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ORIGINAL ARTICLE

The Relationship Between the Self-Recovery Power and the Nursing Care Perception and the Perceived Social Support of Psychiatric Patients: A Cross-Sectional Study

Psikiyatri Hastalarının Kendini Toparlama Gücü ile Hemşirelik Bakım Algısı ve Algıladıkları Sosyal Destek Arasındaki İlişki: Kesitsel Bir Araştırma

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ABSTRACT

Objective: This research has been conducted to reveal the relationship between nursing care perceptions, self-recovery power and perceived social support on the self-recovery power of inpatients in psychiatry clinics and the factors affecting this relationship.
Materials and Methods: This cross-sectional, descriptive, and relationship-seeking study was conducted with 172 patients hospitalized in psychiatry clinics. Research data were collected using the "Patient Information Collection Form", "Patient's Perception of Nursing Care Scale", "Self-Recovery Power Scale" and "Multidimensional Scale of Perceived Social Support".
Results: It was found that there is a highly significant relationship between psychiatric patients' ability to recover and the perceived social support and the nursing care perception ($p < 0.01$). According to MANOVA results, gender and the number of hospitalizations were found to affect the perceived social support and the perception of nursing care, respectively ($p < 0.05$). According to the regression coefficients, it was determined that the perception of nursing care and the perceived social support have a highly significant effect on the self-recovery power ($p < 0.001$). According to the fit indices values of SEM results, GFI, TLI, and IFI indices are exactly 1; and AGFI, GFI, and NFI indices are greater than 0.90. RMSEA is near-zero and SRMR (0.080). is considerably low.
Conclusions: As a result of the study, it was determined that the high level of nursing care perceptions and the perceived social support of patients receiving treatment in psychiatry clinics contribute positively to the ability of patients to self-recovery power.

Keywords: Nursing Care Perception, self-recovery power, perceived social support, mental illness, psychiatric nursing

ÖZ

Amaç: Bu araştırma, psikiyatri kliniklerinde yatan hastaların hemşirelik bakım algıları ile algıladıkları sosyal destek, kendini toparlama gücü arasındaki ilişkiyi ve bu ilişkiyi etkileyen faktörleri ortaya koymak amacıyla yapılmıştır.
Gereç ve Yöntem: Kesitsel, tanımlayıcı ve ilişki arayıcı nitelikteki bu çalışma, psikiyatri kliniklerinde yatan 172 hasta ile yürütülmüştür. Araştırma verileri "Hasta Bilgi Toplama Formu", "Hemşirelik Bakım Algısı Ölçeği", "Kendini Toparlama Gücü Ölçeği" ve "Çok Boyutlu Algılanan Sosyal Destek Ölçeği" kullanılarak toplanmıştır.
Bulgular: Psikiyatri hastalarının kendini toparlama gücü ile algıladıkları sosyal destek ve hemşirelik bakım algıları arasında oldukça anlamlı bir ilişki olduğu bulundu ($p<0.01$). MANOVA sonuçlarına göre, cinsiyet ve hastaneye yatış sayısının sırasıyla algılanan sosyal desteği ve hemşirelik bakımı algısını etkilediği bulundu ($p<0.05$). Regresyon katsayılarına göre hemşirelik bakımı algısının ve algılanan sosyal desteğin kendini toparlama gücü üzerinde oldukça anlamlı bir etkiye sahip olduğu belirlendi ($p<0.01$). SEM sonuçlarının uyum indeksleri değerlerine göre GFI, TLI ve IFI indeksleri tam olarak 1'dir; ve AGFI, GFI ve NFI endeksleri 0.90'dan büyüktür. RMSEA sıfıra yakındır ve SRMR (0.080) oldukça düşüktür.
Sonuç: Araştırma sonucunda psikiyatri kliniklerinde tedavi gören hastaların hemşirelik bakım algılarının ve algılanan sosyal desteğin yüksek olmasının hastaların kendini toparlama gücüne olumlu katkı sağladığı belirlendi.

