

## Relationship between Quality of Life and Self- Efficacy among Patients with Obsessive Compulsive Disorder

Hanaa Ezz-Eldin Prince Ali.

\*Lecturer of Psychiatric Nursing Faculty of Nursing - Ain Shams University

### Abstract

**Background:** Obsessive Compulsive Disorder (OCD) is one of most frequently diagnosed psychiatric illness, tends to run a chronic course. Patients with Obsessive-Compulsive disorder suffer from obsessive thinking and compulsive behavior, which has a great impact on their everyday life. **Aim:** this study aimed to assess the relationship between quality of life and self- efficacy among patients with obsessive compulsive disorder. **Research Design:** A descriptive correlational study design was used to conduct the study. **Setting:** This study was conducted at Out-Patient Clinic in El Abassia Mental Health Hospital affiliated to Egyptian Ministry of health. **Sample:** A purposive sample was obtained included 50 patients with obsessive compulsive disorder. **Tools of data collection:** The data was collected using an interview questionnaire sheets that included three parts as following: 1) A structured interview schedule to assess demographic Characteristics of patients with obsessive compulsive disorder. 2). World Health Organization Questionnaire on Quality of Life 3) General Self-Efficacy Scale. **Results:** The current study revealed that: there were highly percentages of patients with obsessive compulsive disorder under study have poor quality of life and have low self –efficacy ; also, there was a moderate positive correlation between quality of life and self-efficacy among patients with obsessive compulsive disorder. **Conclusion:** According to the results of this study, it can be concluded that .This is a moderate positive correlation between quality of life and self-efficacy among patients with obsessive compulsive disorder.. **Recommendations:** Psycho educational intervention program should be designed to reduce the negative implications of OCD and to improve QOL among patients with obsessive compulsive disorder and designing a psychosocial nursing intervention program to patients with OCD for enhancing their self- efficacy.

**Key words:** Quality of Life, Self- Efficacy, Obsessive Compulsive Disorder.

### Introduction

Obsessive-Compulsive Disorder (OCD) is a severe and debilitating anxiety disorder which causes severely impaired quality of life. It was characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions). Obsession can be violent, religious or sexual nature and manifest themselves as preoccupations with contamination, pathological doubting, concerns with symmetry and a general sense that something unpleasant or dangers will happen if a particular rituals not performed precisely. Typical compulsions include washing, cleaning, counting, checking, repeating and arranging behaviors. Though most of the patients manage to keep their symptoms secret, there is often a delay of 10 years and more before patients seek professional help (Ahmed, Begum, Wahab *et al.*, 2017 ) and (Yazdani, 2021).

obsessive compulsive disorder is graded as the most disabling anxiety disorder and the tenth most disabling condition. OCD may critically impair self-care, social, family, and marital relationships, occupational functioning, child-rearing capacities, and use of recreations. Additionally, the OCD significantly interferes with the daily activities of the patient; disturb family, social, and occupational life; and trouble up the emotional well-being, which results in poor quality of life (Saleem 2018).

QOL is defined as the individuals' perceptions of their life position in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns. QOL is a complex and broad-ranging concept, incorporating an individual's physical health, psychological state, independence level, social relations, personal beliefs, and relationship to salient features of the

environment (Hou, Yen, Huang, Wang, & Yeh, 2010).

In obsessions the patients waste their times and become extremely anxious when unable to perform obsessive behavior. OCD also interferes with one's social behaviors, and the obsessive-compulsive person reviews his/her behaviors and seeks an opportunity to apologize from others, or breaks up with others to get rid of these annoying thoughts. As such, they develop depression, loneliness, and rumination with obsession (Adineh, 2019).

As a result of the long years living with the disease, OCD ultimately affects the quality of life of patients. (Coluccia, Ferretti, Fagiolini & Pozza, A, 2017).

