Evaluation of a Psychoeducation Practitioner Training Program (PPTP): A one-group, pre-test/post-test study

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Introduction
In Japan, mental health care is currently undergoing transformation in accordance with new government policies under the slogan: “from inpatient to community health care”. Nevertheless, the mean period of hospitalization is longer and the number of beds for psychiatric patients in Japan is greater than in other countries, and symptoms recur and lead to readmission in many patients. Recurrence of mental diseases is likely to be prevented by improvement of medication adherence on the part of psychiatric patients (Kissing, 1995). Xia, Merinder, and Belgamwar [2011] reported in a literature review related to randomized controlled trials focusing on psychoeducation for patients with schizophrenia that psychoeducation reduced relapse, readmission, and encouraged medication adherence.

In Japan, mental health care institutions have paid attention to psychoeducation as psychosocial treatment. However, in Japan, only approximately 30% of psychiatric care facilities have adopted psychoeducation so far. Consequently, we considered that it was extremely important to evaluate a training program of psychoeducational practice developed by Matsuda and Kono [2013].

Purpose
To evaluate the usefulness of a psychoeducation practitioner training program (PPTP) with regard to nursing competence (Defoer et al., 2006) with the exclusion of skill.

Method
Intervention: The PPTP was developed based on the survey results, literature associated with psychoeducation, and the principles of the nursing psychoeducation (NPE) developed by Matsuda (2008). The program was conducted over two consecutive days.

Contents of the PPTP:
1. DVD sample
2. Practice Attitude Scale (EBPAS 2010)
3. Lectures were given by the NPE developer.
4. Prepared text and DVD.
5. Role play of NPE among the participants.
6. Nurses' perception of psychoeducation practice
7. Observation of their clinical practice
8. Practice of NPE during role play
9. Feedback comments and advice
10. Practice evaluation using the Practice Attitude Scale.

Contents of the NPE:
1. Knowledge of Illness and Drugs
2. Knowledge of Patient’s Behavior
3. Knowledge of Illness and Drugs
4. Knowledge of Patient’s Behavior
5. Emotion
6. Emotion
7. Behavioral Psychosocial
8. Behavioral Psychosocial
9. Workingability
10. Workingability

Measurement:
- Main Outcome:
  - Knowledge: the Knowledge of Illness and Drugs Inventory (KID; Maeda, Mukaia, & Ogh, 1992)
  - Value: the Japanese Version of the Evidence-Based Practice Attitude Scale (EBPAS-E)

- Secondary Outcomes:
  - Nurses’ perception of psychoeducation practice
  - Data collection: Data were collected immediately before and after intervention.
  - Analysis: Wilcoxon rank sum test.
  - Ethical Considerations: Prior to its commencement, this study was approved by the Institutional Review Board.

Result

Table 1: Characteristics of Sample

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Age</td>
<td>27(5)</td>
<td>26.5(5)</td>
</tr>
<tr>
<td>Experience as a psychiatric nurse</td>
<td>15(10)</td>
<td>15(10)</td>
</tr>
<tr>
<td>Experience as a clinical nurse</td>
<td>13(10)</td>
<td>13(10)</td>
</tr>
</tbody>
</table>

Table 2: Changes in pre-post scores on nursing competence

<table>
<thead>
<tr>
<th>Knowledge/KDI</th>
<th>Scale</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Pre- vs. Post-test (Z)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>18.3</td>
<td>21.5</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>14.7</td>
<td>17.2</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Technical</td>
<td>10.9</td>
<td>11.5</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td>16.1</td>
<td>18.8</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>12.5</td>
<td>16.5</td>
<td>4.0</td>
<td></td>
</tr>
</tbody>
</table>

Discussion
The PPTP was considered to help participants develop an extensive knowledge of psychoeducation in a short period of time. The “satisfaction of one’s ability” subscale score of the GSES indicated a statistically-significant difference. If the nurses who participated in the PPTP have a successful experience of conducting psychoeducation, this may improve their self-efficacy.

Especially, improving subscales of the EBPS showed that the PPTP did not only lead to satisfaction with the contents of the program but also interest in psychoeducation for the participants.

The PPTP was not able to directly support the acquisition of particular skills of psychoeducation for psychiatric nurses; however, the result of this study indicated that the program generally improved those nursing competences required to provide psychoeducation.

Thus, in a future study, it will be necessary to consider the methodology of the program to refine these skills.