

Effect of Intervention Program on Self Care Skills and Self-efficacy among Patients with Depression

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Abstract

Background: Patients with depression have deficits in self-care skills and self-efficacy to help for resolve this discrepancy; it was necessary to have an intervention program to raise the level of self-efficacy and improve self-care skills among patients with depression. **Aim:** This study aimed to evaluate the effect of intervention program on self-care skills and self-efficacy among patients with depression. **Design:** This study followed a quasi-experimental research design (pre/post- test) one group. **Setting:** The study was carried out the inpatient wards at El-abbassia Psychiatric Mental Health Hospital and Benha Psychiatric Mental Health Hospital. **Sample:** This study was conducted on 40 patients with depression. **Tools of data collection:** The study tools divided into three tools, (I) Structured Interview questionnaire sheet, (II) Self-care scale, (III) Self-efficacy scale. **Results:** There was a marked improvement in total self-care skills and self-efficacy post implementation of intervention program with a highly statistically significant difference between pre and post implementation of intervention program among the studied patients. Also, there was a highly statistically significant positive correlation between total patients' self-care skills and total self-efficacy at pre and post-implementation of the program. **Conclusion:** Intervention program have a marked improvement in total self-care skills and self-efficacy among patients with depression. **Recommendations:** Continuous in- service training programs for nurses about enhancing self-care skills and self-efficacy skills are need to be implemented to provide basic necessary skills among patients with depression .

Key words: Intervention program, Self-efficacy, Self-care skills, Patients with depression

Introduction

Depression in psychology is defined as a mood or emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life (McAllister et al., 2021). A person who is depressed usually experiences several of the following symptoms, feelings of sadness, hopelessness, or pessimism, lowered self-esteem and heightened self-depreciation, a decrease or loss of ability to take pleasure in ordinary activities, reduced energy and vitality, slowness of thought or action, loss

of appetite, and disturbed sleep or insomnia (Bianchi et al., 2018).

Depression is categorized as one type of mood disorders. Mood disorders are placed into four categories: major depressive disorder, bipolar disorder, mood disorders due to a medical condition, and substance-induced mood disorders. The first category includes major depressive disorder which becomes one of the major health problems across the world community causing phenomenal burdens and disabilities and is

the subject of the present study (**Ahmadi et al., 2019**).

Major depressive disorder (MDD) is a common and invalidating mental illness affecting approximately 2.5% of the general population. MDD is one of the leading causes of disability and the lifetime prevalence of MDD in the general population is about 5-10%. Lifetime prevalence varies, 7% in Egypt (**Abdel-Fattah et al., 2021**).

A strong sense of efficacy enhances human accomplishment and personal well-being in many ways. Such an efficacious outlook produces personal accomplishments, reduces stress and lowers vulnerability to depression. In contrast, people who doubt their capabilities shy away from difficult tasks which they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. They fall easy victim to stress and depression (**Treat et al., 2020**).

Self-efficacy, a construct grounded in social cognitive theory, can be generally defined as personal beliefs in one's capabilities. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. (**Xiang et al., 2020**).

So far, some research in this area has addressed the role of self-efficacy in early-onset of depression. According to the research results of perceived social and academic inefficacy of adults contributed to concurrent and subsequent depression both directly and through their impact on academic achievement, pro socialness, and problem behaviors (**Chang et al ., 2018**).

The skills and behaviors most important for addressing depression and relationship problems fall into two categories; on the personal level there are self-care skills. Self-care skills include any health-promoting routine, practice, method, behavior, or technique that helps to increase one's

adaptability, sense of empowerment, and general well-being and on the interpersonal level there are relationship skills (**Riegel et al., 2019**).

The effects of caring program for self-care skills are reflected in the patient's mental health, as it protects patient from the deterioration of the depression and from becoming stressed and gives patient self-confidence, increases the patient's ability to focus on the implementation of the tasks assigned to patient, and to finish tasks quickly and efficiently. Because, it gives patient energy and vitality. Personal hygiene reduces the possibility of a body odor, which may cause embarrassment for the depressed patient in cases of mixing with people in his community (**Wong et al., 2020**).

Therefore, self-efficacy can determine the path that the individual follows as behavioral measures, either in an innovative or stereotypical form, and the intervention program for enhancing self-efficacy can indicate the extent to which the individual is convinced of his personal effectiveness and his confidence in his capabilities required by the situation which reflects on his mental health , increases the patient's confidence in his abilities and decreasing negative symptoms of depression as despair and frustration (**Blair et al., 2017**).

