

Attitudes of Chinese Nurses towards Self-Help Groups in Hong Kong

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Abstract During the last twenty years, there have been numerous publications concerned with the proliferation of self-help groups in western countries. In Hong Kong it is only in recent years that there has been an increased awareness of the promotion and development of self-help groups. With the establishment of Hospital Authority, many major hospitals have set up Patient Resources Centres to facilitate the establishment of self-help groups in individual hospitals. Self-help groups are proposed as a complementary adjunct to the professional response to needed human service. Some commentators have noted considerable antagonism and distrust between the professional and self-help groups. Others have noted that nurses can play different roles with self-help groups, such as making referral, helping to develop a group, offering suggestions or giving information.

This paper aims to identify attitudes, knowledge and roles of nurses regarding self-help groups in Hong Kong. Questionnaires were given to one hundred and fifty registered nurses of various ranks working in different hospitals. One hundred and two completed questionnaires were returned. Most respondents perceived that the effectiveness of self-help groups is high or very high. On average, the respondents referred twenty patients to self-help groups but fifty per cent of the nurses have not referred any patients to any self-help groups. The reason they gave for non-referral is that they knew no self-help group in the area of their practice. Some nurses stated that they have little knowledge about self-help groups and do not know how to refer patients to them.

The fact that respondents seldom assumed roles for which they were attitudinal ready may reflect the lack of knowledge and skills of nurses. The paper also explores the possible problems and advantages of self-help groups as perceived by the nurses.

INTRODUCTION

Chinese speaking self-help groups in Hong Kong are at the beginning of a growth spiral and can be expected to increase dramatically in number and kind in the coming years. For the purpose of the study, a self-help group is operationally defined as a network of persons suffering from the same application or condition, who meet together or otherwise contact each other regularly to exchange information and share common experiences. Unlike the conventional therapeutic group, it is

member-governed using democratic principles (Gartner and Riessman, 1984).

Self-help groups, mutual aid, strengthened social networks and public participation are widely thought of as mechanisms with which to effect health promotion and primary health care (World Health Organization, 1984). Self help groups are therefore proposed as a complementary adjunct to the professional response to needed human service. This position highlights the important issue of the relationship between self-help groups and

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professionals, a relationship which has been discussed in the literature with a variety of opinions offered concerning the desirability and feasibility of such a liaison. Some commentators have noted considerable antagonism and distrust between these self-help groups and professionals (Gartner and Riessman, 1984). They have noted that the growth of self-help groups and their competition with professionals for such resources as clients, political sanction, funding, volunteers and media exposure may have diminished the need for professionals. Self-help groups help to demystify professional expertise by shifting power to consumers and altering traditional roles of lay people and professionals (Katz, 1992).

Many researchers / observers (Lieberman and Borman, 1976), have pointed out the potential value and importance of developing collaborative relationships between self-help groups and professionals. Stewart (1989) has noted that nurses can play different roles with self-help groups, such as making a referral, helping to develop a group, consulting, offering suggestions or information, or program planning.

Gartner and Riessman (1984) consider the greatest obstacle to collaboration with lay persons or groups to be a deficiency in professionals' knowledge and skill base. Health professionals are traditionally socialized and educated in the "expert" provider role (Rappaport, 1985). This education is incompatible with the consultative partner role recommended for primary health care work with lay helpers. If nurses do not have the needed educational preparation in self-help groups, or do not have institutional supports for the groups, it is likely that they will not refer nor act as consultants for the groups. Shaw and Wright cited in Schulze and Koerner (1987) have discussed attitude formation and the influence of the learning process on attitudes. They stated that consistent behaviour may be attributed to attitude, the end product of socialization.

Attitudes are learned and not innate, this learning may occur through direct contact or indirectly through contact with others and self-help groups. Attitudes may result in motivating behaviour in nurses. A beginning understanding of nurses' attitudes about self-help groups may lead to educational or service interventions which improve cognitive/valuative processes and ultimately result in motivated behaviour to improve their participation with self-help groups.

