INFLUENCE OF SELF-EFFICACY AND SOCIAL SUPPORT ON PATIENTS' PHYSICAL WELL-BEING IN SELECTED STATE HOSPITALS IN OYO STATE, NIGERIA

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Abstract

The problems associated with physical well-being of the patients in Nigeria health care settings are numerous and compounding, many of these stem from unresolved psychosocial issues. This study, therefore, examined influence of self-efficacy and social support on the patients' physical well-being in selected state hospitals in Oyo state, Nigeria. Descriptive survey research design was adopted for the study and 400 patients were purposively selected from 10 state hospitals in Oyo state. Only 370 questionnaires were completed and returned. Four different standardized scales namely WHO's Well-being Scale, Stanford Binet Patient Disease Scale for Self- efficacy, the Revised Illness Perception Questionnaire (ipq-r), and Social Support Scale with test-retest reliability co-efficient of r=0.71, 0.79, 0.76 and r= 0.89 respectively, were adapted for the study. The data were analyzed using the chi-square statistical tool at 0.05 level of significance. Findings showed that self-efficacy significantly physical well-being of both in-patients and out-patients (x^2=21.779, df =2, p<0.05). The findings also revealed that there was no significant relationship between social support and patients' level of physical well-being (x^2=5.849, df = 4, p=0.211 at p>0.05).The result of the third hypothesis showed that patients' perception of symptoms influenced level of physical well-being (Cal-t = 9.869, p=0.007 at p<0.05).The study concluded that perception of symptoms had significant influence on the physical well-being of the patients. A robust sense of self-efficacy is needed to recover from any form of ailment. It is, therefore, recommended that the Nigerian heath practitioners and other care-givers should embrace the involvement of the family members as part of the treatment part to provide adequate emotional support for the patients rather than stressing the significance of their

financial involvement. Services of the professional social workers should be engaged in every state hospital to facilitate adequate quality of life of patients, the entire family and the larger community.

Keywords: Self-efficacy, Social support, Patient's physical well-being.

Introduction

Well-being is seen as a substitute for happiness, but a state of well-being is more than being happy because happiness is a state of mind at a particular moment and has something to do with our mood. Well-being describes our happiness, confidence, physical condition and general outlook on life (Nicholas, 2005). Well-being is about feeling good and taking care of one's health. Responsibilities that can often be neglected while juggling the rigorous demands of everyday living in the 21st century, it also reflects in every aspect of individual's life (Nicholas, 2005; Sen, 2007).

For many centuries the subject of happiness was the realm of theologians and philosophers but has recently transcended into social sciences, first in psychiatry and into mainstream of social sciences and economics since 1950 (Easterlin, 2004;2001;2002). McKinley Health Centre, University of Illinois defined 'wellness' as a state of optimal well-being that is oriented towards maximizing an individual's potential (Hird, 2003). Therefore, the state of well-being of every society is generally the concern of every stakeholder, that is, the government, the policy makers, non-governmental bodies, professional health givers, families, social workers and other care-givers. For instance, research shows that more 32 million people are admitted yearly to more than 8500 hospitals in United States alone, these patients cannot be said to enjoy 'well-being'. During recent years, health in the United States has improved in many ways due to increased longevity; a decline in mortality from health disease, stroke and cancer, and a continued decline in infant mortality (National Centre for Health Statistics, 2007; Hamilton-West, 2011).

However, much has not been achieved in terms of improving quality of lives in Nigeria as the average life expectancy in Nigeria still remains low. Nigeria has one of the highest infant mortality rates in Africa with a percentage of 91.54% death per 1000 births (CIA World Fact Book, 2011). In spite of difficulty Nigeria encounters in data

collection and analysis, Nigeria National Demographic Health Survey confirmed that life expectancy at birth increased from 45 years in 1963 to 51 years in 1991 and this was mainly due to improved living conditions and better health services. This same gain or increase dropped to 46.5 years by 2005 and slightly rose to 48.4 years four years later (UNDP, 2010; WHO, 2010; UNFPA, 2010; Federal Ministry of Health, 2010). Various illnesses and diseases which may be chronic or acute in nature affect individuals which have a toll on their physical well-being. Therefore, if health is viewed as a state of being well without disturbance to bodily function, then a person who is suffering from any disease or illness is said to be ill and not in good health condition. Broadly speaking, illness impaired role function which may result from not wholly organic, but also social, psychosocial, cultural and economic in nature. Anything affecting the total well-being of patient may support the illness and render the patient incapable or normal role performance. It forces dependency and reduces usefulness to the family, friend and other significant people; it cuts off the individual's access to normal enjoyment and satisfaction.