Anahtar Sözcükler: Hemşirelik Bakım Algısı, kendini toparlama gücü, algılanan sosyal destek, ruhsal hastalık, psikiyatri hemşireliği

Introduction

The lifetime prevalence of common psychiatric disorders worldwide is 29% (1). In 2018, 792 million people (roughly 10.7% of the global population) were reported to suffer from mental or behavioral disorders. Of these, 178 million were drug or alcohol addicts, 20 million were diagnosed with schizophrenia and 264 million were diagnosed with depression (2). The diagnosis of serious mental illness (SMI) affects 4.5% of the world population and carries a 3-7 times higher risk of death compared to physical diseases (2,3). SMI requires adequate care and treatment for psychiatric patients to cope with their challenges (perceptual/emotional/cognitive impairment, low quality of life, low productivity, poverty, social problems, additional health problems). One of the subjective concepts showing that patients receive adequate treatment is "the self-recovery power". Self-recovery power is defined as the ability to fight, cope, and adapt to existing conditions in the face of negative experiences that would affect mental health (4). In

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recent years, the concept of "self-recovery power" has developed as an extension of the positive psychology approach, which focuses on the strengths of people and develops holistic and alternative perspectives in response to traditional psychopathology-oriented approaches (5,6). The concept of self-recovery power examines the interaction between risk factors and protective factors, and how to access resources to cope with changes (7-9). Although it is generally observed that the "self-recovery power" is used synonymously with the concept of "psychological resilience", it is reported that these two concepts have some differences. Additionally, it is stated that the "self-recovery power" is a dynamic and learnable concept and provides positive adaptation to acute and chronic stress (10). Another concept that promotes the adaptation of patients to society by facilitating coping and competence in patients with mental disorders is "perceived social support"(11). Social support is important since it is necessary for mental health and improves the quality of life of psychiatric patients (12). Perceived social support has positive effects on the adaptation process and health of the individual in crises (13).

One of the main issues that should be focused on care is how the care given by the psychiatric nurse would be perceived by the patient (14). In the literature, it has been reported that clinicians (nurses and physicians) can help psychiatric patients benefit more from the treatment by increasing their personal "self-recovery power" (their ability to make sense of and cope with what they experience) (15). Nurses-healthcare professionals who interact the most with the patients are those who ensure the satisfaction of the patients receiving the service. Nursing care provided to psychiatric patients is one of the most important subjective indicators that reflect the quality of patient care and show the adequacy of mental health services (16). It is stated that the expectations and needs of service users guide the processes of improving the quality of health care services (17). The way a patient perceives the given care given, i.e. "patient satisfaction", is defined as the degree of difference between the patient's expectation of ideal care and the perception of the actual care received. It has both an individual and an emotional aspect (14,18). Psychiatric nurses can establish nursing diagnoses from the moment the psychiatric patient is admitted to the service and obtain data to determine and develop the self-recovery power of the patient. Diagnoses established by psychiatric nurses may be the variables that predict self-recovery power; namely, those intended for mental well-being (impairment of self-esteem, inadequacy in individual coping, weakness, risk of weakness, etc.) and identifying positive emotions (desperation, anxiety, loneliness, risk of loneliness, etc.). Additionally, interventions to increase the self-recovery power of patients with mental disorders are listed as stimulating the emotions of awareness, gratitude, courtesy, and humor as well as teaching strategies to increase self-recovery power. It is stated that the common feature of these strategies is to increase positive emotions and well-being rather than correcting weaknesses and increasing the ability to manage stress (15).

In this respect, it is observed that there is no study on determining the relationship between self-recovery power of individuals following the traumatic experience of psychiatric diagnosis and inpatient treatment, and their perception of nursing care and the perceived social support as well as the factors affecting it, so it is crucial to examine these issues.

Material and method

Design

This descriptive, cross-sectional, and relationship-seeking research was conducted to investigate the effect of nursing care perceptions and perceived social support on the self-recovery power of psychiatric patients, the relationship between them, and the factors affecting this relationship. In the post-hoc power analysis conducted for this study, it was determined that the power of the study is 0.99 at the 95% confidence level and 0.05 significance level (Correlation H1=0.538, lower critical r=-0.150, Upper Critical r=0.150, power 0.99). This rate indicates that the research sample is adequate (19).

