

The Process of Recovery from Schizophrenia: A Qualitative, Systematic Review

Şizofreni Hastalarında İyileşme Süreci: Nitel, SistematiK Derleme

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ABSTRACT Objective: The aim of this study is to identify and systematically examine the qualitative studies investigating the recovery processes of individuals diagnosed with schizophrenia. **Material and Methods:** The study was conducted by checking the Science Direct, Scopus, Springer Link, Ebscohost, Web of Science and Pubmed databases in January 2018. The database research was performed in English using “schizophrenia, recovery, well-being, healing, qualitative” keywords. Fourteen studies were included in this study. The content analysis of the subjects included in the research, sub-themes, theme contents and participant expressions were carried out. **Results:** The recovery process were collected under these themes; attitudes of professionals, the attitude of family and community, opinions towards treatment, factors affecting recovery positively, factors affecting recovery negatively, meaning of recovery. **Conclusion:** The recovery process of schizophrenia, a chronic disease affecting all living areas, was influenced by many factors such as family, environment, professional team, self-perception. In the light of these results, it is suggested that professionals should balance the individual's social support systems, create a therapeutic environment in hospital conditions, help the individual to reveal their potentials and powers.

Keywords: Mental health; recovery; schizophrenia;
qualitative research; systematic review

ÖZET Amaç: Bu çalışmanın amacı, şizofreni tanısı alan bireylerin iyileşme süreçlerinin araştırıldığı kalitatif çalışmaları tanımlamak ve sistematik olarak incelemektir. **Gereç ve Yöntemler:** Araştırma, Ocak 2018 tarihinde Science Direct, Scopus, Springer Link, Ebscohost, Web of Science ve Pubmed veri tabanları kullanılarak yapılmıştır. Tarama yapılırken “schizophrenia, recovery, well-being, healing, qualitative” anahtar sözcükleri kullanılmıştır. Araştırmaya 14 çalışma dahil edilmiştir. Araştırmaya dahil edilen çalışmaların temaları, alt temaları, tema içerikleri ve katılımcıların ifadeleri üzerinden içerik analizi yapılmıştır. **Bulgular:** Araştırmaya dahil edilen makalelerin analizine göre; şizofreni tanısı almış bireylerde iyileşme süreci; profesyonellerin tutumu, ailenin ve çevrenin tutumu, tedaviye yönelik görüşler, iyileşmeyi olumlu etkileyen faktörler; iyileşmeyi olumsuz etkileyen faktörler ve iyileşmenin anlamı temaları altında toplanmıştır. **Sonuç:** Tüm yaşam alanlarını etkileyen kronik bir hastalık olan şizofrenide iyileşme sürecinin aile, çevre, profesyonel ekip, benlik algısı gibi birçok faktörden etkilendiği gösterilmiştir. Bu sonuçlar doğrultusunda, hemşirelerin bireyin sosyal destek sistemleri arasındaki dengeyi sağlaması, hastane koşullarında terapötik ortam oluşturmaları, bireyin potansiyel ve güçlerini ortaya çıkarmada yardımcı olması önerilmektedir.

Anahtar Kelimeler: Ruh sağlığı; iyileşme, şizofreni; nitel araştırma; sistematik derleme

Schizophrenia is a disease which usually occurs in late adolescence or in young adulthood and adversely affects an individual's thinking, perception and social functioning.¹ The disease whose life-long prevalence and mortality rate are substantial, can affect the individual's academic success, career oppor-

tunities, social relations, socio-economic status and self-perception. Therefore, recovery for these patients may be more than the treatment of disease symptoms.^{2,3} Based on this hypothesis, the concept of recovery is also changing for individuals diagnosed with schizophrenia in recent years. This change has

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evolved from a goal that can never be achieved, such as the elimination of disease symptoms, the return to condition before the onset of the disease, the absence of hospitalization and the discontinuation of medication, to a holistic and subjective approach that emphasizes the well-being and functionality of the individual.^{4,5} As a result of this change, the care approach of psychiatric nurses also changes. The meaning of recovery varies for each individual with schizophrenia.² Accordingly, as a health care professional, the psychiatric nurse is expected to provide care that focuses on the recovery needs of the individual expected by exploring the meaning of recovery.^{4,5} It is seen that as a framework concept, different factors fill the concept of recovery. The integration of these sub-concepts into a single study will shed light on the points that psychiatric nurses should focus on their recovery-oriented care.

