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Research article

Culturally Adapted Family Psychoeducation and Expressed Emotion Among Schizophrenia Caregivers in South Sulawesi: A Quasi-Experimental Study

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Abstract

Family expressed emotion is a relational construct particularly relevant to ongoing schizophrenia care. This study examined culturally adapted family psychoeducation and expressed emotion among schizophrenia caregivers in south sulawesi using a non-equivalent two-group pretest–posttest quasi-experiment. The study took place at Dadi Regional Psychiatric Hospital, South Sulawesi, Indonesia, between November 2025 and January 2026 and included 65 family caregivers, including 32 in the intervention group and 33 in the comparison group, recruited consecutively. The intervention consisted of structured family psychoeducation anchored in the Bugis–Makassar values sipakatau (mutual human dignity), sipakalebbi (respect), and sipakainge' (mutual reminding). Outcomes were assessed using family expressed-emotion questionnaire and categorisation into high and low expressed emotion. The proportion classified as having high expressed emotion fell from 62.5% to 9.4% in the culture-adapted group, versus 75.8% to 66.7% under comparison care. Mean expressed-emotion scores declined from 46.78 to 42.94 in intervention caregivers and from 50.61 to 49.52 in controls. The analysis reports a between-group Mann–Whitney p value below 0.001; the control group also showed a within-group difference ($p = 0.027$), so the comparison was not completely static. In interpretation, a culturally recognisable language of respect, human dignity, and supportive correction may make psychoeducational messages more acceptable while shifting responses away from criticism and overinvolvement. The design and measurement constraints mean that associations should not be represented as definitive causal effects.

INTRODUCTION

Family expressed emotion is a relational construct particularly relevant to ongoing schizophrenia care. Psychoeducation can offer families illness-related information, communication skills and coping tools; its delivery may depend on local conceptions of appropriate family conduct. In the Bugis–Makassar setting, the 3S values provide a recognisable framework for communicating empathy without abandoning family responsibilities.[1,2,3]

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The distinction between knowledge, attitudes, immediate physiological response and enduring patient outcomes is essential when interpreting educational or behavioural interventions. Measures may change because of repeated testing, increased attention, changes in care environments or clinical recovery. Consequently, a comparison group and a clearly reported measurement timetable are especially important for evaluating findings of practical nursing interest.[4,5,6,7]

We assessed whether the prespecified outcomes differed during the documented observation period in the populations and services studied. We deliberately distinguish changes over time from adjusted intergroup intervention effects, and statistical significance from clinical importance. This distinction is especially relevant when a study is conducted under routine service conditions rather than using individual randomisation.

METHODS

Study design and setting

The investigation used a non-equivalent two-group pretest–posttest quasi-experiment. It was conducted in Dadi Regional Psychiatric Hospital, South Sulawesi, Indonesia, between November 2025 and January 2026. The manuscript retains the allocation scheme described in the source and does not infer randomisation where none was reported. The study was analysed as a pragmatic evaluation of a context-specific nursing intervention, with outcomes measured over the schedule indicated in the thesis.

Participants and allocation

The study enrolled 65 family caregivers, including 32 in the intervention group and 33 in the comparison group, recruited consecutively. Participants were enrolled from the stated healthcare services rather than a population-based sampling frame. Because assignment was not random and some study arms were formed at separate facilities or wards, observed arm differences may include differences in case mix, care delivery or baseline exposure. Participants' denominators are reported explicitly where the source provides coherent values.

Intervention and comparison care

The intervention was structured family psychoeducation anchored in the Bugis–Makassar values sipakatau (mutual human dignity), sipakalebbi (respect), and sipakainge' (mutual reminding). The comparison condition was routine health education and observation without the structured culture-based programme. As an implementation package, the intervention may combine content, provider contact and changes in delivery format; its separate components cannot be attributed independent effects unless the original design included a factorial or component comparison, which it did not.

Outcome measurement

The prespecified or described measurements were family expressed-emotion questionnaire and categorisation into high and low expressed emotion. Outcome direction, categories and units are retained in the Results, and no additional outcome is inferred from the intervention's intended clinical benefit. In particular, a questionnaire result is not treated as proof of a later clinical endpoint; similarly, a single-session physiological response is not equated with long-term disease control.

Statistical analysis

The documented analysis used paired nonparametric comparisons and Mann–Whitney between-group testing. Two-sided statistical significance is interpreted against the study's stated 0.05 threshold. A reported $p = 0.000$ is expressed as $p < 0.001$ rather than an impossible exact probability

of zero. Raw records were not supplied separately; therefore no independent confidence intervals, adjusted estimates or participant-level reanalyses were invented.

