

Effectiveness of Psycho- educational Program for Nurses about Psychiatric Patient's Advocacy

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Abstract

Background: Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. **Aim:** The study aimed to evaluate the effect of psycho- educational program for nurses about psychiatric patient's advocacy. **Design:** A quasi-experimental design was used to achieve the aim of the study. **Setting:** This study was conducted at the department in Benha psychiatric hospital in Benha City, Qalubia Governorate, which is affiliated to General Secretariat. **Subjects:** A purposive sample of 60 nurses were working in Benha psychiatric hospital. **Tools of data collection:** I) Interviewing sheet consisted of two parts (a) Socio-demographic sheet for personal characteristics and (b) questionnaire sheet about nurses' knowledge toward psychiatric patient's rights and advocacy and II) Observation checklist to measure nurses' experience toward psychiatric patient's advocacy. **Results:** There was a highly statistically significant improvement in total score of nurses' knowledge and experience toward psychiatric patient's advocacy between pre and post implementation of the program. **Conclusion:** Psycho-educational program had a positive effect on nurses' knowledge and experience about psychiatric patient's advocacy. **Recommendations:** Teaching of advocacy skills in the hospitals and institutions in which an in-service training programs for mental health nurses on knowledge about nurse's advocacy of the psychiatric patient occurs and the nurse's position as an advocate for the rights of psychiatric patients should be emphasized in the curriculum.

Key words: Advocacy, Experience, Nurses' Knowledge, Psychiatric patient.

Introduction

Patient's advocacy in terms of the nurse was using his or her professional knowledge effectively to advocate for their patients, as well as challenging the traditional healthcare power structures. Most nurses viewed their daily activities in the clinical setting and measures taken on behalf of a patient as being patient advocate, although patients are not always regarded as vulnerable, combination of hospitalization, illness and subjection to care by the health team can be a difficult situation

in which to fully express their opinions and choices (Choi, 2015).

Concept of advocacy as a philosophical principle in the nursing profession. Hence, nurses are expected by their professional code of ethics to intercede on behalf of patients in situations of ethical dilemma in the clinical setting, the concepts of advocacy in the clinical setting concluded on three core attributes. These attributes were safeguarding patient's autonomy, acting on patients' behalf and championing social justice in the provision of health care (Water, 2016).

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Although, (Davoodvand et al.,2016) viewed patient advocacy from the perspective of empowering patients to advocate on their own behalf in the healthcare setting. Patients are usually vulnerable in the clinical setting due to either lack of education and severity of their illness or fear due to terminal conditions.

According to (Taylor, 2016), emphasized that advocacy refers to the act of supporting or recommending a cause or course of action, undertaken on behalf of persons or issues. It relates to the need to improve systems and societal structures to create greater equity and better health for all. In addition, advocacy became an ethical ideal based on notion that nurses know patients better and in a different, more intimate way than other health care professionals because they provide continuity of care, not only as a legal requirement, advocacy became an ethical obligation in which nurses speak for patients.

According to Maylea (2019), emphasized that mental health consumers have the rights to "be considered capable of a making a decision by the service or person providing care "and" have their wishes respected and taken into account", Psychiatric nurses need to be knowledgeable about current policies and legislation affecting mental health care However, knowledge is not enough (Gee, et al; 2016).

Historically, from the time of Florence Nightingale, the nurse has been the person who has identified patient needs and sought ways to have these needs met, Advocacy has been proposed as a means of building political will and community support for mental health and reducing stigma, Advocacy is a concept that has been widely acknowledged in other professions besides nursing (Gee, et al; 2016).

Patient advocacy in clinical setting focuses on health conditions healthcare

resources, patient needs and that of the public as well Nurses must mobilize and become advocate for the needs and rights of this vulnerable population. Although people with mental disorders still experience no treatment such as physical mental and sexual abuse, especially in middle and low-income countries, due to poor and insufficient resources inside these institutions (Chism, 2017).

Significance of the study

Nurse advocacy has been defined as the voice of patients, as a behavior guideline as a way of coping with the several challenges imposed by traditional health structures and their relations of power as a way to empower patients to decisions and interfere in the miscommunications between patients and other health professionals (Kalaitzidis & Jewell, 2015).