The scientific methods, especially qualitative research, which focus on the process as well as the result and deal with the individual experience for the concept of recovery that is also a component of the process, provides the high value of evidence for the care given to individuals diagnosed with mental illness.⁶ Qualitative research previously conducted to identify the components of subjective recovery to help identify recovery targets and outcomes from the perspective of schizophrenia patients presents significant findings. It is thought that the systematic review of qualitative research to produce higher evidence-based scientific knowledge and the deduction of a joint conclusion will make significant contribution to the recovery processes of individuals diagnosed with schizophrenia and to the improvement of the psychiatric care given.

The aim of this review is to define and systematically examine the meaning of recovery in individuals diagnosed with schizophrenia and the qualitative studies in which the factors affecting it are investigated.

Research questions were taken into consideration in the literature review: (i) What is recovery for individuals diagnosed with schizophrenia? (ii) What are the important concepts in recovery? (iii) What are the factors affecting recovery?

MATERIAL AND METHODS

This systematic review was made in accordance with the article “Systematic Review Guide in Health Care” by Center for Reviews and Dissemination (2008) and the article “Systematic Review of Qualitative Research” by Dixon-Woods et al. (2006).^{7,8} According to these guides review question, inclusion criteria, study selection, data extraction, quality assessment and data synthesis procedures are defined.

Before starting the literature review, databases and key words were determined. No date restrictions have been made when scanning. In this respect, the databases of Science Direct, Scopus, Springer Link, Ebscohost, Web of Science and PubMed were scanned in January 2018. The keywords “schizophrenia, recovery, well-being, healing, qualitative” were used for scanning. The inclusion criteria in the research are qualitative studies, qualitative sections of studies in which a mixed method research is used together, studies conducted with individuals diagnosed with schizophrenia, studies that are available online and are in English. Exclusion criteria are the reviews, thesis, scale studies, the studies carried out by individuals who have not been diagnosed with schizophrenia, the studies carried out by quantitative research method, which the online full text cannot be reached, and in a different language other than English. Selection of studies was shown at flow diagram (Figure 1).

QUALITY APPRAISAL

The quality of the studies meeting the inclusion criteria was evaluated by using the Critical Appraisal Checklist for qualitative research.⁹ In terms of the contribution of the results to the literature, method, research design, sample, the appropriateness of the data collection method, the relationship between the researcher and the participant, the compliance with the ethical standards, the rigor of the data analysis, the clarity of the findings, each of the researches in the evaluation were examined in detail by two independent researchers and the results were compared. In the comparison, it was determined that there was 92.9% compliance among the researchers in the quality assessment and a common decision was made about the articles of different opinion.

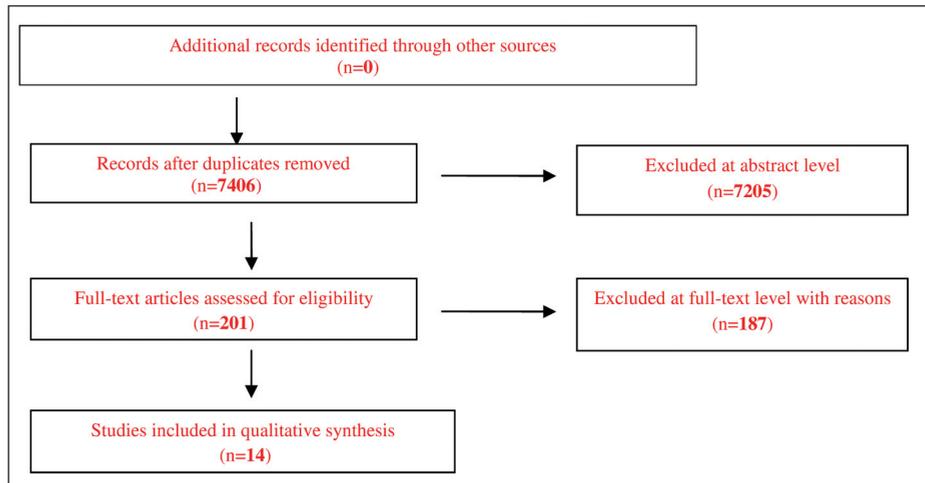


FIGURE 1: Selection of studies flow diagram.

