Effectiveness of an Educational Program on Self-care practices and Functional Status among Patients with Psoriasis

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Abstract

Background: Psoriasis is one of the most common dermatologic disorders**.** It impairs many aspects of individual well-being. Patient education is an integral part of comprehensive chronic disease management. **Aim** of the study was to evaluate the effectiveness of an educational program on self-care practices and functional status among patients with psoriasis. **Design:** A quasi experimental design was conducted to achieve the aim of the study. **Setting:** This study was conducted in dermatological department at Benha University Hospital, outpatient clinics and Dermatology Hospital at Benha city. **Sample:** Purposive sample of 43 psoriatic patients. **Tools:** Four tools were used in this study; **I:** Patients' interview questionnaire. **II:** Patients' knowledge questionnaire. **III:** Self-care practices assessment**. IV:** A Disease-Specific Version of the Euro Quality of life-5 Dimensions-5 Level**. Results**: None of the studied patients had satisfactory level of knowledge pre-program implementation compared to three quarters of studied patients post one month and slightly declined after three month of program. Less than one fifth of studied patients had high practice level pre-program implementation, while it increased post one month and declined slightly post three months. **Conclusion:** Implementing of an educational program had statistically significant improvement of knowledge, self-care practices and functional status among psoriatic patients. **Recommendations:** Further studies should be carried out in Egypt using a wider geographic scope and a larger sample size including their families in order to acquire progressive improvement in patients' functional status.

Keywords: Educational program, Functional status, Psoriasis, Self-care practices

Introduction

Psoriasis is a chronic, immune mediated inflammatory skin disease, it characterized by inflammation caused by dysfunction of the immune system that causes inflammation in the body. Plaques and scales may appear on any part of the body, although they are commonly found on the elbows, knees, and scalp **(Lee et al., 2019).** Psoriasis that causes skin cells to form too quickly. Because new skin cells grow faster than the body sheds existing skin cells, thick, scaly patches of skin form. There will be periods when the condition will improve, and other times it will worsen. The symptoms can range from mild, small and faint dry skin patches **(Stoppler, 2021).**

Living with psoriasis poses problem for the individual concerned with functioning and daily living activities. It is linked with social stigmatization, pain, discomfort, physical disability and psychological stress. Individuals with psoriasis may experience significant physical discomfort and some disability as itching and pain that can interfere with basic functions, such as self-care and caring for

family members or home **(Bulat et al., 2020).**

To successfully control psoriasis, patients and health care provider must work with each other to recognize how to manage psoriasis, considering psoriasis severity, comorbidities, and potential side effects of medications, treatment costs, and patient preferences. So, nurses might improve patients' disease conditions and can assist with these changes by providing educational opportunities and strategies that increase self-care practices, thus making a positive impact on patient's daily life. Additionally, the nurses spent the most time with patients, and they have many opportunities for educational activities. Patients experiencing psoriasis should know how to care for themselves to manage the symptoms **(Ghezeljeh et al., 2018).**

Significance of the study:

Psoriasis is recognized as a major global health problem by the World Health Organization. It is increasing in prevalence and morbidity in both adults and children of all ages across the globe, affects 2–4% of the population **(Damiani et al., 2021).** Statistics indicate that there are more than one million Egyptian patients, of which 145,000 are moderate and severe **(Farag, 2019).** A Brighter future for psoriasis patients in Egypt

The number of patients admitted to dermatological department at Benha University Hospital in 2019 was 125 cases, approximately 25% of them suffering from psoriasis **(Statistics office of Benha University Hospital, (2019).** Also the number of patients admitted to dermatology Hospital at Benha city in 2020 was approximately 76 cases suffering from psoriasis **(Statistics office of Benha dermatology Hospital, (2020).**

Aim of the study:

The aim of this study was to evaluate the effectiveness of an educational program on self-care practices and functional status among patients with psoriasis.

Research Hypotheses:

H1: The mean score of patients' knowledge and self-care practices about psoriasis will be higher post educational program than pre implementation.

