

# Patient Perspectives on Solution-Focused Brief Therapy: A Qualitative Study in Nursing Practice

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## ABSTRACT

**Background:** Patients with schizophrenia are often characterised for poor adherence to antipsychotic treatment, which leads to a high rate of relapse. Various psychological interventions have been implemented to improve treatment adherence in schizophrenia patients. However, these interventions are typically administered by psychiatrists or psychologists and may not be accessible to patients in the community. Solution-Focused Brief Therapy (SFBT), as a positive, solution-oriented psychological intervention, offers a suitable option due to its simplicity and brevity and can be administered by nurses and general healthcare workers. This study aims to explore the perspectives of schizophrenia patients regarding the implementation of SFBT. **Methods:** This qualitative study employed with a descriptive phenomenological approach using in-depth interviews with six schizophrenia patients who had experienced Solution-Focused Brief Therapy (SFBT). Data were evaluated using Colaizzi's seven-step method to capture the participants' lived experiences and ensure research rigor and credibility. **Results:** The findings of this study reveal four themes: (1) The therapy helps to rise again, (2) The therapy opens the heart and mind, (3) Motivation to move forward, (4) Feeling better. **Conclusion:** The findings of this study can serve as input for nurses to implementing SFBT with schizophrenia patients. SFBT encourages nurses to focus on strengths, appreciate patients' perspectives, respond to their needs and expectations, and view them holistically. Additionally, these findings provide new insights into the concept of "rising again", which instills hope in overcoming challenges and represents an important area of nursing care in Indonesia and beyond.

**Keywords:** *Qualitative, Schizophrenia, Solution Focused Brief Therapy*

## INTRODUCTION

Schizophrenia, as a severe mental disorder, significantly impacts patients' functioning levels and imposes a heavy burden on families. It is estimated that 50-80% of schizophrenia patients in Western countries have close contact with their families (Beauchemin *et al.*, 2021). This contact becomes an important factor influencing the patients' symptomatology. This is because a family environment full of conflict is strongly associated with greater symptom severity, and the way patients perceive their family environment, as well as poor relationship quality, can lead to increased symptom severity or patient hospitalisation (Kim *et al.*, 2019). The treatment of schizophrenia patients, in addition to psychotherapy and psychosocial interventions, also includes family therapy programmes (Beauchemin *et al.*, 2021). Previous studies have shown that psychoeducation, behavioural interventions, family crisis interventions, and systemic family therapy can help prevent clinical relapse in patients whose psychopathology has been partially addressed through pharmacotherapy. However, there is very limited research on schizophrenia patients' perceptions of their family environment and its characteristics (Kim *et al.*, 2019).

Solution-Focused Brief Therapy (SFBT) has been developed as a clinical intervention in family services that is strength-based, collaborative, and future-oriented. Community-based clinical services, such as primary health centres, are essential for promoting mental health. This is because primary health centres are underserved in addressing issues such as family and marital conflict, child behaviour, depression, substance use, and severe mental disorders, using SFBT.

*Received: November 6, 2024 Received in revised form: February 27, 2025 Accepted: March 11, 2025*

Several studies have demonstrated how SFBT is practised in community-based services. Research by Lee, Cook and Bronstein (2025) presents case studies and experiences of how SFBT can be applied to serve clients with substance use and mental health disorders. This aligns with Neipp and Beyebach (2024), who conducted a systematic review of 251 studies, revealing that SFBT practices are widely found in community-based settings. Another study by Kim *et al.* (2019) also found that SFBT is highly feasible as an effective brief intervention in community-based services. However, Aivalioti *et al.* (2023) highlighted the lack of empirical research on SFBT practices in the community, particularly among schizophrenia patients.

A case report and studies involving many schizophrenia patients found that SFBT is effective in terms of reducing stress levels and in encouraging patients to seek information about their illness, seek social support, and ultimately increase their capacity to cope with the disease (Aivalioti *et al.*, 2023; Erdoğan & Demir, 2022). However, it was found that SFBT has not yet been practised in mental health services in the Maluku islands.