DATA ABSTRACTION AND SYNTHESIS

In this research, which was designed in line with the qualitative research approach, “content analysis” was conducted and the qualitative research analysis program MAXQDA-Plus was used. In the content analysis process, the theme content of the studies included in the research and the expressions of the individuals were first encoded, sub-themes were reached and then themes were created by organizing similar sub-themes. In the final stage, the findings were reported and interpreted with quotes. In order to increase the reliability of content analysis, it was requested to evaluate the appropriateness of themes and expressions from a non-research expert.

RESULTS

The studies were conducted between 2003 and 2017 and the main characteristics of the 14 research articles examined are given in Table 1. According to the analysis, the recovery process in individuals diagnosed with schizophrenia were grouped under six themes.

THEME 1: ATTITUDE OF PROFESSIONALS

In nine of the studies examined, it was observed that this theme emerged.^{6,10-17} In this theme emerged positive attitudes, negative attitudes and expectations from professionals.

Positive attitudes of the professionals are respect, sincere and supportive communication, holistic

approach, listening, knowledge, motivation and inclusion in the treatment.

“... He was a good doctor. And he didn’t laugh at me or anything. He would listen to me and ask me questions. And we had a very good rapport together. And he respected me very much.”¹⁶

The negative attitudes of the professionals are insulting and judgmental approach, labeling, stigmatization, prejudice, focusing on symptoms and medicine, ignoring, not listening and individual approach.

“...Two minutes in the hospital, they don't even ask your name. I don't think they think about me much. Anybody takes no notice of me...”⁶

The expectation of the participants from the professional are interest, respect, teamwork, having professional knowledge and sharing, listening, understanding the individual, not making assumptions, holistic approach, talking to emotional needs and medicine follow-up.

“Listen, listen, listen to your clients and get to know them. Let them do the talking. Have an open mind when you come across someone...don’t make presumptions or assumptions about a person when it comes to education or experience in life.”¹⁶

THEME 2: THE ATTITUDE OF THE FAMILY AND THE ENVIRONMENT

In the nine of the studies, this theme emerged.^{6,10,11,14,15,17-20}

TABLE 1: The publications included in this study.

Author and year	Qualitative Research Design	Sample	Themes and Subthemes
Cohen et al. (2017)	Phenomenological	Schizophrenia (n=20)	<ul style="list-style-type: none"> • Avoidance behavior • Utilizing supportive others • Taking medications • Enacting cognitive strategies • Focus on well-being • Engaging spirituality • Controlling the environment • Being employed or continuing their education
Eisenstadt et al. (2012)	Phenomenological	Schizophrenia (n=16)	<ul style="list-style-type: none"> • Elements that contributed to recovery <p>Medication Future prospects Psychoeducation group Family support Personal effort and hope Relationship with the professional team</p> <ul style="list-style-type: none"> • How the recovery is perceived • Improvement in psychotic symptoms • Returning to social life • Regaining autonomy and independence • Restoration of self-reliance and trust in others • The meaning given to psychosis
Jager et al. (2016)	Narrative	Schizophrenia (n=4) Schizoaffective Disorder (n=4) Psychosis (n=3)	<ul style="list-style-type: none"> • Turning toward/empowerment • Developing a normalized account of voices • Building voice-specific skills • Integration of voices into daily life • A transformation of identity • Turning away/protective hibernation • Harnessing all available resources to survive the experience • With the importance of medication in recovery being emphasized
Jenkins et al. (2005)	Ethnographic	Schizophrenia (n=73) Schizoaffective Disorder (n=17)	<ul style="list-style-type: none"> • Awakenings Phenomenological Social • The incremental nature of the process of improvement • Experience with and faith in medication as the key to improving • Improvement through personal power and control • Controlling the illness through medication <p style="text-align: right;"><i>continue... →</i></p>

TABLE 1: The publications included in this study (continued).

