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Perceptions of Registered Nurses on Their Role in Meeting Emotional Needs of Patients at Engela District Hospital, Ohangwena Region, Namibia

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Abstract: The aim of this study was to explore and describe the perceptions of registered nurses on their role in meeting the emotional needs of patients at Engela Hospital, Ohangwena region, Namibia. The study employed qualitative, exploratory, and descriptive research design. Twenty (20) registered nurses participated utilising purposive sampling method. In-depth face-to-face interviews were conducted and transcribed verbatim. The interviews were conducted until data saturation. Data was analysed using the qualitative techniques and stages as discussed by (Botma, Greeff, Mulaudzi, & Wright, 2010). The study identified four (4) themes and 19 sub-themes forming part of the findings of the study. The identified themes were 'negative emotions', 'psycho-social and physical factors that contribute to patient's emotions', 'participant perceived their roles in meeting emotional needs' and 'barriers in fulfilling their role in meeting emotional needs of patients. The study concluded that registered nurses perceived negative emotions in patients and their role in meeting patient's emotional needs. However, the study also identified barriers preventing the registered nurses from meet the emotional needs of patients.

Keywords: Perceptions; meeting, registered nurse; role; emotional need; patients

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INTRODUCTION

Provision of holistic nursing care includes the emotional needs of patients since it improves their wellbeing and health status. Today, nurses are expected to have the knowledge, skills, and competencies to meet the evolving holistic health needs of the patients they care for (Hill, Evans, & Forbat, 2015). It is however not clear whether nurses perceive their role in meeting the emotional needs of patients rather than physical needs only. Patients have unique emotional and psychosocial needs such as living with uncertainty, dealing with the emotional impact of a life-threatening diagnosis, experiencing a sense of loss of control, and grappling with existential distress (Sullivan & Mansour, 2015). It was also noticed that many health settings could not provide the required level of emotional support by nurses (Carter *et al.*, 2014).

After independence in March 1990, the Namibian Ministry of Health, and Social Services (MOHSS) developed a National Health Policy with a policy statement entitled "Towards Achieving Health for All Namibians" aimed at providing quality health care services (Sherif, 2010). Regardless of the National Heath Policy Framework in place patients continue to complain about inadequate supportive care to meet their physical, social, and emotional needs (Carter *et al.* 2014, Primeau *et al.*, 2017). As a result, this study is aimed at tackling such issues, helping nurses understand their role in meeting the emotional needs of patients as well as giving suggestions on how nurses can communicate with patients, and keeping in mind the holistic view of health care.

PROBLEM STATEMENT

Nurses today are expected to have the knowledge, skills, and competencies to meet the evolving holistic health needs of the patients cared for; however, it is not clear whether nurses perceive their role in meeting the holistic needs of patients rather than physical needs (Currid, 2012). As a clinical registered nurse based at Engela Hospital, a researcher interacted with different patients daily. During the interaction, the researcher observed different negative emotions in patients which the researcher identified as needs. In frequent conversation, some patients expressed their negative emotions resulting from the diagnosis, illnesses, or other causes outside the hospital. Additionally, some patients characterised emotional needs as a burden to recovery. Even though patients appreciate the efforts on treating the physical pain, they judged the effort to care for emotional needs within the hospital fraternity. These raises questions as to whether nurses attend to the emotional needs of patients and whether they perceive

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meeting emotional need of patient as their roles. These questions thus accentuate the purpose of the study.

METHODS

This study has used the qualitative, exploratory, and descriptive research design to determine the perceptions of registered nurses on their role in meeting the emotional needs of patients. Qualitative design refers to a broad range of research designs and methods used to study phenomena of social actions and of which we do not have an understanding (Brink, van der Walt & van Rensburg 2020). The qualitative research design was the most suitable design for this study because it helped reveal the perceptions of registered nurses on emotional needs and on their role in meeting emotional needs at Engela hospital. According to Creswell (2022) exploratory design is the broad-ranging, purposive, systematic, prearranged undertaking designed to maximise the discovery of generalisation leading to description and understanding of an area of social or psychological life. This study used exploratory design to generate new knowledge on the perceptions of the registered nurses on their role in meeting emotional needs of patients. Nassaji (2015) defined descriptive design as a design that is used to develop theory, identify problems with current practice, or determine what another similar situation is doing. This study has used the descriptive design to identify and describe the perceptions of registered nurses associated with practicing meeting the emotional needs of patients.

Population

Population is the entire group of persons or objects that are of interest to the researchers, other words that meets the criteria which the researcher is interested in studying (Brink *et al.*, 2020). The population of this study was registered nurses working at Engela District Hospital only. The population of this study was 40 registered (n = 40) nurses based on staff establishment (Nursing Service office, 2021).

Sampling and sample size

The study employed the simple purposive sampling procedure. Purposive sampling is a technique based on the judgment of the researcher regarding participants or objects that are typical or representative of the study phenomenon, or who are knowledgeable about the question at hand (Holloway & Stephanie, 2010). Participants were selected based on the care their knowledge on emotional care and their availability. Participants were selected until data saturates. A sample is a group of people, objects or items that are taken from a larger population for measurements (Bertram & Christiansen, 2014). The sample size of this study was 20 registered nurses employed at Engela state hospital. This study applied the following inclusion criteria during sampling i) All Registered nurses employed at Engela hospital ii) Only registered nurses who have worked in the wards.

