Effect of Psychological Counseling Nursing Sessions for Patients with Depression on their Psychological Capital and Health Enhancing Lifestyle

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Abstract

Background: Patients with depression had deficits in psychological capital and health enhancing lifestyle. In order to assist in resolving this disparity, psychological counseling sessions were required to increase the psychological capital and improve the health-enhancing lifestyle. **Aim of the study:** aimed to evaluate the effect of psychological counseling nursing sessions on psychological capital and health enhancing lifestyle among patients with depression. **Research design:** One group participated in a quasi-experimental study design that included pre, post, and follow-up testing. **Setting:** The study was conducted at Psychiatric Health Hospital and Addiction Treatment, Benha City, Qaluobia Governorate. **Subject:** A convenient sample of forty patients with depression was selected. **Tools of data collection:** I: Interviewing questionnaire, II: psychological capital scale, III: health promoting lifestyle profile. **Results:** The t-test indicated that there were significant differences in psychological capital and health-promoting lifestyle between pre-, post-, and follow-up ($p < 0.05$) of the psychological counseling nursing sessions. Also, there was a statistically significant positive correlation between the total mean score of psychological capital and the total mean score of health-promoting lifestyle post- and follow-up program implementation. **Conclusion:** psychological counseling nursing sessions improved psychological capital and health enhancing lifestyle among patients with depression. **Recommendations:** Incorporate psychological counseling nurse sessions into routine mental health treatment for patients with depression due to their beneficial in boosting psychological capital and promoting the adoption of health-enhancing lifestyle.

Key wards: Psychological Counseling, Psychological Capital, Enhancing Lifestyle and Depression.

Introduction:

Depression is one of the most prevalent mental illnesses, which is defined as an emotional or mood state characterized by feelings of guilt or poor self-worth, changes in appetite, insomnia or hypersomnia, agitation or slowness of movement, fatigue as well as a diminished capacity to enjoy life. It is thought to be the most prevalent disorder, affecting roughly 4.4% of the global population **(Mc Allister-Williams et al., 2021& Ulitua et al., 2022).**

Depression is associated with less healthy lifestyles in many areas and is linked to a disruption in health-related behaviors (health enhancing lifestyle). A "health-enhancing lifestyle" refers to any proactive measures a person takes to improve, protect, or preserve their health. These practices cover a broad spectrum, such as regular physical activity, a healthy diet, enough sleep, mindful stress reduction, and routine checkups with the doctor **(Xie et al., 2022).**

Furthermore, a health-enhancing lifestyle leading to actively improves a person's general well-being and quality of life in addition to preventing illness. For example, individuals who practice more health-promoting activities tend to feel happier, and this gives scientists a foundation for creating successful health promotion strategies that help individuals reach healthy lifestyle **(Mo et al., 2022).** Depression's onset and persistence are linked to a general rise in risky behaviors and a decline in lifestyle choices that promote health. Depression increases the likelihood that a person would smoke, eat poorly, and lead a sedentary lifestyle **(Park & Lee, 2023).**

Psychological capital refers to a person's optimistic outlook and mental strengths in the face of challenges, stress, and hardships. Self-efficacy, hope, resilience, and optimism, together with positive

psychological traits like self-discipline, are characteristics of this positive mental state. Psychological capital is essential for treating depression since it reduces depressive symptoms and increases confidence in rehabilitation efforts to enhance therapeutic outcomes and reduce recurrence. Moreover, enhancing psychological capital in patients with depression helps them manage their illness with greater positivity and constructive behavior, thereby improving their overall life satisfaction and quality of life **(Xin & Li, 2023).**

Furthermore, psychological capital play essential role for improving the health, well-being, and lifestyle of depressed patients. In particular, there are several ways in which psychological capital influences physical health. Firstly, psychological capital helps patients become more psychologically adaptive, which enables them to better balance their emotions and

mental states when dealing with challenges in their lives or chronic conditions **(Ahmad et al., 2023).** Secondly, it also motivates people to take part more actively in activities that improve their health, like social interactions, balanced diets, and regular exercise **(Afrashteh et al., 2024).**