Author and year	Qualitative Research Design	Sample	Themes and Subthemes
			<ul style="list-style-type: none"> • Controlling the illness through activity, leisure, and distraction • Self processes in relation to recovery • Personal agency and de-emphasizing of mental illness • Normalizing and relativizing illness • The solace of others • Responsibility for others: persons with schizophrenia as caregivers • It's the little things: joie de vivre in life and recovery • Cultural conundrums of recovery <p>Ironies and contradictions</p> <p>Processes of improvement as a moral struggle</p> <p>The social life of medication and side effects</p> <p>Sigma despite improvement</p>
Lee et al. (2015)	Phenomenological	Schizophrenia (n=8)	<ul style="list-style-type: none"> • Family involvement <p>Emotional support</p> <p>Financial support</p> <ul style="list-style-type: none"> • Family influence on the recovery process
Mizuno et al. (2015)	Narrative	Schizophrenia (n=16)	<ul style="list-style-type: none"> • Ongoing efforts to live better <p>Leaving the community of the ill</p> <p>An intention to live as an independent person</p> <p>Responsibility and awareness of living with integrity</p> <p>Improving understanding of mental health disorders</p> <p>Hopes and goals</p> <ul style="list-style-type: none"> • Inconsistent self-acceptance as a person living with a mental illness <p>A compromise between being forced to take medicine and taking medicine under one's own initiative</p> <p>Ongoing feeling of insecurity</p> <p>The difficulties of having a mental illness</p>
Nowak et al. (2017)		Schizophrenia (n=28)	<ul style="list-style-type: none"> • Psychological dimension of recovery <p>Identity transformation</p> <p>Emotional well-being</p> <p>Meaning and purpose</p> <p>Recovery being a process</p> <ul style="list-style-type: none"> • Relationships with others <p>Contact with people</p> <p>Communication</p> <ul style="list-style-type: none"> • Wellness strategies <p>Being active</p> <p>Coping with symptoms</p>

continue...→

TABLE 1: The publications included in this study (*continued*).

Author and year	Qualitative Research Design	Sample	Themes and Subthemes
Petrus et al. (2012)		Schizophrenia (n=20)	Leading a healthy lifestyle <ul style="list-style-type: none"> • Clinical understanding of recovery A lack of symptoms <ul style="list-style-type: none"> Return to a former state of health Attitude towards medication A lack of difficulties related to illness <ul style="list-style-type: none"> • Support systems Livelihood Psychiatric mental healthcare <ul style="list-style-type: none"> • Changing social contacts through ignoring and justifying voice hearing with lay practices • Manipulating and regulating the voices • Changing perception and meaning towards the voices
Roger et al. (2008)		Schizophrenia (n=8)	<ul style="list-style-type: none"> • Recovery is a multi-dimensional concept/Definition of recovery implies functional recovery Cessation of antipsychotic medication <ul style="list-style-type: none"> Independent living Disappearance of symptoms Employment Good relationship with family members Romantic relationship as a criterion is not feasible or practical • Acceptance of the need to take medication Control of psychotic symptoms Supplements to prevent degeneration of brain Improvement of cognitive functioning Prevention of relapse • Hopelessness and helplessness about full recovery Lack of knowledge about types of mental illness Uncertainty about course of illness Lack of understanding and support from others in the recovery pathway Polarized views about normality and psychosis Unrealistic expectations about full recovery from psychosis • Factors promoting recovery Right choice of medication Psychological support, ventilation and companionship from non-family members Family members for monitoring and support

continue... →

TABLE 1: The publications included in this study (continued).

Author and year	Qualitative Research Design	Sample	Themes and Subthemes
Romano et al. (2010)	Grounded theory	Schizophrenia (n=10)	<ul style="list-style-type: none"> • Who they were prior to illness Involved in a lot of bad stuff Family relationships Under a lot of stress Having interests Using drugs • Lives interrupted: encountering the illness Experiencing the symptoms Possibility of getting better Help-seeking Impact of illness and treatment Finding out about the illness • Engaging in services and supports Feeling understood: building trust Striving to get better: the role of medication Striving to get better: beyond medication Beginning to feel better • Re-engaging in life Engaging the support of others Reflecting on the past: changing their ways Getting on with life Challenges to recovery • Envisioning the future Future thinking Meeting ongoing challenges Questioning the need for treatment • Reshaping an enduring sense of self An enduring sense of self Growth through recovery • Enables for reshaping an enduring sense of self
Soygur et al. (2017)	Phenomenological	Schizophrenia (n=24)	<ul style="list-style-type: none"> • The fact that the setting is informal and welcoming without being constrictive • Predominance of the human element • Hope and encouragement • Being cared about • Being able to reach someone when in need of support • Friendly sharing • Having a purpose, assuming responsibility, and being motivated • Giving meaning to life. <p style="text-align: right;"><i>continue...</i> →</p>

