

## **Relation between Positive Thinking and Psychological Adjustment among Psychiatric Patients' Caregivers**

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### **ABSTRACT**

**Background:** Psychiatric disorders are becoming a serious public health concern. Long term caregiving responsibilities to psychiatric patients can decrease resources of the families, energy, making them fatigued and more vulnerable to adverse emotions as a feeling of hopeless or, depression, despair and a notable decline in in their psychological adjustment. The present study **aims** to investigate the relation between positive thinking and psychological adjustment among psychiatric patients' caregivers. **Design:** A descriptive correlational research design was utilized. **Setting:** The study was conducted in the psychiatric outpatient clinic at Port Said Psychiatric Health Hospital and Addiction Treatment. **Subjects:** A purposive sample of 66 psychiatric patients' caregivers. **Tools:** Two tools were used for data collection: Tool I: The Positive Thinking Scale, Tool II: The Psychological Adjustment Scale, in addition to the Personal and Clinical Data Sheet of the studied psychiatric patients' caregivers. **The Results:** The majority of the studied psychiatric patients' caregivers had a lower degree of positive thinking, as well as, a low level of psychological adjustment. **Conclusion:** There was a highly statistically significant positive correlation between the total score of positive thinking and the total score of psychological adjustment among psychiatric patients' caregivers. **Recommendations:** The study recommended that providing ongoing support and adequate guidance, such as support groups or counseling services, can help the family caregivers to maintain a positive mindset and cope with the challenges they face. As well as, application of positive thinking skills training program to enhance the psychological adjustment among psychiatric patients' caregivers.

**Keywords:** Positive thinking, Psychiatric patients' caregivers, Psychological adjustment.

## **INTRODUCTION**

Psychiatric disorders are increasingly becoming a significant public health concern as the global prevalence of mental disorders was 10.7% of the global population, with 9.3% of males and 11.9% of females (Dattani, Ritchie, & Roser, 2021). Psychiatric disorder has a negative impact on the functioning of the entire family, because the family is seen as the primary caregiver and a pillar of support for mentally ill patients, this upsets the delicate balance of the family system in terms of relationships, expectations, hopes, and goals. Families are supposed to give the majority of assistance; they spend a lot of time tending to the mentally ill patient in addition to constantly fearing a relapse and being concerned about how the illness may affect other family members (Rahmani, Roshangar, Gholizadeh, & Asghari, 2022).

Prolonged caregiving responsibilities can drain the family's energy, resources, leaving them exhausted and more likely to experience negative emotions including hopelessness, guilt, depression, helplessness and despair. Scientific evidence suggests that family care giving for the individuals with mental illness leads to facing significant obstacles that frequently result in the caregiving burden, adversely influencing their overall health and well-being and undermining the standard of care supplied. The caregiving burden is a multidimensional response to the physical, psychological, emotional, social, and financial burden that comes with providing care, negatively impacts the health, well-being, roles, and responsibilities as well as the ability of their families to manage and cope with their problems, this has a negative impact on the physical, social, and psychological adjustment of the caregivers (James & Tungol, 2021).

The concept of adjustment described as the behavioral process through which individuals maintain a balance between their different needs, demands and the obstacles of their environments. Psychological adjustment refers to one's subjective sense of distress and the degree to which one functioning in day-to-day life. People with high levels of psychological adjustment tend to have a better ability to positively function in their daily lives. Studies have indicated that a greater degree of positive psychological adjustment is linked to better quality of life and satisfaction as well as lower levels of stress, anxiety, depression, and burnout (Arslan, Yildirim, & Zangeneh, 2022).

Positive thinking is a cognitive process that supports individuals develops optimistic ideas, make sound decisions, and increase their abilities to cope with

challenging situations. On the other hand, it is identified as a helpful strategy for coping with adverse situations, additionally linked to better quality of life, improved psychological and physical well-being of the caregivers (Bekhet & Garnier-Villarreal, 2020). By thinking positively, individuals can improve their capacity to pay attention to positive things and use positive language in interacting with others. It can change how a person views a problem and find solutions. So, positive thinking can create a more positive environment, creatively solve problems, build self-confidence, increase productivity, and success, and reduce stress (Na'imah, Dwiyanti, Sriyanto & Ismail, 2023).