Participants

The research population consists of inpatients in psychiatry service at Tokat Dr. Cevdet Aykan Mental Health and Diseases Hospital. The research sample consisting of 172 patients who were hospitalized in the psychiatry service of Tokat Mental Health and Diseases Hospital between October 22, 2018, and February 10, 2019, met the research criteria. Tokat Dr. Cevdet Aykan Mental Health and Diseases Hospital has a capacity of 131 beds with 62 nurses and 7 services. The criteria for inclusion in the research are determined as having been treated in the psychiatry service for at least two weeks, having no speech impediment, and being over 18 years old.

Data collection tools

Research data were collected using the "Patient Information Collection Form", "Patient's Perception of Nursing Care Scale", "Self-Recovery Power Scale" and "Multidimensional Scale of Perceived Social Support".

Patient Information Collection Form

Under the current literature, the patient introductory information form prepared by researchers consists of 8 questions containing socio-demographic information (age, gender, marital status, educational status, employment status, social security, and income level) and 5 questions containing clinical information about patients (diagnosis, presence of family member with psychiatric diagnosis, additional illness, and duration of treatment).

Patient Perception of Hospital Experience with Nursing Care (PPHEN) Scale

The Patient Perception of Hospital Experience with Nursing Care (PPHEN) scale developed by Dozier et al. (2001) was adapted into Turkish by Çoban & Kaşıkçı (2006) (20) to measure the patients' perception of nursing care after a short period of care and their level of satisfaction with this care. It is a 5-point Likert-type scale containing 15 items. Scores between 15 and 75 can be obtained from the scale and the cut-off score is 45. An increase in score indicates a positive perception and satisfaction with nursing. The scale has a single factor structure and the Cronbach a reliability coefficient is 0.92 whereas total item correlation coefficients range from 0.30 to 0.74 (20). In this study, the reliability coefficient Cronbach a of the nursing care perception scale was found as 0.92.

Multidimensional Scale of Perceived Social Support (MSPSS)

The scale developed by Zimet et al. (1988) to subjectively evaluate the perception of social support as sufficient from three different sources was adapted into Turkish by Eker, Arkar & Yaldız (1995) and later revised in 2001. It is a 7-point Likert-type scale containing 12 items. The scale has three sub-dimensions, namely family support, friend support, and support from a special person. Eker, Arkar, & Yaldız (2001) (21) found the Cronbach a reliability coefficient of the social support scale as 0.89 for the total score, 0.85 for the family, 0.88 for the friend, and 0.92 for the special person. As the score obtained from the scale increases, the perceived support increases; as the scale score decreases, it indicates that support is not perceived or is decreasing. In this study, the Cronbach a reliability coefficient of the social support scale was 0.88 for the total score, 0.87 for the family, 0.89 for the friend, and 0.84 for the special person.

Self-Recovery Power (S-RP) Scale

The scale developed by Wagnild & Young (1993) (22) to determine the ability of an individual to adapt after an experience that negatively affects their mental health was adapted into Turkish by Terzi (2006) (23). The scale is a 7-point Likert-type scale containing 24 items. The lowest score on the scale is 24 and the highest score is 168. By examining the eigenvalues of the factors, it was found that the scale is more prone to a single factor structure, and Cronbach a reliability coefficient was 0.92, whereas test-retest reliability was 0.83. As the score obtained from the scale increases, the self-recovery power increases (23). In this study, the Cronbach a reliability coefficient was 0.95.

Analysis

Spearman correlation analysis was used for the relationship between descriptive statistics and scale scores. One-way MANOVA analysis was used to examine the main effect of factors on scale scores. The IBM SPSS AMOS V24 program and SEM (structural equation modeling) were used for confirmatory factor analysis and mediating effect model.

