

# Addressing the psychosocial needs of patients: Challenges for nursing students

Sevinç Mersin PhD<sup>1</sup>  | Meral Demiralp PhD<sup>2</sup> | Emine Öksüz PhD<sup>3</sup> 

<sup>1</sup>Psychiatric and Mental Health Nursing Department, School of Health, Bilecik SE University, Bilecik, Turkey

<sup>2</sup>Psychiatric and Mental Health Nursing Department, School of Health, European University of Lefke, Turkish Republic of Northern Cyprus

<sup>3</sup>Psychiatric and Mental Health Nursing Department, Gulhane School of Nursing, University of Health Sciences, Ankara, Turkey

## Correspondence

Sevinç Mersin, School of Health, Psychiatric and Mental Health Nursing Department, Bilecik SE University, 11210 Bilecik, Turkey.  
Email: sevinc.mersin@bilecik.edu.tr

## Abstract

**Purpose:** To evaluate the ability of nursing students to determine the psychosocial needs of patients and identify the needs and problems encountered by nursing students.

**Design and methods:** This study is a mixed method research. The nursing care plans of 40 nursing students that provided care to 129 patients with chronic medical diseases were examined retrospectively. Individual interviews were also conducted with five nursing students and six academicians.

**Findings:** It was determined that nursing students defined an average of  $15.77 \pm 11.55$  physiological and an average of  $3.05 \pm 2.28$  psychosocial nursing diagnoses for 129 patients. Data analysis of individual interviews revealed two main themes: (1) identifying psychosocial diagnoses: teaching difficulties and (2) identifying psychosocial diagnoses: learning difficulties.

**Practice implications:** This can facilitate the learning process of each student to include physiological and a psychosocial care focus in their nursing care through discussions and evaluation with their mentors and instructors.

## KEYWORDS

psychosocial care, psychosocial diagnoses, student nurse

## 1 | INTRODUCTION AND BACKGROUND

Nurses' ability to identify and effectively manage patient behaviors and psychosocial problems may improve the recovery process of patients and decrease the frustrations experienced by nurses. However, it is generally difficult to determine and meet patients' psychosocial needs. Nurses often feel unprepared to cope with patients' different reactions, demands, and psychiatric problems, while trying to meet the demands for patients' physiological care.<sup>1,2</sup>

Psychosocial care encompasses the interventions necessary to help patients cope more effectively with life crises or psychiatric disorders that affect their physical and emotional health and healthcare. The emotional reactions of the patient may prolong hospitalization or nursing care, hinder compliance with care, and may deplete the patient's physiological and emotional resources.<sup>1-4</sup> However, early interventions by nurses can improve patients' coping abilities towards health crises and disease.<sup>5,6</sup>

When patients are hospitalized for long periods, receive various medications, and are subjected to surgical interventions for chronic medical diseases, they are more likely to develop feelings of despair, a decreased quality of life, weakness, changes in their social relations, isolation, body image changes, anxiety, and depression.<sup>5-10</sup> Determination of these problems by nurses, along with appropriate interventions is an important part of the treatment.<sup>2,5</sup>

Lee and Mills<sup>11</sup> evaluated common medical and nursing diagnoses and nursing approaches, while Penner<sup>12</sup> studied the psychosocial changes experienced by patients diagnosed with head and neck cancer. Both studies reported that assessing patients' psychosocial needs was important and necessary. Another study recommended that the students' nursing education curriculum should include courses that address this important topic to improve students' knowledge and skills.<sup>13</sup> Similar suggestions to integrate the nursing and psychology courses of the curriculum and to arrange meetings between clinical nurses and educators

were provided in another study on the courses and therapeutic skills of the nursing students.<sup>14</sup>

When identifying psychosocial needs, nurses focus on the patient's intrapsychic and social functioning as a response to stress in physiological and psychological disorders. The aim is to improve patient health outcomes and increase patient and nurse satisfaction.<sup>1</sup> In accordance with the literature, the current study was conducted to examine nursing students' ability to assess the psychosocial needs of patients with chronic medical diseases in their care. We also wanted to identify the needs and problems encountered by the nursing students regarding patients' psychosocial issues and how they can accurately diagnose these needs. This was done by studying the experiences of academicians regarding nursing students' ability to make psychosocial assessments.

