

## Role of Self Efficacy on Recovery among Patients with Psychiatric Disorders

Marwa Abd- Elnaser Ali <sup>1,2</sup>, Essmat Mohamed Gemeay<sup>3</sup>, Mohamed Abd Elhakeem Seleem <sup>4</sup>, Angham Elsaied Tawfik<sup>5</sup>

<sup>1</sup> Master student in Psychiatric & Mental Health Nursing, Faculty of Nursing, Tanta University.

<sup>2</sup> Instructor in Technical Secondary School for Nursing for Boys, Abu Homs.

<sup>3</sup> Professor of Psychiatric & Mental Health Nursing, Faculty of Nursing, Tanta University.

<sup>4</sup> Professor of Neuropsychiatry, Faculty of Medicine, Tanta University.

<sup>5</sup> Lecturer of Psychiatric & Mental Health Nursing, Faculty of Nursing, Tanta University.

**Corresponding author:** Marwa Abd- Elnaser Ali

**Email:** [marwanaser129@gmail.com](mailto:marwanaser129@gmail.com)

### Abstract

**Background:** Role of self-efficacy on recovery is a major global issue among patients with psychiatric disorders. Self-efficacy is the most important element related to recovery among patients with psychiatric disorders. **Aim of the study:** To explore the role of self-efficacy in recovery among patients with psychiatric disorders. **Subjects and Method: Subjects:** A convenience sample of 200 patients with psychiatric disorders was involved. **Settings:** The study will be conducted at the Neuro psychiatry department of Tanta University Hospital and its outpatient clinics. **Study design:** A descriptive correlational research design was utilized. **Study tools:** three tools were used: **Tool I:** Socio-demographic and Clinical Data Structured Questionnaire. **Tool II:** General Self-Efficacy Scale. **Tool III:** Recovery Assessment Scale–Domains and Stages. **Results:** The study revealed that more than two thirds of the studied patients were low self-efficacy. **Conclusions:** Self-efficacy is strong determinants in the occurrence of recovery among patients with psychiatric disorders. **Recommendations:** Developing assessment that is needed for a better understanding of relations between self-efficacy and recovery among patients with psychiatric disorders.

**Keywords:** Psychiatric Disorders, Self-Efficacy, Recovery.

## Introduction

Psychiatric disorder is often associated with significant personal distress, as well as social distress and functional disruptions in one's life (Wildbaum, 2020). Psychiatric illnesses are a global public health concern, affecting approximately 17.6% of the world's population and accounting for 14% of the global disease burden (Xionga et al., 2020). A significant portion of individuals (31.7%) with serious psychiatric disorders have long-term incapacity and dependency (Madhu et al., 2021).

Belief in one's personal capabilities is conducive to achieving success and provides additional energy for action. The stronger the conviction of one's self-efficacy, the higher the self-goals and the stronger the commitment to achieving them, even in the face of adversities, such a goal may be to regain full well-being (Bohannon et al., 2019).

Self-efficacy is a person's belief in their ability to complete a specific task or achieve a goal. It encompasses a person's confidence in themselves to control their behavior, exert an influence over their environment, and stay motivated in the pursuit of their goal. Moreover, self-efficacy has been introduced as a crucial motivational factor for successfully carrying out social and everyday living skills (Busari et al., 2019).

Self-efficacy has a central role in regulation of emotional states, consequently, self-efficacy beliefs make people able to interpret potentially threatening expectations as manageable significant challenges

and help them feel less stressful in such situations. Thus, by reducing the negative thoughts and concerns of potential threats, they can regulate their emotional states (Agbaria et al., 2022).

Undoubtedly, strong sense of self-efficacy enhances human accomplishment, personal well-being and leads to high mental health literacy, enhanced self-management of disease processes and less stigmatized attitudes among patients with psychiatric disorders. Self-efficacy has a positive impact on the outcome of patients' and quality of life for patients living with psychiatric diseases (Franks et al., 2023).

In spite of this, people who doubt their capabilities shy away from difficult tasks which they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. They fall easy victim to stress and depression, other studies mentioned that self-efficacy should be regarded as a cognitive precursor or as a component of anxiety and of depression (Guo et al., 2023).

Recovery has been defined as 'a profound and unique process for the individual to change their attitudes, values, feeling, goals, abilities and roles in order to achieve a satisfactory, hopeful and productive way of life, with the possible limitation of the illness. Hence it involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness. Psychological recovery is an

approach to mental disorder that emphasizes and supports a person's potential for recovery. Clear recovery is generally seen as a personal journey rather than a set outcome, and one that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, and meaning (**Hamidi et al., 2023**).

