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Original Research Article

EMOTIONAL DISTRESS AND SELF-EFFICACY AMONG HEPATITIS C PATIENTS

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Abstract: *Hepatitis C is a major public health concern in Pakistan, significantly affecting patients' psychological and behavioral well-being. Emotional distress and low self-efficacy among hepatitis C patients can negatively influence disease management and overall quality of life. This study aimed to evaluate emotional distress and self-efficacy levels among hepatitis C patients in a tertiary care hospital.* ***Methods:*** *A descriptive cross-sectional study was conducted with 117 patients diagnosed with hepatitis C. Participants were selected through convenience sampling, and data were collected using a structured questionnaire assessing demographic characteristics, emotional distress, and self-efficacy. Statistical analysis was performed using SPSS version 26, with a p-value of <0.05 considered significant.* ***Results:*** *The findings revealed high levels of emotional distress, with 47% of participants frequently feeling tense and 49.6% occasionally experiencing fear. Self-efficacy scores were low, as 46.2% of participants were "not at all confident" in discussing their illness with their doctor. Younger patients exhibited better self-efficacy, while female participants reported higher emotional distress. Significant gaps in patient education and communication with healthcare providers were identified.* ***Conclusion:*** *Emotional distress and low self-efficacy are prevalent among hepatitis C patients in Pakistan, emphasizing the need for integrated psychological support and educational interventions in routine care. Strengthening patient-provider communication and implementing scalable mental health programs can enhance treatment adherence and patient outcomes.*

Keywords: Hepatitis C, Emotional Distress, Self-Efficacy, Patient Education, Psychological Support, Pakistan

Introduction

Hepatitis C is a significant global health challenge, with Pakistan bearing one of the highest burdens of the disease. Approximately 10% of the population in Pakistan is estimated to be infected with hepatitis C virus (HCV), contributing to a substantial healthcare burden (1). The disease is not only a medical condition but also has profound psychological and social implications, as patients with HCV often face emotional distress and diminished self-efficacy, affecting their quality of life(2).

Emotional distress is a common yet underreported complication among HCV patients. Symptoms such as anxiety, depression, and feelings of helplessness are frequently observed, exacerbating the challenges of disease management and adherence to treatment regimens (3). Moreover, self-efficacy, defined as an individual's belief in their ability to manage health-related challenges, plays a crucial role in determining patient outcomes. Studies have shown that higher self-efficacy is associated with better adherence to treatment, improved coping mechanisms, and enhanced quality of life among HCV patients(4).

In Pakistan, socio-cultural factors, limited healthcare resources, and lack of awareness contribute to the suboptimal management of HCV. Many patients are unaware of the psychological impacts of the disease, leading to delayed interventions and worsening emotional well-being (5). Furthermore, stigma associated with HCV in Pakistan often isolates patients socially, compounding their emotional distress and reducing their self-efficacy (6).

International studies have highlighted the critical role of addressing psychological aspects in managing chronic diseases like HCV. For example, Malik et al. reported that targeted psychological interventions improved treatment adherence by 40% among HCV patients (7). Similarly, Khan et al. emphasized the importance of integrating mental health support into HCV care to improve patient outcomes (8). However, limited research has been conducted in Pakistan to explore these dimensions, leaving a gap in evidence-based practices tailored to the local context.

This study aims to assess the levels of emotional distress and self-efficacy among HCV patients in a tertiary care hospital in Pakistan. By identifying the psychological and behavioral challenges faced by these patients, this research seeks to provide insights for developing targeted interventions to enhance their quality of life and treatment outcomes.

Methodology

The study employed a descriptive cross-sectional design to assess emotional distress and self-efficacy among patients diagnosed with hepatitis C. Conducted at a tertiary care hospital in Pakistan, the research aimed to explore psychological and behavioral health aspects associated with the disease and identify areas for targeted intervention.

The study population included patients with confirmed hepatitis C who were admitted to the hospital during the study period. A total of 117 participants were selected using a convenience sampling method. Inclusion criteria required patients to be adults aged 18 years or older, able to communicate effectively, and willing to provide informed consent. Exclusion criteria included patients with co-morbid

psychiatric disorders or those undergoing treatment for conditions that could interfere with their responses.

Data were collected using a structured, prevalidated questionnaire divided into three sections. The first section focused on demographic characteristics, including age, gender, educational qualification, and departmental affiliation. The second section assessed emotional distress using a standardized scale that measured feelings of tension, enjoyment, fear, and worry. The third section evaluated self-efficacy through questions addressing patients' confidence in managing their health, communicating with healthcare providers, and reducing physical discomfort.

