Original Article

Frequency of Self-Acceptance Level and Depression in Association with Death Anxiety Among Patients Suffering from Hepatitis C

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ABSTRACT

Considering psychological factors in Hepatitis C patients is essential for providing comprehensive care that addresses both their physical and mental well-being. **Objective:** To investigate level of self-acceptance and depression in association with death anxiety among patients suffering from HCV. **Methods:** Present research was a cross-sectional design based on quantitative methodology. Sample entails 92 participants, selected through snowball sampling technique recruited as per the convenience of the researcher. Three constructs were measured by the application of three scales. For the measurement of self-acceptance(LSA), death anxiety (DAQ) and Hamilton depression scale (HRDS), standardized scales with self-administered demographic sheets were used. For the analysis of the data both descriptive and inferential statistics were used. **Results:** Findings revealed that a positive correlation exists among underlying constructs in the study. Value of correlation depicts that a moderate positive correlation subsists between death anxiety and depression (=230, p<0.01). Moreover, negative relationship exists among LSA, death anxiety (= -420, p<0.01) and depression (= -431, p<0.01). **Conclusions:** Conclusively, it is stated that level of self-acceptance acts as a mediator in depression and death anxiety. Adequate level of self-acceptance leads to the decline in death anxiety and depression. It can be predicted that patients with high level of self-acceptance are less prone to depression and death anxiety.

INTRODUCTION

The hepatitis C virus not only an infectious disease related to HCV only it is an amalgamation of diseases. This disease casts adverse effects on liver. It is contagious disease which spreads through the contact of blood. HCV can be a short term acute or chronic illness. According to World Health Organization [1]. The prevalence of HCV infection is decreasing in industrialized nations, there is still a problem with the disease's control in developing or impoverished nations [2]. Pakistan is one of them. In reality, this disease affects 12.9 million people in Pakistan, making it a major health risk for that country. Since this is such a serious health issue, it is obvious that it has an impact on people's lives in a variety of ways [3]. In this study, we are attempting to determine how it affects people psychologically. Self-acceptance is used as a key indicator of mental health to examine how this dreadful illness affects people psychologically. Self-acceptance is one of the two primary aspects of well-being and refers to a person's level of satisfaction or happiness with himself or herself. Embracing oneself, flaws and all, is what is meant by self-acceptance [4]. People who have a high level of self-acceptance are diverse and healthy both physically and mentally. People who are accepting of themselves learn from their mistakes and accept the things in life they cannot alter. They also do not let self-judgments, self-hatred, faults, and disbelief into their lives [5]. A person's mental health is indeed impacted when he or she battles a condition as repulsive as HCV, just as his or her physical

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health. A frequent mental illness is depression. An ingrained illness with hepatic and extra hepatic symptoms, including mental disorders, is the hepatitis C virus (HCV) infection. One-third of HCV patients have reported having the disease, which is common and has an estimated incidence of 1.5 to 4.0 times higher than that of chronic hepatitis B virus infection patients or the general population. Depression seems to be influenced by HCV both directly and indirectly. Patients with HCV infection and depression have testified a decreased quality of life and rising medical expenses. Depression and quality of life have been revealed to progress with treatment-induced HCV elimination [6]. Twenty to fifty percent of people with hepatitis C may experience depression, which can be pervasive. When hepatitis C is diagnosed, mood problems including worry and irritability may also occur. When you learn you run the chance of developing liver cancer or other complications, you could feel anxious about the condition and your future acceptance of all of a person's characteristics, positive or negative [7]. Access to medical care services might be hampered by the stigma associated with HCV, which can also lead to a lower quality of life and a sad mood. [8]. A study found that a lack of education, unfavorable environmental circumstances, and poverty are the key factors contributing to the development of the hepatitis C virus in Pakistan. A recent most stats have shown that prevalence of HCV antibodies was 2.1% among children and 3.0% in healthy individuals, it means Pakistan's population is at high risk of getting HCV. Drug users have a greater rate of HCV prevalence than the overall population. In reality, HCV sufferers are frequently stigmatized because of the disease's connection to drug injection usage [9]. Results are still debatable, and it is uncertain if HCV elimination enhances HCV associated neurological impairment [10]. A follow-up study was conducted over a period of 48 weeks discovered a strong relationship between attention and memory in patients who had HCV [11]. Psychosocial chronic stresses are widely known to contribute to ill physical and mental health, significantly burdening healthcare systems and negatively affecting mortality, morbidity, and psychological well-being, especially in affluent nations [12]. When a person feels threatened by death, a defense mechanism that might be activated results in death anxiety, which can be conscious or unconscious. NANDA (North American Nursing Diagnose Association) states that death anxiety is a sagacity of discomfort worry, or fear associated with passing away or be subjected to a close call. Hepatitis C patients experienced high levels of mortality dread, with female patients experiencing these fears at a higher rate than male patients. Additionally, it was discovered that male hepatitis C patients utilized problem-focused coping

