Relation Between Perceived Social Support and Recovery Among Patients with Schizophrenia

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Abstract

Background: Background: Schizophrenia is a debilitating chronic and intense neurobiological disorder that impacts all major life areas with a significant risk of impaired perceived social support which negatively affects the level of recovery. Aim of the study was to examine the relation between perceived social support and recovery among patients with schizophrenia. A cross-sectional study at the psychiatric inpatient and outpatient clinic at EL-Azazy Hospital for Psychiatric and Mental Health in Abo-Hammad City in the Sharkia Governorate was utilized. A systematic random sample of 140 schizophrenic patients. Three tools were used for data collection. First, a structured interviewing questionnaire composed of two parts: socio-demographic characteristics and clinical data. The second tool was a multidimensional perceived social support, and the third tool was a recovery assessment scale—domains and stages.Results: The study findings revealed that (66.4%) of studied patients had a high level of perceived social support, and (61.4%) of them had a moderate level of recovery. Conclusion: The overall perceived social support score, and recovery score of the patients under study showed a highly statistically significant positive correlation., it is recommended that mental health services should offer social inclusion programs to people with schizophrenia. Furthermore, one of the main goals of psychiatric nursing interventions in mental health care may be the restoration of social bonds. Also, Mental health nurses should help schizophrenic patients develop and maintain hope for recovery from schizophrenia, Which is a critical factor for developing the process of recovery from schizophrenia.

Keywords: *Schizophrenia, Perceived Social Support, Recovery*

Introduction

Schizophrenia is one of the most debilitating and costly conditions. The detrimental effects of schizophrenia start in late adolescence and early adulthood, which should be the most interesting, active, and formative years of an adult's life. Most people with schizophrenia have a chronic course that results in significant permanent functional disability, low quality of life, and difficulties in relationships, which lead to a limited chance of recovery **(Ali, Abed & Elmalky, 2024).**

The National Institute of Mental Health (NIMH) estimates that between 0.25 and 0.64% of Americans have schizophrenia, and that the disorder's prevalence is between 0.33 and 0.75% globally (per non-institutionalized adults) **(Patel et al., 2020).** The number of schizophrenia cases in North Africa and the Middle East has stayed steady at 1.6 million prevalent cases and 97.7 thousand incident cases since 1990 **(Safiri et al., 2024).**

The term "perceived social support" refers to how people in their social network perceive general support or particular supportive behaviors (available or executed) that improve their functioning and protect them from the negative effects of stress. Furthermore, social support is widely acknowledged as being essential to mental health and wellness. It has a favorable impact on the course and results of psychotherapy and psychiatric treatment and is among the best ways for people to deal with and adapt to challenging situations **(Yue , Zhang & Xiao, 2023).**

"The ability to design and lead a meaningful and contributing life in a community of choice, whether or not mental health issues are present," is the definition of mental health recovery **(Mathew, Nirmala & Kommu, 2023).** Recovery is considered the best outcome for individuals with schizophrenia, indicating a prolonged time of no psychiatric symptoms and sufficient social and occupational functioning **(El-Monshed & Amr, 2020).**

Patients who experience strong social support and higher levels of emotional and tangible support are more likely to experience satisfied levels of recovery. Conversely schizophrenic patients who have limit relationships with family, friends, and romantic partners experience poorer mental health recovery. Explanations that could be given by that schizophrenic patients with strong social support have a sense of being respected and cared for by others and are therefore less likely to experience societal discrimination which in turn maximized their levels of mental health recovery **(Liu et al., 2024).**

Basically psychiatric nurse has an important role toward schizophrenic patients in achieving functional recovery to develop meaningful life, social functioning, achieving good prognosis and good quality of life. For instance, targeting programs or interventions to improve resilience and life satisfaction such as stress coping, mindfulness, social support and positive emotions enhancing which increase life satisfaction through resilience building **(Lok & Bademli, 2021).**

A psychiatric nurse actively contributes to enhancing friendliness. In addition to strengthening social support bonds between patients and their families, nurses can assist patients and their families in managing medical conditions, the importance of medication adherence, and follow-up plans. Social media engagement is therefore a crucial component of nursing treatments and is occasionally used as a pricing strategy for market recovery **(Hamza, Berma & El-said, 2022).**

Significance of the study:

Schizophrenia is the third most prevalent mental illness that causes disability globally. At some point in their life, about 1% of people worldwide are impacted **(McCutcheon, Marques & Howes, 2020).** According to the Egyptian National Institute of Mental Health, 1.1% of Egyptians suffer from schizophrenia, making it one of the most common psychotic illnesses in the country **(Ella et al., 2024).** Schizophrenic patients live with tons of interpersonal difficulties among them, suspicion and distrust of others, an inability to experience empathy for others' needs, expressing affection and love toward others, initiating social interactions, and difficulties taking on roles of authority. These challenges may cause people to become less functional in a variety of areas **(Ibrahim, Loutfi & El-Ganzury., 2024).** Numerous studies have documented the positive effects that high levels of perceived social support have on

treatment adherence, functionality, and/or mortality and morbidity or recovery in people with schizophrenia **(Ebrahim, El-Bilsha & Elhadidy, 2021).** Thus, the purpose of this research is to clarify how recovery, and perceived social support relate to each other in individuals with schizophrenia.

