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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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## 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 all. 2001; Babacan Gümüs 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; Hätönen 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 Gümüs 2008; El Sayeh and Khedr 1998; Payson et all. 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 live 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 all. 2001; Babacan Gümüs 2008; Payson et all. 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

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