The concepts of recovery of patients with mental illness are about staying in control of their life rather than the subtle state of returning to the premorbid level of functioning. The approach which does not focus on full symptom resolution but emphasizes resilience and control over problems and life has been named as the recovery model (**Franks et al., 2023**).

Also, personal and clinical recovery had been described as distinct entities that play a part in the patient's recovery. In these perspectives, personal recovery focuses on living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Clinical recovery focuses on sustained remission and restoration of functioning and does not change across patients with mental illness (**Han et al., 2021**).

Self-efficacy is an extremely important aspect of mental illness recovery because individuals with high self-efficacy are more likely to manage high-risk situations without giving up to temptation. Individuals in recovery who have the necessary skills and coping strategies are much less likely to relapse, and if they do, they are more likely to view the slip

as a temporary setback instead of a complete failure. Conversely, if an individual lacks self-efficacy and relapses, he or she is much more likely to fall into a series of harmful decisions and a full-blown relapse (**Hayat et al., 2020**).

Self-efficacy is a predictor of treatment outcome and that as a person continually maintains their abstinence, their self-efficacy grows. There are several different obstacles that can get in the way of your recovery and developing your self-efficacy (**Hayat et al., 2020**).

Nurses play an important role in self-efficacy. Oral encouragement by nurses that begins early in the psychiatric disorders period can revitalize a patient's self-efficacy beliefs. To validate patients' thoughts and feelings about recovery, nurses can use reflection as a therapeutic response. Patients who sense acceptance and understanding will form a trusting relationship with nurses (**Jørgensen et al., 2022**).

Responding to these challenges from psychiatric nurse requires skills, knowledge, and insight to discern what will be most helpful to these clients and their loved ones. At the same time, Support from psychiatric nurses includes teaching patients and their families about how to deal with psychotic manifestations, importance of adherence to medications, following up plans, and reinforcing the social support ties between patients and their families. Accordingly, mobilization of social support system may be an important aspect of nursing interventions, and it is considered a low-cost approach to

promote recovery and to the improve of self-efficacy (**Karataş et al., 2023**).

People with severe mental illness need to be supported to create their own recovery plans, set their own goals, map their processes, identify their strengths and weaknesses, recognize the roadblocks and facilitate good practice, which keeps them well (**Kleppang et al., 2023**).

The improvement of self-efficacy is connected with a decrease in the patient's life stress and also with a decrease in psychotic symptoms and improvement in the quality of life. So, intervention is a crucial component of the recovery nursing process, so nurses play an active role in enhancing self-efficacy and personal recovery among patients with psychiatric disorders (**Kryshko et al., 2022**).

#### **Significance of the problem:**

Self-efficacy plays a considerable role in recovery process from psychiatric disorders. It is crucial to empower patients with psychiatric disorders during a crisis with the belief in their ability to cope with their symptoms, as the psychiatric crisis unfolds. Furthermore, a patient experiencing stressful life events with decreased self-efficacy is shown to be related to sociality, relapses and recurrence of depression, social anxiety disorder and psychosis. Self-efficacy has also been found to be directly associated with recovery outcome (**Kuhfuß et al., 2021**).

Hence, the development of self-efficacy and view of the self as competent and agentic may represent a significant and important

contributory factor in helping people with psychiatric disorders to recover. Recovery and self-efficacy are concepts in mental health that remain elusive, and more studies are required to understand the experience of self-efficacy and recovery and its relationship to the course and outcome of severe psychiatric disorders (**Kuhfuß et al., 2021**).

#### **Aim of the study:**

##### **This study was aimed to:**

Explore the role of self-efficacy on recovery among patients with psychiatric disorders.

##### **Research question:**

What is the role of self-efficacy in recovery among patients with psychiatric disorders?

#### **Subjects and Method**

##### **Research design:**

A descriptive correlational research design was used in the current study.

##### **Setting:**

The study was conducted at the Neuro psychiatry department of Tanta University Hospital and its outpatient clinics. The capacity of the psychiatric inpatient department is (31) beds divided into two wards for male (17 beds) and two wards for female (14beds). The previously setting is Ministry of Higher Education and Scientific Research. They work 24hours / day, 7 days / week.