On the other hand, self-efficacy is viewed in term of people's beliefs about their capabilities to produce effects. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave; and produce diverse effects through four major processes namely cognitive, motivational, and affective and selection processes (Chun-Mei, Hai and Hong-Mei, 2015). Rosenstock and Kirscht (1979) stated that 'if you perceive that you can easily contract a disease or illness, you will have it'. In other words, they established a relationship between a person's belief or behavior and illness. It follows that many people survive from chronic ailments because they have the belief to survive, while others die of minor ailments because they lack the will to survive. This is the position of will and counter will in social work practice (Karami, Moradi and Hatamian, 2017).

Having close relationship is good for the human physiological health. Relationships serve as a buffer during tough times, which in turn improves cardiovascular functioning and decreases stress levels (Juan, Noelia, Elisa and Maria, 2017). On the other hand, people with very few social ties have nearly twice the risk of dying from heart disease (Rath and Harter, 2006; 2010; Raina, Waltner-Toews, Bonnett, Woodward and Abernathy, 1999). Social well-being has to do with quality social

support that human being experiences as a result of his relationships with others. Satisfying relationships, having support networks, participating and contributing to the community, developing the capacity for intimacy and learning good communication skills all contribute to a positive state of social well-being (Hamilton-West, 2011; Zantinge, Elsa, Matthijs Van den Berg, Henriette, Smit and Picavet, 2014).

Spiritual well-being/ spirituality has been defined as a belief in a power operating in the universe that is greater than oneself, a sense of interconnectedness with all living creatures and an awareness of the purpose and meaning of life; and the development of personal, absolute values. It is the way people find meaning, hope, comfort and inner peace in life (Van Solinge, and Henkens, 2015). Although spirituality is often associated with religious life, many believe that personal spirituality can be developed outside of religion. Acts of compassion and selflessness, altruism and the experience of inner peace are all characteristics of spirituality (Okundaye, Gray and Gray, 1999). 'Spiritual well-being' itself is a multidimensional construct. Murray, Kendall, Boyd, Worth and Benton (2004), described the signs of spiritual well-being as inner peace and harmony; having hope, goals and ambitions; social life and place in community retained; feeling of uniqueness and individuality; dignity, feeling valued; coping with and sharing emotions; ability to communicate with truth and honesty; being able to practice religion; finding meaning. Spiritual well-being is, therefore, inextricably intertwined with the physical, social and emotional needs of patients. Stanworth (2004) was of the opinion that the quest for spirituality is a human quest for meaning and purpose in life.

The significance of spiritual well-being is becoming more and more relevant in social work practice these days. Adverse health changes have a lasting negative effect on well-being, and adaptation is incomplete to deteriorating health (Easterlin, 2004). In the case of severe changes in health, although humans have a very string resilience and can cope (Gilbert, 2006); people that have suffered a terrible accident or illness report lower sense of well-being than their comparison group (Mehnert, Herbert, Nadler and Boyd, 1990; Saxbe, Repetti and Nishina, 2008).

The concept of social support stems from interpersonal relationship that exists between the patient and his/her relation and believed to have been built over a number of years which facilitates the quality of social support received during illness (Omran and Al-Hassan, 2006; Schwarzer and Leppin, 1991). This relationship, which is interpersonal in nature, is believed to have stemmed from being in close contact with family members or friends; it could be acquired by birth or long term relationship as in the case of a couple, parent-children relationship, family and friends or colleagues at work, belonging to a certain group in the society either a member of religious organizations or otherwise (Mojoyinola, 1998; Keogh, Hamid, Hamid and Ellery, 2004; Helgeson, 1993; Hang and Folmar, 1996). Social support has been defined in various ways as 'resources provided by others' (Hughes, 2008); as 'coping assistance' (Adejumo, 2008, 2010), as a 'resource for coping' (Volkow and Li, 2005)and as an exchange of resources 'perceived by the provider or recipient to be intended to enhance the well-being of the recipient' (Adejuwon, 2004, Lockyer, 2005). Salanova, Bakkera and Llorens (2006) found that highly self-efficacious patients develop tendency for personal growth and tend to find benefit in their fate and adapted better. They established that self efficacy significantly influenced general health status.

