

عنوان البحث باللغة الإنجليزية:-

The effects of educational intervention on self-care behavior and expected clinical outcome in patient undergoing liver transplantation

ملخص البحث باللغة الانجليزية:

Introduction:

Liver transplant is the method used for the treatment of end-stage liver disease patients. Liver Transplant Recipients (LTRs) may experience physical, psychological, and social problems during this period. And after liver transplant,¹ the effects of educational interferences were suggested to be implemented after liver transplant. People with chronic liver failure need nursing educational interventions to support the required lifestyle changes, so as to prevent and control disease progress.

Aim of the study

The aim of the research was to evaluate effects of educational intervention on self-care behaviors and expected clinical outcome in patient undergoing liver transplantation.

Research hypotheses:

H1: Improve liver transplant recipients' self-care practice after implementation of program.

H2: Transplant patients' clinical outcome will be statistical significantly with normal value post implementation of program.

Research design:

A Quasi experimental study design with pretest, posttest, and follow up assessments was utilized in this study.

Research setting:

The study was conducted in the liver transplant unit at Ain Shams University Hospitals (ASUH) .

Subjects:

The study involved a convenience sample of 60 adult patients undergoing liver transplantation, with the inclusion criterion ranged from 18 to 60 years old, agree to participated, and willingness to complete the program. The exclusion criterion was having chronic diseases such as end stage renal disease, heart disease and psychological disordered.

Tools: It consists of three tools for data collection such as:

Tool 1: Demographic and Medical Health History Tool:

Part one was attentive with patients' socio-demographic characteristics such as sex, age, education, marital status, occupation, residence, caregiver, monthly income, family size and crowding index.

Part two was related to patient health history as duration of illness, causes of liver failure, complications, previous hospitalization and previous surgery and transplant to the liver.

Tool 2: Assessment of Self-care Behavior Sheet: To assess patients' self-care ability about liver transplantation.

Tool 3: Patient Physiological Assessment Sheet: To assess patients' clinical outcome.

Results:

The distribution of patients' medical and family history. It displays the most of study (81.6%) were hepatitis C with liver cirrhosis. More than half of subjects (53.3%) suffering liver diseases within 10 to 12 years. In relation to complain with disease, more than one third (36.7%) had abdominal ascites and peripheral edema. Regards chronic disease (comorbid), nearly one fourth (18.3%) were diabetes, while nearly more than two thirds of the sample(63.4) were diabetes and hypertension diseased. Reveals marked deficiency in patients' self-care of transplanted during the pre-program, there are statistically significant improvements in all aspects of patients' self-care ability at the posttest ($p < 0.0001$, respectively). Also, the follow-up phase showed continued improvements in many areas such as personal

hygiene and incision care at the pre and follow up phase ($p < 0.05$). While there some decline in satisfactory between posttest and follow up phase in self-care aspects such as diet, environment, activity and exercise, drug side effect and emotional disorder. However, there was no significant correlation between sex, education level, marital status, residence and family number at posttest and 3 months after therapy.

Conclusion and recommendations:

Our study findings concluded that improving their knowledge and self-care practices in liver transplant post implementation of educational intervention. Also there are improvements in physiological outcomes after educational intervention. The results of this study it's recommended to enforce educational intervention as a usual care in transplantation unit for support patient and improve health outcomes as well as afflicted care continuity at house.