

**Assessment of Self-Efficacy and Self-Care
Behaviors among Patients
With Hepatitis C Virus**

Thesis

*Submitted for Partial Fulfillment of the Master Degree in
Nursing Science
(Medical Surgical Nursing)*

Presented By

Maged Nasser Atia Basally

B.sc. In Nursing Science 2013

Faculty of Nursing / Ain shams university

**Faculty of Nursing
Ain Shams University
2019**

**Assessment of Self-Efficacy and Self-Care
Behaviors among Patients
With Hepatitis C Virus**

Thesis

Submitted for Partial Fulfillment of the Master Degree in

Nursing Science

(Medical Surgical Nursing)

Under supervision of

Prof.Dr. Naglaa El-sayed Mahady

Professor of Medical Surgical Nursing

Faculty of Nursing-Ain Shams University

Dr. Amira Hedaya Morad

Lecturer of Medical Surgical Nursing

Faculty of Nursing -Ain Shams University

Faculty of Nursing

Ain Shams University

2019

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالَ

سَبَّحَانَكَ لَا إِلَهَ إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْعَظِيمُ

صدق الله العظيم

سورة البقرة الآية: ٣٢



Acknowledgment

*First and foremost, I feel always indebted to **Allah**, the most kind and most the merciful for all his blessing and for given me the will and strength for completion of this work.*

*I wish to express my deep appreciation and gratitude to **Professor. DR. Naglaa Mahdy**, professor of Medical surgical Nursing, faculty of Nursing, Ain Shams University, words cannot describe how grateful I am for her guidance, valuable support, constructive criticism, and continuous, unlimited help. I would not have been able to start and reach perfection of this work without her.*

*I am deeply grateful to **DR. Amira Hedaya**, lecturer of Medical surgical Nursing, faculty of Nursing, Ain Shams University, for her supervision, help and valuable support and guidance, I am deeply affected by her noble character, perfection, care and consideration.*

Last but not least, I am grateful to my family and all the patients who have agreed to participate with me and to all those who sincerely helped me to fulfill this work.

*Assessment of self efficacy and self-care behaviors among patients
with Hepatitis C Virus*

Abstract

Background: Hepatitis C Virus is asystemic infection which has many consequences on patients' life because of its chronic nature. Patient involvement in doing self-care is crucial for patients with chronic Hepatitis C in order to change their behaviors towards a healthy life style. The aim of this study: was to assess self-efficacy and self-care behaviors among patients with Hepatitis C Virus. **Study design:** a descriptive exploratory design was used. **Setting:** Hepatic outpatient clinic at Ain Shams University hospitals in Cairo– Egypt. **Subjects:** A purposive sample of 200 adult patients from both sex and free from other chronic disease. **Data collection Tools:** **I-** Demographic data assessment questionnaire for patients with Hepatitis C Virus, **II-** Clinical data assessment tool for patients with Hepatitis C Virus **III-** Knowledge assessment questionnaire for patients with Hepatitis C Virus **IV-** Hepatitis C Virus Treatment Self-Efficacy (HCV-TSE). **V-** Hepatitis C Virus Self-Care Behavioral Scale (HCV-SCB) **Results:** The present study revealed that 86.0% of the studied patients had unsatisfactory level of knowledge about HCV, 73.0% had moderate level of self-efficacy and 86.0% had fair self-care behaviors. There was highly statistically significant correlation between total self efficacy and total dimensions of self-care behavior except psychological self care-behavior **Conclusion:** The majority of the studied patients had unsatisfactory level of total knowledge about Hepatitis C Virus, moderate level of self-efficacy and have fair level of self-care behavior with positive correlation between them **Recommendations:** Promotion and enhancement of the self-care modalities to HCV patients; through a strict written illustrated instruction prepared by specialists about HCV and its associated self-care behaviors .

Key words: Hepstitis C Virus, Self-efficacy, Self-care behavior.

