

Effects of Psycho-educational Program on Knowledge and Attitude upon Schizophrenia of Schizophrenic Patients' Caregivers

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Background: Schizophrenia is mainly characterized by chronic psychotic symptoms such as delusions, hallucinations, and negative symptoms such as social withdrawal. These symptoms cause behavior problems, i.e. aggressive behavior, violence, or social isolation that affect the patients' lives, and the health status and daily routine of caregivers or family members. Psychological distress or burden of caregivers often results in poor care provided to these patients. Most studies showed that high expressed emotion in the family leads to high a relapse rate of schizophrenia. The psycho-educational program is aimed to provide education about this disorder, help the caregivers to deal with the patients' problems more effectively, reduce psychological distress of caregivers, and provide social support for caregivers.

Objective: Study the effects of psycho-educational program on knowledge and attitude of schizophrenia on caregivers of schizophrenic patients.

Material and Method: The participants completed the one-day psycho-educational program run by a team of psychiatrists in the Department of Psychiatry, Chulalongkorn Memorial Hospital. The psycho-educational program was composed of didactic session on schizophrenia, group discussion, and communication skill building. The participants were evaluated for the knowledge and attitude, before and after the program. The mean scores of knowledge, attitude before and after the program were compared by using paired t-test.

Results: Ninety-one caregivers of schizophrenic patients participated into the present study. The results showed that the mean scores of knowledge and attitude before the program were 6.06 (SD = 1.86) and 37.57 (SD = 6.46) and after the program were 6.91 (SD = 3.35), and 29.37 (SD = 15.79), respectively. The scores of knowledge and attitude of caregivers, before and after the program were statistically different. The participants evaluated the program as an interesting and very useful program.

Conclusion: Psycho-educational program on schizophrenia increase the knowledge and shape the attitude of caregivers. Therefore, interventions targeting caregivers of schizophrenic patients should result in the successful treatment and rehabilitation of schizophrenic patients.

Keywords: Psychoeducation, Knowledge, Attitude, Schizophrenia, Caregivers

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Schizophrenia is a psychiatric disorder, which is mainly characterized by chronic psychotic symptoms leading to the impairment of social or occupational functioning. The lifetime prevalence of schizophrenia is approximately 1% of the population⁽¹⁾. The patients usually have the age of onset before 25⁽¹⁾. The

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main symptoms of schizophrenic patients include positive symptoms such as delusions, hallucinations, disorganized speech, and disorganized behavior; and negative symptoms such as affective flattening, avolition, and social withdrawal. All these symptoms result in the behavior problems such as social isolation, poor self-care, paranoia, impulsive or aggressive behaviors, or even self-harm, others' harm, and violence. Schizophrenia is considered as a chronic and

severe mental disorder that has an unpredictable course of exacerbations and remissions⁽²⁾. The patient's functioning deteriorates after each relapse or exacerbation of psychosis⁽²⁾. This severe and chronic psychiatric disorder affects the patients' lives, and their family members, or caregivers⁽³⁻⁵⁾. Family members have to deal with the patients' symptoms and help the patients in their daily activities. Family members experience psychological stress due to the patients' symptoms, financial problems from medical care, and affect their daily routine. Some family members may experience psychiatric morbidities such as anxiety disorders and depressive disorders⁽⁶⁻⁸⁾. The psychological distress of family members can affect overall health status, including physical and psychological health⁽⁶⁾. The psychological stress, burden on family members or caregivers, and health status certainly affect the quality of care given to schizophrenic patients⁽⁹⁻¹¹⁾. A higher level of burden is associated with high expressed emotion (high EE) family^(6,11-14). High EE family is characterized by a family with criticism, hostility, and emotional over-involvement⁽¹⁵⁾. Many studies show that a family with high expressed emotion (high EE) is associated with a high relapse rate for schizophrenia⁽¹⁶⁻¹⁸⁾.

Many psychosocial interventions such as psychosocial rehabilitation and social skills training are needed in a schizophrenic patient treatment program. Psychosocial interventions on the family members and caregivers are also necessary for informational, educational, and emotional support. Most of the schizophrenic patients' caregivers still lack knowledge on schizophrenia and have a poor attitude upon this disorder. Increasing knowledge and shaping the caregivers' attitude of the schizophrenic patients may help reduce the caregivers' stress and the patients' relapse-rate. There are studies showing the benefits of psycho-educational program on reducing psychological stress of patients' caregivers and reducing the relapse rate of schizophrenia⁽¹⁹⁾.

