

Summary

Cirrhosis implies irreversible scarring of the liver, which can be a potentially life-threatening illness. In an advanced stage, 80- 90% of the liver may be damaged and replaced with scar tissue, caused by sustained liver damage over several years either by alcohol, viral infection (hepatitis B, C), a toxic substance (for e.g. drugs, excess copper or iron in the liver), or by blockage of biliary system such that the liver undergoes progressive scarring that slowly replaces all of normal liver cells (*Soin, 2003*)

Cirrhosis are progressive disorder which has a significant impact on the well-being of patients and leads to significant morbidity. characterized by disturbances in physical, psychological and social aspects of well-being. It causes significant health-related quality of life (QOL) impairment. educational interventions targeting to functional factors could be beneficial for patients with Cirrhosis. so the present study aimed to assess the relationship between different nursing modalities among hospitalized patients with liver cirrhosis disease and quality of life .

The study was conducted at the medical unit at Benha university hospital in Benha city. The study sample included 60 adult males and females **of the** cirrhotic patients, Exclusion criteria were clinically overt hepatic encephalopathy, history of recent alcohol abuse, use of benzodiazepines, antiepileptics or other psychotropic drugs. Patients **of** any other chronic disorders **which** may affect HRQL were excluded from the study. We also exeluded patients **of** psychiatric or emotional problems, language or cognitive difficulties, which may interfere with proper completion of the questionnaire.

Three tools were used for collection of data:***Tool I- Cirrhotic patient knowledge assessment tool:***

it composed of 2 parts.

Part one: socio-demographic data:

It consists of five items: age, sex, level of education, occupation, and marital status. (Appendix 1).

Part two: cirrhotic patient knowledge assessment: (appendix 11)

This included series of questions to elicit subject's knowledge regarding liver cirrhosis which include 1- definition, causes, sign and symptoms, factors leading to complication, care and treatment. 2- **the** knowledge about nutrition which include : foods that must be reduced by cirrhotic patients, healthy diet for cirrhotic patients, healthy diet for uncomplicated cirrhosis in breakfast, lunch and dinner, healthy diet for complicated cirrhosis as in ascites and patients who predispose to hepatic coma, also in breakfast, lunch and dinner. 3- knowledge about self care . 4- **the** drugs which must be avoided

Tool II Health promotion lifestyle profile (HPLP)). (appendix 11)

The HPLP was designed to measure health promoting behaviors conceptualized as perceptions, attitudes and actions that serve to maintain or increase the level of well-being of the individual. It comprises six subscales:

Self-actualization, Interpersonal support, Stress management, Exercises, Nutrition and Health responsibility.

Tool III Cirrhotic therapeutic nursing modalities :(appendix 4)

Which included different therapeutic nursing modalities was designed after review the related literature and references and was included: nutritional regimen, Activity of daily living, self care, Medication, and infection control

Procedure of data collection:***Preparatory phase***

Administrative approval for conducting the study was obtained from Benha university hospital director and head of the medical department for conducting the study after explanation of its purpose.

Tool I, II, III were test for content validity by 10 experts from the medical and nursing proffession from the fieled of the study .

Reliability of tools **were** tested by test- re test

Implementing phase

- In medical units eight months were spent for collecting the data from 60 liver cirrhotic patients. First the researcher presented herself to the patient and his family, then explained the study to them and informal patient consent were obtained,
- Confidential of the data were be ascertain.
- Cognition about the disease **was** assessed and quality of life was evaluated through knowledge assessment sheet

Implementing therapeutic nursing modalities

An educational program was conducted by the investigator for subjects of the study. A booklet was prepared in Arabic for each patient containing the main guidelines of the program and the questions upon which patient's learning was achieved.

The subjects of the study was divided into groups, the group education compromised of 5 to 7 patients. Matching **was** done for subjects within each group in relation to **the** age, duration of the disease and educational level. and one of the close patients' relative was attended in individual session.

