Cyprus Turkish Journal of Psychiatry & Psychology Vol.7 Issue.3
Doi:10.35365/ctjpp.25.3.07

RESEARCH ARTICLE / ARAŞTIRMA YAZISI

Self-Identified Stage of Recovery (SISR) Scale Turkish Form: Validity and Reliability Study

İyileşme Aşamasını Öz Değerlendırme (SISR) Ölçeği Türkçe Formu: Geçerlik ve Güvenirlik Çalışması

Esma Özmaya[1], Okan İmre[2], Beyza Erkoç[3], Nermin Gürhan[4]

Abstract:

This study was conducted to determine the validity and reliability of the Stage of Recovery Self-Identified (SISR) scale to assess whether it is appropriate for Turkish culture. The research population consisted of patients undergoing treatment in the mental unit of a Training and Research Hospital. The study's data was gathered in 2024 between February and April. Five items make up the initial version of the scale used in the study, which is thought to be adequate to reach 25–50 patients. As a result, 86 people made up the study's population. The self-identified recovery stage scale created by Andresen et al. in 2003 and the personal information form were used throughout the data-collecting phase. For the analysis, SPSS 22 and Jasp 0.18.3 were used. Additionally, exploration factor analysis (EFA) and confirmatory factor analysis (CFA) were used to evaluate the construct validity of the measure. The KMO value and the data set's Bartlett's test of sphericity results were reviewed before the factor analysis. The analysis's KMO value was 0.80, and the results of Bartlett's test of sphericity showed that it was significant (χ=194.181, sd=10, $p<0.001$). These findings demonstrate that factor analysis can be performed on the data set. An analysis of the scale's reliability revealed that Cronbach's alpha internal consistency coefficient was 0.85. The scale, which has a 5-item and single-factor structure like the source, is valid and reliable in Turkish form.

Keywords: Mental health, Stage of recovery, Self-identified, Validity, Reliability.

[1]Asst. Prof. Dr., Karamanoğlu Mehmetbey University, Faculty of Health Sciences, Child Development Department, Karaman, Türkiye, E-mail: ozmayaesma@gmail.com, Orcid Id: 0000-0003-0932-4012

[2]Assoc. Prof. Dr., Karamanoğlu Mehmetbey University Faculty of Medicine, Psychiatry Department, Karaman, Türkiye, E-mail: okanimre65@gmail.com Orcid Id: 0000-0002-2142-4916

[3]Assoc. Prof. Dr., Karamanoğlu Mehmetbey University, Faculty of Health Sciences, Social Work Department, Karaman, Türkiye, E-mail: beyzahatipoglu@windowslive.com, Orcid Id: 0000-0002-0035-6782

[4]Prof. Dr., UKA Congress and International Health Tourism Institute, Ankara, Türkiye, E-mail: ngurhangurhan@gmail.com Orcid Id: 0000-0002-3472-7115

Address of Correspondence/Yazışma Adresi: Esma Özmaya, Karamanoğlu Mehmetbey University, Faculty of Health Sciences, Child Development Department, Karaman. E-mail: ozmayaesma@gmail.com.

Date of Received/Geliş Tarihi: 26.01.2025, **Date of Revision/Düzeltme Tarihi:** 02.06.2025, **Date of Acceptance/Kabul Tarihi:** 14.06.2025, **Date of Online Publication/Çevirimiçi Yayın Tarihi:** 22.09.2025

Citing/Referans Gösterimi: Özmaya, E., İmre, O., Erkoç, B. & Gürhan, N. (2025). Self-Identified Stage of Recovery (SISR) Scale Turkish Form: Validity and Reliability Study. *Cyprus Turkish Journal of Psychiatry & Psychology, 7*(3), 278-284.