## 2 | METHODS

### 2.1 | Design

This study is a mixed method research. The nursing care plans of 40 nursing students that provided care to patients with chronic medical diseases were examined retrospectively and individual interviews with nursing students and academicians were conducted.

### 2.2 | Ethical considerations

This study received necessary ethics approval from the Ethics Board at the University where it was conducted. In addition, the participating academicians and students were informed about the purpose of the study and interviewed individually. The interviews were only guaranteed to be used scientifically. The study was performed in accordance with the Declaration of Helsinki.

### 2.3 | Data collection

Retrospective data of the study were collected from nursing care records prepared for 129 inpatients with chronic medical diseases between February 2013 and June 2013 and between September 2013 and January 2014 by 40 nursing students during clinical practices while in their first and second years of nursing school at a state university in Turkey. The students used nursing care plan forms developed by nursing academicians and they determined the nursing diagnoses of NANDA<sup>15</sup> for 129 patients. In this study, the researchers retrospectively investigated these nursing diagnoses, which were identified by 40 nursing students for inpatients.

To identify the needs and problems encountered by the nursing students regarding patients' psychosocial issues, their ability to accurately diagnose those needs, and also to reflect on the experiences of academicians about nursing students' ability to make psychosocial assessments, semistructured interviews were conducted using an interview guide with both students and academicians. Face-to-face individual interviews were conducted with 5 nursing students who prepared the nursing care records and

randomly drawn from these 40 nursing students and 6 nursing academicians who taught "The Fundamentals of Nursing Course" and "Medical Nursing Course" courses. The academicians had also mentored these students during clinical practice at the hospitals. The interviews were performed in the first and second weeks after the fall semester of the second year of clinical practice. The interviews formed the observations of researchers, while students were asked open-ended questions like:

- "What do you think of your ability to meet and to assess the psychosocial needs of patients?"
- "In what areas do you have difficulties in assessing the psychosocial needs of patients and identifying psychosocial nursing diagnoses?"
- Nursing academicians were asked the following open-ended questions:
  - "What do you think of students' ability to meet and assess the psychosocial needs of patients?"
  - "What kinds of problems do nursing students have in identifying psychosocial nursing diagnoses?"
  - "What are your suggestions to make it easier for students to create a psychosocial nursing diagnose?"

Individual and in-depth interviews were conducted during a semistructured interview with each participant. Open-ended questions facilitated a dialogue and helped encourage participants to describe their experiences. Each interview lasted approximately 25 to 30 minutes.

### 2.4 | Data analysis

Retrospective data of the study were collected by examining nursing care plan records of patients with chronic diseases. From this data, medical disease diagnoses, age, sex of the patients, the nursing diagnoses of NANDA identified by nursing students for the patients, and the age and gender of nursing students who prepared the nursing care records, were determined. The physiological and psychosocial nursing diagnoses were listed. Analyses of the data collected from nursing care plan records were performed using the SPSS Statistical Package (22.0, SPSS Inc., Chicago, IL). Numbers, percentages, Mann-Whitney test, and Wilcoxon test were measured.

Individual interviews that had been transcribed verbatim were examined and analyzed. The analysis of narrative transcriptions drew from the Colaizzi's phenomenological data analysis approach.<sup>16</sup> During the analysis, participants' oral descriptions were read separately by the researchers to gain a general understanding. Significant statements and phrases that pertained to the study objectives were identified, and meanings were formulated from these significant statements and phrases. The formulated meanings were

then organized into themes. Results of the data analysis were integrated into a description of the experience. To ensure the credibility of data analysis, the transcripts were examined repeatedly by each researcher. Two researchers worked independently to identify the major categories of the transcripts. The researchers compared the separate coding, and there was general congruency of the coding with minor differences attributed primarily to the choice of words. Differences were discussed until a final agreement was reached. One theme was created by merging similar statements for every opinion. For the final evaluation, all researchers reviewed the themes. After data analysis in Turkish, the participant's statements were then translated into English, retaining the original meaning. The English translation was then translated back into Turkish by a bilingual speaker to ensure that the translation was accurate. Finally, the two translations were matched for the original meaning of the Turkish version.