Professional lack of information concerning self-help groups and lack of preparation for appropriate roles are commonly perceived barriers for them to act as referral agents and consultants. Toseland and Hacker (1982) found that social workers were most highly involved with self-help groups followed by clergy, teachers, nurses and psychologists. Substantial use of self-help organizations was also found among Todres's (1982) multi-professional sample of 308 respondents. Data obtained indicated that they have some degree of familiarity with self-help groups in the community, are prepared to inform their clients about groups which may be helpful to them, and hold favourable attitudes toward such groups. Stewart's (1989) study of 74 nurses found that the majority of nurses held positive attitudes regarding the effectiveness, merits and functions of self-help groups.

How would the Eastern culture differ from the West? A cross-cultural comparison of self-help groups is likely to increase understanding of the theoretical basis of self-help group functioning and how various cultural factors affect these dynamics. For example, in comparing the dynamics of self-help groups in different cultures it would seem necessary to take into account the individualism - collectivism dimension introduced and studied extensively by cross-cultural psychologists (Hofstede, 1980; Triandis, 1986). This theoretical construct includes the variable of whether the personal goals have primacy over ingroup goals

(Individualistic culture) or whether personal goals are to maintain “hierarchy and harmony within the ingroup” (collectivistic culture) Triandis, McCusker and Hui, 1990) Generally speaking cultures in the East (e.g. China) tend to be collectivistic compared to the West (e.g. United States, Canada) (Triandis, 1986). Since in Hong Kong, many self-help groups have been initiated by health professionals for individuals with chronic medical problems, it was felt essential to determine if professionals in Hong Kong because of the cultural context have more negative or positive attitudes towards self-help groups than those in the West.

AIM OF THE STUDY

At the end of 1995, the Hospital Authority had under its management a sizeable health workforce of over 45,945 within the public hospital system of which nursing consists of around 40% or over 17,900 (Hospital Authority, 1996). There are no local studies of nurses' attitudes, knowledge and roles towards self-help groups. This study aimed to identify the attitudes, knowledge, and roles regarding self-help groups of nurses in Hong Kong.

RESEARCH DESIGN

Questionnaires were given to 150 registered nurses studying at the Hong Kong Polytechnic University. 102 completed questionnaires were returned.

DESCRIPTION OF THE QUESTIONNAIRE

The personal profile consists of demographic data and background information such as gender, rank, area of work and years of experience. This information provides knowledge of the respondents, and is useful in seeking correlations with data obtained.

Personal attitude is measured using likert scale, the subjects being asked to rank their personal attitude towards self-help groups.

Information on actual roles assumed and frequency of referral, name of the self-help groups being referred, their perception of how useful the self-help groups are to their clients and how effective are the self-help groups compared to conventional professionally - led therapeutic groups is sought. The ways in which respondents have been involved in self-help groups, the respondents perception of possible advantages and problems of the self-help groups were also asked.

Personal knowledge aims to identify how much the subjects have learned about self-help groups during their formal professional training and how much they currently know about self-help groups. Perceived need for more information on self-help groups and policy of their agency is also asked.

A likert scale was used to measure the response to the majority of responses. An “other” category and “other comments” are inserted to facilitate freedom of response.

RESULTS

The sample consisted of 102 Registered Nurses, 21 male and 81 female 40% were Registered Nurses, 40% Nursing Officers, the remainder being either ward manager or departmental nursing officers. The majority of the respondents (71%) worked in general hospitals, 11% in a psychiatric hospitals and the remainder in a mental retardation facility, the community nursing service and the Department of Health.

ATTITUDES

Most respondents perceived the effectiveness of self-help groups to be high or very high. (Figure 1). On average the respondents referred 20 patients to self-help groups but 50% had not referred any patients. The reasons given for non-referral were that they knew of no self-help group in their area of practice with some nurses commenting that they had little knowledge about self-help groups and did not know how to refer. No nurse reported

not referring clients because they were sceptical about the effectiveness of self-help groups.