Ethical Consideration

Before initiating the study, permissions were obtained from Tokat Gaziosmanpaşa University Ethics Committee (number18-KAEK-193/568) and the institution in addition to written consent obtained from the study participants and data were acquired under the Declaration of Helsinki

Results

The average age of the patients participating in the study is 40.38 ± 12.87 (min: 18, max: 81); the average duration of illness is 23.36 ± 14.50 (min: 3, max: 121 months). The average of Patient's Perception of Hospital Experience with Nursing Care (PPHEN) is 22 ± 10.2 (min: 15, max: 74); the average of self-recovery power (S-RP) is 69.2 ± 35.4 (min: 15, max: 74); the total score of multidimensional scale of perceived social support (MSPSS total) is 53.2 ± 20.4 (min: 12, max: 84), with 20.7 ± 8.1 (min: 4, max: 28) for family sub-dimension (MSPSS family), 16.6 ± 9 (min: 4, max: 28) for friend sub-dimension (MSPSS friend), and 15.9 ± 8.8 (min: 4, max: 28) for special person sub-dimension (MSPSS SP). Data related to the socio-demographic characteristics of the patients are included in Table 1. Accordingly, 70.3% of the participants are male and 44.2% are single. 56.4% of the patients have a psychotic disorder and 62.2% are primary school graduates. While 70.3% of the participants work, the income of 57.6% is equivalent to their expenses. While 79.6% of patients stayed in the hospital for less than a month, 93.6% had hospitalizations 1 to 5 times. 70.3% of them did not have a family member with a psychiatric diagnosis. Among the sociodemographic variables, it was determined that only the income level made a difference in the self-recovery power.

Table 1. Distribution of patients according to their sociodemographic characteristics

		n	%
Psychiatric Diagnosis	Psychotic disorder	97	56.4
	Mood disorder	40	23.3
	Anxiety disorder	13	7.6
	Substance abuse	22	12.7
Sex	Female	51	29.7
	Male	121	70.3
Marital Status	Married	58	33.7
	Single	76	44.2
	Widow/divorced	38	22.1
Education Status	İlliterate	9	5.2
	Literate	107	62.2
	Primary Education	43	25
	High School	13	7.6
Income Status	My income is less than my expenses	65	37.8
	My income is equal to my expenses	99	57.6
	My income is more than my expenses	8	4.6
Working Stuation	Working	51	25.6
	Not working	121	74.4
Length of stay in the hospita	Less than 1 month	137	79.6
	1-2 months	35	20.4
Psychiatric diagnosis in the family	Yes	51	29.7
	No	121	70.3
Number of hospitalizations	1-5 hospitalizations	161	93.6
	6-10 hospitalizations	11	6.3

Table 2. MANOVA results regarding the effect between the sosyodemographic and mental disorders charecterics of the participants and total scores on PPHEN, S-RP, MSPSS