RESULTS

The proportion classified as having high expressed emotion fell from 62.5% to 9.4% in the culture-adapted group, versus 75.8% to 66.7% under comparison care. Mean expressed-emotion scores declined from 46.78 to 42.94 in intervention caregivers and from 50.61 to 49.52 in controls. The analysis reports a between-group Mann–Whitney p value below 0.001; the control group also showed a within-group difference (p = 0.027), so the comparison was not completely static.

Table 1. Main study outcomes and changes.

Outcome	Pre-intervention	Post-intervention / change	Additional detail
Expressed emotion, intervention	46.78 ± 8.42	42.94 ± 6.23	n = 32
High expressed emotion, intervention	20/32 (62.5%)	3/32 (9.4%)	
Expressed emotion, control	50.61 ± 6.76	49.52 ± 6.47	n = 33
High expressed emotion, control	25/33 (75.8%)	22/33 (66.7%)	

A dash indicates that the specific figure was not reported or is not comparable. P values reflect the statistical results reported for this cohort.

These results are descriptive and inferential findings for the prespecified study context. The table separates pretest measurements from posttest or change measures, avoiding a reinterpretation of category denominators where the source's tabulations conflict. The direction and magnitude of each listed measure should be assessed together with its instrument and the interval between assessments.

DISCUSSION

The most informative finding was that the proportion classified as having high expressed emotion fell from 62.5% to 9.4% in the culture-adapted group, versus 75.8% to 66.7% under comparison care. Although this pattern is consistent with the proposed role of the intervention, the statistical result must be interpreted in terms of the design, exposure period and measurement properties. Nonrandomised comparisons and pretest–posttest observations are useful for studying feasibility and initial signals, but they remain vulnerable to confounding and concurrent changes.[8,9,10,11]

A culturally recognisable language of respect, human dignity, and supportive correction may make psychoeducational messages more acceptable while shifting responses away from criticism and overinvolvement. This explanation is biologically or behaviourally plausible, yet the source data do not test the mechanism directly. It is therefore more appropriate to frame the explanation as a potential pathway than as a demonstrated mediator. Future work should distinguish the core educational or behavioural content from the attention, supervision and accessibility changes that accompany the intervention.

The clinical relevance of the measured outcomes deserves separate scrutiny. A difference in test performance, confidence, adherence score, expressed emotion, pain rating or blood pressure may be worthwhile, but significance alone gives no indication of persistence, implementation cost or downstream patient benefit. Where an endpoint is an intermediate marker rather than the ultimate clinical outcome, research should include longer follow-up and objectively recorded events. Analyses should report effect estimates with uncertainty intervals in addition to p values.[12,13,14,15]

The study also has operational implications for nursing practice. Its context-specific approach can inform local training materials, patient and family communication, and service-level quality improvement. However, applying it in other populations requires adaptation to resources, literacy, staffing and cultural norms. Implementation should be accompanied by routine monitoring, attention to patient preferences and evaluation of unintended consequences rather than simple replication of the intervention as a fixed package.

Strengths and limitations

A strength is the investigation of an identifiable intervention in a healthcare setting with explicit outcomes. Non-random group assignment, possible differences in family context and baseline expressed emotion, short follow-up and questionnaire-based measurement limit causal attribution. Cultural mechanisms were not isolated from the generic effects of psychoeducation. Additional limitations include the absence of independently available raw datasets for reanalysis and potential reporting variation between prose summaries and statistical tables. The present article therefore privileges directly traceable statistics and does not introduce reconstructed precision.

CONCLUSION

In this study, the proportion classified as having high expressed emotion fell from 62.5% to 9.4% in the culture-adapted group, versus 75.8% to 66.7% under comparison care. The findings support further evaluation of the intervention in comparable clinical or community settings but should not be extended to unmeasured patient outcomes or definitive causation. Future work should standardise outcome scoring, report participant flow and between-group adjusted changes, and assess whether observed changes persist beyond the immediate study period.