### 3 | RESULTS

Study participants who identified nursing diagnoses were aged between 19 and 26 years. Their mean age was  $19.9 \pm 1.27$  years. Three of the students were male, while 37 were female.

Study results showed that 45.7% of the patients, the nursing students provided care for, were female ( $n = 59$ ), while 54.3% were male ( $n = 70$ ). The mean age of the patients was  $69.13 \pm 13.17$  (range, 23-94) years. Medical diagnoses of the patients were chronic obstructive pulmonary disease, diabetes mellitus, hypertension, heart failure and cerebrovascular event, chronic renal failure, cancer, Parkinson's disease, hepatitis C, multiple sclerosis, and epilepsy (Table 1). A total of 25 patients suffered from more than one disease.

Nursing students defined an average of  $15.77 \pm 11.55$  physiological nursing diagnoses and an average of  $3.05 \pm 2.28$  psychosocial nursing diagnoses for 129 patients. A difference between the numbers of physiological nursing diagnoses and the numbers of psychosocial nursing diagnoses was statistically significant ( $Z = -9.732$ ;  $P \leq 0.05$ ) (Table 2). There was nothing statistically significant on average in their first and second years of physiological and psychosocial nursing diagnoses identified by the 40 student nurses ( $Z = -0.503$ ,  $P \geq 0.05$ ;  $Z = -0.128$ ,  $P \geq 0.05$ ) (Table 3).

After the interview data analyses were made, two main themes emerged:

Identifying psychosocial diagnoses: teaching difficulties.

Identifying psychosocial diagnoses: learning difficulties.

#### 3.1 | Identifying psychosocial diagnoses: teaching difficulties

Nursing academicians stated that students had difficulty in assessing the psychosocial needs of patients and in identifying nursing

diagnoses. According to them, theoretical and practice courses taught and discussed patients' physical/physiological needs, focusing more on physical and biological care instead of psychosocial care. Nursing academicians also believed it was difficult for students to collect data about patients' psychosocial needs and students felt unsure about how to proceed. Five subthemes related to teaching difficulties were established: focus on physical care and the difficulty of psychosocial care, lack of role models, privacy of patients, humanistic characteristics of students, and setting a psychosocial nursing agenda for nursing education.

#### 3.1.1 | Focus on physical care and the difficulty of psychosocial care

Three nursing academicians explained that they realized that the physical needs of the patients in nursing education were more emphasized. The statements of a nurse academician are as follows:

*...we emphasize the physical and biological environment more... (Participant 2, age 29). Another added that: "...we expect that students should only identify physiological/ physical diagnoses..." (Participant 1, age 48).*

*She said that: "...As an academician, I believe that to find and to intervene in psychosocial nursing diagnoses is more difficult and time consuming..." (Participant 5, age 35).*

#### 3.1.2 | Lack of role model

The lack of role models theme was discussed by a nursing academician concerning the care involving the patient's psychosocial problems for nurses in practice.

**TABLE 1** Characteristics of 40 nursing students and patients in their care

Characteristics	n	%
Gender of students		
Female	37	92.5
Male	3	7.5
Gender of patients		
Female	59	45.7
Male	70	54.3
Diseases of patients		
Cancer	6	4.8
Chronic obstructive disease	37	28.9
Heart failure	14	11.0
Diabetes mellitus	25	19.5
Hypertension	16	12.5
Chronic renal failure	12	9.4
Cerebrovascular event	14	11.0
Hepatitis C	1	0.7
Epilepsy	1	0.7
Parkinson's	2	1.5
Multiple sclerosis	1	0.7

**TABLE 2** The physiological and psychosocial nursing diagnoses

	X ± SD	Z <sup>a</sup>
Physiological nursing diagnoses		
Activity intolerance, alteration in tissue perfusion, changes in bowel elimination, changes in breathing pattern, changes in cardiac output, changes in comfort pain, changes in fluid volume, changes in hematologic status, changes in mobility, changes in neurological function, changes in nutrition, changes in oral-mucous membrane, changes in sleep, fatigue, fever, knowledge deficit, potential for/actual infection, potential for injury, self care deficit, vomiting, weakness	15.77 ± 11.55	-9.732
Psychosocial nursing diagnoses		.000
Anxiety, changes in communication changes in self-concept, fear	3.05 ± 2.28	

Abbreviation: SD, standard deviation.