Psychological counseling sessions for patients with depression are structured therapeutic interactions aimed at reducing symptoms, improving coping skills, and enhancing emotional well-being. Also, it's one branch of psychology that focuses on mental disorders. Its objective is to complete deficiency-based approaches by emphasizing human strengths and positive emotions, which can be achieved by identifying individual capacities. Therefore, one can lessen the symptoms of depression by fostering optimistic attitudes in life. Combining group psychotherapy with psychological sessions can help

depressed individuals recover in a novel way (**Stemmler et al., 2021**). Additionally, psychological nursing sessions are a thorough and customized approach that includes evaluating cases' needs and strengths, developing therapeutic alliances, offering psycho-education, promoting medication adherence, helping cases develop coping mechanisms, and coordinating care (**Lu, 2024).**

Psychiatric nurses play a crucial role in caring for patients with depression. One effective first step in treating depression in patient is to start a dialogue about their feelings. Furthermore, showing empathy helps patients better comprehend their feelings and boost their self-efficacy. Consequently, this improves mental health and helps manage the symptoms of illness (**Osama et al., 2023**). Another important role for psychiatric nurse is teaching patients healthy habits that can improve their mood and, when combined with medication, effectively reduce depressive symptoms and raise resilience, hope, optimism, and self-efficacy in those who are depressed. For example, regular exercise, healthy nutrition, proper hygiene, and adequate sleep (**Chand et al., 2021**).

Significance of the study

Depressive disorder is acknowledged as a worldwide issue in public health influencing around 280 million individuals worldwide, which is equivalent to 5% of adults (4% among males and 6% among females), as well as 5.7% of adults over 60 years old **(WHO, 2023)**. According to the Egyptian Mental Health National survey, mood disorders (6.43%) were the primary issues identified, with depressive disorder (DD) being the most common type (43.7%), indicating the significant prevalence of DD as the top disorder in the country **(Hassan et al., 2024a).**

Furthermore, patients with depression also have disturbance in mood, thinking, and concentration, as well as difficulties making decisions and feelings of guilt, which leads to deficiencies in psychological capital and a healthy lifestyle. As a result, the patient lacks the capacity to retain fundamental abilities like personal hygiene and problem-solving. According to some earlier studies, people with depression scored much lower on measures of leading a healthy lifestyle **(Hanawi et al., 2020; Park & Lee, 2023).** However, because there is a lack of research on the impact of psychological counseling nursing sessions on depressed patients, the current study aims to evaluate the effect of psychological counseling nursing sessions on psychological capital and health enhancing lifestyle among patients with depression.

Aim of the study:

The current study's aim was to evaluate the effect of psychological

counseling nursing sessions on psychological capital and health enhancing lifestyle among patients with depression.

Research hypotheses

-Patients with depression who will participate in a psychological counseling nursing sessions will get higher score in psychological capital than before program implementation.

- Patients with depression who will participate in a psychological counseling nursing sessions will get higher score in health-enhancing lifestyle than before program implementation.

Subject and Methods

Research Design:

To accomplish the study's goal, a quasi-experimental design with a one group (pre, post, and follow-up tests) was employed.

Research Setting:

This study was conducted at psychiatric health hospital and addiction treatment at Benha city, Qaluobia Governorate, which is

affiliated with the General Secretariat of Mental Health in Egypt.

Research Sample:

A convenient sample of forty patients diagnosed with depression (20 selected from inpatient and 20 selected from outpatient). The following formula was used to determine the sample size: $N = 2SD2$ $[Z/2 + Z]$ $2 / d2$ at an 80% power and 95% confidence level. Patients having a diagnosis of depression who were between the ages of 20 and 60 and of both sexes were chosen based on the inclusion criteria. While patients diagnosed with depression caused by substance abuse, organic diseases, or other psychotic features were excluded, those who were unable to participate were also not considered for the study.

Tools of data collection:

The following tools were used to gather the data:

Tool (1): A structured interview questionnaire developed by the researchers &consisted of two sections:

Part I:- Socio-demographic data to gather information regarding the patient's age, sex, marital status, educational level, occupation, residence and income.

Part II:- Clinical data to gather information regarding duration of illness, number of hospitalizations and mode of admission.

Tools (2): Psychological Capital Scale (PCS)

It was developed by **Luthans & Youssef, (2007)** and adopted by the researchers. This scale assessed psychological capital, which reflects an individual's level of positive cognitive status. There were 24 items total, with six items in each of the four psychological capital domains—self-efficacy, optimism, hope, and resiliency. A 5-point Likert scale, with 1 denoting strongly disagree and 5 denoting strongly agree, would be used to rate each sentence. High psychological capital

is indicated by a higher total score, which ranges from 24 to 120.

