Zewuditu hospitals had 72 adult inpatients at a time. A total of 380 study subjects were chosen from a total of 822 patients admitted to the hospital as a reference. The study was conducted from March 1 to 30, 2020.

Sample Size Determination
The sample size was determined using a single population proportion formula, taking into account the following presumptions: the prevalence of patients with high social support among medical-surgical adult inpatients, 33.5 percent were completed at Harare public hospitals, with a 95 percent confidence interval and a 5 percent margin of error [17].

$n = (Z_{\alpha/2})^2 \ (pq)/d^2 = (1.96)(1.96)(0.34)(1-0.34)/(0.05)(0.05) = 345$ with 10% non-response rate the sample size were 380.

Data Collection Tool and Quality Control
The questionnaire's Amharic version was utilized to gather data. The questionnaire was initially written in English, then translated into Amharic, and then back into English. Four nursing students with a half-day of training were used as data collectors along with two clinical staff members as supervisors. Four elements make up the questionnaire that the interviewer-administered. the sections on sociodemographic traits, substance use, clinically relevant variables, and psychologically relevant variables. The (SSQ-6) social support questionnaire featured a 6-item scale for measuring the availability of social support. The total score is calculated by adding together each of the six items, with a range of 0 to 6. Values above the mean indicate higher levels of social support, while values below the mean indicate lower levels of social support. These items had a 0.86 dependability coefficient [18].Both the supervisors and the data collectors received training. Following verbal assent, data collectors conducted interviews in the national Amharic language with the help of certified interpreters. The principal investigator received the completed questionnaires. Before the first week of data collection was finished, a pretest was conducted on 5% of the same research participants. Before doing data analyses, the acquired data was examined and confirmed for completeness; any data that was not complete was eliminated.

Data Processing and Analysis
The data was coded and entered into the EPI data version 3.02 programs after being examined for completeness and consistency. Data was entered and then transferred to SPSS version 26 for analysis. To explain the quantity and percentage of the sample's socio-demographic traits as well as other factors, descriptive analysis employing frequencies, proportions, and graphs were conducted. The relevant components of patient social support were discovered using binary logistic regression. This was accomplished using the odds ratio and p-value with a 95% confidence interval (CI). To account for potential confounding variables, a bivariate logistic regression explanatory variable with a

p-value of less than 0.25 was included in the multivariate logistic regression analysis. Both the Hosmer-Lemeshow and Omnibus tests had significant results (P-values of 0.001 and 0.999, respectively), indicating that the model was fitted. AOR with a 95 percent confidence interval was assessed to find significantly linked factors with the dependent variable, low level of patient social support, and a P-value of less than 0.05 was used to declare the degree of statistical significance. Under the various data kinds, the results were then shown in text, tables, and graphs.

Operational Definition

High Social Support: Based on the SSQ-6 who scored higher than or equal to the mean.
Low Social Support: Based on the SSQ-6 who scored lower than the mean.
Substance Use: When patients used specific addictive and illegal substances in the last 1 year.
Comorbidity: Patients with two or more disorders.

Ethical Considerations

Ethical approval was obtained from the College of Health Sciences Ethics Review Committee, Addis Ababa University, and permission was obtained from each hospital. Each subject gave their informed consent before beginning the study. The data were exclusively utilized for research purposes, respondents' identities were removed, and anonymity and confidentiality were maintained by coding and aggregate reporting. Additionally, we can attest that all procedures were carried out in compliance with the pertinent policies and regulations of the university.

Results

Socio-Demographic Characteristics of The Study Participants
Face-to-face interviews with 380 respondents were used in this study to gather data, and the response rate was 98.7%. The mean age of the participants was 40.8 years, with a standard deviation of 15.72, and 202 (53.9%) of them were female. Of those, 82 (21.9%) belonged to the 25–34 age bracket. Among the study's participants, 147 (39.2%) belonged to the Amhara ethnic group, 241 (64.3%) were urban residents, 225 (60%) practiced orthodoxy, 222 (59.2%) were married, 97 (25.9%) had completed their elementary education, and 92 (24.5%) worked in agriculture. Low earnings were the norm among respondents 196 (52.3%) (Table 1).

