

**TITLE**

**An Exploration of the Relevance of Counselling in the Management  
of Non Communicable Diseases in a Selected Hospital in Lusaka  
District, in Zambia.**

**BY**

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**A Research Dissertation Submitted to the University of Zambia IN  
Collaboration with Zimbabwe Open University as Partial  
Fulfillment for the Requirements for the Award of a Degree of  
Master of Science in counseling.**

**UNZA-ZOU**

**C2020**

## DECLARATION

I Mwangala Nyirenda hereby declare that this dissertation is a representation of my own work. It is original work done by me and has not been published or submitted elsewhere for the requirements of the award of a degree of Master of Science in Counseling. Any literature, date, cited, within this thesis done by others has been given due acknowledgement and listed in references.

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## **CERTIFICATE OF APPROVAL**

This dissertation of An Exploration of the Relevance of Counselling in the Management of Non Communicable Diseases in a Selected Hospital in Lusaka District, in Zambia has been approved as partial fulfillment of the requirement of the award of the Degree of Master of Science in Counselling by the University of Zambia in collaboration with Zimbabwe Open University.

### EXAMINERS

Signed \_\_\_\_\_ Date \_\_\_\_\_

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## **DEDICATION**

I wish to dedicate this work to my beloved Creator for having provided me with provision to pursue this Masters programme, I realize it is a miracle that I have come thus far. To my beloved family, my husband and wonderful sons, for the support and encouragement, they gave me during my studies.

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## ABSTRACT

NCD (Non Communicable diseases) are a global concern and described by the World Health Organization (WHO) as a major killer causing over 35 million deaths globally. Zambia is no exception, as MOH reports that Zambia is currently experiencing a high burden of NCD's as well. Change is at the cornerstone of NCD management, as its emergence is due to the change in life style habits. Change however is not an easy task for many. This the study explored how relevant counselling is in the management of NCD's. Counselling being on helping profession that assists people reach their self-determined goals, such as embracing a new lifestyle resulting in a reduced incidence of NCD's which is a desired outcome and prevent the development of NCD complications. A qualitative study of the relevance of counseling in NCD management was conducted, using an exploratory qualitative study design. Critical purposive sampling technique, a qualitative data tool was utilized to identify the sample size. Data was collected using in depth interviews with NCD patient (n-20) and healthcare workers (n-10). Data was managed and coded accordingly and analyzed thematically. Overall counselling was viewed as important by both NCD patients and healthcare workers in the management of NCD's. This was influenced by the countless benefits that counselling offered to the NCD patients and the Health care system. The results further revealed the lack of behavioral counselling offered to NCD. It also revealed how polarized the health system was towards HIV care. Furthermore, the overwhelming desire for counselling to be made available for NCD patients and was also revealed. The relevance of counselling in the management of NCD's was widely accepted as important and that it had a lot of benefits to offer NCD patients. Key to relevance of counselling in the management of NCD's was its ability to offer numerous benefits to NCD patients. The future adoption of counselling in NCD management should be considered as an additional tool that could strengthen the already existing framework in the management of NCD's.

## CHAPTER ONE: INTRODUCTION

### 1.0 OVERVIEW

This chapter covered the background of the study, statement of the problem, purpose of the study, objectives, research questions, significance of the study, delimitation, limitations, theoretical framework, definitions of operation terms and concluded with a summary.

### 1.1 BACKGROUND OF THE STUDY

Non communicable diseases (NCDs) is defined by the Global Alliance for Chronic Diseases as a chronic disease that is not passed from person to person. They are of long duration and generally slow progression. Chronic conditions such as NCDs are characterized by the following; they do not result from an acute infection process, they are not communicable, they cause premature morbidity, dysfunction and reduced quality of life, they develop and progress over long periods and once manifested, there is usually a protracted period of impaired health. Types of NCDs include type2 diabetes, chronic respiratory diseases, cardiovascular disease (i.e. coronary heart disease, stroke) and certain cancers.

According to Rahman (2017), non-communicable diseases emerged from a high rate of industrialization and with it changes in behavior and lifestyle patterns, i.e. changes in people's working patterns, eating patterns, physical activity and rest or sleep. This resulted in a large number of sedentary workers and so non-communicable diseases emerged. To further augment this fact, research states that a number of NCDs share one or more predisposing risk factors, all related to lifestyle to some degree. Arena (2015)

The World Health Organization (WHO) states that, NCDs kill 41 million people every year. Prevention is important and investing in better management of NCDs is critical. Currently management of NCDs includes detecting, screening and treating these diseases and providing palliative care for people in need.

The Global Action Plan for the prevention and control of NCDs 2013 – 2020, states that NCDs mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes are the major cause of death worldwide. More than 36million die annually from NCDs accounting for 63% of global death. In Zambia, the Ministry of Health under the Zambian Strategic Plan 2013 – 2016, NCDs and their risk factors, states that Zambia is currently experiencing a high burden of NCDs

with significant consequences on morbidity and mortality. The research findings in this document further states that the burden of NCDs are associated with lifestyles such as unhealthy diets, physical inactivity, alcohol and substance abuse. The main goal of the strategic plan is to reduce mortality caused by NCDs in Zambia by 25% by 2025 and is in line with the WHO Global NCD Action Plan 2013 – 2020. The Action Plan follows on commitments made by heads of state and governments in the United Nations Political Declaration on prevention and control of NCDs. It recognizes the primary role and responsibility of governments in responding to the challenge of NCDs and the important role of international co-operation to support national efforts. Further research reveals that the International Federation of the Red Cross's (IFRC), response to this global pandemic is to improve NCDs prevention, detection and treatment through cross-sector co-operation. IFRC, recognize that their strength lies in tackling the underlying social, behavioral and environmental factors that determine good health, bringing about the required changes in behavior and attitudes that will reduce the risks of NCDs. Under the Zambian Strategic Plan 2013 – 2020 Non Communicable Diseases, one of the key strategies put in place to attain the goal of reducing mortality caused by NCDs in Zambia by 25% include to scale up prevention of NCDs, through promotion of behavior change and systems strengthening at all levels of care. This is in line with WHO, that has set a number of global targets such as reduction of salt intake, reduction of tobacco use and reduction of physical inactivity as a means to combat the high incidence of NCDs.

Change is a prominent feature in the key strategies in the prevention and management of NCDs. However, change is not an easy task. Behavioral change can be accomplished in some but not all individuals. Studies such as ones conducted by Kelly and Barker (2016) demonstrate that change in acute medical conditions is normally possible but short lived. The study reveals that the incidence of NCDs are expected to rise i.e. type two diabetes will rise from 36million to 52 million and 17 million from cardiovascular disease in 2008 to 23 million by 2030. This clearly shows that strategies being employed are not effective to prevent NCDs. A more integrated approach is required to not only initiate but sustain behavioral change and hence produce a substantial reduction in NCD incidence and improved management. Currently, the Zambian strategic plan 2013 – 2016 on NCDs and their risk factors employs the promotion of behavior change and systems at all levels of care. Zambia has in the last couple of years experienced an increase of NCDs. Mutale (2018) reveals that cases of hypertension seen in the outpatient

departments, increased by 39% for all ages. The Cancer Diseases Hospital (CDH) also recorded an increase in cases from 1282 in 2010 to 3021 by 2014. All exhibiting an increase of over 50%, further augmenting the fact that current strategies being employed are ineffective.