TABLE 1: The publications included in this study (continued).

Author and year	Qualitative Research Design	Sample	Themes and Subthemes
Tooth et al. (2003)		Schizophrenia (n=57)	<ul style="list-style-type: none"> • The role of an active sense of self • Illness management • Self-help • Having friends who accepted them • Negative aspects of medication • Negative impact of health professionals
Virdee et al. (2017)	Ethnographic	Schizophrenia (n=7)	<ul style="list-style-type: none"> • Forces of a collectivist community • Religious and supematernal conceptualizations of schizophrenia • Cultivating identity and belonging • Points of exclusion • Points of inclusion
Williams et al. (2012)		Schizophrenia (n=40)	<ul style="list-style-type: none"> • Categories of care Services/referral to services Negative care Treatment Addressing emotional needs • Professional conduct Sharing knowledge Teamwork • Connection Concern Holistic perspective Respect Not making assumptions • Space Time Talk

The positive attitudes of the family and the environment are love, patience, tolerance, sincerity, interest, sharing, loyalty, support, visiting, following the medicine, help, understanding, financial support and listening. The negative attitudes of the family and the environment are prejudice, stigmatization, not accepting the disease, not helping, expectation, lack of support and accusations.

“They gave me the best doctors, the best hospitals and they’re very supportive.”¹⁹

“People don’t want to talk to [me]. People don’t want to sit beside [me] on the bus.”¹⁷

“... I’ve experienced if I don’t help myself, no one else is going to help me and I’ve experienced in life too that other people don’t want to help you.”¹⁵

THEME 3: TREATMENT-OPINIONS

The theme of treatment-related opinions was found to be in 11 studies.^{3,5,6,10-15,18,20}

Positive treatment-related opinions are providing information exchange, providing emotional balance, sharing symptoms, controlling symptoms, preventing relapse and regulating sleep. Negative treatment-related opinions are having side effects, not preventing relapse, being perceived as a burden and the necessity of life long medicine use.

“... It is important the prayer, eating well and all that

[are important], but in this illness well prescribed medication is 80% of success.”¹²

“... I take medication... and despite taking medication I relapse... I take medication regularly, at the same hour, I care so much about being healthy and functioning normally, but despite this, the illness comes back.”¹²

THEME 4: FACTORS POSITIVELY AFFECTING THE RECOVERY

This was found in 12 studies.^{3,5,6,10-15,17,18,20} Factors positively affecting the recovery are accepting the disease, hope, goals, awareness, responsibility, determination, seeking help, managing symptoms, quality of life, working, spirituality, positive self-perception, the effect of experiences and sharing them.

“I think that life has a meaning to me. A doctor asked me what life meant to you. I couldn't answer it. Now I say work, friends etc. I have a reason to wake up in the morning.”⁶

“... just started to focus on that I do want to recover... it's... important to me to... get back to the place where I was but... do it properly like do it in a way that I can keep up that balance...”³

“To get better, you need to be active. You'll end up as a failure if you don't want to try new things.”²⁰

“I, my son, he's 19. I'm taking care of him, I look after him. I wash his clothes, I cook his meals. I even pick up behind him.”¹¹

“When I was doing my prayers, I feel better. I feel calm. I feel relaxed...”¹⁷

THEME 5: FACTORS NEGATIVELY AFFECTING RECOVERY

It was observed that the factors negatively affecting the recovery were in four studies.^{11,14,15,20} Factors negatively affecting the recovery are substance use, negative self-perception and stress.