The psycho-educational program conducted by the psychiatric staff in the Department of Psychiatry, Faculty of Medicine, Chulalongkorn University was aimed to provide knowledge, reduce the caregivers' stress, and help the caregivers to provide care to the patients more effectively. The objective of the present study was to evaluate the effects of psycho-educational program on the knowledge and attitude of caregivers of schizophrenic patients.

Material and Method

The subjects of the present study were re-

cruited from the participants in the psycho-educational program run by a team of psychiatrists in the Department of Psychiatry, Faculty of Medicine, Chulalongkorn University. Most of the schizophrenic patients were patients in the Department of Psychiatry. The participants of this program were the caregivers or family members of schizophrenic patients who take care of the patients. All the participants were informed of the objectives and details of the psycho-educational program and volunteered to participate in the program. They were also informed of the objectives and information for the present study and volunteered to provide their information for the present study. The psycho-educational program was conducted as a one-day program. It was composed of a didactic component and group discussion. The didactic program focused on schizophrenia and included definition, etiology, symptoms, course and prognosis, and treatment. After the didactic program, the participants watched part of the movie "Shine" and discussed the aspects of schizophrenia in the movie. Group discussion was composed of the support group and communication skills building. The support groups provided the caregivers' opportunities to share their experiences in caring for patients and to discuss the solutions in the patients' behavior problems, and help the group members to gain the mutual support. Communication skills building were performed by using the role-playing techniques.

The participants completed the baseline data that included demographic data of caregivers and patients and the evaluation on knowledge and attitude upon schizophrenia before the program. After the program, they were evaluated for knowledge and attitude again and their satisfaction of the program.

The knowledge assessment questionnaire was composed of 10 items including definition, etiology, symptoms, and management. The full score in the knowledge part was 10. The attitude assessment questionnaire was composed of 12 items concerning attitude upon schizophrenia. The full score of attitude was 60. Lower attitude scores indicated a good attitude. The questionnaire for assessment of attitude and family atmosphere was composed of attitude toward schizophrenic patients, family atmosphere, and family problems.

The data analysis was performed by using descriptive statistics for describing the demographic characteristics including gender, age, education, family incomes. The paired t-test was conducted to compare the mean scores of knowledge and attitude of

caregivers of schizophrenic patients before and after the program. A $p < 0.05$ was considered as a statistical significance.

Results

The demographic data of the participants of the program is shown in Table 1. There were 91 participants in the present study. Fifty-four (59.3%) were female. The common age range of participants was 50-65 years (36.3%) and 35-49 years (27.5%), respectively. Most participants were the patients' parents (44.0%) and siblings (23.1%). Most of them (60.7%) had a bachelor's degree but worked as laborers (29.8%) and business owners or employers (28.6%). The median of family income was 20,000 baht/month and the mean income was about 36,800 baht/month. The daily time spent with patients was about 5 hours.

The scores of knowledge and attitude about schizophrenia before and after the program are shown in Table 2. The results showed that the mean scores of knowledge and attitude upon schizophrenia of the caregivers before the program were 6.06 (SD = 1.86), and 37.57 (SD = 6.46) and those after the program were 6.91 (SD = 3.35), and 29.37 (SD = 15.79), respectively. (full score of knowledge = 10, attitude = 60) The knowledge and attitude before and after the program were statistically different at p -value < 0.05 , and < 0.01 , respectively.

Regarding the attitude and family atmosphere, most participants (62 of 91, 68.1%) considered stress was the primary cause of for developing psychotic symptoms. After the patients recovered from psychotic symptoms, the disorder still caused a burden for family members (49 of 91, 53.8%). Most of the caregivers considered themselves as contributors for patients' symptoms (42 of 91, 46.2%). Most of them thought they could provide help for patients (76 of 91, 83.5%) and hoped the patients would regain normal functioning (74 of 91, 81.3%).

The caregivers' satisfactory evaluation of psycho-educational program is shown in Table 3. The

range of scores were 3.76-4.31 (full score = 5). This result showed that most participants rated satisfaction with this program as good. They were satisfied with the program and found it interesting, and very useful.