Aim of the study:

To examine the relation between perceived social support and recovery among patients with schizophrenia.

Research Questions:

1- What are the levels of perceived social support among patients with schizophrenia.

2- What are the domains of recovery among patients with schizophrenia.

3- What are the relation between the perceived social support and recovery among patients with schizophrenia.

Subjects and Methods

Study Design:

A descriptive cross sectional research design was utilized.

Setting:

The EL-Azazy Hospital for Psychiatric and Mental Health in Abo-Hammad City, Al Sharkia Governorate, is where the current study was carried out. In particular, in outpatient and inpatient clinics for those suffering from schizophrenia.

Subjects:

A systematic random sample was used in the current study which composed of 140 psychiatric patients with schizophrenia in the above-mentioned setting.

Sample size:

The percent of high recovery level of schizophrenic patients was 10.5% **(Mohamed, Barakat & Shams El-Din, 2024).** The total number of schizophrenic patients attending El-Azazy Psychiatric Hospital in Sharkia Governorate during 6 months is 5760; at a confidence level of 95% , the sample size was calculated to be 140 patients.

Inclusion criteria:

- Male and female.
- Patients who are at least 20 years old or more.
- Having a schizophrenia diagnosis.
- Being aware of time, location, and others.
- Having the ability to communicate verbally.
- Being able to attend the questionnaire.
- Willing to take part in the study.
- All educational level.
- Free from any mental or medical comorbidity.

Exclusion criteria:

- A persistent medical or neurological disease that would impair the patient's capacity for communication.
- History of drug or substance abuse excluding nicotine. Being diagnosed with schizophrenia.

Tools of data collection:

Data of this study was collected by the researcher using three tools as the following:

Tool I: structured interviewing questionnaire:

This questionnaire, which had two parts, was prepared by the researcher in an Arabic language using scientific literature reviews as a basis:

Part I: socio-demographic data: which included age, sex, educational level, marital status, job, residence and income level, etc.

Part II: Clinical data: which included age of onset of the disease, frequency of hospitalization, frequency of visits to outpatient clinics, treatment compliance, family history with mental illness…etc.

Tool II: Multidimensional perceived social support:(MPSS)

It was developed by **Zimet et al. (1988)** to measure perception of support from 3 sources: family (4 items), friends (4 items), and significant others (4 items). It consists of 12-item.

Scoring system:

It was rated on a 7-point Likert-type scale, ranging from (1) very strongly disagree to (7) very strongly agree. The Item ratings fall between 12 and 84, Cut off point 50%. The total score was converted into a percent score. The perceived social support is considered to be good if the percent is 75% or more, average if from 50-75% and poor if less than 50%.

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

It was developed by Hancock et al. (2015) to measure self –rated mental health recovery. It consists of 38-item. The tool has 4 recovery domains; Doing Things I Value (6 items), Looking Forward (18 item), Mastering My Illness (7 items), and Connecting and Belonging (7 items).

Scoring system:

It is rated on four- point scale completely true (4), mostly true (3), a bit true (2), and untrue (1). Total score of RAS-DS ranges from 38-152, Cut off point 50%. The total score was converted into a percent score. The perceived social support is considered to be good if the percent is 75% or more, average if from 50-75% and poor if less than 50%.

Content validity and Reliability:

The tools were revised by a three-person consulting committee. At Zagazig University, two assistant professors of mental health nursing and psychiatry as well as one assistant professor of community health nursing conducted each of these instruments' items' content validity. Every modification that was requested was implemented. To confirm the scales' initial validity, the researcher translated each one into Arabic using the translate-back-translate technique. The reliability of the instruments was assessed using the Cronbach's alpha test in SPSS V.20 (SPSS Inc., Chicago, Illinois, USA). They have a great degree of reliability.

Table test of reliability of study tools by Cronbach's Alpha

Tool	Number of Items	Cronbach's Alpha
Multidimensional perceived social support scale	12	0.905
Recovery assessment scale (domains and stages)	38	0.955

Pilot study: A pilot trial involved 14 schizophrenic patients, or around 10% of the entire sample size. The goals

were to estimate the time required to finish the forms for gathering data and evaluate the practicality and clarity of the tools.

