



## **Effect of Psycho-educational Training Program on Empowerment, Life Orientation and Optimism of Patients with Schizophrenia**

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### **ABSTRACT**

**Background:** Psychosocial rehabilitation of patients with schizophrenia should aim towards empowerment within the framework of individual's mental health promotion. **Aim:** to identify the effect of psycho-educational training program on empowerment, life orientation & optimism in patients with schizophrenia. **Setting:** The study was carried out at neuropsychiatric inpatient department of Tanta university hospital. The **research design** was quasi-experimental. **Subjects:** 50 patients were chosen as a convenient sample. **Tools:** Three tools were used: Tool I: Socio-demographic and clinical characteristics Questionnaire, tool II: Empowerment scale (ES), and tool III: life orientation and optimism scale (LOC). **Results:** This research showed presence of high statistical significance between studied patients' empowerment level, life orientation and optimism immediately and 3 months after implementation of the program than before. **Conclusion:** This study indicated that the current intervention was effective when it is implemented at rehabilitation stage of treatment of patients with schizophrenia. **Recommendations:** involving the current program at rehabilitation program for all patients with psychiatric disorders at the hospital.

**Keywords:** Empowerment, Life orientation and optimism, Schizophrenia, Psycho-educational Training Program.

### **Introduction**

Psychosis is an extremely traumatic condition to live with. Schizophrenia is a common and chronic psychotic condition affecting approximately 24 million people worldwide and constitutes the majority of patients in psychiatric facilities of Egypt (*Manea et al., 2020; Shanko et al., 2023*). Schizophrenia is a persistent psychiatric

disorder that has an impact on the person's ability to think logically, act rationally, express their feelings, as well as interact with others. Empowering individuals with schizophrenia (PWS) is crucial because of the disease's progressive nature and chronicity, which exposes patients to a variety of problems and relapses (*Iswanti D et al., 2024*).

The process through which individuals gain control over the circumstances and decisions that influence their lives is referred to as *empowerment*. To help people with schizophrenia feel like they are a part of the treatment process, empowerment interventions have been created (**Tahoun et al., 2022**). Otherwise, health empowerment is a relational process and a pattern of wellness that results from the recognition of one's own personal and social context's resources. Disempowerment is a common symptom among patients diagnosed with schizophrenia for a variety of reasons, including lengthy hospital stays, a chronic illness, low self-esteem, and stigmatization that feeds the cycle of disempowerment (**Pekonen A et al.**).

Patients with schizophrenia may experience improvements in their quality of life and a rise in self-confidence as a result of empowerment. Additionally, empowerment is linked to higher levels of hopefulness, confidence, and self-efficacy (**Verberne L et al., 2017**). It also helps individuals with severe mental illness, enhancing the capacity to actively engage in creating their own treatment plans. As a result, these individuals are more likely to achieve their treatment objectives, have a positive self-image, and be satisfied with the treatments they get. When individuals with mental illness set their own goals and the treatment activities that best support those goals, participating in treatment planning can also be powerful (**Náfrádi L et al., 2017, & Lee K et al., 2021**).

Empowerment of patients with schizophrenia is associated with significant benefits such as

reducing patients' internalized stigma, patients' engagement in the clinical decision process and adopting healthy behavior of their own volition, effectively promoting medication adherence, and recovery of patients (**Mostfa et al., 2022, Castro E et al. , 2016, Náfrádi et al. , 2017, Hsieh et al. , 2023**). Along with altering the way that patients perceive their illness, these interventions also improve their optimism and positive life orientation, as well as raise life satisfaction (**Kuchi et al., 2023 & Bailo L. et al., 2019**). Therefore, there are two ways that patients can be empowered; either at the individual level, when they recognize that they have a chronic illness, have the knowledge and control to make decisions, or at the community level, where they can empower other patients by sharing their experiences and knowledge (**Indah Iswanti D et al., 2023**).

