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The Relationship Between the Hope Levels of Patients With Schizophrenia and Functional Recovery

Ejdane Coşkun[b], Özlem Şahin Altun[a,*]

[a] Department of Psychiatric Nursing, Faculty of Nursing, Ataturk University, Erzurum, Turkey
[b] Department of Psychiatric Nursing, Bitlis Eren University, Bitlis, Turkey

INTRODUCTION

Schizophrenia is a severe mental disorder that starts at an early age and negatively affects the areas of emotion, thought and behavior, causing individuals to withdraw from their relationships and to retreat to their own unique world (Öztürk & Uluşahin, 2008). It is a serious chronic disease that causes delusions, hallucinations and disorganized catatonic behaviors and is found in every social and socioeconomic environment (Durmaz, 2011; Öztürk & Uluşahin, 2008).

Schizophrenia affects individuals during the most functional period of their lives and leads to chronic and significant dissonance and conflict with their surroundings (Güneş, 2010). As a disease that causes more disability and has a poorer prognosis than other mental illnesses, the hopelessness of patients is one of the obstacles to healing during treatment (Gönüllüoğlu, 2011). For this reason, it is known as a disease that requires the healing and therapeutic effects of hope most (Lysaker, Campbell, & Johannesen, 2005).

Jerome Frank described hope as “a power that gives an individual the feeling of well-being and motivation to act” (Akman & Korkut, 1993; Yıldırım, 2009). Hope increases motivation and prevents feelings of helplessness and pessimism that arise in cases of illness. It contributes to individuals' positive life energy and gives them the self-confidence they need to reach their goals (Aslan, Sekman, & Vural, 2006; Aslan, Sekmen, Kömürcü, & Özet, 2007). Study results indicate that there is a decrease in the number of hospitalizations and an increase in treatment compliance rate and quality of life for schizophrenics with high levels of hope (Littrell, Herth, & Hinte, 1996; Lysaker et al., 2005). Adverse events such as increased suicide rate, reduced self-esteem, discontinued treatment and reduced functional recovery levels were found among patients with schizophrenia who are hopeless (Lysaker, Clements, Wright, Evans, & Marks, 2001; Lysaker, Roe, & Yanos, 2007).

Schizophrenia also includes the ability to have the ideal functionality expected in areas such as functional recovery, health and treatment, as well as the ability of the patient to perform daily life activities, to do administrative and financial management, to provide the social environment necessary for the continuity of interpersonal relationships and professional functioning (Emiroğlu, Karadayı, Aydemir, & Üçok, 2009). Patients with schizophrenia have serious problems adapting to daily living skills, social relationships, communicating with their families and surroundings, and it is known that patients cannot revert to pre-disease functional levels even during their recovery (Emiroğlu et al., 2009; Kavak & Ekinci, 2014). For this reason, functional recovery in schizophrenia and integration of individuals into society are among the important therapeutic goals (Gönüllüoğlu, 2011). Study results indicate that the majority of patients with schizophrenia can lead satisfying and productive lives, take necessary precautions to protect their health, develop self-interest in treatment and have improved treatment compliance as their functional recovery levels increase. They also indicate that symptom recovery alone is not enough to recover from schizophrenia (Emiroğlu et al., 2009; Harding, Brooks, Ashikaga, Strauss, & Breier, 1987). For this reason, the level of hope, which is a necessary part of a satisfying and productive lifestyle for symptomatic and functional recovery, may be decisive (Emiroğlu et al., 2009).

It is also important to note that initiatives to increase hope in schizophrenia treatment are a turning point in treatment and affect functional improvement positively (Öz, 2010; Yıldırım, 2009). It is of great importance that the health care team, especially psychiatric nurses, who frequently encounter schizophrenics and play an important role in their care, take appropriate initiatives to increase patients' hope (Kylmä, Juvakka, Nikkonen, Korhonen, & Isohanni, 2006). Nurses play a vital role in ensuring that patients realize their own values, set achievable goals and think positively (Öz, 2010).

This study, which was intended to contribute to nursing practices and determine the problems of patients with schizophrenia, was conducted to determine the relationship between the hope levels of schizophrenia patients and functional recovery. It is thought that this data will fill an important gap in the literature. In addition, the study will provide a better understanding of hope and functional recovery in the treatment of schizophrenia and provide important data on this subject for future studies.

* Corresponding author at: Department of Psychiatric Nursing, Faculty of Nursing, Ataturk University, 25240 Erzurum, Turkey.
E-mail address: elif.gokhan@atauni.edu.tr (Ö. Şahin Altun).

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MATERIALS AND METHODS

TYPE OF THE STUDY

This study used a descriptive and correlational research design.

POPULATION AND SAMPLE OF THE STUDY

The population of the study consisted of 107 patients who were treated at the psychiatry clinics of Bitlis State Hospital and who were diagnosed with schizophrenia according to the DSM-V criteria. Of these patients, 4 were excluded from the study because they did not volunteer to participate. No sampling was performed in the study population, and the study was completed with 103 patients. The inclusion criteria of the study were: Diagnosed with schizophrenia according to the DSM-V diagnosis criteria for at least two years, in remission (a period during which the symptoms of disease are diminished or abated, no signs of an active period, insight developed), older than 18 years, comorbid psychiatric diagnoses (depression, personality disorder, drug abuse, etc.), open to communication and cooperation, voluntary participation and no physical (speech, hearing impairment, etc.) and neurological deficits that would prevent filling out the forms.