Öz:

Bu araştırma İyileşme Aşamasını Öz Değerlendirme (SISR) ölçeğinin Türk kültürüne uygun olup olmadığını değelendirmek için geçerlik ve güvenirliğini belirlemek amacıyla yapılmıştır. Araştırmanın evrenini bir Eğitim Araştırma Hastanesi psikiyatri servisinde tedavi alan hastalar oluşturmaktadır. Araştırma verileri Şubat-Nisan 2024 tarihleri arasında toplanmıştır. Araştırmada kullanılan ölçeğin orijinal formunun soru sayısı 5 olduğu için 25-50 hastaya ulaşılması yeterli görülmektedir. Buna bağlı olarak araştırmanın evrenini 86 katılımcı oluşturmaktadır. Veri toplama aşamasında kişisel bilgi formu ve Andresen ve arkadaşları tarafından 2003 yılında geliştirilmiş İyileşme aşamasını öz değerlendirme ölçeği kullanılmıştır. Analizlerde SPSS 22 ve Jasp 0.18.3 programları kullanılmıştır. Analizler sonucunda ölçeğin yapı geçerliği için açımlayı faktör analizi (EFA) ve doğrulayıcı faktör analizi (CFA) yapılmıştır. Faktör analizine geçmeden önce veri setine ait KMO değeri ve Bartlett değerleri incelenmiştir. Analiz sonucunda KMO değeri 0,80 olarak bulunmuştur ve Bartlet küresellik testi sonuçları anlamlıdır (χ=194,181, sd=10, p<0,001). Bu sonuçlar veri setinin faktör analizine uygun olduğunu göstermektedir. Ölçeğin güvenirliği için Cronbach alfa iç tutarlık katsayısı incelenmiştir ve 0.85 olarak bulunmuştur. Ölçeğin orijinal kaynakta olduğu gibi 5 maddelik ve tek faktörlü bir yapıya sahip olduğu ve ölçeğin Türkçe formunun geçerli ve güvenilir olduğu bulunmuştur.

Anahtar Kelimeler: Ruh sağlığı, Ruhsal iyileşme aşaması, Öz değerlendirme, Geçerlik, Güvenirlik.

Introduction

Spiritual recovery is a paradigm that has had an increasing impact on mental health systems and policies in many countries over the last two decades. The concept of mental recovery is also included in WHO's Mental Health Action Plan (WHO, 2013). For the first time in history, the concept of 'recovery' was emphasized in the Mental Health Report published by the "Surgeon General" in the USA in 1999. In the literature, 'recovery' has different definitions. According to the classical point of view, recovery is approaching life with a positive perspective and adding new meanings to life despite the loss of ability caused by the disease (Moller & McLouhlin, 2013). Recovery can be defined as a way to live one's life happily, hopefully, and at the best level, even with the limitations caused by the disease.

In addition, recovery is a model that responds to the needs of people with mental health disorders, allowing them to overcome the adverse effects of dysfunctions and grow spiritually beyond them, emphasizing the management of mental health problems, self-efficacy, employment, leisure activities and meeting natural needs such as independent living in society (Acharya and Agius, 2017). Recovery is "not a goal that is achieved, but a process that continues uninterruptedly throughout life" (Çam and Yalçıner, 2018). Recovery is a phenomenon that is difficult to understand and evaluate due to the diversity and complexity of perspectives. Although the recovery process varies from person to person, the natural dimensions of recovery can be described as a) Hope for the future and personal commitment to the recovery process; b) Adopting healthy lifestyles and learning to manage symptoms and challenges; c) Overcoming stigma and building and diversifying social connections, relationships; d) Setting personal goals and enlisting the support of others who believe in them; e) Regaining valued social roles and practicing citizenship; and f) Intrinsic empowerment (Acharya and Agius, 2017; Leonhardt et al, 2017).

