

IMBALANCE OF SELF-EFFICACY AND BEHAVIORAL REGULATION AS A POTENTIAL RISK FACTOR FOR MENTAL WELL-BEING

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Relevance. Human mental health is not a monolithic construct; it is a complex system of interrelated domains – cognitive attitudes, emotional regulation, and behavioral practices [1]. Introspection, although subject to subjective distortions, remains an important source of primary data on mental status.

The relevance of the study is determined by the need to identify implicit threats (risks) that can be masked by a general positive self-perception. Respondents may show high self-confidence while ignoring critical aspects of self-maintenance (such as sleep hygiene or effective processing of negative thoughts). This imbalance between attitudes and actions is a hidden risk that can lead to the depletion of adaptive resources [2].

Target. To identify and analyze the disproportions between indicators of subjective confidence (self-efficacy and autonomy) and indicators of behavioral regulation, considering the identified discrepancies as potential risk factors for long-term mental well-being.

Research methods. An online survey on the «Positive Mental Health Questionnaire» was conducted among 50 1st-year students aged 18-23 years with the definition of self-efficacy and behavioral self-regulation domains.

Results and their discussion. The results of the survey showed that 96% of respondents demonstrate strong self-confidence, 80% are confident in their ability to act on their own will and set personal boundaries. This indicates a strong «mental armor» and a high internal resource of subjective control. Critically different results were obtained in the behavioral regulation domain, where significant vulnerability zones were identified. Only 30% of respondents control their sleep patterns, and about 40% are not sure that they can cope with negative thoughts. Special attention should be paid to social engagement – about 20% signal the risk of social isolation.

Data analysis revealed a clear discrepancy between the assessment of cognitive attitudes and actual behavioral practices. Students show a high level of assessment of their abilities, but do not support them with consistent actions in critical areas of self-regulation.

A high level of self-confidence (self-efficacy) can paradoxically contribute to ignoring physiological needs (sleep). Risk analysis shows that sleep disturbance is the most likely risk leading to a decrease in overall mental status [3].

Conclusions. Thus, a high subjective assessment of mental health does not guarantee its sustainability; the real risks are found in the gap between attitudes and daily actions. To develop effective support programs, it is necessary to shift the focus from confirming strengths to correcting weak links, such as improving sleep.

LITERATURE

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ASSESSMENT OF LIVER FIBROSIS STAGE BY FIBROELASTOMETRY IN PATIENTS WITH CHRONIC HEPATITIS C BEFORE INITIATING ANTIVIRAL THERAPY

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Relevance. For a long time, liver biopsy was the gold standard for diagnosing liver fibrosis; however, it is an invasive procedure associated with a risk of complications. Consequently, non-invasive methods for diagnosing fibrosis, including the determination of serum fibrosis markers and fibroelastometry, have become widespread in clinical practice [1, c. 73].

Target. To analyze the results of liver fibroelastometry in patients with chronic hepatitis C (CHC) before the start of antiviral therapy.

Research methods. A retrospective analysis was conducted of fibroelastometry data from 111 patients with CHC who were referred to the Consultative and Dispensary Department of the Grodno Regional Infectious Diseases Clinical Hospital to consider prescribing antiviral therapy in 2021-2025. The following ultrasound elastography methods were used to assess liver stiffness: Shear Wave Measurement (SWM) and Real-Time Tissue Elastography (RTE). The SWM method included measuring the absolute value of the shear wave velocity V_s (m/s) and its pressure E (kPa). The RTE method included determining the Liver Fibrosis Index (LF Index). The conclusion was presented according to the METAVIR score.

Results and their discussion. The mean age of the examined patients was 49.9 years, with a median of 47 years (range 20–93 years). Among the total number of patients examined, 25 (22.5%) had practically no liver fibrosis (F 0-1), 11 (9.9%) patients were classified with stage 1 fibrosis (F 1), 31 patients (27.9%) – F 1-2,