Table 1: Sociodemographic characteristics of study participants in public hospitals, Addis Ababa, Ethiopia, 2020 (n=380).

Variables	Category	Frequency	Percent (%)
Age	18 to24	61	16.3
	25 to 34	82	21.9
	35 to 44	76	20.3
	45 to 54	67	17.9
	55 to 64	56	14.9
	65 and more	33	8.8
Sex	Female	202	53.9
	Male	173	46.1
Religion	Orthodox	225	60.0
	Muslim	83	22.1
	Protestant	55	14.7
	Catholic	8	2.1
	Others	4	1.1
Marital status	Single	106	28.3
	Windowed	25	6.7
	Divorced	22	5.9
	Married	222	59.2
Ethnicity	Amhara	147	39.2
	Oromo	105	28.0
	Tigray	31	8.3
	Gurage	42	11.2
	Silte	23	6.1
	Others	27	7.2
Residence	Urban	241	64.3
	Rural	134	35.7
Education	Can't read and write	79	21.1

	Can read and write	57	15.2
	Primary	97	25.9
	Secondary	78	20.8
	Higher education	64	17.1
Occupation	Governmental worker	64	17.1
	Private employee	78	20.8
	Merchant	55	14.7
	Farmers	92	24.5
	Housewives	47	12.5
	Daily laborers	16	4.3
	Others	23	6.1
Income	low income	196	52.3
	high income	179	47.7

Substance Use-Related Factors of Patient Social Support

46 (12.3%) of the study participants used Khat, 122 (32.5%) drank alcohol, 17 (4.5%) smoked tobacco, and three (0.8%) used other illegal substances like hashish (Table 2).

Table 2: Substance used related factors of study participants in public hospitals, Addis Ababa, Ethiopia, 2020 (n=380).

Variables	Category	Frequency	Percent (%)
Khat chewing	Yes	46	12.3
	No	329	87.7
Alcohol drink	Yes	122	32.5
	No	253	67.5
Smoking	Yes	17	4.5
	No	358	95.5
Other illegal drugs used	Yes	3	0.8
	No	372	99.2

A Living Condition-Related Factor of Patient Social Support

Among the participants in the survey, 311 (82.9%) lived with their families, 55 (14.7%) lived alone, and nine (2.4%) shared housing with others (Table 3).

Table 3: Living condition-related factors of study participants in public hospitals, Addis Ababa, Ethiopia, 2020 (n=375).

Variables	Category	Frequency	Percent (%)
Living condition	Alone	55	14.7
	Family	311	82.9
	Others	9	2.4

Clinically Related Factors of Patient Social Support

Among the study participants, 201 (53.6%) were medical patients, 187 (49.9%) had prior hospitalizations, 144 (38.4%) had comorbidities, and 133 (35.5%) spent less than one week, 110 (29.3%), one to two weeks, and 132 (35.2) more than two weeks in the hospital. Of the respondents, 56 (14.9%) had a family history of mental disorders, 17 (4.5%) had received psychiatric therapy, 17 (4.5%) had prior histories of mental illnesses, and 6 (1.6%) had present mental illnesses (Table 4).

Table 4: Clinical-related factors of study participants in public hospitals, Addis Ababa, Ethiopia, 2020 (n=380).

Variables	Category	Frequency	Percent (%)
Previous history of mental illness	Yes	17	4.5
	No	358	95.5
Have mental illness	Yes	6	1.6
	No	369	98.4
Psychosocial counseling	Yes	17	4.5
	No	358	95.5
Family history of mental illness	Yes	56	14.9
	No	319	85.1

Type of case	Surgical	174	46.4
	Medical	201	53.6
Previous history of hospitalization	Yes	187	49.9
	No	188	50.1
Having comorbidity disorder	Yes	144	38.4
	No	231	61.6
Time stayed in the hospital	< 1 week	133	35.5
	1-2 week	110	29.3
	> 2 week	132	35.2

