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Attitude of nurses caring critically ill patients admitted in the ICUs of AIIMS Hospital, Jodhpur

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Abstract

BACKGROUND: Nurses are internationally recognized to be largest group of registered and regulated practitioner in the health workforce of any country. There is an increase in number of critically ill patients seeking optimal care, and this rapidly increases the demand for the critical care nurses at the end of life. Caring for a critically ill patient creates anxiety and emotional exhaustion and may sometimes lead to burnout. So, it is imperative for the nurses to have an optimistic approach while caring patients in the ICU. The aim of the study was to assess the attitude of the nurses caring critically ill patients and to determine the association of the level of attitude with the selected personal variable. The study was conducted at ICUs of tertiary care hospital by using descriptive research design.

METHODS AND MATERIAL: A cross-sectional descriptive study was conducted in ICUs of tertiary care hospital from October to December 2018. The sample was selected by total enumeration technique. Data was collected from 60 critical care nurses with the help of self-structured five-point Likert scale to assess the attitude of nurses. Descriptive statistics and inferential statistics were used for data analysis such as mean, frequency, percentage, standard deviation, and Chi-square test.

RESULTS: Majority (81.7%) of the nurses were having favorable attitude toward caring the critically ill patients, and there was no significant association of the attitude score with the selected personal variable at $P < 0.05$.

CONCLUSIONS: Majority of critical care nurses have favorable attitude. If they have supportive environment at workplace, their willingness to work toward quality care will improve further.

Keywords:

Attitude, critically ill patients and death, intensive care unit, nurses

Introduction

Nurses are internationally recognized to be largest group of registered and regulated practitioner in the health workforce of any country.^[1] Critically ill patients refer to the mechanically ventilated, life-threatening condition, terminally ill, chronically ill, and dying patient admitted in the ICUs. A set of ideas, convictions, and actions that are focused on a particular thing or person are referred to as an attitude.

It is the nurses who spend most of the time with the patients in the ICU. Nurses spend

almost 24 hours a day with patients and are aware of their patients' needs.^[2] Patients receiving comprehensive care tend to rely heavily on nurses. The nurse's attitude has a crucial role in patient care. A study revealed that negative attitude of the nurses like moral distress and anxiety may decrease the quality of nursing care provided to the critically ill patients.^[3]

Patient's death is a disturbing phenomenon, for both the nurses and the family members of the patient. Nurses play a crucial role in the providing support to the family members of a dying patient.^[4] Prevalence of mental illness is very high among the

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healthcare personnel than general population.^[5] Caring for a critically ill patient creates anxiety and emotional exhaustion and may sometimes lead to burnout as they are uncertain about how to deal with the procedures pertaining to death.^[4,6,7] Because of this, the nurses experience some mental problems such as feeling of frustration, conflict, anxiety, depression, disagreement, post-traumatic stress disorder, and burnout syndromes. Sometimes, they may even “drop out” from the nursing career.^[8] Individual or group counseling, mental health counseling, debriefing sessions, utilization of resources such as social media, planning to fulfill shortage of staff, providing training programs, and conducting educational workshops can be some of the practical interventions that may help nurses to deal with such feelings and provide better care to the patients.^[9-11]

Low-income countries have high burden of critical illness.^[12,13] Intensive care units are the most common place for critically ill and dying patients.^[14,15] Almost 50% of the hospital deaths occur in ICU which signifies that mortality rates are high in these settings.^[4] Statistics show that 1 in 5 end-of-life patients die within intensive care environments.^[16] Life-sustaining measures are needed to decrease the risk of premature death in the critically ill patients. These patients experience fear, anxieties, feeling of loneliness, and sometimes they are not able to communicate their feelings.^[17] The care given to the critically ill patients highly depends upon the attitude of the nurses caring them. Positive attitudes can help the patients to get healthier over the care they get, which may improve their physical and mental health.^[18] As a result, nurses should view their work positively, especially when patients are close to death. So, it is imperative for the nurses to have an optimistic approach while caring patients in the ICU. Various studies have been conducted by researchers in Europe, Asia, and USA using Frommelt Attitude Toward the Care Of the Dying Care scale (FATCOD) and The Death Attitude Profile-Revised (DAP-R) scales, but there is lack of evidence which explores attitude of nurses caring critically ill patients in Indian context. There is a lack of evidence for attitude of nurses caring critically ill patients in ICU in the Indian context.

Aims of the study were to assess the attitude of nurses caring critically ill patients and to determine association of the attitude score of the nurses caring critically ill patients with the selected personal variables.