Change has to be sustained over a long period of time to have meaningful results i.e. reduce the high incidence of NCDs, improve management and prevent the development of NCD complications. There is a helping profession that called counseling whose major agenda is to empower people reach their self-determined goals. Counseling is a process in which clients learn how to make decisions and formulate new ways of behaving, feeling and thinking. Counsellors focus on the goals their clients wish to achieve, while clients explore their present levels of functioning and changes that must be made to achieve personal objectives. The research further states that counseling involves both choice change, evolving through distinct stages such as exploration, goal setting and action. (Brammer, 1993; Egan1990, Samuel, 1995). Additionally, Ndhlovu (2015) defines counseling as designed to help people understand and clarify their views. It enables people to learn how to reach their self-determined goals through meaningful, well-informed choices and through the resolution of emotional or interpersonal problems. An ideal helping profession for people who find change an impossible task. Counseling can assist people reach their self-determined goals such as embracing a new lifestyle that may lead to a reduced incidence of NCDs and prevent the development of disease complications. Counseling has numerous benefits for its users.

The International Journal of Psychology and Counseling, recognizes the significant role and contributions of counseling in remedial and preventive areas. Medical settings have always been promoted by counseling, where counseling has proved it's exertions through vital contributions in primary care to deal with various issues and problems towards patient perception, diagnosis, treatment and care. The health awareness, prevention and developmental issues are also covered by counseling in medical care. The contributions of counseling to medical care are vast. A typical example is where counselling has been employed in a number of countries to curb this surge is South Africa, brief behavioral counselling has been integrated into routine healthcare and has shown to be effective in helping patients modify risk behaviors for NCDs, improve self-management of chronic conditions as well as produce clinically meaningful improvements in biological outcomes. Capacitating healthcare providers to effectively assist patients in lifestyle

modification and self-management, has been recognized by the South African Department of Health as an important strategic objective in its stated intention to “re-orientate” the primary health care system to prevent NCDs more effectively and improve the quality of care for chronic conditions. Murphy, Mash, Malan (2016). Moreover WHO, recommends approaches to manage NCDs and prevent their complications that recommends patients receive lifestyle counselling and follow up with or without medications according to their level of risk factors? This is an approach is provided under the WHO Package of Essential Non-communicable total risk approach. It has been viewed as one of the most cost-effective interventions for addressing non-communicable diseases, as it encompasses drug therapy and counselling. <https://www.who.int>>management. According to Amanullah (2018). An ideal illustration can be cited in the way counselling has been employed by an intervention called HEARTS. Counselling in the HEARTS intervention is used as a preventive tool. Counselling is employed under HEARTS technical package for CVD management. This healthy lifestyle module provides tools for counselling and self-care. HEARTS recognizes the fact that, health information simply handed out are often not successful in promoting healthy behaviors. Interactive methods such as face to face counselling have been shown to be more effective in patient engagement and better health outcomes. This is according to the Non-communicable Disease Education Manual.

It is against this background that the researcher sought to explore the relevance of counseling in the management of Non Communicable Diseases (NCDs) in Lusaka.

## 1.2 STATEMENT OF THE PROBLEM

The increasing burden of NCDs globally is on the rise and Zambia is no exception. This surge in NCDs needs to be addressed and studies reveal the underutilization of NCD prevention via health education, which is defined as planned learning experiences that encompasses counseling and behavior modification. However, it is not known how relevant counselling is to the management of NCDs, in Zambia.

#### 1.4 PURPOSE OF THE STUDY

The main purpose of the study was to explore the relevance of counseling in the management of Non Communicable Diseases (NCDs) in a selected hospital within Lusaka District, Zambia.

#### 1.5 OBJECTIVES

1. To explore the relevance of counseling in the management of Non Communicable Diseases.
2. Establish benefits that counselling could provide to NCD patients.
3. Ascertain the types of counselling offered to NCD patients.
4. To establish the necessity for the inclusion of counselling in the management of NCDs.

#### 1.6 RESEARCH QUESTIONS

1. How relevant is counseling in the management of Non Communicable Diseases?
2. What benefits does counseling provide to NCD patients?
3. What types of counselling is offered to NCD patients?
4. How can counselling be included in the management of NCDs?

#### 1.7 SIGNIFICANCE OF THE STUDY

The study sought to explore the relevance of counseling in the management of NCDs in Lusaka Zambia. The findings of the study will be useful to health workers, policy makers, counselors and the general public as well.

The study will contribute to the existing body of knowledge on the prevention and management of NCDs and how the incidence levels can be reduced. The results gathered can be used as reference material for future studies. It is hoped that the study results will enlighten policy makers on the need for a multifaceted approach that will incorporate the relevance counseling has in initiating and sustaining factor for behavioral change and its ability to reinforce positive behavior resulting in desirable health outcomes.

#### 1.8 LIMITATIONS OF THE STUDY

##### 1. Access

Gaining access to respondents proved challenging as respondents were not willing to participate in the study. Cultural perspectives came into play, as some respondents were not be able to appreciate the educational value behind conducting such a research.

## 2. Covid -19 Pandemic

This pandemic posed a challenge in so many ways. As researchers, we were restricted in the manner in which we were able to interact with participants and obtain data. Furthermore, the pandemic posed a health risk to both researcher and participant, further posing a constraint on the part of the researcher.

Regardless of the above cited limitations of the study, findings of the results may still be generalized

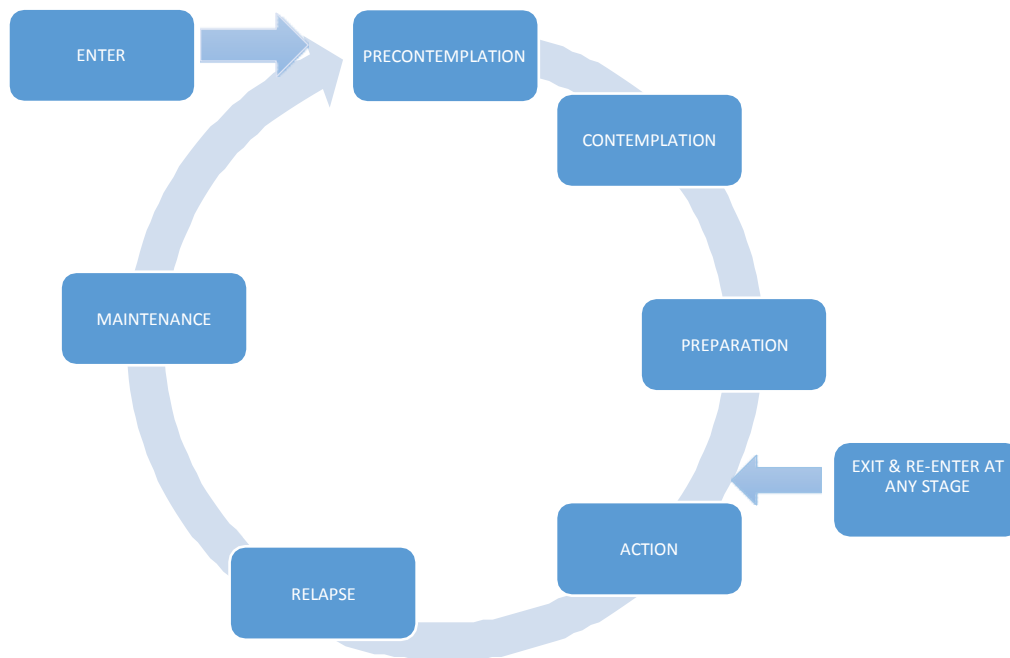
### DELIMITATIONS OF THE STUDY

1. The study confined itself to conducting in-depth interviews to NCD patients and to healthcare providers, with regards to the relevance of counselling in the management of NCDs, at a selected Hospital located within Lusaka District of Zambia.

## 1.9 THEORETICAL FRAMEWORK

Research has shown that behavioral change is vital for the prevention and management of NCDs. however, change is not an easy task and statistics reveal that non-adherence to medication regimens and prescribed behaviors is widespread and have been reported to be as high as 50-80%. Ross A (2015).