Aim of the study

This study aimed to evaluate the effect of psycho-educational program for nurses about psychiatric patient's advocacy.

Research hypothesis

The psycho-educational program had positive effect on nurses about psychiatric patient's advocacy.

Subjects and Methods

Research Design:-

A quasi experimental design was used to achieve the aim of the study.

Research Subjects:-

Sample size

A purposive sample was obtained from nurses who meet inclusion criteria. The study was conducted on 60 of Benha psychiatric hospital nurses working in the hospital.

Inclusion criteria:-

Population: Nurses working in Benha Psychiatric and Mental Health Hospital in Benha City.

Level of education: Bachelor, technical health and diploma nurse.

Level of experience: At least one year.

Sex: both sexes.

Age: >18 years.

Research Setting:-

This study was conducted at the department in Benha psychiatric hospital in Benha City, Qalubia Governorate, which is affiliated to General Secretariat.

Tools of the Study:-

The tools used for the study consists of an interviewing questionnaire and observation checklist.

Structured Interview questionnaire:

The interviewing questionnaire was designed by the researcher based on literature review consists of two parts:

Part I: Socio- demographic sheet: A personal interview sheet for nurses:

It was conduct by the researcher after reviewing literature in this field; the researcher designed the sheet of tool. This section includes brief profile questions about the participants' nurses (age, sex, marital status, educational level, and years of experience and training courses about psychiatric patient's rights).

Part II: Nurses' Questionnaire about psychiatric patient' rights and advocacy:

It was conducted by **Hussein, N. H., (2019)**. After reviewing literature in this field; section included nurses' knowledge about psychiatric patient's rights and advocacy, consists of (30) , (16) items about psychiatric patient's rights concerning (legal aspects (5), patient care (11) items), and patient needs (14) items about nurses' knowledge about psychiatric patient's advocacy.

Scoring system:

It was rating ranging from:

- (3) Grades for agree.
- (2) Grades for not sure.
- (1) Grade for disagree.

Score= (observed score /the maximum score) ×100 Total score is from 30-90 grades:

- High >80% (90 -72 grades).
- Moderate >50-80 % (45 -71 grades).
- Low ≤50% (30 – 44 grades).

B- Observation checklist:

It was conducted by **Hussein, N. H., (2019)**. after reviewing literature in this field to measure nurses 'experience about psychiatric patients' advocacy consists of (33) items concerning (patient needs, patient care and family needs).

Scoring system:

Total number of questions were (33) questions.

Scoring system of experience:

Scoring system was adopted with rating (done) and (Not done) each questions (done) is (1grade) (Not done) is (zero).

Score % = (the observed score /the maximum score) ×100 Total score is from 0-33 grades:

- High experience > 80 (20 -30 grades)
- Moderate >50-80 % (15 -19 grades).
- Low ≤50% (0 – 18 grades).

Content Validity:

A group of 5 experts did validity of tools 5 of them were specialized in the psychiatric nursing to check the relevancy, clarity, comprehensiveness, and applicability of the questions according to their opinions, modifications were done according to the available resources.

Reliability of the tool:

Test-retest reliability was applied for tool (The tools proved to be strongly reliable (r. = 0.82)

Pilot Study:

Before starting collecting data, a pilot study was conducted to pass the clarity and applicability of the study tools, and identify the time needed to fill each tool. It was carried out on 10% of the subjects, who were

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included from the main study sample.

Ethical Consideration:

-An oral consent was obtained from the participants to assure voluntary participation for every selected nurse who involved on the sample and the purpose of the study will be explained to nurses. The participants assured about the confidentiality and the privacy of their obtained information throughout the study. Respect the right of the participants to withdraw at any time during the data collection period.

Field work:

Development of Psycho-educational program Nurses:

The psycho- educational program was developed by the researcher after a thorough review of the related literatures and after making of the pilot study aimed to develop nurse's knowledge and skills about psychiatric patient's advocacy. The number of program's sessions was 12 sessions based on the results obtained from the assessment tools and review of literature.

