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# “Believing facilitates success”: psychiatric nurses’ perspectives on recovery

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## Abstract

**Background** Psychiatric nurses play a crucial role in patient recovery processes, and their attitudes during these processes can directly influence the recovery of individuals with mental illness. However, the concept of recovery in psychiatric disorders is perceived differently among nurses, which, in turn, can affect the patient’s recovery trajectory. This study aims to explore and investigate the perspectives, thoughts and experiences of nurses working in psychiatric clinics about recovery in mental illnesses.

**Methods** The study was conducted between September and December 2021 at a Mental and Neurological Illness Hospital. This research is a qualitative study employing conventional content analysis, with data collected during the same period. Fifteen psychiatric nurses were selected as participants using the snowball sampling method. Data collection was carried out through individual, in-depth and semi-structured interviews. Data were analyzed according to the approach outlined by Graneheim and Lundman (Nurse Educ Today 24(2):105–12, 2004), which facilitated the identification of participants’ perspectives. MAXQDA qualitative data analysis software was used to assist with the analysis of interview data.

**Results** The analysis revealed four main themes: defining recovery, and the factors that aid recovery, roles of psychiatric nursing.

**Conclusion** The findings indicate that psychiatric nurses are hopeful about patient recovery, stating that treatment and care, along with supporting the patient and facilitating their reintegration into the community, are essential to achieve recovery.

**Keywords** Recovery, Psychiatric nursing, Mental health, Qualitative research

## Introduction

Recovery is defined as a highly personal and unique process through which individuals transform their attitudes, values, feelings, goals, skills, and/or roles. It involves living a satisfying, hopeful life that contributes to society, even while managing the challenges posed by illness [1–3]. As a multidimensional concept, recovery encompasses various dimensions, such as self-esteem, adaptation to disability, empowerment, and self-determination [4].

Recovery from mental illness is a personal journey in which individuals maintain a positive self-image,

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continue in their roles, and have self-control despite the severity of the illness. The goal of these factors influencing mental recovery is to allow people experiencing functional loss to continue their lives as before and to be independent as much as possible [5, 6]. Recovery is not merely about getting better or letting go of the need for support; it is about reclaiming one's life and participating in society as an equal citizen alongside others [4]. The aim of recovery from mental illness is to develop the abilities and skills and to provide long-term support so that they can live as full citizens in the professional, educational and social areas [7].

The guiding principles in the mental health recovery process include self-management, peer support, empowerment, respect, re-establishing identity, taking responsibility for recovery, having a voice, hope, and a holistic, strength-based, individualised and personalised approach in collaboration with health professionals [8–10]. In this process, it has been particularly noted that this can support or prevent an individual's recovery [11]. Additionally, recovery can be facilitated through the implementation of interventions such as vocational rehabilitation, art and exhibition services, and leisure and recreational activities. These services can be provided through collaboration or partnerships between healthcare professionals, patients, and family caregivers [12]. Recovery-focused care is used as best practice in mental health services today [13].

Anthony [1] introduced the notion of a recovery orientation for mental health services. In recovery-focused mental health and related services, the attitudes, beliefs, and approaches of professionals are central to facilitating the development of patients' potential to achieve their goals. Staff in these organisations work with the person rather than with the diagnosis or symptoms [14–16]. The role of mental health professionals is to facilitate recovery, while the responsibility for recovery lies with patients. A common element in mental health recovery is the presence of others who support and believe in the individual in need of recovery. Even when individuals in the recovery process struggle to believe in themselves, it is crucial that they have people who believe in them, encourage their recovery without coercion, and strive to understand their journey [1, 17]. Recovery-orientated approaches have emerged as a key guiding principle for mental health services. This approach has shifted mental health professionals away from their traditional roles, focussing on a partnership model that focusses on empowering people, fostering hope, and supporting personal recovery journeys [3].

Psychiatric nurses play an important role in supporting the psychiatric patients' recovery journey due to the amount of presence and time that they spend with individuals in clinical settings [18]. Psychiatric nurses create

a transformative force by focussing on how to work with people receiving services to support their recovery processes [8]. By focussing on personal recovery rather than symptom reduction, psychiatric nurses play a role in improving and providing care that focusses on the individual's expected recovery needs [8, 19]. The importance and value of understanding the recovery process will become increasingly recognized, both by individuals with mental illness who are striving to overcome their challenges and by the mental health systems that serve them [20]. The recovery process is the personal, individualised journey of recovery and adaptation experienced by a patient. Recovery orientation is the accompaniment of people on their healing journey by healthcare professionals [1, 4].