The Transtheoretical model (TTM) of change theory was applied to explore the relevance of counselling in the management of NCDs. According to Prochaska and Diclemente (1970), the TTM of change operates on the assumption that people do not change behaviors quickly and decisively. Rather change in behavior especially habitual behavior occurs continuously through a cyclical process. As illustrated below. <https://sphweb.bumc.bu.edu>



During any health visit, counselling can be offered to all patients. Henceforth, every primary health center or any health facility ought to have a counsellor. The TTM of change, offers counsellors the ability to identify the stages at which each patient is in during their process of change. This information is empowering because, the counsellor will be able to offer the relevant and effective help needed to initiate, enhance and sustain behavior change in the patient. As illustrated in the diagram above, there are six stages of change and a counsellor’s role may change at every stage. For instance:

In stage one: Pre-contemplation.

This is where the client is either unaware of their need to change or is in denial and is unwilling to change their habitual behavior that pose a risk to their health. This is very common in hypertensive patients who are advised to change their recreational activities like alcohol consumption.

During this stage the counsellor’s role is to create awareness in the client for the need to change.

In stage two: Contemplation.

The client is now thinking about change and is seriously considering making changes. The counselor's role here is to offer active listening, provide empathy and information that could reinforce the client's decision to want to change.

In stage three: Preparation.

At this stage, the client has the necessary information regarding their need to change and is interested in initiating change.

Counselor's role, provide empathy, encourage the client to explore different options that they could take to obtain their goals. Additionally, the counselor here also assists the client set realistic and achievable goals for themselves.

In all the above three stages, the counsellor using their different skills is able to create awareness in the client and initiate change.

Stage four: Action

At this stage the client has made a decision after having explored his/her options and has begun to make small changes towards his/her goals.

The counselor's role here is to provide support, empathy and positive reinforcement. This maintains the client's desire to make changes to their lives.

Stage five: Relapse

A very common occurrence during habitual change. When this happens a client can feel demoralized and discouraged. This can affect their progress negatively, as some clients may decide change is an impossible task to achieve.

The counselor's role is to provide emotional support and empathy. This allows the counselor to be able to engage the client into getting back on the track with the process of change.

Stage six: Maintenance

This describes the stage where the client actively practices the desirable behavior for at least six months. The client is achieving most of the set goals.

The counselor's role during the maintenance stage is provide emotional support, positive affirmation for targets met and discuss the need for relapse prevention. Active listening is key as the counselor through this skill is able to detect possible triggers or stimuli that could trigger relapse.

Stages four through to six establish how counselors can assist a client sustain a desired behavioral change and hence reduce NCD incidence and its management. According to Marcus et al (1996), most individuals will go through several attempts to change their behavior before they meet their goals and move to the next stage.

This theory clearly illustrated that the process of change was more complex than most people realized. TTM provided clear insight on the different stages of change that people go through therefore furnished us with vital information that can be utilized by both counselors and interventionists. For instance well trained counselors dealing with patients tasked with lifestyle modification, employ certain counseling skills at different stages of the change process that will either initiate change or sustain it or re-initiate the change process all over again. As for the interventionists or policy makers, TTM provides necessary information that equips them with information that change is a complex process and that when training counselors that will provide counseling to NCD patients, this fact has to be taken into account. Additionally, the training has to be underpinned by this theory, so as to enable counselors have the ability to identify the different stages of change and pinpoint which stage their client is in, at any particular time. Such tailored training will provide effective counselors who will in turn deliver desired results, which is to assist in behavioral change resulting in a higher prevention rate of NCDs and improved management of NCDs

## 1.10 OPERATIONAL DEFINITION OF TERMS

Behavioral Change – refers to any transformation or modification of human behavior. It may also refer to a broad range of activities and approaches which focus on an individual, commonly and environmental influences on behavior.

Cardiovascular disease (CVD) – also called heart disease. It is a condition that includes diseased blood vessels, structural problems and blood clots. Most common cardiovascular diseases include coronary heart disease, hypertension and cardiac arrest.

Cancer- a disease in which abnormal cells divide uncontrollably and destroy body tissue. Common types of cancer include breast cancer, prostate cancer and leukemia etc.

Counseling – a helping profession designed to assist people understand and clarify their views and learn how to reach their self-determined goals, through meaningful well informed choices and through the resolution of emotional or interpersonal problems.

Diabetes Type 2- a chronic condition that affects the way the body processes blood sugar (glucose). In type 2, the body either doesn't produce enough insulin or it resists it.

IFRC – International Federation of Red Cross, a worldwide humanitarian Organization providing assistance without discrimination as to nationality, race, religious beliefs or class.

Lifestyle – refers to someone's way of living, the things that a person or particular group of people usually do. It encompasses a person's interests, opinions, behaviors and behavioral orientations or an individual or group's culture.

Management – a process of planning, organizing and controlling things or people. It is the act of the way something (in this case NCDs) are handled, treated and controlled.

Policy makers – defined as a group of people involved in making policies that when implemented, determine a course of action by an organization or government.

Prevention – refers to the act of stopping something from happening, for instance, the World Health Organization is committed to the prevention of NCDs.

NCDs – Non Communicable Diseases also known as chronic disease are health conditions not passed from person to person. They are of long duration and generally slow progression. Causative factors that predispose individuals to developing NCDs include non-modifiable ones such as genetics and modifiable ones such as a sedentary lifestyle, poor eating habits and poor sleep patterns.

WHO- World Health Organization, a branch of the United Nations, whose primary role is the governance of global health and disease.

#### 1.11 CHAPTER SUMMARY

Chapter one provided an introduction to the study. It has discoursed the background of the study, statement of the problem, purpose of the study and objectives.

Furthermore, research questions are identified, followed by significance, limitations, delimitations, and theoretical framework frameworks. This chapter resolved with definition of operational terms and a summary.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0.CHAPTER OVERVIEW**

This section reviewed literature pertinent to the relevance of counselling in the management of NCDs in a selected hospital located in Lusaka District of Zambia. The literature reviewed will be discussed under the following captions; exploring the relevance of counseling in management of NCDs, benefits counseling provides to NCD patients, ascertain types of counseling provided to NCD patients and establish the need for the inclusion of counselling in the management of NCDs.

#### **2.1. Explore the relevance of counselling in the management of NCDs.**

According to a study by Ranjani , Mohan, (2009), the management of NCDs like diabetes or hypertension, lifestyle (non-drug) measures are of paramount importance for therapy to be successful. These non-drug measures include regular physical activity (exercise), healthy diet, stress management, avoidance of tobacco products, moderation in alcohol intake and most importantly increased awareness of their condition. Unless compliance to non-drug measures is ensured, management of NCDs would be extremely difficult. A study surveyed family practitioners working in the UK revealed that though most of them were aware of the benefits of non-drug measures, they seldom spent time assessing patient's physical activity, diet and stress levels or even educating the patient about the same. This has led to the inclusion of nutritionists, dieticians, exercise and yoga therapists, psychologists and counselors in the healthcare team to treat NCDs like diabetes and hypertension.

A study conducted by Bor, and McCann (1999) reveal that counseling sessions helps patients express their feelings about loss of abilities, roles and self-esteem. Furthermore the counselor or doctor can assist them in knowing terminologies and or coping with problems, gaps or other changes the patients are bound to face.

Corney, (1997), undertook a study that discloses the fact that over the years, the major contributions of counseling has been documented as such in supporting patients, motivation for adherence towards treatment, continuation and positive lifestyle. Number of behavioral risk factors has come into account to care as a threat to health including smoking, diet, and lack of exercise and drug abuse. Thus individual or group counseling or both would be a significant

addition to medical intervention.