Material and Methods

Study design and setting

A cross-sectional descriptive research design was used in this study. The study was conducted in the ICUs of tertiary care hospital in Jodhpur, Rajasthan.

Study participants and sampling

Sample for the study were nurses providing care to the critically ill patient in the ICU and fulfilling the inclusion criteria. Total enumerative sampling was used to collect sample. Inclusion criteria to select sample were the nurses must be having 6 months' continuous experience in ICU and those who are willing to participate in the study.

Sample size for the study was calculated with the help of Slovin's formula (1960) as the behavior of the population may differ. A 5% margin of error was taken with alpha level(e) at 0.05 to ensure that the sample size will fulfill the minimum requirement to address Type I and Type II errors.

$n = N / (1 + (N * e^2))$ where n = sample size, N = population size (70), e = alpha level 0.05,

$$n = 70 / 1 + (70 * 0.05) = 59$$

Sample size of 60 was taken for present study.

Ethical consideration

Ethical clearance was obtained from the Institutional Ethical Committee, ref. n. (AIIMS/IEC/2018/525).

Data collection tool and technique

Tools were constructed after an intense literature review and came across the validation from the panel of experts. The tool consisted of two sections:

Section A: Personal variable data sheet

This section consists of nine questions that included the demographic profile of the participants such as age, gender, religion, area of residence, professional education, marital status, total experience in ICU, total experience as a staff nurse, and any in-service training done.

Section B: Five-point Likert scale to assess the attitude of the nurses caring critically ill patients

A self-structured Likert scale was developed to assess the attitude of the nurses caring critically ill patients. This section consists of 37 items (25 positive items and 12 negative items) categorized under six domains such as nursing care, stress and coping, ethical dilemma, work burden/burnout, perceived obstacle and support, and communication.

Likert scale was used to score the nurse's response to each item ranging from “strongly disagree to strongly agree.” The scoring is as: 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree, and 5 for strongly agree for positive questions. The scores were reversed for negative statement. Higher score indicates more favorable attitude. Total score ranged from 37 to 185.

Pilot study was conducted on 15 nurses in ICU of hospital, and these nurses were excluded from main study.

Validity of the self-structured questionnaire is established by the opinion of the panel of experts of medical and nursing field. Necessary modifications were done on the basis of suggestion of experts.

Reliability of tool was established by Cronbach’s alpha. The reliability coefficient for Likert scale was calculated as 0.84.

Data was collected from October to December, 2018. Formal permission was obtained from the in-charges of the ICUs of the hospital. Participants were ensured that their confidentiality will be maintained and the data will not be used other than the study purpose. The potential participants fulfilling the inclusion criteria were given the consent. After getting informed consent, self-structured questionnaire to assess the attitude of nurses caring critically ill patients was administered to the participants. Participants were encouraged to ask questions to clarify their doubts prior to the filling of the questionnaires. Flexible timings were used for the data collection according to the convenience of the participants. The total duration to fill the questionnaire was approximately 10–15 minutes.

Results

The quantitative data was coded and entered into Microsoft Excel (2007) sheet, and later, it was exported to the Statistical Package for the Social Sciences, SPSS v16.0 for data analysis. Descriptive statistics was used to describe the demographic characteristics of the participants using frequency, percentage, mean, and standard deviation. Chi-square was used to make an inference and to determine the association of attitude score with personal variable.

Table 1 depicts that majority of the nurses (75%) were from less than 30 years of age with the mean age 27.93 ± 3.20 SD ranging from 24 to 27 years in which 61.7% were males and 38.3% were females. Majority of them were Hindu (76.7%) and mostly residing in urban area (51.7%). Majority of them (68.3%) were having baccalaureate degree, and out of 60 samples, 58.3% were married. Majority of them (55%) have more than 2 years of experience in ICU, whereas 73.3% of the samples were having more than 2 years of experience as a staff nurse. Only 43.3% of the samples have attended any previous in-service training.

Table 2 depicts that majority (81.7%) of the nurses were having favorable attitude, whereas none of the nurses

Table 1: Frequency and percentage distribution of nurses as per personal variable (n=60)

Personal variable	f	(%)
Age		
<30 years	45	(75)
>30 years	15	(25)
Gender		
Male	37	(61.7)
Female	23	38.3)
Religion		
Hindu	46	(76.7)
Others	14	(23.3)
Area of residence		
Rural	29	(48.3)
Urban	31	(51.7)
Professional education		
Diploma	19	(31.7)
Baccalaureate degree	41	(68.3)
Marital status		
Unmarried	25	(41.7)
Married	35	(58.3)
Total years of experience in ICU		
<2 years	27	(45)
>2 years	33	(55)
Total years of experience as staff nurse		
<2 year	16	(26.7)
>2 years	44	(73.3)
Any in-service training done		
Yes	26	(43.3)
No	34	(56.7)

Table 2: Level of attitude of the participants (n=60)

Level of attitude	f	(%)	Mean±SD
Unfavorable (37-86)	0	(0)	
Neutral (87-135)	11	(18.3)	144.35±11.05
Favorable (136-185)	49	(81.7)	

were having unfavorable attitude toward caring the critically ill patients. The mean score was 144.35 ± 11.05 SD.