In a study in which nurses received recovery training, there was a reduction in patient rehospitalizations within 30 days after discharge, an increase in patient care quality and an increase in nurses' knowledge of the recovery process [21]. Psychiatric nurses play an important role in revealing the inherent recovery potential within individuals, ensuring emotional and physical safety, facilitating recovery, and providing support [7].

Although recovery-focused care has received attention in recent years, numerous barriers to the implementation of recovery practices, including professional attitudes, remain [22]. Individuals with mental disorders often receive feedback from healthcare professionals and their communities that recovery is not possible and that they should lower their expectations of their lives. Collaboration and support of psychiatric nurses providing mental health services have an important place in the recovery of individuals. Therefore, this study was designed to explore the opinions, thoughts and experiences of psychiatric nurses about recovery from mental illness. The research question was as follows: What are the perspectives of psychiatric nurses on the concept of recovery in psychiatric illnesses?

## Materials and methods

### Study design and setting

This study was conducted using a qualitative method, specifically the phenomenological approach, to analyse and examine the views, thoughts, and experiences of nurses working in psychiatric clinics on recovery in mental illnesses. Phenomenological research aims to uncover the meaning of lived experiences related to a particular concept or phenomenon for individuals [23]. The objectives of phenomenological research include identifying and describing the phenomenon while reaching the essence of the lived experiences concerning the phenomenon [24]. Phenomenology involves bracketing, a process in which researchers leave out any preconceptions or biases they may have about the phenomenon.

Consequently, researchers do not focus on their own thoughts and judgments, but on participants' experiences and the shared characteristics of these experiences [25]. The study was conducted between September 2021 and December 2021 in a Mental and Neurological Illness Hospital. The study is reported using the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines [26].

### Participants

The participants in this study are psychiatric nurses providing services in inpatient wards. A phenomenological approach was utilised to gather data, and in-depth interviews were conducted with 15 psychiatric nurses reached through the snowball sampling method.

The inclusion criteria were as follows:

Being over 18 years old,

Working in a psychiatric clinic for at least one year.

Willing to participate in the study and share experiences.

### Data collection

The study was conducted by two academic psychiatric nurses holding doctoral degrees in mental health and psychiatric nursing. To collect data, individual face-to-face interviews with psychiatric nurses participating in the study were conducted using a personal information form and a semi-structured interview form prepared by the researchers. Before the interview, the participants were informed about the study and their consent was obtained for participation and audio recording during the interview. The interviews took place in the meeting room of the psychiatric clinic, a quiet and comfortable place free from distractions. These interviews began with open questions to establish context and gradually evolved, becoming more structured and guided by the flow of nurses' responses through more concise questions. The researchers completed all interviews and audio recordings, allowing for transcription of conversations and subsequent data analysis. Each interview lasted between 30 and 50 min and was recorded with the permission of the researchers. After reviewing the relevant literature, the researchers developed a semi-structured interview

form incorporating their knowledge and field experience. During interviews, the researchers ensured validity by carefully evaluating the responses to confirm that the questions were correctly understood. To dig deeper into the participants' perspectives, probing questions such as 'Are you saying...?' and 'Could you provide more details about this?' were asked based on their responses.

All interviews were conducted by the first author, a professor of psychiatric nursing with a doctoral degree and 13 years of clinical experience in psychiatry, as well as expertise in qualitative research. All interviews were recorded simultaneously. Immediately after each interview, the recordings were transcribed verbatim. Furthermore, the researchers carefully reviewed the recordings and the transcriptions were examined multiple times, coded, and finally conceptualized. Data collection and analysis were conducted simultaneously.

To improve the reliability of the data, the researcher focused on a prolonged engagement and dedicated significant time to data collection. The interview transcripts and the codes derived from them were repeatedly reviewed by the researchers. To further ensure reliability, an expert colleague in qualitative research was sought and necessary feedback was incorporated to guide the study. The researchers also used expert guidance and supervision to ensure the trustworthiness of the findings.

To determine credibility, the researchers avoided confirmation bias, ensuring that the interpretation of the data did not solely support their hypotheses and that no findings contrary to their perspectives were excluded. Additionally, a maximum variation sampling method was used to enhance the transferability of the findings by including participants with various characteristics in terms of age, gender, and educational background. The interviews were not repeated because there were no problems in the planned interviews with the participants and there was no uncertainty and insufficiency in the information obtained during the interviews.

The forms used in this study were as follows:

**Personal information form:** This form includes questions about the individual and professional characteristics of psychiatric nurses. It consists of six questions covering age, gender, marital status, education level, unit worked, and years of experience.

**Semi-structured interview guide:** The form includes seven open questions designed to clarify the experiences of psychiatric nurses with respect to recovery (Table 1).