The International Journal of Psychology and Counseling, recognizes the significant role and contributions of counseling in remedial and preventive areas. Medical settings have always been promoted by counseling, where counseling has proved its exertions through vital contributions in primary care to deal with various issues and problems towards patient perception, diagnosis, treatment and care. The health awareness, prevention and developmental issues are also covered by counseling in medical care. The contributions of counseling to medical care are vast.

Bor and Allen ,(2007) expose the fact that various issues and problems in medical settings are dealt with through counseling such as post-traumatic stress, coping and adjustment, pain management, pre and post-operative stress, HIV disease, adjustment to coronary heart disease, substance misuse, renal disease, treatment non-compliance, infertility, anxiety, helping sick children and their families.

## 2.2 Establish the benefits that counseling provides to NCD patients.

Research studies reveal major challenges faced by the participants were reducing the salt intake, walking daily, reducing sugar intake, reducing oily food, reducing substance abuse, eating adequate vegetables and fruits. Many participants mentioned that food prepared by family members are not complying with the advice given by health care workers. Since they are dependent on family members for their food, they are forced to eat the food which is not less salt and oil. Therefore the focus should be on educating the patient and their care takers about the importance of reducing risk factors of NCDs and its benefits. If we don't address the risk factors the patients will develop complications earlier and the objective of preventing NCDs complications will not be achieved. The study further revealed that the reasons for the challenges included, lack of awareness, no family support, no motivation for healthy lifestyle and a lack of time for physical activity.

Walseth, Abildness & Schei ., (2011) conducted a study on patient's experiences with lifestyle counselling in general practice. The study revealed that patients wanted the dialogue to help doctor and patient establish a common understanding of the medical situation and of the patient's everyday life. They perceived this as help to adjust the advice to their particular situation. They wanted the general practitioner to share medical knowledge, explore how things work in everyday life, to search for the reasons why things do not work as planned, and to contribute in reflections towards adjustments of the advice. The patients considered lifestyle changes to be

hard work, and acknowledged the need for care. They wanted the general practitioner to express appreciation when things went well and understanding, consolation and encouragement when results were less successful. The patients emphasized the need for time and repeated consultations. They stated that a tight time schedule creates superficial general advice of no use. They further emphasized that a tight time schedule is a barrier to talking about themes touching upon vulnerable spots in their lives. Patients perceived counseling from a person with a dual role (i.e. general practitioner and counselor) as more deeply motivating than general public information and advice from relatives and friends. Such counseling helped them realize the relevance and seriousness on a more concrete, individual level. When a general practitioner holding this dual role, showed concern and took time to listen and counsel the patient, they felt an obligation to heed the advice. Obligations here refers to the personal responsibility for an agreement, the commitment to a professional who involves him/herself and respect for authorities. Patients further stated that a good doctor-patient relationship created a situation where the patients tolerated counseling better and creates a foundation where lifestyle counseling is apprehended as care and respect and contributes to motivation and commitment to agreements. Such relationships created a platform where reasons for behavior should be explored, advice adjusted to everyday life and emotions acknowledged.

A study by Cohen, Talia, Crabtree & Young, (2205) revealed themes regarding implementation of health behavior change. Health behavior change resources are esthetically received by practices and patients and when given a choice, patients prefer methods of assistance that involve personal contact. The data analysed suggested that many patients want someone to talk with when undertaking a health behavior change and when given options patients chose intervention approaches that facilitate interaction with a counselor or coach rather than those that are self-guided.

### 2.3. Ascertain the types of counseling provided to NCD patients

A journal article by Schlaff, (2013), reveals that behavioral counseling is a generally accepted component of primary care medicine. With the growing burden of behaviorally mediated chronic diseases on population health and medical care costs, it seems increasingly important that physicians counsel their patients on such behaviors, as good diet, exercise, safe sex and avoidance of tobacco, excessive alcohol and illicit drugs. While physicians have recognized the

strong connection between behavior and health, they have not wholeheartedly embraced the practice of behavioral counseling, nor have patients demanded it. The article further stated that counseling is one form of intervention and that counseling services are intended for the entire population or a specific age and gender group. Counseling can also be aimed at high risk groups. The article also unravels the fact that there was no evidence that behavioral counseling by physicians produced significant and lasting changes in behavior sufficient to change outcomes at population level. The article went on to reveal that in some cases there exists evidence that short term behavior change occurs in at least a small percentage of patients counseled. Evidence however is lacking that the percentage so affected and the magnitude and duration of change that resulted from counseling were sufficient enough to have significant impact on disease burden.

The International Federation of the Red Cross's (IFRC), response to this global pandemic is to improve NCDs prevention, detection and treatment through cross-sector co-operation. IFRC, recognize that their strength lies in tackling the underlying social, behavioral and environmental factors that determine good health, bringing about the required changes in behavior and attitudes that will reduce the risks of NCDs.

The WHO recommended approaches and tools to manage NCDs and prevent complications. One particular approach is the WHO Package of Essential Non-communicable (PEN). This is a total cardiovascular risk approach is used to prevent and manage cardiovascular disease in a cost effective intervention available to prevent heart attack and stroke. Under this intervention, the person will receive lifestyle counseling and follow up with or without medications according to their level of risk factors. It is viewed as one of the cost effective interventions for addressing NCDs that encompasses drug therapy and counseling.

According to Murphy, Mash & Malan, (2016). Behavioral change counseling for the prevention of NCDs and improvement of self-management of chronic conditions, has been integrated into routine healthcare and has shown to be effective in helping patients modify risk behavior for NCDs, improve self-management of chronic conditions, as well as produce clinically meaningful improvements in biological outcomes. Capacitating healthcare providers to effectively assist patients in lifestyle modifications and self-management has been recognized by the South African Department of Health as an important strategic objective in its intention to 're-orientate' the primary health care system to prevent NCDs more effectively and improve the quality of care for chronic conditions.

#### 2.4. Establish the need for the inclusion of counselling in the management of NCDs.

According to the Estonian Centre for health education and promotion, the doctor-educator, the present day context, patients' rights constitute an important aspect of everyday hospital practice. The patient's rights constitute the following; the right to be informed about one's health, the right to be educated and counseled in managing a chronic disease and coping with everyday life. It is important to note that patient education is defined as "a planned learning experience that employs a combination of methods such as teaching, counseling and behavior modification techniques. The sole purpose is to improve patient's knowledge and hence influence health and illness behavior.

A study conducted by Mukanu, Zulu & Mweemba, et al(2017), to study how health facilities are responding to NCDs in Zambia. What this study revealed was that the current government's policy was in response to international strategies from World Health Organization (WHO), evidence of increasing burden of NCDs and pressure from interest groups. The study revealed that the strategic plan underutilized the potential of preventing NCDs through health education.

The 2017 STEPS Survey Report indicate that there is critical need to create awareness on NCD prevalence and risk factors in Zambia. Appropriate communication strategies are required to reach all levels of society from the households, communities, civic leadership and all stakeholders. On NCD risk factors, specific recommendations were made, which included behavioral lifestyle changes like; salt reduction, quitting tobacco usage, increase physical activity, increase fruit and vegetable intake and reduce fat intake in diet. Promotion of behavior change through communication and mass media is currently being done and the STEPS survey reported that information and counseling are important tools in promoting healthy lifestyles in the population. The report further stated that health workers are especially well placed to provide correct and trust worthy information regarding healthy lifestyle that can prevent the development of common NCDs like diabetes and hypertension. In the context of the STEPS survey, counseling was defined as receiving advice from a doctor or other health workers to quit risky behaviors. One of the general recommendations was that the health system needs to be reshaped in order to better deal with NCDs. An integrated approach is required so that every contact with the health system becomes an opportunity to detect and tackle NCDs or send preventive messages. For this to be achieved, more health workers need and more retraining emphasizing

NCD prevention and care should be provided. This also means procurement of basic equipment i.e. Blood pressure monitors, glucometers and weighing scales.