Level Of Patient Social Support

In this study, the patient social support levels among medical-surgical inpatients in public hospitals in Addis Ababa, Ethiopia, in the year 2020 (n=380) were 232 (61.9 percent) with low levels and 143 (38.1 percent) with high levels (figure 1).
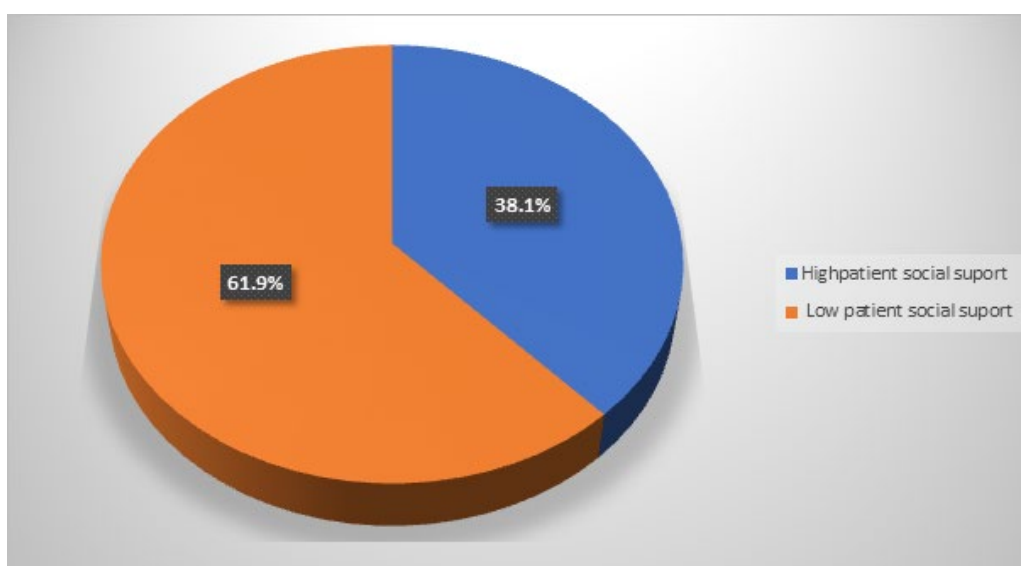
Figure 1: Level of patient social support among hospitalized medical-surgical inpatients in the public hospital, Addis Ababa, Ethiopia, 2020 (n=380).

Factors Associated with Low Patient Social Support

To find the independent factors associated with the dependent variable, low levels of patient social support; multiple logistic regression analysis was performed on variables with a P-value ≤0.25 in the binary logistic analysis. In a bivariate analysis, the covariates of age, sex, marital status, educational attainment, occupation, income, Khat chewing, alcohol consumption, smoking, living situation, prior histories of mental illnesses, psychosocial counseling, prior histories of hospitalization, previous hospital stays, and case type were associated to low patient social support. Low patient social support was linked in a multiple logistic regression analysis to factors such as being a housewife, psychological counseling, smoking, Khat, and previous hospitalizations.

In this study, being a housewife was statistically linked (p = 0.028) with poor levels of patient social support. Housewives had 3.4 times the likelihood of having low levels of patient social support (AOR=3.41; 95 percent CI (1.145-10.153)) than those who worked for the government.

Regarding substance use, individuals who were chewing khat were significantly (p= 0.035) related to low patient social support and nearly 2.6 times more likely to have low levels of patient social support [AOR=2.596; 95 percent CI (1.072-6.288)] than participants who were not chewing Khat.

Adult in patients who receive psychosocial counseling were found to have a negative correlation (p=0.016) with low levels of patient social support, meaning they were 4.2 times more likely to have high levels of patient social support than patients who did not receive psychosocial counseling (AOR=4.149; 95% CI (0.075-0.771)).

Poor patient social support was positively linked (p=0.042) with respondents with prior hospitalizations, and patients with prior hospitalizations were 1.7 times more likely to have low patient social support (AOR=1.673; 95 percent CI (1.019-2.746)) compared to people who have never been hospitalized before (Table 5).