### Data analysis, validity and reliability

Data on individual characteristics of participants were summarised as percentages and averages. In this study, the data obtained from the participants were analysed using content analysis, one of the basic analyses used in qualitative research. Qualitative data were analyzed using

**Table 1** Interview questions

1. What does the word recovery mean to you?
2. What does recovery in mental health/mental illness mean to you?
3. What is the impact of "hope" and "optimism" in recovery?
4. Is there a patient group that you believe has the most hope for recovery?
5. What are the roles and responsibilities of psychiatric nurses in the recovery from mental illness?
6. What are your needs to help patients recover?
7. What should be done for recovery in mental illness?

the MAXQDA qualitative data analysis programme and the transcriptions were analysed. Content analysis requires a more detailed examination of the collected data and reaching the concepts, categories, and themes that explain these data. The data analysis process was guided by the Graneheim and Lundman [27] content analysis approach, and a seven-step inductive qualitative content analysis was implemented. The researcher paid attention to the latent content of the data, the meaning when interpreting the text [27]. Data analysis began immediately after the first interview and continued concurrently with subsequent interviews until data saturation was achieved, meaning that no new relevant information emerged. In the first step, each audio recording was listened to at least twice to ensure a thorough understanding of the data. In the second step, each interview was individually analysed and words and phrases that described the phenomenon were identified to maintain contextuality and subjectivity. The third step involved generating initial codes to interpret the context and reveal the underlying meanings. In the fourth step, these initial codes were organised into thematic clusters. During the fifth step, similar meanings and codes were grouped independently at first and then collaboratively by the researchers to form themes and subthemes. In the sixth step, the researchers developed comprehensive definitions of the themes and subthemes. Finally, in the seventh step, the researchers reviewed the content and grouping of the themes and sub-themes, identifying participant statements that described the phenomenon in detail.

Researchers in this study are experienced and training in relation to qualitative research methods. As a result, three themes and 12 subthemes specific to the study subject were determined under four main categories.

## Findings

The average age of the participants was  $35.20 \pm 7.66$  years; 12/15 were female (80%), 9/15 were single (60%), 10/15 were university graduates (66.7%), 5/15 worked in closed wards (33.3%) and 8/15 had 1–5 years of experience in psychiatric services (53.3%) (Table 2).

According to the results obtained from 15 interviews conducted to understand the experiences and views of psychiatric nurses on recovery from mental illnesses, the nurses' statements were gathered under three main themes, namely defining recovery, factors that aid recovery and the roles of psychiatric nurses in recovery divided into 12 subthemes (Table 3).

Theme 1: Defining recovery.

Theme 2: Factors that aid recovery.

Theme 3: Roles of psychiatric nurses in recovery.

### Theme 1: defining recovery

When nurses were asked about the definition of recovery and the meaning of the concept in the context of psychiatric illness, the participants highlighted the subthemes of autonomy, individual well-being, integration with society, and adaptation to treatment and daily life.

**Table 2** Participants demographic features ( $n=15$ )

Participant number	Age Range	Marital status	Educational Status	Clinic	Years of working in psychiatry	Position
A-1	25–30	Married	University	Addiction Center	1–5 years	Clinical Nurse
A-2	41–50	Single	Master's/Ph.D.	Addiction Center	15 years and above	Clinical Charge Nurse
A-3	41–50	Single	Master's/Ph.D.	Community Mental Health Center	11–15 years	Clinical Charge Nurse
A-4	25–30	Single	University	Addiction Center	1–5 years	Clinical Nurse
A-5	25–30	Single	University	Addiction Center	1–5 years	Clinical Nurse
A-6	31–40	Single	University	Open Service	6–10 years	Clinical Nurse
A-7	25–30	Single	University	Closed Service Male Unit	1–5 years	Clinical Nurse
A-8	41–50	Married	Associate degree	Closed Service Male Unit	1–5 years	Clinical Nurse
A-9	31–40	Single	University	Closed Service Female Unit	1–5 years	Clinical Nurse
A-10	25–30	Married	University	Closed Service Female Unit	1–5 years	Clinical Nurse
A-11	31–40	Single	University	Community Mental Health Center	11–15 years	Clinical Nurse
A-12	41–50	Married	Master's/Ph.D.	Community Mental Health Center	11–15 years	Community Mental Health Center Team Leader
A-13	41–50	Single	Master's/Ph.D.	Open Service	6–10 years	Clinical Charge Nurse
A-14	25–30	Married	University	Closed Service Male Unit	1–5 years	Clinical Nurse
A-15	41–50	Single	University	Community Mental Health Center	11–15 years	Clinical Nurse

