

Effectiveness of Psycho-Education Program for Knowledge of Family Caregivers of Patient's with BAD at El-tigani El-mahi Psychiatric Teaching Hospital, Sudan, 2017- 2019

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Abstract

Background: Psycho education is among the most effective of the evidence-based practices that have emerged in both clinical trials and community settings, it showed weighed excellent benefits when administered to those with bipolar affective disorders, reducing both re-hospitalization rates and decreasing the number of days a person spends in the hospital .*Aim:* The study aim at assessing the effectiveness of psycho-education for family caregivers of patients with bipolar affective disorders at El-Tegani El-Mahi psychiatric teaching Hospital, Sudan, October 2017 to March 2018.*Methods:* This study is a quasi-experimental pre/post-tests hospital based, the sample consisted of (73) family caregivers who were all available at the hospital during the period of the data collection. They selected by total cover of all family caregivers close with patients. Data was collected by the use of Structured questionnaire to assess the family caregiver knowledge by likert scale, data was analyzed by Statistical Package for Social Science (SPSS) version 20.and presented figure and tables. *Results:* the study revealed that the mean score of knowledge before the psycho-education: 28.9. Their knowledge is poor according to compared with the overall mean knowledge post psycho-education were 73.0 with (p.value=,000).*Conclusion & recommendation:* Psycho education highly significance and improved the knowledge among the family caregivers of the patients with Bipolar Affective Disorders, the recommended establishment of collaborative relationship with families and educational interventions by the nurse under the guidance of the Psychiatric Hospital.

Keywords: Knowledge, BADP, family caregiver, Psycho-education program.

Introduction

Background: Bipolar affective disorder is a mood change or swing, which affect between 3–5% of the population and are associated with considerable lifelong social and occupational impairment ⁽¹⁾. The family of persons with bipolar affective disorder (BAD) are suffering difficulties and find the consequences of their relatives' condition stressful and depressing. These family members need emotional support, knowledge and orientation about the condition and how to manage the situation ⁽¹⁾. Psycho education is easy to administer technique to increasing knowledge and attitude of patients and caregivers about BAD, improving disease course through early recognition and treatment of symptoms, and suggesting lifestyle adjustments, problem solving, and stress management methods to cope with recurrent

psychopathologic disturbances. The ultimate goal of psycho education is mitigation of symptoms, preventions of relapses, and achievement of better clinical, functional, and vocational outcomes ⁽²⁾. Illiteracy recognizing the impact of low health literacy on family caregiver's compliance and health outcomes is extremely important. A strong body of evidence points directly to the importance of caregiver health literacy as a factor in child health outcomes specifically. Education, socio-economic status, proficiency and culturally-based understanding of illness causation is some of the major factors that affect a person's ability to understand and perform health-related tasks. Providers can employ a few effective verbal and print strategies, along with tangible action plans for follow-up to better ensure effective communication⁽³⁾. Stigma as a social phenomenon is exercised by groups of humans,

one towards another, to fulfill psychological needs and to gain advantages, mostly economic, can worsen someone's mental health problems, and delay or impede their getting help and treatment, and their recovery. Social isolation, poor housing, unemployment and poverty are all linked to mental ill health. stigma and discrimination can trap people in a cycle of illness ⁽⁴⁾. Justification: The family caregivers play important role in caring for their patients due to the shortage of qualified nursing staff in psychiatric hospitals in Sudan, lack of community support for patients with BAD and their family caregivers. In our country the patients of BAD depend mainly on their family members. Family caregivers provide support for the patients and care of their needs during the illness during the stay in hospital or at home. BAD patients and family members need knowledge and orientation about the condition and how to manage the situation. The neighbors and equally relative's stigmatization the person with illness and his family members. The patient and his family members are often avoided in the society, difficulties in coping with others, and the role of family not satisfying toward the patient is generally ⁽⁵⁾. In Sudan, there are no previous studies about family caregiver of patients with BAD confirmed by non-availability of search published data base. The shortage of qualified nursing staff especially in El-tegani El-mahi psychiatric teaching hospital. In this hospital there is not accept any patients without their families, it is one of the most important policies of the Psychiatric hospital in Sudan. General Objective: To study the of effectiveness of psycho-education program on family caregiver's knowledge of patients with BAD at El-Tigani El-Mahi Psychiatric Teaching Hospital, Sudan. Specific Objectives: - To assess the Knowledge of the family caregivers about BAD Patients. -To evaluate of the effect of psycho-education on improving the knowledge of family caregivers of patients with BAD.