Additionally, Obsessive-compulsive is a disabling psychiatric disorder that often leads to significant problems in the usual way of life, job performance, social activities, and interpersonal relationships. It can seriously impact on some or all areas of a person's life, sometimes disrupting or completely ruining: Education, Employment, and Career development, Relationships with partners, parents, siblings and friends. Also, some of the behavior that people do to cope with OCD (including compulsions) can also have devastating effects, including: Physical damage from compulsions (red and raw bleeding skin. Eye damage) Substance abuse (self-medicating with alcohol or other substances) Terminations (some women have felt they had no choice but to have abortions because of OCD (Benatti, 2021).

Furthermore, if OCD left untreated. The severity of OCD differs markedly from one person to another. Some individuals may be able to hide their OCD from their own family and others may have a major negative impact on social relationships leading to frequent family and marital discord or dissatisfaction, separation or divorce. It also interferes with leisure activities and with a person's ability to study or work, leading to diminished educational and/or occupational attainment and unemployment. it may develop into a chronic condition leading to severe performance dysfunction and reduced quality of life. In addition, with the patient's inability to work due to illness, the economic burden may

increase. (Havnen et al., 2015 & Suculluoglu, 2020).

Self-efficacy refers to the confidence a person has about their capacity to undertake behaviors that may lead to desired outcomes. It is a mechanism through which effective self-management can be achieved. Patients with higher self-efficacy enjoy a better mental health status. Besides, reduced self-efficacy serves as an important problem in patients with chronic disease. Regulation of this factor is one of the important indices in adjusting health behaviors and modifying life style (Yazdani, 2021).

Self-efficacy defined as one's belief in the ability to cope with particular situations, and how attitudes are, influence the behaviors and emotions of individuals, and determine the initiation of work and the degree of persistence that people need to see them through. it refers to an individual's judgment about him/herself and his/her physical characteristics, and to an individual's belief about what he/she can do. It is an essential effective factor in self-care behaviors in patients with OCD. Patients who have higher self-efficacy better manage their care. (Farmer & Tierney, 2017). It is one of the important constructs in Bandura's social cognitive theory (SCT) which means confidence and belief in one's ability to control thoughts, feelings, activities, and performance in times of stress. Choosing higher goals, tolerance, and endurance in assignments, high-performance levels commensurate with abilities, and actively seeking new successes are characteristics of self-efficacious individuals (Suculluoglu, 2019).

#### Significance of the study:

Obsessive-compulsive disorder (OCD) affects between 2 and 3% of adults across the lifetime. Individuals with OCD experience significant impairment in daily functioning, including in social, family, vocational, and academic functioning. Most notably, 70% of adults with OCD reported that their family functioning is adversely impacted by OCD symptoms, followed by an additional 63% who reported difficulty in social situations, 60%

who reported trouble at work (Wetterneck, 2020).

It has a significant negative impact on patients' social and family relationships, marital relations, learning ability, occupational function, self-esteem, and self-efficacy as well as increasing the risk of depression, suicidality, alcohol and illicit drug abuse. So, this study aimed to assess the relationship between quality of life and self-efficacy among patients with obsessive compulsive disorder.

### **Aim of the Study:**

This study aimed to assess the relationship between quality of life and self-efficacy among patients with obsessive compulsive disorder

### **This aim was achieved through answering the following research questions:**

- What are the levels of quality of life among patients with OCD?
- What are the levels of self-efficacy among patients with OCD?
- Is there a relation between quality of life and self-efficacy among patients with OCD?

### **Subject and Methods**

#### **Research design:**

This study is a descriptive correlational study.

#### **Study setting**

This study was conducted at outpatient clinic of Abbassia mental health hospital affiliated to ministry of health, Egypt.

#### **Subjects of the Study:**

A purposive sample of a total of 50 patients with obsessive compulsive disorder during their follow-up visits to the previously mentioned setting.

sample: who were selected under the following:-

#### **Inclusion criteria:**

- Age: 20 and more
- Male and Female patients

- Not complain from other psychiatric disorder or neurological illness (through checking the patient chart).
- Verbal agreement to be included in this study.
- The patients were diagnosed by a psychiatrist for at least 6 months (through checking the patient chart).

#### **Exclusion criteria**

Patients were excluded if they have comorbid with other mental disorder or Communication difficulties.

