

The Psychologist Among Doctors: Evaluating The Role Of Psychotherapy As A Form Of Medicare In Nigeria

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Abstract: *The employment and functions of psychologists provide bio-psycho-social needs and services in the delivery of healthcare services, which leads to quick sicknesses cure and patient's recovery. This study investigates the level of integration of psychologists and their roles in healthcare delivery services in Nigeria. With the aid of Cross-sectional survey, structured questionnaire was used to generate data from a sample of 336 respondents drawn from a population of 2286 and 12 hospitals in Nigeria's six geo-political zones. The data generated was analyzed using tables, percentage, and SPSS tools. The results of analysis reveal non-engagement of professional Psychologists and the use of non-psychologists to manage counseling programs. It further reveal the prevalence of limited and ineffective counseling services; and minute coverage of required psychotherapy programs in the hospitals. It therefore recommends the introduction of a legislation that makes it compulsory for hospitals to employ professional psychotherapist as one of the primary conditions or requirement for licensing and registration. Secondly, the professional Association of Nigerian Psychologist should synergize with relevant authorities to enforce the law.*

Keywords: *Psychologist, Doctor, counseling, healthcare delivery, literacy, bio-psycho-social factors, behaviors modification.*

I. INTRODUCTION

Every society has its own method of preserving human health and prolonging life. However, encounter with civilization and modernization alters such methods. In Nigeria, the origin of modernized health care system is traceable to western encounter through missionary activities and subsequent colonization. In 1859, the missionaries established hospitals within their residential areas in Lagos, Abeokuta, and Calabar primarily to provide exclusive health care services to staff of the colonial administration and their families. Subsequently, they extended limited services to members of hosting communities as a means of delivering their messages and mitigating resistance against pro-western activities in those areas. Nevertheless, the structure, character, scope, and impact of healthcare system and services in Nigeria gradually evolved through deliberate welfare plans that started with the Ten-Year Development plan for Welfare (1946-1956), and subsequently modified through different health

policies and National Development Plans of 1970 – 1974, 1975-1980, 1981-1985, etc (Adeyemo, 2005; Attah, 1975). This transformation focused on the types, configuration, and quantity of drugs being administered, their instrument of administration, and the training/professionalization of medical staff.

Most of these policies and plans tend to address shortages of manpower, poor distribution/location of health care institution resulting to inadequate coverage and limited access, poor management of health facilities, observed imbalance between Curative, Rehabilitative and Preventive Health Services, establishment of regulatory institutions for healthcare services, and scarcity of drugs among other things (Adeyemo, 2005). This led to the establishment of three tiers of healthcare systems in Nigeria, namely: Basic/Primary healthcare, Secondary healthcare and Tertiary healthcare systems. The fundamental goal of the trio have being curative medical care, which is dominated by medical doctors, nurses, anesthesiologists, medical laboratory scientists who have

acquired the necessary skills to provide the needed expertise in the health sector who have acquired necessary skills to provide expertise services in the health sector, and concern for availability and quality of curative drugs.

However and similar to experiences in most of the technologically advanced countries, these efforts have, in spite of their reliability and level of modernization, failed to terminate the scourge of many diseases or sicknesses in Nigeria. Some scholars associated this to the exclusion of bio-psycho-social factors in the delivery of healthcare systems and services (Marmot Review, 2010). Thus, they pushed for the emergence of a systemic and collaborative approach to healthcare delivery, which integrates the services of behavioral professionals like psychologists, to advance healthcare reforms and delivery (Berwick, Feeley, and Loehrer, 2015; McDaniel & Fogarty, 2009). Consequently, the primary objective of this paper is to investigate the level of psychologists' integration and roles in the Nigerian healthcare reforms and delivery system. The paper seeks to provide answers to the following questions:

- ✓ Are psychologists substantially employed in Nigerian healthcare institutions?
- ✓ Has Nigerian healthcare institutions created substantial programs and platforms for psychotherapy?
- ✓ Are the roles of patients' counselors in Nigerian healthcare institutions synonymous with international best practices?