List of Contents

Title	Page
Abstract.....	i
List of Contents	II
List of Tables	III
List of Figures.....	vii
List of Abbreviations	ix
Introduction.....	1
Aim of the study.....	6
Review of Literature	7
Subjects and Methods	73
Results	91
Discussion	135
Conclusion.....	157
Recommendations.....	158
Summary	159
References.....	166
Appendix I	207
Appendix II.....	208
Appendix III	213
Appendix IV	218
Appendix V.....	220
Results of pilot study (Appendix VI).....	224
Protocol	-
Arabic summary	1

List of Tables

Table	Title	Page
1.	Number and percentage distribution of the demographic characteristics of the studied patients (n=200).	92
2.	Number and percentage distribution of the present history regarding patient complains, time and methods of disease detection among the studied patients (n = 200)	94
3.	Number and percentage distribution of the present history regarding patient awareness about infection with Hepatitis C Virus among the studied patients (n = 200)	95
4.	Number and percentage distribution of the present history regarding medications regimen among the studied patients (n = 200)	96
5.	Number and percentage distribution of present history regarding severity of the virus and the extent of liver damage among the studied patients (n = 200).	97
6.	Number and percentage distribution of past medical history among the studied patients (n = 200)	98
7.	Number and Percentage distribution of family history whose infected with Hepatitis C Virus among the studied patients (n = 200)	99
8.	Number and percentage distribution of medical follow up history regarding follow up among the studied patients (n = 200).	100
9.	Number and percentage distribution of patients' total level of knowledge of HCV among the studied patients (n= 200)	102

List of tables (cont.)

Table	Title	Page
10.	Number and percentage distribution of physical self-care behavior regarding diet among the studied patients (n= 200).	105
11.	Number and percentage distribution of physical self-care behavior regarding exercise and activity among the studied patients (n= 200)	107
12.	Number and percentage distribution of physical self-care behavior regarding medication and follow up among the studied patients (n= 200)	109
13.	Number and percentage distribution of physical self-care regarding personal body care among the studied patients (n= 200)	111
14.	Number and percentage distribution of social self-care behavior among the studied patients (n= 200).	113
15.	Number and percentage distribution of psychological self-care behavior among the studied patients (n= 200).	115
16.	Number and percentage distribution of emotional self-care behavior among the studied patients (n= 200).	117

List of tables (cont.)

Table	Title	Page
17.	Number and percentage distribution of spiritual self-care behavior among the studied patients (n= 200).	119
18.	Number and percentage distribution of occupational self-care behavior among the studied patients (n= 200).	121
19.	Relation between patients' total knowledge and both of age and educational level of the studied patients (n = 200).	124
20.	Relation between patients' total knowledge and gender, work, residence of the studied patients (n = 200).	125
21.	Relation between patients' total self-efficacy and age, marital status and level of education among the studied patients (n = 200).	126
22.	Relation between patients' total self-efficacy and gender, work and residence of the studied group (n = 200)	128
23.	Relation between patients' total self-care behavior and age, marital status, educational level among the studied patients (n = 200).	129
24.	Relation between patients' total self-care behavior and gender, residence of the studied patients (n = 200).	130

List of tables (cont.)

Table	Title	Page
25.	Relation between grades of Hepatitis C Virus and total self-efficacy, total self-care behavior among the studied patients (n = 200).	131
26.	Relation between duration of disease diagnosis and total self-efficacy, total self-care behavior among the studied patients (n = 200)	132
27.	Correlation between total self-efficacy and domains of total self- care behavior among the studied patients (n = 200)	133

List of Figures

Figure	Title	Page
<i>In Review</i>		
(I)	liver Fibrosis	15
(II)	Pathophysiology of Hepatitis C Virus (HCV)	16
(III)	Extra-hepatic manifestations of Hepatitis C Virus (HCV)	20
<i>In Results</i>		
1.	Total level of knowledge among the studied patients (n = 200).	103
2.	Levels of total self-efficacy among the studied patients (n= 200)	104
3.	Total physical self- care behavior regarding diet among the studied patients (n =200)	106
4.	Total physical self- care behavior regarding exercise and activity among the studied patients (n = 200).	108
5.	Total physical self - care behavior regarding medication and follow up among the studied patients (n= 200).	110
6.	Total physical self - care behavior regarding personal body careamong the studied patients (n=200)	112

List of Figures (cont.)