Nurses are the people that patients see the most throughout the day, so it only makes sense that they play an important role dealing with patients with depression. Many things nurses do can help patients with depression not feel so worthless, and sometimes even lift their spirits. Talking to patients about their feelings is a good first step in dealing with their depression. Also, being empathetic helps patients know that you understand their feelings rather than judge them for how they feel and increase self-efficacy and improve self-care skills (**Groen et al., 2019**).

Effect of Intervention Program on Self Care Skills and Self-efficacy among Patients with Depression

Nurses must pay attention to patient's self-care skills and the nurse should work on forming a good friendship, bond and trust between nurse and the patient with depression so that he can be guided and assisted in solving his personal problems and distorting him to express his/her opinion and talk with nurse about any problem related to patient in order to raise patient's self-efficacy and all this is reflected in controlling symptoms illness and improvement of the patient's mental state (McCusker, 2017).

Significant of the study

Depression is a common illness worldwide, affecting more than 300 million people. Depression can become a serious health condition, especially when it is long-term and of moderate or severe intensity. Depression can cause great suffering to a person with it, and poor performance at work, at school, or in the family. It can lead to suicide in the worst cases. Every year, nearly 800,000 people die as a result of suicide, which is the second leading cause of death among the 15-29 age groups (Zhao et al., 2019).

Patients with depression have disturbances in mood, thinking, attention; ability to make decisions with feeling of guilt which results in deficits in self-care skills and self-efficacy so, the patient is unable to maintain basic skills such as maintaining his external appearance or other skills as the ability to face problems in his life. 20% of patients with depression have low self-efficacy, while 16% of them h). Solow self-care skills (Comtois &Jobes, 2019).So, the current study designed to evaluate the effect of intervention program for patients with depression to improve self-care skills and self-efficacy (Marsh et al., 2019).

Aim of the study

This study aimed to evaluate the effect of intervention program on self-care skills and self-efficacy among patients with depression.

Research hypothesis:

Self-care skills and self-efficacy of patients with depression are expected to be improved after implementation the intervention program.

Subject and methods

Research design:

A quasi- experimental research design (pre/post-test) was used to achieve the aim of the study with one group sampling.

Setting:

The study carried out at the inpatient wards at El-abbassia psychiatric mental health governmental hospital at Cairo City & Benha hospital of mental health at Benha city, Qalubia governorate.

Subjects:

Convenience sample of 40 patients with depression have been recruited from inpatients wards and meet the following criteria during the study period:

1. Inclusion criteria:

- Patients above 20 years old , both sex and agree to participate in the study.

2. Exclusion criteria:

- Patient free from combined psychiatric disorders, sever medical illness and recent substance abusers.

Tools for data collection:

The data was collected through utilizing the following tools:-

Tool (1): A Structure Interview Questionnaire Sheet

This scale was developed by the researcher based on scientific review of literature which divided into two parts. Part one concerned with socio-demographic data including age, sex, marital status, level of education,

occupation and monthly income. Part two concerned with clinical data including patient's age at onset of illness, number of previous psychiatric hospitalization, period of psychiatric hospitalization, and method of hospitalization.

Tool (2): Self-Care Scale:

This scale developed by **Souilm et al., (2014)**. It is self-report scale to assess patient's self-care skills and consists of 27 items divided into 5 subscales including subscale 1: comprising 6 items reflects personal hygiene, subscale 2: comprising 6 items represents grooming, subscale 3: consists of 6 items related to the activity and movement, subscale 4: included 4 items related to patients' nutrition, subscale 5: comprising 5 items covering the general level of patient. Answers were measured on a 3-point likert scale, ranging from never (1) to always (3) which has the highest scores indicates better self-care.

The scoring system is:

- <50% was considered mild effective self-care skills.
- 50 % - 75% was considered moderate effective self-care-skills.
- >75% was considered high effective self-care skills.

Tool (3): Self-Efficacy scale:

This scale developed by **Nezami et al., (1981)**. It consists of 10 items to measure a general sense of perceived self-efficacy with the aim to predict coping with daily stressors. This scale reflected an optimistic self-belief that one can perform a novel, difficult task or cope with adversity in various domains functioning. The scale is rated on 4 likert scales that range from 1 to 4 as following: (1) Not at all true, (2) Hardly true, (3) Moderately true and (4) Exactly true.