	PPHEN	S-RP	MSPSS
Sex			
Female	19.1 ± 9.0	66.5 ± 27.5	59.2 ± 17.9
Male	23.2 ± 10.5	70.3 ± 38.3	50.7 ± 20.9
	F=1.587 p=0.210	F=2.382 p=0.125	F=6.583 p=0.011
Partial eta squared	0.010	0.015	0.041
Length of stay in the hospital			
Less than 1 month	21.4 ± 9.4	71.0 ± 35.1	53.7 ± 19.1
1-2months	24.3 ± 12.9	62.3 ± 36.5	51.3 ± 25.3
	F=1.260 p=0.263	F=1.896 p=0.171	F=0.051 p=0.822
Partial eta squared	0.008	0.012	0.000
Working situation			
Working	21.9 ± 10.3	61.8 ± 37.3	54.6 ± 21.1
Not working	22.0 ± 10.3	71.7 ± 34.5	52.8 ± 20.2
	F=0.224 p=0.637	F=2.824 p=0.095	F=0.586 p=0.445
Partial eta squared	0.001	0.018	0.004
Psychiatric diagnosis in the family			
Yes	21.5 ± 10.1	76.3 ± 36.7	53.1 ± 20.5
No	22.2 ± 10.3	66.2 ± 34.6	53.3 ± 20.5
	F=0.022 p=0.882	F=2.487 p=0.117	F=0.095 p=0.758
Partial eta squared	0.000	0.016	0.001
Marital Status			
Married	20.3 ± 10.3	69.9 ± 36.0	55.9 ± 20.7
Single	23.3 ± 9.7	67.9 ± 35.1	50.7 ± 20.2
Widow/divorced	21.9 ± 11.1	70.7 ± 36.1	54.2 ± 20.3
	F=1.034 p=0.358	F=0.347 p=0.708	F=0.438 p=0.646
Partial eta squared	0.013	0.004	0.006
Education status			
İlliterate	17.6 ± 5.5	75.1 ± 31.9	47.1 ± 14.5
Literate	22.0 ± 9.9	69.2 ± 36.1	51.5 ± 20.7
Primary Education	22.2 ± 12.2	68.7 ± 36.2	58.5 ± 18.4
High School	24.2 ± 8.5	66.5 ± 32.9	54.5 ± 26.2
	F=0.485 p=0.693	F=0.396 p=0.756	F=2.420 p=0.068
Partial eta squared	0.009	0.008	0.045
Income status			
My income is less than my expenses	22.9 ± 11.3	76.7 ± 39.6[a]	49.3 ± 19.2
My income is equal to my expenses	21.1 ± 9.4	64.0 ± 32.3[b]	56.2 ± 20.5
My income is more than my expenses	26.4 ± 9.9	73.3 ± 27.9[ab]	48.4 ± 24.9
	F=0.963 p=0.384	F=3.096 p=0.048	F=1.659 p=0.194
Partial eta squared	0.012	0.039	0.021
Number of hospitalizations			
1-5 hospitalizations	22.4 ± 10.5	69.8 ± 35.7	52.9 ± 20.7
6-10 hospitalizations	16.2 ± 1.8	60.2 ± 30.9	58.5 ± 16.2
	F=4.674 p=0.032	F=1.379 p=0.242	F=1.465 p=0.228
Partial eta squared	0.029	0.009	0.009
Psychiatric Diagnosis			
Psychotic disorder	22.0 ± 10.7	71.8 ± 35.0	52.4 ± 20.8
Mood disorder	20.3 ± 8.3	68.1 ± 39.3	56.0 ± 19.5
Anxiety disorder	21.8 ± 11.0	68.4 ± 36.9	55.5 ± 23.0
Substance abuse	25.1 ± 11.0	61.7 ± 29.5	52.6 ± 18.7
	F=0.632 p=0.596	F=0.720 p=0.542	F=0.121 p=0.947
Partial eta squared	0.012	0.014	0.002

a-b: There is no difference between groups with the same letter.

Table 2 shows the patient perception of nursing care, multidimensional perceived social support, and self-recovery power according to their demographic and disease characteristics. It was found that there was a statistically significant difference between social support (p = 0.011) based on gender, self-recovery based on income level (p = 0.048), and perception of nursing care based on the number of hospitalizations (p = 0.032). These differences were found to arise from the findings that the average score for women was higher than the average score for men; the average point of those whose income was less than their expenses was higher than those whose income was equal to their expenses, and the average score of those with hospitalizations for 1 to 5 times (22.4) was higher than the average score of those with hospitalizations for 6 to 10 times (16.2).

Table 3 contains data on examining the relationship between scale scores. There is a statistically highly significant positive relationship between self-recovery power (S-RP) and patient perception of hospital experience with nursing care (PPHEN) scores (p=0.01, r=0.197). There is a statistically significant relationship between the multidimensional scale of perceived social support (MSPSS) total and the patient perception of hospital experience with nursing care (PPHEN) scores (p=-0.013; r=-0.19). There is a statistically highly significant negative correlation between MSPSS total and S-RP scores (r=-0.262; p=0.001).

