

HOPE IN PSYCHIATRIC PATIENTS: AN OBSERVATIONAL STUDY IN A PSYCHIATRIC REHABILITATION CENTRE

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SUMMARY

Introduction: the COVID-19 pandemic has led to the re-evaluation of some fundamental aspects for the management of emotions and psychological dynamics. Hope and its lack are important factors that have been especially evaluated in caregivers and HCWs. Instead, our study aimed to explore hopelessness among psychiatric rehabilitation center residents with Primary Psychosis. Methods: we recruited 116 inpatients affected by Primary Psychosis (schizophrenia, bipolar disorder, major depression disorder and personality disorder). Hopelessness was sought through the BHS, during the covid-19 pandemic period. They were compared with data from previous studies on HCWs (HealthCare Workers), in the same period, and in the same centre. Results: the results obtained in this group of patients showed high total scores on the BHS scale (mean total score: 7.28±SD 3.73). These data are significantly higher than those found in HWs in the same pandemic period (mean total score: 3,74±SD 3,62). Among the different disorders the borderline personality disorder patients have presented the highest score (mean total score: 8.00±SD 3.50). Conclusion: understanding resident – and HCWs- level variations in hopelessness may be important for targeting interventions to improve the outcome of residential psychiatric patients.

Key words: hope – hopelessness - COVID-19 – BHS - primary disorders

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INTRODUCTION

"Hope is the only good that is common to all men, and even those who no longer have anything still possess it", said Thales, the great philosopher (one of the Seven Sages) of ancient Greece. "Be careful not to deprive another human being of hope", maintained in the 19th century Oliver Wendell Holmes, a physician of exceptional humanity and lecturer at Harvard Medical School.

The loss of the hope, and the despair involve the absolute lack of a reason to live and can represent the prelude of suicide. The concept of hope is multidimensional, complex, and has so many facets, that it is difficult to try to give it a simple definition. Hope has been described as an emotion, an experience, a need, a characteristic, a state, or as a dynamic process with affective, functional, contextual, temporal, and relational dimensions (Tutton et al. 2009, Schrank et al. 2008, Verhaege et al. 2007). However, hope is a vital force, indispensable in the coping function and coping strategies (Hernandez & Overholser 2021, Hammer et al. 2009, Sthephenon 1991). It can be described as a feeling of trust and expectation that a wish will be fulfilled; it is trust in the future. Hope means transformation and it is indispensable in healthcare work contexts; the "hope as a lighthouse related to rehabilitation and long-term care. Hope means pushing limits and expanding hope was experienced in the context of prevention and health promotion" (Lohne 2022).

In serious illness and decision making, as well as in dying patients, it is important to nurture the hope. It can give these patients the strength to face the painful and dramatic moments of the last stages of life (Ejdemyr et al. 2021, Ciuffini et al. 2019, Dunn 2005).

Healthcare professionals can support the hope of an improvement in their health conditions, of a cure (Vacca et al. 2021, Minò et al. 2021). Several studies have highlighted the role of hope as a support through signals of closeness or through a message that reaches the important people in someone life (Franza et al. 2020). The ultimate reason of medicine, and therefore of psychiatry, is to alleviate people's suffering and help them achieve well-being. Giving hope can be seen as a therapeutic tool that will give dignity to individuals (Franza 2017, Chochinov 2007, 2022).

However, subject of discussions and several criticisms in the literature, hope is difficult to define. The meaning of hope is perhaps best known because of its absence (hopelessness). Indeed, several scientific studies have focused on the hopelessness (Parada-Fernández et al. 2021, Baryshnikov et al. 2020, Serafini et al. 2020). Furthermore, the COVID-19 pandemic has highlighted the importance of hopelessness and numerous studies have confirmed that it is a risk factor for the development of various psychiatric diseases (bipolar disorders, depression, anxiety disorders) (Akova et al. 2022, Fountoulakis et al. 2022a,b). The hopelessness is often associated with loneliness and social isolation, traits that characterize the lives of many psychiatric patients (Franza et al. 2021).

The aim of our observational study was to evaluate the effects of the pandemic and the consequent restrictions on the hope (or its absence) of a group of inpatients of a residential psychiatric rehabilitation centre.

METHOD

One hundred sixteen (116) patients were recruited in our observational study (total mean age: 47,66 years \pm SD: 14,2 years; 41 females (mean age: 49.63 yrs \pm SD 12.79 yrs; 75 males: 46.75 yrs \pm SD 14.93 yrs), guests of the psychiatric rehabilitation facility “Villa dei Pini”, Avellino, Italy. The patients affected by several psychiatric disorders, meeting the DSM-5 criteria (Table 1 shows the patient epidemiological data, divided by pathology), were divided into 4 diagnostic categories (schizophrenia; bipolar disorder - BD; major depressive disorder – MDD; borderline personality disorders - BPD. Other pathologies were excluded as numerically inadequate for the evaluation of the study.

The evaluation period took place in the first six months of 2022, during the COVID-19 pandemic period.

All patients were given the following rating scales:

- Brief Psychiatric Rating Scale (BPRS) (Overall 1988): for the assessment of psychopathological severity. The Brief Psychiatric Rating Scale (BPRS) is a tool clinicians or researchers used to measure psychiatric symptoms such as anxiety, depression, and psychoses.
- Beck Hopelessness Scale (BHS) (Beck et al. 1994; Beck & Steer, Italian Ed -Pompili et al. 2017): for the evaluation of the hopelessness. The BHS is made up of 20 items, which assess the severity of negative expectations about the future both in the short and long term.