Furthermore, an important factor for effective management of schizophrenia is enhancing optimism that results from effective life orientation (**Seo M, & Lim Y, 2019**). According to **Kraai I et al. (2018)**, there are two factors that are linked to mental health: optimism and life orientation. Participation in positive and health-oriented behaviors by PWS is correlated with positive life orientation. According to **Kardas F. et al. (2019)**, life orientation gives patients with schizophrenia the chance to acquire life skills that will help them solve difficulties, make wise decisions, take action to succeed in life, and improve their quality of life. Two ideas are associated with optimism: the first is holding onto hope, and the second is thinking that

"we are living in the best possible world" (Öcal E et al., 2017). One of the positive psychological traits, optimism is thought to be associated with positive outcomes like improved physical and mental health condition. Additionally, optimism lessens the adverse effects of stressful life events linked to recurrent episodes of schizophrenia (Öcal E et al., 2022).

Being optimistic is a mindset that entails anticipating good things in life. Patients with optimism anticipate positive outcomes even in challenging circumstances. Optimism has positive impacts that extend beyond merely improving one's mood and offer significant opportunities for problem-solving (Seo M,& Lim Y, 2019). Numerous research have linked psychiatric problems and optimism. According to these researches, optimists demonstrate higher levels of empowerment and self-care than pessimists. Patients become empowered and optimistic when they are actively involved in making decisions regarding their disease process, which is the culmination of receiving information and education (Ghasemzadeh Kuchi Z et al., 2020, Schou-Bredal I et al., 2019, & Laranjeira C, Querido A, 2022).

Nurses are crucial in helping patients find solutions to their issues and building their confidence, self-reliance, and capacity to cope with their illness in a positive and optimistic way. Psychiatric nurses contribute significantly to the empowerment of patients with schizophrenia by raising a patient's sense of his or her ability to make informed health and healthcare decisions

(Schou-Bredal I et al., 2019). The following points are critical: Individual medication and behaviors toward the individual are the main components of empowerment at this level, as they can affect how needs, wishes, and desires are conveyed. It is essential to establish a positive therapeutic relationship in order to maintain self-esteem and trust, as well as to allow the individual to feel comfortable with sharing their feelings, choices, and wishes. Additionally, nurses teach patients at rehabilitation stage before discharging to the community to be able to be more oriented with their life and productive in the community (Ghasemzadeh Kuchi Z et al., 2020).

#### **Significance of the study:-**

One of the most debilitating illnesses is schizophrenia which accompanies its victims throughout their lives. Studies globally and in Egypt reported that most of patients with schizophrenia experienced low level of self-empowerment and high level of relapse. Empowerment plays a critical role in the recovery of patient with mental illness. Patients with schizophrenia prefer interventions that empower them and enable them to function independently at all levels of daily life in the community (Kuchi et al., 2023). Greater understanding of one's illness and a more positive attitude towards medication can improve outcomes. However, only few studies have investigated psychiatric ward interventions to empower patients, improve their life orientation and optimism (Qureshi Z et al., 2020 Mostfa M, et al., 2022, Leamy M et al., 2023, McDonagh M et al., 2022). (Kuchi et al., 2023). The studies that

have been done in this area haven't been examined. So the aim of the current study is teaching patients techniques that focus on recognizing the patient's special abilities and capacities, which will support their ability to manage their own illness and help them restore their place in the community and boost patients' optimism.

### **Aim of the study**

The aim of the study was to;

Identify the effect of psycho-educational training program on empowerment, life orientation and optimism of patients with schizophrenia.

### **Hypothesis**

**H1:** Patients with a diagnosis of schizophrenia who enrolled in the psycho-educational training program will have high level of empowerment.

**H2:** Patients with a diagnosis of schizophrenia who enrolled in the psycho-educational training program will have high life satisfaction and optimism.

### **Operational Definition: -**

Empowerment means the process of growing stronger and more self-assured, particularly in terms of taking control over one's life and asserting one's rights

### **Subjects and method:-**

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

A single group, pre- and post-test quasi-experimental research design was used.

### **Setting:-**

The study was carried out at Tanta University Hospital's inpatient neuropsychiatric department. The "Ministry of High Education" affiliated with Tanta University Hospital. Neuropsychiatric Department can accommodate a total of 31 beds, which are split into two wards for male patients (17 beds) and another two wards for female patients (14 beds) .