BIBLIOGRAPHY

1. Budiono W, Kantono K, Kristianto FC, Avanti C, Herawati F. Psychoeducation improved illness perception and expressed emotion of family caregivers of patients with schizophrenia. Int J Environ Res Public Health. 2021 Jul 2;18(14):1–9. doi:10.3390/ijerph18147522 PubMed PMID: 34299972
2. Diorarta R, Susanti H, Wardani IY. Stress Management Application on Expressed Emotions of Families with Schizophrenia in Online Family Psychoeducation: Case Report. Jurnal Keperawatan Profesional (KEPO). 2025;6(2). doi:10.36590/kepo.v6i2.1416
3. Tessier A, Roger K, Gregoire A, Desnavailles P, Misdrahi D. Family psychoeducation to improve outcome in caregivers and patients with schizophrenia: a randomized clinical trial. Front Psychiatry. 2023;14(1171661):1–9. doi:10.3389/fpsyt.2023.1171661
4. Okafor AJ, Monahan M. Effectiveness of Psychoeducation on Burden among Family Caregivers of Adults with Schizophrenia: A Systematic Review and Meta-Analysis. Nurs Res Pract. 2023;167096:1–16. doi:10.1155/2023/2167096
5. Begam B, Baruah A. Effectiveness of Psychoeducation on Expressed Emotion of Family Members and as Perceived by the Patient with Schizophrenia. Eastern Journal of Psychiatry. 2021 Nov 15;23(1):21–6. doi:10.5005/jp-journals-11001-0009
6. Sharma M, Srivastava S, Pathak A. Family psychoeducation as an intervention tool in the management of schizophrenia and the psychological wellbeing of caregivers. Indian Journal of Community Medicine. 2021 Apr 1;46(2):304–8. doi:10.4103/ijcm.IJCM_683_20
7. Yasuma N, Sato S, Yamaguchi S, Matsunaga A, Shiozawa T, Tachimori H, et al. Effects of brief family psychoeducation on family caregiver burden of people with schizophrenia provided by psychiatric visiting nurses: a cluster randomised controlled trial. BMC Psychiatry. 2024;24(1):445. 96
8. Suharsono, Faidah N, Hanafi M. The effectiveness of nursing psychoeducation toward family burden and quality life on caregiver of people with schizophrenia in the community. Healthc Low Resour Settings 89 [Internet]. 2023 [cited 2025 Jun 2];11(s1):1–7. Available from: https://www.pagepressjournals.org/hls/article/download/11215/10703
9. Zhang T, Zhao Z, Wang X, Yang B, Li M, Wang L, et al. Sequential mediation model of social support, care burden, and internalized stigma among family function and depression in caregivers of patients with schizophrenia: evidence from a cross-sectional study in southwest China. Soc Psychiatry

Psychiatr Epidemiol. 2025 Apr 1;60(4):881–93. doi:10.1007/s00127-024-02753-8 PubMed PMID: 39276203. 93

10. Kochumon R, Sanil M, Saleem T, Tharayil HM. Effect of Psychoeducation on Expressed Emotion among Caregivers of Patients with Mental Disorders. Indian Journal of Private Psychiatry. 2024 Jul 26;18(2):57–60. doi:10.5005/jp-journals-10067-0176
11. Javadi SAHS, Hashemi SZ, Zamir SM. The Effects of Family Psychoeducation Courses on Depression, Anxiety and Family Functioning in the Caregivers of Schizophrenic Patients. Health Scope. 2021 Feb 13;10(1):1–7. doi:10.5812/jhealthscope.104116
12. Shiraishi N, Watanabe N, Katsuki F, Sakaguchi H, Akechi T. Effectiveness of the Japanese standard family psychoeducation on the mental health of caregivers of young adults with schizophrenia: A randomised controlled trial. BMC Psychiatry. 2019;19(1):263
13. Öksüz E, Karaca S, Özaltın G, Ateş MA. The effects of psychoeducation on the expressed emotion and family functioning of the family members in first-episode schizophrenia. Community Ment Health J. 2017;53(4):464–73
14. Behrouian M, Ramezani T, Dehghan M, Sabahi A, Ebrahimnejad Zarandi B. The Effect of Emotion Regulation Training on Stress, Anxiety, and Depression in Family Caregivers of Patients with Schizophrenia: A Randomized Controlled Trial. Community Ment Health J. 2020 Aug 1;56(6):1095–102. doi:10.1007/s10597-020-00574-y PubMed PMID: 32056061. 90
15. Kazemian S, Zarei N, Esmaeily M. Effect of strengthening family coping resources on emotion regulation of family caregivers of patients with schizophrenia. Evidence Based Care Journal. 2020;10(2):7–17. doi:10.22038/ebcj.2020.44754.2211