II. METHODOLOGY

RESEARCH DESIGN: This study adopted cross sectional survey method for quantitative data collection using structured questionnaire. The study area, which is Nigeria with a population of over 250 million people, consists of 36 States that are grouped administratively into six geopolitical zones. These zones are North-central, North-east, North-west, South-west, South-east, and South-south. This paper adopts the entire federal and state tertiary healthcare institutions located in the capital of each zone, that is, Abuja, Maiduguri, Kaduna, Enugu, Port-Harcourt, and Ibadan as areas of study. Each zonal capital has two of such hospital. The rationale behind their adoption is that they are public institutions established by edicts and funded through appropriation, and guided by international best practices' template.

SOURCES OF DATA: The research relied on primary and secondary sources for its data. For primary sources, structured questionnaire was used while in secondary sources; relevant and accessible publications on the topic of investigation such as textbooks, journals, unpublished materials, monographs, conference and workshop papers, and internet materials were consulted.

STUDY LOCATION: The study was carried out in the administrative offices and clinical units across the twelve federal and state healthcare institutions in the six zones.

POPULATION AND SAMPLE SIZE: A total of 2286 people comprising of medical personnel, para-medical staff, management staff, and patients found in the study location at the period of data gathering. Using Guilford and Flruchter

(1973) formula for determining sample size, which is $\frac{N}{1 + \mu^2 N}$

of $\alpha = 0.05$, a study sample of 340 respondents was adopted.

Inclusion criteria:

- ✓ Patients registered in the clinical unit.
- ✓ Either sex.
- ✓ Aged ≥ 18 years.
- ✓ Professionally registered and employed medical personnel.
- ✓ Workers employed by the institutions, posted to the study location, and present during field work.
- ✓ Demonstrated willingness to participate in the research.
- ✓ Exclusion criteria:
 - Mentally incapacitated patients with genetic disorders.
 - Unconscious patients.
 - Registered patients who were absent during field work.
 - Patients that could neither write nor speak.

VALIDITY OF INSTRUMENT OF DATA COLLECTION:

3 evaluators comprising of a psychologist, a medical doctors, and a hospital administrator from the Department of Psychology Nnamdi Azikiwe University and Amaku Teaching Hospital, Awka validated the instrument. Items in the questionnaire that failed to secure 80% acceptance by the evaluators were discarded.

RELIABILITY OF INSTRUMENT OF DATA COLLECTION: Test re-test method was adopted at the interval of weeks to administer 10 copies of the questionnaires to the same respondents in a setting similar to the main study areas at Chief Emeka Odumegwu Ojukwu University Teaching Hospital, Amaku – Awka in Anambra state. The two set of responses obtained were correlated using the Pearson Product Moment Correlation (r) and a co-efficient of reliability of 0.95 was obtained. This attests to the reliability of the instrument for data collection.

PROCEDURE METHODOLOGY: From each of these six state capitals, a multi-stage cluster random sampling technique was adopted to select 18 respondents from each hospital in each of the zone, leaving an outstanding total of 4 questionnaires. After obtaining a written informed consent, the structured questionnaire, which was divided into two sections to generate information concerning: [a] Socio-demographic variables such as age, gender, and education, and [b] Questions related to employment and responsibilities of psychologists was administered in 6weeks with the aid of research assistants and associates. Responses to the questions were organized on a five likert-like options format of Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree. The values of these responses or scoring pattern are as follow: Strongly Agree = 5 points; Agree = 4 points; Undecided = 3 points; Disagree = 2 points; Strongly Disagree = 1 point.

DATA ANALYSIS: In pursuit of the central tendencies, mean, and deviations in the data collected, tables, percentage formula, and SPSS version 20 (SPSS Inc., Chicago, IL) were used to analyze data. Decisions were taken based on the standard that mean difference is significant at > 0.05 .

III. DISCUSSION

The primary roles or functions of psychologist in healthcare delivery systems and services are to activate a form of reflection, which helps patients to understand and develop resilience around issues or conditions that cannot change, and to identify areas of positive changes and choices in such situation. These roles normally result in reduced stress and improved general health among patients. Therefore, the psychologist enables patients to reflect on their relationships with themselves and others, and how these relationships impact on their values, beliefs and behaviors (Karademas, 2009). This influences their motivation and health related behaviors in a manner that orchestrates quick recovery and prolonged life.

