



## Development and Evaluation of a Psychoeducation Practitioner Training Program (PPTP)



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### ABSTRACT

The objective of this study was to develop a psychoeducation practitioner training program (PPTP) and to evaluate its usefulness with regard to nursing competencies (knowledge, self-efficacy, attitude, motivation, skills). A mixed-method research design was applied in this study. Some of the quantitative data were a one-group pretest–posttest study. Forty nurses participated in the PPTP, of whom 38 (17 men and 21 women) completed a 2-consecutive-day curriculum (dropout rate: 5%). The PPTP significantly improved nurses' knowledge of, self-efficacy for, and attitude toward psychoeducation. However, the program did not lead to the acquisition of psychoeducational skills.

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In Japan, mental health care is currently undergoing a transformation, in accordance with new government policies under the slogan “from inpatient to community health care”. However, the mean period of hospitalization is longer, and the number of beds for psychiatric patients in Japan is greater than in other countries (mean duration of hospitalization in psychiatric departments in 2012: 291.9 days; number of beds per 100,000 in 2012: 268.4) (Health, Labour and Welfare Statistics Association, 2014), and symptoms recur and lead to readmission of many patients.

A survey performed in western countries showed that the cause of readmission was discontinuation of medication based on self-judgment in more than 70% of patients who were readmitted within 1 year after discharge (Kissling, 1991). This suggests that recurrence of mental disease is likely to be prevented by improvement of medication adherence on the part of psychiatric patients. In Japan, mental health care institutions have focused on psychoeducation and cognitive behavioral therapy as forms of psychosocial treatment, as represented by social skills training (SST). Particularly in the field of psychoeducation, public perception has been low in Japan; The Japanese Network of Psychoeducation and Family Support Program was established at a national level in 2000, with the aim of its promotion in mental health institutional settings.

In review articles, it has been suggested that psychoeducation for patients with schizophrenia has a beneficial effect for the acquisition of coping skills (Holmes, Ziemba, Evans, & Williams, 1994), improvement of knowledge of illness and medication (Aho-Mustonen et al., 2011; Renri, 1995), improvement of illness insights (Chien & Lee, 2013;

Chien & Leung, 2013), improvement of medication adherence (Hayama et al., 2002; Pitschel-Walz et al., 2006), and improvement in symptoms (Aguglia, Pascolo-Fabrizi, Bertossi, & Bassi, 2007; Shin & Lukens, 2002).

Xia, Merinder, and Belgamwar (2011) reported in a literature review related to randomized controlled trials focusing on psychoeducation for patients with schizophrenia that psychoeducation reduces relapse and readmission, and encourages medication adherence. In a literature review conducted by Pekkala and Merinder (2009), it was concluded that psychoeducational interventions could reduce relapse and readmission rates, and could also improve psychosocial functioning in people with schizophrenia. These results suggest that psychoeducation not only affects re-hospitalization rates, but also supports a higher quality of life in patients discharged from the hospital (Bechdolf et al., 2010).

However, in Japan, only approximately 30% of psychiatric care facilities have adopted psychoeducation so far. This may be because no formal method for learning psychoeducation practice skills has been established, and because there is an insufficient number of psychiatric care workers (numbers of psychiatrists and nurses per 100 psychiatric beds in 2010: 3.4 and 19.2, respectively) (Meeting on Future Mental Health and Welfare, 2009). Nurse teams have the greatest manpower among the health professions and should be able to practice psychoeducation to overcome these problems. Therefore, in 2002, development and dissemination of a nurse-led version of a psychoeducation program for patients with schizophrenia, referred to as nursing psychoeducation (NPE) (Matsuda, 2008), were started with support from Grants-in-Aid for Young Scientists (B) and Encouragement of Scientists (C) from the Ministry of Education, Culture, Sports, Science, and Technology. In the process, we interviewed psychiatric nurses to ask their views on obstacles to the introduction of psychoeducation in mental health care settings. Among the obstacles, they cited labor shortages, the fact that its introduction does not bring

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about benefits, and a lack of knowledge and skills regarding psychoeducation among nurses and other medical staff. This indicates a need for taking action to improve psychiatric nurses' practice of disseminating psychoeducation.

With the aim of disseminating psychoeducation, we, as nurses, have provided information about research results in psychoeducation and its implementation methods through evaluation studies, workshops, and training sessions. Nurses with whom we became acquainted through these activities commented that it was difficult for mental health care institutions to introduce a new intervention program, and therefore the developer of the new intervention program should support the training of nurses as users of the program. Consequently, we considered that it was extremely important to develop a training program of psychoeducational practice.

