

The Need of Support and Guidance Among Hospitalized Patients

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ABSTRACT: Background: Hospitalization is a common and stressful experience that often leads to emotional distress, including anxiety and uncertainty, highlighting the need for comprehensive psychological support. It can negatively affect patients' well-being and their ability to cope with illness, underscoring the importance of addressing patients' emotional and psychosocial needs. Objective: To explore the need of support and guidance among hospitalized patients and associated factors. Methods: In the present cross-sectional study, 121 hospitalized patients were enrolled. Data collection was carried out by interview method, using the scale "Needs of hospitalized patients with coronary artery disease scale", which included patient characteristics. In the present study, the subscale "need for support and guidance" was explored. The level of statistical significance was set to $p < 0.05$. Results: Age ($p = 0.001$), marital status ($p = 0.001$), occupation ($p = 0.003$), the presence of comorbidity ($p = 0.001$), urinary catheter use ($p = 0.001$), previous hospitalization ($p = 0.001$), and uncertainty regarding care after discharge ($p = 0.001$), were found to be statistically significantly associated with need for support and guidance. Conclusion: Demographic and clinical characteristics are associated with the importance of support and guidance among hospitalized patients. In depth understanding of this need is expected to contribute to implementation of effective patient-centered care.

KEYWORDS: Hospitalized patients, patient needs and information, caregivers, support and guidance, nursing care.

Background

Hospitals focus on diagnosis, treatment, and rehabilitation while advances in technology have reduced hospital stays, with most surgeries now performed at one-day clinic and chronic diseases managed in outpatient settings.

However, demand for inpatient care remains high among patients with complex conditions that require intensive treatment and entail substantial health care expenditures.

This demand is reflected in national and international hospital utilization statistics.

For instance, the American Hospital Association reports that 5,564 hospitals in the United States admit approximately 33 million patients annually, with an average length of stay of 5.5 days [1].

Similarly, Eurostat data indicate that Greece had 418 hospital beds available per 100,000 inhabitants in 2019, highlighting the capacity considerations related to inpatient care provision [2].

Hospitalizations in Greece, for atrial fibrillation are associated with substantial costs, with an average of €488.22±170.34 per hospitalization, the majority of which (87.6%) is attributable to inpatient services [3].

Hospitalization may adversely affect patients' coping mechanisms and emotional well-being.

Provision of high-quality nursing care, particularly by addressing and fulfilling patients' physical, emotional, and informational needs, is essential to effective health care delivery [4].

A needs-oriented approach by healthcare staff is associated with greater adherence to treatment plans, improved health outcomes, reduced length of hospital stays, and decreased healthcare costs.

Failure to meet these needs is linked to longer stays and increased healthcare costs [5,6].

Objective

The objective was to explore the need of support and guidance among hospitalized patients and the associated factors.

Material and Methods

Design, Setting, and Period of the Study

This cross-sectional study involved 121 hospitalized patients of a public hospital in the prefecture of Attica, during the period January to June 2025.

A convenience sample was used.

Inclusion and Exclusion Criteria of the Sample

The inclusion criteria were the following:

a) age >18 years, b) ability to write, read and understand the Greek language and, c) hospital stay >2 days.

The exclusion criteria were the following:

a) patients with a history of mental illness and, b) patients with cognitive disorders and vision or hearing problems.

Data Collection and Procedure

Data collection was conducted by interview and lasted 15-20 minutes, in a private room in the hospital during afternoon hours.

Research Instrument

The questionnaire “Needs of hospitalized patients with coronary artery disease” was used for data collection, which included the characteristics of the hospitalized patients.

Patient Characteristics

The following characteristics of participants were collected: gender, age, place of residence, marital status, educational level, profession, ward, comorbidity, prior hospitalization, insertion of urinary catheter and/or intravenous catheter and self-reported uncertainty regarding care after hospital discharge.

Assessment of Patients' Needs

For the purpose of the present study, only the subscale “need for support and guidance” was employed.

Patients were asked to indicate how important they considered this need.

Each question was answered on a four-point Likert-type scale, ranging from “Not at all” to “Very much”.

The subscale of “need for support and guidance” has 9 questions/items with a range of score between 9-36.

Higher values indicate higher importance of this need, as it was evaluated by patients.

This scale was validated in Greek population of hospitalized patients having great internal consistency reliability (Cronbach's $\alpha=0.922$) [7].