H2: Functional status for psoriatic patients will be improved post program implementation than pre implementation.

Research design:

A quasi experimental design was utilized to achieve the aim of the study.

Settings:

This study was conducted in dermatology department and outpatient clinics at Benha University Hospital and conducted in dermatology Hospital at Benha city, Qalyubia governorate, Egypt.

Subjects:

Purposive sample of 43 psoriatic patients admitted to the dermatology department at Benha University Hospital and at dermatology hospital during one year. The sample was included an adult patient with age ranged from 20-60 years old from both sexes who agreed to participate in the study and able to communicate verbally. **Exclusion criteria:** Patients diagnosed with psoriasis arthritis, patients who had the diagnosis of any psychiatric disorder and patients who attended previous educational program were excluded from the study.

Tools for data collection:

Four tools for data collection were used as the following:

Tool I: Patients' interview questionnaire: It was prepared by the researcher based on review of related and recent literature **Karimipour et al., (2017), Aksoy & Celik, (2018), Riad et al., (2020) and Alhammad et al., (2021).** It was written in an Arabic

language; it included 30 questions and consisted of three parts:

Part 1: Psoriatic patients' personal data; it aimed to assess patients' personal characteristics, it included 10 questions about age, sex, marital status, living areas, level of education, occupation, etc.

Part 2: **Patients' history**; it aimed to assess patients' history which included 20 questions.

Part 3: Patients' personal habits; it aimed to assess patients' personal habits which included 10 questions about smoking, smoking duration, consumption of cigarettes per day, received all vaccinations in childhood, medical treatment, etc.

Tool II: Psoriasis Patients' Knowledge Questionnaire: It was prepared by the researcher after reviewing the related and recent literature **Bubak et al., (2019), Mohamed et al., (2021), Sawicka et al., (2021) and Elzehiri et al., (2022).** It aimed to assess the psoriatic patients' knowledge about the disease which included 27 multiple choices questions.

Scoring system:

Knowledge obtained from patients was scored and calculated. Each question scores was ranged from 0 to 2 score, whereas zero indicated wrong answer, one indicated incomplete answer and two indicated complete answer with ranged from 0 to 54 score (equal 100%). Theses scores were summed-up and converted into percent score, then categorized as follow: Satisfactory knowledge ≥ 70% of the total score (≥ 38 score). Unsatisfactory knowledge < 70% of the total score (< 38 score).

Tool III: Self-care practices assessment: It was constructed by the researcher after reviewing relevant literature **Burgess, (2019), Husney et al., (2020), Sawicka et al., (2021) and Nabhan et al., (2021)** It aimed to assess psoriatic patients' self-care practices which

included 21 questions distributed into as the following:

Firstly, questions were related to personal hygiene (bathing): This part included 3 closed ended questions and 2 multiple choice questions about the instructions which the patient must follow during bathing.

Secondly: Questions were related to skin care: This part included 5 closed ended questions regarding care of psoriatic lesions.

Third: Questions concerned with prevention of psoriasis complications: This part included 5 closed ended and 6 multiple choice questions regarding prevention of psoriasis flare.

Scoring system: Each question score ranged from 0 to 1, where zero indicated wrong answer or doesn't know and one indicated correct answer. With total scores of 21 scores (equal 100%). These scores were summed-up and converted into percent score, then categorized as follow: High practice level ≥ 70% of the total score (≥ 15 score). Low practice level < 70% of the total score (< 15 score).

Tool IV: A Disease-Specific Version of the Euro Quality of life-5 Dimensions-5 Level (EQ-5D-5L): It was adopted from **Herdman et al., (2011):** This scale was used to assess physical, mental and social functioning, it consists of five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 5 levels: no problems, slight problems, moderate problems, severe problems and extreme problems.

Scoring system: The EQ-5D-5L describes five dimensions. Each dimension describes five levels of severity: no problem (1 score), mild problem (2 scores), moderate problem (3 scores), sever problem (4 scores) and unable/ extreme problem (5 scores).