Scoring System

24-56 indicated low psychological capital

57-88 indicated moderate psychological capital

89-120 indicated high psychological capital

Tools (3): Health Promoting Lifestyle Profile (HPLP)

Walker et al., (1987) developed the Health Promoting Lifestyle Profile (HPLP) questionnaire and adopted by the researchers to measure people's health-promoting lifestyle through their behaviors and perceptions that support their happiness, self-actualization, and general well-being. A total of fifty-two (52) items make up this questionnaire, which is divided into six subscales: the first subscale is evaluating health responsibility (9 items), followed by physical activity (8 items), nutrition (9 items), spiritual growth (9 items), interpersonal

relations (9 items), and stress management (8 items). All items were scored on a 4-point Likert scale ranging from never = 1, sometimes = 2, often = 3, and routinely = 4. The global score of the HPLP ranges from 52 to 208 which are further categorized as:

- ☐ Low for the range 52–103
- ☐ Moderate for the range 104–156
- ☐ High for the range 157–208

Validity of the tools:

Five experts from the faculty of nursing who specialize in psychiatric and mental health nursing examined the validity of the tools to make sure the questions were relevant, comprehensive, and applicable. According to their opinion, no changes have been made.

Reliability of the tools:

For the psychological capital scale and the health-promoting lifestyle profile, test-retest reliability was used. Strong reliability was demonstrated by the instruments (r. = 0.823 and 0.94, respectively).

Administrative Approval:

The Scientific Research Ethics Committee of the Faculty of Nursing granted formal approval for the study before it was carried out, with code number **REC.PSYN.P55**. The Ministry of Health & Population's General Secretariat of Mental Health and Addiction Treatment then formally agreed to carry out this study. After the hospital'staff was informed of the study's nature and goal, it was feasible to conduct it with little opposition.

Ethical consideration:

After being told of the study's objectives and given the assurance that any information gathered would be kept completely private, each participant gave their informed consent to take part in the interview. The authors of the study made it apparent that participation was completely voluntary and that case privacy was protected by encoding the data. Additionally, the participants were made aware that

they might leave the study at any moment.

Pilot study

Through a pilot study with four cases, or 10% of the entire sample, the researchers evaluated the study tools' applicability and clarity and determined how long it took to complete each one. The sample selected for the pilot study remained part of the study sample because the assessment was left unchanged.

Field of work

The phases of assessment, planning, implementation, and evaluation were all included in the study. From the start of December 2024 to the end of June 2025, it lasted for seven months.

Assessment phase:

The researchers began searching for study subjects after completing the necessary instruments and securing the necessary governmental approvals. They introduced themselves and gave a summary of the study's goals before encouraging

participants to take part. Each participant was consulted independently, and the researchers acquired both written and verbal consent for participation. The average duration of each participant's interview was between thirty-five and forty-five minutes. It took a month to finish pre-testing.

Planning phase:

This phase's goal was to develop psychological counseling nursing sessions. Using pertinent modern literature evaluations, it was created in Arabic. This phase includes creating the goals and content of psychological counseling nursing sessions, which includes knowledge about depression, psychological capital, and methods for practicing healthy lifestyle.

The implementation phase:

The researchers divided the participants into four subgroups, with ten patients in each subgroup. There were eleven sessions in all, including an introduction to the program, three

theoretical and six practical sessions, and a final session where participants may examine the program's material and receive a summary of all the sessions and their objectives. The researchers conducted interviews with two subgroups each week. Each inpatient subgroup participated in eleven sessions, held twice weekly on Sundays and Thursdays. In contrast, each outpatient subgroup attended eleven sessions, scheduled once weekly on Mondays. The duration of each session varied according to how well patients recalled the knowledge and was influenced by their reaction, time availability, and the session's topic. Each session had a 25–30-minute theoretical component and a 60–90-minute practical component. It took four months to establish the program during this phase.