### **Subjects:-**

A convenient sample comprised of 50 adult patients with DSM-5-diagnosed schizophrenia at rehabilitation stage of treatment from the previously mentioned setting. The statistical tool included in the Epi-Info software was used to compute the estimated number of samples. The sample size was determined using the subsequent criteria: With a 5% margin of error, the expected result is 70% with a 95% confidence level.  $N > 29$  should be the sample size based on the previously stated conditions.

### **Tools of data collection**

#### **Tool I: Socio-demographic and clinical characteristics questionnaire**

It was developed by researchers. It divided into two parts;

**Part I - Socio-demographic:** it included age, sex, job, education level, marital status, place of residence and income.

**Part I - Clinical characteristics:** it included age at onset of schizophrenia, number of prior mental hospitalizations, length of disease, and mode of admission.

**Tool II: The Empowerment Scale (ES):**

**Rogers (1997)** <sup>(26)</sup> devised this scale. It assesses sense of empowerment experienced by patients with schizophrenia. The 28 items on the scale were scored on a 4-point Likert scale (1 =strongly disagree, 2=disagree,3=agree, 4= representing strongly agree. It divided into five subscales;

1. Self-efficacy/self-esteem (9 items) such as (having positive attitude about the self).
2. Power/powerlessness (6 items) such as (feeling alone).
3. Community activism and autonomy (6 items) such as (People have a right to make their own decisions, even if they are bad ones).
4. Optimism and control over the future (3 items) such as (optimistic about the future).
5. Righteous anger (4 items) such as (Getting angry about something is often the first step toward changing it).

**Scoring system: -**

A higher score indicated a stronger sense of empowerment. The total scores ranged from 28 to 112 and divided as follow;

- Low sense of empowerment: (<50%) (28-69)
- Moderate sense of empowerment: (50%-75%) (70-91)
- High sense of empowerment: (>75 %) (92-112)

**Tool II: Life Orientation Test - Revised (LOT-R)**

**Scheier et al. (1994)** developed it. It was utilized to measure life orientation through a trait-like optimism and pessimism. It composed of 10 items. Three items are positively worded (1, 4, 10) like” In uncertain times, I usually expect the best”, three items are negatively worded (3, 7, 9) like” If something can go wrong for me, it will” & four filler items (2, 5, 6, 8) like” it is easy for me to relax”. The responses was on a 5-point likert scale (0 =strongly disagree, 1=disagree, 2=neutral, 3=agree, & 4 = strongly agree).

**Scoring system:**

There are two steps involved in scoring:

- ✓ Negatively worded items had reversed score (0 = 4, 1 = 3, 2 = 2, 3 = 1, and 4 = 0).
- ✓ Filler items: its scores are not taken into account.

The scale has a minimum of 0 and a maximum of 24, where a higher score denotes greater life orientation and optimism.

**Method**

**1- Official permission:** The manager of the research setting was officially given authorization to conduct the study by the Dean of the Faculty of Nursing after explaining its aim.

**2-Ethical considerations:**

- ✓ An informed consent was taken from study participants.
- ✓ Study's ethical committee at Tanta University granted ethical approval.

- ✓ Informing the subjects study's purpose and given the assurance for confidentiality of any given information and used solely for the purpose of the study. The study participants suffered no harm as a result of the study's design.
- ✓ Assuring that study participants had the freedom to choose not to participate or to leave the study at any time.

### **3-Developing tools:**

After the researchers translated the study's tools into Arabic, a group of five mental health nursing experts evaluated the tools' content validity and concluded that both instruments were valid.

The reliability of the tools was tested using the Arabic version, yielding a Cronbach's alpha of 0.87.

### **4-Pilot study:**

It was done on 5 patients (10%). It was conducted to assess the applicability and clarity of the study tools being studied, estimating the anticipated time needed for completing tools. Also it was done for knowing possible obstacles during data gathering. After the results from the pilot research were gathered, it was discovered, no obstacles and no changes were made to the tools. However, the pilot subjects were taken out of the study sample.

### **5-The actual study:**

It was conducted through four phases:

#### **Phase one: Assessment phase (pretest):-**

Gathering information using the study tools through one-on-one interviews in a way that is patient-friendly and easy to comprehend for every research subject. In this stage, the needs of the research subjects were assessed prior to the intervention using baseline data. The questionnaire took between 35 and 40 minutes to complete.