**Table 3** Themes and sub-themes of the study

THEMES	SUB THEMES	Meaning unit
Defining recovery	<ul style="list-style-type: none"> <li>• Autonomy/Independence</li> <li>• Well-being</li> <li>• Individually</li> <li>• Integrating with society</li> <li>• Adaptation to treatment and life</li> </ul>	<ul style="list-style-type: none"> <li>• Self-Determination, Personal Responsibility</li> <li>• Emotional and psychological well-being</li> <li>• Building relationships, social inclusion, community engagement</li> <li>• Compliance with treatment, adaptation to daily life</li> </ul>
Factors that aid recovery	<ul style="list-style-type: none"> <li>• Hope</li> <li>• Motivation</li> <li>• Taking responsibility</li> <li>• Optimism</li> </ul>	<ul style="list-style-type: none"> <li>• Wanting to be good</li> <li>• Wanting to participate in treatment</li> <li>• Not giving up</li> <li>• Adaptation to treatment and life</li> <li>• Hopefulness</li> </ul>
Roles of psychiatric nurses in recovery	<ul style="list-style-type: none"> <li>• Informing</li> <li>• Teaching how to cope with illness</li> <li>• Providing Holistic Care</li> </ul>	<ul style="list-style-type: none"> <li>• Providing support</li> </ul>

The participants stated that the patients are as functional as they are well. They noted that overall well-being is proportional to their ability to act independently.

#### **Autonomy/Independence**

This subtheme encompasses characteristics that enable individuals to become more independent in their daily lives. Nurses highlighted that the definition of the recovery process includes the ability to meet their own needs. Below are some comments from the participants on this topic.

*It refers to the ability to meet one's own personal requirements, sustain social relationships, and care for oneself. The ability to function independently in everyday chores and social situations is the key."* (A-6).

*It is a condition of total physical and mental well-being. It is the condition for carrying out obligations brought on by social, professional, and domestic life. As an illustration, they are able to use public transport, cook at home, and pay their expenses. The ability to perform daily tasks is a benefit of being an individual, even though the earnings may not be substantial.* (A-9).

#### **Well-being**

Well-being is defined as behaviours that aim to achieve optimal health, which encompass the pursuit of personal goals and a more meaningful life, the integration of body, mind, and the spirit, and functioning in all areas, including social, economic and personal domains [28]. Well-being is an indicator of people's health and happiness in

their lives. Psychiatric nurses support their patients in improving their overall well-being.

*"Recovery is the state of feeling good about oneself. But the well-being here is realistic. They are well at home, well at work, and well on the street. Well being is being able to continue life. It also about coping with difficulties. It is the state of continuing treatment regularly."* (A-12).

*"It is the state of complete well-being, both physically and mentally. It is the state in which you can fulfill responsibilities brought on by home, work, and social life. For example, being able to cook at home, pay bills, and use public transportation. Although the amount of earnings may not be much, it is the state of being able to do the daily things brought about by being an individual."* (A-9).

#### **Individuality**

Recovery is an individual process in which the patient restructures their roles and functions within the given circumstances and makes decisions about their own life. In this process, psychiatric nurses support patients by allowing them to take individual responsibility during care and treatment, promoting their active participation in treatment and encouraging them to take individual roles in their recovery.

*"Our patients need to behave as individuals. This includes managing their money, taking their medication on their own, avoiding illness relapses, interacting with others, and fulfilling their social roles. It means being functional socially, professionally and individually."* (A-12).

*"The regular continuation of the disease in a stable condition, the regular use of medications, and the regular participation in daily life are examples. Both the patient and the family need to make an effort to lead a healthy life. Life presents challenges not only for patients but also for individuals who appear healthy in society. What is important is that patients manage these challenges, fight them, and have the ability to maintain their life in a stable manner."* (A-1).

*"Being able to end the symptoms of the illness and carry out their social and individual skills independently. In other words, being self-sufficient."* (A-2).

#### **Integrating with society**

Positive attitudes of individuals in society towards mental illness provide comfort to patients, helping them accept



their illness and increasing their participation in the treatment process. A patient who is accepted by society will see themselves as part of it and will try to fulfil their societal roles. This also strengthens the patient's social support networks, which are crucial to their recovery.

*It includes interacting with others, fulfilling their role in society, and being socially, professionally, and individually functional. (A-12).*

*"The patient's realistic and adequate participation in life. Unfortunately, our patients live in isolation from society..." (A-11).*

*"Being able to respond normally to challenges and hold on to life." (A-4).*

### **Adaptation to treatment and life**

For treatment to be effective in mental illness and recovery to progress positively, patients must adhere to and comply with their treatment. Adherence to treatment involves regularly attending check-ups, taking medications as prescribed, completing treatment programmes, and following the recommendations of the treatment team. Adherence to treatment represents the collaboration between the patient and the caregiver in patient care and treatment. Nonadherence to treatment reduces the individual's belief in the treatment of mental illness and, consequently, in their recovery.