## OBJECTIVE

The objective of this study was to develop a psychoeducation practitioner training program (PPTP) and to evaluate its usefulness with regard to nursing competency. Establishment of a method for nurses to acquire psychoeducation skills may lead to improved quality of life for patients, and to the dissemination of psychoeducation to psychiatric facilities across Japan.

## METHODS

### Study Design

A mixed-method research design was applied in this study. The PPTP was taken by psychiatric nurses as an intervention, and changes in the subjects were evaluated qualitatively and quantitatively. Some of the quantitative data were a one-group pretest–posttest study.

### Conceptual Framework

The conceptual framework was modeled on the clinical nursing competences by Defloor et al. (2006). In this study, nursing competency was a construct comprising the knowledge, self-efficacy, attitude, motivation, and skills necessary for nurses to practice psychoeducation (Fig. 1).

### Participants

The participants were recruited from among nurses working in all psychiatric hospitals in A prefecture (n = 42), Japan. The study only included nurses who expressed a desire to participate in it. The researchers provided written instruction for the participants, and obtained signed informed consent from them. Recruitment information was distributed to the nurses by the director of nursing at each hospital.

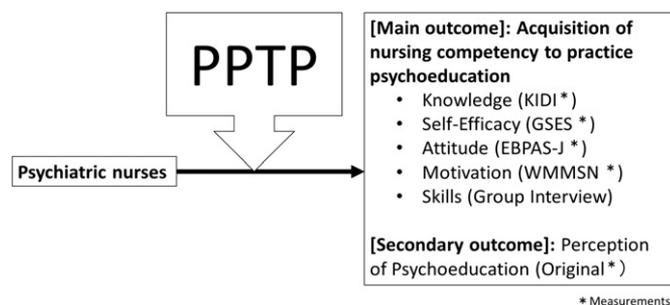


Fig. 1. Conceptual framework of nursing competency necessary to practice psychoeducation.

## Intervention

Prior to the intervention, the need for psychoeducation (e.g., interest in psychoeducation, demand for psychoeducation workshops, months and days available to attend psychoeducation workshops) was surveyed among psychiatric nurses in A prefecture. A curriculum to train psychoeducation practitioners was designed based on the survey results, literature associated with psychoeducation, and the principles of NPE developed by Matsuda (2008).

The contents of NPE are presented in Table 1. NPE is a four-session intervention program whose goal is to improve schizophrenic patients' acceptance of medication and illness, and to improve their medication adherence in acute psychiatric units. Two psychiatric nurses (leader, co-leader) who trained in NPE conducted the intervention.

Original learning materials (textbook and DVD) based on NPE were prepared. Table 2 outlines the contents of the textbook used for PPTP. The program was constructed on a three-step teaching strategy: lecture, audiovisual aids, and role-play (Table 3). The program took place in four seminar rooms in A prefecture, and was conducted over 2 consecutive days for a maximum of 30 seminar participants. It was felt that if the seminar was conducted in a small group, it could combine five areas of nursing competency for the practice of psychoeducation through discussion between participants and the PPTP developers. The lectures were given using slides and the textbook. During the viewing of the DVD, the NPE developer provided explanations on the practice techniques.

### Data Collection

Data were collected immediately pre- and post-intervention. The quantitative data were gathered using a structured questionnaire, and the qualitative data by semi-structural group interview. The collected qualitative data concerned the necessary nursing competencies (knowledge, self-efficacy, attitude, motivation, skills) to practice psychoeducation, while the quantitative data measured the competency expected for the skills. Data collection was conducted between May 2013 and August 2014.

### Measurements

All structured questionnaires, including their characteristics, were a self-report type questionnaire. Structured questionnaires were as follows:

#### Characteristics

The characteristics were composed of age, gender, years of nursing, and psychiatric nursing experience.

#### Critical Knowledge of Psychoeducation Practice

Nurses' critical knowledge of psychoeducation practice was assessed with the Knowledge of Illness and Drugs Inventory (KIDI; Maeda, Mukasa, & Ogoh, 1992).

Table 1  
Contents of the NPE.

Goals:	The aims of NPE are to encourage schizophrenic patients to accept medication and illness, improve their medication adherence, and protect against the relapse of symptoms.
Time:	60–90 minutes/day, 1 day/week, total 4 days
Group structure:	A closed group with 5–7 participants
Method:	Information based on a textbook and sharing of experiences
Learning materials: Textbook	1. Types of symptoms of psychogenic illness 2. Association between psychogenic illness and stress 3. Primary effects and side effects of medication 4. How to adjust to living with illness in the community

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