Lectures, handouts, a brochure, PowerPoint, videos, role-playing, modeling, demonstration, and re-demonstration were all used in the

training program. Using positive reinforcement, the researchers inspired and encouraged the participants under study to attend the program's sessions. In order to teach practical skills during the practical sessions, the researchers employed role-playing, demonstration, and re-demonstration. In addition, there was a group discussion, a movie, and a lecture. Both the participants under study and the researchers themselves engaged in role-playing. Additionally, the researchers provided a synopsis of the last session and let them know when the next one would be held. Every session, they were given assignments.

Psychological Counseling Nursing Sessions included the following:

Session 1: The researcher gave an introduction about the program, its goals, place and schedule of sessions and pretest questionnaire.

Session 2: The main objective of this session was to enhance depressive patients' knowledge about definition, etiology, signs and symptoms as well as the negative effects on patient.

Session 3: This session aimed at teaching the patients about concept of psychological capital and its components (self-efficacy - hope - optimism - resilience).

Session 4: This session aimed at teaching the patients importance of personal hygiene, proper nutrition, how to increase routine physical activity and strategies for improving medication adherence.

Session 5: This session aimed at teaching the patients how to practice deep breathing exercises, progressive relaxation technique and meditation.

Session 6: This session aimed at teaching the patients the necessity of setting and achieving goals as well as learning how through setting priorities, being realistic, setting deadlines that force the individual to work harder to achieve goal, and how to create an implementation plan that suits goals.

Session 7: This session aimed at improving patient's skills of self-control through teaching the patient to monitor himself and his behavior, actions as well as his reactions. This can be done by writing daily what happened and what done. In addition, helping the patient to know weaknesses and focus on his goals.

Session 8: This session aimed at helping the patients to identify the ways of improving self-confidence through teaching the patient to focus on directing personal life towards the better, not to make his own life similar to someone else's life, to make a list of the achievements made in life, and avoid being harsh on self when make a mistake or fail.

 Session 9: This session aimed at teaching the patients positive thinking and positive self-talk through helping the patient to monitor thoughts, exclude negative ones, avoid negative self-talk, be optimistic, and to look at the positive aspects of things before their negative aspects.

Session 10: This session aimed at helping the patients apply the effective problem solving skills that help them dealing with issues as well as stressful situations in community living conditions. The training activities employed present psychosocial and physical issues or past life experiences as a foundation for teaching by defining problems, breaking them down into smaller problems, establishing achievable goals, brainstorming solutions to the goals, creating and implementing action plans, and finally, appraising the results of action plan implementation.

Session 11: The study participants were thanked for their cooperation, Summarization and conclusion and receiving feedback from patients. Also, **researchers reminded the participants about the follow-up plan.**

Evaluation Phase:

To determine the extent to which the training program had impacted their psychological capital and health-enhancing lifestyle, the study participants again completed a post-test sheet, which was the same as the pre-test, after the program was put into place. One month following the post-test, a follow-up test was administered using the same tools to assess the program's effectiveness. The researchers contacted the patients by phone to conduct the follow-up assessment at the outpatient clinic.

Statistical Design

Data was statistically analyzed using the Statistical Package for Social Science (SPSS) version 22. The correlations that were discovered were examined using analysis of variance; quantitative variables were analyzed using Pearson correlation; research variable predictors were analyzed using linear regression analysis; and the differences and

similarities between research variables were examined using descriptive (mean & SD) and t-test methods. A significant probability (p-value) was defined as less than 0.05, and a highly significant one as less than 0.001.

Results

Table (1): reveals that 35% of the patients in the study were between the ages of 30 and 40, with a mean age of 38.5 to 11.74 years, 67.5 percent of them were females, and 52.5% of them were married. In terms of education, 82.5 percent of the patients in the study are unemployed, and 37.5% have completed elementary and secondary school. Furthermore, 70% of the studied patients live in cities, and the same proportion have low incomes.

Table (2): shows that, 77.5 % of the patients in the study have had the illness less than 5 years with a mean± SD of 2.44 ± 1.04 years. Additionally 67.5% of them have been hospitalized two or three times and a

similar amount had involuntary hospitalizations to psychiatric hospitals.

Table (3): shows that the overall psychological capital and all of its subscales had highly statistically significant differences between pre-post and follow-up, with a P-value of 0.001**. Furthermore, this table shows that the overall psychological capital was 55.589±10.825, which increase to 86.714±17.092 and 84.125±9.188 during the post-test and follow-up period, respectively.