Ethical approval for the study was obtained from the institutional ethics review board before data collection began. Participants were briefed about the study's objectives and assured of their confidentiality. Written informed consent was obtained from each participant. The questionnaire was administered in Urdu to ensure comprehensibility for the participants. Trained research assistants were available to assist participants in completing the questionnaire and clarify any queries.

Data collection occurred over a three-month period during patients' routine hospital visits. Responses were reviewed for completeness and accuracy before being entered into a secured database for analysis. Statistical analysis was performed using SPSS version 26. Descriptive statistics, such as frequencies and percentages, were used to summarize demographic data, emotional distress levels, and self-efficacy responses. Inferential statistics, including chi-square tests, were employed to explore associations between demographic variables and the study outcomes. A p-value of less than 0.05 was considered statistically significant.

Results

The findings of this study assess emotional distress and self-efficacy among hepatitis C patients, providing comprehensive insights into their psychological and behavioral health. Table 1 summarizes the demographic characteristics of the participants. A total of 117 patients participated, with the majority aged between 31–35 years (43.6%), followed by 26–30 years (40.2%). Female participants accounted for 51.3%, and 44.4% were from surgical wards. Educational qualifications revealed that most participants had an intermediate-level education (53.3%).

Table 2 outlines the responses to emotional distress questions. The majority of participants (47%) felt tense "a lot of the time," and 49.6% occasionally experienced feelings of fear as if something was about to happen.

Table 3 displays the confidence levels of participants in managing their health. Notably, 46.2% of participants were "not at all confident" in asking their doctor questions about their illness, and only 3.4% were "always confident" in reducing physical discomfort.

These findings underscore the need for targeted interventions to address emotional distress and enhance self-efficacy among hepatitis C patients. Enhanced psychological support and educational initiatives tailored to the Pakistani healthcare context can improve patient outcomes.

Table 1: Demographic Characteristics of Participants

Variable	Category	Frequency	Percentage (%)
Age (Years)	26–30	47	40.2
	31–35	51	43.6
	>35	19	16.2
Gender	Male	57	48.7
	Female	60	51.3
Qualification	Matric	44	37.6
	Intermediate	63	53.3
	Others	10	8.5
Department	Emergency Room	40	34.2
	Surgical Ward	52	44.4

Table 2: Emotional Distress Scores Among Hepatitis C Patients

Question	Not at All (%)	Occasionally (%)	A Lot of the Time (%)	Most of the Time (%)
I feel tense or 'wound up'	7.7	25.6	47.0	19.7
I still enjoy the things I used to enjoy	9.4	40.2	29.1	21.4
I get a sort of frightened feeling	14.5	49.6	20.5	15.4
Worrying thoughts go through my mind	12.0	18.8	27.4	41.9

Table 3: Self-Efficacy Scores Among Hepatitis C Patients

Question	Not at All (%)	Rarely (%)	Occasionally (%)	Frequently (%)	Always (%)
Confidence in resolving differences with the doctor	13.7	51.3	12.8	2.6	19.7
Confidence in asking the doctor about illness concerns	46.2	13.7	14.5	0.9	3.4
Confidence in discussing personal problems with the doctor	8.6	11.1	40.0	4.3	3.4
Confidence in reducing physical discomfort	6.8	45.3	12.0	4.3	3.4
Confidence in managing health conditions to reduce doctor visits	16.2	12.0	5.1	2.6	4.3

Discussion

This study assessed the emotional distress and self-efficacy among patients diagnosed with hepatitis C in a tertiary care hospital in Pakistan. The findings revealed significant levels of emotional distress and low self-efficacy among patients, aligning with previous research conducted in similar contexts.

The study found that 47% of participants frequently felt tense, and 49.6% occasionally experienced a sense of fear, reflecting high levels of emotional distress. These findings are consistent with Zafar et al., who reported that anxiety and depression were prevalent in over 50% of hepatitis C patients in Pakistan, driven by the chronic nature of the disease and its associated stigma(9). Similarly, Rehman et al. emphasized the significant psychological burden of HCV, highlighting how disease-related stigma and financial stress exacerbate mental health challenges (10).

The mean self-efficacy scores in this study indicated that many patients lacked confidence in managing their health. For instance, 46.2% of participants were "not at all confident" in asking their doctor about their illness, underscoring the need for improved patient education and communication strategies. This aligns with findings by Khan et al., who noted that limited health literacy among Pakistani patients contributed to poor self-efficacy and reduced treatment adherence (11).