This challenge is influenced by several factors, including vast geographical distances and limited access due to low economic status, resulting in many patients remaining untreated and either being shackled or left to wander (Dawes *et al.*, 2019). Additionally, there is a significant treatment gap, with a large number of severe mental health disorders remaining undiagnosed and untreated. Many healthcare workers are not trained in mental health screening and management, and mental health infrastructure and funding are limited (with only one psychiatric hospital in the Maluku Islands, located in the city centre) (Tasijawa *et al.*, 2023). While the number of nurses meets demand, services are implemented to improve treatment adherence, this study aims to explore the experiences of patients participating in Solution-Focused Brief Therapy (SFBT).

## **METHODOLOGY**

This qualitative research uses a descriptive phenomenological approach (Tasijawa *et al.*, 2021). The study was conducted from August to September 2024 in five primary health centres (Puskesmas) in Buru Regency, Maluku Province. Data collection was carried out through in-depth interviews with six participants diagnosed with schizophrenia. Each interview lasted 30-45 minutes and was recorded. Before the in-depth interview, the researcher greeted the participants, explained the interview process and how the interview would be recorded, asked for the consent of the participants and their families to sign informed consent forms, and clarified that subjects could request to stop or decline to continue the interview at any time. The participants in this study had already attended SFBT sessions and shared their therapy experiences. The number of participants was determined based on data saturation, meaning that the data had reached a point where no new information was being provided.

Eligible patients had to be in a stable mental condition for the past month, with no relapses and no significant changes in pharmacological treatment. The main question used was, "What was your experience after receiving therapy?" This study adhered to ethical principles, which were an important and integral part of the research process. So, in this study, only six participants were included due to various important considerations. Firstly, a number of latent participants were unable to complete the full course of the Solution-Focused Brief Therapy (SFBT) intervention due to the strictness of the conditions, personal settings, or logistical challenges, limiting the final sample to those who completed all sessions and could offer meaningful replications of their experiences. Although the small sample size for this study achieved data saturation, with no new themes emerging from the final interviews, indicating that the collected data was sufficiently rich and comprehensive. Furthermore, the study was conducted in the unique context of Eastern Indonesia, specifically Maluku Province—a region often undersold in mental health research. The cultural, social, and healthcare dynamics in this area add valuable depth to the findings, providing insights into SFBT that can be implemented and adapted within underserved and culturally distinct communities. Though acknowledging the limitations of a small sample, this research offers a foundational understanding of SFBT's application in this setting and underscores the importance of further studies with larger and more diverse participant groups to build upon these initial findings.

The study is non-clinical and non-interventional, aimed solely at exploring patients' understanding of

Solution-Focused Brief Therapy (SFBT) they have previously received. Although the clients were classified as vulnerable, the researcher ensured that participation would not result in undue psychological stress or anxiety, with the support of experienced mental health nurses and clinical psychologists throughout the research process. Additionally, all data were anonymised.

Data analysis in this study employed Colaizzi's seven-step method (Edward & Welch, 2011). The Colaizzi method is commonly used in nursing phenomenological research, and it is associated with rigor,

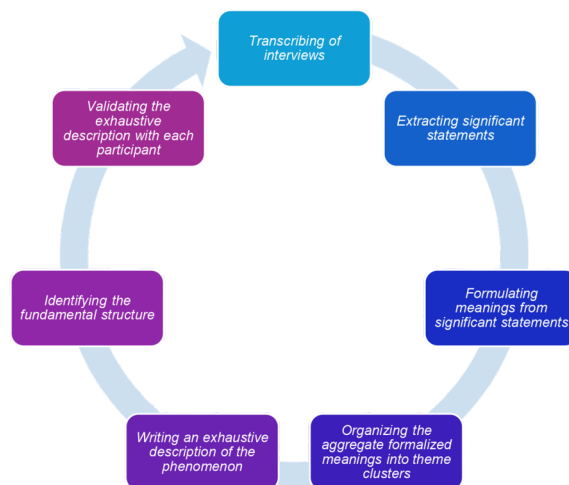


Figure 1: Colaizzi's Analysis Steps

### Ethical Consideration

The researchers obtained ethical clearance from the Helsinki Declaration and was approved by the Faculty of Public Health, Airlangga University, Indonesia, with reference number 179/EA/KEPK/2023 on 8<sup>th</sup> December, 2023.