Data collection

The approval letter to conduct the study was granted from the University of Namibia Health Research Committees (HREC). The researcher acquired permission from the Ministry of Health and Social Services. The permission from the Ohangwena Regional Director of Health and Engela District Hospital Senior Medical Officer to conduct the study at Engela Hospital was granted. Finally, permission through written consent was obtained from the participants who participated in the study. In-depth face-to-face interviews were conducted with registered nurses for seven (7) days between the 7th and 14th of April 2021, to obtain rich data about their perceptions of meeting patient's emotional needs. The interviews initially commenced with a pre-determined open-ended question *"Tell me about your perceptions on your role in meeting emotional needs of patients"*. This open-ended question allowed participants to give their free and open responses. Probing questions were asked to encourage participants to give clarity and explain more on their perceptions. Sample size relied on data saturations. Twenty (20) face-to-face interviews were conducted.

Data Analysis

Qualitative data analysis is a complex, non-linear process that is also systematic, orderly, and structured (Holloway & Stephanie, 2010). Data was analysed using the qualitative techniques and stages as discussed by (Botma, Greeff, Mulaudzi, & Wright, 2010). The researcher transcribed verbatim discussions and typed up field notes in the notebook. Before the coding process, the researcher read through all the data and obtained a general sense of information and reflected on its overall meaning. Furthermore, a description of the setting or people and themes from the categories were generated. Finally, data was presented and interpreted.

Trustworthiness

The researcher spent a prolonged period in the field to develop an in-depth understanding of the phenomenon under study to ensure credibility. While, to ensure transferability the researcher provided sufficient or thick descriptive data in the research report for readers to evaluate the applicability of the data to other contexts.

Ethical consideration

Qualitative studies need to focus on maintaining ethical principles at different stages of research such as seeking permission and informed consents, voluntary participations, minimisation of harm, anonymity, and confidentiality (Hennink *et al.*, 2012). Brink et al (2018) outlined three fundamental ethical principles based on human rights that were ensured in this study namely, respect of person, beneficence, and justice. Principle of person is referred to the participants' right to self-determination (Brink *et al.*, 2020). In this study, leaflets with information about the study were made readily available to all the participants. The researcher was available for questions and clarifications where

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participants felt necessary. Participants were also given the right to decide whether to participate in the study without any risk, penalty, or prejudicial treatment. Finally, participants had the right to withdraw from the interviews at any time, to refuse to give certain information and to ask for clarification during the interviews.

The principle of beneficence refers to the right to protect from discomfort and harm or balancing benefits against risks and costs (Holloway & Stephanie, 2010; Brink *et al.*, 2020). In this study, the researcher ensured the protection of participants from discomfort and harm by ensuring no medical experiment is done on the participants. The study interview questions were carefully drafted, and a pilot study was done to three nurses in a different hospital to ensure the questions pose no harm to participants. Principle of justice refers to participants' rights to fair selection and treatment, right to privacy, anonymity, and confidentiality (Brink *et al.* 2020). The researcher selected the population of registered nurses because they have knowledge on the problem statement and not merely because they were readily available. The researcher has respected the participants' privacy by ensuring that no information is obtained from the participants without their full consent or against their will. Confidentiality was respected by demonstrating caution that has never used the names of the participants or mentioned them during the interviews. The researcher has not given any unauthorised person to gain access to the study responses.

FINDINGS AND DISCUSSION

Table 4: Presentations of themes and sub-themes of participant's perceptions

Themes	Sub-themes
Theme 1: Participants perceived different emotions experiences during hospitalization	Anger, Hopelessness, Depression and anxiety, Fear, Shame, Shock, Denial
Theme 2: Participants perceived physical, social, psychological**,** and spiritual factors.	Physical factors, Social factors, Psychological factors, Spiritual factor
Theme 3: Participant perceived different roles in meeting emotional need	Reassure, Counsel, Refer, Allow personal preferences, Render holistic care.
Theme 4: Participants perceived barriers to fulfill their role in meeting emotional needs of patients	Nurse-related barriers, Administrative related barriers, Patient-related barriers.

Theme 1: Participants perceived different emotions experiences during hospitalization.

Emotions are subjective, biological, goal-directed, and are a social phenomenon (Shahsavaran & Noohi, 2014). Several studies found that most of the discharged patients reported experiencing problematic emotional reactions post-discharge (Asghari & Arabi, 2019). In this study the emotional experience by the patients were *anger*, *hopelessness*, *depression and anxiety*, *fear*, *shame,* **shock**, *denial* as described as follow:

> ***P14****"patients they do have emotional needs ……they happen to have different emotions."*

Sub-theme 1:1: Anger

Anger is an effective response to survival threats or otherwise stressful experiences (Novaco, 2016).

> **P9**"*…anger is one of the emotions of the patient………: it can be due to taking medication forever, disappointed by any healthcare provider or family problems."*

High levels of anger cause many problems such as blood hypertension and other cardiac diseases, affects the thought process and other mental disorders (Shahsavaran & Noohi, 2014). Despite the danger of prolonged anger, patients are perceived to have anger emotions which often are not prioritised.