Total score of the tool: 1 score in each 5 dimensions indicates complete health status and 5 scores in each 5 dimensions indicates worst health status.

The educational program about psoriasis: This program aimed to improve psoriatic patients' knowledge, self-care practices and functional status, it was designed by the researcher through a reviewing of relevant literatures and scientific references as **(Nakamura et al., 2018), (Kircik & Pariser, 2019), (Mayo Foundation for Medical Education, 2019)** and **(National Institute for Health and Care Excellence, 2019).** The educational program contained two parts concerning providing patients of essential information and instruction about disease.

Content validity:

Content validity was conducted to determine wheatear the tools cover the aim, the tools was reviewed by a panel of five experts; four from medical surgical department faculty of nursing Benha University and one from dermatological department faculty of medicine Benha University to test the relevance and clarity of content and necessary modification will be done accordingly.

Reliability:

Reliability was determined using cronbach's alpha coefficient which was 0.96 for the second tool (knowledge questionnaire), and 0.70 for the third tool (self-care practice and) 0.79 and for the fourth tool indicating that the EQ-5D-5l has an acceptable reliability **(Seng et al., 2020).**

Ethical consideration:

The ethical research considerations include the following: The approval to conduct this study was obtained from the ethical committee in Faculty of Nursing Benha University. Verbal approval was obtained from the patients before inclusion in the study. The aim of this study was explained to all patients and they were reassured that all information was confidential and it was used only for their benefit and for research purpose. The study subjects' consent to participate in the study was obtained and patients' right to withdraw from the study was respected.

Pilot study:

A pilot study was conducted on 10 percent from the total sample (5patients) in order to evaluate the applicability of the study tools and to estimate time required for data collection. The tools were modified according to results of pilot study. Patients who participated in the pilot study were excluded from the main study sample and replaced by others. This pilot study was done in two weeks before starting the study.

Field work:

Sampling and data collection were started and completed during the period of 12 months from the beginning of August (2020) to the end of July (2021).

Data collection passes through four phases as the following: Assessment phase, planning phase, implementation phase and evaluation phase.

1- Assessment phase: Once the verbal approval was obtained, the researcher obtained patients' personal data and medical data used (tool I) pre-program. The interview was carried out in the patient's room and maintained privacy, the questions were in a simple Arabic language, covered aim of the study and the answers were record immediacy in pre-test. Patients were interviewed individually to assessed level of knowledge, self-care practice and functional status regarding the disease used (tool II, III& IV) pre-program implementation

2-Planning phase:

Based on the information obtained from pilot study and patients' assessment, in addition to the recent related literature, the researcher

designed an educational program and putted general and main objective for this program and chapters' contents. Teaching methods and aids were determined.

Teaching methods: This included lectures, group discussion and brainstorming.

Media used: Suitable teaching aids were specially prepared for the intervention as booklets, pictures, Posters and power point presentation and educational videos and content; it was developed by the researcher based on patient's needs assessments.

3- Implementation phase :

The implementation phase was achieved through the educational sessions. It was carried out into six sessions, that included three theoretical, two practical and one functional status sessions. The researcher was available 3 days per week in the morning (9-12 A.M) in dermatology outpatient department at Benha University Hospital and Dermatology Hospital.

Time of each session ranged from 30-45 minutes. Patients were divided into 10 groups each group included 4-5 patients. Each session started by a summary of the previous session, and objectives of the new one. Taking into consideration; the use of Arabic language that suits the patients' educational level.

Motivation and reinforcement during session were used in order to enhance motivation for the sharing in this, answered any raised questions and gave feedback. The final form of the educational booklet was developed and given to each patient.

Theoretical sessions: were carried out into three sessions and included the following:

Session (1): At the beginning of this first session, the researcher introduced her-self, gave introduction on educational program and its importance and explained the objectives of the educational program. It also covered items related to knowledge about disease overview.