##### **Subjects:**

The studied participants will be 200 Patient with psychiatric disorders they were selected by using convenience sampling design from target population 520. It was calculated by using Epi- Info software statistical package created

by World Health Organization and Center for Disease Control and Prevention, Atlanta, Georgia, USA version 2002. The criteria used for sample size calculation were as follows: confidence level was 95%, error proportion 0.05%, and expected outcome relation between studied variables was 60%.

**Inclusion criteria:**

- Age from 21-65 years.
- Patients diagnosed with psychiatric disorders according to the diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as schizophrenia, major depressive disorder, bipolar disorder.
- Patients willing to communicate and respond appropriately.

**Exclusion criteria:**

- Patients are diagnosed with substance related disorders, mental retardation, and neurocognitive disorders.

**Tools of the study:**

The data was collected by using the following tools:

**Tool I: -Socio-demographic and clinical characteristic structure questionnaire**

This tool was developed by the researcher to obtain data about patient's socio-demographic such as age, sex, marital status as well as clinical characteristic data like patient diagnosis, number of previous hospitalizations, mode of admission .... etc.

**Tool II: - General Self-Efficacy Scale (GSE)**

This tool was developed by Schwarzer R, Jerusalem M (1995) and adopted by the researcher. This

scale is a self-report measure of self-efficacy that consists of 10 items. It is a Likert type scale with 4 rating categories from: (1) = "Not at all true", (2) = "hardly true", (3) = "moderately true, and (4) = "exactly' true.

**Scoring system of this tool (GSE):**

The total score of GSE is calculated by finding the sum of all items, and ranges between 10 and 40. The higher scores indicate higher perceived general self-efficacy, lower scores indicate lower perceived general self-efficacy, and its levels were determined by the following:

Low self-efficacy ..... < 60%

Moderate self-efficacy... 60 – 75 %

High self-efficacy.... > 75 - 100%

**Tool III: - Recovery Assessment Scale–Domains and Stages (RAS-DS)**

This tool was developed by Corrigan P, Salzer M, & Ralph R. (2004) and adopted by the researcher. This tool measure recovery the RAS-DS has 38 items for the patients to rate. It is a Likert type scale with 4 rating categories for patients to select from: 1 = "untrue" ,2= "a bit true",3= "mostly true", and 4 = "completely true. The items have been divided into 4 recovery domains in four subscales.

- **Doing things, I value:** It contains 6 items (1-6). There is an emphasis on doing things that are personally valued /meaningful such as it is important to have fun.

- **Looking forward:** It contains 18 items (7- 24). It focusses on the client desire to become better such as " I help myself become better."

- **Mastering my illness:** It contains 7 items (25-31). It emphasis of on developing a sense of control over

& management of symptoms, and reducing their impact on living. It contains items such as "I can identify the early warning signs of becoming unwell".

- **Connecting and belonging:** It contains 7 items (32-38). It concerned on client subjective feeling of belonging such as "I have people that I can count on"

#### **Scoring system of (RAS-DS) scale:**

The total score of the scale ranges from 38 to 152. The higher score indicated the more patient subjective experience of recovery, and the level of recovery, and level of each domain will be explained as following:

- Low subjective experience of recovery 38 – 76.
- Moderate subjective experience of recovery 77 – 115
- High subjective experience of recovery 116 – 152

#### **Method**

##### **The study will be accomplished according to the following steps:**

1. An official letter was addressed from Dean of Nursing Faculty to the director of the Neuro psychiatry department of Tanta University Hospital to request their permission and cooperation for data collection.
2. **Ethical consideration:**
  - Official approval was obtained from The Research and Ethical Committee of the Faculty of Nursing and Faculty of Medicine after explanation of the purpose of the study.
  - Informed consent was obtained from the participants after an explanation of the purpose of the study.

- The participants were reassured about the confidentiality and the privacy of their obtained information. A code of number was used instead of their name on questionnaire sheets.

- Respecting the right of the participants to withdraw at any time during the data collection period.

- The nature of the study was causing any harm or pain to the subjects of the study.

3. The study tools (II-III) were translated into Arabic language by the researcher and tested for internal validity by a jury composed of five experts in psychiatric nursing field.

4. Tools of the study were tested for reliability by using the appropriate statistical test.

5. A pilot study of patients with psychiatric disorders carried out on 10 % of psychiatric disorder patients. After conducting pilot study, there was no modification, so the subjects of pilot study included in actual study.

6. **Actual study:** the researcher selected the study subjects who meet the inclusion criteria, and the data was collected through interview with each patient with psychiatric disorders individually. The duration of interview was ranged from 30 – to 45 minutes.