Statistical Analysis

Categorical variables are presented as absolute and relative (%) frequencies, while quantitative variables are presented as mean, standard deviation (SD), median, and interquartile range (IQR).

Independent samples t-test and ANOVA or, alternatively, Kruskal-Wallis and Mann-Whitney tests were used to examine the association between need scores and patient characteristics, depending on whether normality assumptions were met or not, assessed by the Shapiro-Wilk test and graphically through histograms.

Multiple linear regression analysis was applied to estimate the effect of patient characteristics on need score.

Results are presented as regression coefficients (β) and 95% confidence intervals (CI).

A p-value of <5% was considered statistically significant. Statistical analyses were performed using SPSS software, version 28 (SPSS Inc., Chicago, IL, USA).

Results

Patients' characteristics are presented in Table 1.

Table 1. Description of the patients' sample.

Variables		n(%)		n (%)
Gender	Male	62(51.2%)	Comorbid condition	Yes
	Female	59(48.8%)		87 (71.9%)
Age	<40	26(21.5%)	No	34 (28.1%)
	41-50	13(10.7%)	Occupation	Unemployed
	51-60	12(9.9%)		13 (10.8%)
	61-70	23(19.0%)	Employee	49 (40.5%)
	>70	47(38.8%)	Retired	59 (48.8%)
Marital status	Married	60(49.6%)	Previous hospitalization	Yes
	Single	31(25.6%)		32 (26.4%)
	Divorced	8(6.6%)	No	89 (73.6%)
	Widowed	22(18.2%)	Uncertainty after discharge	Very
				24 (19.8%)
Place of residence	Urban	106(87.6%)	Fairly	34 (28.1%)
	Rural	15(12.7%)	Little	32 (26.4%)
Educational level	Primary	17(14.0%)	Not at all	31 (25.6%)
	Secondary	67(55.4%)	Urinary catheter	Yes
	Tertiary	37(30.6%)		43 (35.5%)
			No	78 (64.5%)
			Hospital Ward	Hematology
				8 (6.6%)
				Neurology
				7 (5.8%)
				Medical ward
				77 (63.6%)
				Surgical ward
				29 (24.0%)

The need for support and guidance shows a high mean value (Mean=32.6, SD=2.0) in relation to the range of the scale (9-36).

The median is 33 with a narrow IQR (31-34), indicating a concentration of values close to the upper limit and demonstrating that this need is perceived as particularly important by the majority of patients.

Associated Factors with the Need for Support and Guidance

A statistically significant association on the “need for support and guidance” was found for age ($p=0.001$), marital status ($p=0.001$), occupation ($p=0.003$), the presence of comorbidity ($p=0.001$), urinary catheter use ($p=0.001$), previous hospitalization ($p=0.001$), and uncertainty regarding care after discharge ($p=0.001$).

Specifically, higher scores were observed among patients aged >70 years (median 33) compared to patients aged <40 years (median 32) ($p=0.001$), signifying that people of this age group may feel that they are left out of the process of decision making and treated as passive recipients of care.

Divorced or widowed patients presented higher scores (median 34) compared to married (median 33) and single patients (median 32) ($p=0.001$), denoting that the former group may experience a lack of social support.

Regarding occupation, unemployed patients or those engaged in household duties reported a higher score (median 33) compared to employed patients (median 32) ($p=0.003$), a fact that could

be attributed to the lack of social recognition of unemployed people, coupled with feelings of distress or insecurity.

In addition, patients with a comorbid condition showed higher scores (median 33) compared to those without comorbidity (median 31) ($p=0.001$), as did patients with a urinary catheter (median 34) compared to those without a catheter (median 32) ($p=0.001$), since the patients falling into the first two categories may be burdened by more symptoms, and, also, the presence of a urinary catheter, further reduces their independence and may be a new condition they have never encountered in the past.

Higher need scores were also observed among patients with a history of previous hospitalization (median 34) compared to those without (median 32) ($p=0.001$), perhaps, because readmitted patients may recall previous undesirable experiences and are in need of reassurance and more detailed information concerning the progress of their illness.

Finally, the “need for support and guidance” increased significantly as uncertainty regarding care after discharge increased, with patients reporting high uncertainty presenting the highest scores (median 35) compared to those reporting no uncertainty at all (median 31) ($p=0.001$) (Figure 1), as one might expect, since the experience of high uncertainty prior to discharge could reflect a lack of knowledge or resources required for managing their condition post-discharge.