Psychiatric Mental Health Nurses play a critical role in the care of psychiatric patients' caregivers, as they are in a significant position to provide the support to family caregivers necessary to help them to effectively cope with stressful situations by concentrating on their needs. Mental health professionals should pay attention to the caregivers in addition to their patients and develop more programs for families; as offering psychological, and social support especially by healthcare professionals (Noori & Ebrahim, 2020).

### **Significant of the study**

The National Survey of Mental Disorders in Egypt estimated overall prevalence as 16.9% of the adult population. A study carried out at Assiut University Hospital showed most study caregivers of psychiatric patients (92.5%) suffered from moderate to severe burden 62.6% while, severe burden equivalent to 29.9% (Ebrahim, Al-Attar, Gabra, & Osman, 2020). While, another study applied at Port Said Mental Health Hospital estimated 83.1% of psychiatric patients' caregivers have a severe level of burden and effect on their psychological well-being (Megahed, Goda, & Hamza, 2020).

Positive thinking focuses on increasing optimism, foster positive emotions, positive behaviors, perception, knowledge, experiences, and positive affect as means to mitigate stress, and depression, as well as enhance psychological well-being and improve psychological adjustment (Griva, et al., (2021). Positive thinkers use more efficient coping mechanisms to manage psychological stress and create stronger social support systems around them (Sabouri, Rambod, & Khademian, 2023). So, the study will shed light on the importance of investigating the relation between positive thinking and psychological adjustment among psychiatric patients' caregivers.

## **AIM OF THE STUDY**

This study aimed to investigate the relation between positive thinking and psychological adjustment among psychiatric patients' caregivers.

### **Research Objectives:**

1. Determine degrees of positive thinking among psychiatric patients' caregivers.
2. Assess levels of psychological adjustment among psychiatric patients' caregivers.
3. Find out the correlation between positive thinking and psychological adjustment among psychiatric patients' caregivers.

### **Research questions:**

What is the relation between positive thinking and psychological adjustment among psychiatric patients' caregivers?

## **SUBJECTS AND METHOD**

### **I. Technical design**

This design includes a description of the research design, setting, subjects, and tools of data collection.

### **Research design**

A descriptive correlational research design was utilized in this study.

### **Study setting**

This study was conducted in the psychiatric outpatient clinic at Port Said Psychiatric Health Hospital and Addiction Treatment. The hospital is affiliated to the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health. The hospital is composed of five units, which are two inpatient psychiatric units including one unit for male patients and one unit for female patients, one unit for addiction, and a special unit for children. Finally, one psychiatric outpatient clinic is accessible all days of the week from 10 AM to 2 PM. It consists of three rooms specialized for treatment, the first room comprises two psychiatrists, the second room for

a consultant specialized in psychiatric treatment, and lastly, the third room comprises two nurses who are assisting in treatment.

### **Research Subjects**


The study subjects included a purposive sample of psychiatric patients' caregivers (family members) who attended to the outpatient clinic with their psychiatric patients either for receiving the treatment or regular follow-up at Port Said Psychiatric Health Hospital and Addiction Treatment. They were selected based on the following criteria:

- Being responsible for providing direct care to psychiatric patients for at least one year.
- Both sexes (males or females).
- Age (not less than 30 years).
- Agree to participate in the study.

### **Sample Size**

**The sample size was determined by the Epi-info 7 programs using the following parameters:**

1. Population size =900 (The number of psychiatric patients' caregivers who repeatedly visit the outpatient clinic over a period of three months at Port Said Psychiatric Health Hospital and Addiction Treatment).
2. Expected frequency =50%
3. Acceptable error =10%
4. Confidence coefficient =90%

The program revealed that the sample size = **63** psychiatric patients' caregivers. Due to the expected dropout or non-participating rate of 5%, the final sample size  as **66** psychiatric patients' caregivers who attended the Port Said Psychiatric Health Hospital and Addiction Treatment.