“Mental illness can relapse because of triggers such as pressure. For instance if you buy some stocks and stock prices suddenly plummet, you can't withstand the pressure and then you relapse.”¹⁴

“I sometimes despair that I'm not fit for society... sometimes I suddenly become anxious that

people see me as a burden on society. That kind of feeling will never totally disappear.”²⁰

THEME 6: THE MEANING OF RECOVERY

Four of the studies showed that the theme “meaning of recovery” emerged.^{3,10,12,14} The meaning of recovery are defined as the existence and development of social connections, maintaining a job, feeling good, returning to previous health, becoming a better person, lack of symptoms, not using medicine, lack of difficulties for disease and not disturbing others.

“I used to think completely off medication would mean that I am fully recovered. Now I feel even stronger about this than before. I need to be free from medication in order to qualify as fully recovered.”¹⁴

“A fulltime job that you can hold for a long time.”¹⁴

DISCUSSION

The themes of the research which examines what recovery means for individuals diagnosed with schizophrenia and the studies to determine affecting factors indicated that the recovery in schizophrenia which is a chronic disease affecting all habitats depends on many factors such as family, environment, professional team and self-perception.

One of the most prominent theme is the attitudes of professionals towards patients with schizophrenia. It is seen that there is a parallel between positive attitudes and expectations from professionals. Patients entering the health care system for the treatment of mental illness are primarily expected to be respected. Individuals diagnosed with schizophrenia are among the most stigmatized and excluded individuals by the society. It is quite natural for individuals who have experienced these problems in their social and private lives to expect basic communication elements such as interest, supportive communication, motivation, listening and understanding, especially from those whose job is necessary to work with individuals diagnosed with mental illness. However, when the studies are examined, it is seen that the negative attitudes of the society related to the disease and people such as labeling, ignoring and prejudice exist in the

health system to be treated. In this context, it has also emerged from the studies that the students who are candidate for healthcare personnel must be reviewed, in-service trainings must be implemented, the consultation-liaison psychiatry approach must be applied more.²¹

The understanding of “there is a patient but not a disease”, which represents uniqueness, is of course valid for individuals with mental illness. When patients are waiting for medicine follow-up from professionals, the inclusion of the patients by professionals in their treatment is one of the positive attitudes that support their recovery. According to modern understanding, healthcare professionals in the process of recovery are responsible for making patients feel that recovery is possible and empowering them to make their own care and treatment decisions.²² In order to achieve this, a sincere and supportive communication between the patients and the healthcare team as well as understanding and listening to the patient are necessary.²³ Studies have also revealed the importance of the quality relationship which healthcare professionals have with patients during the recovery process.^{24,25}

One of the themes that emerged in our research is attitudes of the family and the environment. The existence of a social environment which gives hope, support and encouragement and believes that the individual will be recovered is an important factor in recovery.²⁶⁻²⁸ As a matter of fact, it is stated by the patients that love, patience, tolerance, interest, sharing, support, loyalty, visiting, medicine follow-up, helping are positive attitudes of the family and the environment.

Recovery is based on systemic and social respect. It includes the participation of people's lives in all aspects.²⁶ However, these patients are exposed to prejudices, stigmatization and accusations. In many qualitative studies conducted with individuals with different mental illnesses, it has been determined that patients are exposed to these negative attitudes.^{28,29} Similar results are observed when the studies included in the research are examined.

As a result of the qualitative research performed by Zou et al. with schizophrenia patients and their rel-

atives, the theme of medicine management was found.³⁰ In this theme, the medicine-related statements of most participants are relieving symptoms, controlling behaviors and preventing relapse, while some participants find it meaningless to take medicine. They are reluctant to take medicine for a long time, and regard side effects as a reason to quit the medicine. The result of the research is consistent with the treatment-related positive and negative opinions.

The failure to understand the cause of the disease or treatment is one of the main reasons for non-compliance with treatment.²⁶ People can only decide on their disease and life when they have enough information about their disease.³¹ Psychoeducation is effective in the recovery process, depending on not feeling alone, learning new information, communicating with other patients after psychoeducation to patients with mental illness.³² As a result of our research, it has been observed that providing information exchange and sharing the experiences and symptoms have a positive effect on the recovery.