Mutale, Bosomprah, Shankalala , Mweemba, Chilengi & Kapambwe, etal (2018), conducted a study that assessed the facility readiness to manage NCDs in primary healthcare settings. The assessment was done along five domains based on the WHPPEN tool in Zambia. The study revealed that a cross sectional facility survey in three districts conducted from September 2017 to October 2017, revealed poor performance across domains, including services that did not require equipment such as patient and family counseling. Yet the same facilities were providing counseling services to HIV patients and their families. This shows how the current health system has been shifted toward HIV care, completely ignoring other diseases that are prevalent such as NCDs.

According to Parker, Steyn & Lewitt (2012), a majority of patients attending primary health care facilities want to receive lifestyle modification education. There is not however one specific method that can be regarded as the gold standard. Patient preference regarding health education methods differ and they are more likely to be receptive to methods that do not involve much reading. Health education materials such as posters, pamphlets and booklets should be used to supplement information received during counseling or support group sessions.

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, reveals that counselling newly diagnosed patients has numerous benefits. The real challenge with a newly diagnosed patient is explaining disease management and motivating the patient to adhere to long term treatment. Counseling assists patients accept the diagnosis, equips the patient with how it can be managed, initiate and maintain lifestyle modification, develop a positive and proactive approach to managing the disease and enable open communication between patient and family.

## KNOWLEDGE GAP

Despite awareness of counseling being available, there exists limited literature on the relevance of counselling in the management of NCDs in Zambia. There are few in-depth qualitative studies that plunge into the relevance of counselling in the management of NCDs. However there is an abundance of literature pertaining to its underutilization and studies that deliberate on NCD

policy frameworks and their effectiveness. Sub-Saharan Africa is experiencing an epidemiological transition as the burden of NCDs overtake communicable diseases. Therefore, additional means of how to combat this surge in NCDs needs to be explored.

## SUMMARY

This chapter presented a critical review of the existing literature on the relevance of counseling in the medical setting, with an emphasis on its relevance in NCD management. The chapter reviewed literature on the benefits counseling provided to NCD patients. A critical assessment of types of counseling provided to NCD patients was undertaken and closing with the review of existing literature on the need to establish its inclusion of counselling in the management of NCDs.

## **CHAPTER THREE: METHODOLOGY**

### **3.0. CHAPTER OVERVIEW**

This chapter discussed the research design, target population, sample size and sampling procedures. Additionally data collection methods, data processing and analysis were also discussed.

### **3.1. RESEARCH DESIGN**

This study employed an exploratory study design to understand the NCD patients and health workers' perceptions on how relevant counselling is, in their pursuit of trying manage their various NCD conditions. It was a suitable design, because the aim of the study was to explore the relevance of counselling in the management of NCDs. Qualitative studies provide information about the “human” side of an issue, this includes beliefs, perceptions or opinions ([www.uwc.ac.za](http://www.uwc.ac.za))

### **3.2. POPULATION**

The population of the study comprised of NCD patients and professional health personnel (i.e. counsellors, physicians, pharmacists and nurses), from the study site that was a hospital located within Lusaka District of Zambia. The inclusion criteria employed was based on demographic characteristics (age >35 years of age and male or female gender), clinical characteristics (diagnosis of a non-communicable disease) for the NCD participants. This was of particular importance because it helped ensure that the individuals who participated were able to provide the necessary information to address the research questions ([www.statisticssolutions.com](http://www.statisticssolutions.com))

### **3.3. SAMPLE SIZE**

The study had two samples. Total sample size consisted of 30 participants comprised of both men and women, divided into the following subgroups. 20 NCD patients aged between 35 to 62 years of age, ailing from different forms of NCD conditions. The second study population consisted of 10 healthcare workers (composed of 4 counsellors, 2 medical practitioners, 2 pharmacists and 2 nurses).

### 3.4 Socio – Demographic Profile of NCD participants.

Table 3.4.1

Characteristics	Number	Percentage
Age Range	Total N= 20	%
40-45	1	5%
45-50	3	15%
55-60	13	65%
>60	3	15%
Gender		
Male	12	60%
Female	8	40%
Type of NCD		
Diabetes	8	40%
Hypertension	7	35%
Gout	5	25%

A total of 20 participants (as shown in table 3.4.1), participated in this study. Participant type were Non communicable Disease patients who were interviewed at the study site. Table 3.4.1, displays the characteristics and the percentage of participants that took part in the study. In terms of age, 65% were within the age range of 55-60 years old and in accordance to gender, 60% were male and the most prevalent NCD was diabetes, it afflicted 40% of the participants.

Socio – Demographic Profile of Healthcare Workers.

Table 3.4.2

Characteristics	N(Total=10)	%
Sex		
Male	6	60%
Female	4	40%
Health Profession		
Medical Doctor	2	20%
Counsellor	4	40%
Nurse	2	20%
Pharmacist	2	20%
Marital status		
Married	3	30%
Single	7	70%
Formal Counselling Training		
Yes	4	40%
No	6	60%

A total of 10 participants (as shown in table 3.4.2), participated in this study. Participant type were healthcare workers who were interviewed at the study site. Table 3.4.2, displays the characteristics and the percentage of participants that took part in the study. In terms of gender, 60% were male and 40% were female. The health profession distribution was as follows; 20% were medical practitioners, 40% were counsellors, 20% were nurses and 20% were pharmacists. In accordance to formal training in counseling, 60% of the participants had no formal counselling training while 40% had formal counselling training.

### SAMPLING TECHNIQUE

The sampling technique employed to come up with the selected 30 participants was critical case sampling, a type of purposive sampling. Critical case sampling enabled the researcher to access a particular subset of people. This sampling technique was ideal because the researcher needed to target a particular group of people believed to be reliable for the study and discover the participants' perceptions on the relevance of counseling in NCD management. In this case, NCD patients and health cadres were the most ideal population to obtain information relevant for the study ([www.dissertation.laerd.com](http://www.dissertation.laerd.com))

NCD patients experience and live with their various conditions, while healthcare cadres are the frontline workers who design the various treatment plans for their NCD patients.

### 3.4. DATA COLLECTION INSTRUMENTS

The method of data collection was interview guide.

#### 3.4.1. In-depth interviews with NCD patients and healthcare workers.

The data collection instruments of choice was interview guide. In depth interviews provide the best source of primary data, as open ended questions provided participants the opportunity to give impartial answers about their beliefs or perspectives about the phenomenon being researched. In depth interviews were time consuming and costly but they were suitable for our current environmental and cultural scenario. Accessing was challenging. The introductory letter for research helped gain access to potential participants. The healthcare staff were able to grant us access to the internal medicine clinic where most NCD patients are attended. The information

sheet was a helpful tool because it clearly spelt out the details of the study, which helped clients understand the necessity of participating in the study. Gaining access to participants via email or telephone is difficult because accessing email addresses and telephone or mobile numbers is a painstaking and daunting task. Furthermore, due to covid-19, a one on one interview lasting not more than 20 minutes was ideal. All public health guidelines of adhering to social distancing, masking up and hand washing or sanitizing were observed. In-depth Interviews were preferred due to the participants were NCD patients making them a high risk group for covid-19. Interview guides were developed that assisted the researcher focus and organize their work and thought process.

Interviews ended with participants giving their opinions and perceptions on the relevance of counseling in the management of NCDs.

### 3.5. DATA COLLECTION PROCEDURES

Approval will be sought from the UNZA-ZOU Ethics Committee. The study site was a Hospital located within Lusaka District of Zambia.

### 3.6. Data Analysis

Data analysis began as soon as data collection commenced. The data analysis method employed was thematic data analysis. Thematic data analysis is defined as the process of identifying patterns or themes within qualitative data with a goal to use these themes to address the phenomenon being studied. Braun & Clarke (2006).