The scoring system:

- 10 - 20 indicated low self-efficacy level.

- 21 - 30 indicated moderate self-efficacy.
- 31 - 40 indicated high self-efficacy level.

Content validity:

The Jury of tools was done by five of expertise in Mental Health Nursing and Medicine specialties to measure validity of tools and elicited regarding the format; lay out, consistency, accuracy and relevancy of the tools then applied.

Tools reliability:

The tools of the study were measured by alpha cornbach test to measure reliability. So, the reliability of self-care scale was 0.75 and for self-efficacy scale was 0.79.

Ethical considerations :

The ethical research considerations included the following -:

-Research approval was obtained from the Faculty ethical committee before starting the study .

- An official letter was submitted from Dean of the Faculty of Nursing, Benha University to the director of El-Abbassia Psychiatric Hospital and the director of Benha Psychiatric Hospital.

-Informed consent was obtained from the study subject before inclusion in the study .

-Researcher was clarified the objectives and aim of the study to the patients included in the study before starting .

- Patients were informed that they are allowed to choose to participate or not in the study and they had the right to withdraw from the study at any time.

- The study not produced any harm for the patient

Pilot study:

A pilot study was conducted on 10% of patients before embarking in the field of work that were chosen randomly and excluded later from actual study. The pilot study was conducted for the aim of ensuring the clarity

Effect of Intervention Program on Self Care Skills and Self-efficacy among Patients with Depression

and applicability of the study tools; identify the time needed to them, availability of the sample according to the available resources.

Field work

Actual study was done through four phases:

Phase one: Assessment phase:

The researcher started data collection by introducing herself to the patients.

The researcher followed the specific precautions such as (wearing facemask and using alcohol spray) due to corona virus circumstances after explanation and reassurance of patients

Tools of the study are collected by the researcher which interview with the patients individually for any clarification and the interview ranged from 15-20 minutes. The phase aimed to determine the study subject's needs as a baseline of intervention program.

Brief description about the aim of the study and the type of questionnaire required to fill was given to each patient of the sample.

Phase two: Designing phase (Development of the intervention program):

-Based on the results obtained from the assessment tools and review of literature the program content was developed by the researcher in the form of a booklet which was revised and approved by the supervisors to ascertain its content, appropriateness and applicability. Accordingly, the required modification and corrections were carried out.

-The intervention program aimed to improve the self-care skills and self-efficacy skills among patients with depression. The intervention program consists of theoretical and practical sessions in which each one of them has set of general and specific objectives.

• General objectives of the program:

At the end of an intervention program the patient should be able to improve personal care skills and self-efficacy.

• Specific objectives:

At the end of an intervention program the patients acquire knowledge & practices about-:

-Theoretical knowledge about depression like (concept, signs, symptoms, causes, types, people most vulnerable to depression, complications, problems faced by patients with depression, treatment for depression and protection from depression).

-Self-efficacy like (concept, importance, components, stages, sources, characteristics of people with low and high self –efficacy among patients with depression, consequences of low self-efficacy, causes of low self-efficacy and the most important skills for enhancing self- efficacy among patient with depression).

- Information about self-care skills as personal hygiene including (importance of personal hygiene, risks of non-caring of personal hygiene),proper nutrition as (concept and importance of healthy food ,importance of drinking enough water and characteristics of proper nutrition), sports activities as (concept and importance of sports activities),leisure activities as (importance and steps of some types of leisure activities) and sleep and rest as (concept and importance of sleep, the number of hours needed to sleep and steps of good sleeping).

- Apply steps to practice skills including self-care skills like (dental and mouth care, trimming nails, body care, care of personal items, general appearance, proper nutrition, some of sports activities and leisure activities).

phase three: Implementation phase:

□ The intervention program was implemented in 13 sessions, the first session is introductory session and perform pre-test and 5 of them were theoretical sessions and 6 of them were practical sessions and the final session summary for all previous sessions and perform the post-test.

□ The studied patients classified into 8 subgroups each subgroup composed of (5) patients. Each sub-group attended 13 sessions; these sessions were scheduled as 2 sessions per week and the duration of each session was about (60minutes).

□ Lectures, handout, power-point, role play, modeling, interactive group, demonstration; re-demonstration used as teaching methods in implementation of the intervention program and at the beginning of the program the booklet of the intervention program were printed and distributed to the study sample .