Filed work:

The researchers gathered with the hospital's management and head nurse after securing the necessary authorization to carry out this study. They described the study's objectives and methodology as well as the information assortment forms, and they got their approval and cooperation to begin collecting data. The chosen patients were then interviewed by the researchers, who also gave their introductions and described the nature and goal of the study. Selected patients were then asked to give their informed consent to take part in the trial.

The researchers built a trustworthy relationship with the chosen patients prior to starting to gather data. After carefully explaining each item on the data-collecting forms and conducting one-on-one interviews with each patient, the researchers marked the response that best fit each patient with a (√). To gain their participation in completing the study's instruments, a thorough explanation was provided. It took roughly ten minutes to complete the self-administered questionnaire, which was the first tool. Answering the questions on the second tool, multidimensional perceived social support, took roughly ten minutes. The small mental state exam was the third tool, and it took five to ten minutes to complete. The recovery evaluation scale (domains and stages) was the fourth tool, and it took roughly fifteen minutes to complete. Depending on the patient's comprehension and capacity to respond to each question, the total time required by all four instruments varied from 40 to 45 minutes. To gather data, the researchers visited El-Azazy Hospital twice a week between 9:30 a.m. and 1 p.m. The data sheet was finished concurrently with the distribution. Mid-October 2024 marked the beginning of the three-month assessment period, which ended in mid-January 2024.

Administrative and Ethical consideration:

The study request with code M.DZU.NUR/215/16/6/2024 was approved by the Zagazig University Faculty of Nursing's Ethical Committee. The goals of the study were described to the participants, and although participation was entirely voluntary, they were liberated to stop at any time and without giving an explanation. Furthermore, participants' privacy and anonymity were protected by the coding of all data.

An official permission to conduct this study was obtained by submitting an official letter issued by the Dean of the Faculty of Nursing at Zagazig University to the director of the General Secretariat of Mental Health and Addiction Treatment in Cairo City .Accordingly, approvals to conduct the study were obtained from the director of the General Secretariat of Mental Health and Addiction Treatment following the application of all required procedures and documentation, which took about 2 months. Then, approvals were obtained from the hospital director and the nursing director of El-Azazy Hospital for Mental Health.

Statistical analysis:

In order to organize, tabulate, and statistically analyze the collected data, IBM-compatible PCs running SPSS version 25 for Windows were utilized. Descriptive statistics, including mean, standard deviation, frequency, and percentages, were used. The test of chi-square (X) 2 and P-value was used to compare qualitative variables and determine whether two variables were associated. To investigate the correlation between the variables being studied, the correlation coefficient test (r) was utilized. To ascertain the predicted values of the variables under investigation, multiple linear regression was employed. Cronbach's Alpha was used to evaluate the study tools' reliability. A significant level value was regarded as $p < 0.05$, and a highly significant level value as $p < 0.01$. When $p \geq 0.05$, no statistically significant difference was taken into account.

Limitations of the study:

Obtaining approval to make an application for this study at EL-Azazy Hospital for Mental Health took the researchers more than two months. Additionally, because some patients didn't grasp it and others ceased participating in the study, it was difficult to recruit a large number of patients for each interview and to put in the effort to collect data from them.

Results:

Regarding the socio-demographics of the studied patients **(Table 1)**, 33.6% of the studied patients' ages ranged from 25 to 35 years old, with a mean of 41.05±10.78. Also, 85.0% of them were male, and 57.1% of them had secondary education. Moreover, 47.9% of them were single and 76.4% of them were working. As well as 60.1% of them lived in rural regions, 88.6% of them had enough income, and 95.0% of them were living with family.

Regarding the clinical data of the patients under study in **(Table 2)**, 34.3% of the studied Patients' ages at disease onset varied from 20 to less than 25 years old, with a mean age of 17.61 ± 4.22. Regarding the disorder prognosis, 90.0% of these patients had a one-month frequency of visits to outpatient clinics, and 48.6% of them had a frequency of hospitalization from 1 to 3 times. Also, 73.6% of them were taking psychiatric medications regularly. As well as, only 17.1% of them have a history of mental illness in their family. Meanwhile, 91.7% of this family member had schizophrenia, and 82.9% of the ill relatives were fathers or mothers.

Figure (1) illustrates that 66.4% of studied patients had high social support, 7.9% of them had moderate social support, and 25.7% of them had low social support.

Figure (2) Displays that, (68.5% and 65.0% respectively) of studied patients were high in perceiving social support by family and significant other. While (31.4% and 35.0% respectively) of them were low in perceiving social support by family and significant other.