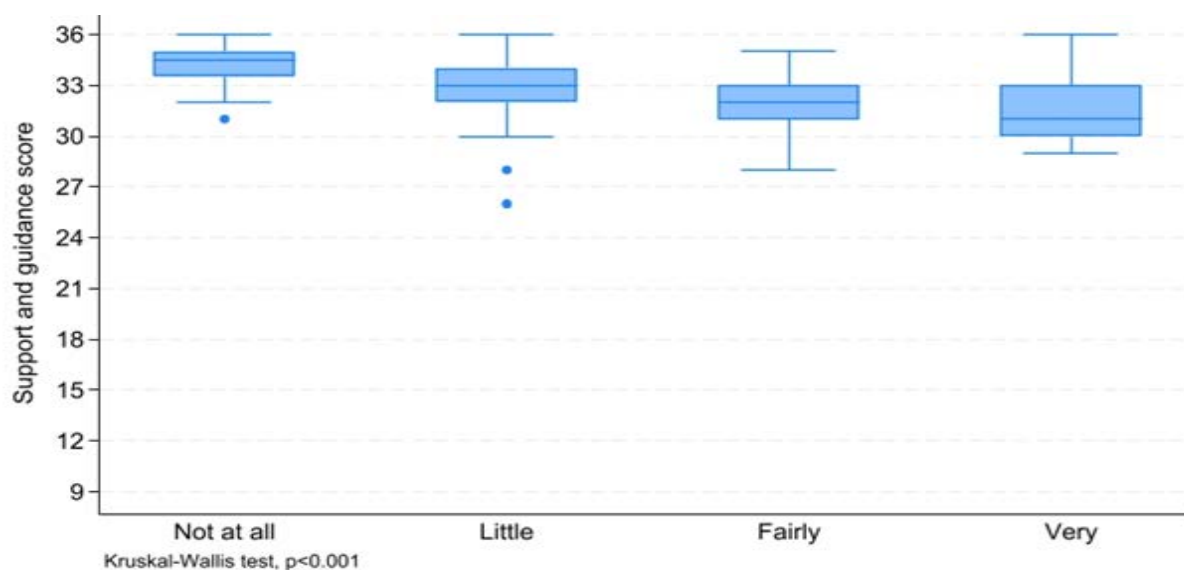


Figure 1. Box plot of Need for Support and Guidance by uncertainty after discharge.

Effect of Factors on Patients' Need for Support and Guidance

The multivariable linear regression model for the "need for support and guidance" identified statistically significant factors.

Specifically, marital status was associated with this need, as divorced or widowed patients presented on average a 0.85-point higher score compared with married patients ($\beta=0.85$, 95% CI: 0.07 to 1.63, $p=0.033$).

In addition, the presence of comorbidity was negatively associated with the score for the need for support and guidance.

Patients without comorbidity exhibited on average a 1.03-point lower score compared with those who had another disease ($\beta=-1.03$, 95% CI: -2.04 to -0.02, $p=0.045$).

Uncertainty regarding care after discharge emerged as a particularly important factor.

Compared with patients who reported high uncertainty (reference category), those who reported little uncertainty showed an average decrease of 1.61 points ($\beta=-1.61$, 95% CI: -2.62 to -0.60, $p=0.002$), while those who reported no uncertainty demonstrated an even greater reduction, by 1.85 points ($\beta=-1.85$, 95% CI: -3.00 to -0.71, $p=0.002$) (Figure 2).

