

Patients' Views on Psychiatric Patient Education

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Abstract

Patient education is a commonplace procedure in the management of many chronic illnesses such as diabetes and heart disease. This technique has only recently been applied in psychiatry, and some promising results have been found. The Psychological Learning Center at Bryce Hospital is one such program in which psychiatric patients attend patient education classes to learn about their illness and its treatment. The present paper describes a study of the views of patients who have participated in the program about their experience. Overall results suggest that patients retain much of the information they have learned, that they appreciate being

given information about diagnosis, prognosis, treatment, and their own role, and that they make constructive plans for changes in their behavior after discharge, based on what they have learned.

Patient education is a commonplace procedure in the management of many chronic physical illness such as diabetes (Pridham, 1971; Trayser, 1973), heart disease (Soflin et al., 1977) and kidney disease (O'Neill, 1971). It is especially valuable in contributing to patient satisfaction with treatment, adherence to prescribed regimens, and improved economics of health care management. This technique has only recently been applied in treatment of psychiatric patients (Osmond et al., 1978; Kinney, 1979; Pilsecker, 1981; Hoffman and Maslan, 1977; Fankhauser and Lancaster, 1979). The Psychological Learning Center is one such program where psychiatric patients attend education classes to learn about mental illness and its treatment. The program started in 1977 with the Responsible Patient Class, and has expanded to consist of thirteen classes organized around topics relevant to psychiatric patients. These topics include medication, coping skills, nutrition and health, principles of mental illness,

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and stress management, among others. Classes are designed to instruct patients in accepting the "responsible patient role" and to provide them with specific information needed to fulfill this role (Bisbee, 1979). Information is provided in a classroom setting, utilizing educational methods. Classes are taught by mental health technologists under supervision of a Ph.D. psychologist, and patients come to classes by referral from their psychiatric treatment teams.

In the Psychological Learning Center, evaluation of patient learning and of teaching effectiveness is done both by pre- and post-testing of knowledge, and by reports from patients, families and staff working with patients in the hospital. Consistent gains in knowledge are obtained on pre- and post-testing, indicating that patients do learn the material taught. Patients consistently say they are relieved by knowing information about their illness, and adherence to treatment after discharge is better according to reports of mental health aftercare staff. With the purpose of determining patients' attitudes towards the patient education program, we conducted a patient satisfaction evaluation, asking patients who had been involved in the program their views of the program's success.

We asked patients about various aspects of the program, including class content, teaching methods, and technical matters such as class schedules and the classroom settings. We developed a standardized interview questionnaire and administered it to a sample of graduates from the program. The questionnaire was designed primarily as a "consumer satisfaction" instrument, to measure patients' attitudes toward receiving information about their illness and treatment. The questions also tapped retention of knowledge of class content, and examined behavior changes planned as a result of exposure to the information given in classes, such as treatment adherence and improved health behavior.

Fourteen patients who had graduated from Psychological Learning Center classes were interviewed. Ten patients were females, ranging in age from 20 to 56, with a median age of 40 years. Four patients were males with ages ranging from 26 to 51 and a median age of 31

1/2 years. All were living in various units throughout the hospital, and diagnoses included a variety of psychiatric illnesses, primarily schizophrenia and major affective disorders. All interviews were held in a quiet room, with only the patient and interviewer present. We opened each interview with an explanation of the questionnaire's purpose, and attempted to enlist the cooperation of the patient. Patients were assured that names would not be used on the questionnaires, so that they would feel free to give both positive and negative comments.

Results

Thirteen patients remembered attending classes, and willingly gave complete answers to all questions. One patient neither had recall of attending the program nor was able to answer any further questions. Knowledge questions covered information given in classes, such as "What is your diagnosis?" "What medication do you take?" and "What are the side effects of your medication?" Correct answers given numbered 114, partially correct answers totalled 39, and incorrect answers were 42. Thus, of the 195 answers given to knowledge questions, 59 percent were completely correct, 20 percent were partially correct, and 22 percent were incorrect.

Behavioral questions were designed to assess the degree to which patients had changed or planned to change their behavior in a more healthful direction, as a result of the classroom learning. Questions included items such as, "Do you plan to continue treatment after discharge?" "How will you deal with sleeplessness?" and "How will you deal with anger?" Responses to these questions indicated that patients did plan to make constructive changes in their behavior. Of the 117 answers given, 92 responses suggested a healthful way of dealing with the situation examined; maladaptive or inappropriate solutions were given in 25 of the responses. Thus, 79 percent of the responses indicated appropriate behavioral solutions and 21 percent were inappropriate planned behaviors. We assessed patients' attitudes toward the patient education classes through such questions as, "Should patients be taught about their illness?" "Should patients be told their

diagnoses?" and "Did the classes help you?" Information gathered from these questions suggests that the patients did appreciate being given information about their illness and treatment. Of the 127 answers given, 109 (93 percent) indicated a positive reaction to the classes and eight (seven percent) indicated a negative view. Most respondents believed that patients should be given information about their illness, diagnosis, and treatment, and were positive toward the classroom setting. They felt that the classes were enjoyable, interesting, and helpful, and said that they would want to learn about their illness if hospitalized again. In addition to these "yes-no" questions, patients were asked to give suggestions for improving the program. Patients most liked the medication and nutrition information, and felt that the classes on communication and assertiveness were the most difficult. Suggestions for change included larger classrooms, more class time during the day, more personal attention, and giving patients some reading material. Patients were divided in their opinions about the length of classes and the format for evaluations.

Discussion

Information gathered from the patients who participated in the patient education program indicates the program has had a certain degree of success. In general, patients obtained and retained information given to them in classes, and their responses showed that they intended to make changes in their behavior toward more "appropriate" coping mechanisms and more adaptive behavior such as adherence to medication and other treatment. While it is impossible to tell whether the patients will actually carry out these planned changes, it is encouraging that they answered with adaptive responses indicating they believed that they should engage in more adaptive or appropriate behaviors.

Attitudes of patients about any program in which they are involved are perhaps the most important measures of the program's success,

and the patient education program seems to be successful in this aspect. Although it is impossible to tell whether patients were giving their "true" feelings in response to the questions, the results obtained are consistent with the positive attitudes expressed toward the program, such as spontaneous remarks about how much it has helped them and their eagerness to receive certificates of course completion.

Overall it appears from this study of patients' views about patient education that it is a positive experience for them. They appreciate being given information about their illness and treatment and do retain the material learned in classes and make more healthful decisions about their behavior after discharge. The program appears to have achieved a certain amount of success, and plans are to continue it with modifications suggested by the participants.

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