Session (2): It covered items related to knowledge also about disease overview.

Session (3): It contained items related to knowledge about psoriasis treatment.

Practical sessions: were carried out into two sessions. That included the following:

Session (4): It contained instructions related to self-care practices regarding personal hygiene and skin care.

Session (5): It contained instructions related to self-care practices regarding prevention of psoriasis complications.

Functional status Session (6): It contained instructions related to functional status and how to improve it.

At the end of these sessions, the researcher informed the patients that they will be evaluated by the researcher after one and three months from sessions.

4- The evaluation phase:

- Each patient was interviewed individually after implementing educational program for post-test using the same pre-test tools, it was done after one and three months later following implementing the program (**utilizing tool II, III and IV).**

- Comparison between patient's pre-test and post-test finding were done to determine the effect of educational program on knowledge level, self-care practices and functional status for patients with psoriasis.

Statistical analysis

The collected data were tabulated and statistically analyzed using an IBM computer and the statistical package for social science (SPSS) advanced statistics, version 20 (SPSS Inc., Chicago, IL). Numerical data were expressed as mean and standard deviation. Qualitative data were expressed as frequency and percentage. Wilcoxon signed ranks test to compare between two periods, Friedman test to compare between more than two periods or stages. Spearman-rho method was used to test

correlation between numerical variables. A p-value < 0.05 was considered significant, and <0.001 was considered highly significant.

Results:

Table (1): Shows that; 30.2%& 25.6% of the studied patients were in the age category 30 - < 40 and 40 - < 50 years old respectively, with mean age 37.49 ± 10.99. Females were more prevalent and constituted 53.5 % of the studied patients and 65.1% & 67.4 of them were married and live in urban areas respectively. Regarding their educational level, 39.5% and 34.9% of the studied patients had intermediate and university education respectively and 34.9% were employees, while 65.1% of them had a monthly income enough for treatment expenses and the mean score of the studied patients' BMI was 27.34 ± 4.05.

Figure (1): Illustrates that, none of the studied patients had satisfactory level of knowledge at pre-program implementation, while post one month of program 74.4% of them had satisfactory knowledge and post three months of program decreased to 65.1%.

Figure (2): Illustrates that, 18.6% of studied patients had high practice level pre-program implementation while as post program improved to 86.0% but after three months declined to 74.4%.

Table (2): Shows that there was a highly significant statistical difference regarding all functional status dimensions scores throughout different study periods in term of improvement where there was a highly significant difference between pre and each of post one month and three months of educational program implementation p= < 0.001 , with the most common health problem, was anxiety and depression with a mean of 2.30 ± 0.71, whereas the least common health problem was mobility with a mean of 1.21 ± 0.41.

Table (3): Represents that, there is a negative correlation with statistical significance difference between functional status and total knowledge, total self-care practice at p ≤ 0.05, while there is appositive correlation with statistical significance difference between total knowledge and total self-care practice at p ≤ 0.05.

Table (1): Percentage distribution of the studied patients according to their personal data (n = 43)