Implementation Phase:-

This phase was beginning by data collection then implementation of educational program for nurses toward psychiatric patient's advocacy who meet previously mentioned criteria.

Data collection (Pre-test):

Data collection of this study was carried out at 60 of Benha psychiatric hospital nurses who are work in the hospital, Benha City, Qalubia Governorate. The data collection was done on study group (pretest) in first session (acquaintance session) after identify the purpose of the program, describe schedule of the program (number of sessions, time and duration of each session) and outlines the content and steps of the program.

Implementation of the Program:

-Data collection was carried out in the period

from the beginning of May 2021 to the end of Jan 2021.

-Total time of program 12 hours 4 hours is theoretical, and 8 hours are practical.

-The researcher collected data, two days / week from 9 AM – 11 PM on Sunday and Thursday.

-Researcher worked with (6 group, 2days/week) each group composed of 10 nurses received one session/day/week which lasted for about 30-60 minute and 10 minute for break.

-The program sessions were conducted in psychiatric specialist nurse room for group therapy.

-After finished, the researcher thanked the nurses for participation and encouraged nurses for asking about any unclear points.

Strategy of program implementation

Methods of teaching:

- Lecture, group discussion, brain storming, demonstration, re-demonstration .and role play.

Media: - Booklet - data show-videos.

Methods of evaluation: - Feedback and the participation of each participant in the discussion and re-demonstration.

The psycho-educational program consisted of the following sessions:

- Session1: Introductory session.
- Session2: overview on psychiatric patient's advocacy.
- Session3: clinical application of barriers and facilities of psychiatric patient's advocacy.
- Session4 :(Role of the nurse in psychiatric patient's advocacy.)
- Session5-10: clinical application of nursing role about psychiatric patient's advocacy
- Session 11: clinical application of nursing process of psychiatric patient's advocacy.
- Session 12: Summarizing of all session of the program and post program

questionnaires distributed to test and compare between nurses knowledge,

experience, and practices of nurses before and after the program.

Results

Table (1): Represents that, more than one third (36.7%) of the studied nurses aged between 31 to 40 years old with $X \pm SD$ of 38.10 ± 9.80 , less than three quarters (73.3%) of them were females, and two thirds (66.7%) were married. As regards their level of education, less than half (46.7%) of them had secondary diploma in nursing, less than three quarters (71.7%) had more than 10 years of experience with $X \pm SD$ of 14.08 ± 6.29 , and the majority (83.3%) of them had no previous Training courses on psychiatric patient's rights and advocacy.

Table (2): Shows that, there were highly statistically significant relations found between the studied nurses' total knowledge score about psychiatric patient's rights pre and post psycho-educational program implementation at ($P < 0.001$).

Table (3): Shows that, there were highly statistically significant relations found between the studied nurses' total knowledge score about psychiatric patients' advocacy pre and post psycho-educational program implementation at ($P < 0.001$).

Figure(1): this figure reveals that, less than one third (30.0%) of the studied nurses had high total knowledge score regarding psychiatric patients' rights and advocacy pre-

psycho-educational program implementation which increased to more than two thirds (70.0%) post psycho-educational program implementation, while more than one third (38.3%) of them had low total knowledge score pre psycho-educational program implementation which decreased to one-sixth (16.7%) post psycho-educational program implementation.

Figure(2): this figure denotes that, slightly more than one fourth (26.6%) of the studied nurses had high total experiences score regarding psychiatric patients' advocacy pre psycho-educational program implementation which increased to more than two thirds (71.7%) post psycho-educational program implementation, while more than one third (41.7%) of them had low total experiences score pre psycho-educational program implementation which decreased to less than one fifth (15.0%) post psycho-educational program implementation.