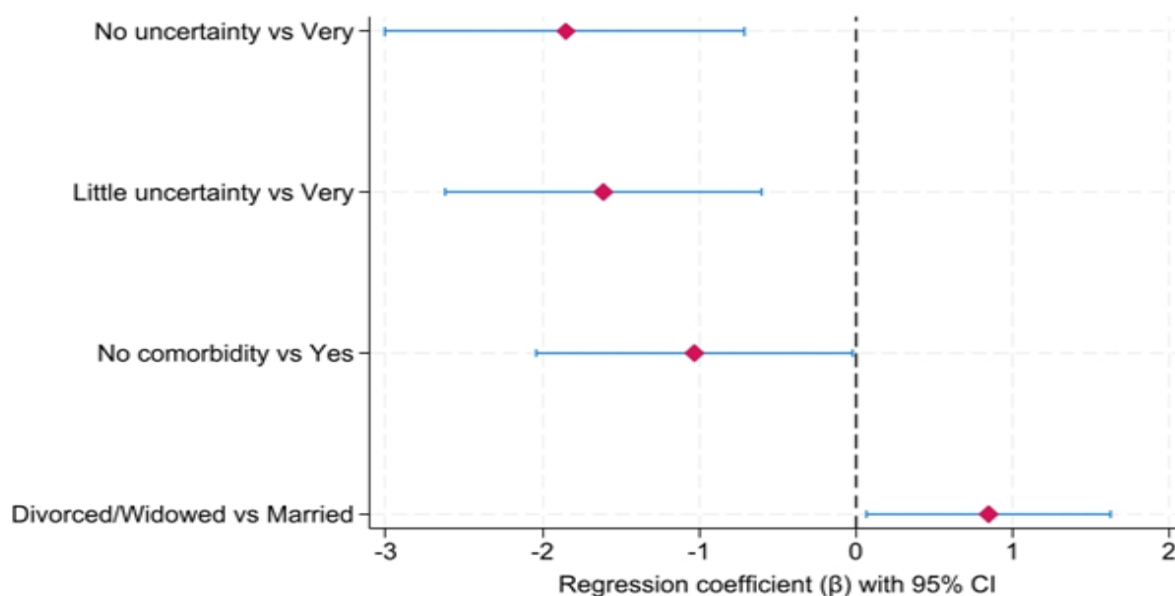


Figure 2. Forest plot of the multivariable regression coefficients.

Discussion

The results of the study showed that the "need for support and guidance" presents a high mean value ($M=32.6$, $SD=2.0$), demonstrating that patients consider it as very important.

Patient support is critical as admission (sudden, scheduled) and readmissions may trigger stress and require a supportive environment, from family and health professionals.

Positive support is associated with better therapeutic outcomes whereas poor support is strongly linked to adverse effect [8].

Hospitalized patients report receiving more emotional than informational support, while, the presence of a designated nurse and higher staffing levels are linked to better access to support.

Conversely, support availability declines as emergency admissions and overall clinical unit workload increase [9].

Patients older than 70 years evaluated the "need for support and guidance", as significant.

Possibly, this group of patients may face cognitive and functional decline, multiple comorbidities, which may limit their involvement in care.

Older individuals are often treated as passive care recipients, with decisions made by doctors and family, limiting autonomy [10].

Meeting their needs requires understanding of both their perspectives and their social, family and environmental context in which they live and interact [11].

Divorced or widowed participants also rated this need as important.

Divorced and single individuals may experience increased levels of depression,

anxiety, fear, low levels of self-esteem, and higher health care utilization than married ones.

Social support may reduce the need for professional care and motivate them to seek prompt medical attention through encouragement by friends and relatives [12].

Unemployed people or people who were engaged in household responsibilities reported a greater “need for support and guidance”.

Unemployed individuals may experience emotional distress as a result of financial insecurity.

Individuals engaged in household responsibilities often face increased demands resulting from the caregiving tasks they undertake, coupled with diminished social recognition attributable to the lack of formal employment role.

The exploration of patients’ profession can help clinicians identify risk factors, adapt post-discharge care, and plan return to work, which may reduce the negative consequences of long-term illness on patients’ physical and mental health and health care utilization.

Despite these benefits, profession assessment is not always satisfactory.

A study of 42 clinicians (cardiology, gynecology, oncology, orthopedics) showed variations across specialties in asking about patients’ profession.

Gynecologists (6/9, 67%) and oncologists (3/6, 50%) ask about the nature of patients’ professions “most of the time”/“always”, in contrast to orthopedics (12/12, 100%) and cardiologists (14/15, 93%).

Although 19/42 (45%) participants considered it important to ask patients about their occupation, only 10/42 (24%) “always” asked patients about their work [13].

Eriksson et al., argue that patients consider occupations to be important when they are in hospital in the last period of their life, while at the same time experience a sense of loss of role and lack of control [14].

Patients with urinary catheters evaluated the “need for support and guidance” as important, possibly due to complications such as infection, discomfort, and psychological burden.

Furthermore, many patients report discomfort related to inadequate restroom facilities and the need for assistance in emptying the urine collection bag.

