

Impact of Self-Efficacy on Epilepsy Management

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ABSTRACT

Epilepsy is a chronic neurological disorder characterized by seizures. It is a situation that causes physical and social limitations for the individual, affects life quality negatively and required constant care and treatment. Individuals', who have to live with this illness, the belief of self-efficacy plays a key role in terms of learning new skills for illness management, overcoming the illness and adaptation to the illness. Therefore, nurses can provide more efficient care with the determination of epileptic self-efficacy and plan interventions that will increase self-efficacy. The purpose of this compilation is to draw attention to the importance of self-efficacy in terms of epilepsy and illness management.

Key Words: epilepsy; self-efficacy; nurse

SELF-EFFICACY

Self- efficacy is the main concept of Bandura's Social Learning Theory. ^[1]

Bandura (1986), defines self-efficacy as an individual's perception of his or her capacity to organize and successfully accomplish necessary activities to produce specific performance attainments. ^[2]

Individual's perception on self-efficacy affects the effort that will be spent for task selection, the duration of patience that will be shown in terms of solving emerging problems, confidence and anxiety level and the situation of how to feel, think and move. The concept of self-efficacy explains the belief related to the answer that individual give to the question of 'what can I do' with the skills. ^[3]

Self- efficacy plays the role of an important component of health improving behaviors in chronic illnesses and an important determinant in terms of initiating and maintaining positive health behaviors. An increase in individuals' self-efficacy

perception also helps individuals to display positive health behaviors. ^[4]

The self-efficacy belief of an individual who has to live with a health problem that requires constant care and treatment is fundamental in terms of adapting to the illness, coping with the distress caused by the illness more conveniently, determining the activities that can be performed or avoided and learning new skills for illness management. ^[5-7] Self-efficacy beliefs affect expectations of individuals towards the aims that they determined for health behaviors and shape the outcomes. As the perceived self-efficacy becomes stronger, the aims that individuals determined for themselves become higher and strengthen individuals' commitment to them. Individuals with high self-efficacy expect that their efforts to result positively and the ones with low self-efficacy expect that they will result negatively. Individuals with high self-efficacy put more effort to change their health-related behaviors and strive more when they confront a challenge.

[8] Individuals with high self-efficacy perception display healthier lifestyle behaviors. [9]

Individuals with low self-efficacy do not want to attempt to change the health-related behavior and do not put an effort for that. When they make an attempt they give up easily in the case that it does not result rapidly and they feel defenseless against illnesses. [8,10]

The concept of self-efficacy, which is a dynamic concept, can be changed positively or can be increased. [11] In order to create the feeling of self-efficacy, people should develop skills in terms of how to affect their own motivations and behaviors. They should learn about which way they should follow in terms of the behaviors they want to change and how to provide incentives and social support to be motivated and maintain their efforts. [10] The perception of self-efficacy is unique to the behavior and situation. An individual who believes that he/she will be sufficient can consider himself/herself insufficient in another situation. The success of assessment instruments that evaluates an individual's self-efficacy expectations is much more reliable in specific issues. [12] Self-efficacy scales measure individuals' beliefs in general and their skills to fulfill different task demands in the scope of a psychological domain. [13] Measuring self-efficacy may also help to determine the patients with low perceived self-efficacy. Self-efficacy measurements may provide very effective benefits in terms of interventions that support health. There are different scaled to measure self-efficacy. Self-efficacy measures should be unique to the domain. [14] In our country there are self-efficacy scales peculiar to illnesses such as asthma, fibromyalgia, arthritis, diabetes, migraine, chronic adrenal insufficiency, osteoporosis and hypertension and they are used in scientific studies as well. [5,6-15-20] However, there are no self-efficacy scales in our country towards epilepsy. In the literature, the evaluation scale that is frequently used to determine self-efficacy of

individuals with epilepsy is Epilepsy Self Efficacy (ESES) which was developed by Dilorio et. al. This scale consists of 25 items under the name of ESES-92 and reflects three dimensions as medication management, seizure management and general management. [21] In the 2000 version of this scale (ESES-2000), 8 additional items were added that address general management subjects such as stress management, exercise and diet. The epilepsy self-efficacy scale that consists of 33 items evaluates individuals' beliefs on their own skills related to epilepsy self-management. [22]

EPILEPSY AND SELF-EFFICACY

Epilepsy is the most common chronic illness among the neurological system disorders that affects approximately 50 million people around the world and seen in every age group. [23] Epilepsy is an illness that is characterized by repeating seizures, requires daily medication adaptation, requires an individual to be ready for medical examination and emergency situations that affect life quality negatively. [24]

Epilepsy patients confront challenges in terms of finding a job, a decrease in self-esteem, social isolation, stigmatization and marriage-related problems. [25] At the same time, epilepsy seizures affect patient's physical, psychological and social well-being as they cause physical harm in the patient, trauma, burn injuries, fractures, bleeding, suffocation and death. [26] These situations force individuals to change their lifestyle in order reduce the possibility and frequency of the seizures. For example, epilepsy patients should take their medicines regularly, avoid situations that trigger seizures, take enough and regular rests, have proper nutrition and make stress management. Collectively, these tasks are called self-management behaviors. The key of actualizing self-management behaviors and reaching the target is the concept of self-efficacy. [21]

When the literature is reviewed, self-efficacy is related to stigma, depression symptoms, self-management and social support. The previous findings of studies on self-management in epilepsy demonstrate that self-efficacy is the primary determinant in epilepsy management and medication treatment. [27-29]

In the studies conducted it is stated that epilepsy patients with high self-efficacy feel less stigmatization, have more social support, show less depressive symptoms and have more positive expectations for the treatment. [28,30-33] Individuals with low self-efficacy may benefit from an intervention that increases their self-efficacy. When the literature is reviewed it is seen that self-efficacy levels of patients with epilepsy increase with phone-based, online computer-supported self-efficacy applications, education-supported websites, social cognitive theory, training based on motivational meetings and cognitive behavioral group therapies. [34-38] At the same time, it was determined through the epilepsy specialist nurses that that feeling of shame, fear, fear of death and stigmatization have reduced for the patients who receive an education which includes medical and social subject and their adaption to treatment, satisfaction and epilepsy knowledge levels have increased. [39]

CONCLUSION

Epilepsy specialist nurses can change or increase patients' self-efficacy levels in order to improve self-management behaviors. Patient education should be planned in a way to affects skill and behavior changes positively and to include family. In order to improve self-efficacy of the individual the issues that support the individual's talent should also be discussed. Nurses should focus on medication treatment, seizure monitoring and other self-management initiatives by creating a secure environment while they are giving counselling and should not ignore emotional and social factors that influence patients' self-efficacy. Interventions should be

planned towards these factors that increase the belief of self-efficacy. As a conclusion, nurses should be able to evaluate individuals' self-efficacy and the factors that affect it and should plan the nursing practices in a way to increase individuals' beliefs on epilepsy management skills.

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