<sup>a</sup>Wilcoxon test.

**TABLE 3** The physiological and psychosocial nursing diagnoses for students' first and second year

	X ± SD	Z <sup>a</sup>
Physiological nursing diagnoses for first year	5.80 ± 8.79	-0.503
Physiological nursing diagnoses for second year	9.97 ± 6.98	0.615
Psychosocial nursing diagnoses for first year	1.02 ± 1.44	-0.128
Psychosocial nursing diagnoses for second year	2.00 ± 1.64	0.898

Abbreviation: SD, standard deviation.

<sup>a</sup>Mann-Whitney test.

"...nurses provide a care based on physical diagnoses in clinics..." (Participant 5, age 35).

In addition, four nursing academicians added that nurse academicians lack role modeling for students in identifying psychosocial diagnoses.

"...we skip the psychosocial dimensions of each subject or we do not discuss them sufficiently...." (Participant 4, age 36).

...Perhaps, we do not feel qualified and supported enough to cope with patients' complicated psychological problems... (Participant 1, age 48).

A nursing academician also expressed that: "...If we do not like people and our profession, it can be difficult to determine the psychosocial needs of patients..." (Participant 3, age 31).

### 3.1.3 | Privacy of patients

A nursing academician said that to identify the psychosocial nursing diagnosis the nursing students need to collect data by asking questions about the private lives of the patient. She said:

...They need to collect information related to patients' privacy and private lives as data. While students examine

patients' privacy issues, they fear the possibility of being rejected by the patients as patients refrain from talking to student nurses or health care professionals about their psychosocial problems... (Participant 6, age 38). She added that privacy concerns for patients and patient nurse relations are influenced by cultural characteristics.

...Turkish society has a proverb meaning "don't let it out of this room." The meaning of the proverb for the Turks is that "You can be ill, but do not talk to strangers about your losses or troubles caused by the illness; are you weak?" Therefore, students may experience difficulties in examining patients' psychosocial needs...

### 3.1.4 | Humanistic characteristics of students

Two nursing academicians stated that nursing students having humanistic characteristics like value and empathy should enable them to be more sensitive to the psychosocial needs of patients.

"...I think that students fail to be sensitive...." (Participant 5, age 35).

Another stated that: "...Being sensitive to and aware of individuals' needs. The values may make it easier to recognize..." (Participant 4, age 36).

### 3.1.5 | Setting a psychosocial nursing agenda for nursing education

Three nursing academicians stated that it was necessary to make some changes in the nursing curriculum, in which there should be more discussion about patients' psychosocial needs. Some comments are from academicians:

"...we should develop a curriculum that addresses an assessment, including psychosocial dimensions..." (Participant 3, age 31). "...curriculum should cover courses with psychosocial structures..." (Participant 4, age 36).

### 3.2 | Identifying psychosocial diagnoses: learning difficulties

This theme consisted of three subthemes: ignoring psychosocial needs, lack of role models, and privacy concerns.

#### 3.2.1 | Ignoring psychosocial needs

Four students in our study agreed that they might ignore the psychosocial needs of patients because to them, patients' physical health problems are more obvious and can be easily solved. The psychosocial care is tiring and takes a long time.

*"...I am unable to provide both physical and psychological care holistically. I do not have enough time..." (Participant 1, age 19). Another student added:*

*"...educators focus on physical problems in patient-related evaluations. Because the physical care of the patient makes them more comfortable..." (Participant 3, age 19).*

*...I skip psychological problems and social problems created by psychological problems like withdrawal and social isolation... (Participant 1, age 19).*

*"...I cannot assess patient's psychological status. Everything can change the psychosocial care of the patient. This has increased my workload..." (Participant 5, age 19).*

#### 3.2.2 | Lack of role models

Two students in the current study expressed that they could not see the clinic nurses as role models in identifying patients' psychosocial needs. The students thought that nurses expected the students to complete only routine tasks in clinics and that nurses are unwilling to determine the psychosocial needs of patients. One said that:

*...in practice, we do not see clinical nurses taking care of the psychosocial needs of patients. In patient files, nurses only tick off such statements as "Hospital discharge training has been given to the patient," "Care has been given to the patient," and "Information about drug use has been given." The nurse does not have enough time for the patient... (Participant 1, age 19). Another said that:*

*...nurses do not want us to ask too many questions of patients... (Participant 4, age 24).*

#### 3.2.3 | Privacy concerns

Four nursing students said that the patient's privacy and confidential areas should be examined to be able to determine and meet their

psychosocial needs. As a result, they stated that they had felt more about privacy concerns instead of the patient.