Sub-theme 1:2: Hopelessness

Hopelessness is a subjective and affective state characterized by a negative view of the future, a sense of loss of control, confidence, courage, and the energy to achieve one's own goals (Grassi, et al., 2010). The findings of this study revealed that there are patients who sometimes reported loose hope and giving up on their treatments.

> ***P9*** *"so some of them may end up throwing the medication to you or away just because of that, so yeah."*

> ***P1****"Sometimes you find them crying and sometimes you find them feeling down just hopelessness, and sometimes angry which may cause problems like high blood pressure, even the heart cannot be pumping very well, it can affect vital organs."*

Patients with chronic illness are likely to become hopeless, therefore, it is recommended for nurses to be vigilant with hopeless symptoms - suicidal ideation and hopelessness – and act upon them (Sarabi, 2020).

Sub-theme 1:3: Depression and anxiety

Majority of patients with depression are reported to have anxiety (Tiller, 2013). Depression is an emotion characterised by a lingering low, sad, or hopeless mood, while anxiety mainly involves

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overwhelming feelings of worry, nervousness, and fear (Tiller, 2013; Holland & Raypole, 2022).

> ***P3****"…. the doctor order caesarean section and that person is having anxiety that might stay longer with that patient. That anxiety may cause a problem for the patient. For you as a nurse you should know how to remove that anxiety before person undergoes caesarean section."*

Anxiety may arise from worries which may affect patient sleep, appetite, and ability to concentrate. If everything goes well, the anxiety will go away but if anxiety do not fade away may develop into anxiety disorder (Haddan, Buszewicz, & Murphy, 2011). Anxiety and depressions in patients can be a result of fear of treatment such as surgery (Gomes, da Costa Galvão, dos Santos, & Bezerra, 2019). The hospitalisation for surgical reasons, even non-surgical ones has already great consequence in the levels of anxiety.

The negative impact of distressed mental states such as depression and anxiety on recovery and relapse is increasingly understood (Trindade et al, 2018). As argued by Trindade, this study concurs that depression and anxiety affects the prognosis of the patients.

> ***P14****"……. the blood pressure will get like better or drops at that moment but still patient will come one of the days with the same problem because the cause of the problem you did not target."*

Sub-theme 1:4: Shame

Shame pertains to a painful focus on the self (Gambina & Sharp, 2018). Behind the feeling of shame stands the fear of abandonment, the death by emotional starvation or medication rejection (Dolezal & Lyons, 2017). The findings of this study share the same thought that shame arises from rejection of others, but it may cause damage to self. Many of the participants pointed out that out of shame many patients take decisions that might interfere with their healing process. Below are the direct quotes from participants as narrated.

> ***P2*** *"might be shameful on their diagnosis that may affect them from taking their medication and hinder healing process."*

> ***P4*** *"…You know teenage doesn't know what to do much when going into sex and when the pregnancy comes out now that pregnancy is unwanted so the person is feeling shame how will she go back to school to meet her classmate or the community now she may want to make abortion or kill the baby, she is afraid on how others will treat her."*

Sub-theme 1:5: Fear

Fear is an uncomfortable emotion or experience that often disturbs people, puts one out of action and may cause psychosomatic disorders (Dodhy 2017). Some patients can be afraid of going to the hospital due to different reasons such as fear of injections, fear of being diagnosed with a chronic disease or even fear of being infected by other infections within the hospital facilities.

> ***P9****"One of the negative emotions of a patient can be fear, this fear can be due, injection, operation, pain - patient may be in pain and might be in fear that; maybe this pain might cause something more harmful than what the patient is having, like maybe the patient can have the fear of death or something like that."*

Fear experienced by patients before a surgical intervention is caused by the psychological stress to which they are exposed, hence, they can complicate the surgical procedure (Sepúlveda-Plata *et al.*, 2016). Therefore, this study agrees that fear is a negative emotion that needs nursing intervention for patient's well-being.

Sub-theme 1:6: Shock and denial

Shock is when the patient does not believe that is affected with a severe illness while denial involves denying the diagnosis due to suspicion and unbelief (Asghari & Arabi, 2019).

> ***P2****"Client or patient might react differently. Might be in denial which can affect them not to take their medicine, some of them might be in shock due to their diagnosis, you must rule out how they react.".*

> ***P8****"Sometimes you find patients shocked about what you tell. Of courses if you tell the mother the child is dead while in the womb will be shocked and is even there denying it that, no! my child was moving, maybe is just your machine problem and so on until she get that proof after birth."*

The findings of this study revealed that shock and denial can have a negative impact to patients' well-being as it can hinder the treatment and healing process. Many times, patients reject new information on their illness after initial shock of receiving a terminal diagnosis – may directly deny the diagnosis attributing it to faulty tests, unqualified health personnel or completely denying the topic about the diagnosis (Tyrrell *et al.*, 2023).

Theme 2: Participants perceived psychological, social, and physical factors that contribute to patients' negative emotions.