This phase was based on the following steps:

#### **Tools of data collection:**

Data were collected through using the following tools:-

**I- Socio-Demographic Characteristics:** an interviewing questionnaire which designed by the researcher in simple an Arabic language after reviewing related literature. It included parts as following:

**First part:** It included assessment data of socio-demographic characteristics of the patients under study included patients' age, gender, marital status, level of education, occupation, income, residence.

**Second part:** Clinical data of patients with obsessive compulsive disorder: It was concerned with assessment of patients' clinical data as: symptoms of the disease, duration, intensity of obsessive-compulsive disorder, and family history.

#### **II- World Health Organization Questionnaire on Quality of Life:**

World Health Organization-Quality of Life (WHOQOL) is a standardized rating scale used to measure one's perceived QOL. It was designed by Skevington, (2004) translated and modified by the researcher to measure QOL among patients with obsessive compulsive disorder, it was a short form-Taiwan version (the WHOQOL-BREF Taiwan version). It contains 28 items, 2 of them for overall quality of life (general QOL and general health) and 26 items distributed on four domains: the physical QOL domain, psychological QOL domain,

social QOL domain and environmental QOL domain.

The four domains of quality of life:

- **Physical Health.** It contains 7 items and includes activities of daily living, dependence on medication, energy and fatigue, mobility, pain and discomfort, Activities of daily living, and working capacity.
- **Psychological Health.** It contains 6 items and includes, self-esteem, body image, positive feelings, negative feelings, learning, memory and concentration, stress management, religion and personal beliefs
- **Social Relationships.** It contains 4 items and includes personal relationships, social activities, social support, and sexual activity.
- **Environment.** It contains 9 items access to health services, Financial resources , Information and skills ,Recreation and leisure , Home environment , Access to health and social care ,Physical safety and security ,Physical environment and Transport .

#### Scoring system:

Each item is rated on a five-point Likert Scale, ranging from 1 (Not at all, Very dissatisfied, Very poor) to 5 (An extreme amount, Very satisfied, Very good) except for items 3, 4 and 26 it reversed for the scoring. Higher scores on the WHOQOL-BREF Taiwan version indicate a higher perceived QOL.

Scoring		
WHOQOL	poor	good
Physical (7 items)	7 – 23.8	23.9 -35
Psychological ( 6 items)	6 – 20.4	20.5 – 30
Social (4 items)	4 – 13.6	13.7- 20
Environment (9 items)	9 – 30.6	30.7 - 45
<b>Total</b>	<b>28 - 95.2</b>	<b>95.3 - 140</b>

### III- General Self-Efficacy Scale (GSE)

It was created by **Schwarzer, (1995)** to assess a general sense of perceived self-efficacy with the aim to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. It was composed of 10 items of. The responses

were measured on the 4-point Likert scale: (1) Not at all true (2) Hardly true, (3) Moderately true (4) Exactly true. Cronbach's alpha of the scale varied from 0.75 to 0.91. The General Self-Efficacy Scale is correlated to emotion, optimism, and work satisfaction.

**Scoring in this study:** Responses are made on the 4 Likert scale ,sum up the responses to all 10 items .the composite score with range from 10 to 40.below 20 considered low self –efficacy and more than 20 was high self –efficacy.

Scoring		
Self-Efficacy	low	High
	1 – 19	20 – 40

#### Operational Design:

This design includes description of the preparatory phase, pilot study, and implementation phase including field work, methods and procedures of the study.

#### Preparatory Phase:

**This phase was based on the following steps:**

- Administrative design:** An official approval was obtained from Dean of the Faculty of Nursing, Ain Shams University. A letter containing the title and the aim of the study and was directed to responsible authorities in El Abassia Mental Health Hospital for obtained the approval for data collection and conduct.
- Pilot study:** A pilot study was conducted on 10 patients with obsessive compulsive disorder to test by the designed assessment tool and its applicability on the sample, and in order to estimate the time needed to fill in the sheets, and to identify obstacles or problems in data collection and accordingly necessary modifications done. Subjects who shared in the pilot study were excluded from the main study sample.
- Test validity and reliability:** To achieve the criteria of trustworthiness of the tools of data collection in this study, the tools were tested and evaluated for their face and content validity, and reliability by a committee consisting of five experts from Faculty of Medicine and Faculty of