Figure (3) clarifies that 61.4% of studied patients had a moderate level of recovery. Meanwhile, 31.4% of them had a high level of recovery. However, the recovery mean score was 106.0 ± 19.9.

Table (3) clarifies that, the highest score was total looking forward with Mean ±SD 18.23±3.81, While the lowest score was total mastering my illness with Mean ±SD 16.70±4.5.6.

Figure (4) demonstrates that the patient's overall recovery assessment score and their perceived social support score had a statistically significant positive correlation.

Table (1): Socio-Demographic characteristics of patients in the study sample (n=140).

Socio-demographic characteristics	No.	%
Age		
< 25 years	31	22.1
25< 35 years	47	33.6
35 < 45 years	41	29.3
45 < 55 years	17	12.1
55- 65 years	4	2.9
Mean ±SD	**41.05±10.78**	
Gender		
Male	119	85.0
Female	21	15.0
Educational level		
Illiterate	16	11.4
Basic education	29	20.7
Secondary education	80	57.1
University education	15	10.7
Marital status		
Single	67	47.9
Married	36	25.7
Widow	3	2.1
Divorced	34	24.3
Job		
Not work	33	23.6

Work	107	76.4
Residence		
Rural	86	61.4
Urban	54	38.6
Income level		
Enough	124	88.6
Not enough	16	11.4
Living with		
Alone	7	5.0
With family	133	95.0

Table (2): Clinical data of patients in the study sample. (n=140)

clinical data	No.	%
Age of onset of the disease		
15 < 20 years	37	26.4
20 < 25 years	48	34.3
25 < 30 years	30	21.4
30 < 35 years	15	10.7
35 years and more	10	7.1
Mean ±SD	**17.61±4.22**	
Frequency of visits to outpatient clinics		
Once a month	126	90.0
Twice a month	2	1.4
3 times a month or more	8	5.7
Other	4	2.9
Frequency of hospitalization		
No hospitalization	18	12.9
From 1 to 3 times	68	48.6
From 4 to 6 times	29	20.7
More than 6 times	25	17.9
Do you take psychiatric medications regularly		
Yes	103	73.6
No	37	26.4
Is there anyone in the family suffer from mental illness		
Yes	24	17.1
No	116	82.9
If yes, what is the disease (n=24)		
Schizophrenia	22	91.7
Bipolar disorder	2	8.3
What is your relationship with this patient?		
Father/mother	116	82.9
Brother\ Sister	10	7.1
Uncle\ Aunt	12	8.6
Grandfather\ Grandmother	2	1.4

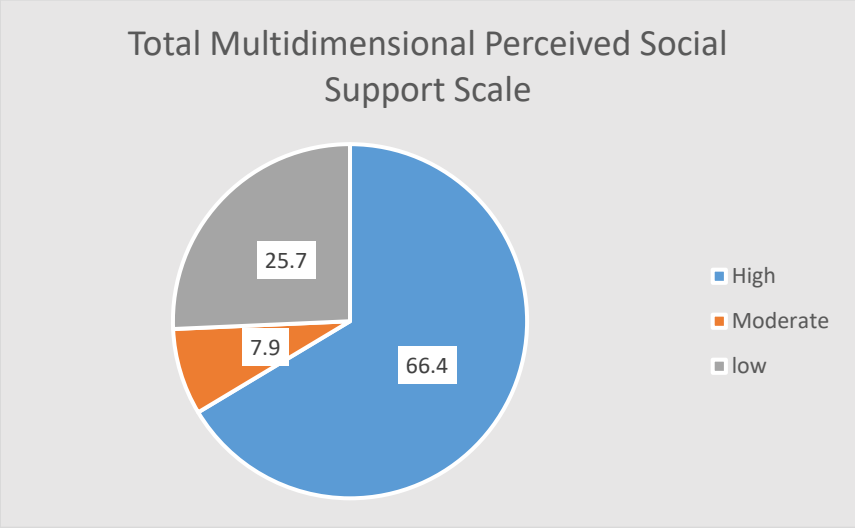

Figure (1): Percent of multidimensional perceived social support level of studied patients (n=140).