Sub-theme 2:1: Physical factors

Freshwater and Maslin-Prothero (2012) defined physical as material things or relating to the body. This study explored physical factors that contributes to patients negative emotions such as pain and diagnosis, medicine and economical/financial challenges.

A. Pain and Diagnosis

Pain is a state of localised discomfort that ranges from mild distress to acute agony; usually caused by injury to the functioning part of the body or experienced during childbirth (Freshwater and Maslin-Prothero, 2012). Many of the participants indicated that negative emotions arise in patients due to pain. As agreed by the participants, the negative emotions, irritability, and feelings of anger that often affect patients with pain have a negative impact on the prognosis or contribute to the severity of the disease (Duenas, Ojeda, & Salazar, 2016). Some of the participants strengthened the point of pain as quoted below.

> ***P9****"… fear can be due to pain; patient may be in pain and might be afraid that maybe the pain might cause something more harmful ……… like maybe the patient can have the fear of death or something like that."*

Another participant emphasised as follow:

> ***P15****"Even pain, sometimes the patient is more in pain or afraid to be diagnosed with severe disease, so will be emotionally distressed. Sometimes you find them crying and sometimes you find them feeling down just hopelessness, and sometimes angry."*

B. Medicine

(Freshwater and Maslin-Prothero, 2012) defines medicine as drug. Patients emotions is affected diferently when taking medicine they get from the hospital. In this study, participants indicated that they percieved patients with negative emotions due to the taste, amount, period or odor of the medicine.

> ***P1****"Some people come with misunderstanding of medicine. Example a person is given medicine and come saying this medicine make (sic) this and that to me then start refusing medicine. While others get tired using or taking medicine saying they are not tasting good or smelling good."*

C. Economical/Financial challenges

Economical or financial challenges are the challenges might experience with their personal finances (Collins Dictionary, 2007). The study attest that the consequences of lack of finance to cater the basic needs of patients may lead patients to a prolonged negative emotions or affect their well-being. To support the ideas two different participants are quoted as follow:

> ***P4****"Maybe the father or boyfriend or whatsoever don't support the woman. The woman might have emotional needs, not wanting the pregnancy or she doesn't have something to satisfy her needs…"*

> ***P14****"Financial problems, let me say the patient might have kids who are studying….. The patient might have lost job because of covid, but the kids they are still at school and they are asked for money, they are maybe denied to write exam because of the tuition not settled. The patient can develop hight blood pressure because he or she will continue thinking on what to do to help the kids at school mmh."*

Sub-theme 2:2: Social factors

Social factors are those causes where the individual is affected by social support, social networking (Campbell-Meilkejohn & Frith 2012). In this study the social factors perceived were discrimination, isolation, and relationship problems.

The participants identified their social factors leading to negative impact in patients such as discrimination, isolation, and relationship problems.

A. Discriminations

Discrimination entails allowing personal opinions on race, religion, sexual orientation, disability, or medical conditions to create bias that affects actions concerning specific people (Freshwater and Maslin-Prothero, 2012).

> ***P15****"The emotional needs are a lot. For example, the patients may feel the families are not really taking care of them, mostly on their diagnosis, they sometimes say they are blaming them of their diagnosis and avoid associating with patients."*

Research suggests that perceived ethnic discrimination is associated with poor psychological and physiological health. Rumination, or perseverative thoughts about negative experiences, may constitute a maladaptive coping strategy that mediates the associations between perceived discrimination, emotional distress, and aggression (Borders & Liang, 2011). The findings of this study depict that if the patients are being discriminated against, it doesn't matter of their diagnosis, that patient might be led into prolonged-negative emotions.

B. Isolation

Isolation is the act of setting a person with an infectious disease apart from those who do not have the disease (Freshwater and Maslin-Prothero, 2012).

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> ***P13*** *"…sometimes the patients has to come with some symptoms for example TB, whereby a patient has to be told by a doctor that, you have this type of sign concerning about the test results in case the ward is full, the person has to be told by a doctor just to be in a single room but, the moment you tell the patient that you need to be separated from others, they use to feel emotional and some may even start crying, stressing and remain thinking badly in that room."*

Some patients are in isolation due to their diagnosis as recommended by the health personnel while others are in isolation due to fear of discrimination. A person in prolonged isolation may develop negative emotions that can affect well-being and healing negatively.

C. Relationship problems

Relationship problems are difficult situations faced by relationships such as friendship and romantic relationship (Boisvert, Wright & Tremblay 2011).

> ***P7*** *"Some patients have problems with their families, boyfriends, husbands, and they are usually stressed. …..*

Many kinds of negative emotions in the multiple sclerosis groups correlated positively with the total number of life events, negative life events and family problems (Liu, et al., 2009). This could mean that social factors can cause negative emotions that may further cause serious problems or disease for patients. Participants perceived patients with negative emotions arising from lack of social support.