Self Efficacy

(1986) defined self-efficacy as people's belief in their abilities to generate the motivation, harness the resources, and exercise the action needed to influence events that affect their lives. In short, it is the belief in one's capabilities that produce desirable outcomes (Bandura, 2004; 1997). Self-efficacy beliefs are cognitions that determine whether health behaviour change will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and failures (Luszczynska and Schwarzer, 2005). Self-efficacy influences the effort one puts forth to change risk behaviour and persistence to continue striving despite barriers and setbacks that may undermine motivation. Self-efficacy is directly related to health behaviour (Martos-Mendez, 2015). It is established that people with little social support and unstable families have more difficulty adapting to situation and this has direct effect on self-efficacy (Carmen, Elena and Valeria, 2013).

The role of interpersonal relationships and social support is to provide intimacy, that is, to provide an emotional climate where people are able to express themselves openly without being self conscious; a sense of belonging which provides people with shared experiences, information and ideas; an opportunity for nurturing behaviour which emphasizes the value of having obligations and duties toward other people in addition to receiving support in return (Orsega, Payne, Mowen, Ho and Godbey, 2007). Also, reassurance of worth which affirms to individuals that they are competent and worthy in the roles that they fulfill; assistance, that is, to provide people with help in acquiring and giving goods and services; and guidance and advice, which is, offering insight into how to process information about events that have occurred or about to occur. Effective social support and interpersonal relationships empower individuals with information, knowledge, skills, care for others, encouragement from others, protective factors, and motivation that helps to:

1. Prevent disease/illness/injury
2. Reduce the risks for disease/illness/injury
3. Detect disease/illness early, and
4. Improve treatment outcomes for disease/illness/injury

Adejuwon (2004; 2008; 2010) found that high efficacy and perception of strong support can lead to enhanced optimism expectations and bring about a better health outcome. Carroll, Naylor, Marsden and Dornan (2008) and Deaton (2008) identified the significance of self-efficacy on the well-being of these patients that self-efficacy mediated between self-care agency and recovery behaviour. Kahn, Hessling and Russell (2003) found that social support also has significant influence on subjective well-being besides self-efficacy.

It is against this background that this study becomes relevant to examine the influence of self-efficacy and social support on patients' physical well-being in selected state hospitals in Oyo state, Nigeria.

Objectives of the Study

The objective of the study is to examine influence of self-efficacy and social support on patients' well-being in Oyo state hospitals, Nigeria. In order to achieve the objective of this study, the following hypotheses were tested at probability level of 0.05

1. There is no significant relationship between patients' self-efficacy and their level of physical well-being in state hospitals in Oyo state.
2. There is no significant relationship between patients' level of social support and their well-being in state hospitals in Oyo state.
3. There is no significant relationship between patients' perception of symptoms and their physical well-being in state hospitals in Oyo state.

Methodology

The study adopted a descriptive survey research design. The study, therefore, examined the influence of self-efficacy and social support on patients' physical well-being in selected state hospitals in Oyo state, Nigeria.

Population of the Study

population of this study comprised ten (10) state-owned hospitals at different local governments in Oyo state. Specifically, the population revolved around in-patients and out-patients within state hospitals in Oyo state.

Sample and Sampling Technique

study adopted the purposive sampling technique to select the participants for the study. The participants in the study comprised four hundred patients from ten state hospitals in Oyo state namely state hospitals at Ring Road, Jericho Nursing Home, Chest Hospital Jericho, Saki, Oyo, Ogbomoso, Iseyin, Eruwa, Okeho and Igbeti.

Research Instrument

The research instruments adapted for the study were questionnaires divided into sections A, B, C, D and E to measure the hypotheses postulated. Standardized scales were used.

Stanford Patient Disease scale with reliability co-efficient of 0.86 containing eight different parts such as demographic information and items measuring self-efficacy were adapted.