Nursing, Ain Shams University. They were from different academic categories, i.e., professor and assistant professor. Different specialties were represented in the group such as Neuropsychiatric, Psychiatric/ Mental Health Nursing. To ascertain relevance, clarity, and completeness of the tools experts elicited responses were either agree or disagree for the face validity; and for content reliability, important, not important, and comments. The items on which most of the experts have agreed were included in the proposed tool and the required corrections and modifications were done. The reliability of the tools that was assessed through measuring their internal consistency by determining Cronbach alpha coefficient, proved to be high as indicated in the following table:

Tools Cronbach Alpha Coefficient			
Tools	Scale Reliability	Face validity	Statistical validity
Sociodemographic interview questionnaire	0.68	0.86	0.91
Quality of Life Scale	0.89	0.93	0.96
Self efficacy	0.69	0.84	0.92

### Implementing Phase

#### Field work:

After an official permission was obtained from the director of outpatient clinic of El Abassia Mental Health Hospital the actual fieldwork for the process of the data collection has consumed three- months started at beginning of January 2019 to end of March 2019. The interview method was used for data collection; subjects were interviewed by the researcher, after explaining the aim of the study that was conducted through three phases:

**Phase I:** There was an introductory phase for researcher with patients of OCD to explain the aim of study and obtain the oral approval to participate in the study. The researcher inform the subjects that the time for collect the data was through two days weekly on ( Saturday and Tuesday ) in an Institute of psychiatry affiliated to Ain Shams University, and each patients was interviewed individually by the researcher.

**Phase II:** There was a working phase for the researcher through which every patient was

interviewed to assess his quality of life, in addition to assessment of their self- efficacy through measure of General Self Efficacy Scale (GSE). The researcher measures in a time ranged from 20 to 30 minutes.

**Phase III:** There was a terminating phase for the researcher through which, a total of 50 male and female patients who agreed to participate in the study were assured that the information collected would be treated confidentially and that it would be used only for the purpose of the study.

#### Ethical consideration:

The ethical research considerations in this study included the following:

- The research approval obtains before conduct the study.
- Patients with obsessive compulsive disorder are allowed to choose to participate or not participates 'voluntary participation'.
- The researcher describes the objective and aim of the study to patients with obsessive compulsive disorder.
- Maintain confidentiality and privacy for every selected patients who involved on the study sample.
- Clarifying that all information will be used for scientific research only.

#### Limitation of the study:

Patients with OCD were not all motivated and more effort was paid to make them actively participate. Not enough resources of the literature and researches clarify the relationship between quality of life and self- efficacy among patients with obsessive compulsive disorder

#### Statistical design

The statistical analysis of data was done by using the Computer Software for Excel Program and Statistical Package for Social Science (SPSS), version 22.0, Data were presented using descriptive statistics in the form of frequencies and percentages for categorical data and the arithmetic mean (X) and standard deviation (SD) for quantitative data. Qualitative variables were compared using P-value to test association between two

variables and R- test to the correlation between the study variables. The validity and reliability test was confirmed by using the Cronbach Alpha Coefficient test. Degrees of significance of results were:

- P-value > 0.05 Not significant (NS)
- P-value ≤ 0.05 Significant (S)
- P-value ≤ 0.001 Highly Significant (HS)

### Results

**Table (1):** Represents that, their age, it was found that, nearly three quarter of them 74% are in age ranged between 30<40 years with mean age of  $33.1 \pm 3.9$ . Regards their sex, it was found that, more than two third 68% are female and half of them 50% were married. In relation to their educational level, it was found that, more than one third 36% of them illiterate and 56% of them are working and 70% of them are living in urban area

**Table (2)** Reveals that, more than three quarter 80% of patients with obsessive compulsive disorder (OCD) under study have their duration of OCD from 1 to 3 years and more than have of them 54% have moderate severity of OCD symptoms. Regarding their family history, it was found that 72% of them had no family history of OCD. Meanwhile, 40% of them are having OCD symptoms as Contamination and counting.