Patients' personal data		No.	%
Age	20- < 30	9	20.9
	30 - < 40	13	30.2
	40 - < 50	11	25.6
	50 - 60	10	23.3
	Mean ± SD	37.49 ± 10.99	
Sex	Male	20	46.5
	Female	23	53.5
Marital status	Not married	15	34.9
	Married	28	65.1
Living areas	Urban	29	67.4
	Rural	14	32.5
Educational level	Illiterate	7	16.3
	Read and write	4	9.3
	Intermediate education	17	39.5
	University education	15	34.9
Occupation	Not working or retired	10	23.3
	Manual work	9	20.9
	Employee	15	34.9
	Student	9	20.9
Monthly income	Enough for treatment expenses	28	65.1
	Not enough	15	34.9
Height (cm)		**Mean ± SD**	
		161.63 ± 8.07	
Weight (kg)		71.12 ± 11.11	
BMI (kg/cm2)		27.34 ± 4.05	
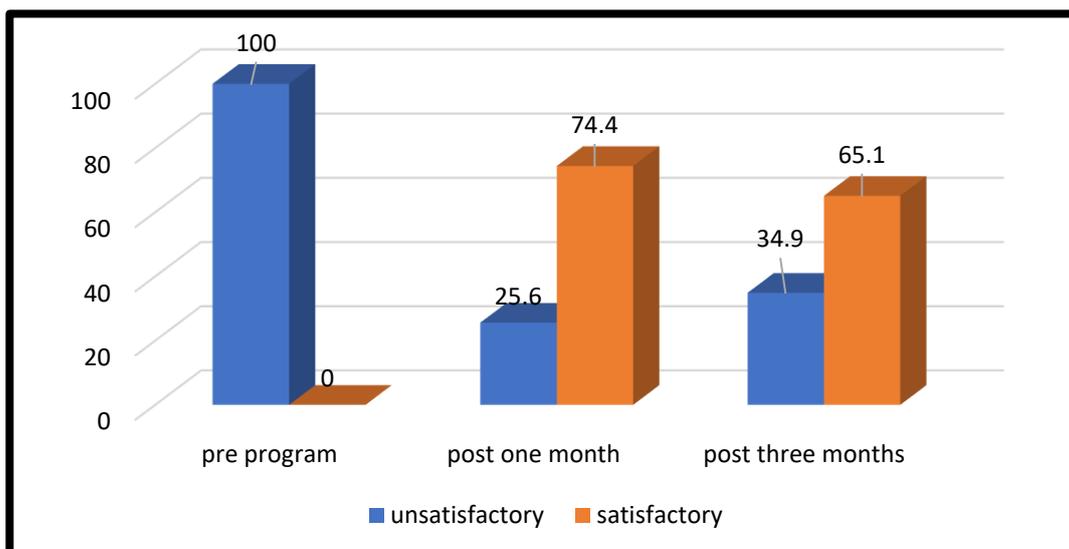
Fig. (1): Distribution of total knowledge levels by psoriasis patients through the program phases

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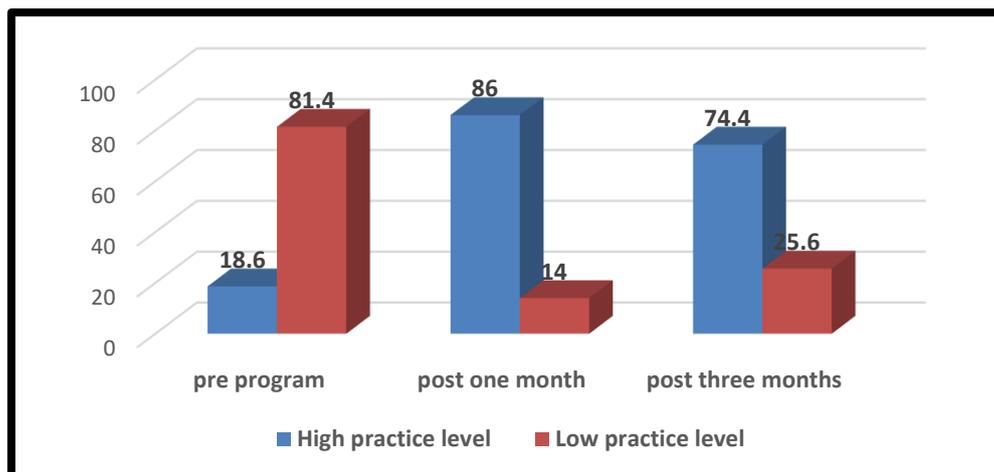

Fig (2): Distribution of total levels of self-care practice by psoriasis patients through the program phases