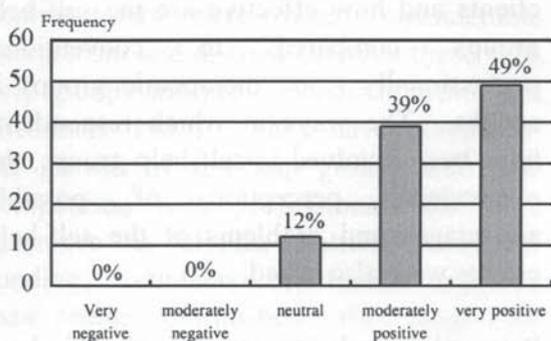


Figure 1

Attitude of nurses towards self-help groups

The groups in the study that the respondents have referred to are Renal Patient Mutual Help Association, Ostomy Association, New Voice Group, Diabetes Mellitus Self-Help Group, Systemic Lupus Erythematosus Group, Down's Syndrome Association. Seven of the sample indicated that they had directly collaborated with the self-help groups. Some of them commented that they assisted in setting up, made referrals and acted as a liaison officer. When respondents were asked about the usefulness of self-help groups which they have directed their clients, most respondents perceived the groups were either moderately useful or very useful.

When the respondents were asked about self-help groups as compared to conventional professionally-lead therapeutic groups, 16% perceived self-help groups as being less effective than conventional professionally-led groups. 31% Perceived that they were equally effective (Figure 2).

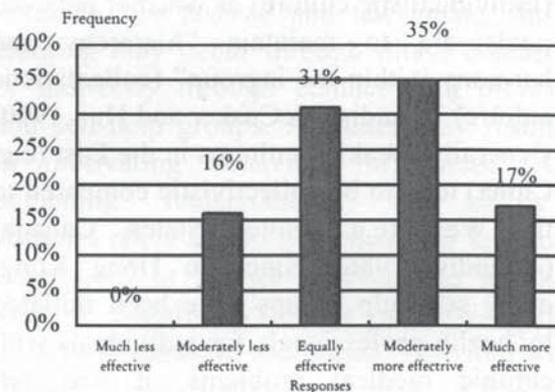


Figure 2 Effectiveness of self-help group as compared to conventional professionally - lead groups.

53% of the respondents think self-help groups when compared to conventional professionally-led therapeutic groups to be more effective.

When respondents were asked about the importance of the areas as possible problems relating to self-help groups, the following are the mean scores on a five-point Likert Scale.

Problems of self-help groups	Rating of a 5 point scale
<u>Item</u>	
Lack of members possessing group skills	3.33
Lack of professional available in case of psychiatric emergencies e.g. suicide threat	3.27
No suitable self-help group for your client's particular problem	3.11
Neurotic dependence on group	2.81
Giving advice opposite to professionals	2.80
Self-help format not culturally appropriate	2.68
Fanaticism of some self-help group members	2.59
Beliefs of self-help group not acceptable	2.38

When the respondents rated the possible advantages of self-help groups, the following are the mean scores on a five-point Likert Scale.

Possible advantages of self-help groups	Rating of a 5 scale
<u>Item</u>	
Increasing member's sense of social acceptance	4.12
Better to help those stigmatized because of their common problems	4.03
Best treatment for certain specific individuals with certain specific problems	3.82
Self-help groups potentially can help more people than conventional therapy for economic manpower reasons	3.80
Increasing member's sense of empowerment	3.76
Self-help group more acceptable form of getting help for many people	3.74
Self-help groups are an easily available and useful adjunct to conventional forms of treatment	3.31

KNOWLEDGE

73% of the respondents indicated that they learn nothing or a little in their formal training. Only 2% thought that they were educationally well-prepared for work with self-help groups. A perceived need for more information on self-help groups emerged in nurses' responses to questions which rated current level of knowledge and desire for continuing education. About 48% of the respondents said that they currently knew nothing or little about self-help groups. All respondents said that they wanted to know more about self-help groups. 54% of the respondents stated that they want a moderate amount while 26% believed they needed a great deal of knowledge about self-help groups.

ROLES AND RELATIONSHIPS

The respondents perceived the most important roles of nurses in the self help groups are as an information resource, advisor, consultant, referral agent and initiator.