*...Once, I wondered what could be done for the old lady who complained that her grandchild was always taking her money without her knowledge, but I had difficulty in making a nursing diagnosis. I thought I could not help her because it was her personal life... (Participant 2, age 19).*

*"...I refrain from asking questions about patient's psychosocial needs because I fear that they will not want to tell me anything..." (Participant 5, age 19).*

*"...some patients are reluctant to give us personal information. They do not communicate with us very much..." (Participant 3, age 19).*

*"... patients suffer from psychological problems, but I cannot ask about these. If a patient confides in me about psychosocial problems, I can then collect data about these problems..." (Participant 1, age 19).*

## 4 | DISCUSSION

Diagnosing a patient's psychosocial needs together with physical needs improves their health outcomes as well as their comfort levels.<sup>17</sup> Our study results revealed that our students identified more physiological nursing diagnoses than psychosocial nursing diagnoses ( $P \leq 0.005$ ). In this study, nursing care plans for patients with chronic diseases were examined. It is known that chronic medical diseases cause many psychosocial problems for the patient.<sup>18,19</sup> Although physiological nursing diagnoses were identified  $15.77 \pm 11.55$ , psychosocial nursing diagnoses were  $3.05 \pm 2.28$ . It can be said that our students could easily determine physiological diagnoses but had difficulty in determining psychosocial diagnoses. Gorman and Sultan<sup>1</sup> emphasized that physical problems were observed and found more easily, while assessment and detection of psychosocial dimensions proved more challenging. However, there was no difference between the first and second year in terms of psychosocial nursing diagnoses and physiological nursing diagnoses ( $P \geq 0.005$ ). All of the students identified psychosocial nursing diagnoses for their patients.

According to our study results, one of the reasons why nurses ignored the psychosocial needs of patients was the need to allocate more time to the patient, which would increase the workload. The results of the study determined that the students should spend more time and effort to be able to determine the psychosocial needs of the patient. Nursing education is based on holistic care. For the holistic assessment of the patient, sharing, communication, and therapeutic relations between the patient and nurse need to be improved. This allows the patient's needs to be determined. The nurse should work with the patient and allocate sufficient time to be able to determine the physical and psychosocial needs of the patient.<sup>20</sup>

In line with nursing students' views, nursing academicians also experienced difficulties in teaching psychosocial skills. Consequently, this hindered nursing students' ability to recognize and diagnose patients' concerns and to plan and implement clinical nursing interventions. Three nursing academicians in the current study stated that they primarily expected nursing students to establish patients' physical/physiological needs during the theoretical and practice courses. The academicians also expected to focus on the physical and biological environments instead of the patient's psychological wholeness. The nursing academicians felt that safe environments included psychosocial care. But, when they taught the concept of a safe environment in the classroom, the students thought that the physical and biological environments were more emphasized by the educators. To the academicians, it is important to provide psychosocial care in conjunction with physical care, but the students have difficulties in meeting and defining psychosocial needs. The difficulties included longer time requirements and directly noticing the physical needs of patients. The study by Yousefy, Reza Yazdannik, and Mohammadi<sup>21</sup> reported that during nursing students' clinical practice, education, and training, nursing academicians stressed that their students provided patients with only physical care. Bagnasco et al<sup>22</sup> suggested that missing care in psychosocial areas is sometimes not given a priority because it is not directly harmful to patient safety. But, when psychosocial care is missed, the stress level of the patient may be higher.