7. The data was collected within 4 to 6 months.

### Statistical analysis:

The collected data was organized, tabulated and statistically analyzed using SPSS software statistical computer package version 26. For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison was done using Chi-square test ( $\chi^2$ ).

For comparison between means for two variables in a group, paired samples T-test was used. For comparison between means for more than two variables in a group, the F-value of analysis of variance (ANOVA) was calculated.

Correlation between variables was evaluated using Pearson and Spearman's correlation coefficient  $r$ . A significance was adopted at  $P < 0.05$  for interpretation of results of tests of significance (\*). Also, high significance was adopted at  $P < 0.01$  for interpretation of results of tests of significance (\*\*) (Gerstman et al., 2008).

### Results

**Table (1):** clarifies sociodemographic characteristics of studied patients, one third of patients (35.5%) aged 30 to less than 40 years old, with Mean  $\pm$  SD **35.67 $\pm$ 9.311**. About half of the studied subject (57%) are male. While in relation to education level more than half of the studied subject (58.5%) are literate. In relation to marital status, more than one third (43.0%) of the studied subject are married. Regarding occupation, three quarters (76.0%) were unemployed. In relation to the residence, about half of the studied subjects (52.5%) were living in rural

areas. As regards income; three quarter (74.5%) had “not enough income” while one third (25.5%) of them had enough income.

**Table (2):** presents clinical characteristics of studied patients; about one third of those studied patients (38.5%) were diagnosed with Schizophrenia. Concerning the age onset of the illness, more than one third of studied patients (40.5%) aged from 30 to less than 40 years old at onset of the disease with Mean  $\pm$  SD 25.22 $\pm$ 8.870. Regarding the number of previous psychiatric hospitalizations, about half of studied subject (46.5%) were admitted from three to less than six times with Mean  $\pm$  SD 3.3 $\pm$ 1.8. According to the mod of admission about two thirds (60%) had been hospitalized involuntarily.

**Table (3):** clarifies Percent distribution of the studied subject according to their general self-efficacy level, the majority of the studied patients (86.0%) had low self-efficacy with Mean  $\pm$  SD **18.72 $\pm$ 5.5**.

**Table (4):** percent distribution of the studied subjects according to their recovery assessment (RAS-DS) level, The majority of the studied patients (84.5%) has the highest score of low recovery assessment with Mean  $\pm$  SD (66.58 $\pm$ 13.639).

**Table (5):** clarifies Correlation between general-self efficacy score of the studied subject and their recovery (RAS-DS) score. It's obvious that there was a highly positive statistically significant correlation between self-efficacy

and recovery subscales where  $r=0.101$ ,  $p\text{-value} = 0.0154^*$ .

**Table (6):** illustrates the effect of socio-demographic characteristics of the studied subject on their recovery (RAS-DS) score, it was found that there was statistically significant relation between recovery and sex as female had better recovery than male with a mean score

( $68.88+15.831$ ) and ( $64.84+11.489$ ) respectively.

**Table (7):** illustrates the effect of clinical data of the studied subject on their recovery (RAS-DS) score. It was found that there was a statistically significant relationship between recovery and age at the onset of disease as age ( $>50$ ) years have better recovery than other ages.



**Table (1): Percent distribution of the studied subjects according to their socio–demographic characteristics**

Characteristics	The studied psychiatric patients (n=200)	
	No	%
<b>Age (in years)</b>		
▪ (21-<30)	58	29.0
▪ (30-<40)	71	35.5
▪ (40-<50)	56	28.0
▪ (≥50)	15	7.5
<b>Range</b>	<b>(21-53)</b>	
<b>Mean ± SD</b>	<b>35.67±9.311</b>	
<b>Gender</b>		
▪ Male	114	57.0
▪ Female	86	43.0
<b>Educational level</b>		
▪ Illiterate	29	14.5
▪ Read and write	117	58.5
▪ Intermediate	54	27.0
<b>Marital status</b>		
▪ Single	64	32.0
▪ Married	87	43.5
▪ Divorced	28	14.0
▪ Separated	11	5.5
▪ Widow	10	5.0
<b>Occupation</b>		
▪ Work	48	24.0
▪ Not work	152	76.0
<b>Residence</b>		
▪ Rural	105	52.5
▪ Urban	95	47.5
<b>Monthly income</b>		
▪ Enough	51	25.5
▪ Not enough	149	74.5