### ***Tools for data collection:***

Two data collection instruments were used:

**Tool I - The Positive Thinking Scale (PTS)**

The positive thinking scale was developed by Ayoub (2019) in the Arabic language to assess individual positive thinking. It consists of 30 items and is divided into five subscales. Each subscale includes six items as follows: The first subscale is optimism and general satisfaction (1-6), the second subscale is emotional control and emotional intelligence (7-12), the third subscale is acceptance of the others and taking responsibility (13-18), the fourth subscale is forgiveness and self-acceptance (19-24), finally the five subscales are love of learning and taking risks (25-30).

**Scoring system**

The responses were measured on 3 points Likert scale; ranging from "1" to "3" including (never=1, sometimes=2, and always=3). The score ranges from 30 (minimum score) to 90 (maximum score). The scores from 54 to 90 represent a higher degree of positive thinking, suggesting that the individuals tend to be positive in viewing themselves, other people, or even the world. While, a score from 30 to less than 54 represents a lower degree of positive thinking (Taherkhani, Kaveh, Mani, Ghahremani, & Khademi, 2023).

**Tool validity**

The positive thinking scale was proven to be valid as the tool was ascertained by a jury consisting of eleven experts in the field of psychology (Ayoub, 2019).

**Tool reliability**

The positive thinking scale was tested for reliability using Cronbach's alpha coefficient (0.855), which indicates that the scale demonstrates acceptable internal consistency (Ayoub, 2019).

**Tool II - The Psychological Adjustment Scale**

The psychological adjustment scale was developed by Sari (1986) in the Arabic language to assess individual adjustment to psychological stressors. The psychological adjustment scale consisted of 40 items and was divided into four subscales, the first subscale assesses personal adjustment (1-9), and the second subscale assesses social adjustment (10-20). The third subscale assesses family adjustment (21-30), and the fourth

subscale assesses emotional adjustment (31-40). This scale used a two-point type scale, "yes" (1) and "no" (0). The scale comprises 20 positive items and 20 negative items as follows:

**Positive items:** 1, 3, 6, 7, 8, 12, 15, 16, 18, 19, 22, 23, 25, 27, 29, 31, 32, 34, 35, 40.

**Reversed items:** 2, 4, 5, 9, 10, 11, 13, 14, 17, 20, 21, 24, 26, 28, 30, 33, 36, 37, 38, 39.

### **Scoring System:**

If the total score is less than 17; it is counted as a low level of psychological adjustment. If the total score is between 17 and less than 34; it is counted as a moderate level of psychological adjustment. If the total score is 34 and above, it is counted as a high level of psychological adjustment (Fateel, 2019).

### **Tool validity**

The psychological adjustment scale proved to be valid by presenting it to three specialists in the field of psychology (Fateel, 2019).

### **Tool reliability**

The psychological adjustment scale proved to be reliable as Cronbach's Alpha coefficient was (0.765) which indicates that the scale demonstrates a satisfactory internal consistency (Fateel, 2019).

In addition, the Personal and Clinical Data Sheet; was developed in Arabic language after a review of the literature by the researcher and was revised by supervisors. The personal data of psychiatric patients' caregivers includes; age, gender, marital status, level of education, working status, residence, monthly income, number of family members, relationship between psychiatric patient and the caregiver, and number of years for providing caregiving. As well as, clinical data; it includes; medical health status, diagnosis of the psychiatric patient, and psychiatric family history.

## **II- Operational design**

The study field of work was carried out through the following phases:

**Preparation phase**

During this stage, a review of literature mainly related to positive thinking and psychological adjustment in previous studies, and theoretical knowledge of various aspects of the study using books, articles, internet periodicals, and magazines.

**Pilot study**

A pilot study was undertaken before starting the data collection phase. It was carried out on seven caregivers (10%) of the total sample of the studied caregivers of psychiatric patients who were selected randomly at Port Said Psychiatric Health Hospital and Addiction Treatment. The pilot study was conducted from the first of October to the end of October 2022. The purpose of the pilot study was to test the applicability and feasibility of the study tools, and it served to estimate the time needed to complete the tools. It also helped to find out any obstacles and problems that might interfere with data collection. Based on the findings of the pilot study, the tools were applicable and clear. Thus, there are no modifications were made.