**Figure (1):** illustrates that, total score of quality life domains, where 84% of the patients with obsessive compulsive disorder had poor level for psychological domain of quality of life, followed by 68% poor social relation QOL domain and 58% poor environmental QOL and 48% of the patients with obsessive compulsive disorder had poor physical domain of QOL

**Figure (2):** clarifies that, more than two third 68% of patients with obsessive compulsive disorder under study have poor quality of life and 32% of them have good quality of life.

**Figure (3):** illustrates that, the majority 76% of patients with OCD under study have low self -efficacy and 24% of them have high self -efficacy.

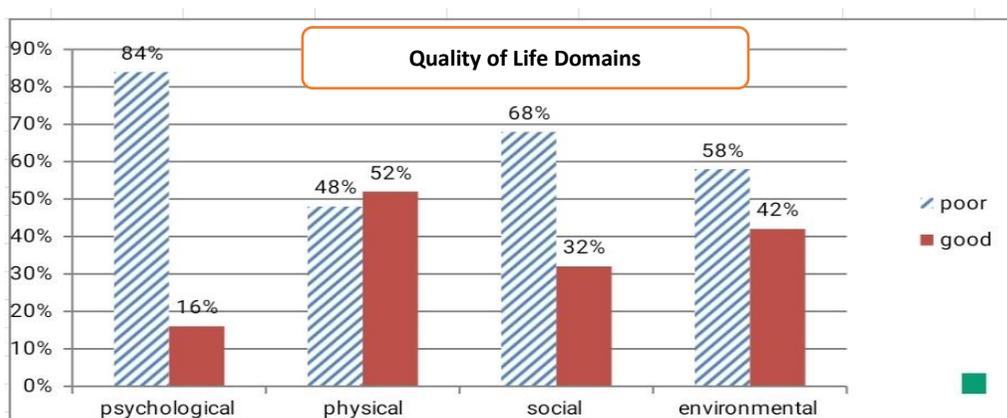
**Table (3):** donated that, there was a moderate positive correlation between quality of life and self-efficacy among patients with obsessive compulsive disorder understudy evidenced by  $r = 0.731$  and  $p = < 0.001$ . it is findings indicate to lower self-efficacy was related to lower quality of life. As self-efficacy is modifiable, if patients with obsessive compulsive disorder could experience better quality of life, so enhanced self-efficacy achieved through improving quality of life.

**Table (1): Distribution of socio-demographics data of patients with obsessive compulsive disorder under study (n=50).**

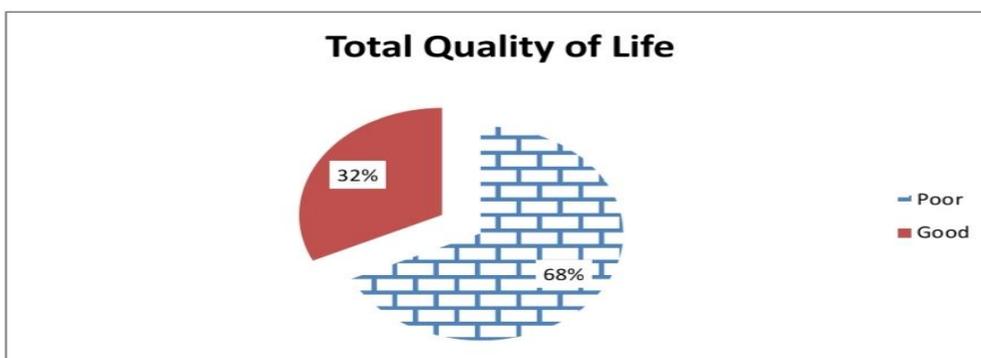
Items	No. (50)	%
<b>Age of patient ( years ) :</b>		
• 20-<30y	4	8
• 30<40y	37	74
• More than 40	9	18
<b>Mean ± SD</b>	<b>33.1 ± 3.9</b>	
<b>Sex:</b>		
• Male	16	32
• Female	34	68
<b>Marital status :</b>		
• Single	15	30
• Married	25	50
• Divorced	10	20
<b>Level of education:</b>		
• Illiterate	18	36
• Read & write	16	32
• Primary & secondary school	14	28
• University level	2	4
<b>Work status:</b>		
• Working	30	60
• Not working	20	40
<b>Residence area:</b>		
• Urban	35	70
• Rural	15	30