OUTCOMES AND MEASURES

INSTRUMENTS

The data were collected by using the personal information form developed by the researcher to determine the sociodemographic characteristics of the patients, the Herth Hope Scale and the Functional Remission of General Schizophrenia Scale.

THE PERSONAL INFORMATION FORM

This questionnaire, created by the author, consisted of 13 questions regarding characteristics of the patients such as age, gender, marital status, level of education, employment status, monthly income, who they live with, the presence of schizophrenic family members and treatment duration of the disease.

THE HERTH HOPE SCALE

The Herth Hope Scale consists of 30 items. It was developed by Herth (1991) to determine levels of hope. The Turkish validity and reliability study of the scale was conducted by Aslan et al. (2006). The items in the scale are evaluated on a four-point Likert scale: never appropriate (0 points), rarely appropriate (1 point), sometimes appropriate (2 points) and always appropriate (3 points). The respondent is asked to mark a single option for each item. The scale consists of three subscales: the future, positive readiness and expectations, and interconnectedness. Total hope score range between 0 and 90, and subscale scores range between 0 and 30. High scores on the scale indicate high levels of hope (Aslan et al., 2006; Herth, 1991). This study found the Cronbach's Alpha internal consistency coefficient of the scale to be 0.93.

THE FUNCTIONAL REMISSION OF GENERAL SCHIZOPHRENIA (FROGS)

The Functional Remission of General Schizophrenia Scale was developed by Llorca et al. (2009), and the Turkish validity and reliability study of the scale was conducted by Emiroğlu et al., 2009.

The scale is a 5-point Likert type scale consisting of 19 items. There are 5 assessment levels for each item on the scale. Level 1 (no functional remission) refers to the lowest level of recovery, while level 5 (complete functional remission) corresponds to the ideal level of functioning. 2. Level 2 indicates partial functional remission, level 3 indicates adequate functional remission and level 4 indicates almost complete functional remission. When scores are between two levels, the lower level is selected. The scale consists of 4 sub-dimensions: social functioning, health and treatment, daily life activities and occupational functioning. Total scores on the scale range between 19 and 95. Higher scores on the scale indicate more complete recovery (Emiroğlu et al., 2009; Llorca et al., 2009). This study found the Cronbach's Alpha internal consistency coefficient of the FROGS to be 0.94.

DATA ASSESSMENT

SPSS (Statistical Package for Social Sciences) for Windows 18.0 was used for statistical analysis of the study data. Percentage distributions and mean tests, Cronbach's Alpha coefficient and Pearson's correlation test were used to evaluate the data. The differences between the groups indicated that the threshold for significance was $p < 0.05$.

ETHICAL DIMENSIONS OF THE STUDY

The study protocol was approved by the Ethics Committee of Atatürk University. Before the study, written approvals were received from the hospital where the study was conducted. The participants were informed about the aim and methods of the study and the time they would be asked to allocate for participation. It was explained to the patients that the data obtained from this study would kept confidential, that their participation posed no risk to them, that they could leave the study whenever they wanted, and that participation in the study was voluntary. The personal information form and questionnaires were completed by each participant in a single session of 25–30 min.

RESULTS

It was determined that 55.4% of the patients included in the survey were between 30 and 41 years of age, and 55.3% were female. It was determined that 45.6% of the patients were primary school graduates. The majority were single (62.1%), not working (85.4%), living with family members (62.2%) and had social security (59.2%) (Table 1). It was also determined that 34.0% of the patients had been in treatment for 6–10 years or > 10 years, and that most of them received regular drug treatment (85.4%) (Table 2).

The distribution of the mean scores of the patients on the Herth Hope Scale and the Functional Remission of General Schizophrenia Scale is shown in Table 3. It was determined that the total mean score of the Herth Hope Scale was 58.33 ± 14.98, and this result shows that the patients were hopeful at a moderate level. The highest sub-dimension score was the interconnectedness sub-dimension (21.84 ± 5.02), and the lowest sub-dimension was the positive readiness and expectations sub-dimension (17.23 ± 5.89). The total mean score on the FROGS was 42.33 ± 13.14, showing that the functional recovery of the patients was low. Their highest subscale score was on the social functioning subscale (15.05 ± 4.65), while their lowest subscale score was on the occupational functioning subscale (3.79 ± 1.75).

A significant positive correlation was found between the patients' mean score on the Herth Hope Scale and their mean score on the Functional Remission of General Schizophrenia Scale ($r = 0.680$, $^{**}p < 0.05$) (Table 4).

DISCUSSION

This study was conducted to investigate the relationship between the levels of hope and functional recovery of patients with schizophrenia. The schizophrenic patients were found to have moderate levels of hope. Other studies of schizophrenic patients in Turkey have also reported moderate levels of hope (Olçun & Altun, 2017; Yıldırım, 2009).

In this study, the most influential subdimension of the Herth Hope Scale was interconnectedness. Other studies of schizophrenics in Turkey have also found this to be the case (Olçun & Altun, 2017; Yıldırım, 2009). The majority of the participants were living with their families (Table 1). Family is of great importance in Turkish society. Strong family relationships and bonds are a significant cultural characteristic of

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