DISCUSSION

The results showed that nurse have very favourable attitudes towards self-help groups. The majority of the nurses held positive attitudes towards the usefulness of the groups. When compared with professionally-led groups they regarded self-help groups as being more effective. These findings are similar to findings by (Levy, 1978;) which have generally shown that practicing professionals have positive attitudes towards self-help groups. Nevertheless, 50% of the respondents did not refer patients to self-help groups, the most common cited reasons for non-referral being lack of information about self-help groups or that they did not know any groups in their area of practice. Almost all respondents viewed their relevant level of knowledge as only fair. The nurses welcomed further pertinent education and information. The fact that respondents seldom assumed roles for which they were attitudinal ready may reflect the lack of knowledge and skills of the nurses.

Studies by Todres showed most professionals learnt of self-help through the media, other professionals, and clients (Todres, 1982) as little formal training regarding self-help is found in the professional curriculum. Of the 16 recommendations from the Surgeon General, Workshop on Self-Help and Public (1988), the incorporation of information and experiential knowledge about self-help in the training and practices of professionals was given number one priority. The World Health Organization (1984) has recommend-ed changes in professional training, internationally and nationally, to enable health professionals to develop knowledge and understanding of self-help

groups. Pertinent content should be therefore included in the nursing education curricula. Stewart (1988) reviewed the relevant curriculum foci of Canadian schools of nursing in conjunction with self-help groups and demonstrate that most Canadian university schools of nursing include theoretical and clinical coverage regarding mutual-aid/self-help groups in their undergraduate curricula. However, some theoretical premises to comprehending and conceptualizing social support were overlooked in most nursing curricula. The range and influence of existing self-help and peer-helping groups, referral and consultation skills, linking clients to self-help networks and establishing joint lay-professional linkages should be emphasized in educational programs.

A study by Chan et al.(1992) has shown that chronically ill patients are introduced to the self-help groups mainly by the encouragement of professionals and friends. Health professionals are playing the most important role in disseminating the information about self-help groups. The most frequent problems of self-help groups as reported by the nurses are lack of members possessing group skills, lack of professional available in case of psychiatric emergencies and no suitable self-help group for a client's particular problem. It seems it is important to provide training for the nurses as well as for the self-help group leaders about self-help. A number of roles for professionals collaborating with self-help groups have been discussed including those of sponsor, organiser, planner, advisor, facilitator, and referral source (Powell, 1987; Yoak and Chesler, 1985). Most researchers and professionals with extensive experience with self-help groups suggest that professionals should approach groups in a manner that preserves their member - directed nature, and that roles such as leader or facilitator reduce group autonomy and egalitarianism (Borkman, 1990).

RECOMMENDATIONS

1. Almost all nurses held positive attitudes regarding the effectiveness, merits and functions of self-help groups but there should be more linkage and involvement of nurses with self-help groups.
2. Because a number of nurses did not refer patients to self-help groups because of lack of information. There should be updated and made self-help directories available for the health professionals to access.
3. Almost all nurses welcomed further information therefore, basic and post-basic nursing education should include concepts of self-help groups in their curriculum. Universities and Professional nursing association should offer workshops and courses on self-help group for practising nurses. The courses should emphasize experiential learning experiences, theoretical insights, and consultation skills.

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過去二十年，已有很多書本和課題討論西方國家自助小組的成立。香港自助小組的推廣和發展在這數年間才備受重視。隨著醫院管理局的成立，許多主要醫院均設有病人資源中心，協助籌備成立自助小組。自助小組的宗旨是對一些有需要的人士，提供專業意見及彼此分享的輔助性服務。一些評論員發覺在專業人士與自助小組間存在著很多對抗和不信任，另一部份則注意到護士能在自助小組中擔任不同的角色，例如提供轉介渠道、協助小組發展、提供意見與資料等。

這份報告的目的是注意香港護士對自助小組的態度、知識、及其角色的確認。從不同醫院不同職級的註冊護士發出一百五十份問卷調查，從一百零二份完成的問卷中顯示，大部份回應者均認為自助小組是有效或非常有效。平均而言，回應者曾轉介二十位病人往自助小組，但有半數護士沒有轉介任何病人往任何小組，他們的理由是在工作範圍內沒有自助小組，有些更指出他們對自助小組認識有限及不知轉介過程。回應者雖表示願意承擔這角色，但未有付諸行動，正好反映護士缺乏此等知識和技巧。此報告亦探討護士對自助小組中所理解的優點及問題。

摘要