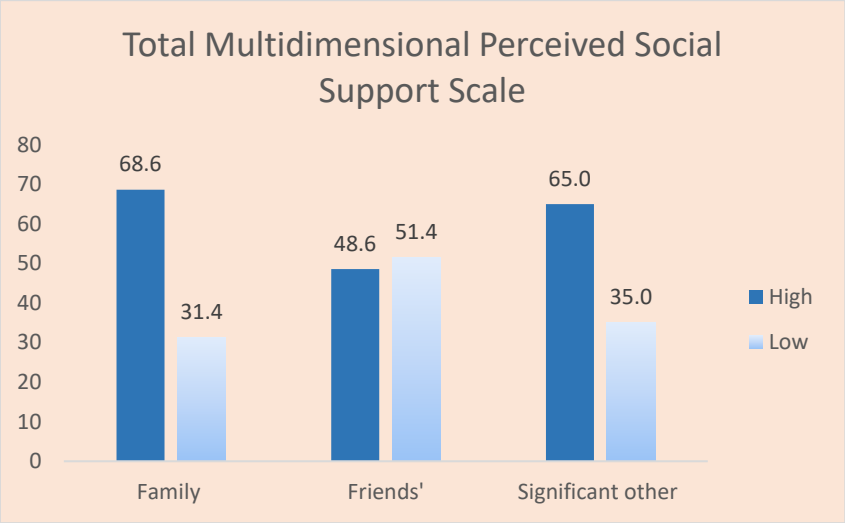

Figure (2): Percent of studied patients' sources of social Support.(n=140)

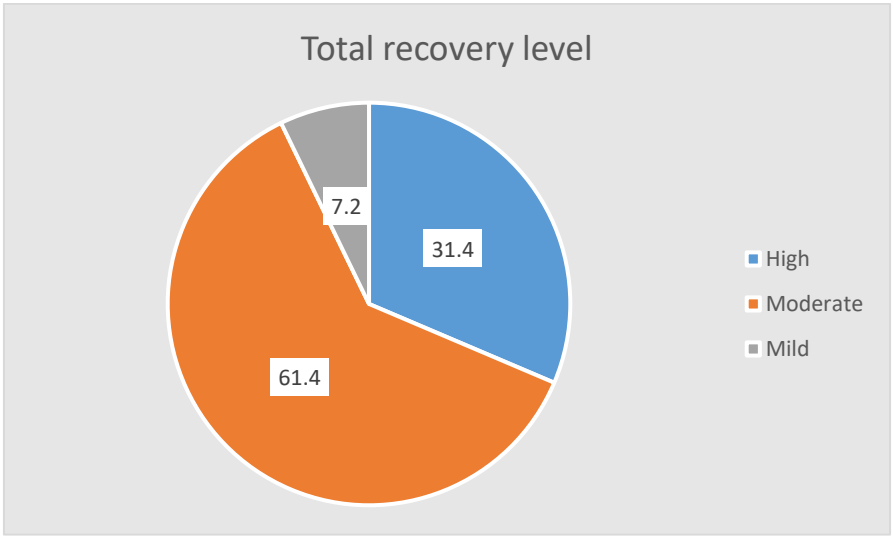

Figure (3): Percentage distribution of total recovery assessment scale (domains and stages).

Table (3): Mean scores of studied patients regarding their recovery assessment scale domain. (n=140)

Recovery assessment scale	Minimum	Maximum	Mean Std. Deviation	Ranking
Total doing things	6	24	18.23±3.81	2
Total looking forward	18	72	54.20±10.3	1
Total mastering my illness	7	28	16.70±4.56	4
Total connecting and belonging	7	28	16.92±4.16	3
Total recovery	38	152	106.0±19.9	