**Table (2): Distribution of the studied subjects according to their clinical data**

Clinical data	The studied psychiatric patients (n=200)	
	No	%
<b>Medical diagnosis</b>		
▪ Depression	66	33.0
▪ Mania	57	28.5
▪ Schizophrenia	77	38.5
<b>Age at the onset of disease (in years)</b>		
▪ (<20)	54	27.0
▪ (20-<30)	39	19.5
▪ (30-<40)	81	40.5
▪ (40-<50)	23	11.5
▪ (≥50)	3	1.5
<b>Range</b>	<b>(12-52)</b>	
<b>Mean ± SD</b>	<b>25.22±8.870</b>	
<b>Numbers of hospital admission</b>		
▪ (<3)	80	40.0
▪ (3-<6)	93	46.5
▪ (≥6)	27	13.5
<b>Range</b>	<b>(1-10)</b>	
<b>Mean ± SD</b>	<b>3.29±1.828</b>	
<b>Mod of admission</b>		
▪ Voluntary	40	20
▪ Involuntary	160	80

**Table (3): Distribution of the studied subjects according to their general self-efficacy level**

General self-efficacy level	The studied psychiatric patients (n=200)	
	No	%
▪ Low	172	86.0
▪ Moderate	17	8.5
▪ High	11	5.5
<b>Range</b>	<b>(15-38)</b>	
<b>Mean ± SD</b>	<b>18.72±5.552</b>	

**Table (4): Percent distribution of the studied subjects according to their recovery assessment (RAS-DS) level**

RAS-DS level	The studied psychiatric patients (n=200)	
	No	%
▪ Low	169	84.5
▪ Moderate	23	11.5
▪ High	8	4.0
<b>Range</b>	<b>(58-128)</b>	
<b>Mean ± SD</b>	<b>66.58±13.639</b>	

**Table (5) Correlation between general-self efficacy score of the studied subjects and their recovery (RAS-DS) score**

RAS-DS Domains	The studied psychiatric patients (n=200) General-self efficacy score	
	r	P
1. Doing things, I value	0.003	0.964
2. Looking forward	0.083	0.244
3. Mastering my illness	0.046	0.513
4. Connecting and belonging	0.085	0.233
<b>Total RAS-DS score</b>	<b>0.101</b>	<b>0.0154*</b>

\* Significant at level P&lt;0.05.

**Table (6): Effect of socio–demographic characteristics of the studied subjects on their recovery (RAS-DS) score**

Characteristics	The studied psychiatric patients (n=200) Recovery (RAS-DS) score Mean ± SD	F/t P
<b>Age (in years)</b>		
▪ (21-<30)	64.21±8.872	
▪ (30-<40)	67.00±13.850	2.316
▪ (40-<50)	67.14±15.326	0.077
▪ (≥50)	<b>74.07±21.362</b>	
<b>Gender</b>		
▪ Male	64.84±11.489	<b>4.377</b>
▪ Female	<b>68.88±15.831</b>	<b>0.038*</b>
<b>Marital status</b>		
▪ Single	65.25±11.955	
▪ Married	66.80±13.727	
▪ Divorced	64.04±7.074	2.099
▪ Separated	69.27±17.989	0.082
▪ Widow	<b>77.30±25.153</b>	

<b>Educational level</b>		
▪ Illiterate	<b>68.45±18.734</b>	0.964
▪ Read and write	67.07±14.330	0.383
▪ Intermediate	64.52±7.538	
<b>Occupation</b>		
▪ Work	65.49±11.647	1.841
▪ Not work	<b>68.15±16.027</b>	0.176
<b>Residence</b>		
▪ Rural	66.05±11.130	0.270
▪ Urban	<b>67.06±15.604</b>	0.604
<b>Monthly income</b>		
▪ Enough	<b>67.02±15.085</b>	0.607
▪ Not enough	65.29±8.033	0.437

\* Significant at level  $P < 0.05$ .

**Table (7): Effect of clinical data of the studied subjects on their recovery (RAS-DS) score**

Clinical data	The studied psychiatric patients (n=200) Recovery (RAS-DS) score Mean ± SD	F/t P
<b>Medical diagnosis</b>		
▪ Depression	<b>67.85±14.403</b>	0.917
▪ Mania	64.60±11.183	0.401
▪ Schizophrenia	66.96±14.595	
<b>Age at the onset of disease (in years)</b>		
▪ (<20)	66.31±13.737	<b>8.652</b> <b>0.000*</b>
▪ (20-<30)	64.53±10.425	
▪ (30-<40)	66.44±13.131	
▪ (40-<50)	69.30±15.013	
▪ (≥50)	<b>107.67±24.826</b>	
<b>Times of hospital admission</b>		
▪ (<3)	<b>68.70±14.657</b>	2.523
▪ (3-<6)	66.05±14.137	0.083
▪ (≥6)	62.11±5.323	
<b>Method of admission</b>		
▪ Voluntary	66.35±12.311	0.049
▪ Involuntary	<b>66.78±14.730</b>	0.825

\* Significant at level  $P < 0.05$ .