Recovery from mental illness requires a comprehensive, continuous, and coordinated approach. This process should be flexible according to the stage of the illness and aligned with the patient's culture, goals, and individual needs. Furthermore, recovery is possible when supported by evidence-based practices, including community treatment (Tan et al., 2017; Gordon and Ellis, 2013; Hampson et al., 2018). Clinical recovery is a term that has developed as a result of the medical model and is frequently used by mental health professionals. However, spiritual recovery is a more subjective concept that refers to the development and change process of the individual. Recovery models (Tidal Model) emphasize the individual's individual perception and life experience in recovery, and that the individual is responsible for choosing what is most appropriate for him/her to recover, that is, subjectivity (Çam and Yalçıner, 2018; Şenocak et al., 2019).

There are tools for evaluating spiritual healing in the literature (Yıldız et al., 2017; Yalciner et al., 2019; De Silva et al., 2021; Lau et al., 2023). On the other hand, the Self-Identified Stage of Recovery (SISR) scale focuses more on determining the patient's needs according to the characteristics of their mental illness recovery stage. Recovery-oriented care is based on a subjective assessment of the person. With criteria including rediscovering hope, reestablishing one's identity, finding purpose, and accepting responsibility, this scale is a crucial assessment tool that enables the person to assess themselves. It is thought that the individual assessment of individuals with mental illness by mental health professionals and the creation of goals specific to them will contribute positively to the individual treatment process. A significant validity and reliability result was obtained in the original and Japanese versions of the scale (Andresen et al.,2010; Chiba et al.,2010). In addition, in light of this information, it is aimed to be a tool to guide the planning, implementation, and evaluation of necessary health care services and psycho-social interventions for these issues.

The purpose of this study is to provide the Self-Identified Stage of Recovery Scale in Turkish literature and assess the validity and reliability of the Turkish version of the scale.

Materials and Methods

Type and Purpose of the Study

The purpose of the methodological study was to evaluate the Self-Identified Stage of Recovery (SISR) scale, which was created by Andresen et al. in 2003 in English, for validity and reliability as well as suitability for Turkish culture.

Population and Sample of the Study
Patients undergoing therapy at Karaman Training and Research Hospital's Psychiatry Service make up the research population. In research on adapting a scale to another culture, a sample group 5-10 times larger than the scale items should be reached (Esin, 2014). The initial version of the scale used in the study consisted of 5 items, which is thought to be sufficient to reach 25–50 patients. 86 people made up the research population as a result. The sample was reached in approximately six months. The criteria for participation in the study were: being over the age of 18, and having been followed up with a diagnosis of mental disorder for at least six months. The exclusion criteria of the study were having a physical or mental disability that would prevent them from understanding and answering the questions. The participants' psychological and physical problems were evaluated together with the institution's health personnel to see if they were suitable for face-to-face interviews. In case of any negative situation, the interview was terminated.

Data Collection Tools
The study used the Personal Information Form and the Self-Identified Stage of Recovery Scale.

Personal Information Form
It consists of 18 questions, including gender, age, marital status, occupation, educational status, and presence of physical and mental illness.

Self-Identified Stage of Recovery Scale (SISR)
The Self-Described Stage of Recovery Scale is a short measure based on the stages of the psychological recovery model developed by Andresen and colleagues in 2003 (Andresen et al., 2003). The SISR consists of two sections. In the development of the original scale, four basic recovery processes and five stages were identified based on the recovery definitions frequently used by patients. In its final form, section A (SISR-A) of the scale consists of five statements, including moratorium, awareness, preparation, reconstruction, and growth. Participants select the statement that best represents their current recovery experience. Section B (SISR-B) consists of four items, including hope, responsibility, identity, and meaning, and these items are rated on a six-point Likert-type scale from 1 = 'Strongly Disagree' to 6 = 'Strongly Agree'. The scale has a single-factor 5-item structure. The scale can be used on volunteers with long-term mental disorders. It is valid and reliable in its original version.

Ethical Aspects of the Study
After the researchers who developed the scale gave their consent to use it, the study was evaluated at the Karmanoğlu Mehmetbey University Training and Research Hospital Faculty of Medicine Local Scientific Medical Research Ethics Committee meeting on November 20, 2023, with number 10-2023/08, and ethical approval was given for its use. The study was conducted with institutional authorization from the hospital where it was conducted and in accordance with the principles of the Helsinki Declaration. The patients provided their permission before the research data was collected.