□ The data collection took about 6 months from January 2021 to June 2021 .

□ The researcher was the initiator; provider and teacher who encouraged the patients to participate in the discussion and practice activity through motivating them by reward or positive reinforcement.

Specifically :

□ The theoretical session was implemented by using lecture, handout and group discussion to promote active involvement in the discussion and asking the study patients to share their experiences of the real situation of life and work. Lecture was given in a clear, simple manner using attractive power-point presentation which prepared by the researcher in a simplified Arabic language.

□ To ensure that patients understand the content of the program, each session was started with summary of what was given at the previous session and the objectives of the new session were mentioned taking into

consideration using simple language to suit all patients.

□ In the practical sessions, the researcher used role play, videos on laptop, demonstration, re-demonstration as method of teaching for practical skills. Also, used lecture, video and group discussion. Role play exercises were carried out between patients themselves and between the patient and the researcher, handout papers about simulated situations and scenario were distributed to all studied patients at the beginning of each session.

□ The researcher also made a summary at the end of session and informed them about the time of the next session and was given the homework assignment for each session for generalization of skills to their daily situation.

□ The time of each session is scheduled as first 5 minutes of previous session, (20-30) minutes conducting the content of previous session and last 5 minutes for previous feedback and thanked patients for their participation in the sessions.

Phase four: Evaluation phase (post-test):

After program implementation the post test was carried out to assess self- care skills and self-efficacy by using the same tools of the pretest. This helped to evaluate the effect of intervention program. This was done twice one; after implementation of the intervention program.

Statistical analysis:

All data were collected, coded, tabulated and subjected to statistical analysis. Statistical analysis was performed by statistical package for social sciences (SPSS version 20.0). Descriptive statistics were applied in the form of mean and standard deviation for quantitative variables and frequency and percentages for qualitative variables. Qualitative categorical variables were compared using chi-square test. Statistical significance at $p\text{-value } p \leq 0.05$, and

Effect of Intervention Program on Self Care Skills and Self-efficacy among Patients with Depression

considered highly statistically significance at

Results

Table (1) represents that, one third (35%) of the studied patients their age ranged between 40-<50 years with mean \pm SD 37.75 ± 9.19 year. Regarding to the marital status, one-third (37.5%) of them were married. one-third (37.5%, 37.5%) of them had secondary education and high education, respectively. In addition, less than two-thirds (60%) of them were unemployed. Regarding to monthly income, (72.5%) of the studied patients their monthly income were not enough.

Table (2) represents that, about one third (32.5%) of the studied patients their age at onset of illness were ranged between 26 - 30 years with mean \pm SD (26.35 ± 8.52) year. Also, less than half (47.5%) of them admitted into psychiatric hospital one time. Regarding to the mode of hospitalization, all the studied patients (100%) of them were voluntary admitted. In addition, less than half (45%) of the studied patients admitted into psychiatric hospitalization about more than 5 years.

Table (3) represents that, there was a marked improvement in total patients' self-care skills post implementation of intervention program with a highly statistically significant difference at (P

p-value $p \leq 0.001$.

value = < 0.01) between pre and post implementation of an intervention program.

Figure (1): shows that, the most (87.5%) of the studied patients had moderate effective self-care pre implementation of intervention program. While, the most (80%) of the studied patients had strong effective self-care post implementation of intervention program.

Figure (2) shows that, the majority (92.5%) of the studied patients had low level of self-efficacy pre implementation of intervention program. While, the most (85%) of the studied patients had high level of self- efficacy post implementation of intervention program.

Table (4) shows that, there was a highly statistically significant positive correlation between total patients' self-care domains (personal cleanness, clothes, general appearance, nutrition and general level of the patient) and total self-efficacy at pre and post-implementation of the program at (P value = < 0.01).

Table (5) shows that, there was a highly statistically significant positive correlation between total patients' self-care and total self-efficacy at pre and post-educational program at (P-value = < 0.01).

Table (1): Distribution of the studied patients according to their socio-demographic characteristics.