Table (2) Mean functional status scores of studied patients through program phases (n = 43)

| EQ-5D Dimensions | Pre program | Post program | | t-Test (P1 Value) | t-Test (P2 Value) | Fr- Test P3 Value |
		After one month	After three months			
Mobility	2.05 ± 0.69	1.30 ± 0.46	1.21 ± 0.41	-4.137 <0.001**	-4.436 <0.001**	32.057 <0.001**
Self-care	2.67 ± 0.47	1.81 ± 0.45	1.56 ± 0.50	-5.665 <0.001**	-5.200 <0.001**	64.085 <0.001**
Usual activities	2.53 ± 0.50	1.84 ± 0.57	1.51 ±0.51	-6.345 <0.001**	-5.303 <0.001**	66.157 <0.001**
Pain/ discomfort	3.00 ± 0.85	1.88 ± 0.45	1.79 ± 0.51	-5.589 <0.001**	-5.355 <0.001**	70.035 <0.001**
Anxiety/ depression	3.65 ± 0.87	2.33 ± 0.75	2.30 ± 0.71	-5.975 <0.001**	-5.894 <0.001**	80.809 <0.001**
Total	13.91 ± 1.84	9.05 ± 1.34	8.49 ± 1.49	-5.782 <0.001**	-5.752 <0.001**	72.239 <0.001**

Table (3): Correlation between total studied patients' knowledge, self-care practice and functional status through program phases (n=43)

rs\ p values	Study periods	Knowledge		Selfcare Practice	
		r-test	P-value	r-test	P-Value
Functional status	**Pre**	-0.359	0.018*	-0.377	0.013*
Knowledge		-	-	0.584	<0.001**
Functional status	**Post one month**	-0.464	0.002*	-0.354	0.020*
Knowledge		-	-	0.371	0.014*
Functional status	**Post three months**	-0.435	0.004*	-0.375	0.013*
Knowledge		-	-	0.323	0.035*

Discussion:

Psoriasis is a chronic, stigmatizing systemic inflammatory condition, primarily localized to the skin and joints. It is one of the most common dermatologic disorders, affecting approximately 2% of the population worldwide. Patients suffer from life-long disease, characterized by a relapsing and remitting course of illness. Living with a chronic disease such as psoriasis poses problem for the individual concerned with functioning and daily living activities **(Ferri, (2022).**

Regarding age, the present study revealed that less than one third and more than one quarter of the studied patients respectively were in the age category 30 - < 40 and 40 - < 50 years old, with mean age 37.49 ± 10.99. This finding was consistent to the finding of **El-Komy et al.,(2020)**, whose study was about "Clinical and epidemiologic features of psoriasis patients in an Egyptian medical center" and stated that the mean age of the study group was 39.3±17.9 years.

Pertaining to gender, the result of current study showed that females were more prevalent and constituted more than half of the studied patients. This finding agreed with

Rzeszutek et al., (2021), whose study was about "Comparative study of life satisfaction among patients with psoriasis versus healthy comparison group: the explanatory role of body image and resource profiles" and reported that about three quarters of subjects were females.

Concerning marital status, the finding of present study denoted that about two thirds of studied patients were married. From researcher point of view, this result may be because the Egyptian society culture encourages marriage. This result agreed with **Daglioglu et al, (2020**), whose study was about "Effects of disease severity on quality of life in patients with psoriasis" and found that about two thirds of the patients were married.

Regarding living areas, the result of current study revealed that more than two thirds of studied patients were living in urban areas. This result may be explained by the fact that , the proportion of the population living in rural areas has continued to decline as people move to major cities in search of work and a higher standard of living. This finding agreed with **Sawicka et al., (2021)** who mentioned that about three quarters of patients were living in urban areas.

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Pertaining to level of education, the result of current study showed that nearly two fifths and more than one third of the studied patients respectively had intermediate and university education. This result may be attributed to the fact that about two thirds of studied patients were living in urban areas, where the nature of life have the need for education. This result supported by **Soliman,(2020)**, whose study was about "Acceptance of illness and need for education to support dermatology self-care in psoriasis patients: a cross-sectional study" and reported that about two thirds of psoriatic patients had higher education (university degree). This finding was in the same line with **Mohamed et al., (2021),** whose study was about "knowledge and self-care practices among psoriatic patients in Benha city" and found that nearly one third of the studied patients had intermediate education.