Subjects was approached by the investigator to assess **the** patient knowledge and **the** quality of life after finishing the educational program twice with three months interval

Cirrhotic therapeutic nursing modalities sessions was carried out for The patients in groups in four sessions for duration of one hour twice weekly during two weeks. The content of sessions was divided as the follows :

Session one: (introductory session) orientation and explanation of reason and importance of the educational program and give an explanation about the liver and its function.

Session two: definition, causes, signs and symptoms and complications of liver cirrhosis.

Session three:-diagnosis and treatment of the disease and complications.

- Dietary regimen and medication.

Session four: - activity and life –style behavior modification.

- Self care and infection control.

Evaluation of Cirrhotic therapeutic nursing modalities was done immediate post program, one month and after 3 months through using the following tools: cirrhotic patient knowledge sheet tool (1) and Health promotion lifestyle profile (HPLP) tool (2).

The present study showed the following results:

- More than half of the study subjects were females , >40 year, and the majority 93.3% of the study patients was married, non educated and living in rural areas.
- Finding of this study revealed deterioratin in knowledge assessment scores and in all aspects of **the** quality of life; self actualization, social, psychological, physical, nutrition, health responsibility of patient with cirrhosis before program in both sexes without any statistical difference.
- As regard to QOL to **the** age, the present study showed that **the** age of cirrhotic patients was significantly associated with differences in mean scores of quality of life dimensions, in psychological state and nutrition, where psychological state was better in cirrhotic patients aged > 40 year than those younger.
- Also, regarding **the** knowledge assessment scores in relation to **the** age it was found that there were no significant differences in all items of knowledge assessment scores regarding age of cirrhotic patients except that of self care.
- The result of the study showed that there was significant positive correlation between **the** total knowledge and **the** quality of life dimensions (self actualization, social, psychological, physical, nutrition, health responsibility) among the study groups treated by different nursing modalities after one and 3 months post educational program, There is an improvement in QOL in consequence with increase **the** knowledge After program, all aspects of HPLP are significantly improved among the study groups.
- also, regarding **the** knowledge assessment there **was** significantly better improvement of all items of **the** knowledge assessment scores for cirrhotic patients post program than pre ones.

- nutritional knowledge assessment and its relation with immediate and 3 months post program, The result of the study showed that There were significantly better score of all the items of nutrition for cirrhotic patients of immediate post program, and in 3 month post program than pre ones.
- Regarding the self care the result of the study showed that There were significantly better score of all items of self care for cirrhotic patients in post program than pre ones. This reflected the positive effect of education in improving the self care for cirrhotic patients.

The following are the main recommendations:

Recommendations For patients:

- The annual community survey must be done for screening of people who have virus C.
- Availability of cirrhotic therapeutic medicine and vaccines.
- The standard precautions for virus A,B,C. Should be followed by all health team personnels at different units mainly critical units and laboratories.
- Instructional nursing program for cirrhotic patients using educational materials such as posters, and illustrated booklets must be offered from the out patient.
- Empower mass media participation about following standard prequition to minimize the incidence of virus c. Infection.

Recommendations For nurses:

- Nurses specialist for cirrhotic patient must be available in liver disease centers at different areas in egypt.
- Schedule revising the undergraduate nursing curriculum at schools and colleage of nursing emphasizing on the role of nursing in the tropical units.

- The developed standard of nursing care for **the** management of patients **of** liver cirrhosis should be available in each unit in adequate numbers.
- It is suggested that assessment of cirrhotic patients'HROL should be an essential part of nursing practice.
- Patient health related behaviors are better to be assessed through schedule of home visits to the patients by the public health nurse.

Recommendations For further research:

- Comparative study may be done to realize the effect of therapeutic nursing modalities on functional health status.
- Replication of the study on a larger probability sample is recommended to achieve more generalization.
- Further research is recommended to be done to determine **the** effect of **the** application of an educational program about liver cirrhosis upon their QOL.
- **The** knowledge assessment about how liver cirrhotic patients view and achieve their own QOL.