Table 5: Binary and multiple logistic regression analysis of factors associated with the low level of patient social support among hospitalized medical-surgical adult inpatients in public hospitals, Addis Ababa, Ethiopia, 2020.

Variables	Category	Low patient social support		Crude Odd Ratio	Adjusted Odd Ratio	P-value
		Yes	No			
Age	18 to 24	37	24	1.00	1.00	
	25 to 34	51	31	1.067(0.540-2.108)	0.538(0.144-2.000)	0.355
	35 to 44	42	34	0.801(0.404-1.589)	0.716(0.221-2.319)	0.578
	45 to 54	38	29	0.850(0.420-1.721)	0.360(0.117-1.103)	0.074
	55 to 64	38	18	1.369(0.640-2.930)	0.382(0.125-1.162)	0.090
	65 and above	26	7	2.409(0.904-6.419)	0.498(0.159-1.556)	0.230
Sex	Male	60	113	1.00	1.00	
	Female	83	119	1.314(0.863-2.000)	0.674(0.3791-.199)	0.180
Marital status	Single	57	49	1.00	1.00	
	Windowed	17	8	1.827(0.726-4.598)	0.8419(0.397-1.782)	0.651
	Divorced	13	9	1.242(0.489-3.153)	1.377(0.440-4.308)	0.582
	Married	145	77	1.619(1.010-2.594)	1.357(0.435-4.238)	0.599
Residence	Urban	137	104	1.00	1.00	
	Rural	95	39	1.849(1.177--2.905)	1.036(0.5421-.9820)	0.914
Education	Can't read and write	58	21	3.333(1.654-6.719)	1.762(0.621-5.000)	0.287
	Can read and write	32	25	1.545(0.753-3.168)	0.959(0.348-2.638)	0.935
	Primary	61	36	2.045(1.076--3.885)	1.440(0.587-3.531)	0.426
	Secondary	52	26	2.414(1.222-4.770)	2.127(0.881-5.134)	0.093
	Higher education	29	35	1.00	1.00	
Occupation	Government employee	29	35	1.00	1.00	
	Private worker	51	27	2.280(1.157-4.491)	2.036(0.891-4.653)	0.092
	Merchant	33	22	1.810(0.872-3.757)	1.756(0.676-4.563)	0.248
	Farmers	68	24	3.420(1.737-6.732)	2.396(0.871-6.597)	0.091
	Housewives	35	12	3.520(1.551-7.991)	3.41(1.145-10.153)	0.028
	Daily laborers	3	13	0.279(0.072-1.073)	0.343(0.066-1.776)	0.202
	Others	13	10	1.569(0.601-4.098)	1.901(0.532-6.789)	0.323
Monthly income	Low	130	66	1.487(0.978-2.260)	1.001(0.542-1.848)	0.998
	High	102	77	1.00	1.00	

Chat chewing	Yes	212	117	2.356(1.261-4.401)	2.596(1.072-6.288)	0.035
	No	20	26	1.00	1.00	
Alcohol drink	Yes	169	84	1.884(1.212-2.929)	1.690(0.978-2.920)	0.060
	No	63	59	1.00		
Smoking	Yes	226	132	3.139(1.135-8.684)	0.882(0.222-3.508)	0.858
	No	6	11	1.00	1.00	
Living condition	Live alone	18	37	0.243(0.054-1.086)	0.215(0.039-1.176)	0.076
	With family	208	103	1.010(0.248-4.119)	0.785(0.159-3.886)	0.767
	Others	6	3	1.00	1.00	
Psychosocial counseling	Yes	132	226	0.319(0.115-0.881)	4.149(0.075-0.771)	0.016
	No	11	6	1.00	1.00	
Previous history of hospitalization	Yes	82	106	1.598(1.050-2.432)	1.673(1.019-2.746)	0.042
	No	61	126	1.00	1.00	
Type of case	Surgical	99	75	1.00	1.00	
	Medical	133	68	1.482(0.975-2.252)	1.412(0.857-2.327)	0.176
Hospital stay in weeks	< 1week	78	55	1.00	1.00	
	1-2 weeks	73	37	1.391(0.823-2.352)	1.205(0.039-2.233)	0.553
	>2 weeks	81	51	1.120(0.685-1.831)	0.977(0.159-1.734)	0.938