Table 3. Investigation of the relationship between the Patients' Perception of Nursing Care, Multidimensional Perceived Social Support, and Self-Recovery Power Scale scores

		The Patient's Perception of Nursing Care Scale (PPHEN)	MSPSS family	MSPSS friend	MSPSS special person	MSPSS total
Self- Recovery Power Scale (S-RP)	r	0.197	-0.183	-0.245	-0.217	-0.262
	p	0.010	0.016	0.001	0.004	0.001
The Patient's Perception of Nursing Care Scale (PPHEN)	r	-	-0.184	-0.162	-0.134	-0.190
	p		0.016	0.033	0.081	0.013

r: Spearman's rho correlation coefficient

According to Table 4, the total effect of the patient's perception of the nursing care scale on the self-recovery power scale was found statistically significant and had a positive effect (β=0.566; p<0.050). The indirect effect between the patient's perception of nursing care and the self-recovery power scale was calculated as 0.167 and 95% confidence intervals as 0.025-0.439, and the indirect effect was statistically significant [β=0.167; 95%CI (0.025; 0.439)].

Table 4. Investigation of the mediating role of the Multidimensional Perceived Social Support Scale (MSPSS) in the effect of the Patient's Perception of Nursing Care Scale on Self-Recovery Power Scale

	Outcome Variables			
	Self-Recovery Power Scale		Multidimensio-nal Perceived Social Support Scale (MSPSS)	
	β	SH	β	SH
The Patient's Perception of Nursing Care Scale (PPHEN)	0.566**	0.261		
R^2	0.027			
The Patient's Perception of Nursing Care Scale			-0.361**	0.150
R^2			0.033	
The Patient's Perception of Nursing Care Scale	0.399***	0.256		
Multidimensional Perceived Social Support Scale (MSPSS)	-0.463*	0.128		
R^2	0.096			
İndirekt effect	167 (0.025; 0.439)**			

*<0.001, **p<0.05, ***p>0.050, Guess (%95CI)

In Table 5, the total effect of the multidimensional perceived social support scale on the self-recovery power scale was significant and it was found to have a negative effect (β=-0.500; p<0.001). The indirect effect between the multidimensional perceived social support scale and the self-recovery power scale was calculated as -0.036 and 95% confidence intervals as -0.089-0.038, and the indirect effect was not statistically significant [β=-0.036; 95%CI (-0.089; 0.038)].

Table 5. Investigation of the mediating role of the Patient's Perception of Nursing Care in the effect of the multidimensional perceived social support scale on the Self-Recovery Power Scale

	Outcome Variables			
	Self-Recovery Power Scale		The Patient's Perception of Nursing Care Scale	
	β	SH	β	SH
Multidimensional Perceived Social Support Scale (MSPSS)	-0,500*	0,127		
R^2	0,083			
Multidimensional Perceived Social Support scale (MSPSS)			-0,091**	0,038
R^2			0,033	
Multidimensional Perceived Social Support Scale (MSPSS)	-0,463*	0,128		
The Patient's Perception of Nursing Care	0,399***	0,256		
İndirect effect	0,096			
	-0,036 (-0,089; 0,038)***			

*<0,001, **p<0,05, ***p>0,050, Guess (%95CI)

Figure 1 shows the SEM results that include general structure and factor loadings. According to the SEM results, the factor loads of the items were grouped in a statistically significant way with appropriate factor

loads according to the S-RP, PPHEN, and MSPSS factors (β > 0.40). Also, the sub-factors of MSPSS were found statistically significant (p <0.05).

Table 6 shows the statistics of the regression coefficients for PPHEN and MSPSS factors. The structural coefficients show that PPHEN and MSPSS have a significant effect on S-RP (p <0.05). Since the structural coefficients are positive (β > 0), PPHEN and MSPSS are positively correlated with S-RP. Thus, PPHEN and MSPSS contribute positively to S-RP.

Table 6. The statistical results of the structural coefficients

Structural paths	B	SB	SE	z-value	p
PPHEN → S-RP	0.339	0.101	0.060	5.619	<0.001
MSPSS → S-RP	0.327	0.289	0.031	10.518	<0.001

B: Beta coefficient; SB: Standardized beta coefficient; SE: Standard error

Table 7 reports the fit indices values of SEM results. For 0.995, the ratio is less than 2. The GFI, TLI, and IFI indices are exactly 1, and AGFI, GFI, and NFI indices are higher than 0.90. RMSEA is near-zero and SRMR is considerably low (SRMR <0,10). Overall, the performance of our model is almost perfect as the indices are within the expected limits (24).