#### **Phase two:(Educational program development).**

- ✓ The researcher developed the program using the results of phase one as well as a review of recent, relevant literature (*Mostfa et al., 2022, Castro E et al. , 2016, Náfrádi et al. , 2017,Hsieh et al. , 2023*).
- ✓ The program's main goal was to increase empowerment, life orientation and optimism of patients with schizophrenia during their rehabilitation.

#### **Phase three: Implementation phase (program implementation).**

Eight sessions were used to cover the program's content. Eight subgroups (each with 5 to 6 patients) were formed. Sessions was conducted twice / week/4weeks for each subgroup (Sunday &Thursday at morning shift sessions) & each session lasted 45–60 minutes.

Power point presentations, movies, posters, Arabic brochures with colored drawings and handout papers were used as instructional tools. Lecture interwoven with discussion, role paly, sharing experience and case studies were used as

teaching and training methods. At the end, subjects and their caregivers received the program handout enriched with images and pictures.

The researchers served as the coordinator, provider, and facilitator of the study in order to promote patients participation and comfort levels. The researchers encourage participation the subjects.

Every session began with a summary of the previous session's information and the goals for the current one, in an effort to make sure the patients understood the program's content.

The researchers used the teach-back method during the training session, asking the schizophrenia patients to repeat the knowledge they had gained in their own terms. Following every session, a 5- to 10-minute review of the material was followed by a patient feedback assessment. From beginning of July to the end of December 2023, or around six months, was spent gathering the data.

**The program was implemented through the following schedule of sessions:-**

**A-Theoretical sessions (1-3): these sessions was aimed to imparting study subject with knowledge as follow;**

- **Session (1):** introductory session which aimed to provide acquaintance between the group members and the researchers. Also for explanation the purpose, schedule and outline of the program content.
- **Session (2):** focused on provision studied patients with knowledge about nature of

schizophrenia; definition, symptoms and management & psychiatric patient's right.

- **Session (3):** emphasized on knowledge about empowerment; concept, importance in life, and concept of life orientation and optimism.
- B- Training sessions (4-8): these sessions was aimed to developing and improving different skills of empowerment of study subject as follow;**
- **Session (4):** empowerment related to hygienic care and general appearance and psychotropic medication adherence.
  - **Session (5):** empowerment through stress management techniques.
  - **Session (6):** empowerment through problem solving skills
  - **Session (7):** empowerment through fighting stigma of mental illness.
  - **Session (8):** empowerment through acquiring social skills & summary and revision of the program.

**Phase four: Evaluation phase (Post-test):**

This phase's goal was to investigate how the existing program affected the patients' sense of empowerment, life orientation, and optimism. This was done by re-applying study tools twice: immediately and 3 month after the program implementation (once patients are discharged, the researcher contacts patients at outpatient follow-up clinics and obtains their phone numbers from them and their families).

**Statistical analysis :**

The gathered data was arranged, tabulated, and statistically examined using the SPSS

statistical computer application, version 26. To calculate quantitative data, the mean, standard deviation, and range were utilized. The qualitative data were compared using the Chi-square test (2). The correlation between the variables was evaluated using the Pearson and Spearman's correlation coefficients,  $r$ .  $P0.05$  was used as the significance level for interpreting the findings of the significance test. Furthermore,  $P0.01$  was selected as the extremely significant threshold for interpreting the significance test results.

## Results

**Table 1** clarifies study subjects' socio-demographic characteristics. Half of the patients (50%) ranged in age from 20 to less than 30 years old, with a mean  $\pm$ SD of  $28.45 \pm 3.61$ . Of the patients, 54% were female, 42% were married, and 42% are literate. Two-thirds of the patients studied (70%) did not have a job. Over two-thirds (68%) of the patients studied lived in rural areas. Two-thirds (74%) of the patients studied did not have enough income, and 40% of the patients studied were living with their fathers.

**Table 2** represents clinical data of the patients studied. In terms of the age of the onset of disease, it seemed that 58% of the patients under study were between the ages of 18 and under 20, with a mean age of  $23.5 \pm 4.12$ . In terms of the numbers of admission, 88% of the studied patients were admitted for one to less than three years. Sixty-six percent of the patients in the study had the illness for one to fewer than five years. In terms of the type of admission, 84% of the patients under study were admitted involuntary.