Table (5): Indicates that, there were highly statistically significant positive correlations found between the studied nurses total knowledge and total experiences between pre and post educational program implementation at ($P < 0.001$)

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Table (1): distribution of the studied nurses according to their socio-demographic characteristics (N= 60).

| Socio-demographic characteristics | No. | % |
|---|-----|-------------|
| Age (Years): | | |
| 18- <30 | 12 | 20.0 |
| 30 -< 40 | 22 | 36.7 |
| 40 -< 50 | 15 | 25.0 |
| 50+ | 11 | 18.3 |
| X ± SD 38.10 ± 9.80 | | |
| Sex : | | |
| Male | 16 | 26.7 |
| Female | 44 | 73.3 |
| Marital status: | | |
| Single | 10 | 16.7 |
| Married | 40 | 66.7 |
| Divorced | 4 | 6.6 |
| Widowed | 6 | 10.0 |
| Level of education: | | |
| Secondary diploma in nursing | 28 | 46.7 |
| Secondary technical nursing diploma | 18 | 30.0 |
| Technical health institute with specialty | 14 | 23.3 |
| Other qualifications | 0 | 0.0 |
| Years of experience in working with psychiatric patients: | | |
| 1-< 5 years | 7 | 11.6 |
| 5- 10 | 10 | 16.7 |
| > 10 | 43 | 71.7 |
| X ± SD 14.08 ± 6.29 | | |
| Training courses on psychiatric patient's rights and advocacy. | | |
| Yes | 10 | 16.7 |
| No | 50 | 83.3 |

Table (2): Total nurses' knowledge score about psychiatric patient's rights pre and post psycho-educational program implementation, (N = 60).

| Variables | Pre-program implementation | | Post-program implementation | | x ² | P-value |
|-----------------|-----------------------------|------|------------------------------|------|----------------|---------|
| | No. | % | No. | % | | |
| High | 30 | 50.0 | 49 | 81.7 | 61.1 | <0.001* |
| Moderate | 16 | 26.7 | 8 | 13.3 | | |
| Low | 14 | 23.3 | 3 | 5.0 | | |
| | X ± SD 19.50 ± 5.685 | | X ± SD 25.65 ± 10.439 | | | |

Table (3): Total nurses' knowledge score about psychiatric patient's advocacy pre and post psycho-educational program implementation, (N = 60).

| Variables | Pre-program implementation | | Post-program implementation | | X ² | P-value |
|-----------|----------------------------|------|-----------------------------|------|----------------|---------|
| | No. | % | No. | % | | |
| High | 26 | 43.3 | 45 | 75.0 | 66.89 | <0.001* |
| Moderate | 16 | 26.7 | 7 | 11.7 | | |
| Low | 18 | 30.0 | 8 | 13.3 | | |
| | X ± SD 22.016 ± 6.518 | | X ± SD 28.96 ± 12.244 | | | |

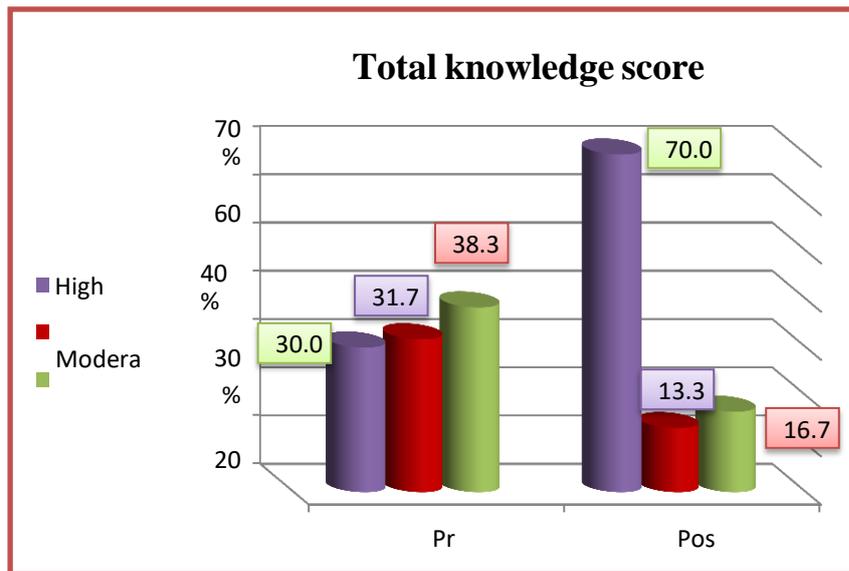


Figure (1): Total knowledge score regarding psychiatric patients' rights and advocacy pre and post psycho-educational program implementation, (n=60).