**Table (2): Distribution of socio-demographics data of patients with obsessive compulsive disorder according to their clinical history understudy (n=50).**

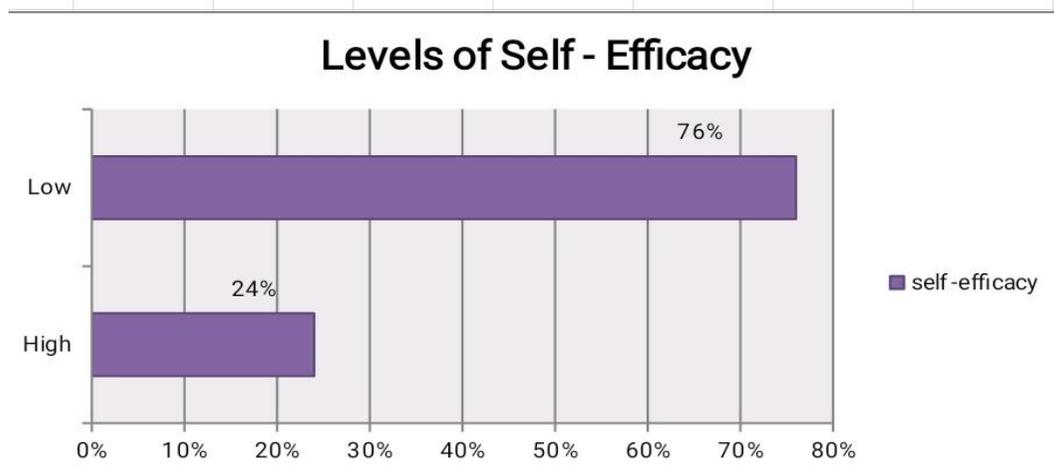
Items	No.(50)	%
<b>Duration of OCD:</b>		
• Less than 1year	3	6
• 1 to 3 years	40	80
• 3- 6 years	7	14
<b>Severity of OCD symptoms:</b>		
• Mild	5	10
• Moderate	27	54
• Severe	13	26
• Extreme	5	10
<b>Presence of Family History</b>		
• Yes	14	28
• No	36	72
<b>Symptoms of the OCD disease</b>		
• Contamination	20	40
• Aggressive	15	30
• Sexual	5	10
• Counting	20	40
• Checking	14	28
• Washing (No. not mutually exclusive)	16	32



**Figure (1): Distribution of patients with obsessive compulsive disorder under study according to their total score of quality of life domains (n=50).**



**Figure (2): Distribution of patients with obsessive compulsive disorder under study according to their total levels of quality of life (n=50).**



**Figure (3):** Distribution of patients with obsessive compulsive disorder under study according to their total levels of self -efficacy (n=50).

**Table (3):** Relationship between total levels quality of life and total levels of self -efficacy among patients with obsessive compulsive disorder under study (n=50).

Variable	Total Levels Quality of Life	
	R	P- value
Levels of Self -Efficacy	0.731	0.001**

## Discussion

Obsessive compulsive disorder (OCD) is a chronic disease characterized by obsessions and/or compulsions, which can be exacerbated occasionally, negatively affecting the individual's daily functions, social relationships, and occupational functioning. OCD is one of the leading causes of disability and reduced quality of life (QoL), with impairment in a number of domains. Moreover, QoL remains an important issue to address in the management of OCD, irrespective of illness severity. OCD affects patients and their social environment, i.e. family members, friends, and society (Sucüllüoğlu Dikici, Eser, Çökmüş, & Demet, 2019).

The aim of this study was to assess the relationship between quality of life and self-efficacy among patients with obsessive compulsive disorder.