Sub-theme 2:3: Psychological factors

The psychological factors are factors which can affect the thoughts, feelings, attitudes, and other cognitive or affective characteristics of an individual that influence the way in which he or she behaves (Sumpi & Amukugo, 2016) Peterson, (2009) understands that. In this study participants pointed out mental illness as a psychological major cause of negative emotions among patients. To this one of the participants indicated as follow:

> ***P20*** *"There are a lot of emotional problems in our society. You find a mental problem. Let me say you find a person with mental problems or sickness in mind who come to the hospital."*

Sub-theme 2:4: Spiritual factor

Spirituality is experienced, formed and expressed through a wide range of religious narratives, beliefs, and practices, and is shaped by influences in the family, community, society, culture, and nature. It is often expressed as a relationship with God, but it can be found in nature, art, music, family, community, or whatever beliefs that give a person a sense of meaning and purpose in life (Chandramohan, 2014).

> ***P19*** *"Because the question to rise is we do not attend to patients according to their cultural believes that is going to cause emotional trauma. I can also view it in the perception of religion needs. There are some perceptions to use like some religious say don't do ABC… one with different religious have different needs and if not considered will cause emotional distress to the patient as well as personal dignities as a human being and in the process may end up hurting patients."*

It is demonstrated by the findings of this study that if the spiritual needs of hospitalized patients such as religious, cultural, social and all that made patient realize meaning of life are not cared for, can result in emotional distress.

Theme 3: Participant perceived their roles in meeting emotional need.

Sub-theme 3:1: Reassure.

Reassurance is the removal of fears and concerns about illness (Traege, O'Hagan, Cashin, & McAuley, 2017). Majority of the participant mentioned reasurence as their first role to care for their patients emotional needs. The findings of the study reveals that reassurance is most needed to patients to overcome negative emotion during nursing care. This statement is being empowered by the following words of the participants.

> ***P9*** *"Like when it comes to fear, you just need to reassure the patient. Sit with the patient, reassure the patient that everything will be fine, just give supportive……."*

> In support of the above statement, another participant added:
>
> ***P7*** *"I must inform and reassure the patient that labor is natural there is nothing that can be done, and the pain should stop when the baby is delivered."*

Sub-theme 3:2: Counseling

Counselling is a process of consultation and discussion between two individuals whereby one offers advice to the other to help to identify, clarify, cope, and resolve the problem (Freshwater and Maslin-Prothero, 2012). Some of the participants perceived their role of counseling a patient with negative emotions.

> ***P5*** *"And the third one is to Counsel. So, the patient can be more in stress that need more counseling and we are the first people to consult the patient, so we don't need to let them go with*

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those problems, so we need to tell and counsel them at first and in our wards."

Initiation of counseling is important because the nurse often acts as the trigger for the counseling relation (Molina-Mula, Gallo-Estrada, & Julia, 2020). A need for counseling is a clinical judgment made by the nurse and his/her response will be immediate situational counseling, continuing counseling sessions, or referral (Peplau, 1986). As a result, the findings of this study indicate that nurses have a major role of providing primary counseling to patients with negative emotions and keep on observing the patients for improvements or emotional recovery.

Sub-theme 3:3: Refer.

Refer entails sending patients to the next level of health management.

> ***P6****"As nurse you should be able to refer the patient to a next level for the patient wellness."*

Another participant stated the following:

> ***P14****"If I see the patient is having an emotional issue while with me and I try to talk to the patient individual and I see it's beyond my capacity, I have the responsibility to refer the patient to social worker for professional counseling."*

Effective treatment of patients is not the privilege of a health care professional, but it is a combined approach by all of them (Kamuzu College of Nursing , 2012). Therefore, registered nurses as the custodian of patient care plan; they are to observe and diagnose patients physically and emotionally and report or refer those that they cannot help. After counseling, participants argue that they assess their patients to assess whether their counseling was effective, if they realized it was not effective, they report the case to the doctor or refer to social worker, pastors, and psychologists. However, some participants believe counseling is not their role, but they are to refer to social workers.

Sub-theme 3:4: Allow personal preferences.

Allowing personal preferences is a crucial priority in all health systems which entails responding to the needs and wishes of patients (Jouyani, Barouni, Dehnavieh, & Bahrampour, 2013). Patients know and understand their most-inner part better. Therefore, in emotional needs, their personal preference should be considered to soothe their emotions (Jouyani *et al.*, 2013). Participants perceived patients who had personal preferences in meeting their own emotional needs or conquer their negative emotions. Below is the participant's narrative to support the above.

> ***P2****"My role is to take care of the patients, to allow personal choices ……. So, allow personal choices maybe he or she likes listening to the radio, watching TV you can find a room for that person just for support."*

Theme 4: Participants perceived barriers to fulfill their role in meeting emotional needs of patients.

Meeting emotional needs is considered a central component of nursing care (Hill, Evans, and Forbat, 2015). Participants' perceived barrier in meeting those needs. Most of the participants agree that they hardly meet the emotional needs of patients due to different barriers. This is strengthened by a participant quoted as below.

> ***P14****"I do understand and believe that patients they do have emotional needs but, in most cases, we as nurses fail to recognize or to pick up the emotional needs of the patient and then we help them if they might need help or maybe we refer them to the correct department for help to solve those emotional issues."*

Sub-theme 4:1: Nurse-related barrier

Nurse-related factors are those things that act as a barrier to meeting emotional needs of patients that are caused by nurses or nurses related issues. This study identified shortage of human resources as the main and major contributing factor to unmet emotional needs of patients. Nursing-related factors are discussed as shortage of human resources and time pressure below.

a) Shortage of human resources and time pressure

Shortage of staff is a gap between the number of staff required (demand) and the number who are available to work (supply) or a number lower than the required minimum number of personnel per head of population required to achieve the population health targets (Lavoie-Tremblay *et al.*, 2019). Shortage of staff will lead to nurses doing extra non-nursing work such as transporting patients and equipment which may lead to burnout (Karimi, Emami, & Mirhaghi, 2016).