**Table 3** illustrates total level of empowerment subscales of the study subjects throughout phases of the study. Immediately and following a three-month from program implementation, the majority of patients reported high levels of empowerment (86% & 80%, respectively), compared to the majority of study subjects had low levels of empowerment (76%) before program. The overall level of all empowerment subscales differed between before and after the program at a highly statistically significant difference ( $p < 0.001^*$ ).

**Table 4** represents total level of life orientation and optimism scale among studied patients throughout periods of study. Prior to the program, life orientation and optimism were low at more than half (58%) of the patients studied; however, immediately and after three months, the levels increased (82% & 78%, respectively). There is a highly significant difference ( $p < 0.001^*$ ) between the total levels of life orientation and optimism before and after the program.

**Table 5** represents correlations between total score of both empowerment and life orientation and optimism of the patients studied throughout periods of the study. Presence of a highly positive statistical significant correlation between empowerment and life orientation and optimism of the patients throughout the study ( $p < 0.001^*$ ). Where with increasing in empowerment, there are increase in life orientation and optimism of the studied patients and such enhancement return to positive effect of the current program.



Table (1): Study subjects' socio-demographic characteristics (n=50)

<b>Socio-demographic characteristics</b>	N	%
<b>Age</b>		
18-<20	11	22
20-<30	25	50
30 - < 40	4	8
40 - < 50	2	4
50 years and above	8	16
<b>Mean±SD</b>	<b>28.45±3.61</b>	
<b>Gender</b>		
• Male	23	46
• Female	27	54
<b>Marital status</b>		
• Single	15	30
• Married	21	42
• Divorced	8	16
• Widowed	6	12
<b>Educational level</b>		
• Does not read or write	8	16
• Reads and writes	23	46
• Secondary education	8	16
• University education	8	16
• Higher education	3	6
<b>Job status</b>		
• Work	15	30
• does not work	35	70
<b>Place of residence</b>		
• Rural	34	68
• Urban	16	32
<b>Monthly income</b>		
• Enough	13	26
• Not enough	37	74
<b>How to coexist (with whom do you live)</b>		
• The father	20	40
• The mother	15	30
• Brothers	6	12
• Husband/Wife	9	18

Table (2): Clinical characteristics of the study subjects (n=50)

Clinical Characteristics	N	%
<b>Age at the onset of the disease</b>		
18-<20	29	58
20-<30	13	26
30 - < 40	2	4
40 - < 50	2	4
50 years and above	4	8
<b>Mean±SD</b>	<b>23.5±4.12</b>	
<b>The number of admissions to a psychiatric hospital for treatment</b>		
1- <3	44	88
3- <6	2	4
6 or more	4	8
<b>Duration of illness</b>		
1- <5	33	66
5- <10	17	34
<b>Entry method/type</b>		
Voluntary	8	16
Involuntary	42	84

Table (3): Total level of empowerment subscales among studied patients throughout periods of study (n=50)

Items of empowerment	High		Moderate		Low		Chi-square	
	N	%	N	%	N	%	X <sup>2</sup>	P-value
<b>Self-efficacy/self-esteem</b>								
• Pre	10	20	19	38	21	<b>42</b>		
• Immediate	38	<b>76</b>	9	18	3	6	33.405	<0.001*
• Post	36	<b>72</b>	10	20	4	8	29.049	<0.001*
<b>Power/powerlessness</b>								
• Pre	11	22	13	26	26	<b>52</b>		
• Immediate	40	<b>80</b>	7	14	3	6	36.532	<0.001*
• Post	37	<b>74</b>	8	16	5	10	29.500	<0.001*
<b>Community activism and autonomy</b>								
• Pre	13	26	10	20	27	<b>54</b>		
• Immediate	39	<b>78</b>	9	18	2	4	34.604	<0.001*
• Post	36	<b>72</b>	8	16	6	12	24.382	<0.001*
<b>Optimism and control over the future</b>								
• Pre	9	18	11	22	30	<b>60</b>		
• Immediate	43	<b>86</b>	5	10	2	4	48.981	<0.001*
• Post	40	<b>80</b>	7	14	3	6	42.592	<0.001*
<b>Righteous anger</b>								
• Pre	12	24	12	24	26	<b>52</b>		
• Immediate	36	<b>72</b>	11	22	3	6	30.285	<0.001*
• Post	33	<b>66</b>	13	26	4	8	25.973	<0.001*
<b>Total empowerment</b>								
• Pre	6	12	6	12	38	<b>76</b>		
• Immediate	43	<b>86</b>	5	10	2	4	48.981	<0.001*
• Post	40	<b>80</b>	7	14	3	6	42.592	<0.001*