Socio-demographic characteristics	The studied sample (n=40)	
	N	%
Age (years)		
20 - < 30 yrs.	9	22.5
30 - < 40 yrs.	12	30
40 - < 50 yrs.	14	35
≥ 50 yrs.	5	12.5
Mean ±SD	(37.75±9.19)	
Sex		
Male	20	50
Female	20	50
Marital status		
Single	11	27.5
Married	15	37.5
Divorced	7	17.5
Widowed	5	12.5
Separated	2	5.0
Educational level		
Illiterate	5	12.5
Read & write	4	10.0
Primary education	1	2.5
Secondary education	15	37.5
High education	15	37.5
Occupation		
Employed	16	40
Unemployed	24	60
Monthly income		
Enough	8	20
Not enough	29	72.5
Sufficient and remains of it	3	7.5

Effect of Intervention Program on Self Care Skills and Self-efficacy among Patients with Depression

Table (2): Distribution of the studied patients according to their clinical data.

Clinical data	The studied sample (n=40)	
	N	%
Age at onset of illness (years)		
• 15 -< 20 yrs.	4	10
• 20 -< 25 yrs.	12	30
• 25 - < 30 yrs.	13	32.5
• ≥30 yrs.	11	27.5
Mean ±SD	(26.35 ± 8.52)	
Number of previous psychiatric hospitalization		
One time	19	47.5
Two times	16	40
More than three times	5	12.5
Mode of hospitalization		
Voluntary admission	40	100
Period of psychiatric hospitalization (years)		
<3 yrs.	16	40
3-5 yrs.	6	15
>5 yrs.	18	45

Table (3): The effect of intervention program on self-care skills among the studied patients pre and post implementation of the program.

Self-care skills (Subscales)	Pre program	Post program	T.test	
	Mean ±SD	Mean ±SD	t	p-value
Personal cleanness	11.37 ± 2.05	17.10 ±1.39	19.98	.000**
Clothes and general appearance	12.62 ±2.05	16.85 ±2.09	25.21	.000**
Activity and movement	9.87±1.32	15.95±1.37	16.75	.000**
Nutrition	8.20±1.26	10.37±0.95	11.30	.000**
The general level of the patient	6.65 ±1.21	13.52 ±1.03	13.05	.000**
Total self-care	48.67±5.04	72.25 ± 8.59	26.37	.000**

(**) highly statistically significant p<0.01.

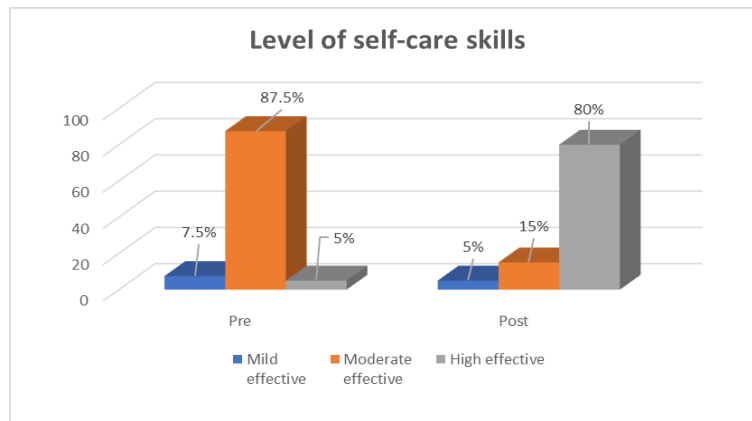


Figure (1): Distribution of the studied patients according to level self-care skills at pre and post intervention program (n=40).

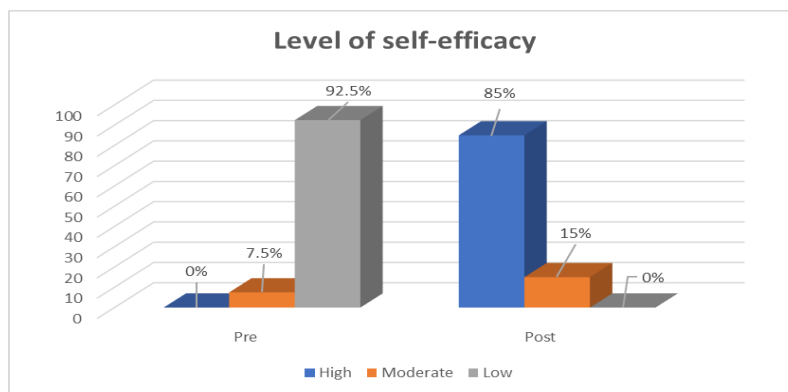


Figure (2): Percentage distribution of the studied patients according to their level general self-efficacy at pre- and post-intervention program.