### RESULTS

#### Participant Characteristics

The participants in this study, who volunteered to take part, consisted of six individuals whose characteristics are detailed in Table 1. In general, the participants were between 31-58 years old with varying educational backgrounds, ranging from elementary school to high school. Their marital status varied as well, including single, married, and separated. The participants' occupations included farmers and those who were unemployed.

Table 1: Participant Characteristics

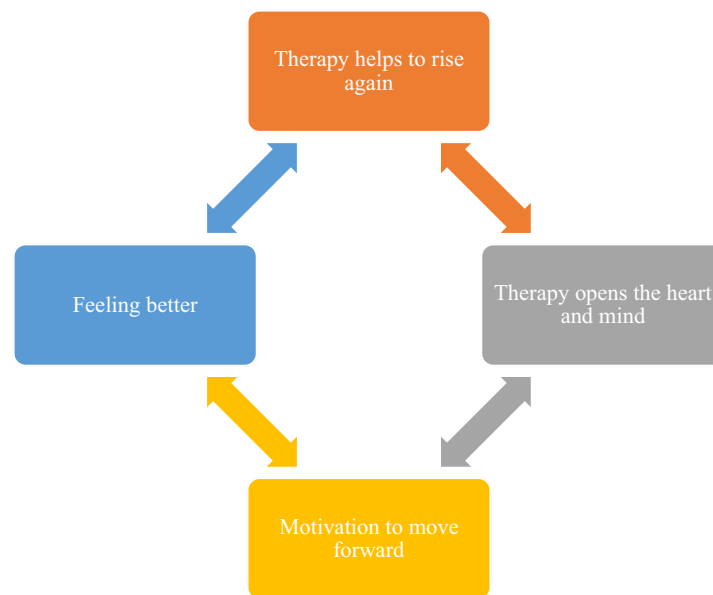
Participant	Age (years)	Last education	Gender	Occupation	Marital Status	Medical Diagnosis	Length of time since schizophrenia diagnosis	Interview method	Number of meetings
1	31	Primary School	Male	Farmer	Single	Schizophrenia	8 years	Face-to-face	3
2	55	Primary School	Male	Farmer	Married	Schizophrenia	11 years	Face-to-face	3
3	58	Primary School	Female	Unemployed	Married	Schizophrenia	17 years	Face-to-face	3
4	35	High School	Female	Unemployed	Married	Schizophrenia	2 years	Face-to-face	3
5	40	High School	Male	Farmer	Single	Schizophrenia	5 years	Face-to-face	3
6	36	High School	Female	Unemployed	Separated	Schizophrenia	3 years	Face-to-face	3

The results of this study provide an overview of the participants' perspectives after attending SFBT sessions. During the data processing, the researcher transcribed each interview recording, and the transcripts were read multiple times to uncover the essence of the participants' expressions. Significant statements were then identified, and coding was applied to create a set of significant statements, which were subsequently formulated into meanings. This procedure was applied to all six transcribed interviews. Similar patterns in participants' responses were identified and organized into relevant thematic categories, as presented in Table 2.

**Table 2: Summary of the Identified Theme**

Theme	Subtheme	Illustrative Quotations
Therapy helps to rise again	Struggling to rise	"I'm a caring mother...so I have to be strong" (P4, 35 years old)
	Therapy helps patients	"...this therapy...I think it helps" (P6, 36 years old)
Therapy opens the heart and mind	Therapy helps realise the path to happiness	"How can I make others happy...if I'm not happy?" (P4, 35 years old)
	Therapy helps in self-acceptance	"It's painful to talk about him (the partner who left)...my heart is for myself" (P6, 36 years old)
Motivation to move forward	Creating a better future	"I have to be strong to overcome stress...the last time I tried...my head hurt so much...I've already tried" (P3, 58 years old)
	Family as motivation to move forward	"Now, I work for my child" (P2, 55 years old)
Feeling better	Courage to express emotions	"I used to be afraid to say I didn't like something...but now, if I don't like something...I say I don't like it" (P5, 40 years old)
	Therapy makes me better	"It's better for me to keep thinking...I can do good things" (P4, 35 years old)