Data Evaluation

Language Validity of the Scale
Three experts from the English Language and Literature's translation and interpretation departments translated the original scale into Turkish to ensure its linguistic validity. By analyzing the phrase patterns, the researchers were able to finish the Turkish draft. Three academics with expertise in Turkish language and literature assessed the Turkish draft for spelling and readability before it was finished. Ten instructors from the Department of Psychiatry and the Department of Psychiatric Nursing, as well as ten instructors with prior experience in scale adaptation and development studies, were then asked to provide their professional opinions on it (Esin, 2014). Each item was given one point for not appropriate, two points for significant revision, three points for moderate revision, and four points for appropriateness, according to the experts' ratings. Every expert received four points. To prevent any possible translation issues, the scale was back-translated by two language specialists once it was finished. The final version of the scale was administered to 20 patients to evaluate its reliability, comprehensibility, and internal consistency, yielding a Cronbach's alpha of 0.90.

Content Validity of the Scale
The scale's items were scored using the Davis technique by 10 subject-matter experts, providing it with both content validity and language validity evaluation. The experts were asked to grade each item on a scale from 1 to 4 in terms of its comprehensibility and appropriateness for precise measurement. Each expert gave four points. This indicates that the content validity of the scale was achieved.

Construct Validity of the Scale
Construct validity was realized in three phases. First, the KMO (Kaiser-Meyer-Olkin) coefficient was computed to see if the sample size was adequate for factor analysis. For the data to be suitable for factor analysis, the KMO value must be more than 0.60 and the p-value of Bartlett's test must be less than 0.001. In the second stage, exploratory factor analysis (EFA) was used to uncover the factor structure. EFA is a method for identifying factors by examining the relationships between variables. Finally, Confirmatory Factor Analysis (CFA) was used to assess the validity of the factor structure obtained from EFA (Costello & Osborne, 2005).

Reliability Study
The reliability of a measurement tool is based on characteristics such as consistency, stability, and sensitivity. While sensitivity is related to the size of the unit of the measurement tool, consistency refers to the items' compatibility with the test's general structure. Stability, however, is related to repeated measurements made under the same conditions that yield similar results. The study examined reliability using a test-retest approach and internal consistency. Cronbach's alpha coefficient was used to evaluate the scale's internal consistency, and Pearson correlation analysis was used to analyze the item-total score (Esin, 2014).

Data Analysis
As part of the study, the Self-Identified Stage of Recovery Scale was translated into Turkish, and assessments of its validity and reliability were conducted. This was first accomplished by analyzing the items' means, standard deviations, kurtosis coefficients, skewness coefficients, and corrected item-total score correlations. Before the exploratory and confirmatory factor analysis, the KMO value and the results of the data set's Bartlett's test of sphericity were examined. The analysis's KMO value was 0.80, and the results of Bartlett's test of sphericity showed that it was significant (χ=194.181, sd=10, $p<0.001$). These findings demonstrate that factor analysis may be performed on the data set. EFA was done using the Noblemen rotation principle axis factoring method. The number of factors was determined using the parallel analysis method, and the factor loading had to be at least 0.30. The structure that was created after EFA was tested using CFA. The Cronbach's alpha internal consistency

coefficient was used to evaluate the scale's reliability. SPSS 22 and Jasp 0.18.3 were used for the analysis.

Findings

Of the individuals who participated in the study, 72.1% were female, 54.7% were married, 41.9% were secondary/high school graduates, and 64% were not working. In addition, it was determined that 54.7% of the individuals' income was equal to their expenses, 25.6% of them had a physical illness, and 68.6% of them tended to relapse into mental illness.