**Ethical considerations**

Approval was taken from the Scientific Research Ethics Committee in the Faculty of Nursing at Port Said University with trial registration number {NUR (1/5/2024 – (37))}. All ethical issues were taken into consideration during all phases of the study and were included: Approval was taken from the General Secretariat of Mental Health and Addiction Treatment after an explanation of the study's aim to conduct the study. In addition to this, written consent was taken from each participant (caregivers) after an explanation of the study aim and data collection process to be familiar with the importance of their participation. The studied caregivers were informed that their participation is voluntary, and they have the right to withdraw from the study at any time without rationalization. Additionally, all data collected from the studied subjects were processed in total confidentiality and used only for the purpose of the study.

**Fieldwork**

Data collection was carried out at Port Said Psychiatric Health Hospital and Addiction Treatment from the beginning of November to the end of November 2022, in this stage, the researcher obtained official permission to carry out the study and visited



the study settings, and arranged with the nursing director for the actual implementation of the study. The researcher met the psychiatric patients' caregivers who attended the outpatient clinic for receiving the treatment or regular follow-up at Port Said Psychiatric Health Hospital and Addiction Treatment two days/week (Monday and Tuesday). The orientation was done about the researcher's name, the purpose of the study, the content of the study tools, and finally obtaining the written formal consent to participate in the study. The researcher began to fill in the written pre-mentioned tools individually in the form of the Arabic language from psychiatric patients' caregivers, ranging from 8 to 9 members per day. The time needed for filling each one extended from 30 to 45 minutes, depending on the response of each caregiver. Finally, the studied caregivers were thanked for the effort and the time they offered.

### **III. Administrative Design**

Prior to beginning any step in the study, official letters were sent from the dean of the Faculty of Nursing, Port Said University to the manager of Port Said Psychiatric Health Hospital and Addiction Treatment to requesting their cooperation and approval to perform the research, following the explanation the aim of the study. Also, permission was obtained from the General Secretariat of Mental Health and Addiction Treatment to conduct the study at the Port Said Psychiatric Health Hospital and Addiction Treatment

#### **Statistical design**

The collected data were organized, revised, stored, tabulated, and analyzed using the Statistical Package of Social Science program (SPSS) version 22. The statistical analysis was done by computer. Quantitative data were expressed using the mean and standard deviation. While, qualitative data was expressed using numbers and percentages. Data was presented using suitable tables and figures. The following statistical techniques were used (Pearson's correlation coefficient was used to test the correlation between variables). Statistical significance was considered at P value  $\leq 0.05$  and highly statistically significant at P value  $\leq 0.01$ .

## **RESULTS**

**Table (1):** Reveals the personal characteristics of the studied psychiatric patients' caregivers, as shown, more than two-thirds of them (68.2 %) were female. As regards the caregivers' age, their age ranges between 30–63 years old, with mean  $\pm$  S. D

of  $47.12 \pm 8.58$ , less than half of them (45.5%) were aged from 40 to less than 50 years old. According to their residence, less than three-quarters of the psychiatric patients' caregivers (71.2%) lived in the urban.

The same table shows that, 65.2% of the studied caregivers were working and 78.8% reported that their monthly income was not enough. The table also illustrates that, less than two-thirds of them (60.6%) their mothers consider the primary direct caregiver provider.

**Table (2):** Presents distribution of the psychiatric patients' caregivers according to clinical characteristics, the results revealed that, 56.1% of the studied caregivers had their patient diagnosed with schizophrenia. The table also clarifies that, 43.9% of the studied caregivers had a psychiatric family history and more than three-quarters of them (79.3%) were second-degree relatives.

**Figure (1):** Shows the total score of positive thinking among the psychiatric patients' caregivers, the figure implied that, the minority of the psychiatric patients' caregivers (12.1%) had a higher degree of positive thinking. While, 87.9% of them had a lower degree of positive thinking.

**Table (3):** Clarifies that, 87.9 % and 90.9 % of the psychiatric patients' caregivers had lower degrees of optimism and general satisfaction, emotional control, and emotional intelligence respectively. The table also described that, 84.8 % of the psychiatric patients' caregivers had lower degrees of acceptance of others and ability to take responsibility. Concerning the forgiveness and self-acceptance subscale, only 21.2% of the psychiatric patients' caregivers had higher degrees of forgiveness and self-acceptance. Finally, the table illustrated that, 86.4 % of the psychiatric patients' caregivers had lower degrees of love of learning and taking risks.