Based on the data analysis, four themes emerged in this study. The first theme is that therapy helps to rise again; the second theme is that therapy opens the heart and mind; the third theme is motivation to move forward; and the fourth theme is feeling better. A comprehensive representation of these themes is shown in Figure 2.



**Figure 2: Themes Identified in this study**

**Themes Derived from The Study**

The themes identified in this study each represent the perspectives of participants as schizophrenia patients after attending SFBT sessions. There is an interconnection between the themes. Below is an explanation of each theme:

**Therapy Helps to Rise Again**

In the first therapy session, Participant 6 expressed feelings of hopelessness, feeling that their life had lost meaning after their partner remarried. After the session, the participant was able to envision rising again.

Participant 6 stated, "...this therapy...I think it helps" (P6, 36 years old). Although the participant did not explicitly express this as hope, their subsequent statement, "I can reach ten (the highest point on the SFBT progress scale)" (P6, 36 years old), demonstrated their determination to rise again. This aligns with Participant 4, who expressed pride in themselves after attending the first SFBT session. Participant 4 said, "I'm proud of myself...I'm a hard worker" (P4, 35 years old). They further stated, "I'm a caring mother...so I have to be strong" (P4, 35 years old). Another participant, Participant 3, also showed a desire to rise from their struggles. Participant 3 expressed, "I want to recover so my child can be better than me" (P3, 58 years old).

### **Therapy Opens the Heart and Mind**

Most participants expressed feeling heavy-hearted and burdened in their minds before therapy. However, as therapy progressed, several participants realised that happiness begins with themselves, and therefore, they prioritised their own feelings. Participant 4 expressed, "How can I make others happy...if I'm not happy?" (P4, 35 years old). Additionally, Participant 2 felt that the therapist not only helped them become stronger but also reminded them to be a good father. Participant 2 stated, "Yes...the advice you gave...the words of encouragement make me strong" (P2, 55 years old). Participant 6 also expressed, "It's painful to talk about him (the partner who left)...my heart is for myself" (P6, 36 years old). Other participants also highlighted the importance of family and spiritual support in overcoming their challenges. Participant 5 said, "If it weren't for my family and God, I wouldn't be here now" (P5, 40 years old).

### **Motivation to Move Forward**

Several participants in this study sought to create a better future. Participant 3 expressed, "I have to be strong to overcome stress...the last time I tried...my head hurt so much...I've already tried" (P3, 58 years old). Additionally, Participant 2 emphasised the importance of their child and showed motivation to overcome their challenges and move forward with life. Participant 2 stated, "Now, I work for my child" (P2, 55 years old). They further added, "Even though I'm sick...I can still help my sister in the garden" (P2, 55 years old).

### **Feeling Better**

Some participants tended to sacrifice their desires to gain social approval. In this study, the shift towards prioritising their own happiness was an unexpected change. Participant 5 expressed, "I used to be afraid to say I didn't like something...but now, if I don't like something...I say I don't like it" (P5, 40 years old). Participant 1 also emphasised the burden, pain, anger, and stress they experienced. However, as therapy progressed, they expressed a change in their feelings. Participant 1 stated, "I feel better than before" (P1, 31 years old). They further added, "I want to leave the house...I try to force myself...I can leave the house" (P1, 31 years old). This aligns with Participant 4, who believed in their ability to take care of their children. Participant 4 said, "It's better for me to keep thinking...I can do good things" (P4, 35 years old). They further added, "...focus on taking care of my child" (P4, 35 years old).