> ***P14****"We truly fail, maybe is because of time because many times we are busy with patients' physical illness due to shortage of staff."*

> ***P15****"Sometimes we are few in the ward like shortage of staff. We can't really manage to care as required as how private hospitals do. We are few and always busy."*

The findings indicated that staff shortage diminishes the role of registered nurses in meeting emotional needs of patients because of the workload when caring for the physical illness. Quality of nursing service will be affected if nurses have burnout because of shortage of staff (Sagheria, Clinton, Huije, & Geiger-Brow, 2017).

b) Lack of knowledge and experience

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Knowledge and experiences entail skills and exposure to the topic of concern. Some of the participants indicated that they could not be able to meet the emotional needs of patients because they do not possess or acquire enough knowledge and experience on meeting or dealing with emotions. Some nurses received no training on emotional and spiritual care while other nurses received unsatisfactory or inadequate trainings leading to their lack of knowledge in clinical practice Chandramohan, (2014). When asked about their role in meeting emotional needs of patients, a participant responded:

> ***P18*** *"I truly feel we need to care for our patients holistically. I also feel is our duty to identify their problems. But I do not have enough knowledge on how to care for the emotional needs of patients. I did not read much about emotional care or maybe is just because I do not have enough experience perhaps."*

c) Neglecting emotional care

Neglect means failing to give proper care or attention or failing to do something (Freshwater & Maslin-Prothero, 2012).

> ***P6*** *"As nurses we fail to recognize or to pick up the emotional needs of the patient."*

> ***P15*** *"Sometimes can even promise to come helps the patient and forget due to workload."*

Nurses tend to accord the highest priority to required tasks with immediate and visible effects, and the lowest to emotional care (Chan, Tsang, Ching, Wong, & Lam, 2019). Many of the participants perceived their role in meeting emotional needs of patients; however, some of the participants indicated that they neglected emotional care.

Most of the participants understand the implications of neglecting emotional needs of patients such as depression and prolonged hospitalisation. However, they happen to neglect their role with or without reasons.

> ***P14***"*Not identifying the emotional needs can make a patient to be with us for a long time because is not going to heal anytime soon. But we fail to care for the, the mind or emotions maybe is because we are busy or is just a habit.*"

Sub-theme 4:2: Administrative related barriers

Administrative related factors are the factors that can act as the barrier to meeting emotional needs. These barriers are mostly caused by administrative factors such as architectural and policy related.

A) Lack of privacy

Privacy is the ability of keeping patients away from interference by others (Paton, Bell & van der Merwe 2020).

> ***P3*** *"Another challenge is that we don't have enough space in the hospital, like there is no private room to talk to patient in privacy. That remains a challenge also."*

Some of the participants indicated that they do not have privacy to talk to their patients once they identified some emotions. The admission room accommodates more than four patients making it difficult for privacy and confidentiality. In such environment patients may not be free to express out their emotions with their caregivers. A patient's right to privacy involves the confidentiality of information related to the patient and bodily privacy of the patient (Demirsoy & Kirimlioglu, 2016). When asked based on his or her answer about barriers on their role in meeting emotional needs of patients, the participant answered as follow.

Sub-theme 4:3: Patient-related barrier

Patient-related factors are those things that act as a barrier to meeting emotional needs caused by patients.

A) Lack of freedom

Freedom has to do with being free to express or move without fear Dodhy, 2017; Freshwater & Maslin-Prothero, 2012).

> ***P5***"*Jaah, there are many challenges especially in this hospital. Challenge number 1 is patient's freedom. Patients sometimes are not free to communicate their problems to us or their emotional needs."*

Patients are at a time of crisis in their lives. Some of the participants indicated that patients sometimes are not free to communicate their emotions. There are numerous reasons that a patient might have initial mistrust. Patients might not be free to express themselves if privacy, confidentiality, and respect of their preferences are not respected and honoured (Abuhammad, Alzoubi, Al-Azzam, & Karasneh, 2020).

CONCLUSION

The study concluded that patients have different negative emotions such as anger, hopelessness, depression and anxiety, fear, shame, shock, and denial. These emotional needs are being influenced by pain, diagnosis, some medicine, financial challenges, fear of stigma, isolation and separation from relatives and families, relationship problems, mental illness, and cultural and religious distress. Furthermore, participants perceived their role in meeting emotional needs of patients such as by assurance, counseling, referring, allowing personal preferences, and rendering holistic

care. However, the participants experienced barriers to meet the emotional needs of patients that need to be addressed such as shortage of staff and lack of privacy. Henceforth, the study recommends further methodologically sound research to explore the role of registered nurses on meeting emotional needs of patients and what happens when emotional care and support are delivered in different care settings, obtaining the views of both parties involved (patients and nurses).

