

Introduction

The liver, the largest organ in the body, is an essential in keeping the body functioning properly. It removes or neutralizes poisons from the blood, produces immune agents to control infection, and removes germs and bacteria from the blood and makes proteins that regulate blood clotting and produces bile to help absorb fats and fat-soluble vitamins. You cannot live without a functioning liver. (*American Liver Foundation, 2002*)

In cirrhosis of the liver, scar tissue replaces normal healthy tissue, blocking the flow of blood through the organ and preventing it from working as it should. Cirrhosis is the eighth leading cause of death by disease, killing about 25,000 people each year. Also, the cost of cirrhosis in term of human suffering, hospital costs, and lost productivity is high. (*karsan et al, 2004*).

Cirrhosis is ranked as the ninth leading cause of death in the united state and the fourth leading cause of death in persons between 35 and 54 year of age. The highest incidence occurs between the ages of 40 and 60 year, and it is twice as common in men as in women. (*Geen K.2004*)

In Egypt, the main causes of developing liver cirrhosis are chronic hepatitis due to virus C and schistosomal parasitic infection (*Mezban & El-Wakil, 2002; Barakat et al, 2000; Esmat et al, 2000*). It is a silent disease but when 70% of the liver cells are affected many clinical manifestations or multisystem deterioration appear on the body, Liver cirrhosis is considered an Egyptian health problem of wide prevalence. Beside, the dramatic influence of liver cirrhosis on biopsychsocial conditions of patients and their families, it may present a challenge for health care professionals as well. This is considered as a direct stimulus for conducting this study. Nurses could assist these patients to lead as possible as a productive life, through care, education and rehabilitation. (*Soin, 2003*).

Quality of life is a multidimensional construct encompassing individual, perception of both positive and negative aspects of physical, social and psychological function. A measure of QOL includes both

subjective and objective criteria. Measures of activity of daily livings and functional dependence frequently serve as QOL indicators. QOL is a personalization criterion, based on the individual feelings about health status or aspects of life. Hence it can be surveyed effectively only by determining patients beliefs and perceptions. In most cases patients themselves are the reliable and best raters of their own QOL in relation to health, moreover quality of life provides information valuable to physicians, nurses, psychologists, physical therapists and pharmacists, and also information to measure the impact of outcome of health care and changes on the life of patients. (*Danial, 2004*)

Patient education has demonstrated its potential to improve quality of life, ensure continuity of care, effectively reduce the incidence of complications of illness, promote adherence to health care treatment plans, decrease patient anxiety and maximize independence in the performance of activity of daily living. In addition, it energizes and empowers patients to become involved in the planning of teaching session which increase patient satisfaction (*Bastable, 1997*).

Nurses play an important role in helping patients to attain better QOL , in addition to the caring aspect, nursing is not only concerned with survival and decreased morbidity, but also with patients' QOL as well. They can help patients and their families to manage side effects of treatment and adjust psychologically and physically to permanent changes in body image, function, and appearance (*Abd El Aziz, 1995*).

Therapeutic nursing modalities may be of some help in limiting the bad effects of advanced liver cirrhosis and its complications. Examples of nursing modalities include nutritional regimen, activity of daily living, self care, infection control and medication these aimed to stop the development of scar tissue in the liver and prevent complications and implementation of other prescribed therapeutic measures (*Linton et al, 2000*). Cirrhotic patients continue to have many problems even after treatment with good outcome. so, the education is important or needed for such group of patients treated by different nursing modalities, it is the intent of this research project to assess the relationship between different nursing modalities among hospitalized patients with liver cirrhosis disease and quality of life .