*"Adaptation is important in recovery. The patient should adapt to the life they are living, their environment, people, society, and especially the treatment due to their illness." (A-4).*

*"Being in a state of well-being that allows the continuation of life. Being able to adapt to social life and daily living." (A-13).*

*'The patient's ability to adapt to daily life, leading to a decrease in hospitalisations.' (A-5).*

### **Theme 2: factors that aid recovery**

Another theme derived from the interviews was the factors that contribute to recovery. In our study, psychiatric nurses stated that not giving up, wanting to improve, participating in treatment, and motivation help facilitate recovery. The participants emphasised that hope motivates the patient, and the desire to improve, along with perseverance, contributes to recovery. This theme encompasses four subthemes: hope, motivation, taking responsibility, and optimism.

### **Hope**

Despite the pressing conditions of mental illness, an individual's determination to continue is one of the fundamental components of hope. Psychiatric nurses play an important role in encouraging patients to continue their recovery efforts, even when faced with challenges and difficulties. For people diagnosed with a mental illness, the desire to get better serves as a strong source of motivation for recovery. Psychiatric nurses play a crucial role in supporting patients in setting realistic goals and sustaining their desire to get better, contributing to the continuity of their motivation for recovery.

*"Recovery and hope are not giving up." (A-11).*

*"Hope brings out the dead ends from time to time. The effect is quite overwhelming." (A-4).*

*"Recovery and hope motivate the patient in the healing process. Believing makes it easier to succeed. Believing in the hope of being good, being able to look optimistically at the healing process with the belief in recovery provides regularity in treatment. He is sick trying to do what is necessary to be good." (A-6).*

*"A person with hope strives to reach a state of well being. They want to get better and make efforts toward that goal. With the right treatment, approach, and support, they believe that they can recover and assist healthcare staff in this process. They have set the goal of getting better." (A-1).*

*"As long as hope persists, the consistency of behaviours continues. The patient hopes for things such as recovery, being well, participating in social life, falling in love, and getting a job, which all fuel the desire to get better. Optimism also involves believing in the possibility of getting better." (A-12).*

*"A person with hope strives to reach a state of well being. They want to get better and make efforts toward that goal. With the right treatment, approach, and support, they believe that they can recover and assist healthcare staff in this process. They have set the goal of getting better." (A-1).*

*"Hope motivates the patient during the treatment process. Believing makes it easier. Believing in recovery and maintaining hope, along with an optimistic outlook on the treatment process, facilitates adherence to treatment with the belief in recovery. The patient tries to do what is necessary to get better" (A-9).*

*"Although recovery and hope are both positive concepts, during the course of the illness, directing a person toward expectations may lead to depression if full recovery is not achieved." (A-3).*

### **Motivation**

The recovery process is influenced both by the patient's internal motivation and by the motivation from their environment. Motivation to continue treatment is a crucial element in recovery. Having hope for recovery increases the patient's belief in themselves.

*"Recovery and hope are motivating during the treatment process. They make it easier for the patient to cope with the challenges they faces." (A-8).*

*"If a person lacks hope for recovery and optimistic thoughts, or if these are weak, the recovery process either takes a very long time or does not happen at all." (A-11).*

### **Taking responsibility**

For people diagnosed with mental illness, taking responsibility means being actively involved in their recovery process. This helps patients gain control over their disease. The participants highlighted themes of individuality, integration with society and adaptation in relation to taking responsibility, noting that the individual skills, involvement in their treatment, and adaptability support their recovery.

*"Recovery and hope motivate the patient during the treatment process. Believing makes it easier. Believing in recovery and maintaining hope, along with an optimistic outlook on the treatment process, facilitates adherence to treatment with the belief in recovery. The patient tries to do what is necessary to get better." (A-1).*

### **Optimism**

Optimism plays a significant role in supporting the fight against mental health disorders. A positive outlook helps people with mental health conditions cope with the challenges they face and reinforces their belief in the possibility of recovery.

*"Hope and optimism can be used as sources of strength in adherence to treatment." (A-2).*

*Together, hope and optimism play a key role in recovery." (A-12).*

### **Theme 3: roles of psychiatric nurses in recovery**

Psychiatric nurses are a crucial source of support in the recovery of people struggling with mental illness. In our study, participants highlighted the theme of providing support in response to the question of what psychiatric nurses can do to help people with mental illness in their recovery. The identified included informing, teaching coping strategies, and providing holistic care. All participants spoke of the significant impact of the supportive role of psychiatric nurses in recovery.