Table 7 . Fit indices of the model

x^2/df	CFI	GFI	AGFI	TLI	IFI	NFI	SRMR	RMSEA
0.995	1	0.957	0.952	1	1	0.905	0.080	0.000

Discussion

This study, which evaluated the effect of nursing care perception and perceived social support and the relationship between them on the self-recovery power of individuals diagnosed with psychiatry and receive inpatient treatment, found that the self-recovery power increased as the nursing care perception and perceived social support increased.

In this study, it was observed that the nursing care perceptions of psychiatric patients were below the average value (22±10.2). In a study conducted with psychiatric patients on this subject, the mean score of the nursing care perception was 25.73 ± 12.41(25). In various studies conducted in non-psychiatric clinics in Turkiye, the average nursing care perception scores were (60.44±9.41)(26); (76.61±15.04)(27); (56.70±7.26)(28); (76.52±20.38)(29); (65.90±11.00)(30). Perception of care is a concept that is also evaluated as satisfaction with nursing care. These findings cited from the literature indicate that the average nursing care perceptions of the patients in studies conducted outside psychiatry clinics are higher than the patients treated in a psychiatric clinic. It suggests that this is due to the cognitive, affective, and behavioral difficulties of the individual with a mental disorder and that these difficulties may affect satisfaction (perception) from nursing care.

In this study, it was found that the mean score for perceived social support of psychiatric patients (MSPSS) was above the average (53.2±20.4). Again, according to the results of structural equation modeling (SEM), it was determined that the sub-dimensions of the social support (family, friend, and special person) perceived by the patients hospitalized in the psychiatry service were significant. (Table 7, Figure 1). In a study conducted with psychiatric patients, it was found that the mean MSPSS total score was 52.18 ± 23.8, and there was a significant difference between outpatients and inpatients regarding the MSPSS (p<0.05)(12). In a related study conducted with schizophrenic patients admitted to outpatient clinics and Community Mental Health Centers (CMHC), it was observed that the average score for perceived social support (MSPSS) of patients admitted to CMHC (47.48±18.21) was higher than that of the outpatient clinic patients (45.24±17.11) and that the average of psychiatric patients was moderate and there was no significant difference between them (31). In studies conducted with inpatients in non-psychiatric clinics, the average score for perceived social support of patients was (53.49 ± 21.31) (32), (61.96±22.05)(33), and 61.90+16.58 (min:14, max:84)(34). Again, in a study conducted with women in the climacteric period, MSPSS scores were 53.66 ± 13.09 (35). These findings indicate that the perceived social support scores of the patients hospitalized in the psychiatry service and individuals with physical diseases are above average, but the perceived social support by psychiatric patients is relatively lower.

In this study, it was found that the number of hospitalizations had a statistically significant effect on the perception of nursing care and made a difference (p<0.05). It has been observed that the difference is because the average score of nursing care perception of patients with hospitalizations is between 1 and 5 times higher than those with hospitalizations between 6 and 10 times. However, it was found that the number of hospitalizations would not make a difference in the MSPSS (p>0.05) (Table 2). In a similar study on the subject, a significant difference was found between the length of stay and the perception of nursing care (p<0.05) (18). In the study conducted by Kök & Demir (2018) (13), the average MSPSS score of patients with hospitalizations 10 or more times in the psychiatry service was significantly lower than those who were hospitalized once and between 2 and 5 times, and there was a significant difference (p<0.05). These findings indicate that the number of hospitalizations affects the perception of nursing care and that the perception of nursing care is negatively affected as the number of hospitalizations increases. However, these findings also indicate that there are differences between the findings of this study and the literature findings in terms of perceived social support.