Table 1. *Characteristics of Participants*

		f	%
Gender	Female	62	72.1
	Male	24	27.9
Marital status	Married	47	54.7
	Single	33	38.4
	Spouse deceased / Divorced	6	7.0
Education	Primary School	22	25.6
	Secondary school/high school	36	41.9
	University	28	32.6
Profession	Retired	10	11.6
	Officer	5	5.8
	Worker	12	14.0
	Farmer	3	3.5
	Self-employment	1	1.2
	Not working	55	64.0
Income	Income less than expenditure	21	24.4
	Income equal to expenditure	47	54.7
	Income more than expenditure	18	20.9
Child	Yes.	51	59.3
	No	35	40.7
Physical illness	Yes	22	25.6
	No.	64	74.4
Relapse of the psychiatric illness	Yes	59	68.6
	No.	27	31.4
Age (Mean ± Standard deviation)		3.99 ± 5.23	
Duration of psychiatric treatment (Mean ± Standard deviation)		37.33 ± 12.30	

Item Analysis

Table 2 presents the basic statistics of the scale items. Scale item means are between 2.81 and 4.73, kurtosis means are between -0.91 and 0.64, and skewness means are between -1.08 and 0.32. Corrected item-total score correlations are between 0.57 and 0.81.

Table 2. *Item statistics*

	n	Mean	SD	Kurtosis	Skewness	Corrected item-total score correlations
I1(SISR-A)	86	2.81	1.27	0.32	-0.91	0.57
I2(SISR-B)	86	4.30	1.36	-0.65	-0.16	0.63
I3(SISR-B)	86	4.58	1.38	-0.73	-0.31	0.81
I4(SISR-B)	86	4.73	1.38	-1.08	0.64	0.74
I5(SISR-B)	86	4.60	1.40	-0.97	0.51	0.59

Exploratory Factor Analysis and Reliability

EFA conducted with parallel analysis revealed a one-factor structure (Table 3). Item factor loadings were between 0.60 and 0.91. At the same time, the scale items explained 55% of the total variance of the scale.

Table 3. *Exploratory factor analysis results*

	Item factor load	Cronbach's alpha	Explained variance
I1	0.60	0.85	0.55
I2	0.70		
I3	0.91		
I4	0.82		
I5	0.65		

Confirmatory Factor Analysis

CFA was conducted to test the 5 items and one-factor structure obtained after EFA (Table 4). After CFA, acceptable fit indices were obtained ($\chi 2$=11.840, df=5, CFI=0.964, TLI=0.929, RMSEA=0.077, SRMR=0.047). At the same time, item factor loadings were between 0.57 and 0.91, and z values of all items were statistically significant ($p<0.05$).

Table 4. *Confirmatory factor analysis results*

	Factor Load	SH	z	p
I1	0.57	0.12	6.31	0.000
I2	0.69	0.13	7.26	0.000
I3	0.91	0.11	11.28	0.000
I4	0.82	0.14	8.28	0.000
I5	0.67	0.14	6.49	0.000

Discussion

This study aims to evaluate the validity and reliability of the Turkish version of the Self-Identified Stage of Recovery Scale and introduce it to the Turkish literature. According to the objectives, a validity and reliability study was conducted to translate the scale into Turkish. The Self-Identified Stage of Recovery Scale, developed by Andresen et al. (2003), was used in the study. The findings on the validity of the Self-Identified Stage of Recovery Scale (SISR) indicate that a good scale has to be both valid and trustworthy. A necessary step for scales is validity, which is demonstrated by the fact that the data to be assessed is adequately measurable (Öner, 2008). Reliability is the primary need for a measurement to be deemed valid (Karasar, 2024). The consistency of each scale question can be explained by reliability. Language adaptation is the initial stage of scale research. This is due to the possibility that translating a scale into another language might alter the scale as a whole. For linguistic validity, the translation-back translation approach—the most popular approach in both domestic and foreign literature—was used for this study (Gözüm & Aksayan, 2003). Another technique for testing validity is construct validity. Construct validity seeks to develop a consistent scale within itself and choose items to assess a specific construct without conflating it with other preexisting constructs (Öner, 2008). Construct validity was assessed in this study using factor analysis. A precondition for factor analysis is confirming that the data set is sufficient and suitable for the study (Akgül, 2003). In this study, the data set's suitability and eligibility for factor analysis were evaluated using Kaiser-Meyer-Olkin (KMO) and Bartlett's Test (Özdamar, 2004). The KMO grading of 0.80 for this investigation might be considered very good. Barlett's test is expected to be significant in terms of scale modifications. The results of this study's Bartlett's sphericity test were significant ($p<0.001$). This study also used confirmatory factor analysis to examine the five items and single-component structure that were obtained from exploratory factor analysis. Using this method, we obtained sufficient fit indices (RMSEA=0.077, CFI=0.964, SRMR=0.047) (Erdoğan, 2014). The item factor loadings varied from 0.57 to 0.91, and the z-values of each item were statistically significant ($p<0.05$).