**Figure (2):** Reveals the total psychological adjustment score among the psychiatric patients' caregivers, the figure clarifies that, a minority of them (9.1%) had a high level of psychological adjustment. However, more than two-thirds of them (66.7%) had a low level of psychological adjustment.

**Table (4):** Presents distribution of the psychiatric patients' caregivers' according to psychological adjustment subscale levels. The table clarifies that, 81.8 % of the psychiatric patients' caregivers had a low level of personal adjustment. Also, it was noted

that, 72.7 % of the psychiatric patients' caregivers had a low level of social adjustment. Looking at the family adjustment subscale, the table describes that, only 15.2% of the psychiatric patients' caregivers had a high level of family adjustment. Concerning the emotional adjustment subscale, 83.3% of the studied caregivers had a low level of emotional adjustment.

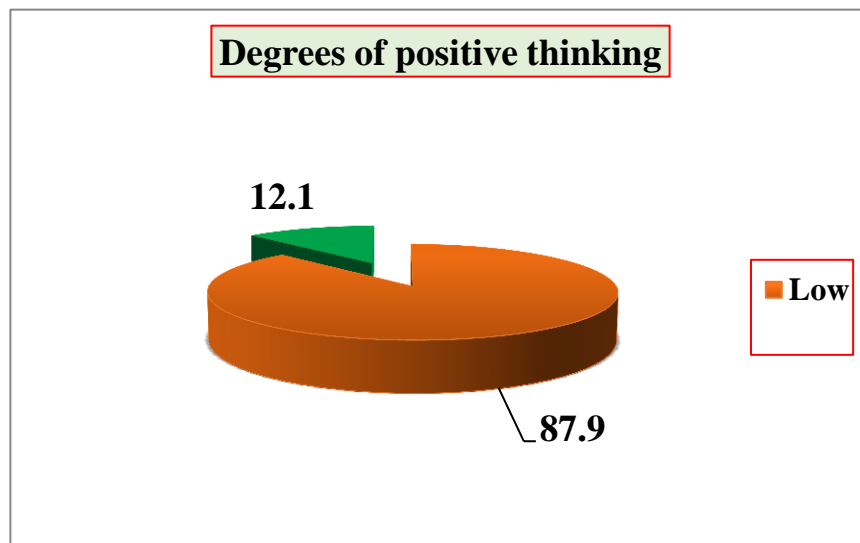
**Table (5):** Illustrates that, there was a highly statistically significant positive correlation between total psychological adjustment score and the total positive thinking score ( $P < 0.01$ ).

**Table (1):** Distribution of the psychiatric patients' caregivers according to personal characteristics (n=66)

Personal Characteristics	Psychiatric patients' caregivers n=66	
	No.	%
<b>Gender:</b>		
Male	21	31.8
Female	45	68.2
<b>Age/ years:</b>		
30 - <40	12	18.2
40 - <50	30	45.4
50 - < 60	17	25.8
>60	7	10.6
<b>Range</b>	<b>30-63</b>	
<b>Mean <math>\pm</math> SD</b>	<b>47.12<math>\pm</math>8.58</b>	
<b>Marital status:</b>		
Single	7	10.6
Married	27	40.9
Widow	14	21.2
Divorced	18	27.3
<b>Educational levels:</b>		
Not read and write	6	9.1
Basic education	10	15.2
Secondary	27	40.9
University	23	34.8
<b>Residence:</b>		
Urban	47	71.2
Rural	19	28.8
<b>Working status:</b>		
Working	43	65.2
Not working	23	34.8
<b>Monthly income:</b>		
Enough	14	21.2
Not enough	52	78.8
<b>Relation between caregiver and psychiatric patient:</b>		
Father	14	21.2
Mother	40	60.6
Brother/sister	7	10.6
Husband/wife	5	7.6