Therefore, the roles for psychologists are broad and wide-ranging in healthcare delivery services (Kaslow, Kapoor, Dunn, & Graves, 2015). They address behavioral issues affecting patient health care such as medication adherence and health literacy; provide direct clinical assessment (such as behavioral health assessment to address suicidality or other risks) and interventions as clinicians; provide several brief sessions to prepare patients for specialized care; collaborate with the patient and the care team in developing a treatment plan for self-management of chronic disease; provide help to patients with mild or acute behavioral health needs such as diabetes, tomophobia, chronic pain, coronary heart disease, anxiety, depression, and serious mental illness; evaluate and assess the psychological functioning of the patients; provide training, organize and implement research projects, serve as consultants to program developers, assessors, and team leads (Fisher & Dickinson, 2014; Nash et al., 2013; Pourat, Lavarreda, & Snyder, 2013; Vogel, Kirkpatrick, Collings, Cederna-Meko, & Grey, 2012; Katon et al., 2010).

Empirical research such as Kunen, Smith, Niederhauser, Morris and Marx (2005); Rief (2004); Anseau et al. (2004); Carmin and Roth-Roemer (1998) reveal that psychologists perform or evaluate whether patients suffer from cognitive deficits, anxiety or mood disorders, which might interfere with or complicate medical assessment and treatment. None psychologists who are medical staff particularly doctors and nurses rarely ready to identify and address these psychological difficulties (Layard, 2005). This makes the employment and services of psychologists inevitable in any healthcare system and services.

Earll & Bath (2004) and Carmin & Roth-Roemer (1998) equally noted that psychologists are especially trained in consultation and do provide medical staff with pieces of advice and/or instructions that enable them to manage everyday difficulties and stress prone activities associated with their professions such as the environmental discomfort, workload, patients and their needs, dealing with death and dying patients, disturbances and expression of pains etc.

According to Bennett (2000), and Belar and Deardorff (1995), counseling psychologist intervene to manage pain, depression, anxiety, and other physical health symptoms inimical to effective healthcare service in order to reduce psychophysiological and emotional arousals. The method here is to provide information that changes patient's dysfunctional thoughts, leads to the modification of maladaptive behaviors,

and generate positive thoughts that increase adherence to medical therapy. The implementation strategies for this method includes individual and group counseling, providing therapy information and training, intervening during crisis and prolonged treatment without commensurate recovery, granting motivational interview, behavior analysis and modification, film shows etc. (Griva & Newman, 2007; Blumenthal et al., 2006; Aarø et al., 2006; Spira & Reed, 2002).

In spite of all these roles and the positive contribution to effective healthcare services, most of the healthcare institutions do not engage the services of psychologists, while those who appreciate their contributions and employ few psychologists do not provide many programs or platforms for them to practice (Good, 1992; Neimeyer, Bowman and Stewart, 2001; Stedman, Hatch, Keilin, & Schoenfeld, 2005). Considering the alien nature of these researches carried out mainly in the United States, United Kingdom and other European countries, and the scarcity or non-availability of any research on the issue in Nigeria's socio-cultural and environmental setting, this paper attempts to investigate the level and dimensions of the integration of psychologists and their roles in the country's healthcare delivery system.

IV. FINDINGS

DEMOGRAPHIC INFORMATION & SUBSTANTIAL EMPLOYMENT OF PSYCHOLOGISTS

s / n	Respondents	Total No.	Gender		Age in years				Education			
			Male	Female	18-27	28-37	38-47	48 & above	WAEC & ND	B.Sc./BA Degree	PGD & Master	PhD
1	Medical staff	131	56	75	13	55	42	21	nil	90	35	6
2	Admin/Paramedic	48	13	35	6	21	10	11	13	25	10	nil
3	Psychologists	3	3	nil	nil	nil	2	1	nil	nil	1	2
4	Patients	154	59	95	32	57	44	21	61	48	32	13
Total		336	131	205	51	133	98	54	74	163	78	21