Table 1. Demographic characteristics of the caregivers of schizophrenic patients

Demographic characteristics	Number (n)	Percentage (%)
Gender (n = 91)		
Male	37	(40.7)
Female	54	(59.3)
Age (years) (n = 91)		
< 35	17	(18.7)
35-49	25	(27.5)
50-65	33	(36.3)
> 65	16	(17.6)
Min = 19, Max = 81, Mean = 49.44, SD = 14.80		
Relationship to patients (n = 91)		
Parents	40	(44.0)
Siblings	21	(23.1)
Sons or daughters	16	(17.6)
Relatives	7	(7.7)
Spouses	5	(5.5)
Friends	2	(2.2)
Education (n = 89)		
Under bachelor's degree	28	(31.5)
Bachelor's degree	54	(60.7)
Above bachelor's degree	7	(7.9)
Occupation (n = 84)		
Unemployed	14	(16.7)
Government officials	6	(7.1)
State enterprise officials	2	(2.4)
Business owners/Employers	24	(28.6)
Employees	13	(15.5)
Labors	25	(29.8)
Family incomes (baht/month) (n = 66)		
Med = 20,000, Min = 600, Max = 200,000, Mean = 36,800, SD = 40,902.28		
Daily time spent with the patients (hours) (n = 69)		
Med = 5, Min = 0, Max = 24, Mean = 9.25, SD = 8.11		

Table 2. Scores on knowledge and attitude on schizophrenia of the caregivers before and after the program

Scores	Before the program Mean, SD	After the program Mean, SD	Paired t-test	p-value
Knowledge (full score = 10)	6.06, 1.86	6.91, 3.35	2.49	0.014*
Attitude (full score = 60)	37.57, 6.46	29.37, 15.79	4.90	0.000**

* $p < 0.05$, ** $p < 0.01$

Table 3. Caregivers' satisfactory evaluation of psychoeducational program

Topics of evaluation	Mean	SD
	(full score = 5)	
Interest/Attraction of program	4.17	0.88
Usefulness of program	4.10	0.88
Suitability of content	3.79	0.92
Suitability of media	3.76	0.85
Competency of educators	4.31	0.56
Suitability of place	4.26	0.59
Suitability of timing	3.83	0.88
Comprehension	3.93	0.84
Suitability of setting	3.83	0.76

Discussion

The present study showed that the mean scores of knowledge and attitude of schizophrenia of the caregivers before and after the program were statistically different. It showed that the caregivers of schizophrenic patients gained benefits from the psycho-educational program. Psycho-educational program on schizophrenic patients' caregivers aimed to provide knowledge of schizophrenia, and shape their attitude toward schizophrenic patients. It is to make them consider their appropriate role of care-giving, and improve their communication skills to the patients. Studies showed that the psycho-educational program reduced psychological stress of schizophrenic patients' caregivers as they dealt more effectively with the patients' symptoms, and it prevented relapse of schizophrenia⁽¹⁹⁾.

Regarding the attitude and family atmosphere, most caregivers thought that they could help the patients. They also hoped that the patients would gain their functioning and normal lives. This is important for implementing family interventions to help the schizophrenic patients. However, most caregivers still believed that they were to blame in developing the patients' symptoms. This issue may need a longer time to reduce the caregivers' guilt or self-blame and help them to live with the patients.

According to the satisfactory evaluation of the program, most participants considered the program interesting and very useful. They were satisfied with this program. This indicates that the psycho-educational program was successful.

Conclusion

The psycho-educational program for schizo-

phrenic patients' caregivers was aimed to provide education, shape the attitude upon schizophrenia, reduce psychological stress of caregivers, and help the caregivers to provide care effectively for patients. The results showed that the program had an effect on caregivers' knowledge and attitude about schizophrenia.