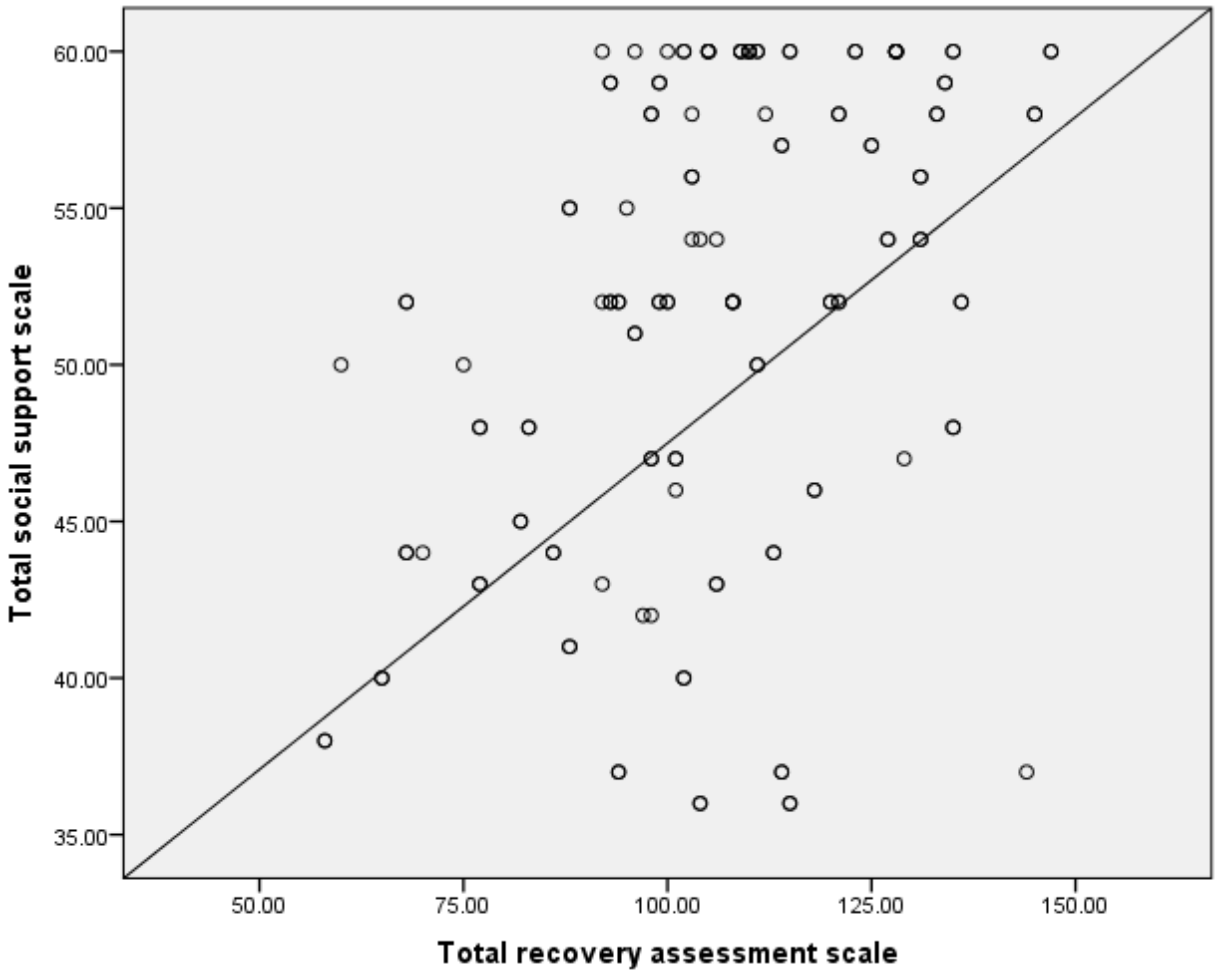

Figure (4): Scattered graph between total social support scale and total recovery scale among the studied patients.(n=140).

Discussion:

Regarding the socio-demographic characteristics, the current study results revealed that slightly more than two-thirds of the studied patients were aged between 25 and less than 45 years old, with a mean score of 41.05 ± 10.78. Also, the majority of them were male, lived with family, worked, and had enough income. Moreover, nearly two-thirds of patients were residing in rural areas and had a secondary education level. For marital status, most of the patients had no spouse, either because they were never married or had lost them due to death or divorce.

Regarding the clinical data of the studied patients, the current study results revealed that slightly more than two-thirds of the studied patients had an age of onset of the disease ranging between 20 and less than 35 years old with a mean score of 17.61 ± 4.22. Schizophrenia typically emerges in early adulthood (between ages 20-35) for several reasons, such as neurodevelopmental factors at this time, hormonal changes at this period of time, and the stress vulnerability model **(Fumeroa et al., 2020).**

This result was comparable to the study done by **(Mohammed, Osman & Barakat, 2022)** in Egypt, which revealed that over half of the studied patients' age at the onset of disease was ≥ 30 years. Conversely, this result contradicted the findings of the study conducted by **(Dai et al., 2021)** in China, which demonstrated that over half of patients' ages at the onset of disease were between 15 and 20 years.

Additionally, most of the participants in the study visited outpatient clinics once a month. According to the researcher, this outcome might be the result of ongoing outpatient follow-up, which is crucial for illness management and relapse prevention. These findings were consistent with research by **(Panov & Panova, 2023)** in Bulgaria, that found that most of the patients in the study visited outpatient clinics once a month.

Moreover, almost half of the patients in the study were hospitalized one to three times as frequently. According to the researcher, there were very few hospitalizations and relapses because the majority of the patients under study were medication compliant and had excellent levels of cognitive stability and recovery.

This outcome was in accordance with a study conducted by **(Abdel-Rahman, 2017)** in Egypt, which explained that slightly over half of the patients in the study had been admitted to the hospital one to three times. However, this result contradicted the findings of a study conducted by **(Abd-Elhamid, Gafaar & Abdelaal, 2022)** in Egypt, which revealed that roughly two-thirds of the patients in the study had been hospitalized more than three times.