Two students had difficulty in assessing patients' psychosocial needs and identifying nursing diagnoses due to a lack of role models. The students observed clinic nurses as incapable and unwilling to determine the psychosocial needs of patients. This made us conclude that student nurses who consider clinic nurses as positive role models would be more willing and motivated to become compassionate nurses or to care more about psychosocial needs if they had role models. Role modeling is considered very important for health care personnel, especially for those who teach within the nursing profession.<sup>23</sup> Student nurses reinforce subjects learned in theoretical courses through practical experience in clinics,<sup>23,24</sup> and nursing academicians and graduated nursing colleagues are regarded as important role models. Support for the importance of role models was reported in a study by Yousefy et al,<sup>21</sup> which reported that the professional nurses encountered by student nurses during clinical practices are very important, as they may inspire and motivate future nurses to excel in their profession.

Another student also indicated that routine practices, such as monitoring vital signs, the preparation of treatment modalities, and patient admission and discharge took too much time. Thus, it was reported that there was no time to try to understand the patient better or to determine his psychosocial needs; more work is needed with the patient to determine psychosocial needs. In the clinic, nurses often devote time to these routine practices. The qualitative study by Valizadeh et al,<sup>25</sup> in which the experiences of nurses who went beyond the routine care practices were examined, suggested that an effective way for nurses to go beyond the usual routines of providing care would be to approach patients on their own levels, emotions, beliefs, and

values. In this way, a healthcare plan for each patient could perhaps more accurately target patients' needs and possibly render more effective health outcomes. Nursing students are required to participate in clinical practice activities to identify the physical and psychosocial needs of the patients and to analyze the factors related to them and to realize the teaching effectiveness of nursing academicians in reaching the desired learning outputs from the students.<sup>26</sup> They may observe clinic nurses and nursing academicians who appreciate different role models and different care behaviors.<sup>27</sup>

In this study, one nursing academician pointed to the negative effect of nurses' lack of role models in determining the psychosocial needs of patients by the students. Two academicians stated that a lack of role models of academicians could lead to this. The behaviors of nursing academicians, such as role-playing and feedback, significantly contributed to students assessing the patients. The workload of the academicians, the lack of support, poor role preparations, high-performance expectations, the lack of nurse academicians, and inadequate resources may prevent them from performing their roles and responsibilities.<sup>28–30</sup> Academicians have found that insufficient time for clinical practice competes with academia for classroom-based teaching, publishing, and research activities. This results in the academicians performing in a liaison role rather than being involved in patient care. This causes academicians to lose their chance to be in the clinic with the student and to perform their abilities on the patient.<sup>29</sup> Providing the academicians with the time or equipment necessary to be a positive role model for the students will contribute to the student's presentation of psychosocial care to the patient. El-cigil and Sari<sup>31</sup> pointed out that nursing academicians should be given information regarding nursing psychosocial interventions to reduce difficulties and drawbacks experienced by students in clinical practice. One academician explained that educators' characteristics, such as loving the person and liking the profession, make for positive role models as well as increase sensitivity in determining the psychosocial needs of the patients. The study by Salminen, Minna, Sanna, Jouko, and Helena<sup>32</sup> focused on nursing educators' ability. To them, the personal qualities of compassion for others, forgiveness, and understanding emotions were deemed very important. The humanistic characteristics, as a role model, can positively affect the student-patient relationship.

Four nursing students stated that the psychological needs of patients constituted their private sphere and were worried about violating the patient's privacy. Consequently, this left them feeling incapable of establishing a psychosocial diagnosis. They may need to know some information about the patient's life so that the patient can be fully understood. Even if the nurses respect the patient's privacy, sometimes the patient may feel concerned about losing control by sharing confidential information. This confidential information may cause concern for both as this information can cause ambivalence and ethical problems. Krupic, Sköldenberg, Samuelsson, and Eisler<sup>33</sup> suggested that, for true trust, patients and nurses should determine ambiguities, establish mutual trust, discuss symptoms and anxieties, and develop ideas and suggestions about the physical and emotional aspects of the disease, and establish bases.

In this study, one nurse academician said that the question of a closer relationship should be asked when the patient's psychosocial needs are determined. He also explained that the dimensions of these questions are related to the patient's culture. Similarly, Jesús plaza del pino<sup>34</sup> reported that the culture determines nurses' relationships with patients. Also, Crawford, Stein-Parbury, and Dignam<sup>35</sup> suggested that nurses should learn how to manage their own emotions and feelings to provide care and to evaluate cultural differences.