mechanisms more frequently than female patients, whereas female hepatitis C patients employed emotion-focused coping mechanisms. Death anxiety can be influenced by a person's individual experiences, including his or her level of psychological development, religion, bodily issues, and losses of any kind. Hepatitis C sufferers' QOL, psychological health, and sense of fulfillment in life are first explained through models and theories of hepatitis. Research on adults and adolescents with the disease has repeatedly demonstrated that beliefs are powerful and immediate determinants of patients' emotional well-being and self-care activity. People with hepatitis hold a variety of illness beliefs that are at odds with a medical understanding of the condition [13]. Numerous studies have established a link between social support and self-acceptance. Social stigma is the unfavorable assessment of a person attributes over which they have little to no influence. People who are stigmatized are often classified as dreadfully different and as a result, are ostracized from society or endure social rejection [14]. Empirical research revealed its findings as predicted in George Engel's 1977 "Bio psychosocial Model," several biological factors, including genetic and physiological ones, combine to generate disease and illness. According to this paradigm, psychological and social aspects should be considered in addition to biological ones when attempting to understand a person's medical condition [15].

METHODS

Current research is a cross-sectional design based on quantitative research method. 92 participants were selected through snowball sampling technique recruited by the researcher. Sample was collected from community. Both male and females (above 20 years) participants were considered as sample. For the measurement of the constructs self-administered demographic sheet along with three standardized scales were used. The following demographics were added to the demographic sheet: age, gender, education, family status, marital status, etc. Self-Acceptance Questionnaire, Death Anxiety Questionnaire (DAQ), Hamilton depression scale (HDRS) was used. Data were analyzed by the application of SPSS, Interpreted by both descriptive and inferential statistics. Permission was obtained from the authors of the scales and proper consent was attained by the concerned institutions from where data were collected. After the permission attainment, participants were contacted by the researcher and both verbal and written consent was conquered. Participants were elaborated about the procedure of the research and properly communicated about the possible results and publication of the research. An assurance was provided to them for the confidentiality. Their level of

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agreement was taken as an expression of judgment on scales of measurement. Obtained responses were analyzed by the application of SPSS version 221.0.

RESULTS

Table 1 reveals there is significantly negative association between LSA and Death Anxiety. Which depicts that as level of self-acceptance improves consequently death anxiety declines. SLA is negatively correlated with Depression. It means improvement in Self-acceptance deprives HCV sufferers from depression. While a positive correlation is evident between death anxiety and depression (which means as depression proceeds it increases death anxiety.

Table 1: Pearson Product Moment Coefficient of Correlation Analysis for variables level of self-acceptance, depression and death anxiety

Variables	N	Mean ± SD	1	2	3
LSA	2	57.89 ± 22.85	.332	–	–
Death anxiety	2	95.35 ± 13.89	–	-. 420	.230
Depression	2	148.26 ± 11.43	–	.230	-.431

Note: **p < 0.01, N=92

Table 2 demonstrates the results of linear regression model applied to check the effects of Level of self-acceptance and Depression. Results explored that level of self-acceptance significantly predicts significantly the death anxiety and depression among HCV sufferers. Hence a significant relationship exists among level of self-acceptance, death anxiety and depression.

Table 2: Linear Regression Analysis of LSA, depression and death anxiety

Variables	B	R	R2	ΔR	F
Constant	–	–	–	–	–
Death Anxiety	0.52	0.52	.002	001	.71 6
Depression	.170	.170	.029	.26	8.865

Frequency percentage
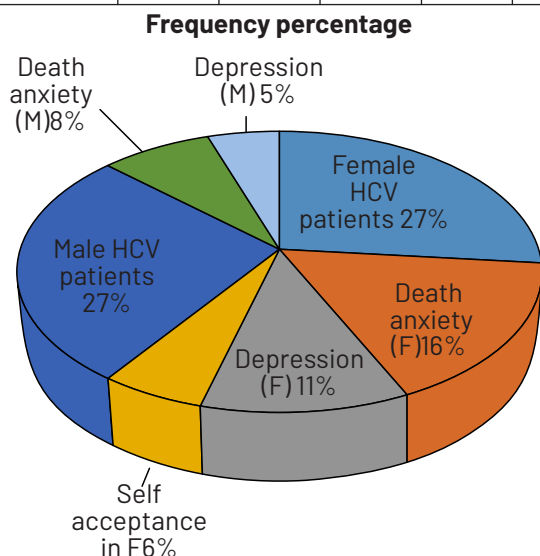
Figure 1: Frequency of anxiety and depression

Pie chart depicts the results of the frequency check which revealed that female patients were more prone towards death anxiety and depression than males. Level of self-acceptance was also better among males than females. Table 3 Defined the percentage of responses presented by both male and female participants individually. Acquiescence percentage varies subjectively. Three scales (DAS, DS, SAS) used in the empirical finding explored varied percentage of agreeableness.