### **Informing**

Informing patients about how to manage their problems during the process of illness, information on the illness, management of crises, managing symptoms, organizing of lifestyle, development of problem-solving skills, increase of knowledge and information on the effects of medications are important elements of patients' recovery.

*"Participation in treatment, rational use of medication, and participation in daily activities are directly effective in the recovery process. Supporting the patient in organising daily activities, providing information about the illness, observing the patient, identifying their needs, and meeting their requirements." (A-11).*

*"Helping them gain insight and ensuring the continuity of their treatment and informing them about it." (A-15).*

*"Monitoring periods of exacerbation, informing the patient and their family about the illness, ensuring continuity of treatment, supporting the management of exacerbation periods, and providing education to the family in this regard. Reintegration of the patient into society." (A-3).*

### **Teaching how to cope with illness**

Providing patients with knowledge about the symptoms and nature of their disease helps them better understand their condition and contributes to their recovery. Studies indicate that informing and educating patients about the disease, its treatment, and coping strategies are effective in increasing their functionality, helping them cope with the illness, solving the difficulties they face, and improving their interpersonal relationship skills [29]. Psychiatric nurses play a key role in equipping patients with these skills.

*"The psychiatric nurse is the team member who observes the patient and interacts with them the most. Since the nurse is aware of the patient's needs, strengths, and weaknesses, they play an active role*

*in making the treatment more effective. The nurse's role is significant in involving the patient in social life, ensuring treatment adherence, and sustaining these aspects." (A-12).*

*"The nurse teaches the patient that they can continue with their life and manage their mental illness. They help develop coping strategies and teach how to deal with the disease." (A-8).*

*"The nurse prepares the patient for situations they will encounter in social life after discharge. The family should also be involved because the family is the biggest supporter. It is important to regularly follow up with the patient on how to manage crises, the symptoms of the disease, maintain wellness, providing education, and accessibility." (A-6).*

### **Providing holistic care**

Individuals with mental illness face difficulties adapting to and complying with treatment and in fulfilling their psychological, physical, and social functions, which require continuous care. As a result, most patients live with their families. Understanding the disease, recognizing its symptoms, and understanding and positive approach of the family toward the patient contribute to the patient's recovery. Due to the importance of family support, the holistic approach to the patient and their family contributes to the patient's recovery.

*"The priority for treatment follow-up is to involve the family in patient treatment, to facilitate the patient use of the resources of the community, to be able to approach the patient and the illness from a holistic perspective." (A-5).*

## **Discussion**

This study was conducted to deeply explore the perspectives, thoughts and experiences of nurses working in psychiatric clinics on recovery from mental illness. Qualitative methods and techniques were used in the research. As a result of the analysis conducted after the interviews, three main themes were identified: defining recovery,, factors that aid recovery and the roles of psychiatric nurses in recovery.

### **Theme 1. Defining recovery**

When participants were asked about the meaning of recovery in mental health / mental illness, the responses indicated that recovery encompasses the subthemes of autonomy/independence, well-being, individuality, integration with society, and adaptation to treatment and life. Recovery is a personal process in which the person reinterprets and reconstructs their roles and responsibilities

within the context of their current circumstances and develops to the point where they are capable of making decisions about their lives. Psychiatric nurses should encourage the personal autonomy of their patients [30]. Supporting self-determination, decision-making, and independence is a key component of recovery for people with mental illness, according to the Integrated Recovery-oriented Model (IRM) [31]. Recovery is not only about resolving physical symptoms but also about achieving functional recovery for people diagnosed with mental illness [32]. It is essential for the patient to regain functionality in the cognitive, social, economic, and professional areas that may have been lost. A qualitative study conducted in Thailand with 24 psychiatric nurses found that they evaluated the recovery of patients diagnosed with schizophrenia as 'symptom improvement,' 'ability to perform daily activities,' and 'social functionality' [33]. Autonomy/independence are essential for patients to regain control over their lives as other citizens. Individuality reflects the unique journey of each person on the recovery journey and highlights the need for personalised care approaches [1, 4]. Another sub-theme was well-being. Well-being is defined as behaviours aimed at achieving optimal health, which includes striving for personal goals and more meaningful living, integration of body, mind, and spirit, and functioning in all areas, including social, economic, and personal domains [28]. Recovery from mental illness includes being hopeful, having autonomy, self-acceptance, insight, collaboration with healthcare professionals, and self-help during the recovery process [34, 35]. Positive attitudes of individuals in society towards mental illness provide comfort to patients, helping them accept their illness and increasing their participation in the treatment process. A patient who is accepted by society will see themselves as part of it and will try to fulfil their social roles. This also strengthens the patient's social support networks, which are crucial to their recovery.