Two nursing academicians in the study stated that the development of humanistic characteristics, such as value and empathy in nursing students, should enable them to be more sensitive to the psychosocial needs of patients. Similarly, humanistic values make it easier to identify and create principles and ideals in clinical practice.<sup>36</sup> The study by Petit dit Dariel<sup>37</sup> emphasized that the nursing curriculum should highlight the importance of each person's humanity and uniqueness. The nursing professional values are the physical and psychosocial care that the patient needs. The promotion of these professional values not only contributes to the healing of the patient but also develops the nurses in the clinic.<sup>38</sup> Percy and Richardson<sup>39</sup> also reported that what makes a good nurse should help to develop their communication and listening skills, empathic attitude, and compassion.

Three nursing academicians in the study stated that it was necessary to make some changes in the nursing curriculum to discuss psychosocial needs. The study by Donovan et al<sup>14</sup> emphasized that nursing and psychological courses should be integrated so that nursing students can master clinical nursing practices more effectively. In a similar study by Lee and Mills,<sup>11</sup> the correlation among medical diagnoses, nursing diagnoses, and the most commonly used nursing approaches were studied. Results indicated that psychosocial problems were not given the attention given to physiological problems, although they were acknowledged as important. They emphasized that patients' psychosocial problems and the relevant nursing diagnosis should be studied. The results of both studies were similar to ours and concluded that there were difficulties in establishing psychosocial nursing diagnoses.

After working as an educator, specialist clinic nurse, or manager in various areas of specialization, most nurses aim to achieve competence in their own chosen areas of expertise. Still, many nurses continue to find certain challenges in how to identify and address a patient's difficulties within the psychosocial sphere of patient healthcare. Nurses generally have firm opinions of how patients should react emotionally to their health and life circumstances. These unrealistic expectations can create genuine difficulties in providing optimal patient care and these factors affect the way nurses react to problems.<sup>1</sup>

#### 4.1 | Limitations

The current study was conducted at one nursing school at a university in Turkey. For this reason, it might not reflect the ability of all students or the views and opinions of academicians. It is

impossible to make a generalization for nursing education and nursing students in other schools and countries. Another limitation of the study is that it was conducted only with nursing students in their first and second years of nursing education, using care plan records designed for patients with chronic diseases.

## 5 | CONCLUSION

As each person is affected by many factors that include biological, psychological, social, and cultural components, the psychosocial care of patients must be given high priority and acknowledged to be an indispensable part of nursing practices. Although it is emphasized that identifying and evaluating psychosocial needs were important, this study has concluded that patients' psychosocial needs, particularly during hospitalization, were not being adequately addressed by nursing students still in training. Therefore, based on our own as well as other studies, it is clear that changes need to be made to rectify this deficit. In order for nursing students to be fully prepared as future professional nurses, psychosocial nursing courses need to be integrated into the present nursing curriculums. Implementation of this change would require the cooperation and coordination of the responsible state and local agencies. The goal of putting more emphasis on patients' psychosocial attributes would provide tangible benefits to both nurses and patients in their care. Furthermore, it is highly likely that more attention to patients' psychosocial health may improve their overall health outcome.

## 6 | NURSING IMPLICATIONS

Nursing education consists of theory and practice. In light of the results of this study, it is important to remember the role model effects of clinic nurses. To increase the motivation for acting as positive role models to nursing students, this can facilitate the learning process of each student to include physiological and a psychosocial focus in their nursing care through discussions and evaluation with their mentors and instructors that include both of those goals. Evaluating the differences between students' 1st and last years of school as related to psychosocial needs identification is suggested. This will further develop the results of the study and investigate the relationship between individual differences, such as listening and empathy skills, beliefs and attitudes of students, and the identification of patients with psychosocial needs.

## CONFLICT OF INTERESTS

The authors declare that there are no conflicts of interest.

## ORCID

Sevinç Mersin  <http://orcid.org/0000-0001-8130-6017>

Emine Öksüz  <http://orcid.org/0000-0001-6970-7408>

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