Table (4): Correlation between total self-care domains and total self-efficacy among the studied patients pre and post implementation of the program.

Scales		Personal cleanness		Clothes and General appearance		Activity and movement		Nutrition		General level of the patient	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Total self-efficacy	R	.305	.354	.310	.344	.309	.339	.301	.400	.305	.374
	p	.005**	.001**	.007**	.001**	.006**	.001**	.000**	.000**	.009**	.000**

() highly statistically significant p<0.01.**

Effect of Intervention Program on Self Care Skills and Self-efficacy among Patients with Depression

Table (5): Correlation between total self-care and total self-efficacy at pre and post - intervention program among the studied patients.

Scale		Total self-care	
		Pre program	Post program
Total self-efficacy	R	.409	.452
	P	.001**	.000**

(**) highly statistically significant $p < 0.01$. studied patients their age was > 22 years with mean age (21.38 ± 1.71) year.

Discussion

Self-efficacy has a vital role in preventing relapse among patients with depression. It is considered as a protective agent toward the challenges or pressures that leads to fall into cycle of depression. The skills and behaviors most important for addressing depression and relationship problems so, self-care skills include any health-promoting routine, practice, method, behavior, or technique that helps to increase patient's adaptability, sense of empowerment, and general well-being and on the interpersonal level there are relationship skills (Juarez et al., 2021).

Regarding to socio-demographic of studied patients the present study showed that, one third of the studied patients their age ranged between 30-40 years and 40-<50 years, respectively with mean age (37.75±9.19)year. This result may be due to this middle aged adult experience problems at work or in education, conflicts within the family and difficulties in the marital relationships, so these life stressors lead to depression. This result in agreement with the study by AIDukhayel, (2015) who found that the most age of the studied patients were (45.83±15.54). This result in disagreement with the study by Iqbal et al., (2015) who found that less than half of the

Regarding to the marital status, more than one-third of patients were married, this result may be due to the most of patients are in age ranged from 40-<50 years and this is the age of marriage. This result was in line with the study by Li et al., (2020) who stated that the majority of the studied patients were married.

Concerning to the educational level, one-third of the studied patients had secondary education and high education respectively. This result may be due to the individual' resort to completing their education to maintain social prestige and to ensure that they get suitable job opportunities that increase their personal skills. This result was agreement with the study by Rady et al., (2021) who stated that one third of the studied patients had a high education.

In addition, less than two thirds of the studied patients were unemployed, this result may be due to lack of interpersonal skills and lack of concentration that affect patients productivity and their ability to work beside family responsibility, also because of the stigma of the disease. This result was disagreement with the study by Zhou et al., (2020) who stated that the

highest percentage of the studied patients were permanent or fixed-term employee.

Regarding to monthly income, less than three quarters of the studied patients their monthly income were not enough. This result may be due to less than two thirds of patients were unemployed and that affect their income and their income not enough for living requirements or costs of treatment. This result in agreement with **Rady et al., (2021)** who stated that the majority of the studied patients had low income.

Regarding to clinical characteristics of the studied patients, about one third of the studied patients their age at onset of illness were ranged between 25 - < 30 years. This result may be due to this period of age has a stressful situations, also young people rush to justify their wrong behaviors and try to convince themselves and their parents that they are not doing anything wrong and this leads at the end of time and over time to depression, but the young man cannot know or justify his illness because he has justified his behavior that it is normal behavior, but illogical justifications lead to depression. This result in agreement with **Saleh et al., (2013)** who stated that more than one third of the studied patients their age at onset of disease was 28 years.

Also, the present study presented that less than half of the studied patient admitted into psychiatric hospital one time, this result may be due to patients do not prefer to enter psychiatric clinics due to the stigma of mental illness and the society's view of them, Whether this stigma is personal from the patient himself or social from others around him, in both cases it has very negative consequences for the affected person as refuse to seek treatment and adhere to medical help. This result was in agreement with **Ramasamy et al., (2018)** who found that the majority of the studied

patients entered the hospital one time of admission. This result was disagreement with **Eissa et al., (2020)** who found that the majority of the studied patients admitted into psychiatric hospital three times.