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REFERENCES

1. Asghari, B. A., & Arabi, S. (2019). Acceptance of illness in patients with incurable diseases a qualitative study. *Journal of Research and Health*, *9*(5), 443-453.
2. Lavoie-Tremblay, M., Chevrier, A., Emed, J., Clausen, C., Biron, A., Oliver, C., & Aube, T. (2019). Global shortage of nurses. *The McGill Nursing Collaborative for Education and Innovation in Patient-and Family-Centered Care*.
3. Boisvert, M. M., Wright, J., Tremblay, N., & McDuff, P. (2011). Couples' reports of relationship problems in a naturalistic therapy setting. *The Family Journal*, *19*(4), 362-368.
4. Borders, A., & Liang, C. T. H. (2011). Rumination partially mediates the associations between perceived ethnic discrimination, emotional distress, and aggression. *Cultural Diversity & Ethnic Minority Psychology,* *17*(2), 125–133. https://doi.org/10.1037/a0023357
5. Botma, Y., Greeff, M., Mulaudzi, F. M., & Wright, S. C. (2010). *Research in health sciences* (pp. 251-254). Cape Town: Heinemann.
6. Brink, H., Van der Walt, C., & Van Rensburg, G. (2012). *Fundamentals of Research methodology for healthcare professionals.* Cape Town: Juta and company (pty) ltd
7. Campbell-Meilkejohn, D., & Frith, C. D. (2012). How do Social Factors Change Preferences and Alter Decision-Making? *Neuroscience of Preference and Choice.*
8. Carter, N., Miller, P. A., Murphy, B. R., Payne, V. J., & Bryant-Lukosius, D. (2014, July). Healthcare providers' perspectives of the supportive care needs of men with advanced prostate cancer. In *Oncology Nursing Forum* (Vol. 41, No. 4), 241–430.
9. Chan, E. A., Jones, A., & Wong, K. (2013). The relationships between communication, care and time are intertwined: a narrative inquiry exploring the impact of time on registered nurses' work. *Journal of Advanced Nursing*, *69*(9), 2020-2029.
10. Chan EA, Tsang PL, Ching SSY, Wong FY, Lam W (2019) Nurses' perspectives on their communication with patients in busy oncology wards: A qualitative study. *PLoS ONE 14*(10): e0224178. https://doi.org/10.1371/journal.pone.0224178
11. Chandramohan, S. (2014). *Spirituality and spiritual care amongst professional nurses at public hospitals in KwaZulu-Natal* (Doctoral dissertation).
12. Collins English Dictionary. (2017). *Economic problems.* HarperCollins Publisher. https://www.collinsdictionary.com/dictionary/english/economic-problems#google_vignette.
13. Demirsoy, N., & Kirimlioglu, N. (2016). Protection of privacy and confidentiality as a patient right: physicians' and nurses' viewpoints. *Biomedical Research*, *27*(4), 1437-1448.
14. Denollet, J., Pedersen, S. S., Ong, A. T., Erdman, R. A., Serruys, P. W., & van Domburg, R. T. (2006). Social inhibition modulates the effect of negative emotions on cardiac prognosis following percutaneous coronary intervention in the drug-eluting stent era. *European heart journal*, *27*(2), 171-177. https://academic.oup.com/eurheartj/article/27/2/171/553697
15. Dodhy, S. (2017). Fear–a positive potential: Classic explanation and new elucidation. *New Academia: An International Journal of English Language, Literature and Literary Theory*, *5*(1), 10-18.
16. Dolezal, L., & Lyons, B. (2017). Health-related shame: an affective determinant of health?. *Medical humanities*, *43*(4), 257-263. Retrieved March 31, 2022, from BMJ: https://mh.bmj.com/content/medhum/43/4/257.full.pdf
17. Dueñas, M., Ojeda, B., Salazar, A., Mico, J. A., & Failde, I. (2016). A review of chronic pain impact on patients, their social environment and the health care system. *Journal of pain research*, 457-467.
18. Freshwater, D., & Maslin-Prothero, E. S. (2015). *Blackwell's Nursing Dictionary.* Oxford: Blackwell Publishing Ltd.
19. Gambin, M., & Sharp, C. (2018). The relations between empathy, guilt, shame and depression in inpatient adolescents. *Journal of Affective Disorders*, *241*, 381-387.
20. Trindade, I. A., Duarte, J., Ferreira, C., Coutinho, M., & Pinto-Gouveia, J. (2018). The impact of illness-related shame on psychological health and social relationships: Testing a mediational model in students with chronic illness. *Clinical Psychology & Psychotherapy*, *25*(3), 408-414. Retrieved March 31, 2022, from Wiley Via: http://onlinelibrary.wiley.com/doi/10.1002/cpp.2175/full
21. Gomes, T. E., da Costa Galvão, C. P., dos Santos, V. K., & Bezerra, S. M. (2019). Risk factors for anxiety

and depression in the preoperative period of cardiac surgery. *Enfermeria Global*, 456-469.