## Discussion

Psychiatric disorders disturb many aspects of the life of the patient, and brings about deficits in functioning

including cognitive, perceptual, motor, emotional and social domains. Impairment in self-efficacy is a central feature of psychiatric

disorders and is known to be evident before the onset of psychosis. Self-efficacy among patients with psychiatric disorders may be affected by many factors such as psychotic symptoms, cognitive symptoms, motivation, social support and empowerment, so self-efficacy is one of the greatest factors that facilitate or hamper recovery among those patients (**Dziwota et al., 2018**).

Despite advances in pharmacological and psychological interventions for psychiatric disorders, low self-efficacy continues to be prominent, resulting in low recovery among psychiatric patients. This highlights the need to further understand the development and maintenance of these difficulties in order to improve interventions that aim to improve self-efficacy and recovery of psychiatric disorders (**Wright et al., 2021**).

Concerning socio-demographic data of studied patient, the result of current study revealed that more than half aged from 21-30 years, were male, read and write, lived in rural, also two third were unemployed and do not have enough income. According to clinical data, more than one third were diagnosed with schizophrenia, while the duration of admission of the studied patients ranged from 3-6 times and more than half of patients were admitted to hospital involuntary.

In relation to using coping self-efficacy among studied patients, the result reflects that more than two thirds of studied subjects had low self-efficacy this may be attributed to stigma and discrimination. The

finding of the current study goes in line with the finding of **Change et al., (2018)** who concluded that doubt over the capabilities to control the situation leads to hopelessness, depressive symptoms. To the contrary, **Barakat et al., (2021)** found that more than half of participants had high self-efficacy.

The results of the present study also revealed that more than three quarters of studied psychiatric patients have low levels of recovery. From the researcher point of view, it may be due to lack of drug compliance after discharge from hospital, stigma, and lack of support from family members, friends and due to patient's hopelessness about his own future. Similarly, **Mitsunaga-Ohmuro and Ohmuro., (2021)** reported low levels of recovery in studied patients due to stigma and lack of family support. On the other hand, **Lean et al., (2019)** found that more than half of the studied patients had moderate recovery level.

Regarding the correlation between self-efficacy and recovery level, the present study showed that there is a statistically positive significant correlation between self-efficacy and recovery level of the studied psychiatric patients. An interpretation of this finding could be due to the fact that low self-efficacy leads to a patient's lack of confidence that he could deal efficiently with unexpected events or be able to solve difficult problems. It is not easy for him to stick to his aims and accomplish his goals leading to low levels of insight, treatment, less

realistic goals, and less positive social and health outcome.

Similarly, **Elsharkawy et al. (2023)** explored that individuals with higher levels of self-efficacy are more likely to have a high level of recovery. On the other hand, **Barakat et al. (2021)** reported no relation between self-efficacy and recovery level

Regarding the relationship between sociodemographic data of the studied patients and their level of recovery, the present study showed that there is a positive statistical significant relationship between gender and recovery. Whereas female patients have higher levels of recovery than male. This may be because females tend to have stronger social support networks compared to males. Having a strong support system can help them to cope with their mental health issues and improve their chances of recovery.

Similarly, **Stiawa- Müller et al., (2020)** men are considered to have a poorer understanding of mental health issues, higher expectations regarding the duration and outcomes of treatment, and mechanical conceptions of mental health treatment processes.

According to the relationship between clinical data of the studied patients and their level of recovery, the current study illustrates that, there is a positive statistical significant correlation between age at the onset of disease and recovery. Higher rates of recovery levels were noted in patients who develop symptoms at the age of 50 years and above. This may be attributed to some factors such as increased emotional

resilience, better coping skills, social support networks, reduced stressors like work or family responsibilities, and potentially more stable life circumstances. Additionally, older individuals may be more likely to adhere to treatment plans and have a more positive outlook on life.

To the contrary to the current study, **Ali et al., (2023)** reported that psychiatric disorders tend to have a higher rate of recovery in patients who develop symptoms between the ages of 30 and 40. They argued that individuals in this age group are more likely to have stable employment and access to healthcare services, including mental health treatment. Early intervention and appropriate treatment can significantly improve outcomes for individuals with psychiatric disorders.