Figure (1) reveals that just 12.5% of the patients in the study have a higher level of psychological capital preprogram, whereas 50% have a moderate level, and 37.5% have a low one. The same figure shows that the proportion of patients with high psychological capital level increased to 28% and 25% for the posttest and follow-up test, respectively, while the proportion of patients with low psychological

capital level decreased to 13.3% and 15%, respectively.

Table (4): shows that the total health-promoting lifestyle and all of its subscales had highly statistically significant differences between pre, post, and follow-up, with a P-value of 0.001**. Furthermore, this table shows that the pre-test overall health-promoting lifestyle score was 94.700±16.422, which increase to 151.750±39.943 and 140.350±28.549 at the post-test and follow-up periods, respectively.

Figure (2): shows that 30% of the patients in the study have a moderate level of a health-promoting lifestyle, whereas 70% of the patients have a lower level at pre-test. The same figure for the posttest and follow-up test shows that the proportion of patients with low health-promoting lifestyle levels has decreased to 5% and 12.5%, respectively, while the proportion of patients with high health-promoting

lifestyle levels has increased to 50% and 37.5%, respectively.

Table(5): shows that, there is highly statistically significant positive correlation between total mean score of psychological capital and total mean score of health-promoting lifestyle post and follow up program implementation among the studied patients.

Table (1): Socio-demographic characteristics of the studied patients (n=40)

Socio-demographic characteristics	N=40	%
		Age
20-<30	7	17.5
30-<40	14	**35.0**
40-<50	10	25.0
≥50	9	22.5
M ± SD 38.5± 11.74		
Sex		
Male	13	32.5
Female	27	**67.5**
		Marital status
Single	9	22.5
Married	21	**52.5**
Divorced	9	22.5
Widowed	1	2.5
Educational level		
illiterate	4	10.0
Read and write	3	7.5
Preparatory	15	**37.5**
Secondary	15	**37.5**
High education	3	7.5
Occupation		
Employed	7	17.5
Unemployed	33	**82.5**
Residence		
Rural	12	30.0
Urban	28	**70.0**
Income		
Sufficient	12	30.0
insufficient	28	**70.0**

Table (2): Clinical data of the studied patients (n=40)

Clinical data	N =40	%
Duration of illness		
Less than year	9	22.5
1< 5	31	**77.5**
5 < 10	0	0
M ± SD 2.44 ± **1.04**		
Number of hospitalizations		
Once	6	15.0
2-3 times	27	**67.5**
>3	7	17.5
M ± SD 2.54 ± 0.85		
Mode of admission		
Voluntary	13	32.5
Involuntary	27	**67.5**

Table (3): Mean score of psychological capital and its subscale pre, post and follow up program implementation among the studied patients

Psychological Capital Scale	Pre program (n=40) Mean ± SD	Post program (n=40) Mean ± SD	Follow up (n=40) Mean ± SD	T 1(P 1)	T² 2(P 2)
Optimistic	16.500±8.487	21.947±1.829	19.675±0.997	T:-3.880 P <0.001**	T:-5.296 P<0.001**
Hope	16.550±9.596	22.550±0.322	21.475±3.038	T:-5.296 P <0.001**	T:-3.846 P <0.001**
Self-efficacy	11.950±2.218	20.925±5.744	21.575±153	T:-13.809 P <0.001**	T:-35.089 P <0.001**
Resilience	10.650±4.526	21.452±8.344	21.400±3.295	T:-7.335 P <0.001**	T:-12.805 P <0.001**
Total mean score of PCS	**55.589±10.825**	**86.714±17.092**	**84.125±9.188**	**T:-7.285 P =0.000****	**T:-9.501 P =0.000****

(*) Statistically significant at p<0.05.   (**) highly statistically significant at p<0.001