Source: Field Work, 2018

Table 1: Socio-demographic data of respondents' Gender and Age

Table 1 reveals male respondents (39.0%), females (61.0%), age bracket of 18-27(15.2%), 28-37(39.6%), 38-47(29.2%), and 48 and above (16.0%), while the levels of respondents certificate possession shows WAEC and ND (22.0%), B.Sc./BA degrees(48.5%), PGD and Masters (23.2%), and PhD(6.3%). Therefore, majority of the sample or respondents are both literate, and matured to respond to the research questions objectively and reasonably too. The sample is equally gender sensitive and reflects the growing dominance of the female population in all profession. Thus, the sample is highly objective for the present study. Further, the researchers wanted to establish if psychologists substantially employed in Nigerian healthcare institutions. Table 1 further reveals that only 3 Psychologists were employed by 3 out of the 12 healthcare institutions studied. The employment of one Psychologist each by the 3 institutions is highly insufficient while the non-engagement of professional Psychologists by

others are deplorable, unethical, and against international best practices in healthcare delivery institutions.

FINDINGS FROM RESPONSES TO QUESTIONS

S/n	Research questions	Grand Mean	Stand. Deviat.	Standard Error	Tests of Between-Subjects Effects	Sig.	Pairwise Comparisons
1	Your hospital has units that run counseling programs for patients regularly	4.30	.945	.058	240.296	.226 & .000	@ 95% confidence Interval, no adjustments
2	In the hospital, Patients' counseling programs are conducted by professional psychologists assigned to the unit	2.30	.918	.056	226.652	.000	@ 95% confidence Interval, no adjustments
3	Counseling programs in the hospital provide health literacy and address the issue of medication adherence, drug abuse	4.44	.945	.058	240.296	.006	@ 95% confidence Interval, no adjustments
4	Counselors in the hospital tend to assess patients' health behaviors; risks associated with such behaviors, and provide or suggest needed interventions	2.02	1.245	.076	416.907	.442 & .000	@ 95% confidence Interval, no adjustments
5	Counselors prepare patients for specialized care, collaborate with the patient and the care team to develop a treatment plan for self-management of chronic disease	1.86	1.196	.073	384.652	.001	@ 95% confidence Interval, no adjustments

6	Counselors assess patients' psychological status and guide patients with behavioral health needs in cases such as diabetes, tomophobia, chronic pain, coronary heart disease, anxiety, depression, and serious mental illness	4.18	1.352	.082	491.467	.004	@ 95% confidence Interval, no adjustments
7	Counselors provide training, organize and implement research projects, serve as consultants to program developers, assessors, and team leads	1.86	1.196	.073	384.652	.001	@ 95% confidence Interval, no adjustments
8	Counselors in the hospital assist medical staff to manage everyday difficulties and stress associated with their duties such as excess workload, dealing with death, disturbances and expression of pains etc.	1.86	1.196	.073	384.652	.001	@ 95% confidence Interval, no adjustments
9	Counselors intervene to reduce psychophysiological and emotional arousals such as pain, depression, anxiety, and other physical health symptoms	2.02	1.245	.076	416.907	.442 & .000	@ 95% confidence Interval, no adjustments

	inimical to effective healthcare service						
10	Counselors in the hospital engage in orientation program that changes patient's dysfunctional thoughts leading to maladaptive behaviors modification, increased adherence to medical therapy, and cure of chronic diseases	2.81	.314	.091	136.256	.016 & .000	@ 95% confidence interval, no adjustments

Source: SPSS analysis of responses to questions

Table 2: Results of SPSS Analyses of responses to questions

INSTITUTIONS CREATED SUBSTANTIAL PROGRAMS AND PLATFORMS FOR PSYCHOTHERAPY:

The SPSS Univariate analysis of responses to question results in table 2 above reveals that the 12 hospitals studied offer counseling services to patients. A grand mean of 4.30 representing 'Agreed' in our likert scale and whose sig. difference of .226 & .000 confidence interval were not subject of modification led to this conclusion. However, majority of the respondents disagreed, that is a grand mean of 2.30 with no sig. difference (.000), that patients' counseling programs are conducted by professional psychologists assigned to their unit. They programs are handled by medical staff whose experience on the job equips them to advice or counsel patients. This position is validated by the fact that only 3 psychologists were employed in 3 out of the 12 hospitals studied.