### **Conclusion**

Low self-efficacy can significantly hinder recovery from psychiatric disorders. Individuals with low self-efficacy may doubt their ability to manage symptoms, adhere to treatment, or cope with challenges, leading to poorer outcomes.

This cycle can perpetuate feelings of helplessness and reduce motivation, ultimately impeding progress in recovery. Enhancing self-efficacy through supportive interventions and skill-building can improve treatment adherence and overall recovery prospects.

Finally, the current results showed that Self-efficacy is strong determinants in the occurrence of recovery among patients with psychiatric disorders.

## Recommendations

According to the results of the current study, the following recommendations were suggested:

- Developing workshops and holding seminars to train mental health nurses on the accurate assessment of self-efficacy for psychiatric disorders.
- Implementing further educational program for nurses concerning methods of improving their self-efficacy among patients with psychiatric disorders.
- Involving family in treatment planning to improve their patient's self-efficacy and recovery.
- Provide psychoeducational programs for families to provide information about the condition of psychiatric patients to enhance understanding and reduce stigma.
- Recovery from psychiatric disorders ought to be the first and highest priority. Therefore, the implemented hospital routine should involve a variety of interventions directed to enhance patient's recovery.
- Support groups by facilitating participation in peer support groups for shared experiences and encouragements
- Teach coping skills and problem-solving strategies to empower patients.
- Mindfulness practices by introducing mindfulness or relaxation techniques to reduce psychiatric manifestation and improve emotional regulations.
- Use motivational interviewing techniques to enhance motivations for change and recovery.

## Acknowledgement

The authors are thankful to patients with psychiatric disorders and institutional authority for completion of the work.

## References

- Agbaria, Q., & Abu Mokh, A., (2022).** Self-efficacy and optimism as predictors of coping with stress as assessed during the coronavirus outbreak. *Cogent Education*, 9(1), 2080032. Doi: 10.1080/2331186X.2022.2080032
- Ali, S. O., Alenezi, A., Kamel, F., & Mostafa, M. H. (2023).** Health locus of control, resilience and self-efficacy among elderly patients with psychiatric disorders. *International Journal of Mental Health Nursing*.
- Barakat, A., Blankers, M., Cornelis, J. E., Lommerse, N. M., Beekman, A. T., & Dekker, J. J. (2021).** The effects of intensive home treatment on self-efficacy in patients recovering from a psychiatric crisis. *International Journal of Mental Health Systems*, 15, 1-11.
- Bohannon, L, Clapsaddle, S, & McCollum, D. (2019).** Responding to college students who exhibit adverse manifestations to stress and trauma in the college classroom. *FIRE: Forum for International Research in Education*, 5(2), 66-78.
- Busari, A. O. (2019).** Construction and development of perceived marital self-efficacy scale. *Journal of Association of Psychiatric science*, 8(6),144-59.
- Dziwota, E., Stepulak, MZ., Włoszczak-Szubzda, A., &**

- Olajossy, M. (2018).** Social functioning and the quality of life of patients diagnosed with schizophrenia. *Annual Agriculture Environment Medicine*, 25(1), 50-55.
- Elsharkawy, M. A., Sabra, A. I., El-Sawy, H. F., & Osman, F. S. (2023).** Role of health locus of control and self-efficacy on level of psychotropic medication adherence among patients with psychiatric disorders. *Tanta Scientific Nursing Journal*, 31(4), 151-168.
- Franks, D., Barblett, L., & Kirk, G. (2023).** Teachers' understanding of the major sources of self-efficacy in early childhood. *Early Childhood Educ J.* <https://doi.org/10.1007/s10643-023-01566-9>.
- Gerstman, B. (2008).** Burt: Basic biostatistics, statistics for public health practice. Jones and Bartlett publisher, Inc, 6339 Ormindale Way, Mississauga, Ontario L5V 1J, Canada.
- Guo, L., Li, L., Lu, Y., Li, T., Chen, L., Jiang, L., ... & Yuan, M. (2023).** Effects of empowerment education on the self-management and self-efficacy of liver transplant patients: A randomized controlled trial. *BMC Nurs*, 22(1),146. Doi: 10.1186/s12912-023-01298-6.
- Hamidi, S., Ebrahimi, H., Vahidi, M., & Areshtanab, H. N. (2023).** Internalized stigma and its association with hope, self-esteem, self-efficacy, and treatment adherence among outpatients with severe mental illness: A cross-sectional survey. *Iran J Nurs Midwifery Res*, 28(3), 345-351. Doi: 10.4103/ijnmr.ijnmr\_248\_21.
- Han, Z. (2021).** Exploring the conceptual constructs of learners' goal commitment, grit, and self-efficacy. *Front Psychol*, 12, 783400. Doi: 10.3389/fpsyg.2021.783400.
- Hayat, A. A., Shateri, K., & Amini, M. (2020).** Relationships between academic self-efficacy, learning-related emotions, and metacognitive learning strategies with academic performance in medical students: A structural equation model. *BMC Med Educ*, 20, 76. <https://doi.org/10.1186/s12909-020-01995-9>
- Jahn, D. R., Leith, J., Muralidharan, A., Brown, C. H., Drapalski, A. L., Hack, S., & Lucksted, A. (2020).** The influence of experiences of stigma on recovery: Mediating roles of internalized stigma, self-esteem, and self-efficacy. *Psychiatric Rehabilitation Journal*, 43(2), 97.
- Jørgensen, K., Hansen, M., & Karlsson, B. (2022).** Recovery-oriented practices in a mental health centre for citizens experiencing serious mental issues and substance use: As perceived by healthcare professionals. *Int J Environ Res Public Health*, 19(16), 10294. Doi: 10.3390/ijerph191610294.
- Karataş, T., Ayaz-Alkaya, S., & Özdemir, N. (2023).** Fear, anxiety, and coping self-efficacy of individuals with cancer during COVID-19 and predictive risk factors: A descriptive and