**Table (2):** Distribution of the psychiatric patients’ caregivers according to clinical characteristics (n=66)

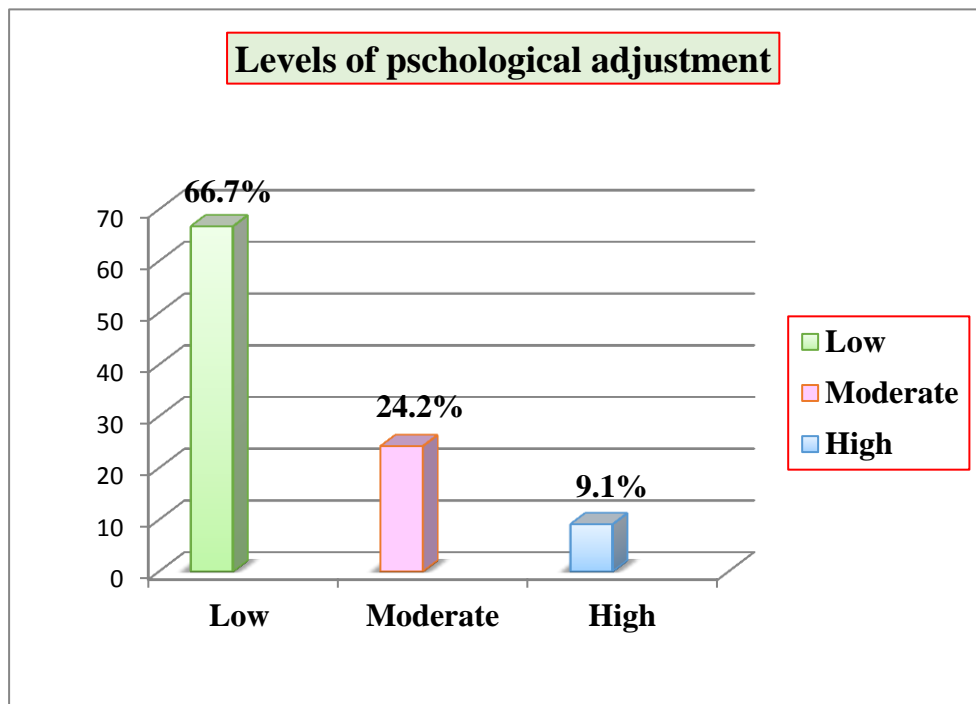
Clinical characteristics	Psychiatric patients’ caregivers n=66	
	No.	%
<b>Psychiatric diagnosis</b>		
Schizophrenia	37	56.1
Mania	18	27.3
Depression	11	16.6
<b>Psychiatric family history</b>		
Yes	29	43.9
No	37	56.1
<b>Psychiatric family relation: N= 29</b>		
First degree relative	6	20.7
Second degree relative	23	79.3



**Figure (1):** Total positive thinking degrees among the psychiatric patients’ caregivers (n=66)

**Table (3):** Distribution of the psychiatric patients’ caregivers’ according to positive thinking subscale degrees (n=66).

Positive thinking subscale	Positive thinking degree n=66			
	Lower degree		Higher degree	
	No	%	No	%
Optimism and general satisfaction	58	87.9	8	12.1
Emotional control and emotional intelligence	60	90.9	6	9.1
Acceptance of the others and take responsibility	56	84.8	10	15.2
Forgiveness and self-acceptance	52	78.8	14	21.2
Love of learning and taking risks	57	86.4	9	13.6



**Figure (2):** Total psychological adjustment levels among the psychiatric patients’ caregivers (n=66)

**Table (4):** Distribution of the psychiatric patients' caregivers' according to psychological adjustment subscale levels (n=66).

Psychological adjustment subscales	Psychological adjustment levels n=66					
	Low		Moderate		High	
	No	%	No	%	No	%
Personal adjustment	54	81.8	8	12.1	4	6.1
Social adjustment	48	72.7	10	15.2	8	12.1
Family adjustment	43	65.2	13	19.7	10	15.2
Emotional adjustment	55	83.3	6	9.1	5	7.6

**Table (5):** Correlation between total score of positive thinking and total score of psychological adjustment among the psychiatric patients' caregivers (n=66).