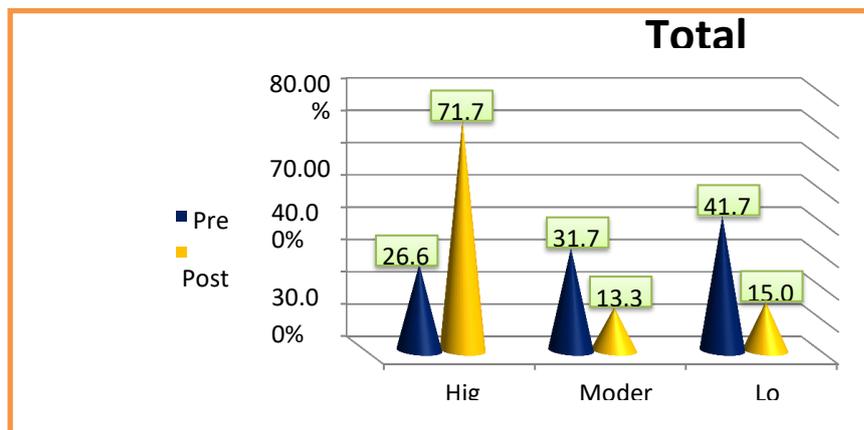


Figure (2): Percentage distribution of the studied nurses' total experiences score regarding psychiatric patients' advocacy pre and post psycho-educational program implementation, (N=60).

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Table (4): Correlation between nurses' total knowledge and total experiences pre and post educational program implementation, (N=60).

| Variables | Total knowledge | | | |
|--------------------------|-----------------------------|---------|------------------------------|---------|
| | pre- program implementation | | post- program implementation | |
| | r | P-value | r | P-value |
| Total experiences | 0.799 | <0.01 | 0.987 | <0.01 |

Discussion

Advocacy in mental health nursing is the act of supporting or recommending a cause or course of action on behalf of people or concerns. It is concerned with the need to reform systems and societal structures in order to achieve greater equity and better health for everyone. Individually and collectively, nurses strive to speak for and work toward the elimination of societal injustices, Furthermore, nurse-led mental health patient advocacy aims to help patient's access necessary health care, protect their rights, ensure quality of care, and serve as a link between patients and the health-care environment. It is usually associated with nurses who acknowledge their role as mental health nurse advocates and consider their thoughts and behaviors in relation to the treatment they provide to patients (**Brassard, A, 2020**).

Socio-demographic characteristic of the studied nurses.

The present study sample included 60 of mental health nurses; the study had been conducted at Benha hospital, Benha City, Qalubia Governorate. Mental health nurses who were found at the time of the study, with criteria more than one third of the studied nurses aged between 31 to 40 years old with $X \pm SD$ of 38.10 ± 9.80 and less than three quarters of them were Female.

Concerning nurses' marital status, the findings of the current study revealed that two thirds were married.

Concerning nurses' years of experience, the findings of the current study revealed that less than three quarters had more than 10 years of experience with $X \pm SD$ of 14.08 ± 6.29 , their level of education, less than half of them had secondary diploma in nursing.

Concerning Training courses in psychiatric patients' rights and advocacy findings the current study revealed that the majority of them had no previous training courses about psychiatric patient's rights.

This result may be due to the fact that psychiatric patient's rights are not covered in the learning curriculum of diploma nurses, but they are covered in training courses related to psychiatric hospital policy.

This result is agreement with **Motamed (2015)** stated in the study of "Iranian nurses' perceptions of patient advocacy" the majority of nurses were females and married. Most of the participants had prior work experience, ranging between 6 months and 10 years. However, the majority of nurses had not participated in any workshops on patient rights.

This result is consistent with **Teke et al. (2007)**, who stated in their study "Evaluation of knowledge and attitudes of nurses working in training hospitals about patients' rights," that the majority of knowledge about patient

rights was obtained from trainings after graduation.

These results show that nurses who passed significant part of their daily work with patients and in close communication with them, did not receive sufficient knowledge about patient rights during their formal education and practice, but

the subject was emphasized in hospital trainings. It shows, once again, that health personnel need more training regarding patient rights during their graduation and after.