T 1(P 1) between pre and post
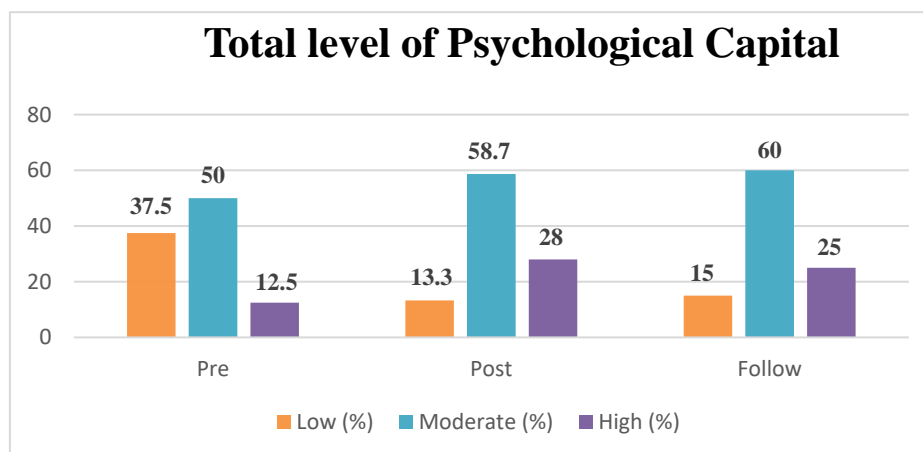
T 2(P 2) between pre and follow up

Total level of Psychological Capital

Figure (1): Total levels of psychological capital scale pre, post and follow up program implementation among the studied patients

Table (4): Mean score of health-promoting lifestyle profile and its subscales pre, post and follow up program implementation among the studied patients

Health-promoting lifestyle profile	Pre program	Post	Follow up	T 1(P 1)	T² 2(P 2)
	Mean ± SD	Mean ± SD	Mean ± SD		
Health Responsibility	17.475±3.522	25.900±8.380	23.250±4.105	T:-11.250 P <0.001**	T:-34.68 P <0.001**
Nutrition	15.475±3.522	25.925±6.533	25.000±5.286	T:-21.637 P <0.001**	T:-29.744 P <0.001**
Physical Activity	16.400±4.537	23.500±6.385	20.550±4.361	T:-7.175 P <0.001**	T:-4.698 P <0.001**
Spiritual Growth	15.525±2.730	25.950±6.363	24.200±3.306	T:-9.969 P <0.001**	T:-9.972 P <0.001**
Interpersonal Relations	16.525±3.374	26.550±7.3900	24.875±5.421	T:-9.669 P <0.001**	T:-10.739 P <0.001**
Stress Management	13.925±4.008	23.925±5.645	22.475±5.746	T:-9.236 P <0.001**	T:-7.912 P <0.001**
Total mean score of health-promoting lifestyle profile	**94.700±16.422**	**151.750±39.943**	**140.350±28.549**	**T:-11.780 P =0.000****	**T:-14.213 P =0.000****

(*) Statistically significant at p<0.05. (**) highly statistically significant at p<0.001.
T 1(P 1) between pre and post
T 2(P 2) between pre and follow up
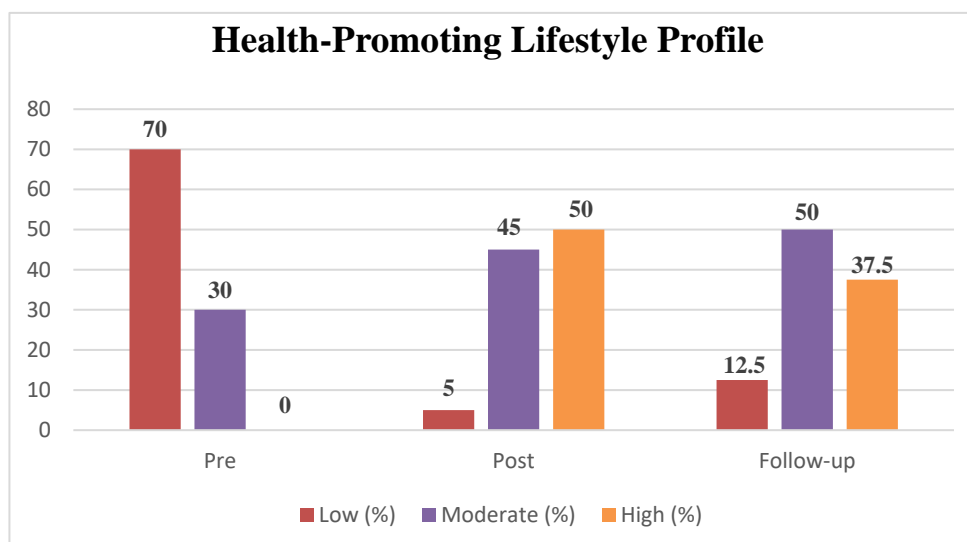
Health-Promoting Lifestyle Profile