Table 3 determines the association of attitude score with selected personal variable. It depicts that there was no statistically significant association of the attitude score with selected personal variable at $P < 0.05$.

Discussion

The findings show that majority (81.7%) of the nurses were having favorable attitude, whereas 18.3% were having neutral attitude toward caring the critically ill patients as evidenced by mean score (144.35 ± 11.05). This study finding was consistent with the study conducted by Dunn *et al.* (2005) who used FATCOD and DAP-R scale to assess the attitude of the nurses and reported that majority of the nurses were having favorable attitude toward dying patients.^[19-21]

Table 3: Association of attitude score with personal variable (n=60)

Personal variable	Favorable (136-185)	Neutral (87-135)	df	χ^2	P
Age					
<30 years	37	8	1	0.037N ^S	0.84
>30 years	12	3			
Gender					
Male	33	4	1	3.648N ^S	0.05
Female	16	7			
Religion					
Hindu	39	7	1	1.278N ^S	0.25
Muslim	10	4			
Area of residence					
Rural	24	5	1	0.045N ^S	0.83
Urban	25	6			
Professional education					
Diploma	15	4	1	0.137N ^S	0.71
Baccalaureate degree	34	7			
Marital status					
Unmarried	21	4	1	0.156N ^S	0.69
Married	28	7			
Total years of experience in ICU					
<2 years	22	5	1	0.001N ^S	0.97
>2 years	27	6			
Total years of experience as staff nurse					
<2 years	13	3	1	0.003N ^S	0.96
>2 years	36	8			
In-service training done					
Yes	20	6	1	0.690N ^S	0.40
No	29	5			

NS=Not significant ($P < 0.05$)

The current study revealed that there is no statistical significant relationship between age and their attitude, and this result is consistent with the study conducted by Elsaman *et al.*^[19] who found that there is no significant correlation between the age and a nurse's caring behavior for dying patients. Another study conducted by Dunn *et al.* (2005) revealed that no significant correlation was found between nurses' attitudes toward death and caring for dying patients. The findings indicated that nurses with greater exposure to dying patients reported more positive attitudes.^[21] However, the attitudes of nurses toward death and dying patients may influence the care provided by the nurses.^[20]

Participants agreed that collecting the history from the family members of the patient was a difficult task for them, and these findings are similar to the study conducted by Kisorio *et al.* (2016) where they acknowledged that communication is a cornerstone in the nursing practice. Despite the advancement and improved communication strategies available, the participants were hesitant in approaching the family members and having conversation with them about the patient's condition and explaining poor prognosis of the patient.^[6]

Most of the participants agreed that it is necessary to provide comfort to the patient while caring, and this result was similar to the study conducted by Cypress *et al.*^[22] (2011) in which they stated that providing physical care and/or comfort is one of the most important tasks of the nurses caring critically ill patients.

In this study, it was indicated that there was no association of any in-service training done with their attitude. It is in accordance with the study conducted by A'la MZ *et al.*^[23] (2018) in which they found that there is no relationship between the attitude and previous training programs.

Most of the participants agreed that nurse-patient ratio is enough to provide care to the patient, and this finding is consistent with the recommendations given by Indian Nursing Council and study conducted by Baker *et al.* (2009), which suggests that a higher nurse-patient ratio in an ICU compared to the general wards helps the nurses to regularly monitor the patients, provide good care, and maintain the records.^[12,24]

Limitations and recommendation

The strength of study is total enumeration sampling which is used to select sample, and the limitation of

the study is only one tertiary hospital is selected for study which limits the generalizability. Most nurses participated in the study belong to North Indian region which lacks heterogeneity. A heterogeneous sample can provide different result.

Conclusion

The study provided a brief understanding about the different attitude of the nurses directly involved in the care of critically ill patients. Majority of the nurses were having favorable attitude. If they have supportive environment at workplace, their willingness to work toward quality care will improve further. Further studies are needed to explore the reasons for different attitude of nurses which act as a facilitator for their willingness to provide direct nursing care.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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