Items	Total positive thinking score	
	r	P
Total psychological adjustment score	r = 0.754	p= 0.000**

r= Pearson correlation

\*significant at P&lt;0.05

\*\*significant at P&lt;0.01

## DISCUSSION

Globally, over 450 million individuals suffer from mental disorders worldwide with a projected increase by 2030 mostly in developing countries (Stanley, Chinedu, Ada, & Aguiyi, 2022). Although families are considered a vital source of support, the related responsibilities of care often impose significant stress that impacts the physical, emotional, psychological, social, financial, and mental well-being of caregivers and potentially all family members. (Abedi, Alavi, Ghazavi, Visentin, and Cleary, (2020) show that, family caregivers of close relatives with mental illnesses often experience distress, anxiety, and depression and face economic problems that require significant support and care to enhance the proper adjustment and reduce the burden of care. So, this study was conducted to investigate the relation between positive thinking and psychological adjustment among psychiatric patients' caregivers.

The finding of the present study denoted that, the majority of the studied the psychiatric patients' caregivers had a lower degree of positive thinking. This result may be due to a lack of training programs provided to psychiatric patients' caregivers about

ways to think positively and accept more responsibility for their care. In addition, lack of adaptive coping strategies when dealing with stressful life challenges.

This finding agrees with a study carried out in Egypt by Sebaie, Aziz, and Atia, (2024) who reported that, a minority of the studied caregivers had a high positive thinking skill and improved to sixty percent after the intervention and suggested continuous psychosocial training program is recommended to enhance the caregivers' positive thinking and improve other aspects of psychological adjustment. Along the same line, a study also performed in Iran by Esmaeili, Saeidi, Mohammadi, and Raeisoon (2022) clarified that, a near to one-third of the studied sample had high positive thinking scores and recommended that, implementing educational training courses in future studies with a greater sample size by health service providers for developing positive thinking skills for caregivers of psychiatric patients and improving their continuity of care.

Regarding the positive thinking subscales, the study result revealed that, the majority of the psychiatric patients' caregivers had lower degrees of optimism and general satisfaction. This can be attributed to caring for psychiatric patients may cause emotional and psychological distress felt by caregivers as well as using of maladaptive coping skills by the caregivers leading to an increase in their level of burden. The results are similar to a study conducted in Egypt by Barakat and Ibrahim (2020) concluded that, a significant decrease in optimism and an increase in psychological distress among family caregivers of patients with bipolar disorders.

The present study also showed that, most of the psychiatric patients' caregivers had lower degrees of emotional control and emotional intelligence. These findings might be due to, the psychiatric patients' caregivers' unable to control their emotions in different social situations, difficulty in regulating their emotions successfully when interacting with others, and susceptibility to negative interpretations of environmental events in times of aggression or anger.

The results supported a study conducted in Nigeria by Nwonu-Ezeanya and Obi-Nwosu, (2021) to investigate burden of care, perceived social support and emotional intelligence as correlates of psychological health among caregivers of mentally ill patients. The result of this study showed that, the family caregivers of psychiatric patients have lower emotional intelligence, which impacts on their psychological health. The



study suggests that family support groups should be created for assisting caregivers and advocating for the promotion of their well-being in society.

According to total psychological adjustment among the psychiatric patients' caregivers, the present study revealed that, the majority of them had a low level of psychological adjustment. This result indicates that a lack of support for the family caregivers to understand and accept their patients' illness, diminished ability to effectively manage their problems due to lack of problem-solving skills, and ability to make proper decisions which negatively result in a decrease of their psychological adjustment skills to everyday life challenges.

The results are approved with the results performed in the United States by Gurtovenko et al. (2021) who reported that, lower levels of psychological adjustment, were linked to severe psychological suffering, depression, stress anxiety, and poor quality of life. The result also is similar to a study conducted by Jiang et al. (2024) in China which mentioned that, more than two-fifths of the studied caregivers had high psychological adjustment scores with their psychiatric patient's condition obtained from the measurements.

According to psychological adjustment subscales, the results of the current study illustrated that, the majority of psychiatric patients' caregivers had a low level of emotional adjustment. This can be rationalized by the care of psychiatric patients having a negative impact on family member's mental health and could result in financial strain, negative impact on leisure, social activities, family relationships, which in turn could create more emotional distress, influence the ability of the family to cope and function effectively.

These results are in the same context as Valero-Moreno, Montoya-Castilla, and Pérez-Marín, (2024) who reported that, the lower emotional adjustment score correlated to higher anxiety and depression scores. Additionally, a study conducted in Nigeria by Stanley et al. (2022) found that, the caregivers of relatives with mental illness had the highest rate of distress and a significant decrease in their psychological adjustment.