The first stage in the recovery process for patients is to realize and accept their illness.³³ In the next stage, hope is born, and continues with the individuals' definition of their own life goals, and determination of their own future.²⁶ The hope of recovery involves managing symptoms, taking responsibility for one's goals and choices, and establishing social interaction.³⁴ According to Corrigan et al., the inner factors which are important in recovery are hope, awareness, positive self-perception, an increase in spirituality; however, positively affecting inner factors in the conceptual model of recovery developed by Jacobson and Greenley include hope, self-reconnecting, autonomy, courage, responsibility and relationship.^{35,36} As a result of the research conducted with nurses, personal factors that facilitate the recovery of patients with schizophrenia are determined as acceptance of the disease, hope and adherence to treatment.²⁸ In our research, awareness, acceptance of disease, hope, goals, responsibility, seeking help, managing symptoms, positive self perception are among the concepts that affect recovery positively.

Support and assistance groups where experiences are shared play an important role in recovery.²⁶ This could be because patients who lost their identities and roles in the past could lose their sense of isolation when they communicate with individuals with similar experiences.³⁷ In our research, it is observed that sharing experiences and experiences have positively affected recovery.

Substance use, stress and negative self-perception have emerged as concepts that negatively affect the recovery processes of individuals diagnosed with schizophrenia. As a result of the research of Sun et al., negative self-perception and stress are defined among the situations that prevent recovery.³⁸

The recovery is defined by individuals diagnosed with schizophrenia as the existence and development of social connections, the continuation of a job, the absence of symptoms, the lack of medication, the lack of disease-related difficulties, returning to their previous health and feeling good. The statements remind us the recovery in the traditional model. Criteria of recovery in the traditional model are independent life, appropriate recreation activities, working, social support network, absence of relapse for two years and lack of antipsychotic medication.^{39,40}

For some individuals, recovery means spending a productive life despite illness. For others, recovery means remission and reduction of symptoms.²⁷ However, both in our studies and in other studies, the definition of recovery for patients, patients' relatives and health professionals is described as the absence of the disease in general.²⁹ In this regard, it is concluded that all health professionals, including nurses, must care individuals diagnosed with schizophrenia in the belief that the recovery potential is within the individual, that hope is necessary for success, and that recovery is not a destination but a process with ups and downs.

CONCLUSION

This systematic review has shown that the recovery processes of individuals diagnosed with schizophrenia are affected by individual, familial, environmental, professional attitudes and approaches. These attitudes and approaches are divided into groups as

positive and negative in the general framework. Human expectations such as love, respect, interest, tolerance, sincerity and commitment contribute to the recovery of individuals diagnosed with schizophrenia. When these individuals are given the responsibility to exist in both the society and the treatment processes and are given the opportunity to apply these rights, the recovery processes are positively affected. On the other hand, stigmatizing, insulting, judgmental and accusatory approaches adversely affect the self-perception of individuals, their hope and belief in recovery. Individuals who do not receive help or support cannot experience a life they can realize themselves and the recovery processes which are a part of this life because they do not believe in their own potential and power.

LIMITATIONS

Regarding the limitations the current review included only qualitative studies in six databases in the English language and did not include books or gray literature. Future reviews should seek to access the knowledge cumulating in other languages by utilizing a multilingual research team.

ARELEVANCE TO CLINICAL PRACTICE

Qualitative research previously conducted to identify the components of subjective recovery from the perspective of schizophrenia patients presents significant findings. The recovery process of schizophrenia, a chronic disease affecting all living spaces, was influenced by many factors such as family, environment, professional care team, self-perception. The research contributed to the understanding of the conceptual basis of recovery for individuals diagnosed with schizophrenia.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Olçay Çam, Nihan Durgu; **Design:** Olçay Çam, Nihan Durgu, Cansu Güler; **Control/Supervision:** Olçay Çam; **Data Collection and/or Processing:** Nihan Durgu, Cansu Güler; **Analysis and/or Interpretation:** Nihan Durgu; **Literature Review:** Nihan Durgu, Cansu Güler; **Writing the Article:** Olçay Çam, Nihan Durgu, Cansu Güler; **Critical Review:** Olçay Çam, Nihan Durgu, Cansu Güler; **References and Fundings:** Olçay Çam.

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