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Self-Efficacy, Perceived Social Support And Quality Of Life Of Females With Acne And Eczema.

Livea Lalji TL¹, Milu Maria Anto^{2*}, Anita Shojan³, and Sebastian Criton VJ⁴.

¹ Msc Clinical Psychology, Prajyoti Niketan College, Pudukad, Kerala, India.

² Asst. Professor, Dept of Psychology, Prajyoti Niketan College, Pudukad, Thrissur, Kerala, India.

³ Associate Professor, Dept of Dermatology, Amala Institute of Medical Sciences, Thrissur, Kerala, India.

⁴ Professor, Dept of Dermatology, Amala Institute of Medical Sciences, Thrissur, Kerala, India.

ABSTRACT

Acne and eczema are common skin disorders with a significant psychological and social impact for female adolescents and young adults. The present study was conducted to evaluate quality of life, perceived social support and self efficacy of patients with acne and eczema. A study was done in which data collected from dermatology department of Amala Institute of Medical Sciences which comprises 56 females aged 16-25yrs. 30 of them were suffering from severe acne and 26 of them were suffering from chronic eczema. Dermatology Life Quality Index, The General Self Efficacy Scale, Multidimensional Scale for Perceived Social Support was the major measures used. Findings from the present study show that Greater quality of life was associated with high self efficacy for females with eczema. There were positive relationship between self efficacy and perceived social support on quality of life in acne and eczema patients. Acne and eczema significantly affects quality of life of patients especially when they are affected during adolescent and early adulthood period of life. Along with pharmacological management, enhancement of self efficacy and social support through psychotherapeutic interventions may benefit them to enhance quality of life and in turn better adjust in future life.

Keywords: Acne, Eczema, Quality of life, Self-efficacy, perceived social support.

**Corresponding author*

INTRODUCTION

Skin has a special place in psychiatry with its responsiveness to emotional stimuli and ability to express emotions such as anger, fear, shame and frustration and by providing self esteem [1]. Psychodermatology describes an interaction between dermatology, psychiatry and psychology. The incidence of psychiatric disorders among dermatological patients is estimated at about 30 to 60% [2]. WHO defines Quality Of Life as the individual’s perception of their position in the context of culture and values systems in which they live and in relation to their goals, expectations, standards and concerns[3]. Self efficacy is defined as one’s belief in one’s ability to succeed in specific situation[4]. Perceived social support is the social support perceived by an individual. Perceived social support refers to an individual’s cognitive appraisal of support to promote coping and thereby reduce the negative effects of stress on outcomes[5,6]. Quality of Life is an important source of information about the functioning of patients, an indicator of how they experience and evaluate their own live, and a valuable addition to clinical data.

Method

A total of 56 females aged 16-25yrs were taken from the dermatology department of Amala Institute Of Medical Science, Thrissur. 30 of them suffer from severe acne and 26 of them suffer from chronic eczema.

Inclusion criteria

- Patients who have a medical diagnosis of chronic eczema and severe acne by a dermatology consultant.
- Patients included for the study are females between the age group of 16-25yrs.
- Patients with acne on face are included.
- Patients with chronic eczema are included.

Exclusion criteria

- Patients diagnosed with major physical illness such as cancer, cardiovascular diseases and psychiatric illnesses are excluded.

Statistical analysis

The statistical techniques used were Karl Pearson Product Movement Correlation for correlation between variables and Student’s t test for the comparison between groups.

Result

Table 1: Correlation between variables and quality of life

VARIABLE	QUALITY OF LIFE
Education	-0.430**
Socioeconomic status	0.301*
Self efficacy of acne patients	-0.155
Perceived social support of acne patients	-0.281
Self efficacy of eczema patients	-0.567**
Perceived social support of eczema patients	-0.285

*correlation is significant at the 0.05 level (2-tailed)

**correlation is significant at the 0.01 level (2-tailed)

Table 1 indicates that education and self efficacy of eczema patients has a significant positive correlation and socioeconomic status has a negative correlation on quality of life. Since the quality of life decreases as the scores increases, a negative value in the correlation shows a positive correlation and a positive value shows a negative correlation.

Table 2: The mean, SD and 't' value of acne and eczema patients on quality of life, perceived social support and self-efficacy.

Variables	Group 1 N=30		Group 2 N=26		T value
	Mean	SD	Mean	SD	
Quality of life	5.13	4.321	8.38	6.139	2.259
Perceived social support	69.87	13.305	67.23	14.679	0.700
Self-efficacy	33.17	4.061	32.12	6.002	0.756

Table 2 shows the mean value, SD and 't' value of quality of life, perceived social support and self efficacy in acne and eczema patients. The 't' value shows that there is no significant difference between acne and eczema on quality of life, perceived social support and self-efficacy.

DISCUSSION

Present study shows that greater quality of life was associated with high self efficacy for females with eczema. The findings were supported by earlier study [7] which showed significant difference in quality of life based on educational level. In contrast to the current findings, a study [8] concluded that patients with lower socioeconomic status have significantly higher impairment, i.e. the hidden cost involved in the management of the disease can be significant and have particular impact on lower income families. Earlier study [9,10] found that social support and self efficacy as an important factor in improving quality of life in acne patients. They concluded that the presence of acne per se is the most significant factor underlying patient's low perception of the general health. Recent literature studies [11,12] supports the present findings that adolescents with low self efficacy under higher stress were twice likely to report itch than those with high self efficacy. The study [13] also investigated the role of social support in mediating stress and illness. Perceived quality of social support was positively correlated to scores on health measures, which indicated higher functioning. Recent study [14] states that when compared to other chronic illnesses, patients with acne have shown to have levels of social, psychological and emotional impairments similar to those of serious diseases. Another study finding [15] suggests that the impairment of quality of life caused by childhood eczema has been shown to be greater than or equal to other common childhood diseases.

CONCLUSION

Quality of life is now recognized as an important outcome in medical care. Acne and eczema significantly affects quality of life of patients especially when they are affected during adolescent and early adulthood period of life. The study shows that they need positive external experiences to counteract the negative feelings and thoughts that constantly plague them. It is also very important to address these patient's cognitive distortions if there exist any, as it is very likely that even amidst flourishing social support, they may perceive it less likely positive because of the presence of cognitive distortions. Along with pharmacological management, enhancement of self efficacy and social support through psychotherapeutic interventions may benefit them to enhance quality of life and in turn better adjust in future life. For future studies concepts such as personality, stress tolerance, self esteem could have been included to know other perspectives of the study. The problem of the care takers can also be collaborated along with problems of the patients to gather wider knowledge about their adjustments.

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