Regarding to the mode of hospitalization, all the studied patients were voluntary admitted. This may be due to this study was conducted at the time of covid-19 in which many restriction was done at the admission of patients and their families as there was no family visits and the families of patients with depression afraid of spread of infection among their patients during hospitalization. This result was disagreement with the study by **Nordenskjöld et al., (2018)** who found that the most of the studied patients were involuntary admitted.

According to the effect of intervention program on self-care skills among the studied patients pre and post implementation of the program. The results showed that, there was a marked improvement in total patients' self-care skills post implementation of intervention program with a highly statistically significant difference between pre and post implementation of an intervention program. This result may be due to the intervention program changed behavioral concepts about self-care skills as personal cleanness, clothes and general appearance, activity and movement, 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 which characterized by his neglect of his personal hygiene, general appearance, isolation from the world, loss of appetite and severe insomnia.

The finding of present study supported by study done by **Mohamed & Abou El-Soud, (2019)** who found that there was a marked improvement in patients' self-care skills post

Effect of Intervention Program on Self Care Skills and Self-efficacy among Patients with Depression

implementation of psycho-educational program with a highly statistically significant difference between pre and post implementation of the program. Moreover, the result agreement with the study done by **Hwang et al.,(2019)** who found that there was marked improvement in self-care skills among patient with depression after implementation of educational program.

According to level of self-care skills among the studied patients at pre and post intervention program the results showed that the most of the studied patient had moderate effective self-care pre implementation of intervention program. While, the

most of the studied patients had strong effective self-care post implementation of intervention program. It could be due to during implementation of intervention program the researcher conducted seven sessions on personal care skills and meets with the studied patients at the inpatient departments of the hospital, the duration of each session ranges from 30 to 45 minutes, the researcher displays a set of images through the booklet, handouts and videos on the laptop using the role-playing method and a practical demonstration of the steps of the various activities at the end of each session, the researcher also made a summary of the sessions and evaluated the group by re-demonstration and oral questions. All of this showed the effectiveness of interview program on patients' self-care skills to acquire knowledge and practices to change their behavior. This result in agreement with the study done by **Jiang et al., (2018)** who found that there was increasing in levels of self-care skills after intervention of psychological program in patients with depression. Moreover, this result agreement with the study done by **Klawonn,et al., (2019)** who found that levels of self-care

improved after intervention of bio psychosocial-spiritual program of self-care in patients with depression.

According to distribution of the studied patients according to their level of self-efficacy at pre and post-intervention program. The result showed that, the most of the studied patients had high level of self-efficacy post implementation of intervention program. It could be due to the implementation of self-efficacy skills during the session of the intervention program as problem solving skills, positive self- talk skill and decreasing negative feelings. Also, the researcher using hand outs and views some images to give examples of problem solving to make the patient practicing this skill. This result in agreement with the study done by **Ramezani et al., (2019)** who found that there was increasing in levels of self-efficacy after implementation of educational intervention program in patient with depression.

According to correlation between total self-care domains and total self-efficacy among the studied patients pre implementation of the program. The result showed that there was a highly statistically significant positive correlation between total patients' self-care domains (personal cleanness, clothes, general appearance, nutrition and general level of the patient) and total self-efficacy at pre implementation of the program. It could be due to the lower the domains of self-care the lower the levels of self-efficacy pre implementation of intervention program.

According to correlation between total self-care domains and total self-efficacy among the studied patients post implementation of the program. The result showed that there was a highly statistically

significant positive correlation between total patients' self-care domains (personal cleanness, clothes, general appearance, nutrition and general level of the patient) and total self-efficacy at post implementation of the program. It could be due to the more the domains of self-care skills the more self-efficacy post implementation of intervention program as the patient receiving information and skills through intervention program session directs patients towards taking care of his general appearance and proper nutrition, thus improving the patient's self-confidence and increasing self-efficacy skills. This result was in accordance with **Qian& Yuan, (2012)** who reported that there was a positive correlation between self-care levels and total self-efficacy. This result agreed with **Tan et al., (2021)** who reported that higher self-efficacy was associated with engagement in self-care behaviors including medication adherence, clothes, and physical activities and taking proper nutrition.

According to correlation between total self-care and total self-efficacy at pre intervention program among the studied patients, the result showed that, there was a highly statistically significant positive correlation between total patients' self-care and total self-efficacy at pre educational program. It could be due to personal care skills among patients with depression who suffers from a lack of interest in his general appearance and personal hygiene and his despair for life, which negatively affects him, so patient loses his self-confidence and his ability to face daily problems and pressures, and when patient's self-efficacy decreases the self-care skills decreases.