The internal consistency coefficient must be addressed while taking into account the results of the Self-Identified Stage of Recovery (SISR) Scale's dependability. The premise behind internal consistency is that a scale is made up of empirically independent units to achieve a particular goal. One technique for estimating internal consistency is Cronbach's Alpha Reliability Coefficient. Likert-type scales can be used with it (Büyüköztürk, 2019). When a scale has a very high Cronbach's alpha coefficient, it means that its items measure the same characteristics consistently. If the Cronbach's alpha coefficient is $0.00 < 0.40$, the scale is considered unreliable; if it is $0.40 < 0.60$, it is considered low-reliability; if it is $0.60 < 0.80$, it is considered fairly reliable; and if it is $0.80 < 1.00$, it is considered highly reliable (Akgül, 2003; Büyüköztürk, 2019). Cronbach's alpha coefficient for this study was calculated to be 0.85. This value shows the scale's high reliability.

Examining the literature shows that the original version of the Self-Identified Stage of Recovery (SISR) Scale was modified for Japanese culture by Chiba et al. and that the item factor loadings varied between 0.12 and 0.57. The Cronbach's alpha coefficient was 0.79. The Cronbach's alpha coefficient in our study, which used a scale adapted for Turkish culture, was 0.85, indicating strong reliability, while item factor loadings ranged from 0.57 to 0.91. The item factor loads of dimensions such as hope and responsibility, which are included in spiritual recovery scales and emphasized in spiritual recovery, were found to

be high, supporting the existing literature. Furthermore, in contrast to some mental recovery evaluation scales in the literature (Doğan, 2021; Karakaş & Gürhan, 2022), it is believed that this scale will add to the literature because it has fewer items, is applicable in real-world situations, and offers self-evaluation in mental recovery as well as evaluation in mental recovery across different mental illness groups (De Silva et al., 2021; Yıldız et al., 2017).

Conclusions and Recommendations

Exploratory and confirmatory factor analyses were conducted to evaluate the validity and reliability of the Turkish version of the Self-Identified Stage of Recovery Scale and to introduce the scale to the Turkish literature. The findings showed that the Turkish version of the scale was valid and trustworthy and that it shared the same 5-item, single-factor structure as the original. It is recommended that findings be compared and that the scale be utilized in different areas with different populations of mental illness.

Advantages of the Study

The scale's single-factor 5-item structure makes it practical to use, saves time for the practitioner, and allows the individual with mental illness to subjectively evaluate the stage of mental recovery, making the study valuable.

Limitations of the Study

The study data were collected from a single hospital, which is a limitation. In addition, the fact that retesting could not be applied due to the difficulty of reaching the same patient group again and the fact that methods such as similar scale validity could not be used are among the limitations of the study.

Declarations

Conflict Of Interest

The authors declare no conflict of interest.

Funding

The study did not receive any financial support

Data Availability

Data supporting the findings of this study are available from the corresponding researcher, and raw data are available upon request.