### **Theme 2: Factors that aid recovery**

The factors that influence recovery, as expressed by nurses, have been identified as hope, motivation, taking responsibility, and optimism. Qualitative and autobiographical research on recovery and serious mental illnesses has found that personal activities and autonomy are crucial aspects of a patient's ability to self-manage their mental illness [36].

Hope represents a meaningful life and the belief in recovery for people with mental illness. It provides motivation for the patient to overcome difficult situations and strive for a better future by focussing on their strengths. Recovery is a process with ups and downs, and maintaining hope during this process is crucial [30, 37]. Recovery arises from hope. Patients in the recovery



process feel motivated to overcome obstacles when they know that others have gone through the same process and shared their recovery experiences [38]. Many recovery policy documents call on mental health professionals to develop hope in their relationships with service users [39]. Lietz et al. [40] found that when healthcare professionals conveyed a sense of hope for recovery to their patients, patients were motivated to take steps toward positive changes in their lives. Negative attitudes toward people with mental illness often manifest as frustration, avoidance, and discriminatory behavior. When people with mental health issues receive messages from mental health professionals suggesting that recovery is not possible and that they should lower their expectations of their lives, internalized stigma increases, negatively affecting their perception of their illness and causing them to lose hope for the future. Therefore, the hope that psychiatric nurses instil in individuals with mental illness is of great importance. Taking responsibility allows patients to take control of their lives. Recovery-orientated treatments in mental health services adopt a person-centred, strengths-based approach. The recovery process is patient-centred and supports the empowerment of the patient's independence and responsibility [40–42]. It is important for people with mental illness to take responsibility for their illness and be actively involved in their recovery treatment. The patient desires recovery. By taking responsibility, the patient tries to integrate with society and fulfil the roles they are expected to play as individuals, which is also important for recovery. Furthermore, taking responsibility is not only significant for patient recovery, but also for their overall well-being. Corrigan et al. [43] defined recovery as having trust, hope, help-seeking behaviour, goals and achievements, and a reduction in symptoms. A study conducted by Kaewprom et al. [44] on the views of recovery for patients with schizophrenia found that nurses defined recovery as improvement in illness symptoms, the ability to perform daily living skills, and the fulfilment of psychosocial functions. The same study also identified factors that facilitate recovery, such as acceptance of the disease, hope and adaptation to treatment and life, environmental support, and easy access to mental health services. On the contrary, factors that hinder recovery included lack of responsibility, disease characteristics, stigma, and separation of mental health hospitals from the general health system [44].

### Theme 3. Roles of psychiatric nurses in recovery

The roles of nurses in the recovery process are identified as providing information, teaching how to cope with illness, and providing holistic care. The support of healthcare professionals plays a crucial role in the recovery process by increasing hope and helping patients cope with the challenges of their illness. Psychiatric nurses

always play a supporting role in helping patients adapt to life changes. The recovery model emphasises the importance of social support, highlighting an egalitarian relationship between patients and professionals [40]. Roberts and Boardman [45] emphasised in their study that the role of healthcare professionals is to support individuals in their recovery. In addition, one of the subthemes, the provision of holistic care, is defined as a behavior that recognises a person as a whole and accepts the interdependence between the biological, social, psychological, and spiritual aspects of the person. In holistic care, the nurse considers all aspects of the patient and their effects on the treatment process, and the thoughts, feelings, cultures, opinions, and attitudes of the patients are taken into account to contribute to recovery, happiness, and satisfaction. Holistic care providers view the patient as a whole within their environment, recognising that the patient is composed of body, mind, and spirit. Therefore, respecting the patient's role in the healing process and enabling their participation in the process leads to hope, individuality, dignity, social development, and a sense of autonomy [46]. Informing the patient during the recovery process and teaching them how to cope with their illness ensures that the patient is aware of their illness and has information about it. This awareness in the patient is called insight. The patient's insight is evaluated as accepting illness, accepting the treatment, and accepting the relationship between symptoms and the illness. The development of insight in patients may also include accepting the recovery process [47]. Psychiatric nurses increase their awareness by supporting the development of insight in their patients. In this way, patients are enabled to actively participate in their own recovery processes and make more conscious decisions throughout this process.

### Implications for nursing

This study provides an important contribution to the nursing profession by revealing nurses' experiences and opinions on the recovery process in psychiatric illness. The role and experiences of nurses in the recovery process of patients with psychiatric illnesses have a significant role to play in improving the quality of nursing care. Nurses, as primary caregivers, play a vital role in shaping patient outcomes through their interactions, attitudes, and approaches to recovery. Understanding their perspectives not only highlights the challenges they face but also emphasises the positive influence they can have on the recovery process.