Also, the result showed that, there was a highly statistically significant positive correlation between total patients' self-care and total self-efficacy at post educational program. It could be due to personal care

skills after the intervention program was improved in patient with depression by learning skills to improve general appearance and personal hygiene, which positively increasing his self-confidence and his ability to face daily problems and stressors by discussion and participation of the patient in the sessions of the program and through interaction with the researcher which showed marked improvement of patient's self-efficacy. This result in the same line with **Walker et al., (2014)** who reported that there was a correlation between total self-care skills and total self-efficacy skills after implementation of empowerment program.

Conclusion

The intervention program have a marked improvement in total self-care skills and self-efficacy among patients with depression. Also, Patients with depression need psycho-educational programs for enhancing self-care skills and self-efficacy skills as these programs helped patients to increase their adaptability, sense of empowerment, general well-being and on the interpersonal level there are relationship skills which qualify patients to integrate into the society. This conclusion leads to the acceptance of the study hypothesis both self-care skills and self-efficacy among patients with depression after implementing the intervention program has been improved.

Recommendations

- ❖ Continuous in- service training programs for nurses about enhancing self-care skills and self-efficacy skills are need to be implemented to provide basic necessary skills among patients with depression.
- ❖ Developed psycho-educational training program about self-care skills for patients with depression in outpatient clinics and hospitals.

Effect of Intervention Program on Self Care Skills and Self-efficacy among Patients with Depression

- ❖ Developed psycho-educational program to families of patients with depression about the important role of social support on enhancing patients' self-efficacy and self-care skills.
- ❖ Psycho-educational program for patients about healthy life style for enhancing their self-care skills.
- ❖ Further studies for larger sample size should be done to generalize the results.

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تأثير برنامج تدخلي علي مهارات العناية الشخصية والكفاءة الذاتية بين المرضى الذين يعانون من الاكتئاب

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إن مرض الاكتئاب هو اختلال في الحالة المزاجية للإنسان يؤدي به إلي الحزن الشديد والتشاؤم والنظرة القاتمة للنفس والعالم وللمستقبل. يعد الإكتئاب أيضا مشكلة شخصية واجتماعية فهو مجموعة من الأعراض التي تؤثر علي الحالة المزاجية والنفسية والسيكولوجية للجسم وأيضا السلوكية للفرد. كما أنه يؤثر علي القدرة علي التفكير واتخاذ القرار مع الشعور بالذنب مصحوبا بنقص ملحوظ في الإحساس بالقيمة الشخصية, وينتج عن ذلك عدم الاهتمام بالعناية الشخصية والكفاءة الذاتية فيعجز غالبا المرضى المصابين بالاكتئاب عن القيام بالحفاظ علي المهارات الأساسية مثل المحافظة علي المظهر الخارجي والعناية الشخصية. لذا تقوم ممرضة الصحة النفسية بدور حيوي في مساعدة المرضى في كيفية اكتساب مهارات الاعتماد علي النفس وتكامل العلاقات الاجتماعية والشخصية ومصادر التكيف. لذلك هدفت الدراسة الحالية إلى تقييم تأثير برنامج تدخلي علي مهارات العناية الشخصية والكفاءة الذاتية بين المرضى الذين يعانون من الاكتئاب. تم استخدام تصميم شبه تجريبي لإجراء هذه الدراسة. تم إجراء الدراسة علي (40) مريضا يعانون من مرض الاكتئاب في مستشفى العباسية في مدينة القاهرة ومستشفى الصحة النفسية في مدينة بنها بمحافظة القليوبية التابعة لهيئة الأمانى العامة للصحة النفسية بوزارة الصحة والسكان. حيث كشفت النتائج أن تنفيذ البرنامج التدخلي أثبت فعاليته بشكل كبير في تحسين مهارات العناية الشخصية والكفاءة الذاتية بين المرضى المصابين بالاكتئاب مما يدعم فرضيات الدراسة. كما أوصت الدراسة توفير التعليم المستمر والدورات التدريبية لأعضاء هيئة التمريض الذين يعتنونا بالمرضى المصابين بالاكتئاب لتحسين معرفتهم وممارستهم حول طرق الاهتمام بالعناية الشخصية والكفاءة الذاتية لمرضى الاكتئاب.