

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 a 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 (Kissling, 1991). 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 competency** (Defloor et al., 2006) with the exclusion of skill.

Nursing competency was a construct comprised of the **Knowledge, Emotion, Attitude, Motivation, and Skills**

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 >

- Learning materials:** Prepared text and DVD.
Time: 8 hours/day for 2 consecutive days.
Group structure: A closed group with no limitation of the number of participants.
Methods:
- Lectures: Basic psychoeducation principles
 - Summary of NPE, basic knowledge of diseases, treatment, nursing.
 - Lectures were given by the NPE developer.
 - DVD: Showing simulated psychoeducation practice
 - Content of the DVD: a simulation with the NPE developer playing the leader and nurses with experience of NPE practice playing co-leader and patient roles.
 - Role-play: These activities were followed by role-play of NPE among the participants.
 - Participants played nurse and patient roles.
 - Other participants and PPTP developers gave feedback comments and advice.

Contents of the NPE

- Goals:** Aims of NPE is that encourage schizophrenic patients to accept of medication and illness, improve their medication adherence, and protect against the relapse of symptoms.
Time: 60-90 minutes/day, a day/week, total 4 days.
Learning materials: Textbook
1. Types of symptoms of psychogenic illness
 2. Association between psychogenic illness and stress
 3. Primary effect and side effect of medication
 4. How to adjust to living with illness in community

DVD sample



◆ Measurement:

【Main Outcomes】

- **Knowledge**: the Knowledge of Illness and Drugs Inventory (KIDI; Maeda, Mukasa, & Ogoh, 1992),
- **Emotion**: the General Self-Efficacy Scale (GSES; Sakano, 1986),
- **Value**: the Japanese Version of the Evidence-Based Practice Attitude Scale (EBPAS-J; Okumura, Fujita, Noda, & Ito, 2010)
- **Motivation**: the Work Motivation Measurement Scale for Nurses (WMMSN; Sano & Yamaguchi, 2005)

【Secondary Outcomes】

Nurses' perception of psychoeducation practice.

- ◆ **Data collection:** Data were collected immediately pre and post intervention.
- ◆ **Analysis:** Wilcoxon rank sum test.
- ◆ **Ethical Considerations:** Prior to its commencement, this study was approved by the Institutional Review Board.

Result

Table1: Characteristics of Sample n=38

Gender	Male	17	(45%)
	Female	21	(55%)
Age	20s	4	(11%)
	30s	16	(42%)
	40s	10	(26%)
	50s	7	(18%)
	60 over	1	(3%)
	years of experience as a clinical nurse	15.21	(±9.14)
	years of experience as a psychiatric nurse	8.47	(±6.48)

Table2: Changes in pre-post scores on nursing competency

Scale		Median (Range)		Pre-Post Positive Ranks	Pre-Post Negative Ranks	Z-value
		Pre	Post			
Knowledge KIDI	Total	17.5(13-20)	18(16-20)	21	6	2.094 *
	Illness	9(6-10)	9(7-10)	18	8	1.671
	Drugs	9(6-10)	10(8-10)	13	1	3.092 *
Emotion GSES	Total	7.5(0-15)	7(0-16)	14	8	1.082
	Behavioral positiveness	3(0-7)	3.5(0-7)	17	7	1.682
	Anxiety about failure	3.5(0-5)	3(0-5)	5	11	-1.586
Value EBPAS	Social positioning of one's ability	1.5(0-4)	2(0-4)	12	4	2.134 *
	Openness	9(3-16)	10(4-16)	24	9	3.295 **
	Divergence	13(7-16)	13(7-16)	20	12	1.070
	Appeal	11(4-16)	12(6-16)	22	9	3.080 *
Motivation WMMSN	Requirements	6(1-12)	6(2-12)	17	8	1.981 *
	Total	57(33-73)	56(30-73)	16	15	-0.344
	Current work motivation	36(12-49)	35(10-49)	16	18	.456
Nurses' perception of psychoeducation	Future work motivation	22(16-25)	21(13-25)	11	16	-1.554
	I have an understanding of psychoeducation	2(2-4)	3(1-4)	31	0	5.245 *
	Psychoeducation is an effective psychosocial intervention	3(3-4)	3(2-4)	9	3	1.807
	Nurses need to acquire knowledge of psychoeducation	4(2-4)	4(3-4)	5	6	-0.302
	Nurses need to acquire implementation methods of psychoeducation	3(1-4)	3(2-4)	7	9	-0.500
	Psychoeducation should be provided by other professions	3(1-4)	3(2-4)	14	3	2.707 *
Nurses' perception of psychoeducation	I hope to implement (or continue) psychoeducation at someone's place of employment	3(0-4)	3(2-4)	5	4	.811
	I hope to acquire implementation methods of psychoeducation	4(1-4)	3(2-4)	4	7	-0.535

Discussion

The PPTP was considered to help participants develop an extensive knowledge of psychoeducation in a short period of time. The 'social positioning 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 EBPAS showed that the PPTP provided not only 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 competencies required to provide psychoeducation.

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

Authors' contributions: MM developed the idea and design of this study, performed statistical analysis, and contributed to the creation of a draft; and AK assisted statistical analysis, and provided suggestions on this manuscript. The former's and latter's degrees of contribution to the study were 60 and 40%, respectively. Both confirmed the final manuscript before approval.

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