**Table (4): Total level of Life orientation and Optimism scale among studied patients throughout periods of study (n=50)**

Life orientation and Optimism		Pre		Immediate		Post	
		N	%	N	%	N	%
High		7	14	41	82	39	78
Moderate		14	28	8	16	7	14
Low		29	58	1	2	4	8
Chi-square	X <sup>2</sup>			51.853		43.534	
	P-value			<0.001*		<0.001*	

**Table (5): Correlations between total score of empowerment and life orientation and optimism of studied subjects throughout periods of the study (n=50).**

Total score of Life orientation	Total score of Empowerment	
	R	P-value
Pre	0.884	<0.001*
Immediate	0.852	<0.001*
Post	0.865	<0.001*

## Discussion

Most of patients with mental illness return to the community after receiving treatment still experience some degree of functional impairment and persistent symptoms. Additionally, they cannot lead productive lives and struggle to retain personal control over their lives; they may also feel stigmatized, expect to be treated poorly by the public, and feel helpless (Ivezić S *et al.*, 2017). Empowerment therapies for individuals with schizophrenia will assist them in creating and pursuing personally important goals in life, rather than concentrating on symptom relief and minimization of shortcomings (Tang, Q *et al.*, 2021).

This study was intended to determine how a psycho-educational training program affected sense of empowerment, life orientation, and optimism of patients with schizophrenia. The current study has two intervention implications namely empowerment and life orientation and optimism.

Concerning first intervention implication, three quadrants of studied patients experienced low level of empowerment pre-program implementation but post- program, more than three quadrant experienced high level. This may return to program contents which foster skills that aid in improving self-management like medication adherence to manage their symptoms, managing

social problems and self-control in coping with stressful situations and their life as a whole. Notably, rejecting social and self-stigma among participants may have also altered other negative self-evaluations and given rise to a sense of hope and confidence about the possibility of recovery, which in turn may have led to high engagement in the current intervention and an ability to use empowering coping mechanisms. This was consistent with study of **Hasan A and Musleh M (2017)** that reported patients with schizophrenia who received empowerment intervention show high level of empowerment and optimism post-intervention immediately and at 3-month follow-up compared with before program.

The current program present its positive effect on all empowerment subscales; for example; “self-efficacy and confidence,” “optimism,” and “righteous anger” post program than before. Concerning self-efficacy subscale, the current results views a highly significant value post program than before. This can go back to the program's focus on the patient as active agents in their own treatment. By teaching patients to self-monitor their ongoing clinical status, avoid high-risk stressors, stay on track with their medications, and use various coping and compensatory strategies when symptoms and other problems associated with their psychiatric condition emerge. This was congruent with a study of **Kim M& Lee K (2015)** that indicate an empowerment program for persons with chronic mental illness is effective for improving self-efficacy.

Current intervention confirms its effect on community activism and autonomy subscale of empowerment. It was found that half of studied patients had low level of community activism and autonomy pre-program and increased to high level by three quadrants of them post-program. This was in the line of findings of (**Mostafa M et al., (2022)**) that reveals, people with a diagnosis of schizophrenia may experience less internalized stigma and discrimination as a result of the empowerment intervention program. This indicate that current intervention content involved teaching patients social skills that improve their community integration in a productive way which is the aim of the current study.