Ethical Dimension of the Study

The research was evaluated at the Karmanoğlu Mehmetbey University Training and Research Hospital Faculty of Medicine Local Scientific Medical Research Ethics Committee at Ethics Committee Meeting No. 10-2023/08, dated 20.11.2023, and ethical approval was granted for the conduct of the research.

Author Contributions

EÖ carried out the proposal of the main idea of the research. EÖ, Oİ, and BE contributed to the data collection. EÖ, Oİ, and BE performed the analyses and contributed to the interpretation of the findings. EÖ and NG made a significant contribution to writing the introduction and discussion sections of the article. All authors have read and approved the final version of the article.

Acknowledgments

We thank all participants who supported the research.

References

Acharya, T., & Agius, M. (2017). The Importance Of Hope Against Other Factors In The Recovery Of Mental Illness, *Psychiatria Danubina*, Vol. 29, Suppl. 3, pp 619-622. PMID: 28953841.

Akgül, A. (2003). Statistical Analysis Techniques and SPSS Applications in Medical Research. Sample Selection 3rd edition, Ankara. ISBN: 9781111120214

Andresen, R., Oades, L.G., & Caputi, P. (2003). The experience of recovery from schizophrenia: towards an empirically-validated stage model. Australian and New Zealand *Journal of Psychiatry* 37, 586–594. https://doi.org/10.1046/j.1440-1614.2003.01234.x.

Andresen, R., Caputi, P., & Oades, L. (2010). Do clinical outcome measures assess consumer-defined recovery? *Psychiatry Research*, 177(3), 309-317. https://doi.org/10.1016/j.psychres.2010.02.013.

Büyüköztürk, Ş. (2019). Data analysis handbook for social sciences statistics, research design SPSS applications and interpretation. 26th Edition. Ankara: Pegem Akademi. ISBN: 978-975-6802-74-8.

Chiba, R., Kawakami, N., Miyamoto, Y., & Andresen, R. (2010). Reliability and validity of the Japanese version of the Self-Identified Stage of Recovery (SISR) for people with long term mental illness. *International Journal of Mental Health Nursing*, 19(3):195-202. https://doi.org/ 10.1111/j.1447-0349.2009.00656.x.

Costello, A.B., & Osborne, J.W. (2005). Best practices inexploratory factor analysis: four recommendations for getting the most from your anal ysis. practical Assessment,10(7):1-9. https://doi.org/10.7275/jyj1-4868.

Çam, O., & Yalçıner, N. (2018). Mental illness and recovery. *Journal of Psychiatric Nursing*, 9(1), 55-60. https://doi.org/10.14744/phd.2017.49469.

De Silva, K.T., Cockshaw, W.D., Rehm, I.C., & Hancock, N. (2021). A short form of the Recovery Assessment Scale-Domains and Stages: Development and validation among adults with anxiety disorders. *Clin Psychol Psychother*. Sep;28(5):1135-1145. https://doi.org/10.1002/cpp.2563.

Doğan, R. (2021). Developing the Mental Healing Scale and Testing its Reliability and Validity in a Sample of Individuals Diagnosed with Cancer. Doctoral Thesis. University of Health Sciences. (Thesis no:684399).

Erdoğan, S. (2014). Validity and Reliability in Measurements. (Eds) Erdoğan S, Nahcıvan N, Esin N. Research in Nursing, Istanbul: Nobel Medical Bookstore. ISBN:978-605-335-346-1.

Esin, M.N. (2014). Data collection methods and tools & reliability and validity of data collection tools. Erdoğan S, Nahçivan N, editors. Research in Nursing: Process, Practice and Critique. 1st Edition. Istanbul: Nobel Medical Bookstores;. p.193- 234. ISBN:978-605-335-346-1.

Gordon, S. E., & Ellis, P. M. (2013). Recovery of evidence based practice. *International Journal of Mental Health Nursing*, 22(1), 3-14. https://doi.org/10.1111/j.1447-0349.2012.00835.x.