Regarding occupation, the results of the current study revealed that more than one third of studied patients were employees. From researcher point of view, this result may be due to higher prices and an increase in the cost of living push the person to work. In addition, about three quarters of the studied patients were educated and they take a job and work by their education. This result agreed with **Bulat et al., (2020)**, whose study was about "The impact of psoriasis on quality of life psychological, social and financial implications" and reported that nearly half of studied patients were employees.

Pertaining to monthly income, the results of current study revealed that more than three quarter of studied patient had a monthly income enough for treatment expenses. From the researcher' point of view, this might be because more than half of the studied patients have work and the remnants could be have another source of income. This finding was consistent to the finding of **Mohamed et al., (2021)**, who stated that about three quarters of studied patients had a family monthly income enough. **Regarding patients' Body Mass Index**, the results of current study showed that the mean BMI of the studied patients was 27.34 ± 4.05. This finding was in the same line with **El-Komy et al., (2020)**, who reported that the median Body-Mass-Index was 27.5.

Regarding total knowledge level, the finding of present study showed that, none of the studied patients had satisfactory level of knowledge at pre-program implementation, while post one month of program about three quarters of patients had satisfactory knowledge and which decreased to two thirds post three months of program. From the researcher point of view, this result may be because educational program had great role in improving total knowledge of studied patients and this reflected importance of program in raising level of knowledge among patients and the need for continuous refreshment of their knowledge.

This finding was in accordance with **Bubak et al., (2019)**, whose study was about "Analyzing the value of an educational program for psoriasis patients: a prospective controlled pilot study" and found that patients who chose to participate in an educational program show a higher gain in knowledge and self-expertise about the psoriatic disease. Also this finding agreed with **Larsen et al., (2021),** whose study was about "Associations between disease education, self-management support, and health literacy in psoriasis" and reported that psoriasis knowledge were significantly higher in patients who had participated repeatedly the effect size for the difference in psoriasis knowledge.

Regarding total level of self-care practice, the result of current study showed that less than one fifth of studied patients had

high practice level pre-program implementation while post program most of them had high practice level but after three months there were slightly declined. This finding might be due to might be due to the effectiveness health instructions given to each patient individually using different teaching strategies as lectures, and colored booklet according to his/ her level of education and understanding as well as delivery of valid, understandable, and reliable information is essential to empower and motivate patients for self-management.

This result supported by **Omar & Ramadan, (2021),** whose study was about "Self-practice among patients with psoriasis: University hospital experience" and stated that most studied patients had poor level of self-care practices. In addition, this finding was in the same line with **Elzehiri et al., (2022),** whose study was about "Effect of individualized guidance on knowledge and self-care practices of psoriasis patients" and reported that which stated that study group will have a statistically significant improvement in the level of reported self-care practices post individualized guidance as compared to the control group.

Concerning mean functional status scores of studied patients, the result of current study showed that there was a highly significant statistical difference regarding all functional status dimensions score throughout different study periods in term of improvement where there were a highly significant difference between pre and each of post one month and three months of educational program implementation p= < 0.001, with the most common health problem was anxiety and depression, whereas the least common health problem was mobility. This finding agreed with **Mahmoud et al., (2017)**, whose study was about "Effect of self- care management

program on quality of life and disease severity among patients with psoriasis" and stated that no statistically significance difference between the study and control groups before implementation of self- care management program in functional status, while statistical significant difference were found between both groups after implementation of management program at three times of assessment at 4th weeks, 8th weeks and 12th weeks.

