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## The educational needs of the patients who take treatment in psychiatric clinic in Kars

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### Abstract

This study was done with the aim of to determine the educational needs of the patients who take treatment in psychiatric clinic in Kars. The study which is a cross-sectional was made in Kars Government Hospital's Psychiatric Clinic with 50 patients, between 02.01.2012 - 30.04.2012. In collecting data, a questionnaire and the Educational Needs Questionnaire (EDQ) were used. The participants who takes place in the survey, the patients includes who have depression diagnosis are (40%) and men (66%). When we look to the points mean average that they get from the EDQ is  $29.04 \pm 5.59$ . According to the EDQ: the 3 articles which they get the highest marks in order are: "Anger, violence, assaultive behaviour", "Sleeping problems", "Problems with concentration" and "Patients self-help organizations". Educational Needs, it was seen that; the ones who has nuclear family, who has social guarantee, who applies to non-medical people, who has social supporters from their family, who lose their job because of mental illness, who has a belief that they will be get well, have a higher point of mean average. According to these results, it is supposed that the educational programs must be planned due to the fact that the patients have needs for information and when doing this the needs of the patients must be remembered.

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*Keywords:* Educational needs, patient, psychiatry

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### 1. Introduction

Patient education aims to provide adequate and relevant clinical information to patients, with the goal of increasing understanding of their illness condition and encouraging health promoting behaviour. Psychiatric patients have a strong desire for practical advice concerning how to cope with the symptoms of the illness (Chien et al. 2001; Babacan Gümüş 2008; Mueser et al., 1992). Knowledge about the positive influence of medication on psychiatric symptoms also helps to improve compliance and the course of disease of patients with mental health problems. Moreover, patient education seems to go beyond compliance enhancement and may support quality of life (Mueser et al., 1992; Hästönen et al., 2008; Syon and Park 2002; Dogan and Sabanciogullari, 2003). Patient education has also been associated with improvements in lifestyle regularity, healthy habits social

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functioning and employment (Mueser et al., 1992; Dogan and Sabanciogullari, 2003). Healthcare organizations have a responsibility to implement international and national health policies and to support the realization of patient education in clinical practices (Hätönen et al., 2010). Educational information is given to patients with psychiatric illness and their relatives in many treatment centres. Despite the widespread clinical practice of educating patients and relatives about psychiatric illness, relatively little is known about the specific educational needs of these peoples. The curriculum of most educational programs had been established by treatment providers, based on their own beliefs as to what information about the illness and its treatment patients and families need to know, rather than on objective data collected from the consumers themselves (Babacan Gümüş 2008; El Sayeh and Khedr 1998; Payson et al. 1998; Luniewski et al., 1999; Wehby and Brenner, 1999). Information provided by professionals is often inadequate and vague (Gasque Carter and Curlee, 1999).

Nurses and other health professionals can improve this negative patient outcome by better assessing patients' needs in discharge planning and providing education particularly to elicit patients' understanding and expectations regarding their illness. A full understanding and satisfaction of patient needs in relation to specific illness has played an important part in the development of a treatment model for psychiatric patients (Comtois et al., 1998). Patients with psychiatric illness have the capacity to be able to describe their health education needs. When education is given after determining the individual education needs of patients, their abilities in coping with the illness and in problem solving will increase, they will be able to live more productive and higher quality lives in society and they will be supported (Chien et al., 2001; Payson et al., 1998).

### **Aim**

This study was done with the aim of to determine the educational needs of the patients who take treatment in psychiatric clinic in Kars.

## **2. Method**

**Design and participants:** This research, which was planned as a descriptive and cross-sectional study, was conducted in Kars Government Hospital's Psychiatric Inpatient Clinic. Patients who presented to these units between January 2 and April 30, 2012, were the patient population, and 50 patients who met the inclusion criteria for the research were taken into the sample.

### **Sample Inclusion Criteria for Patient**

The sample inclusion criteria for the patients are the following:

- isn't acute stage
- can read and write
- has at least a 2-year history of illness
- is older than 18 years
- agrees to participate in the research

**Measures:** Two forms were used by the researchers for data collection:

**The Descriptive Characteristics Questionnaire for Patients:** This form was developed after a review of the literature (Chien et al. 2001; Babacan Gümüş 2008; Payson et al. 1998; Gasque Carter and Curlee 1999; Yilmaz 2012). This form had two sections. In the first section, questions were asked to obtain information about the patients' sociodemographic characteristics (age, gender, marital status, family type, educational level, employment status, income level, health insurance status, and longest place of residence). In the second section, questions were directed at determining the patients' level of coping with treatment and their illness (length of treatment, number of hospitalizations, whether or not they have gone to different hospitals or doctors, whether or

not they have sought help from nonmedical people, membership in an association or group related to psychiatric illness, previous education about psychiatric illness, and expectations from health care personnel).

*Educational Needs Questionnaire (ENQ):* The ENQ is self-reporting scale developed by Mueser et al., (1992) to assess the relative importance of educational needs of psychiatric patients. Its validity and reliability was made in our country by Yilmaz. The questionnaire consist of six basic parts: there are basic facts about mental illness (13 items, e.g. symptoms, medication, genetics);, coping with patients symptoms (11 items, e.g. negative symptoms, persistent hallucinations, delusions, anxiety, anger); enhancing social functioning (6 items, e.g. improving social relationships, independent living skills); community resources (6 items, e.g. alternative living situations, patient and relative self-help groups); coping with stress and family problems (6 items, e.g. stress management, family problem solving) and miscellaneous (3 items, dealing with weight gain, coping with stigma, planning for when a parent dies) (Mueser et al., 1992; Yilmaz, 2012).