The researcher identified common themes in the NCD patients and health care workers regarding their perceptions the relevance of counselling in the management of their conditions. Here we look for word repetitions made by the respondents because words are salient in the minds of the respondents and they have associative linkages. (D'Andrade 1991: 294).

The researcher coded the participants to ensure accurate interpretation, analysis and tracking. NCD patients and healthcare workers were coded in order of interview sequence. For instance NCD patients were coded NCD1, NCD2, and NCD3 and healthcare workers were coded HC1, HC2 and HC3 respectively.

### 3.7. ETHICAL CONSIDERATION

The researcher attempted to ensure the creation of trustworthy relationship with the participants by upholding professionalism, demonstrating competency regarding herself as a learner and the participants as experts in the area of research. Furthermore the researcher ensured all this was conducted in a conducive environment, records of the in depth interviews were coded, names and addresses of respondents were kept anonymous and confidentiality was ensured. All records of the in depth interviews were kept safe and away from public view. Vanclay, Baines & Taylor (2013).

### 3.8. SUMMARY

This chapter offered an in-depth description of the methodology employed during research of the relevance of counselling in NCD management. The chapter gave a thorough description of the research design used, population, sample size, sampling technique used to obtain the target group, data collection tools, data analysis and concluding with ethical consideration

## CHAPTER FOUR: PRESENTATION OF FINDINGS

### 4.0. Chapter Overview.

In this chapter, findings from the in-depth interviews were presented. This chapter began with the description of the participants' perceptions on the relevance of counselling in the management of NCDs and concluded with a presentation of emerging themes and their subthemes.

### 4.1. Relevance of counselling to the management of NCDs.

4.1.1 The researcher sought to explore the relevance that counselling contributes to the management of NCDs in Lusaka district. It was evident from the study that the NCD participants viewed counselling as important in the management of NCDs. In support of the above response, NCD patients narrated how counselling would assist with the following issues; one NCD patient (NCD 2) said, counselling would help him deal with the stigma attached to being diabetic. NCD 2 said, *“People will label you as being a “sugar” patient. It is a problem especially when I attend functions as food for diabetic patients is not readily available. You are perceived as difficult to cater for especially at family gatherings like funerals or weddings.”*

Additionally, 8 participants expressed how they thought counselling would help them gain a deeper understanding of how to cope with their condition. NCD 7 narrated that, *“it would help out in giving a deeper understanding, as well as help people come to terms with their condition.”*

Overcome anxiety, as mentioned by NCD16, who said that, *“once I had been diagnosed, the first thing that came to mind was death. I feel counselling would help me come to terms with my predicament”.*

The emerging theme was that NCD patients perceived counselling as relevant in their quest of managing their various NCD conditions.

4.1.2. The second target population consisting of healthcare workers were interviewed, to explore the relevance of counselling in the management of NCDs. Table 4.3 displays the emerging themes and subthemes.

Table 4.3

Main Theme	Sub Theme
Important	Reinforce lifestyle modification Enables behavioral change follow up possible. Improves NCD management.
Mental Wellness	Enables positive perceptions Alleviates mental neurological disorders. Improves patient’s ability to cope with their NCDs.
Healthcare system	Lowers healthcare system costs Reduces patient load on clinicians Has preventive and remedial benefits to NCD patients.

#### 4.1.1. Important.

The theme describes how healthcare workers viewed counselling as valuable and important in the management of NCDs. To support this response, six healthcare workers (HC2, HC3, HC7, HC8, HC10) described how counselling has the potential to reinforce lifestyle modifications. A medical practitioner mentioned, *“That counseling is important because it has the potential to reinforce the need for lifestyle modifications and make it’s follow up a reality”*.

#### 4.1.2. Mental wellness.

The theme describes how healthcare workers perceive how valuable counselling is to the maintenance of mental wellbeing. Affirming this response, a participant HC4, said, *“That most NCD patients will develop a mental disorder like depression or anxiety, because the NCD patient will keep questioning themselves, why and how?”*

#### 4.1.3. Healthcare system.

The theme highlights how healthcare workers view the role that counselling performs and results in lowered healthcare system costs, a reduction in patient hospital time and reduced NCD complications

#### 4.2. Benefits counseling provides to NCD patients.

The second research question pursued to establish the benefits counselling provided to NCD patients. 17 NCD patients out of the 20, acknowledged that counselling had numerous benefits from boosting their self-esteem. Most NCD participants narrated how difficult it was for them to modify their lifestyles. NCD12 said that, *“when tasked with lifestyle modifications such as salt reduction or reduced alcohol consumption, I found it very challenging. I feel that counselling could assist me overcome these challenges as well as the bad feelings that I feel.”*

However, NCD8, NCD11 and NCD 12 said that, *“counselling had no benefits to offer, as they were of the view that personal attitude was all that one required coupled with the right medication to manage their respective conditions”*.

Healthcare workers recognized that counselling had various benefits to offer, ranging from reduced costs on healthcare system and the NCD patients, reduced in-patient numbers and reduced healthcare workload. This response was confirmed by the response by HC5 who said that, “counselling would assist NCD patients quicken the healing process, improve prognosis and reinforce the necessity of lifestyle behavioral change.

The emerging theme was that both the NCD patient and healthcare workers acknowledged that counselling had numerous benefits to offer, namely mental wellbeing, the healthcare system and ultimately on the NCD patients.

These findings provided evidence to draw up a finding that both NCD patients and healthcare workers recognize that counseling has benefits to offer NCD patients.

### 4.3. Types of counselling offered to NCD patients

The third question attempted to ascertain the types of counseling available for NCD patients. The responses obtained from the participants were as follows. 14 of the NCD participants revealed that they had received health education mostly from their medical practitioner upon their diagnosis. These findings are confirmed by participant NCD12 who said that, *“I was not aware that there were different types of counselling.”*

As for the healthcare participants, the responses were as follows, HC3, HC4, HC5 and HC7, were knowledgeable of the existence of different types of counselling. As HC3 responded as having said the, *“there are different types of approaches to counselling and confrontational counselling, enables patients reflect on their decisions concerning their health issues, especially when there is non-adherence to therapy.”*

6 of the healthcare participants confessed their lack of knowledge in regards to the availability of specialized counselling that could assist in behavioral modification. The majority of the healthcare participants termed counselling as being one, which most collectively termed as *“general counselling.”* Participant HC1 said *“there’s just one, general counselling.”* The emerging themes were identified as general counselling and specialized counselling, as depicted in table 4.3 below.

Main Theme	Subthemes
General counselling	Tips on lifestyle modification was given to help modify risky behaviors. I was given a list of dos and don’ts to better manage my condition.
Specialized counselling	Behavioral change counselling Disease management helps to change one’s perceptives from negativity to a positive one. Helps provide assurance and enables adherence to therapy.

The types of counselling provided were health education, given upon diagnosis, specialized behavioral change counselling was not offered to any NCD patients, nor was it available to NCD patients.

#### 4.4. Necessity of including counselling in management of NCDs.

The last research question, endeavored to explore why counseling ought to be included in the management of NCDs. In response to this research question, the NCD participants were of the view that, they would prefer that counselling be made available at their healthcare facility. Affirming this response, NCD1 said that, *“I would prefer that counselling services be made available at the healthcare facility as opposed to the community, to limit misconception.”* NCD3 narrated that, *“I would prefer that counselling is made available at community level, because some people do not manage to move, when the NCD disease is extreme.”* NCD2 said that, *“I prefer that counselling be made available at both community and healthcare facility level. By doing so, even those who are not aware of their conditions may be prompted to seek medical checkups.”*

The emerging theme from the NCD participants’ responses was that 14 of the participants were of the view that they preferred that counselling be included in the management of NCDs, either at health facility level or at community level.