Gözüm, S., & Aksayan, S. (2003). Guidelines for cross-cultural scale adaptation II: Psychometric Properties and Cross-Cultural Comparison. Journal of Research and Development in Nursing. (Accesslink:http://hemarge.org.tr/ckfinder/userfiles/files/2003/2003-vol5-sayi1-65.pdf)

Güler, C., & Gürkan, A. (2019). Validity and reliability of the Turkish version of the Recovery Assessment Scale. *Neurological Sciences*, 32, 309-319. https://doi.org/10.14744/DAJPNS.2019.00045.

Hampson, M.,Watt, B., & Hicks, R. (2018). Perspectives on Recovery in Psychosis. *Journal of Recovery in Mental Health*, 2(1), 53-67. ISSN: 2371-2376 https://jps.library.utoronto.ca/index.php/rmh/article/view/31912.

Karakaş, M., & Gürhan, N. (2022). Validity and Reliability Study of the Healing Stages Scale in Individuals with Mental Illness. *Value in Health Sciences*, 12(2), 292-300. doi: https://dx.doi.org/10.33631/sabd.1115218.

Karasar, N. (2024). Scientific Research Method. In: Validity and Reliability Methods, 39th edition Ankara 3A Research Education Consulting, ISBN: 978-605-5426-58-3.

Lau, S.W., Law, C.K. & Ng, S.M. (2023). Validation Of The Chinese Version Stage Of Recovery İnstrument-30 (STORI-30) For Adults With Severe Mental İllness. *BMC Psychiatry*, 4;23(1):485. https://doi.org/10.1186/s12888-023-04954-y.

Leonhardt, B.L., Huling, K., Hamm, J.A., Roe, D., Hasson-Ohayon, I., McLeod, H.J. & Lysaker, P.H. (2017). Recovery and serious mental illness: a review of current clinical and research paradigms and future directions. Expert Rev Neurother.17(11):1117-30. https://doi.org/10.1080/14737175.2017.1378099.

Öner, N. (2008). Examples of Psychological Tests Used in Turkey, 2nd ed. Istanbul, Boğaziçi Printing House, ISBN: 9786054238804.

Özdamar, K. (1997). Statistical Data Analysis with Package Programs. 5th edition Eskisehir. Kaan Bookstore, ISBN: 9789756787106.

Seçer, İ. (2021). Psychological test development and adaptation process. 3nd Edition. Ankara: Anı Publishing, ISBN : 9786051700144.

Senocak, S.U., Arslantaş, H., & Yüksel, R. (2019). A New Direction to Psychiatric Wellness: Recovery Oriented Approach. *Journal of Archival Resource Review*, 28(2):83-97. https://doi.org/10.17827/aktd.415053.

Tan, C. H. S., Ishak, R. B., Lim, T. X. G., Marimuthusamy, P., Kaurss, K., & Leong, J. Y. J. (2017). Illness management and recovery program for mental health problems: reducing symptoms and increasing social functioning. *Journal of clinical nursing*, 26(21-22), 3471-3485. https://doi.org/10.1111/jocn.13712.

WHO (2013). Mental health action plan 2013-2020. Geneva: World Health Organization. (Access date and link:20.12.2024, https://www.who.int/publications/i/item/9789241506021)

Yalçıner, N., Türkmen, S. N., Irmak, H., Tavşanlı, N. G., & Elma, F. (2019). The validity and reliability of the Recovery Process Inventory Turkish Form. *Anatolian Journal of Psychiatry*, 20(Annex 1), 32-40. https://doi.org/10.5455/apd.19601.

Yildiz, M., Erim, R., Soygur, H., Tural, U., Kiras, F., & Gules, E. (2018). Development And Validation Of The Subjective Recovery Assessment Scale For Patients With Schizophrenia. *Psychiatry and Clinical Psychopharmacology*, 28(2), 163-169. https://doi.org/10.1080/24750573.2017.1405579.