Also this finding supported by **Young et al., (2019),** whose study was about "Effects of online care on functional and psychological outcomes in patients with psoriasis: A randomized controlled trial" and reported that patients were randomized to online or in-person groups, found that a difference in overall improvement in EQ-5D-5L index and reducing functional impairment. In addition, this result was consistent with **Augustin et al., (2020),** whose studied entitled "Baseline characteristics of patients with moderate-to-severe psoriasis according to previous systemic treatment exposure" and cleared that complaints regarding pain/discomfort and anxiety/depression were the most common in the overall population, anxiety and depression faced by the psoriasis patients are related to the disease severity, improved significantly for most dimensions.

Regarding correlation between total studied patients' knowledge, self-care practice and functional status through program; The finding of the current study represented that, there was a negative correlation with statistical significance difference between functional status scores and total knowledge, total self-care practice at p ≤ 0.05, while there is appositive correlation with statistical significance difference between total knowledge and total self-care practice at p ≤ 0.05. From the researcher' point of view, this result may be due to the fact that logically,

when the level of knowledge and self-care practices increases, the functional status score decreases, and its level increased that indicates improvement, also, when the knowledge level increases, the level of self-care practices increase or vice versa. This finding agreed with **Augustin & Radtke, (2014),** whose study was about "Quality of life in psoriasis patients " and reported that there were a significance relation between knowledge and functional status, current knowledge and the treatments available, which improve dimensions of physical, emotional, social and functional aspects in clinical care. Also this finding was in the same line with **Mohamed et al., (2021**), who illustrated that there was a positive correlation between the studied patients' total knowledge score and their total self-care practices score toward psoriasis.

Conclusion:

After implementing the educational program, patients' knowledge, self-care practice and functional status were improved than pre implementation, and there was a statistically significant positive correlation between the studied patients' total knowledge and their total self-care practices, but there were a statistically negative correlation between their functional status and total knowledge, total self-care practices.

Recommendations:

1-Further studies should be carried out in Egypt using a wider geographic scope and a larger sample size including their families in order to acquire progressive improvement in patients' functional status.

2-Conducting another study using the developed educational program to educate the dermatology nurses about disease.

3-Integrate interdisciplinary care approach for care of patients with psoriasis.

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فعالية برنامج تعليمي على ممارسات الرعاية الذاتية والحالة الوظيفية بين مرضى الصدفية

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الصدفية واحدة من أكثرالامراض الجلدية شيوعًا فإنها تؤثرعلى العديد من جوانب حياة الفرد. التثقيف الصحى للمريض جزء لا يتجزأ من الرعاية الشاملة للأمراض المزمنة. لذلك هدفت الدراسة الى تقييم فعالية برنامج تعليمي على ممارسات الرعاية الذاتية والحالة الوظيفية بين مرضى الصدفية. تم إستخدام تصميم شبه تجريبي لتحقيق هدف الدراسة. وقد اجريت الدراسة فى قسم الأمراض الجلدية والعيادات الخارجية بمستشفى بنها الجامعي، كما أجريت في مستشفى الأمراض الجلدية بمدينة بنها. تم تطبيق الدراسة على 43 مريض بالصدفية. حيث كشفت النتائج على أنه لم يكن لدى أي من المرضى الخاضعين للدراسة مستوى مرضٍ من المعرفة قبل البرنامج مقارنة بثلاثة أرباع المرضى الذين خضعوا للدراسة بعد شهروواحد وانخفضوا قليلاً بعد ثلاثة أشهر من البرنامج. أقل من خُمس المرضى الذين خضعوا للدراسة كان لديهم مستوى عالٍ من ممارسات الرعاية الذاتية قبل البرنامج ، بينما زاد بعد شهر واحد وانخفض قليلاً بعد ثلاثة أشهر. تنفيذ البرنامج التعليمي كان له دلالة إحصائية على تحسين المعرفة وممارسات الرعاية الذاتية والحالة الوظيفية بين مرضى الصدفية. التوصيات: يوصى بإجراء مزيد من الدراسات في مصر باستخدام نطاق جغرافي أوسع وحجم عينة أكبر من مرضى الصدفية بما في ذلك أسرهم من أجل الحصول على تحسن تدريجي في الحالة الوظيفية للمرضى.