## **DISCUSSION**

This study revealed the experiences of six schizophrenia patients after receiving SFBT. Four themes emerged: therapy helps to rise again, therapy opens the heart and mind, motivation to move forward, and feeling better. These themes demonstrate the strong philosophical influence of SFBT related to its principles and assumptions about solutions, therapy, and clients. This study also revealed that SFBT is not necessarily tied to problems, and thus, exploring or recounting past issues is not required to build solutions. This is because the future can be created, so the therapeutic focus of SFBT is on the client's desired outcomes rather than past problems or current conflicts (Zhang *et al.*, 2018). As such, what the client wants to be different in the future becomes more important than the past disturbances they have experienced.

The application of SFBT in this study shows that the communication used to build solutions differs from that used to diagnose and address problems. Therefore, communication during therapy should be solution-building and empowering for the client, rather than analytical or exploratory. Participant expressions in this study, such as, "I am a caring mother...so I have to be strong," demonstrate that the goal of therapy is not to fix problems but to empower clients to initiate change, step by step. Additionally, most participants were motivated to change and possessed the resources, skills, and competencies to solve their own problems (Jerome



*et al.*, 2023; Neipp & Beyebach, 2024; Žak, 2022). Thus, clients should be seen as courageous partners despite their disorders, rather than individuals with mental illness who are incapable.

The participants' perspectives in this study stated that the therapist's role is merely to help clients identify what they want and obtain the necessary strategies to move closer to their desired outcomes. This aligns with the notion that SFBT has shifted the focus from asking questions to gather information and design interventions to the strategic use of collaborative communication processes (Jordan & Kauffeld, 2020). This shift aims to build new versions of reality and eventually create change through the processes of listening, choosing, and empowering.

The study found that the participants' acceptance of heart and mind after therapy reflected that the therapist's empathy and nonjudgmental approach were key to allowing participants to express their feelings. Not being judged in therapy also made participants feel valued. This further triggered introspection, which changed their perspectives to be more positive, thereby enhancing hope and contributing to life satisfaction (Carr, Smith & Simm, 2014; Courtnage, 2020; Joubert & Guse, 2021). This study also identified the theme of motivation to move forward. Kim *et al.* (2015) stated that visualising one's desired future in detail leads to change, hope, and self-efficacy. SFBT can help clients describe their goals and imagine the steps toward achieving them, thereby evoking positive emotions (Jerome *et al.*, 2023; Neipp & Beyebach, 2024). Therefore, SFBT focuses on the client's desired future.

The foundation of Solution-Focused Brief Therapy (SFBT) aligns with nursing goals to build trust, enhance the client's positive orientation, increase client control, affirm and strengthen capabilities, emphasise pragmatic aspects, and set health-oriented client goals. SFBT, with its solution-focused approach, enables nurses to work in a more respectful, optimistic, and supportive manner (Wand, Acret & D'Abrew 2018). This involves critical thinking skills, heightened awareness, and being present with clients in a positive, solution-oriented way (Smith & Macduff, 2017; Wells & McCaig, 2016). Nurses often spend considerable time with clients, leading clients to frequently rely on nurses to interpret complex health information and make informed decisions.

This study provides insights for nursing practice strategies to integrate strength-based, solution-focused, and patient engagement approaches into care processes. In the context of Solution-Focused Brief Therapy (SFBT), nurses can identify and enhance positive aspects of patients' lives, such as personal resilience, social support, and their ability to overcome past challenges (Evans & Evans, 2013). Furthermore, based on the patient's perspective regarding SFBT, which emphasises active involvement in the therapeutic process, nurses can develop empowerment strategies by involving patients and their families in creating sustainable support networks (Froerer *et al.*, 2025; Wells & McCaig, 2016). Nurses can also tailor care interventions to align with the patient's condition, preferences, and goals, while considering other relevant factors such as social, economic, and cultural aspects. The application of SFBT in community and cultural settings can be adapted to uphold collective values and family bonds or leverage specific cultural strengths (Tasijawa, 2025). A previous study by Tasijawa *et al.* (2021) revealed that the local wisdom of *hidop orang basudara* ("we are brothers") could serve as a culturally relevant strength in nursing practices in Indonesia.