Also, about three-quarters were taking psychiatric medication regularly. According to the researcher, the majority of the patients in the study displayed high levels of perceived social support, cognitive stability, and awareness about the disorder, all of which aid in drug compliance. This result aligned with a study conducted by **(Mohamed, Barakat & Shams El-Din, 2024)** in Egypt, which found that over half (55.5%) of the patients were frequently taking psychiatric drugs.

As well as, most of the patients had no family history of mental illness. This outcome matched a study conducted by **(Mokhtar, Zaki & Abdel-Aziz, 2021)** in Egypt, which clarified that a family history of mental illness was absent for most of the patients. However, this finding contradicted the findings of a study carried out by **(Mohammed, Osman & Barakat, 2022)** which found that almost one-third of patients had a family history of mental illness. Meanwhile, most patients who had a past mental health condition in their families had a family member with schizophrenia, and the ill relatives were their father or mother.

Schizophrenia is one of the most heritable mental disorders, which explains this outcome. First-degree relatives of someone with schizophrenia had a 9.7 times higher risk of having the disorder than the general population **(Chou et al., 2017)** People who have a sibling with schizophrenia are at eight percent risk, those who have one parent with schizophrenia are at twelve percent risk, those who have a dizygotic twin are at fourteen percent risk, those who have both parents with schizophrenia are at thirty-nine risk, and those who have a monozygotic twin are at fifty percent risk **(Joseph et al., 2015).**

Based on their overall perceived social support level, most patients in the current study had a moderate level of perceived social support. According to the researcher, this outcome might be the result of the patients' adherence to their medication regimens; nearly three-quarters of the patients in the study were in compliance, which can lead to the best results for patients and enhance their perception of other people's social support. Additionally, the majority of them reside with their relatives, which facilitates the support system.

This finding aligned with a study by **(Mekonnen et al. 2019)** in Ethiopia and **(El-Monshed & Amr, 2022)** in Egypt, which found that over 50% of patients had a medium level of perceived social support.

Conversely, this finding contradicted the findings of a study conducted by **(Eweida & Maximos, 2017)** in Egypt, which showed that half of the participants in the study said they lacked social support in their lives. Furthermore, a study by **(Gabal, 2017)** in Egypt, found that over half of the patients in the study had low levels of social support. Accordingly, a study by **(Xie et al., 2018)** in China discovered that social support was lower for patients with mental illnesses than for healthy controls.

Similarly, **(Fan et al., 2021)** in Taiwan; **(ELKayal, Ahmed & Metwally, 2022)** in Egypt; **(Hamza, Berma & El-Said, 2022)** in Egypt; and **(Samuel et al., 2022)** in Ethiopia, found that individuals with schizophrenia had a low overall degree of perceived social support. The study environment, sample size, instrument, sociocultural differences, and analytical discrepancies could all influence how these results are interpreted.

Regarding to support from family, friends and significant others: the current study result revealed that, more than two thirds of the studied patients were high in perceiving social support from family and significant others. While, more than half of them had low perceived social support from friends. From the researcher point of view, firstly, most of the patients were unmarried and therefore, their family members were the major social support providers. Secondly, family values are more emphasized in the East than in the West. The participants in our study were Egyptians so due to the family-centered culture in Egypt, they believe that family members should always get together and even live together; on the contrary, in Western countries, people pay more attention to their close circles of friends.

In other words, family members are mostly the caregivers for patients with schizophrenia in Egypt culture until they achieve remission. Also, this might be related to the fact that, usually the family members are the most important primary group that persons try to confide with them in the period of crisis or any stressful events. Moreover, family is more consistent in supporting patient through the illness course, which indicated that family to a larger extent keep in supporting.

The existence of support from family, such as involving patients in discussion and helping them to make decisions, makes patients feel more positive. Social support from family influences patients in gaining autonomy, emotional, activity, and social skills **(Jameel et al ., 2020).**

This result was in accordance with study done by **Anggreny, Sodry & Saputra (2018)** in Indonesia, who found that family members accept a patient's condition, show empathy towards the patient's difficulty, and help the patient stick to medication. The most significant support from the family given to patients is instrumental support because the family provides not only medication costs but also the patient's living cost **(Kumalasari, Wardana & Martiana., 2019).**

Accordingly, This result was in accordance with studies carried out by **Ebrahim, El-Bilsha & Elhadidy (2021)** in Egypt, **Fan et al (2021)** in Taiwan; & **Novitayani et al (2024)** in Indonesia, who reported that the highest source of social support perceived by schizophrenic patients was from family.

On the contrary, This result was in disagreement with studies conducted by **Mohamed, Barakat & Shams El-Din ., (2024), Hamza, Berma & El-said (2022)** who reported that the highest source of social support perceived by schizophrenic patients was from friends.