In the study by Laan et al., approximately 20% of patients (n=82) were unaware of the reason for having a urinary or peripheral

intravenous catheter, and 10% reported pain upon catheter insertion [15].

In the current study, 35.5% had a urinary catheter, whereas all patients had a peripheral intravenous catheter.

Over 90,000 adults in the UK are estimated to live with a urinary catheter, and nearly one quarter may develop catheter-associated urinary tract infections, which can lead to increased mortality.

Nurses can support effective catheter care through education, knowledge, empowerment, and communication.

Moreover, consistent information, clear communication, and involving patients as partners in decision-making help build trust and empower patients to manage their catheter care safely, particularly in relation to hygiene practices and adequate fluid intake [16].

Also, participants with comorbidities and prior hospitalization evaluated this need as important.

Comorbidities affect length of stay, readmissions, and mortality, while, polypharmacy complicates care through adverse interactions, complex regimens, and financial strain.

Identifying comorbidities helps better resource allocation [17].

The healthcare system must undergo significant changes to better serve patients with multimorbidity by transforming its structure, processes, and culture toward a more patient-centered approach.

Medical education, currently focused on single diseases, is inadequate for preparing healthcare professionals to manage complex cases involving comorbidities [18].

Participants who declare uncertainty about post-discharge care evaluated this need as important.

During hospitalization, most patients desire to retain their autonomy and active involvement in their care process.

Nevertheless, hospitalized patients often experience limited autonomy and involvement while in hospital.

As a result, many are discharged insufficiently prepared for effective self-management.

The difficulties patients face following hospital admission generally fall into three domains: knowledge, resources, and self-efficacy [19,20].

Uncertainty is identified as a key area, encompassing three themes: interpreting

uncertainty, emotional responses to uncertainty, and approaches to managing uncertainty.

Similarly, intervention strategies focused on three themes: coordinating the patient care pathway within the healthcare system, providing relational support, and enhancing knowledge through clear and precise communication [21].

Limitations of the study

This study was cross-sectional in design, which did not allow for the establishment of causal relationships between the variables under investigation.

Another limitation was the use of convenience sampling, which limits the representativeness and, thereby, the generalizability of the findings.

Although the sample size was low, statistically significant associations were identified among the examined variables.

The interview method may have introduced bias, as participants' responses could have been influenced by the presence and demeanor of the interviewer, the phrasing of questions, and the interview context.

Furthermore, data collection was confined to a single public hospital in the Attica region, and the findings may reflect the characteristics of that specific setting or patient care protocols.

The potential influence of the environment may affect the generalizability of the results (center effect).

Finally, the discussion of findings may have been influenced by the selection of studies published only in English and Greek and by the electronic databases searched.

A more comprehensive interpretation of the results could have been achieved if patients' needs at discharge had also been explored.

Conclusion

The "need of support and guidance" was associated with age, marital status, occupation, comorbidity, urinary catheter use, previous hospitalization and uncertainty regarding care after discharge.

The patients' needs, values, emotions, expectations, and preferences are considered to guide clinical decisions.

Understanding this need is essential for healthcare professionals, alongside developing targeted support interventions.

Needs assessment may facilitate individualized care planning, strengthen patient-provider relationships and reveal gaps between patient needs and healthcare availability.

Acknowledgement

None to declare.

Author's contribution

Conceptualization and design, D.K., D.M., A.S., A.M., A.T., M.P.; acquisition of data, D.K., V.T., M.P.; analysis and interpretation, D.K., D.M., M.P.; resources, D.K., A.S., M.P.; writing-original draft preparation, D.K. and M.P.; writing-review and editing, all authors; supervision, M.P. All authors have read and agreed to the published version of the manuscript.

Funding

This research received no specific funding

Conflicts of interest

The authors declare no conflicts of interest.

Institutional Review Board

The study was approved by the Scientific Council of the General Hospital of Attica Prefecture, in accordance with the principles of the Medical Research Ethics Committee applied by the hospital and was carried out in accordance with the Declaration of Helsinki (1989) of the World Medical Association (Approval No.: 13789; Date: 27.12.2024).

Consent Statement

Patients took part in the study after providing written consent and being informed about the research objectives.

Participation was voluntary and anonymous. Data confidentiality and personal data protection policies were strictly observed.

Data availability

The data of the present study are available from the corresponding author upon reasonable request.

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