Patient data were also compared with those obtained from the administration of the BHS in Healthcare Workers (HCWs) in the respective observation period (Minò et al. 2021, Vacca et al. 2021, Franza et al. 2020 (a), Franza et al. 2020 (b)).

All the relevant data were analysed using EZAnalyze Version 3.0, Microsoft Excel Add-In (Suffolk University in Boston, Massachusetts, USA). The Independent Samples t Test used for analyzing BHS scores. Test: $p < 0.05$ was taken as statistically significant.

RESULTS

The results obtained in the patient group showed overall high total scores on the BHS scale (mean total score: $7.28 \pm$ SD 3.73). As shown in Table 1, the group of patients with borderline personality disorder (BPD) have had the highest score (mean total score: $8.00 \pm$ SD 3.50), while, beyond expectations, the lowest average total score has been found in the group of patients with major depressive disorder (MDD) (mean total score: $7.17 \pm$ SD 3.68). The total percentages of all gravity groups of the BHS scale and those of each group of psychiatric disorders was high (respectively, total: 62.07%; BPD: 62.50%; MD: 83.33%; S: 70.59%). There is a high percentage in the “mild” range (25.86%), and a percentage in the “severe” range of 6.9%. Unlike the BHS total score data, the highest percentage of the “mild” range was found among patients with depression (66.67%). A high percentage was found in the “moderate” range of the borderline personality disorder group (43.75%). In the “severe” range, the percentages were homogeneous in all groups analyzed, with a higher percentage in the bipolar disorder (BD) (8.00%).

Table 1. Percentage BHS scores in inpatients and HCWs

Disorder	N (%)	absent N (%)	mild N (%)	moderate N (%)	severe N (%)
BD	25 (21.55)	14 (56.00)	5 (20.00)	4 (16.00)	2 (8)
BPD	16 (13.79)	6 (37.50)	2 (12.50)	7 (43.75)	1 (6.25)
MD	18 (15.52)	3 (16.67)	9 (66.67)	5 (27.70)	1 (5.56)
S	57 (49.14)	21 (77.19)	14 (24.56)	18 (31.58)	4 (7.02)
Total	116 (100)	44 (37.93)	30 (25.86)	34 (29.31)	8 (6.9)
Total HCWs	88	51 (57.95)	27 (30.68)	6 (6.82)	4 (4.55)

Legend: BD - bipolar disorder; BPD - borderline personality disorders; MDD - major depressive disorder; S - schizophrenia

Table 2. Mean total scores BHS in inpatients and HCWs

Disorder	mean	\pm SD
BD	6.68	3.72
BPD	8.00	3.50
MD	7.17	3.68
S	7.39	1.86
Total	7.28	3.73

	T-Score	Eta Sq	p
Total HCWs	6.46	3.68	2.124
			0.364
			0.076

Legend: BD - bipolar disorder; BPD - borderline personality disorders; MDD - major depressive disorder; S - schizophrenia

Our study involved a comparison of the results obtained in the group of patients analyzed and those of previous studies on HCWs of our research laboratory carried out. Table 2 shows the total mean BHS scores of the group of patients recruited in this study and the mean total scores found in our previous studies. The mean total scores in the patient group were slightly higher than the HCWs group (respectively, $7.28 \pm SD 3.73$ vs $6.46 \pm SD 3.682$) and not statistically significant (mean differences: 5.47, T-Score: 2.124, Eta Squared: 0.364; p: 0.076). The severity of the patients' psychopathological symptoms (BRPS data), divided by diagnostic categories is shown in table 3.

Table 3. Mean Total score BPRS in inpatients and disorder subgroups

	Mean	±SD
BD	48.71	10.60
BPD	51.45	12.62
MDD	51.45	12,62
S	52.19	11.12
TOTAL	51.16	11.30

Legend: BD - bipolar disorder; BPD - borderline personality disorders; MDD - major depressive disorder; S - schizophrenia

CONCLUSIONS

Hope or rather hopelessness are significant factors for the well-being of individuals. Hope is a major coping strategy and is a resource that affects people's ability to interact with stress in life-threatening situations. It is a vital force in adaptation and has been associated with a high quality of life. The use of tools aimed at hope with the support of family and social interventions can mitigate suffering (Chan et al. 2022, Gaeni et al. 2014) The outbreak of the COVID-19 pandemic has given greater significance to this aspect. Several studies have focused their attention on health workers and caregivers of people affected by various diseases during the pandemic period (Rossi et al. 2021, Zuo et al. 2021). Instead, few studies have evaluated the effects of hopelessness in psychiatric patients during the same period. The group of patients observed in our study had the characteristic of residing simultaneously in the same residential centre. All the patients were resident for more than three months and faced the pandemic together. From the analysis of the data, an overall high score of hopelessness emerged in all groups of pathologies. The data is more interesting when compared with those of the HCWs that assisted them during the same period of the pandemic. The difference in results is not statistically significant. Due to the restrictions related to the infection protection regulations, they have resulted in a series of restrictive interventions (e.g., reduced visits with family members, reduced number of exits). All this leads to worsening in interpersonal,

family, and social relationships. The conclusions of the study invite us to reflect on the possibilities of interventions aimed at modulating the emotions and well-being of guests in psychiatric residential centers. Providing them with adequate information and support tools can reduce the emotional and experiential burden of patients.

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Contribution of individual authors:

Francesco Franza: conception and preparation of the manuscript.

Albino Zarrella: contribution collection of data, administration of tests and to bibliographic research.

Luigi Calabrese: contribution to writing.

Barbara Solomita: contribution to writing, collection of data and administration of tests and to bibliographic research

Ilario Ferrara: contribution to writing, collection of data and administration of tests

Giuseppe Tavormina: revision of the manuscript.

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