Materials and Methods

Study Design: A quasi-experimental pre/post-test design, hospital - based study. Study Area: The study was conducted at El-Tegani El-Mahi psychiatric Tertiary Reference Hospital in Sudan; it is the largest teaching Psychiatric Hospital in Khartoum state. It was established in 1971. the hospital man power include

psychiatric consultant, Nurses. The number of male beds about (58) and number of female beds (44).Study Population -All family caregivers close with BAD patients, who are follow their patient most of the time were chosen for the study during the period of data collection for six month October 2017-March 2018.Inclusion criteria ;The study included all the family caregivers of patients diagnosed as BAD who were:-- Close contact with the patient before and during the illness, through the period of study.- Age of 18 years and above.- Resident with the patient in the same home .- Agree to participate in this study. Exclusion criteria :- Bad behavior and aggressive person.- less than 18 years Sample size & sampling technique : The sample consisted of 73 family caregivers .they selected by total coverage. Data collection Tools: Three tools were used for data collection (pre-/post-program). They were developed and filled under supervision of the researcher himself. Self-administered questionnaire: for family caregivers to assess knowledge level of participants related to Bipolar affective disorders patients information resources and barriers for practicing. It includes three parts: The first Part: The first part used to collect data about socio-demographic characteristics of the studied family caregivers including Age, gender, education level, occupation status, relation with the patient, Duration of the illness, members in the family who take care of patient and financial resources which support the patient treatment and follow-up). This part included (8) closed ended questions the second Part: The second part was developed to collect data about the family caregiver's knowledge on BAD patient's such as definition of disease, risk factors, relapse, symptoms, causes, treatment. This part included questions from (9-19). Score system: Knowledge: For the knowledge items, this is the most common grading range for schools and universities in the USA, but modified by self. likert scale also uses in this side. Likert scale items: are used to measure respondents' attitudes to a particular question or statement.is ordinal scale to analysis the data it is usually coded as follows^(32,33). Always, often, sometime, rarely, never.-Scoring of Items: each answer No (wrong) "zero" score and yes answer (correct) was given score of two.Percentage = (Obtained score / Total score) × 100 - Then the knowledge level was categorized into three

groups , More than 50% = Adequate knowledge , 30% -50% = Inadequate knowledge, Less than 30% = poor knowledge. Data collection technique: Three tools were used to collect data: a socio demographic Characteristics data form, knowledge of family caregivers of BAD patients. **Pretest:** - used to collect information from the study group to be as base line and will be done through two months according to the sample size techniques. The programs consist of two phases: Phase one: The period was conducting of Psycho-education of family care giver with BAD in six month (October 2107-March2018) divided to under phases:- Orientation for selected family caregivers was done about the importance of the study, conducted September – October 2017.-The researcher and the research assistant nurse interviewed the family caregivers and filled in the questionnaire accordingly.-The collected data was analyzed for pre intervention. Phase Two: The training was conducted October-December 2017. - session and media contain: definition of disease, causes, risk factors, signs and symptoms, complication, role of family caregivers of caring the patients , benefited of education..-Practical it is application by lecture for three days and another time for five days by individual.-To print the hand out (copy attached),for all family caregivers take booklet to contain all information about BAD-To notify the family caregivers -To collect the address and phone numbers. -The researcher used audiovisual materials, pictures and video to improving caregiver knowledge. The training program was carried out with the available family caregivers in 7 days. -73family caregivers start from 9a.m – 2p.m to apply the modules. Phase Three: The same questionnaire distributed for family caregivers to collect data about knowledge for post intervention on October-December 2017.-After 4 months form the psycho-education conduct refreshment course of family caregivers about knowledge on October 2017-Junauary 2018.Data management (analysis):After the data was collected, they are coded and transferred into a specially designed formats so as to be suitable for computer feeding by using, Statistical Package for Social Sciences (SPSS version 20). SPSS was used for analysis and to perform Pearson Pair sample test for statistical significance (P value). The 95% confidence level and confidence intervals were

used. Following data entry, checking and verification process were carried out to avoid any errors during data entry. Frequency analysis, and manual revision were all used to detect any errors.

Results and Discussion

The most important findings were referring to the demographic data of responding showed that 73 family caregivers were participated in this study, the majority of them (32.9%) in the El-Tegani El-Mahi Psychiatric Hospital (EEPH) were aged between 20-25 years old. While the most of the caregivers were illiterate (41.1%). The greater part of the sample were female (65.8%). The unemployed were (53.7%). This finding in line with a study AE-NGIBISE, Kenneth Ayuurebobi, et al. The experience of caregivers of people living with serious mental disorders: a study from rural Ghana. Global health action, 2015, more of the caregivers had no formal education and the majority had no gainful occupation (none occupation (32.0%), Casual (24.0%) and Business (16.0%) This result about pre intervention knowledge is coresponding with study of Eker F, et al, in their study about the effectiveness of a six week psycho education program on the adherence of patients with BAD, in Zonguldak, Turkey, in May 2015, revealed that after six weeks, the psycho education program significantly improved patients' adherence, knowledge and attitude . The treatment adherence rate of the patients in the intervention group increased from (40.0%) to (86.7% 0. Meanwhile, the treatment adherence rate of the control group was (38.9%) ,and (24.2%) for the post-test This result is agree with study conducted in Spain to assess the efficacy of a psycho educational group intervention focused on Family caregivers of euthymic bipolar patients , revealed that A psycho education group intervention for the Family caregivers of bipolar patients is a useful adjunct to usual treatment for the patients in reducing the risk of recurrences, Increase their knowledge and attitude , particularly mania and hypomania, in bipolar disorder ,This result corresponded with Jisme Mathew study and revealed the study revealed that there was ahighly significant improvement in knowledge, attitude and reduction in burden after psycho education (p<.005) .This result is consistant with study of George LS , et al , in their paper about

the effect of psycho-education on Knowledge, Attitude and Burden among caregivers of persons with Bipolar Disorder, in India, 2015, revealed that the result shows that there was a significant improvement of knowledge and attitude scores among the care givers in the experimental group as compared to the control group (p = 0.001). There was a reduction in burden scores of the experimental group as compared to the control group (p= 0.007). This result is in line with study ,conducted in Brazil to assess Psycho-education as evidence-based practice, by Lukens EP, et al, , in February 2006, revealed that PE intervention improves the

knowledge of the illness for both patients and caregivers to reduce their distress and improve overall social functioning:

Conclusion

Based on the findings of present study, it is concluded that: Majority of family caregiver have Illiteracy, low observation and follow up of knowledge about symptoms at most affected in summer, majority of study populations have poor knowledge about pre intervention Psycho-education program, the psycho-education occur improve of knowledge of family caregiver about BAD patients theoretically.

n =73

Figures

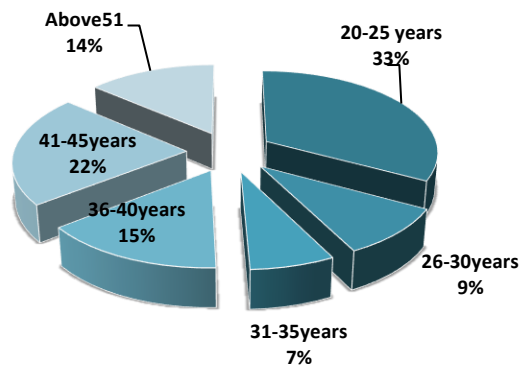


Figure (4.1): Age of family caregivers of patient with BAD. * The figure showed that the highest distribution of the family caregivers age group (20—*n =73*

25) years consisting (32.9%). then 41-45 years consisting (22%), another age is low because is busy at work.

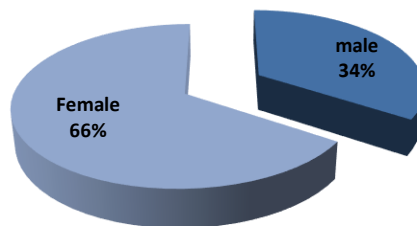


Figure (4.2): Gender of family caregivers of patient with BAD.* The figure showed that the

majority of the study population are females with represent (66%).and male mention (34%).

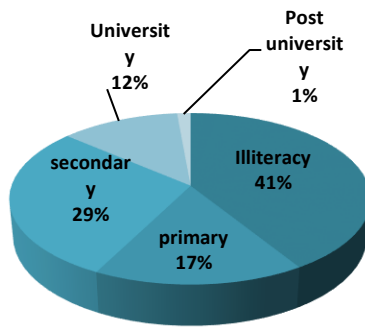


Figure (4.3): Educational level of family caregivers of patient with BAD.* The study revealed that the number of participants in the study were

n =73

illiterate (41. 1%), secondary school graduate was (28.8%).and another is low primary and university.

overall Knowledge Score pre and post intervention:

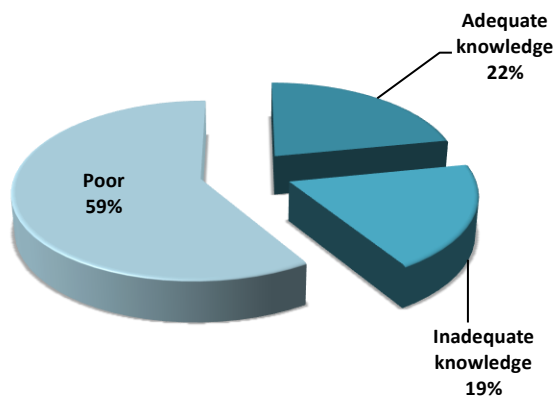


Figure (4.4a): Overall knowledge score pre intervention. *The Figure showed that family caregivers of overall knowledge pre psycho-education reflects low observation and follow up of

n =73

family caregiver’s adequate knowledge 21.9%, and poor knowledge is high percent in pretest 58.9%, adequate knowledge (22%), and inadequate knowledge (19%).

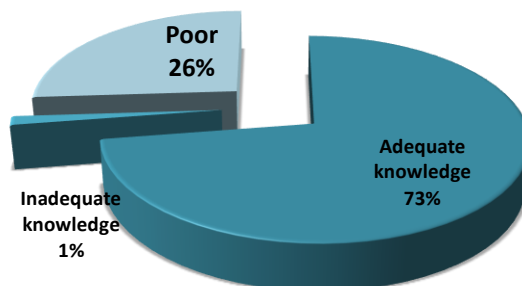


Figure (4.4b): Overall knowledge score post intervention. * The Figure showed that family

caregivers of overall knowledge post psycho-education increased their responses adequate

knowledge 72.6%.the increase awareness about knowledge, and poor knowledge 26.0% to decrease

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post psycho-education, inadequate (1%), and poor were (26%).

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