Regarding to the support from friends, this study indicated that more than half of studied patients had low level of perceived social support from friends. From the researcher point of view, this result may be interpreted that

friends of schizophrenic patients perceive patients as a source of burden so they avoid frequent contact and support to patients. Moreover, patients with schizophrenia were unable to sustain relationship with friends as patients rely heavily upon social and emotional support from family especially father and mother. Patients depend emotionally and socially on their family members, especially parents, instead of relying on friends and significant others. Also, the reason might be those friends and significant others think that interacting with schizophrenic patients is burdensome and it makes them avoid the patients.

Based on the overall level of recovery among the patients under review, the majority of participants in the current study had moderate to high levels of recovery. According to the researcher, the patients' adherence to medications may be the cause of this outcome. Almost three-quarters of the individuals in the study took their medications as prescribed. Patients can get the best results and have a higher chance of making a full recovery if they follow their prescription schedule. Additionally, nearly three-quarters of the patients in the study exhibited cognitive stability, which increased their chances of making a full recovery. Additionally, over two-thirds of them had a high degree of social support, which aids in the recovery process.

This outcome was consistent with research by **(El-Monshed & Amr, 2022)** which revealed that the mean score of overall recovery for patients with schizophrenia was high. Additionally, this outcome was consistent with a study by **(Mahmoud, Ali & Hafez, 2021)** in Egypt, which showed that most patients with schizophrenia have a high level of functional recovery. In light of this, a different study by **(Castelein et al., 2021)** in Netherlands showed that patients with schizophrenia recovered more clinically, socially, and personally.

(Grover et al., 2016) in India discovered contradictory results and came to the conclusion that bipolar disorder patients recovered more fully than those with schizophrenia. Furthermore, this result contradicted the findings of a study conducted by **(Abd Elghafar Harfush, Abd El-Nabi Moussam & Elnehrawy, 2022)** in Egypt, which found that most patients had poor recovery in terms of their overall score. This conclusion was therefore at odds with research by **(Mohamed et al., 2024)** in Egypt, which found that less than three-quarters of the patients in the study had a modest degree of recovery.

In terms of recovery domains and stages, the current study showed that the domain of mastering my illness had the lowest score, while the domain of looking forward had the best score. Achieving mastery over schizophrenia is particularly difficult because of the complicated, erratic character of symptoms, but thinking ahead and feeling optimistic about the future frequently acts as a vital psychological buffer that helps people manage their illness.

This outcome was consistent with a study by **(El-Monshed & Amr, 2022)** which found that the domain of mastering my illness had the lowest score and the domain of looking forward had the best score. However, this result contradicted the findings of the study conducted by **(Hamza, Berma & El-Said, 2022)** which found that the domain of total looking forward had the greatest score and the domain of total doing things had the lowest.

Based on the correlation between the patients' total scores of recovery and perceived social support, the current study demonstrated a highly statistically significant positive correlation between the total scores of perceived social support and recovery for the patients under investigation. According to the study, this can be explained by the fact that social recovery is a crucial element of holistic recovery in schizophrenia.

The social support that patients receive from their friends or family is crucial in fostering their compliance since it reduces the stress of illness, improves their level of recovery, and fosters optimism, self-worth, and control **(El-Monshed & Amr, 2022)**

Additionally, it has lately been acknowledged that social support networks have a major impact on the recovery process. By enabling people to create and use efficient coping and problem-solving strategies, social support is thought to enhance people's subjective well-being and quality of life. This may not come as a surprise given the importance of social support in preventing mental health problems, maintaining mental well-being, and

recovering from psychiatric diseases **(Bjørlykhaug et al., 2022).**

This finding aligned with research conducted by **(Bjørnestad et al., 2017)** in Norway, **(El-Monshed & Amr, 2022), (Skar-Froding et al., 2021)** in Norway, **(Fan et al., 2021)**, and **(Hamza, Berma & El-Said, 2022)** who reported that the overall score and the subscales of perceived social support showed a statistically significant positive correlation with recovery.

Conclusion:

According to findings, almost two-thirds of the patients in the study had a high level of perceived social support. Additionally, the results found that most of the patients under study had a moderate to high level of recovery. Additionally, a very statistically significant positive correlation was found between the total perceived social support score and the total of recovery score of the patients under study.

Recommendations:

According to the current study, social inclusion programs for individuals with schizophrenia should be offered by mental health services. Furthermore, psychiatric nursing treatments' primary objective in mental health care may be the restoration of social bonds. Additionally, mental health nurses should be encouraged to use a recovery paradigm in their practice.

List of Abbreviations:

(NIMH): National institute of mental health; (MPSS) Multidimensional perceived social support ; (RAS-DS): Recovery assessment scale – domains and stages.

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