### **Implication For Nursing Practice**

Solution-Focused Brief Therapy (SFBT) has been implemented by nurses to foster a more collaborative therapeutic relationship. This approach enhances communication between nurses and patients, proving beneficial for time management, building trust, and motivating patients in their treatment journey (Sung, Mayo & Witting, 2018). Additionally, SFBT supports patients in strengthening their personal reasons for undergoing treatment, respects patient perspectives, and is more responsive to client needs and expectations. Nurses who apply SFBT also assist patients in developing problem-solving skills, leading them to become more independent and resilient while reducing dependency on nurses or other healthcare providers (Smith & Macduff, 2017; Wand, Acret & D'Abrew, 2018; Wells & McCaig, 2016).

The implementation of SFBT in nursing also opens up opportunities for further research on the effectiveness of this approach in various health contexts. With research evidence, SFBT can become part of evidence-based practice, contributing to the advancement of nursing science. This approach aligns with

nursing values, which focus on the patient as a unique individual with the ability to overcome challenges. SFBT encourages nurses to focus on patients' strengths and view them holistically. Considering its effectiveness and practicality, SFBT is a highly adaptive and flexible model, making it well-suited for use in mental health nursing services (Sung, Mayo & Witting, 2018). Therefore, training for mental health nurses at puskesmas and psychiatric hospitals becomes essential. Additionally, implementing the SFBT model requires interdisciplinary collaboration, enabling medical professionals to work together in addressing both the mental and physical health needs of patients more effectively.

### **Limitation**

Although this study contributes theoretically and practically to the field of mental health nursing, several limitations have been identified. First, the study's findings, derived from a relatively small and homogeneous sample, cannot be generalised to a broader population. Second, the researcher assumed a dual role as both a mental health nurse and researcher, which may have influenced participants' responses during the interviews. This is because the researcher previously worked as a mental health nurse at one of the puskesmas in the study location. However, the researcher worked independently and was solely responsible for data collection, analysis, and interpretation, which may have influenced the perception of the findings. To minimise the potential negative impact of this dual role, the researcher refrained from providing any special treatment to participants, initiated qualitative data analysis only after the therapy process was completed, and implemented member checking.

### **CONCLUSION**

The findings of this study indicate that the implementation of SFBT can help participants rise from their struggles and open their hearts and minds, motivating them to move forward and feel better than before. This study contributes to the theory and practice of mental health nursing, demonstrating that SFBT can be applied to schizophrenia patients who are in recovery. However, this study also identifies issues that need to be addressed by nurses and mental health professionals in implementing SFBT within community-based recovery services. Additionally, this study not only highlights some limitations inherent in interventions for schizophrenia but also points to the promise of overcoming challenges associated with community mental health services. SFBT provides an effective framework for nurses to support patients in achieving health goals, enhancing care experiences, and promoting a more innovative, patient-centred nursing approach. SFBT plays a positive role in enhancing both the therapeutic and professional identity of nurses, particularly with schizophrenia patients who have recovered in the archipelagic regions. Therefore, further research is needed to expand the scope by developing an SFBT model specifically adapted for these archipelagic contexts.

### **Recommendation**

Qualitative research on SFBT in the Maluku Islands serves as a foundation for further studies on SFBT in various mental health cases. Given that most studies on SFBT outcomes support its effectiveness, further research on solution-focused practices, particularly in underexplored contexts such as community interventions and child protection, remains scarce. Additionally, exploratory studies from the perspectives of caregivers and nurses are needed. Further investigations are also essential to develop the SFBT model for mental health recovery in island regions.

### **Conflict of Interest**

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **ACKNOWLEDGEMENT**

The authors express gratitude to all parties actively involved in this research, especially all respondents and their families. The authors also extend special thanks to DRTPM Kemendikbud-Ristek for funding this research, Research Institute of Universitas Kristen Indonesia Maluku, and Public Health Office of Buru Regency. This study was funded by DRTPM Kemendikbud-Ristek 2024 (Grant numbers [0459/E5/PG.02.00/2024;114/E5/PG.02.00.PL/2024])

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