Relating righteous anger subscale of empowerment, the current results reveals more than half of studied patients experienced low level of righteous anger before intervention. There is an increase in score as represented by more than half of studied patients experienced high level post intervention. The results above imply that the program and its sessions, which center on teaching patients how to communicate their anger emotions through appropriate emotional wording, facial expressions, and repetition, are effective in teaching them how to express their emotions. This result is in line with a study (**Hasan A and Musleh M (2017)**) that involved an empowerment training program for patients diagnosed with schizophrenia and found that after the program, the experimental group experienced righteous anger to a significantly higher degree than the control group.

Regarding power subscale, the majority of studied patients experience high sense of power post intervention than before. This was in agreement with **Aggarwal, N. (2016)** in a study of “Empowering people with mental illness within health services” and stated that the empowerment of patients with mental illness by raising a patient's sense of his or her ability and power to make informed health and healthcare decisions are improved following intervention. This could be explained by the fact that the intervention provided factual information about illness, which could improve PwS's understanding of illness, aid in the development of coping mechanisms, and alter their views regarding antipsychotic medication. By being watchful of stressor triggers, this may have led to the creation of a low-stress environment, which may have further reduced mental symptoms and improved their recovery and self-power in the future.

The second intervention implication is life orientation and optimism. The current findings reported that majority of studied patients experienced high level of life orientation and optimism post intervention than before. From the point of view of researchers, the current intervention ‘content included essential life skills like social skills, problem solving skills, stress management which was not known by studied patients and encouraging them to take more control over negative events and to handle their life better. Which may in turn have led to their improved wellbeing (i.e. being less stressed, more optimistic). Another intriguing point is that the

current intervention provided a social support through better understanding of their illness. This was consistent with a study of **Park S, Sung K (2013)** about “The effects on helplessness and recovery of an empowerment program for hospitalized persons with schizophrenia.” and reported that such program reduced feeling of helplessness and empower patients in managing their life.

The results of this study show that there is a highly significant and positive statistical association between the degrees of optimism, life orientation, and empowerment before and after the training program. The researchers noticed that the patients found the engaging way in which the current program's content was presented to be enjoyable during the session. Additionally, the program was run in small groups. Group discussions, experience sharing, and enrichment activities are facilitated by breaking up existing study participants into small groups. This creates a valuable and engaging environment and gives study participants enough time to absorb the program's taught material. The program's content was also precise and thorough, using a range of instructional techniques such as role-playing and mask-making to convey distinct emotions, in addition to the use of eye-catching images and videos.

Also throughout program session, participants also had time to reflect on their own successful life experiences. Therefore, everyone has the ability to design a fulfilling life that is defined by their own terms; this opportunity may

have increased their sense of empowerment. The present study is the first to investigate the impact of an empowerment intervention on patients with schizophrenia's life orientation and optimism, hence the study's findings are significant. This provides a rigorous comparison with other research. There was not a single study that contradicted our findings.

### **Conclusion**

Empowerment and subsequent acquired life skills are critical in the rehabilitation of PWS. The results of the current study led to the conclusion that patients with schizophrenia can benefit from psychosocial interventions in terms of empowerment, life orientation, and optimism. This was confirmed by presence of significantly increased scores of the empowerment level and optimism of the studied patients after attending the program. Therefore, continuous education and training about empowering patients with schizophrenia is required particularly during rehabilitation for cumulative and consistent effects.

### **Recommendations**

#### **1-Recommendations to patients, hospitals &nursing staff:**

- Involving all nurses in planned educational and training courses about empowerment of patient with different psychiatric disorders.
- Provision of time and resources for hospital staff to follow recent evidence-based interventions related to empowerment of patients.

- Including empowerment intervention as a part of an inclusive psychosocial intervention to all patients with psychiatric disorders.
- Additional follow-up is necessary to assess patients with schizophrenia who are involved in the empowerment program's long-term adaptation.

#### **3-Recommendations for further study:**

It will be also valuable to conduct interventional studies that address;

- Effect of empowerment program on negative symptoms of patients with schizophrenia.
- Future studies are needed to investigate the relationship between empowerment and life satisfaction prospectively.
- Future studies are needed to determine the efficacy of optimism-focused interventions for community-living persons with schizophrenia
- A further study is needed to examine effect of empowerment intervention on relapse rate, self-esteem and medication compliance of patients with psychiatric disorders.

#### **Conflict of interest**

According to the authors, there is no conflict of interest.

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