As for the responses from the healthcare workers, the following feedbacks were gathered. Most of the healthcare participants were of the view that counselling be included in the management of NCDs. HC2 said that, *“I feel that it would change how patients manage their lifestyle, by reinforcing the do’s and don’ts, help NCD patients understand why they are modifying their lifestyles and result in reduced NCD bed space occupancy and turnover.”*

Table 4.4.1 below depicts the emerging themes and subthemes.

Main Theme	Sub Theme
Preference	Healthcare Facility Community Level At both healthcare facility and community level.
Benefits	Lowers NCD bed space occupancy Reinforces behavioral change lifestyle Reduced NCD complications.

Relevance	Prompts medical checkups Promotes positivity.
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It was evident that from the findings obtained, NCD and healthcare participants, both desired that counselling be made available to NCD patients, as part of its management.

4.5. Chapter Summary.

The fourth chapter, gave a detailed description of findings obtained from having conducted in-depth interviews. The socio-demographic profiles of both NCD and healthcare worker participants were presented. The participants' responses and their perceptions were presented and the chapter ended with presentation of themes and the indication of the participants' views.

## **CHAPTER FIVE: DISCUSSIONS**

### 5.0. Chapter Overview.

Chapter five took us through the discussion of findings of the research regarding the perceptions of counselling in the management of counselling in selected hospital within Lusaka District.

### 5.1. Relevance of counselling to management of NCDs.

The study revealed that counselling was perceived as relevant and valuable to the management of NCDs by both NCD patients and healthcare workers who participated in the study. This meant that participants were aware of the relevance of counselling in accordance with their conditions. This is congruent with a study conducted by Ranjani & Mohan, (2009). Their study revealed that the management of NCDs like diabetes or hypertension, lifestyle (non-drug) measures are of paramount importance for therapy to be successful. These non-drug measures include regular physical activity (exercise), healthy diet, stress management, avoidance of tobacco products, moderation in alcohol intake and most importantly increased awareness of their condition. Unless compliance to non-drug measures is ensured, management of NCDs would be extremely difficult. The study surveyed family practitioners working in the UK revealed that though most of them were aware of the benefits of non-drug measures, they seldom spent time assessing patient's physical activity, diet and stress levels or even educating the patient about the same. This meant that lifestyle modification follow up was rarely done resulting in compromised therapy outcomes. This exposes the fact that counselling has relevance in the management of NCDs.

### 5.2. Benefit counselling provides to NCD patients.

The study revealed that counselling had numerous benefits for NCD patients and the healthcare system as a whole. The study uncovered that benefits ranged from mental wellbeing, to improved managing of the NCD condition, to reduced healthcare costs for both the patient and the healthcare system. This positively aligns the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, reveals that counselling newly diagnosed patients has numerous benefits. The real challenge with a newly diagnosed patient is explaining disease management and motivating the patient to adhere to long term treatment. Counseling assists patients accept the diagnosis, equips the patient with how it can be managed, initiate and

maintain lifestyle modification, develop a positive and proactive approach to managing the disease and enable open communication between patient and family.

Counselling is a beneficial due its ability to functions both as a preventive and remedial tool. A study by Corney (1997), states that counselling has been documented as having the ability to support and motivate patients for adherence to treatment, initiation and continuation positive lifestyle, thus acting as a preventive and remedial tool in NCD management and so improving its management by preventing or delaying the development of NCD related complications.

### 5.3 Types of counselling available to NCD patients.

Study finding reveal that the type of counselling NCD patients receive is health education mostly given upon diagnosis. Taking into consideration that behavioral change is cardinal to NCD therapy success, the one on one health education given by medical practitioners was deemed insufficient. These findings resonate with a study conducted by Walseth, Abildness & Schei, (2011) on patient's experiences with lifestyle counselling in general practice. The study revealed that patients wanted the dialogue to help doctor and patient establish a common understanding of the medical situation and of the patient's everyday life. They perceived this as help to adjust the advice to their particular situation. They wanted the general practitioner to share medical knowledge, explore how things work in everyday life, to search for the reasons why things do not work as planned, and to contribute in reflections towards adjustments of the advice. The patients considered lifestyle changes to be hard work, and acknowledged the need for care. They wanted the general practitioner to express appreciation when things went well and understanding, consolation and encouragement when results were less successful. The patients emphasized the need for time and repeated consultations. They stated that a tight time schedule creates superficial general advice of no use. This is particularly true with the uneven doctor-patient ratio in most countries globally including Zambia. This registers with the study findings that patients are given health education, comprising of a list of dos' and don'ts by their healthcare provider. They further emphasized that a tight time schedule is a barrier to talking about themes touching upon vulnerable spots in their lives.

The types of counselling provided were health education, given upon diagnosis, specialized behavioral change counselling was not offered to any NCD patients. Most counselling services provided at the study site was focused towards HIV care. Resonating with a study conducted by

Mutale, Bosomprah, Shankalala, Mweemba, Chilengi, & Kapambwe, etal (2018) that assessed the facility readiness to manage NCDs in primary healthcare settings. The assessment was done and revealed poor performance. This shows how the current health system has been shifted toward HIV care, completely ignoring other diseases that are prevalent such as NCDs. This is why counselling service been stigmatized and could explain the negative perception counselling has within the community. This polarization towards HIV care, creates the perception that NCD patients do not require much counselling and this causes neglect in this area. Contributing to treatment failure. WHO (2018) reports that mental neurological disorders (MNDs) such as depression or anxiety co-occur with most NCDs further augmenting the need for counselling in NCD patients.

#### 5.4 Necessity of including counselling in the management of NCDs.

Findings of the study indicates that a majority of NCD participants and healthcare workers both were of the view that counselling be part of the routine healthcare services. These findings completely supports the WHO 2018 report which states that, mental neurological disorders (MNDs) such as depression or anxiety co-occur with most NCDs further augmenting the need for counselling in NCD patients. In such cases, counselling plays a preventive role in that it helps alleviate MNDs that can act as precursors of NCDs. It acts as a remedial tool when used to prevent MNDs from contributing to the development of an NCD. Additionally the WHO recommends the integration of NCDs and mental health services into primary care. This is because NCDs like heart diseases have higher risk of developing depression and the prevalence of depression among people with heart disease is up to three times higher than in the general population. A combination of a mental disorder and an NCD reduce the chances of patient survival. This supports the need for counselling to be included into the management of NCDs.

The lack of awareness in regards to the availability of specialized counselling such as behavioral change counselling, asserts the findings from a study by Mukanu, Zulu & Mweemba ,etal (2017), on how health facilities are responding to NCDs in Zambia. The study revealed that the strategic plan underutilized the potential of preventing NCDs through health education. The lack of awareness by healthcare workers on the lack of specialized counselling contributes to the underutilization of counselling by the policy makers and the healthcare workers. Counselling has

the potential to initiate, sustain and promote mental well-being, which is known to underpin physical health.

Counselling has relevance to NCD management and has numerous benefits to offer NCD patients, hence the need to integrate it into NCD management. A typical example is where counselling has been employed in a number of countries to curb this surge is South Africa, brief behavioral counselling has been integrated into routine healthcare and has shown to be effective in helping patients modify risk behaviors for NCDs, improve self-management of chronic conditions as well as produce clinically meaningful improvements in biological outcomes. Murphy, Mash, Malan (2016). The study confirms that counselling can be integrated into routine healthcare and have meaningful effects on the patients' clinical outcomes.

#### CHAPTER SUMMARY

The fifth chapter, gave a comprehensive account of the discussion of findings obtained after data analysis. The findings were linked to existing literature

## **CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS**

### 6.1. Overview.

The chapter gave an account of the conclusions and recommendations made based on the findings of the study.