In this study, it was determined that education level and gender do not affect satisfaction with nursing care (p>0.05) (Table 2). In a study conducted on the subject, it was found that nursing care satisfaction depends on the level of education, and patients with less education have higher scores and make a significant difference (p<0.05) (14). In a study conducted in Brazil, it was reported that more satisfaction with nursing care was associated with lower education levels of patients

(36). These findings indicate that there is a difference between the results in the literature and the findings of this study in terms of educational status and suggest that this difference may arise from cultural differences.

In this study, no significant difference was found between the diagnosis of psychiatric patients and perceived social support (MSPSS) ($p>0.05$) (Table 2). In a study conducted with psychiatric patients, it was determined that the majority of patients consisted of schizophrenia patients (56.5%) and there was no significant relationship between diagnosis and perceived social support ($p<0.05$) (12). These findings indicate that the diagnosis does not make a difference in perceived social support.

It was determined that psychiatric patients have moderate S-RP (self-recovery power), but the diagnosis of psychiatric patients did not make a significant difference in their self-recovery power (S-RP) ($p>0.05$) (Table 2). In some related studies, it has been determined that some individuals with mental disorders can use effective coping strategies and that these individuals have more post-traumatic growth and gain the power to cope with their problems (25,37). Consequently, it can be said that psychiatric patients can gain self-recovery power with the treatment process after receiving a psychiatric diagnosis.

In this study, the total effect of the multidimensional perceived social support scale on the self-recovery power scale was statistically negative, but the indirect effect was not statistically significant (Table 5). In related studies conducted with patients with mental disorders, it has been found that perceived social support has a positive relationship with functionality (38), quality of life (12,38) and mental health ($p<0.05$) (40). On the other hand, the perceived social support scale has been shown to have high internal consistency and reliability in patients with schizophrenia (11). In a study on the subject, it was found that self-recovery power and perceived social support had many mediating effects on the relationship between emotion regulation and stress (41). Additionally, a significant negative relationship between MSPSS and S-RP indicates that patients with high social support have low self-recovery power and that it has no indirect effect on self-recovery power.

The self-recovery power is a successful adaptation to adversity. It has been determined that there is a highly significant positive relation between self-recovery power (S-RP), perceived social support (MSPSS), and perception of nursing care (PPHEN), and that perception of nursing care has a positive significant effect on self-recovery power (Table 3). In a study conducted on the subject, it was determined that individuals diagnosed with mental disorders spent most of their time with nurses after their admission to the clinic, and those who were satisfied with nursing care experience more traumatic growth (25). In other words, it indicates that nurses in psychiatric clinics contribute to the post-traumatic growth of individuals with mental disorders and that they contribute to the cognitive construction of patients in that they can recover and cope with difficulties. In a study conducted on the subject, it was found that self-recovery power and cognitive emotion regulation strategies were associated with each other (42). These findings indicate that satisfaction with nursing care has a positive effect on self-recovery power.

Conclusions

This study has been one of the few studies in the literature indicating that individuals with mental disorders can gain self-recovery power, and clinical (satisfaction with the care of psychiatric nurses) and social (perceived social support) variables have a significant effect on self-recovery power of patients. In conclusion, this study has demonstrated that psychiatric nurses can help individuals gain self-recovery after psychiatric diagnosis and they, therefore, need to improve their knowledge and skills. For this purpose, it seems that there is a need for nursing intervention programs that emphasize the factors affecting the ability of psychiatric patients to gain self-recovery power and improve their self-recovery power of patients.

This study is crucial in that it demonstrates that individuals with mental disorders can gain self-recovery power and nursing care can be effective to increase self-recovery power, and that perceived social support also indirectly and negatively affects self-recovery power. For patients with mental disorders to gain self-recovery power, psychiatric nurses should focus on practices that would improve the positive aspects of psychiatric patients, rather than psychopathology-oriented (symptom reduction) practices.

Limitations

Data were collected from a public hospital in Turkiye. This limits the study geographically and reduces the representativeness of the results. Significant relationships or differences could not be demonstrated due to the small sample size (43). This study is cross-sectional and the results of the study are based on self-report. Therefore, the results cannot be generalized.

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Conflict of Interest

No conflict of interest was declared by the authors.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon request and will be provided if the manuscript is accepted for publication.

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Author Contributions

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