Concerning the correlation between the total score of positive thinking and the total score of psychological adjustment among the psychiatric patients' caregivers, the current results clarified that, there was a highly statistically significant positive

correlation between the total psychological adjustment score and the total positive thinking score. From the researcher's point of view, this result may be explained by the individuals who had a positive view, focusing on positive characteristics and positive opportunities, providing a new method for cognitive processing and adjusting emotions, which in turn decrease the psychological and interpersonal problems that contributing the improvement in their psychological adjustments.

In the same direction as Boritz, Tsheikhan, Hawke, McMain, and Henderson (2021) showed that, there was a significant positive correlation between the psychological adjustments of the studied caregivers of patients with mental illness and their way of thinking positively. On the same line, Sari and Duman (2022) revealed that, there is a positive correlation found between the psychological adjustment of the studied caregivers and their thinking aspects. According to Shweta (2021) reported that, there was a significant strong positive correlation between total positive thinking and psychological adjustment.

## **CONCLUSION**

***Based on the findings of the present study, it can be concluded that:***

The majority of the studied psychiatric patients' caregivers had a lower degree of positive thinking, as well as, a low level of psychological adjustment. Additionally, there was a highly statistically significant positive correlation between the total score of positive thinking and the total score of psychological adjustment psychiatric patients' caregivers.

## **RECOMMENDATIONS**

***Based on the findings of the present study, it can be recommended that:***

1. Providing ongoing support, adequate guidance, and resources for psychiatric patients' caregivers, such as support groups or counseling services, which can help them maintain a positive mindset and cope with the challenges they face.
2. Application of the positive thinking skill training program for psychiatric patients' caregivers to improve their psychological adjustment to different life challenges.

**Further research**

Further study is proposed to evaluate the effectiveness of educational programs for improving coping skills among psychiatric patients' caregivers.

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## التفكير الإيجابي والتوافق النفسي لدى مقدمي الرعاية للمرضى النفسيين

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### الخلاصة

لقد أصبحت الاضطرابات النفسية من المشكلات الصحية الكبرى. يؤدي تحمل مسؤولية تقديم الرعاية للمرضى النفسيين لفترات طويلة الي استنزاف طاقة الأسرة، مما يؤدي إلى الإرهاق وزيادة المشاعر السلبية، مثل الشعور باليأس، الذنب، الاكتئاب، العجز، وانخفاض مستوي التوافق النفسي لديهم. **الهدف:** تهدف هذه الدراسة الى استكشاف العلاقة بين التفكير الإيجابي والتوافق النفسي لدى مقدمي الرعاية للمرضى النفسيين. **مكان البحث:** أجريت الدراسة في العيادة الخارجية بمستشفى بورسعيد للصحة النفسية وعلاج الإدمان. **الادوات المستخدمة:** تم استخدام أداتين لجمع البيانات: الأداة الأولى: مقياس التفكير الإيجابي، والأداة الثانية: مقياس التوافق النفسي، بالإضافة إلى البيانات الشخصية والاكلينيكية لمقدمي الرعاية للمرضى النفسيين. **النتيجة:** أشارت النتائج ان معظم مقدمي الرعاية للمرضى النفسيين كان لديهم درجات أقل من التفكير الإيجابي، ومستوى منخفض من التوافق النفسي. **الاستنتاجات:** يمكن الاستنتاج بأنه توجد علاقة ايجابية ذات دالة احصائية بين التفكير الإيجابي والتوافق النفسي لدى مقدمي الرعاية للمرضى النفسيين. **التوصيات:** توصي الدراسة الي اهمية توفير الدعم المستمر والتوجيه الكافي، مثل مجموعات الدعم أو خدمات الاستشارة للتغلب علي التحديات التي يواجهها مقدمي الرعاية. كما اوصت الدراسة الي تطبيق برنامج لتنمية مهارات التفكير الايجابي لتعزيز التوافق النفسي لدى مقدمي الرعاية للمرضى النفسيين.

**الكلمات المرشدة:** التفكير الإيجابي، مقدمي الرعاية للمرضى النفسيين، التوافق النفسي.