Although This result disagreement with **Abbaszadeh et al. (2016)** who stated in the study of " Nurses' attitudes towards nursing Advocacy", level of education was bachelor of nursing that they had been trained about the rights of patients than diploma nurse and they had knowledge much more.

Although this result is disagreement with **Bostan & Ünal (2013)**, who stated in the study of "Hospital patient's rights practices for employees" It was reported that most of health personnel did not receive any education about important topics of patient rights and the ones who had received such education.

Total nurses' knowledge about psychiatric patients' rights and advocacy pre and post psycho-educational program implementation.

Concerning assessment of nurses' knowledge toward psychiatric patient's rights and advocacy the current study revealed less than one third of the studied nurses had high total knowledge score regarding psychiatric patients' rights and advocacy pre-program which increased to more than two thirds post program, while more than one third of them had low total knowledge score pre-program which decreased to one- sixth post program.

this result is agreement with **Akca et al. (2015)**, who stated in the study of "Knowledge and attitudes of nurses regarding patient rights" revealed that a significant part of the nurses did not receive a qualitative education on patient rights during graduation or after, and that the courses realized by Patient Rights and Education Units did not reach sufficient quality level.

This result is agreement with **Bostan & Ünal (2013)** stated in the study of "Hospital patients' rights practices for employees" revealed that the small rate of nurses about less than one quarter who had not received any kind of education. However, the insufficiency of the knowledge concerning this subject is comparable with other researches. In those studies, which were conducted in order to assess the knowledge level and attitudes of nurses concerning patient rights. In recent study that training courses were taken about psychiatric patient's right advocacy.

This result is agreement with **O'Connor & Kelly (2005)** stated in the study of " a study of general nurses' perceptions of patient advocacy in Ireland", the effect of comprehensive knowledge on nurses' fulfillment of their advocacy role was highlighted. As they indicated, nurses' perception of patient advocacy could be reinforced

This result is disagreement with **Elewa, (2016)** stated in the study of " Assessment of Awareness and Source of Information of Patients' Rights" revealed that the large percentage of the sample got their information about patient right from nurses and. Less than half of sample got information from other health care provider, while more than one third of the subjects got information from National Patients and their families' Rights

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and Responsibilities' booklet, while about one third of the subjects got information from family and friends.

Nurses' experience about psychiatric patient's advocacy pre and post psycho-educational program implementation.

the percentage distribution of total experience among nurses included in this study that slightly more than one fourth of the studied nurses had high total experiences score regarding psychiatric patients' advocacy pre-program which increased to more than two thirds post program, while more than one third of them had low total experiences score pre-program which decreased to less than one fifth post program.

This result is agreement with **Negarandeh et al. (2008)** stated in the study of "The meaning of patient advocacy for Iranian nurses". That revealed the skills of nurses are considered determining factors in the practice of health advocacy and can be developed in the formation and/or during work experience through continuing education programs providing opportunities for them to be adequately trained to deal with situations that require defending patients' rights.

Relation between Nurses' total knowledge, total experience score and their socio-demographic characteristics pre and post psycho-educational program implementation.

Concerning with relation between nurses total knowledge about psychiatric patients advocacy and their socio-demographic characteristics, that there were highly statistically significant differences found between the studied nurses' total knowledge score and their age, sex, and marital status at ($P < 0.01$). The higher level of knowledge is found among nurses aged between 31-40

years old, female nurses, and who were married. Also there were highly statistically significant differences found between the studied nurses total knowledge score and their level of education, years of experience, and attending training courses at ($P < 0.01$). The higher level of knowledge is found among nurses who had secondary diploma in nursing, had more than 10 years of experience, and who had no previous training courses.

These results were supported by **Kibble (2012)** stated in the study of "Patient advocacy in nursing practice" that Lack of education or experience can be seen as both the cause of conflict and as a basis for misunderstanding and is related to the nurses are generally unprepared for advocacy unless they are educated and trained to do so. In the present study, there was there are highly statistically significant differences found between the studied nurses' total experiences score and their age, gender, and marital status . The higher level of experiences is found among nurses aged between 41-50 years old, female nurses, and who were married.