Discussions

Level Of Patient Social Support

This study's findings indicated that just 61.9 percent of patients received any social support, which is consistent with (95 percent CI, 57 percent -67 percent). The level of social support among emergency inpatients at Amanuel Mental Health Hospital in Ethiopia was 64.2 percent, and the study's findings from Finland were reported at 66.5 percent and 64.2 percent, respectively [16, 9].

In comparison to research done in Greece and Gahanna, the amount of patient social support in this study was comparatively lower at 71 percent and 83.7 percent, respectively [19, 13]. This variation may be the result of taking community health into account when prioritizing global concerns, changes in improving community health policy, the development of community health care services, changes in patients' lifestyles, and changes in safety that disproportionately increase patient social support, or even changes in methodological systems.

The study's findings, which were reported as 31.1 percent, 30.7 percent, and 19.6 percent respectively, were higher than those from studies conducted in Brazil, Germany, and the United States, specifically at San Francisco General Hospital and hospitals in Germany that support cancer patients [20, 21, 5]. This variation may be brought on by geographical elements such as high land and dispersed terrain, sociocultural diversity among individuals, socio-demographic variety, environmental causes, and a lack of social support networks among our population.

Factors Associated with Hospitalized Patient Social Support According to this study, being a housewife was 3.4 times more statistically related to having low levels of patient social support compared to being a government employee, who had high levels of social support in the hospital. This outcome was comparable to that of research done among HIV patients in Nigeria [22]. This may be the result of Ethiopians' cultural practice of considering housewives to be homemakers who should stay in their home compound and are not permitted to work in agricultural fields. They may also have suffered from a lack of social interaction, communication, and integration, which may have led to the decline of their social support networks. However, the government employees in this community are treated with high regard and dignity, and they frequently interact with customers at work. Some employees may also work in the customer service, community mobilization, and social affairs sectors, which strengthen their social support and relationships.

Patients who chewed khat were 2.6 times more likely than non-khat users to have low levels of patient social support. This study was comparable to the one carried out in Nigeria [22]. This might be because people who abuse substances may experience domestic abuse, neglect, and isolation in addition to having weak social connections in the neighborhood.

Low-level patient social support in hospitals was 4.2 times less likely to be provided by individuals who received psychosocial counseling than by those who did not. This variable's statisti-

cal significance was not demonstrated by any research that was similar to them. This may have happened as a result of patients receiving psychosocial counseling from psychological and psychiatric counselors, and advocates possibly increasing the level of social support.

According to this study, respondents who had previously been hospitalized were 1.7 times more likely to have poor levels of patient social support than those who hadn't. This outcome was comparable to that of the American study [15]. This outcome could be a result of how the community perceived the patients, who were viewed as sources of infections, had a high rate of spreading other, acute diseases, and were discriminated against. Additionally, the patients' living distance from the community could be a contributing factor to their lack of social support.

Strength and Limitation
In this study, numerous different variables were assessed, and new variables were added to the assessment. Standardized and valid questionnaires were used. Adult inpatients in private hospitals who were admitted for medical and surgical procedures were not included in the study. The study did not describe cause-and-effect relationships because it was a cross-sectional study.

Conclusions
Adult hospital inpatients in Addis Abeba's public hospitals had poor levels of patient social care. Being a housewife, using psychosocial therapy, smoking khat, and having previously been hospitalized among medical and surgical adult inpatients were statistically related to low patient social support [23, 24].

Recommendation
Health care providers should address patient social support predictors like being a housewife, receiving psychosocial counseling, and chewing gum in hospitalized patients. The ministry of health and other health sectors should establish social committees within the institution and at the community level to enhance patient social support.

Conflict of interests
The authors declare that they have no conflict of interest.

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