The revised illness perception questionnaire (ipq-r) by Moss-Marrisa, Weinmanb, Kpetriea, Hornec, Camerona and Buicke (2002)contained

four different parts with reliability co-efficient of 0.81 and Medical Outcome Study (MOS) Social Support Scale consisted 20 items segmented into four functional support scales (emotional/ informational, tangible, affectionate and positive social interaction) with reliability co-efficient of 0.91 were used. Test-retest of these questionnaires produced reliability co-efficients of 0.71, 0.79, 0.76 and 0.86 respectively.

The researchers submitted the instrument (questionnaires) to the Oyo state Ethical Committee of Ministry of Health for approval before administering the questionnaires. The consent of each participant was sought. The questionnaires were translated by an expert from the Department of Linguistics, University of Ibadan, Ibadan, into Yoruba Language since many of the participants were Yoruba or understood Yoruba Language. In all, 400 questionnaires were administered and only 370 were well completed.

Method of Data Analysis

The data collected were analysed with statistical tool of Chi-square analysis to establish the influence of self-efficacy and social support on patients' physical well-being.

Results

The analyses of the hypotheses postulated are as follows:

Hypothesis 1: There is no significant relationship between patients' self-efficacy and their level of physical well-being in state hospitals in Oyo state.

Table 1: Chi square analysis for the relationship between patients' self-efficacy and their level of physical well-being

Patient's self efficacy	Patient's level of well-being				X^2	df	P
	Low level of physical well-being	Moderate level of physical well-being	High level of physical well-being	Total			
Low/ negative self-	23 (6.2%)	41 (11.1%)	42 (11.4%)	106 (28.6%)	21.779	2	.000

efficacy							
High/ positive self-efficacy	15 (4.1%)	137 (37.0%)	112 (30.3%)	264 (71.4%)			
Total	38 (10.3%)	178 (48.1%)	154 (41.6%)	370 (100.0%)			

X^2= 21.779, df=2, P<0.05

Table 1 above shows that 11.4% of the patients with high level of physical well-being exhibit what can be described as low or negative self-efficacy while 11.1% of patients under moderate level of well-being exhibit low or negative self-efficacy. The highest percentage (37.0%) of patients with high or positive self-efficacy is found among the patients with moderate level of well-being. X^2 value obtained was 21.779, P<0.05 confirming existence of significant relationship between parents' self efficacy and their level of physical well-being in state hospitals in Oyo state.

This finding is in support of the findings of Schwarzer (2008) and Salanova, Bakkera and Llorens (2006). It was found that highly self-efficacious patients develop a tendency for personal growth and tend to find some benefits in their fate and they adapted better than their less self-efficacious patients. Salanova et al (2006) supported this finding and established that self-efficacy significantly influenced general health status.

Hypothesis 2: There is no significant relationship between patients' level of social support and their well-being in state hospitals in Oyo state.

Table 2: Chi-square analysis for the relationship between patient's level of social support and their well-being.

Patients' level of physical well-being	Patients' level of social support				X^2	Df	P
	Low level of social support	Moderate level of social support	High level of social support	Total			
Low level	23	3 (0.8%)	12	38	5.849	4	.21

of physical well-being	(6.2%)		(3.2%)	(10.3%)			
Moderate level of physical well-being	81 (21.9%)	35 (9.5%)	62 (16.8%)	178 (48.1%)			
High level of physical well-being	81 (21.9%)	20 (5.4%)	53 (14.3%)	154 (41.6%)			
Total	185 (50.0%)	58 (15.7%)	127 (34.3%)	370 (100.0%)			

X^2= 5.849, df=4, P>0.211

The finding showed that there is no significant difference between patients' level of social support and their level of physical well-being. From the table 2 above, it can be seen that the highest percentage (21.9%) of the patients under moderate and high level of well-being correspond with low level of social support, 62 (16.8%) and 53 (14.3%) of the patients fall under moderate and high level of social support respectively. However, 12 (3.2%) of the patients with low level of well-being has high level of social support. The least percentage is found with low level of social support as only 1.1% of the patients with high level of well-being still have low level social support.The X^2 value obtained was X^2=5.849, *df*=4, P>0.211 indicating no significant relationship between patients' level of social support and their physical well-being in state hospitals in Oyo state.