Correlation between the studied nurses' total knowledge and total experience pre and post psycho-educational program implementation.

The current study indicated that, there was highly statistically significant positive correlation between the studied nurses total knowledge and total experiences between pre and post educational program implementation at ($P < 0.01$). These results were supported by **Motamed-Jahromi, (2012)** stated in the study of " Iranian nurses' attitudes and perception towards patient advocacy" that the nurses who were working in psychiatric wards of psychiatric hospitals had more positive attitude and perception compared to others; it seems that these nurses' knowledge

and perception of nursing advocacy is more than others, and they put this knowledge into practice, indicating their positive attitude. According to mental health nurses were more likely to evaluate patient's spiritual needs because they had more time and were accustomed to consult patient.

The results of this study showed that nurses while providing expert care should not only protect their patients of medical errors, but also protect them against misconducts of other healthcare professionals.

Conclusion

This study was contributed to evaluate the effect of psycho- educational program for nurses about psychiatric patient's advocacy.

Nurse have been advocated for patients since many years ago, and having nursing advocacy as a professional role, advocacy educational programs, and supports from their employers for doing this role. There is a positive improvement of nurses' knowledge and experience toward psychiatric patient's advocacy post program implementation.

Recommendations

1) Recommendations for nurses

❖ Teaching of advocacy skills in the hospitals and institutions in which an in-service training programs for mental health nurses on knowledge about nurse's advocacy of the psychiatric patient occurs.

❖ Members of the health care team create a case study and role-playing activities, as well as serve as facilitators for seminars aimed at teaching nursing staff how to respond to circumstances requiring advocacy skills.

❖ Nurses require extra supervision and teaching in this area may need to be included to the curriculum of psychiatric nursing trainees.

2) Recommendations for research

❖ Replication of the current study on a large sample in recommended achieving generalization of the results and wider utilization of the designed program.

3) Recommendations for community

❖ The nurse's position as an advocate for the rights of psychiatric patients should be emphasized in the curriculum.

❖ Assist nurses on the medical team and provide opportunities and resources to help psychiatric patients advocate for themselves.

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تأثير البرنامج النفسي للتعليمي للمرضين للدفاع عن المريض النفسي

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ان الدفاع عن المريض النفسي يتخذ إجراءات لمساعدة المرضى على قول ما يريدون ، وتأمين حقوقهم ، وتمثيل مصالحهم والحصول على الخدمات التي يحتاجون إليها. يعمل المدافعون وخطط الدفاع عن حقوق المريض النفسي بالشراكة مع الأشخاص الذين يدعمونهم ويقفون إلى جانبهم. يعزز الدفاع الإدماج الاجتماعي والمساواة والعدالة الاجتماعية. لذا تهدف الدراسة إلى تقييم تأثير البرنامج التعليمي للمرضين للدفاع عن المريض النفسي. تم استخدام تصميم شبه تجريبي لتحقيق هدف الدراسة. وقد أجريت هذه الدراسة بمقر مستشفى الأمراض النفسية والعقلية بمدينة بنها بمحافظة القليوبية التابعة للأمانة العامة على عينة هادفة من (60) ممرضا يعملون بمستشفى الصحة النفسية والعقلية بمدينة بنها. وقد أظهرت النتائج بوجود تحسن كبير إحصائياً في النتيجة الإجمالية لمعلومات المرضى وخبراتهم حول الدفاع عن المريض النفسي بين تنفيذ البرنامج قبل وبعد تنفيذ البرنامج. لخصت الدراسة إلى أن البرنامج النفسي التعليمي كان له تأثير إيجابي على معلومات المرضى وخبراتهم حول الدفاع عن المريض النفسي. كما اوصت الدراسة بتدريس مهارات الدفاع عن المريض النفسي في المستشفيات والمؤسسات التي يتم فيها تقديم برامج تدريب أثناء الخدمة لمرضى الصحة العقلية حول المعلومات لدفاع المرضى عن المريض النفسي ويجب التأكيد على موقف المرضى كمدافع عن المرضى النفسيين في المناهج الدراسية .