### Socio-demographic characteristics of patient with OCD

The finding the present study shows that, about three quarter of patients of patient with

OCD under study are in age ranged between 30 - < 40 years. This result could be due to lack of interpersonal skills to cope with daily life stressors especially with the establishment of career and lack of involvement in more productive work due to the complication resulting from OCD.

Results of the present study illustrated that, more than two third of them are female. This results supported with (Sucüllüoğlu Dikici, Eser, Çökmüş, & Demet, 2020). Who are studied "Disease burden and associated factors in caregivers of patients with obsessive-compulsive disorder "and found that, the majority of the patients were female

This result was contradicting with (Sinha, & Sinha, 2019). Study the quality of life and functional disability between obsessive compulsive disorder and control group. Found that Majority of OCD patients were male

The finding the present study clarifies that half of patients with OCD are married and more than one third of them are illiterate, in addition to near two third of them are working

This may be because they had a moderate severity of OCD. This result was contradicting with (Ahmed, Begum, Wahab and Ahmed, 2015) assesses the quality of life of the patients suffering from OCD. The result denoted that the highest percent of patient with OCD are student and unmarried

Regarding to symptoms of obsessive-compulsive disorder the result show that two fifth of them have OCD symptoms as Contamination and counting. This result was disagreement with Ruscio , Stein, Chiu and Kessler(2010) assess quality of life among general population in USA .found that checking and hoarding were the most common symptoms. This result is similar with Ahmed,et al (2015) assess the quality of life of the patients suffering from OCD.. They found that the most common type of obsessive-compulsive symptom was repeated thought of dirt and contamination with repeated washing and cleaning.

The result of present study clarified that more than half of patients had a moderate severity of illness this may be due to the most of patient have been compliance with treatment, patient and some family caregivers perceive compulsions act as perfection in performing task .

This results in the same line with (Ahmed, Begum, Wahab and Ahmed, 2015) assess the quality of life of the patients suffering from OCD. Found that more half of patient have moderate severity.

This result wad contradicting with Saleem and Gul (2012 ) their study entitle the range of severity of obsessive compulsive disorder and quality of life .the result explained one-half of sample had severe level of severity

### Quality of life among patient with OCD

The result of the present study summarized that, the highest percentage of patients with OCD understudy are found regarding their psychological domain of quality of life which associated with negative feeling of mood, sadness, anxiety and dissatisfaction with oneself. Furthermore, it includes questions about the sense of life and the degree to which people were able to enjoy their lives. Therefore, this results might be due to the

impaired psychological domain in OCD patients which affected by obsessive and compulsive symptoms of the disorder which are incomprehensible and bizarre and the affected patients struggle between the “obtrusive thinking” to carry out the compulsions and the “reason” or “normal insight” to stop the repetitive rituals. Also psychological domain may be impaired in OCD patients for several reasons. Firstly, obsessive and compulsive symptoms of the disorder were incomprehensible and bizarre. The affected patients struggle between the “obtrusive thinking” to carry out the compulsions and the “reason” or “normal insight” to stop the repetitive rituals.

This result was similar (Sinha, & Sinha, 2019). Study the quality of life and functional disability between obsessive compulsive disorder and control group. the results showed that showed poor quality of life in physical, psychological, social and environment domains as well as on total score for quality of life in OCD patient group as compared to control group.

This results are in accordance with (Rodriguez-Salgado et al ., 2006) who studied the " Perceived quality of life in obsessive-compulsive disorder" and founded that the mostly affected domain among patient with OCD is psychological domain. This results is disagreement with (Subramaniam, et al., 2020) examined Obsessive-compulsive disorder in singapore: prevalence, comorbidity, quality of life and social support their found significantly lower mean scores in role physical, bodily pain, general health, vitality, social functioning, role emotional and mental health domains

Finding of the present study illustrated that the second affected domain among patient with OCD is social domain. This results supported by (Ahmed, 2017) who studied the "Quality of life of patients with obsessive compulsive disorder" and found that among the five domains, poorest rated domain was social domain which is the most affected domain. This result could be due to patients with OCD were troubled by repeated obsessions and/ or compulsions as well as by thoughts and behaviors which seemed senseless and

repugnant, that further restricted their occupational and social functioning. In addition, patients with OCD often provoke their friends or family members to engage in their illness-related behaviors, which often results in conflicts causing disrupting their relationship with family and friends.