Figure (2): Total levels of health-promoting lifestyle profile scale pre, post and follow up program implementation among the studied patients

Table (5): Correlation between psychological capital scale and health-promoting lifestyle profile scale post and follow up program implementation among the studied patients

Items	Total Psychological capital scale			
	Post		**Follow up**	
	r	**P**	**r**	**P**
Total health promoting lifestyle	0.970	**0.000****	0.967	**0.000****

Discussion

Psychological counseling sessions have proven to be successful in enhancing various outcomes for individuals. Additionally, rather than concentrating on diseases and disorders, the program emphasizes abilities, which positively affect psychological capital and health-promoting lifestyles. According to a study by **Hassan et al., (2024b)** psychological capital interventions in conjunction with medication treatment successfully reduced depressive symptoms and enhanced resilience, hope, optimism, and self-efficacy in depressed persons.

In terms of demographic data, this study found that more than one-third of the cases were between the ages of 30 and 40, with a mean age of 38.5± 11.74 years. The increased prevalence of depression in adulthood may be the cause of this observation. Additionally, compared to older people who are better at handling stressors and other

problems, the study sample has less experience with these situations. These problems can include the loss of a parent or other important person, unemployment, marital difficulties, and divorce; so feeling of depression was one of the most prevalent responses to these issues. This result is in line with a study by **Shehata et al., (2024)** which hypothesized that the mean age of cases with depression was 39.74±6.33.

The results of the current study showed that females made up over two-thirds of the sample. This could be because women are more prone to experiencing emotional issues and developing depression compared to men due to a combination of biological factors, psychological traits, and certain social influences. This result is consistent with studies by **Mestrom et al., (2024)** which found that greater than two-thirds of participants were females. In contrast to **Okasha et al., (2023)** findings, which showed that greater than two-

thirds of depressed individuals, were males.

More over half of the sample under examination was married, according to the current study. This conclusion might be explained by the fact that marital stress can make certain people more susceptible to depression; arguments, poor communication, and actions that can eventually become harmful were the most frequent sources of marital stress. This finding is consistent with **Li et al., (2020)** who reported that the majority of the participants were married, and **Wegbom et al., (2023)** who found that most cases with depression were married.

Regarding educational level, nearly half of the sample under study had completed primary and secondary education. This result might be explained by the fact that individuals with less education were less likely to manage stressors successfully and were also less aware of coping mechanisms and their

application. Furthermore, the high unemployment rate and low income in this study were cited as explanations for this outcome. This result is consistent with **Bahar, (2023)** research, which found that almost one-third of depressed patients had completed primary school. Also, consistent with **Osama et al., (2023)** study found that almost one-third of participants had completed secondary school.

The majority of the participants in the study were unemployed and had low incomes. This result may arise from a various factors causing unemployment, including lack of employment options, education level, or incapacity to work. This result is consistent with the findings of **Osama et al., (2023)** who noted that a greater proportion of participants were unemployed and had inadequate income. Unlikely the study done by **Emara et al., (2023)** reported that more than half of

depressive individuals were employed.

With regard to total psychological capital, the results indicated that all of its subscales and the differences between pre, post, and follow-up were highly statistically significant, with a P-value of 0.001**. The earlier findings may be connected to the effectiveness of psychological counseling nursing sessions on psychological capital by assisting participants in discovering their values, interests, and strengths in order to find meaning and purpose in their lives. Activities that promote life goals, a positive and optimistic outlook, and the capacity to cope with depression and disappointment are all part of psychological counseling nursing sessions. Additionally, it educates participants to have an optimistic outlook on life and motivates them to confront their negative thoughts and replaced them with more realistic and optimistic ones.

This outcome was in line with **Shehata et al., (2024)** findings that depressed cases' optimism and hope scores had increased following the intervention. These results were consistent with a prior similar study conducted by **Krifa et al., (2022)** which shown that the experimental group show greater advance than the control group in terms of optimism and hope following implementation. This outcome was consistent with the findings of **Organi et al., (2023)** who discovered highly statistically significant differences in the total psychological capital and all of its subscales between pre, post, and follow-up.