- correlational study. *Semin Oncol Nurs*, 39(4), 151420. Doi: 10.1016/j.soncn.2023.151420.Epub2023Mar14.PMID:37037701
- Kleppang, A. L., Steigen, A. M., & Finbråten, H. S. (2023).** Explaining variance in self-efficacy among adolescents: The association between mastery experiences, social support, and self-efficacy. *BMC Public Health*, 23, 1665. <https://doi.org/10.1186/s12889-023-16603-w>
- Kryshko, O., Fleischer, J., Grunschel, C., & Leutner, D. (2022).** Self-efficacy for motivational regulation and satisfaction with academic studies in STEM undergraduates: The mediating role of study motivation. *Learning and Individual Differences*, 93, 102096. <https://doi.org/10.1016/j.lindif.2021.102096>–56.
- Kuhfuß, M., Maldei, T., Hetmanek, A., & Baumann, N. (2021).** Somatic experiencing - effectiveness and key factors of a body-oriented trauma therapy: A scoping literature review. *Eur J Psychotraumatol*, 12(1), 1929023. Doi: 10.1080/20008198.2021.1929023.
- Lean, M., Fornells-Ambrojo, M., Milton, A., Lloyd-Evans, B., Harrison-Stewart, B., Yesufu-Udechuku, A., ... & Johnson, S. (2019).** Self-management interventions for people with severe mental illness: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 214(5), 260-268.
- Madhu, C. S., Lekha, H., Vignesh Karthik, S. A., & Rajagopal, A. (2021).** A study on relationship between self-efficacy and academic efficacy in PG students with reference to kerala. *Nveo-Natural Volatiles and Essential Oiles Journal.*, 8(5), 1-15.
- Mitsunaga-Ohmuro, N., & Ohmuro, N. (2021).** Longitudinal changes in personal recovery in individuals with psychotic disorders through hospitalisation in a psychiatric ward: Preliminary findings. *BMC Psychiatry*, 21(1), 1-11.
- Stiawa, M., Müller-Stierlin, A., & Staiger, T. (2020).** Mental health professionals view about the impact of male gender for the treatment of men with depression – A qualitative study. *BMC Psychiatry*, 20, 276 <https://doi.org/10.1186/s12888-020-02686-x>
- Wildbaum, T., Váradi, E., Schmelowszky, M., Demetrovics, Z., & Urbán, R. (2020).** The paradoxical role of insight in mental illness: The experience of stigma and shame in schizophrenia, mood disorders, and anxiety disorders. *Archives of Psychiatric Nursing*, 34(6), 449-457.
- Wright A, Browne J, Cather C, Pratt S, Bartels S & Mueser K. (2021).** Does self-efficacy predict functioning in older adults with schizophrenia? A cross-sectional and longitudinal mediation analysis. *Cognitive Therapy and Research*, 45, 136–148.

**Xionga, J., Lipsitzc, O., Nasric, F., Luic, L., & Gill, H. (2020).** Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of Affective Disorders*, 277(1), 55-64.