Figure	Title	Page
7.	Total social self-care behavior among the studied patients (n=200)	114
8.	Total psychological self- care among the studied patients (n=200).	116
9.	Total emotional self-care behavior among the studied patients (n=200)	118
10.	Total spiritual self -care behavior among the studied patients (n=200)	120
11.	Total occupational self-care behavior among the studied patients (n=200)	122
12.	Total self-care behavior among the studied patients (n = 200)	123

List of Abbreviations

ADLS	Activity Of Daily living
AFP	Alpha-Fetoprotein
ALT	Alanine Aminotransferase
ASSLD	American Association For The Study of liver Disease
AST	Aspartate Aminotransferase
BOC	Boceprevir
DAAS	Direct Acting Anti-Viral Drugs
HCC	Hepato Cellular Carcinoma
HCV	Hepatitis C Virus
HCV-RNA	Hepatitis C Virus Ribonucleic Acid
HE	Hepatic Encephalopathy
HIV	Human Immune-Deficiency Virus
IDSA	Infectious Disease Society Of America
INR	International Normalized Ratio
LKMA	liver kidney Microsomal Antibodies
MENA	Middle East and North America Region
MSCCI	Model of Self-Care in Chronic Illness
PCR	Polymerase Chain Reaction
PCT	Porphyria-Cutanea Tarda
PEG-INF	Pegylated Interferon
RBV	Ribavirin
RNA	Ribonucleic Acid
SVR	Sustained Virologic Response
TVR	Telaprevir
U.S. A	United State of America
WHO	World Health Organization

Introduction

Hepatitis C Virus (HCV) is one of the most common chronic diseases in the developing countries and became a major health problem worldwide, affecting between 130 and 170 million people of every age, race and culture. The word hepatitis is the Latin word that means an inflammation of liver and is used to describe that HCV is one which has devastating psychological and physical effects on patients' life. Because of its chronic nature, it has many consequences on patients' life. Depression, social marginalization and economic difficulties are some of the problems in these patients which occur due to its complications and unknown fear for the patients and their families from its consequences (*Blach, et al, 2017 ; (World Health Organization, 2013)*)

Hepatitis C virus is often referred to as the “silent epidemic” disease which approximately 3% of the world population or 170 million persons, are infected with Hepatitis C Virus (HCV) and between 3 and 4 million new infections occurs each year. Africa and Asia have the highest reported prevalence rates, in contrast to the low rates of hcv in North America, Western Europe, and Australia (*Bennett, Dolin & Blaser, 2014)*

Hepatitis C Virus is one of the most contagious diseases that have great social and economic impact which may touch the future of the young generation and hinder the community. It is approximately 10-15 times more infectious than HIV. It is defined as a chronic systemic infection which involves liver. It has many consequences on patient's life because of its chronic nature. So that, involvement of patients with HCV in doing self-care is crucial for them in order to change their behaviors towards a healthy life style and improve their quality of life (*Fikry, Ahmed, El-Sherbini & Saad, 2015*).

Considering Hepatitis C Virus is a significant health burden worldwide. It leads to high morbidity and mortality, as it has many consequences on patients' life. So, one of the most widely studied and empirically supported patient-level factors is self-efficacy. Self-efficacy refers to the personal beliefs or to an individual's confidence in their own ability to perform effectively specified tasks. Self-efficacy theory stressed that human action and success depend on how deep the interactions between one's personal thoughts and a given task. So that, patients with greater self-efficacy have been shown to practice more self-management behaviors, leading to better disease control, better physical function and better quality of life (*Bonner, Esserman, Golin & Evon, 2015*).