The results of the current study clarifies that, more than two third of patients with OCD under study have poor quality of life and the minority of them have good quality of life. This results could be due to the patients suffering from OCD often experience many limitations in the fulfillment of their fundamental human needs. The symptoms of the illness disturb the patients' functioning in the common life, in the family, at work, in the ability to realize their goals, skills, and potential. The symptoms also disturb their capacity to follow prescribed treatment, take medication, cooperate in addressing the root causes of their problems and reduce obsessive thoughts and compulsive behavior, as well as their willingness to realize exposures with the desire to resolve the situation.

This results in agreement with (**Jahangard, et al., 2018**) who studied "Patients with OCD report lower quality of life after controlling for expert rated symptoms of depression and anxiety" and found that most of patients with obsessive-compulsive disorders (OCD) in his study had a poorer quality of life (QOL).

This results also similar with (**AJ, Matos, Jansen, & Souza, 2017**). They are studies Quality of Life among Young Adults with Obsessive Compulsive Disorder: A Population-Based Study. Found that young people with OCD had a lower score in all QOL domains

The result of the present study indicated that, there was a highly statistically significant relation between quality of life and socio-demographic characteristics of patients with OCD regarding marital status, this may be related to the married patient have a social support from their partner

This result was disagreement with (**Subramaniam, et al., 2020**) explained that the behavioral symptoms of OCD can significantly affect marital and social

relationships of individuals who may also perceive poor social support from their partners, family and friends.

### **Self-efficacy among patient with OCD**

Finding of the present study illustrates that, the majority of patients with OCD under study have low self -efficacy. This results might be due to patients with OCD are less confident about their abilities which consider one of multiplicity factors influencing their ability to cope effectively with their stressors from OCD and they cannot remain calm when facing their compulsion difficulties because they cannot rely on their coping abilities and cannot usually handle whatever comes their way in addition to the impact of OCD on patient's thoughts as they unable to control over their thoughts, feel that current state had been caused deliberately by something which associated with severity of symptoms and appears on their attitude and behavior. Also, it may be due to non- adherence and insufficient treatment as well as poor rehabilitation program.

### **Relation between Quality of Life and Self -Efficacy among Patients With OCD**

The present study illustrates there was a moderate positive correlation between quality of life and self-efficacy among patients with obsessive compulsive disorder understudy .it is findings indicate to lower self-efficacy was related to lower quality of life. This result may be due to the patients with OCD unable to performing their daily tasks due to low self-efficacy. Increasing self-efficacy also predicts a reduction in the symptoms of obsessive-compulsive disorder. A person with high self-efficacy plays an active and influential role in organizing the connection between thoughts and events in the outside world. This result is consistent with (**Behzadpoor, Sohrabi& Borjali, 2016**). Explained that self-efficacy can reduce the tendency to perform obsessive rituals In addition, people with obsessive-compulsive disorder have doubts and hesitations in performing their daily tasks due to low self-efficacy and increasing self-efficacy reduces the tendency of individuals to engage in obsessive rituals. This study also showed low self-efficacy decrease individual's physical and psychological components of QOL

## Conclusion

According to the results of this study, it can be concluded that .This is a moderate positive correlation between quality of life and self-efficacy among patients with obsessive compulsive disorder

## Recommendation

- Counselling program should be done for patients with OCD to manage their psychological problems regarding their OCD.
- Psycho educational intervention program should be designed to reduce the negative implications of OCD and to improve QoL among patients with obsessive compulsive disorder.
- designing a psychosocial nursing intervention program to patients with OCD for enhancing their self- efficacy
- Development of educational programs for psychiatric nurses and other health care provider in hospitals on how to deal with patients stressors regarding their OCD.
- Future studies should be done on large number of patients with OCD to promote their quality of life and increase their self - efficacy.

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