### 6.2 Conclusion

The study explored the perceptions NCD patients and healthcare workers had on the relevance of counselling in Lusaka District. Relevance in this study was defined as meaning “important to the matter at hand”, in this study, important to counselling in NCD management.

The study established that, counselling was relevant to the management of NCDs. This relevance is supported by the benefits it provides to NCD patients and the healthcare system. The benefits that counselling provides range from enhancing mental wellbeing to improved patient clinical outcomes, reduced hospital NCD bed occupancy and reduced medical care costs for both the patients and the healthcare system.

### 6.3 Recommendations

In the mission to reduce the surge in NCD cases in Zambia, there is need to:

- Improve strategic plans that govern the treatment guidelines of NCDs.
- Integration of counselling to enhance mental wellbeing of NCD patients is necessary.
- Additionally, sensitization needs to be done within the medical setting to create awareness amongst different stakeholders, on the relevance of counselling in NCD management.
- Counsellors providing counselling to NCD patients requires to be underpinned by the Transtheoretical model of change theory.

#### 6.4 Future Research

Based on the findings revealed in this study, there are areas which require to be explored. For instance this study was carried out in a hospital located in the District of Lusaka which is in the urban setting. It is therefore suggested that a replication of the study be done in other districts.

Additionally, carry out a study on the relevance of counselling especially with the emergence of Covid 19 and how NCDs as underlying conditions make people more vulnerable. Exploring how other innovative strategies could curb the emergence of NCDs.

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**APPENDICES**

**APPENDIX I: CONSENT FORM**

**THE UNIVERSITY OF ZAMBIA IN COLLABORATION WITH ZIMBABWE OPEN  
UNIVERSITY POST GRADUATE PROGRAMME**

**CONSENT FORM**

Your participation is purely voluntary, and you may withdraw at any time. Whether you agree to participate or refuse to do so, your treatment will not be affected in any way. You will remain anonymous in the study.

If you agree to participate, please sign the consent form at the bottom of this letter.

Thank you for your time.

Mwangala Nyirenda

I have read and understood the information and agree to participate in this study. I have had the method of maintaining my anonymity explained to me. I am assured that my identity will not be disclosed during the study or when the study is completed. All my concerns have been addressed to my satisfaction.

Signed informant \_\_\_\_\_ Date \_\_\_\_\_

Signed Researcher \_\_\_\_\_ Date \_\_\_\_\_

## **APPENDIX II: INFORMATION SHEET**

### **THE UNIVERSITY OF ZAMBIA IN COLLABORATION WITH ZIMBABWE OPEN UNIVERSITY POST GRADUATE PROGRAMME**

#### **INFORMATION SHEET FOR PARTICIPANTS.**

**Research Title: An Exploration of the Relevance of Counselling in the Management of Non Communicable Diseases in a Selected Hospital in Lusaka District, in Zambia.**

#### **What is the study about?**

My Names are Mwangala Nyirenda, a second year post graduate student at the above named University carrying out research titled “An exploration of the relevance counseling in the management of NCDs”. I am inviting you to participate in this study because you are either an NCD patient or a healthcare provider. This discussion will take approximately 30minutes in which questions will be asked to obtain information relevant to the study.

#### **Would any participation be kept confidential?**

Confidentiality means the researcher will strive to keep your identity confidential. Additionally the information obtained is purely for academic purposes. Therefore, your identity will be anonymous in reporting the results of the study. Please, do not write your names or any form of identification on the questionnaire provided.

#### **What are the benefits of this research?**

There are no direct benefits associated with participating in these individual interviews, but there may be indirect benefits for your community. The information gathered may help policy makers formulate frameworks that may improve the current policies that govern NCD care interventions.

#### **Questions.**

This research is being conducted by Mwangala Nyirenda, a second postgraduate student at the University of Zambia in collaboration with Zimbabwe Open University. Any questions about the research study, please contact Mwangala Nyirenda, +26 0968086627.

**THE UNIVERSITY OF ZAMBIA IN COLLABORATION WITH ZIMBABWE OPEN  
UNIVERSITY POSTGRADUATE PROGRAMME**

**APPENDIX III: INTERVIEW GUIDE FOR NCD PATIENTS**

**PART A**

**Participant details.**

Date Activity is conducted.....

Code for participant.....

Gender (circle one):    female                    Male

Age Range (in years).....

**Introduction.**

Ask: which language participants are most comfortable using?

**ADMINISTER INFORMED CONSENT FORMS.**

**Introduction of the Participant**

1. Kindly tell me about yourself.
2. Which NCD do you currently suffer from?
3. How long have you been an NCD patient?

**PART B: Explore the relevance of counseling in the management of NCDs.**

1. What do you know about counselling?
2. How important is counseling to you? Explain your response
3. In your own opinion, how do you think counseling can assist you manage your NCD condition? Probe....
4. After having been diagnosed an NCD patient, have you ever sought counselling as a means that can assist you manage and deal with challenges that you face as an NCD patient? Probe...

**PART C: Establish benefits counselling provides to NCD patients**

5. Having been diagnosed with an NCD, would you prefer that you have access to more counselling from your healthcare facility? How beneficial would you consider counselling is to you as an NCD patient? Explain
6. Lifestyle modification is a major part of managing NCDs. How easy has it been for you to implement these changes?
7. Would counseling be beneficial to you, especially when tasked to implement lifestyle behavioral changes?

**PART D: Ascertain the types of counselling provided to NCD patients.**

8. What type of counseling has been provided to you as an NCD patient?
9. Have you ever sought counselling to assist you cope with the challenges you encounter when managing your condition? Probe....

**PART E: Establish the need for the inclusion of counselling in the management of NCDs.**

10. Do you as an NCD patient think that there is enough sensitization on the usefulness of counselling? Probe.
11. How often do feel discouraged or dismayed concerning your health situation, how do you overcome these episodes if at all? Explain your response.
12. As an NCD patient, would you prefer counsellors are available to counsel you in various issues related to your health condition?
13. In your opinion, would you prefer that counselling services are made available at the health facility or within the community? Probe.

## **APPENDIX IV: INTERVIEW GUIDE FOR HEALTHCARE WORKERS**

### **PART A**

#### **Participant details.**

Date Activity is conducted.....

Code for participant.....

Gender (circle one):    female                      Male

Age Range (in years).....

Marital Status.....

#### **Introduction.**

Ask: which language participants are most comfortable using?

### **ADMINISTER INFORMED CONSENT FORMS.**

#### **Introduction of the Participant**

1. Kindly tell me about yourself.
2. What health profession are you?
3. How long have you worked at this health facility?
4. Do you have any formal training in counseling?

### **PART B: Explore the relevance of counselling in the management of NCDs**

1. What do you think counselling involves?
2. How important do you consider counseling is for NCD patients? Explain your response.
3. In your own opinion, how do you think counseling can assist NCD patients manage NCDs?

### **PART C: Establish benefits counselling provides to NCD patients.**

1. In your own opinion, how easy is it for NCD patients to modify their lifestyle habits?

2. How would counseling be of help to NCD patients who have been tasked with implementing lifestyle modifications? Explain your response.

**PART D: Ascertain the types of counselling provided to NCD patients.**

1. Do you have any formal training in counselling?
2. How many types of counseling are you familiar with?
3. Do you have a counselling department, which provides counselling services to patients at this facility? Explain your response....
4. What types of counseling is currently being provided to NCD patients at this facility?

**PART E: To establish the need for the inclusion of counselling in management of NCDs**

1. As a healthcare provider, do you think the present healthcare system is adequate for NCD management? Explain your response
2. Would you suggest the inclusion of counseling services be provided to all NCD patients, as part of the routine healthcare services your health facility? Probe.