22. Grassi, L., Travado, L., Gil, F., Sabato, S., Rossi, E., Tomamichel, M., ... & SEPOS Group. (2010). Hopelessness and related variables among cancer patients in the Southern European Psycho-Oncology Study (SEPOS). *Psychosomatics*, *51*(3), 201-207.
23. Haddan, M., Buszewicz, M., & Murphy, B. (2011). *Supporting People with Anxiety and Depression: a guide for practice nurses* . London: Mind.
24. Hill, H., Evans, J. M., & Forbat, L. (2015). Nurses respond to patients' psychosocial needs by dealing, ducking, diverting and deferring: an observational study of a hospice ward. *BMC nursing*, *14*, 1-10, from bmc website : https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-015-0112-8
25. Jouyani, Y., Bahrampour, M., Barouni, M., & Dehnavieh, R. (2013). Patient preferences for hospital quality: case study of iran. *Iranian Red Crescent Medical Journal*, *15*(9), 804. from research gate web site: https://www.researchgate.net/publication/260684953_Patient_Preferences_for_Hospital_Quality_Case_Study_of_Iran.
26. Kamuzu College of Nursing. (2012). Counseling By Caregivers, Nurses & Midwives. Retrieved September 25, 2021, from umich website: https://open.umich.edu/sites/default/files/downloads/2012.07.26_counseling_by_caregivers_nurses_and_midwives_0.pdf
27. Karimi Moonaghi, H., Emami Zeydi, A., & Mirhaghi, A. (2016). Patient education among nurses: bringing evidence into clinical applicability in Iran. *Investigacion y educacion en enfermeria*, *34*(1), 137-151. Retrieved May 2021, 05, from vest Educ Enferm: https://pubmed.ncbi.nlm.nih.gov/28569983/
28. Liu, X. J., Ye, H. X., Li, W. P., Dai, R., Chen, D., & Jin, M. (2009). Relationship between psychosocial factors and onset of multiple sclerosis. *European neurology*, *62*(3), 130-136: https://doi.org/10.1159/000226428
29. Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of nurse-patient relationship on quality of care and patient autonomy in decision-making. *International journal of environmental research and public health*, *17*(3), 835. https://www.mdpi.com/1660-4601/17/3/835
30. Ndeyanale, E. (2021, April 1). Health condemns attack on patient by nurses at Oshakati hospital. *The Namibian Newspaper*.
31. Novaco R.W. (2016) Anger. In: Fink George (ed.) Stress: Concepts, Cognition, Emotion, and Behavior, *Volume 1 of the Handbook of Stress Series*, pp. 285-292. Burlington: Academic Press.
32. Paton, F., Bell, J. (2020). *An Introduction to the Ethos of Nursing*. South Africa: Pearson.
33. Peplau, H. E. (1986). The Nurse as Counselor. *Journal of American College Health*, *35*(1), 11–14. https://doi.org/10.1080/07448481.1986.9938958
34. Primeau, C., Paterson, C., & Nabi, G. (2017, October). A qualitative study exploring models of supportive care in men and their partners/caregivers affected by metastatic prostate cancer. In *Oncology nursing forum* (Vol. 44, No. 6). Oncology Nursing Society.
35. Sagherian, K., Clinton, M. E., Abu-Saad Huijer, H., & Geiger-Brown, J. (2017). Fatigue, work schedules, and perceived performance in bedside care nurses. *Workplace health & safety*, *65*(7), 304-312.
36. Sepúlveda-Plata, M. C., García-Corzo, G., & Gamboa-Delgado, E. M. (2018). Effectiveness of nursing intervention to control fear in patients scheduled for surgery. *Revista de la Facultad de Medicina*, *66*(2), 195-200. http://www.scielo.org.co/pdf/rfmun/v66n2/0120-0011-rfmun-66-02-00195.pdf.
37. Sherif, H. EL. (2010). *Patient satisfaction with Public Primary Health Care delivery in Khomas region, Windhoek District, Namibia*. University of Western Cape.
38. and evaluation of an a psychosocial educational programme to facilitate the reintegration of incarcerated women who had dumped babies and / or committed infanticide. *International Journal of Health, 4(*2), 128-137.
39. Traeger, A. C., O'Hagan, E. T., Cashin, A., & McAuley, J. H. (2017). Reassurance for patients with non-specific conditions–a user's guide. *Brazilian Journal of Physical Therapy*, *21*(1), 1-6., from ncbi: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5537438/
40. Tyrrell, P., Harberger, S., Schoo, C., & Siddiqui, W. (2023). Kubler-Ross stages of dying and subsequent models of grief. In *StatPearls [Internet]*. StatPearls Publishing. Retrieved on 04 September 2023. https://www.ncbi.nlm.nih.gov/books/NBK507885/#_ncbi_dlg_citbx_NBK507885.
41. Holland, K., & Raypole, C. (2022). Depression and anxiety: how to identify and treat coexisting symptoms. *Healthline2022*.
42. Sayem, M. A., Chowdhury, F., Shadhana, S. C., Ferry, J. W., Anwar, A. S., & Rowshon, M. (2024). The Transformative Impact of Business Intelligence on Unemployment Insurance: Enhancing Decision Making and Operational Efficiency Through a Mixed-Methods Approach. *International Journal of Innovation Studies*, *8*(1), 456-481.

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