Furthermore, the experimental group showed significantly higher scores ($p < 0.05$) in the four dimensions (self-efficacy, optimism, hope, and resilience) and total psychological capital after the intervention than those in the control group, according to **Shen et al., (2024).** This outcome was consistent

with the findings of **Mokhtari et al., (2020)** who claimed that psychological capital-based interventions can be employed as an efficient way to boost resilience, optimism, hope, and self-efficacy while also lowering depressive symptoms in depressed cases.

At the pre-test, the total psychological capital was 55.589±10.825, but at the post-test and follow-up period, it increased to 86.714±17.092 and 84.125±9.188, respectively. There was evidence to support the effectiveness of psychological counseling sessions in helping participants improve their psychological capital and adopt healthier lifestyles. These findings were consistent with **Song & Song (2024),** who discovered that overall psychological capital increased at post-program and follow-up compared to pre-program.

In terms of the overall health-promoting lifestyle and all of its subscales, there were highly statistically significant differences between pre, post, and follow-up, with a P-value of 0.001**. These results suggest that depression had a substantial influence on lifestyle since it negatively affects aspects such as stress management, physical activity, nutrition, interpersonal relationships, spiritual development, and health responsibility.

On the other hand, the previous findings could be related to the effectiveness of psychological counseling nursing sessions on lifestyle changes and health promotion through changed behavioral concepts about lifestyle skills as personal cleanness, general appearance, activity, nutrition and the general level of the patient with depression and helped improve his image as the patient with depression before intervention of the program.

Regarding the levels of health-promoting lifestyles, this research revealed that there was a reduction in lower levels of health-promoting

lifestyles, while there was an increase in moderate and high levels of health-promoting lifestyles post- and follow-up of the intervention. This may be attributed to the psychological counseling nursing sessions not only raising average scores but also qualitatively reassigning participants to healthier lifestyle groups, with sustained benefits at follow-up. Also, these findings confirm that tailored psychological counseling sessions not only promote general health behaviors but also lead to a fundamental behavioral shift, leading to the adoption of healthier habits.

These results were consistent with the findings of a study by **Hassan et al., (2024b)** which found that posttest and follow-up mean scores were higher for those who had a healthier lifestyle. Significant statistical differences were also found between pre, post, and follow-up in terms of the overall health-promoting lifestyle and all of its

subscales. Furthermore, a study by **Tahvilian et al., (2023)** demonstrated that, following intervention, a health-promoting lifestyle and all of its categories had significantly improved, with a p-value of 0.001. According to the same author, the posttest's overall health-promoting lifestyle score increased from 102 ± 15.66 on the pretest to 128.07 ± 17.91. These findings were consistent with those of **Organi et al., (2023)**, who confirmed reinforcing components psychological capital and positive emotions of depressed patients could predict high scores of health promoting life style.

The results of the current study showed a highly statistically significant positive correlation between total mean score of psychological capital and the total mean score of health-promoting lifestyle practices by the participants who were the subjects of the study and the follow-up program.

Incorporating healthy lifestyle adjustments into daily life through psychological counseling sessions may help improve psychological capital and mitigate the harmful effects of depression, according to this study. Regarding this, psychological counseling interventions consisted of self-efficacy, hope, optimism, and resilience; these resources highlight people's positive attributes and abilities to improve lifestyle choices that promote health.

These findings were consistent with those of **Organi et al., (2023)** who showed highly statistically significant positive correlations between the health-promoting lifestyle score and the psychological capital score after program sessions and follow-up. Similarly, **Lianov, (2022)** suggested that psychological capital and a lifestyle that promotes health were strongly related. Based on these findings, it may be possible to mitigate the detrimental effects of depression by incorporating healthy lifestyle modifications into daily living through psychological capital interventions.

Conclusions:

Based on the study's findings, it can be concluded that psychological counseling nursing sessions improved psychological capital and health enhancing lifestyle among patients with depression.

Recommendations:

- Incorporate psychological counseling nurse sessions into routine mental health treatment for patients with depression due to their beneficial in boosting psychological capital and promoting the adoption of health-enhancing habits.

- Provide nursing staff with psychological counseling training so they can provide effective therapies that promote psychological and behavioral health and lessen depressed symptoms.

- Design comprehensive nursing programs that combine psychological counseling with health education and lifestyle modification to ensure improved treatment outcomes and better quality of life for psychiatric patients.

- Promote further studies in other contexts and on a larger scale to assess how psychological nursing sessions affect other outcomes including treatment adherence and relapse prevention.

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