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ผลของโครงการการให้สุขภาพจิตศึกษาต่อความรู้และเจตคติเกี่ยวกับโรคจิตเภทของผู้ดูแลผู้ป่วยโรคจิตเภท

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ภูมิหลัง: โรคจิตเภทมีลักษณะสำคัญได้แก่ อาการของโรคจิตเรื้อรัง ดังเช่น อาการหลงผิด อาการประสาทหลอน รวมถึงอาการทางด้านลบ เช่น หลีกเลียงการเข้าสังคม อาการเหล่านี้ส่งผลให้เกิดปัญหาทางด้านพฤติกรรม ทั้งพฤติกรรมก้าวร้าว รุนแรง หรือเก็บตัวแยกจากสังคม ซึ่งไม่เพียงแต่ส่งผลกระทบต่อชีวิตของผู้ป่วย ยังส่งผลกระทบต่อภาวะสุขภาพและชีวิตประจำวันของผู้ดูแล ความเครียดและภาระของผู้ดูแลย่อมส่งผลให้คุณภาพการดูแลผู้ป่วยลดลง ความรู้ความเข้าใจในโรคจิตเภทของผู้ดูแลจึงเป็นสิ่งจำเป็นสำหรับครอบครัวในการมีส่วนร่วมบำบัดรักษาผู้ป่วยจิตเภท โครงการการให้สุขภาพจิตศึกษามีเป้าหมายเพื่อช่วยให้ความรู้เกี่ยวกับโรค ช่วยให้ผู้ดูแลสามารถจัดการกับปัญหาของผู้ป่วยอย่างมีประสิทธิภาพมากยิ่งขึ้น ลดความเครียดของผู้ดูแล และเพิ่มการสนับสนุนทางสังคมให้แก่ผู้ดูแล

วัตถุประสงค์: การศึกษานี้มีเป้าหมายเพื่อศึกษาผลของโครงการการให้สุขภาพจิตศึกษาต่อความรู้เจตคติที่มีต่อโรคจิตเภทของผู้ดูแลผู้ป่วยจิตเภท

วัสดุและวิธีการ: ผู้เข้าร่วมการศึกษาได้ร่วมโครงการการให้สุขภาพจิตศึกษาซึ่งดำเนินการโดยทีมจิตแพทย์ในภาคจิตเวชศาสตร์ โรงพยาบาลจุฬาลงกรณ์ โครงการการให้สุขภาพจิตศึกษาประกอบด้วย การให้ความรู้โดยวิธีการสอน การอภิปรายเป็นกลุ่ม และการฝึกทักษะการสื่อสาร ผู้เข้าร่วมโครงการได้รับการประเมินความรู้ และเจตคติก่อนและหลังจากสิ้นสุดโครงการ วิเคราะห์ผลการศึกษาโดยนำคะแนนเฉลี่ยของความรู้และเจตคติก่อนและหลังโครงการมาเปรียบเทียบกันโดยใช้ paired t-test

ผลการศึกษา: ผู้ดูแลผู้ป่วยจิตเภทที่เข้าร่วมการศึกษามีจำนวนทั้งหมด 91 ราย ผลการศึกษา พบว่า คะแนนเฉลี่ยก่อนเข้าร่วมโครงการเป็นดังนี้ ค่าคะแนนเฉลี่ยของความรู้ 6.06 คะแนน (ส่วนเบี่ยงเบนมาตรฐาน 1.86) เจตคติ 37.57 คะแนน (ส่วนเบี่ยงเบนมาตรฐาน 6.46) หลังจากสิ้นสุดโครงการ ค่าคะแนนเฉลี่ยของความรู้ 6.91 คะแนน (ส่วนเบี่ยงเบนมาตรฐาน 3.35) เจตคติ 29.37 คะแนน (ส่วนเบี่ยงเบนมาตรฐาน 15.79) (ค่าคะแนนเต็มของความรู้และเจตคติ คือ 10 คะแนนและ 60 คะแนน ตามลำดับ) ค่าคะแนนเฉลี่ยของความรู้ และเจตคติก่อนและสิ้นสุดโครงการ พบว่า มีความแตกต่างกันอย่างมีนัยสำคัญทางสถิติ ที่ระดับนัยสำคัญน้อยกว่า 0.05 และน้อยกว่า 0.01 ตามลำดับ

สรุป: โครงการการให้สุขภาพจิตศึกษาเกี่ยวกับโรคจิตเภทส่งผลต่อการเปลี่ยนแปลงของความรู้และเจตคติของผู้ดูแลกระบวนการที่ช่วยเหลือผู้ดูแลผู้ป่วยจิตเภทน่าจะช่วยเพิ่มความรู้ ปรับเปลี่ยนเจตคติ และส่งผลให้เกิดความสำเร็จในการรักษาและฟื้นฟูสมรรถภาพผู้ป่วยจิตเภทได้