The results of the analysis in table 2 further reveals that these non-professional psychologists engaged in the counseling services were only able to provide health literacy and address the issue of medication adherence and drug abuse (the grand mean of 4.44, which represents 'Agreed' in our likert scale with no sig. difference of .006 attest to this); and assess patients' psychological status and guide patients with behavioral health needs in cases such as diabetes, tomophobia, chronic pain, coronary heart disease, anxiety, depression, and serious mental illness (the grand mean of 4.18, which represents 'Agreed' in our likert scale with no sig. difference of .004 attest to this).

The results of SPSS analysis in table 2 further reveals that in all the 12 institutions of healthcare delivery, ipso facto counselors and their programs do not: i) assess patients' health behaviors; risks associated with such behaviors, and provide or suggest needed interventions (the grand mean of 2.02, which represents 'Disagreed' in our likert scale whose sig. difference of .442 & .000 confidence interval were not subject of modification attest to this); ii) prepare patients for specialized care, collaborate with the patient and the care team to develop a treatment plan for self-management of chronic disease (the grand mean of 1.86, which represents 'Strongly

Disagreed' in our likert scale with no sig. difference of .001 attest to this); iii) provide training, organize and implement research projects, serve as consultants to program developers, assessors, and team leads disease (the grand mean of 1.86, which represents 'Strongly Disagreed' in our likert scale with no sig. difference of .001 attest to this); iv) assist medical staff to manage everyday difficulties and stress associated with their duties such excess workload, dealing with death, disturbances and expression of pains etc. (the grand mean of 1.86, which represents 'Strongly Disagreed' in our likert scale with no sig. difference of .001 attest to this); v) intervene to reduce psychophysiological and emotional arousals such as pain, depression, anxiety, and other physical health symptoms inimical to effective healthcare service (the grand mean of 2.02, which represents 'Disagreed' in our likert scale whose sig. difference of .442 & .000 confidence interval were not subject of modification attest to this); and engage in orientation program that changes patient's dysfunctional thoughts leading to maladaptive behaviors modification, increased adherence to medical therapy, and cure of chronic diseases (the grand mean of 2.81, which represents 'Disagreed' in our likert scale with no sig. differences of .016 & .000 attest to this). Therefore, it is imperative that Nigerian healthcare institutions have not created substantial programs and platforms for psychotherapy.

COUNSELORS AND INTERNATIONAL BEST PRACTICES: Evidence from table 2 or results of SPSS analysis in table 2 reveals that out of 8 categories of programs and/or roles of patients' counselors replete in the literature as international best practices (Kunen, Smith, Niederhauser, Morris and Marx, 2005; Fisher & Dickinson, 2014; Kaslow, Kapoor, Dunn, & Graves, 2015 etc.), only two are available in Nigeria healthcare institutions. This represents only 25.0%. In addition, psychotherapy as a profession is being managed by unprofessional personnel in Nigeria healthcare delivery system. This is inimical to chronic sick patients' recovery, integrated healthcare reforms, and modernized service delivery in the system. Therefore, the roles of patients' counselors in Nigerian healthcare institutions are not synonymous with international best practices.

V. CONCLUSION

The employment and functions of psychologists in healthcare institutions has positive impact or influence on the delivery of efficient and effective services delivery. It provides bio-psycho-social needs and services in the delivery of healthcare leading to quick sicknesses cure and patient's recovery. But this study has shown that the Nigerian healthcare system is indifferent to this development as they engage non-professional psychologists to manage patients' counseling programs in hospitals. The consequences are obvious - limited and ineffective services and minute coverage of required psychotherapy programs. They only provide health literacy, address the issue of medication adherence and drug abuse, and assess patients' psychological status to enable them guide patients with behavioral health needs in cases such as diabetes, tomophobia, chronic pain, coronary heart disease, anxiety, depression, and serious mental illness.

In the light of the findings made, it here recommended that the Nigerian Medical Council and the Federal and State ministries of health should introduce a legislation making the employment of a professional psychotherapist one of the primary conditions or requirement for licensing and registering any hospital. The professional Association of Nigerian Psychologist should synergize with relevant authorities to enforce the law. Further, existing hospitals should be given a timeframe to adjust and implement the law or risk the revocation of their licenses and registration. Finally, every hospital should create and equip a counseling or psychotherapy unit in the likes of pharmacy, laboratory, finance, administration etc.

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