



Development and preliminary testing of the Schizophrenia Hope Scale, a brief scale to measure hope in people with schizophrenia



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ABSTRACT

Background: Hope has received attention as a central component of recovery from mental illness; however, most instruments measuring hope were developed outside the mental health field. To measure the effects of mental health programs on hope in people with schizophrenia, a specialized scale is needed.

Objective: This study examined the psychometric properties of the newly developed 9-item Schizophrenia Hope Scale (SHS-9) designed to measure hope in individuals with schizophrenia.

Design: A descriptive survey design.

Setting: Participants were recruited from three psychiatric hospitals and two community mental health centers in South Korea.

Participants: A total of 347 individuals over age 18 with a DSM-IV diagnosis of schizophrenia, schizoaffective, or schizophrenia spectrum disorders (competent to provide written informed consent) participated in this study; 149 (94 men, 55 women) completed a preliminary scale consisting of 40 revised items, and 198 (110 men, 88 women) completed the second scale of 17 items.

Methods: Scale items were first selected from extensive literature reviews and a qualitative study on hope in people with schizophrenia; the validity and reliability of a preliminary scale was then evaluated by an expert panel and exploratory factor analysis. The remaining 9 items forming the Schizophrenia Hope Scale (SHS-9) were evaluated through confirmatory factor analysis.

Results: The SHS-9 demonstrates promising psychometric integrity. The internal consistency alpha coefficient was 0.92 with a score range of 0–18 and a mean total score of 12.06 ($SD = 4.96$), with higher scores indicating higher levels of hope. Convergent validity was established by correlating the SHS-9 to the State-Trait Hope Inventory, $r = 0.61$ ($p < 0.01$). Divergent validity with the Beck Hopelessness Scale was also established, $r = -0.55$ ($p < 0.01$). Exploratory and confirmatory factor analysis resulted in a 1-factor solution, with the essential meaning of hope accounting for 61.77% of the total item variance.

Conclusion: As hope has been shown to facilitate recovery from mental illness, the accurate assessment of hope provided by the short, easy-to-use Schizophrenia Hope Scale (SHS-9) may aid clinicians in improving the quality of life of individuals with schizophrenia.

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What is already known about the topic?

- Hope is viewed as a facilitating factor in recovery and rehabilitation from mental illness.
- Even though 32 hope scales have been developed, there are few valid and reliable tools for measuring hope in people with severe mental illness.

What this paper adds

- A valid and reliable hope scale was developed for people with schizophrenia; its properties include essential meanings of hope from their perspective.
- This study produced a concise, easy-to-use 9-item instrument, the Schizophrenia Hope Scale (SHS-9) that could be of great value in measuring the effectiveness of nursing interventions on hope in mental health treatment settings.

1. Introduction

Hope is considered to be an important factor in recovering from mental illness (Van Gestel-Timmermans et al., 2010) and is believed to improve the quality of life of people with schizophrenia (Hasson-Ohayon et al., 2009). However, it has been reported that people with schizophrenia have significantly less hope than the general population (Landeem and Seeman, 2000; Landeen et al., 2000). The diagnosis of schizophrenia, implying a life-time of psychosis and hospitalization, is certainly a cause for despair and loss of hope among people with this illness (Littrell et al., 1996). Recently, insight into mental illness, internalized stigma, and depression were also considered to be a cause of hopelessness in people with schizophrenia (Ehrlich-Ben Or et al., 2013; Sharaf et al., 2012).

Given that hope is important to people with schizophrenia, various interventions to support it have been implemented in psychiatric settings (Cheavens et al., 2006; Schrank et al., 2012a). However, when conducting a study of hope, clinicians or nursing researchers unfortunately face the difficulty of identifying an appropriate hope scale to assess their patients with schizophrenia. Today, even though 32 hope scales have been identified across various disciplines and applications (Schrank et al., 2008), few valid and reliable tools exist for measuring hope in people with severe mental illnesses (Schrank et al., 2012b).

Attributes of hope are complex and multidimensional; thus, the emphasis on each attribute in hope scales would differ according to the situation and the context of the target population. One reason to insist upon the development of a hope instrument specific to people with schizophrenia is that hope reflects personal experience. For example, hope in persons with terminal cancer is related to ameliorating physical symptoms such as pain at the end of life (McClement and Chochinov, 2008), while individuals with psychiatric disorders hope for an untroubled life, the restoration of family relationships, and close interpersonal relationships (Noh et al., 2008). Hope in people with schizophrenia has

more emotional and spiritual meanings, that is, meaning in life, happiness, anticipation of a better future, and the energy to live (Noh et al., 2008).

The Snyder Hope Scale, Herth Hope Index, and Miller Hope Scale are the most frequently used with psychiatric patients. Although these tools are reported to have good reliability and validity, none have been validated for people with severe mental illness (Schrank et al., 2012b). Moreover, these three tools overlap considerably and focus on each attribute separately (Schrank et al., 2012b). The Snyder Hope Scale adopted a more narrow definition of hope as the mainly motivational concept of goal orientation. Consequently, it focuses on cognitive appraisals of the ability to generate the means to achieve goals, and excludes other possible emotional and spiritual aspects of hope (Schrank et al., 2012b). The Herth Hope Index (Herth, 1991) was developed to assess hope in elderly patients with cancer and their families during the last phases of the disease. It is likely that the nature of hope differs between people with cancer who face impending death and those with mental illness who continue to be concerned with daily life. The Miller Hope Scale (Miller and Powers, 1988) was based on critical elements of hope revealed in a comprehensive literature review and an exploratory study of hope in survivors of critical illness. Although the definition of hope in the Miller Hope Scale is more comprehensive than that in the Snyder and Herth instruments, this scale still focuses on hope in persons who survived a critical physical rather than mental illness. Furthermore, it is unfeasible for people with mental illness due to its high number of items (Schrank et al., 2012b). Accordingly, the use of existing scales to measure hope in people with schizophrenia may result in a misunderstanding of hope in this population because it is not certain that these scales accurately measure the properties of hope specific to individuals with mental disorders.

Therefore, there is a clear need for a high-quality instrument to measure hope in people with schizophrenia. This instrument could serve as a valuable measurement of hope in the context of evidence-based empirical research in the mental health field as well as an effective clinical assessment of recovery. This study aimed to develop a valid and reliable instrument to measure hope consisting of essential meanings of hope from the perspective of people with schizophrenia. Therefore, the specific research question is as follows: what is the reliability and validity of the newly developed measurement of hope in people with schizophrenia?

2. Methods

2.1. Design

A descriptive survey design was used to develop an instrument to measure hope in people with schizophrenia. This study was conducted in three phases: instrument development (phase 1), piloting scale (phase 2), and final Schizophrenia Hope Scale (phase 3).

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