**Data Collection:** After permission to conduct the research was obtained from the required authorities, the researcher collected the data by using an individual interview technique. Patients and their relatives who met the inclusion criteria were invited to participate in the research. Patients who agreed to participate completed the data collection forms. Those who fully completed the forms were taken into the research. Although a specific time to complete the forms was not given to the participants, it took them an average of 20 minutes to complete both forms.

**Data Analysis:** Patients participating in the survey rated their interest in learning more about each item on a five point Likert-type scale, with 1 denoting “not interested” and 5 denoting “very interested”. In analysing data, SPSS 20.0, frequency, mean average, student t test and One Way Anova were used.

### 3. Results

#### *Patients' Sociodemographic Characteristics*

The participants who takes place in the survey, the patients includes who have depression diagnosis are (40%) and men (66%). The average age of the patients are  $27.22 \pm 6.51$ , the time lasts even they get ill is  $5.04 \pm 4.11$  and their being in bed number is  $3.24 \pm 1.66$ .

#### *Patients' Education Needs*

When we look to the points mean average that they get from the ENQ is  $29.04 \pm 5.59$ . The item means of the 45 need statements ranged from 2.96 to 4.52 (SD ranged from 1.04 to 1.78). The 10 most important and least important needs together with their means, standard deviations, numerical ranking of needs according to the unmet need scores are illustrated in Table 1. According to the ENQ: the 3 articles which they get the highest marks in order are: “Anger, violence, assaultive behaviour ( $4.52 \pm 1.03$ )”, “Sleeping problems ( $4.42 \pm 1.07$ )”, “Problems with concentration ( $4.40 \pm 1.06$ )” and “Patients self-help organizations ( $4.40 \pm 1.04$ )”. Educational Needs, it was seen that; the ones who has nuclear family, who has social guarantee, who applies to non-medical people, who has social supporters from their family, who lose their job because of mental illness, who has a belief that they will be get well, have a higher point of mean average ( $p < .05$ ).

**Table 1. The 10 most and least important educational needs**

Need item (in descending order of importance)	Mean	SD	Unmet need item
<b>The 10 most important needs</b>			
Anger, violence, assaultive behaviour	4.52	1.03	25
Sleeping problems	4.42	1.07	28
Problems with concentration	4.40	1.06	32
Patients self-help organizations	4.40	1.04	38
Ways of managing stress more effectively	4.38	1.06	11
Coping with depression and suicidal thoughts	4.36	1.18	22
Stress and the illness	4.32	1.18	10
How common the illness is and what tends to happen when a person has it	4.28	1.14	1
What happens when parent dies	4.28	1.17	42
Early warning signs of the illness and relaps	4.26	1.13	9
<b>The 10 least important needs</b>			
Vocational rehabilitation	2.96	1.74	18
Day treatment	2.98	1.64	17
Biological theories	3.20	1.55	5
Improving independent living skills	3.28	1.64	20
Alternative living situations	3.32	1.74	19
Planing / coping with holidays	3.36	1.78	44
How psychiatric diagnoses are made	3.36	1.50	2
Improving grooming and hygiene	3.40	1.60	21
Genetics and vulnerability to illness	3.46	1.56	6
Improving social relationships	3.50	1.69	16

#### 4. Discussion

The survey indicated that, on average, patients were quite interested in gaining more information about psychiatric illness and strategies for managing common problems. These results are consistent with previous research findings (Chien et al., 2001; Babacan Gümüş 2008; Mueser et al. 1992; Payson et al. 1998; Luniewski et al. 1999; Gasque Carter and Curlee 1999; Yilmaz 2012). The topics for which the patients expressed the greatest need for health education were “Anger, violence, assaultive behaviour”, “Sleeping problems”, “Problems with concentration” and “Patients self-help organizations”. These findings are similar with those found in previous research, particularly the early warning signs of the illness and medication side effects findings (Chien et al., 2001; Mueser, et al., 1992; Payson et al., 1998; Yilmaz, 2012). This study showed that patients have considerable needs to receive information during their hospital stay. In addition, the treatment periods of these patients are long. It is important to develop patient education practices in psychiatric hospitals, not only as a part of outpatient services. Our results support those who are interested in developing patient education on psychiatric hospital wards. Furthermore, patient education delivered during inpatient stay should be followed in the outpatient services.

The findings of the study do have some important implications. This study is relevant to clinical inpatient psychiatric care and the results can be used in developing patient education in the field of psychiatric care. Based on the results, the development of patient education can be implemented through the following steps:

1) Patient education should be carried out systematically in psychiatric hospitals to ensure that information reaches those patients who do not actively seek it.

- 2) There is a need to develop more systematic methods for the evaluation of patients' educational needs and patient-centred education methods.
- 3) Patient education should also be provided with diverse and innovative methods including information technology and options for independent information seeking, also in the ward environment.
- 4) More emphasis should be put on the methods of patient education in nursing education and nurses' in-service training.

## 5. Conclusions

As a result of the findings obtained in this study, it was proposed that it would be beneficial to prepare a health education for patients with psychiatric illness that is based on accurate and comprehensive evaluation of the data collected. These study results can be used by nurses and other health care professionals in planning health education programs. Patients are capable of identifying their educational needs, and these perceptions need to be accommodated in order for providers to overcome the dissatisfaction of mental health consumers with current treatments. If we are to promote the growing dialogue between patients and mental health professionals, we would be advised to design educational programmes which are based on objective data collected from specific subject groups and which, therefore, match the interests of the mental health consumer.

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