Table 3: Scale (Question) Response Frequency

Self-Acceptance	Question Response Percentage	
	Males	**Females**
In most ways my life is close to my ideal.	70%	30%
The conditions of my life are excellent.	80%	20%
I am satisfied with my life.	70%	30%
So far, I have gotten the important things I want in life.	75%	25%
If I could live my life over, I would change almost nothing.	20%	80%
Depression Scale		
DEPRESSED MOOD (sadness, hopeless, helpless, worthless	30%	70%
Feelings of guilt	20%	30%
Suicide Thoughts	10%	20%
Insomnia early at night	30%	70%
Insomnia Middle and late at night	40%	60%
Agitation	30%	70%
Mood Swings	25%	75%
Worthlessness	20%	80%
Death Anxiety Scale		
Do you worry about dying?	20%	80%
Does it bother you that you may die before you have done everything you wanted to do?	10%	50%
Do you worry that you may be very ill for a long time before you die?	20%	60%
Does it upset you to think that others may see you suffering before you die?	10%	70%
Do you worry that dying may be very painful?	10%	35%
Do you worry that the persons closest to you won't be with you when you are dying?	30%	70%
Do you worry that you may be alone when you are dying?	10%	40%
Does the thought bother you that you might lose control of your mind before death?	20%	40%
Does it worry you that your will or instructions about your belongings may not be carried out after you die?	20%	75%
Are you afraid that you may be buried before you are really dead?	0%	0%
Does the thought of leaving loved ones behind when you die disturb you?	30%	70%
Do you worry that those you care about may not remember you after your death?	0%	10%
Does the thought worry you that with death you may be gone forever?	0%	0%
Are you worried about not knowing what to expect after death?	10%	25%

DISCUSSION

Empirical findings explored the frequency and relationship among three constructs frequency of self-acceptance, death anxiety and depression among Hepatitis "C" sufferers. Findings revealed a negative correlation among Self-acceptance and depression Verdicts of research study revealed that SA is negatively correlated with Depression. Frequencies of responses on individual questions have revealed a differentiated percentage among male and female participants, males were having better percentage of self-acceptance than females. Results claimed that increase in self-acceptance will decrease the depression. It is evident from previous learning that level of self-acceptance leads to improved subjective well-being. Findings of frequency check revealed that females are much reluctant towards depression and death anxiety than males. Level of self-acceptance is also higher among male than female HCV sufferers [16]. A study found that a lack of education, unfavorable environmental circumstances, and poverty are the key factors contributing to the development of the hepatitis C virus in Pakistan. According to a recent study, the prevalence of HCV antibodies was found to be 2.1% in children, 3.0% in healthy people, and substantially higher in Pakistan's high-risk population. Another study demonstrates that middle-aged persons have a higher prevalence of HCV infections. Drug users have a greater rate of HCV prevalence than the overall population. In reality, HCV sufferers are frequently stigmatized because of the disease's connection to drug injection usage [17]. The effects of HCV on patients' cognitive and mental dysfunctions, including depression, anxiety, exhaustion, attention, executive function, and visuospatial function impairments, were examined in various research [18]. Gender rejection sensitivity in some women, leads them to self-silencing behavior. An individual is not a single entity which lives in an environment. Individual and environment are correlated with each other. If a person is physically healthy, he can enjoy subjective wellbeing but if he is not mentally or physically sound, his quality of life, satisfaction with life, psychological wellbeing and other significant areas of functioning will be affected badly. All these issues lead to the advent of psychological and emotional issues like depression, anxiety, death anxiety, emotional imbalance, emotional distress, mood swings, borderline personality, antisocial personality traits and much more this is quite evident through the biopsychosocial model presented by Engle [19]. A research study was conducted to assess death anxiety and death depression levels among patients with acute myocardial infarction. As patients' death anxiety increased, their death-related depression levels also increased was determined. The death anxiety

levels of the patients were mostly severe, to the point of panic. Their depression scores were also above average [20]. Key finding of the present research is that level of self-acceptance significantly predicts the death anxiety and depression among HCV sufferers. Previous research studies have not studied links between these variables in general and in this particular population and literature are limited. In general, present study explores link among level of self-acceptance, death anxiety and depression among HCV sufferers.

CONCLUSIONS

The hepatitis "C" affects the physical and mental health of the human beings. Consequently, it can be summarized that level of self-acceptance can enhance or decrease the death anxiety and depression among HCV sufferers.

Authors Contribution

Conceptualization: SA
Methodology: MUA
Data Collection: MUA
Formal analysis: RB
Writing-review and editing: SA, MUA, RB

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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