The findings of this study will help psychiatric nurses improve their patient-centred approach to psychiatric recovery and strengthen nurse-patient interaction in the recovery process. For example, understanding the psychosocial aspects of recovery can guide nurses in creating

personalised care plans that promote both emotional and physical well-being. Specifically, nurses can better understand the multifaceted nature of recovery, which includes not only the management but also psychosocial rehabilitation, hope building, and empowerment. In this way, they can provide more effective and therapeutic communication, more empathy, and more support to patients during the recovery process.

Nurses should be equipped with the skills to foster autonomy, promote hope, and create a supportive environment for patients. This could involve ongoing education and skill workshops, particularly around the adoption of recovery-focused interventions and the importance of building a therapeutic alliance with patients.

Additionally, policy changes that recognise the centrality of psychiatric nurses in the recovery process and provide them with opportunities for professional growth and specialisation in recovery-based practices would benefit both the nursing profession and patients alike.

Finally, the findings underscore the need for more research into the recovery process and the role of psychiatric nurses. Future studies could explore the specific strategies nurses use in recovery-oriented care, as well as the barriers they face in implementing these practices. Research should also investigate how recovery-orientated nursing care can be integrated in various healthcare settings and how interdisciplinary teams can collaborate to improve the recovery process for patients.

### Strengths and limitations of research

Strengths of this study include its focus on psychiatric nurses, an area that has been relatively understudied. Additionally, the research was conducted in a specialised psychiatric hospital in Turkey, which includes a variety of centres exclusively dedicated to psychiatric disorders. However, there are certain limitations to this study. One limitation is the relatively small sample size, which may affect the generalisability of the findings. Another limitation is the reliance on self-reported data, which may lead to response bias. Future research can address these limitations by including a larger and more diverse sample and using additional data collection methods to minimise potential biases.

### Conclusion

This study highlights the multifaceted nature of recovery for people with mental illness, as well as the critical roles of psychiatric nurses in this process. The findings revealed three central themes: the meaning of recovery for psychiatric patients, the factors that aid recovery, and the roles of psychiatric nurses in recovery. Participants emphasised that recovery goes beyond symptom remission and includes maintaining functionality, fostering

hope, and achieving a sense of autonomy/independence. Furthermore, recovery was described as an integration into society, and adapting to life. These findings underscore the importance of tailoring mental health care to address not only clinical symptoms, but also the broader psychosocial needs. In light of these findings, several suggestions can be made to improve the recovery process in psychiatric disease. Mental health care systems should focus on implementing recovery-orientated treatment programs that prioritize not only symptom management, but also psychosocial rehabilitation, promoting patient autonomy and social reintegration. Recovery-focused training programmes and practices should be implemented for psychiatric nurses to encourage hope and independence in patients. The fundamental rule in the recovery process is the proposition that recovery is possible. Nurses constitute the largest workforce in healthcare services and are vital for the implementation of recovery-orientated practices in mental health [48]. Psychiatric nurses should be adequately equipped to provide holistic, person-centred care to their patients and adopt a recovery-orientated approach in their practice [49]. Therefore, the beliefs of psychiatric nurses in the recovery of individuals with mental illness provide hope to patients and play an important role in the recovery process. This study was not conducted with other mental health professionals, although this is an important topic for psychiatric nurses. Therefore, future studies could include other mental health professionals.

### Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12912-025-02785-8>.

Supplementary Material 1

### Acknowledgements

We thank all participating nurses.

### Author contributions

Searching: SP, SD. Study design: SP, SD. Data collection: SP, SD. Data analysis: SP. Manuscript writing: SP, SD.

### Funding

This research did not receive any specific grants from funding agencies in the public, commercial or not-for-profit sectors.

### Data availability

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation. The data are not publicly available due to restrictions their containing information that could compromise the privacy of research participants.

### Declarations

#### Ethics approval and consent to participate

Written ethical approval was obtained from Bahcesehir University for this study (Date: 16.07.2021, Number: 2021/07). Participation in this study was entirely voluntary. Before the interview, participants were informed about the

study objectives and the interviewees were requested to sign a written form of informed consent form before the interviews officially commenced, including the recording process. Additionally, participants were informed that the interviews would be recorded, that the confidentiality of the information would be maintained, and that codes would be used instead of names. All procedures in the study were conducted in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

#### Consent for publication

Not applicable.

#### Competing interests

The authors declare no competing interests.

#### Clinical trial number

Not applicable.

Received: 5 September 2024 / Accepted: 29 January 2025

Published online: 10 February 2025

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