The finding revealed that social support did not determine patients' physical well-being. That is, patients recovered from their health related issues regardless of the other significant persons in their lives either supportive families or friends. This is in line with findings of Helgeson (1993) who found that social support never predicated any of the adjustment variables, and established that society ascribed role to play. This may be due to the shift in household responsibilities from

patient to spouse which had a negative impact on patient's later adjustment.

This finding is also in line with findings of Mojoyinola (1998) which found that social support reduced the symptoms of anxiety and depression but indicated that social support did not facilitate early recovery from illness. Schwarzer and Leppin (1991) also corroborated these findings in their study. Haug and Folmar (1986) had earlier found the influence of social support on physical well-being of the patients which is at variance in an aspect to the finding of this study.

Hypothesis 3: There is no significant relationship between patients' perception of symptoms and their physical well-being in state hospitals in Oyo state.

Table 3: Chi-square analysis for the relationship between patients' perception of symptoms and their physical well-being

Patient's perception of symptom	Patient's level of physical well-being				X^2	Df	P
	Low level of physical well-being	Moderate level of physical well-being	High level of physical well-being	Total			
Negative perception	6 (1.6%)	7 (1.9%)	6 (1.6%)	19 (5.1%)	9.869	2	.007
Positive perception	32 (8.6%)	171 (46.2%)	148 (40.0%)	351 (94.9%)			
Total	38 (10.3%)	178 (48.1%)	154 (41.6%)	370 (100.0%)			

X^2= 9.869, P<0.05

Table 3 above showed that 46.2% of the sampled patients with moderate level of physical well-being have positive perception of symptom, 40.0% with high level of physical well-being also have positive perception of symptom while the remaining 8.6% who operate under low level of physical well-being have positive perception. In the same vein, 1.9% of patients with moderate, 1.6% with high levels of well-being have negative perception of symptoms. Furthermore, 1.6% of the patients with low level of physical well-being have negative perception of symptoms. The chi-0sqyare value obtained was x^2= 9.869,

P<0.05 indicating significant relationship between patients' perception of symptoms and their physical well-being in state hospitals in Oyo state.

Keogh, Hamid, Hamid& Ellery (2004) found that there is relationship between patients' perception of symptoms and their physical well-being in confirmation of this study's findings. The finding is in line with Omran and Al-Hassan (2006) who found that relationship existed between patients' perception of symptoms and their physical well-being. Lockyer (2005), Saxbe, Repetti and Nishina (2008) and Karami, Marachi and Hatamian (2017) all found that strong relationship existed between patients' perception of symptoms and their physical well-being.

Conclusion

In conclusion, the findings of this study established the significance of the influence of self-efficacy and social support on patients' physical well-being and the relationship that exists among them. The findings stressed the need for a modifying method of relating with the patients and families, and be sensitive to social complexity and physical well-being alongside an awareness of issues related to symptoms and perception. Some aspects of this study's findings on the relationship between social support and well-being contradicted some previous findings. This study covered state hospitals in Oyo state which is quite a small part of Nigerian population. More studies are expected in other parts of the state and Nigeria in general.

Implications of Findings and Recommendations

The findings from the study have significant implications for policy makers at all levels calling its attention to various health and economic problems of the people. It also has significant implications for the health care givers: the social workers, physicians, nurses, psychologists, etc and families. The study emphasized the need to consider self-efficacy and social support as deeply rooted in the cultures of the people. It is known that illness perception is viewed and interpreted within the cultural context of individuals, therefore, to understand the patients and be able to provide a useful service to the patients and families, attention should be paid to cultural practice of the patients.

There is the need to assist patients with low self-efficacy in order to increase their chance of surviving and recovering from ailments. This can be achieved through counseling programme which makes patients and their family members, the centre of attention. Psychosocial education should be readily made available and provided for the family and relations of patients. This will enable them to understand their roles as part of the treatment plan.

The care-givers should embrace the involvement of the family members to provide adequate emotional support for the patients rather than stressing the significance of their financial involvement.

The government and other relevant agencies should engage the services of care-givers especially the professional social workers in all state hospitals to improve the quality of lives of the citizens especially the patients.

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