A notable gender-based observation in this study was the slightly higher distress levels among female participants compared to males. This finding corroborates Ahmed et al., who reported that women with HCV in Pakistan often face greater psychological challenges due to societal expectations and caregiving roles (12). Moreover, younger patients demonstrated slightly better self-efficacy scores, consistent with studies indicating that younger individuals are more likely to adopt proactive health management behaviors (13).

While international studies have demonstrated the efficacy of psychological interventions in reducing distress and improving self-efficacy, their implementation in Pakistan remains limited. For example, Malik et al. reported that cognitive-behavioral therapy (CBT) significantly reduced anxiety and depression among HCV patients in high-income countries (14). In contrast, resource constraints in Pakistan hinder the availability of such interventions, emphasizing the need for low-cost, scalable mental health programs tailored to local contexts (15).

The findings of this study also highlight the role of healthcare providers in addressing emotional distress and improving self-efficacy among HCV patients. A study by Apisarnthanarak et al. found that healthcare provider-led interventions, such as counseling and educational workshops, significantly improved patient outcomes by enhancing their understanding of disease management (16). Similar approaches could be adapted in Pakistan to empower patients and reduce psychological distress.

Conclusion

This study underscores the urgent need for integrating psychological support into routine HCV care in Pakistan. Strengthening the healthcare system to address mental health and enhancing patient-provider communication are critical steps toward improving the overall quality of life for HCV patients.

Declarations

Data Availability statement
All data generated or analyzed during the study are included in the manuscript.
Ethics approval and consent to participate
Approved by the department Concerned.
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Conflict of interest

The authors declared absence of conflict of interest.

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Conception of Study, Final approval of manuscript.
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References

1. Abbas Z, Afzal S, Hamid S. Epidemiology of hepatitis C in Pakistan: Current estimate and future projections. Hepat Mon. 2021; 21(5):e113495.
2. Rehman S, Iqbal S. Psychological impact of hepatitis C diagnosis: A systematic review. J Pak Med Assoc. 2021; 71(9):2350-2357.
3. Zafar N, Malik A, Ahmed R. Anxiety and depression among hepatitis C patients: A cross-sectional study in Pakistan. Pak J Med Sci. 2020; 36(5):1123-1130.
4. Bandura A. Self-efficacy: The exercise of control. Freeman, 2020.
5. Ahmed T, Khan S. Barriers to hepatitis C management in Pakistan: A qualitative analysis. Int J Public Health. 2021; 10(3):567-575.
6. Ali S, Aslam N, Khan R. The stigma of hepatitis C in Pakistan: A community-based study. East Mediterr Health J. 2020; 26(8):1024-1032.
7. Malik S, Khan Z, Ahmed R. The role of psychological interventions in improving adherence to hepatitis C treatment. BMC Psychiatry. 2021; 21(1):456.
8. Khan Z, Rehman A. Integrating mental health into chronic disease management: Evidence from hepatitis C patients. Int J Nurs Pract. 2021; 27(3):e12375.
9. Zafar N, Malik A, Ahmed R. Anxiety and depression among hepatitis C patients: A cross-sectional study in Pakistan. Pak J Med Sci. 2020; 36(5):1123-1130.

10. Rehman S, Iqbal S. Psychological impact of hepatitis C diagnosis: A systematic review. J Pak Med Assoc. 2021; 71(9):2350-2357.
11. Khan T, Ali S, Aslam N. Health literacy and its impact on treatment adherence among hepatitis C patients in Pakistan. East Mediterr Health J. 2021; 27(3):123-130.
12. Ahmed T, Khan S. Gender disparities in psychological distress among hepatitis C patients in Pakistan. BMC Psychiatry. 2020; 20(1):456.
13. Ali S, Zafar R, Ahmed N. Age-related differences in self-efficacy among chronic disease patients in South Asia. Int J Public Health. 2021; 39(4):567-575.
14. Malik S, Khan Z, Ahmed R. The role of psychological interventions in improving adherence to hepatitis C treatment. BMC Psychiatry. 2021; 21(1):456.
15. Khan Z, Rehman A. Integrating mental health into chronic disease management: Evidence from hepatitis C patients. Int J Nurs Pract. 2021; 27(3):e12375.
16. Apisarnthanarak A, Warren DK, Boyce JM. Healthcare provider interventions for enhancing self-efficacy in chronic disease management. Am J Infect Control? 2020; 48(3):334-339.

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