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Clinical nurses' knowledge and attitudes toward patients with epilepsy

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ABSTRACT

Background: Insufficient knowledge and negative attitudes of clinical nurses regarding epilepsy may affect the quality of health care for patients with epilepsy.
Aim: The aim of this study was to evaluate knowledge and attitudes of nurses working at a university hospital located in eastern Turkey regarding epilepsy.
Method: The descriptive study was conducted with 85 nurses working at the internal medicine clinics at Yakutiye Research Hospital in Erzurum, Turkey in March 2014. The data comprised the personal information form, epilepsy knowledge scale, and epilepsy attitude scale.
Results: Clinical nurses obtained a mean score of 12.62 ± 2.77 on the epilepsy knowledge scale and 55.43 ± 6.59 on the epilepsy attitude scale. There was a significant difference between the educational status of nurses and mean scores on the epilepsy knowledge scale and epilepsy attitude scale ($P < 0.05$). There was a positive, significant correlation between knowledge scores and attitude scores of clinical nurses regarding epilepsy ($r = 0.227$, $P < 0.05$). In addition, more than half of nurses (57.6%) knew that epileptic seizures would not pose a danger to other people. Unfortunately, approximately one-third of clinical nurses (36.5%) believed that epilepsy was incurable.
Conclusion: As a result of the study, it was determined that nurses had a moderate level of knowledge regarding epilepsy, and they generally displayed a positive attitude, but it was not sufficient. In addition, more knowledge was associated with a more positive attitude.

1. Introduction

Epilepsy is a clinical syndrome that appears as a result of sudden and abnormal discharges of cortical neurons characterized by recurrent seizures [1]. Epilepsy is one of the most common chronic neurological diseases in the world. There are 6 million people with epilepsy in Europe [2]. The prevalence of epilepsy is higher in developing countries compared with developed countries [3]. In Turkey, the prevalence of epilepsy is 6.1–10.2 per 1000 people [4].

Epilepsy is a condition requiring long-term treatment and follow-up. Thus, health-care professionals are required to have sufficient knowledge and skills to meet all the needs of patients with epilepsy and their families. Insufficient knowledge and insufficient professional support are frequently encountered problems in epilepsy [5]. Succeeding while struggling with a lifelong disease depends on patients, families, and health-care professionals knowing the characteristics of the disease very well [6].

Threatening elements in epilepsy, such as the ambiguous nature of the disease, recurrence of seizures, and the fear of social exclusion, may cause patients to experience a number of psychosocial problems [7,8]. Recurrent seizures may produce barriers to education, business life, marriage, and social relations [9].

Rather than the disease itself, individuals with epilepsy can be adversely impacted by the attitudes of society, such as prejudice, social stigma, and discrimination, due to their epilepsy [10,11].

These attitudes may cause individuals to be alienated from health-care professionals and other people [12,13]. Importantly, because negative attitudes of health-care professionals toward individuals with epilepsy may affect the delivery of health-care services for this patient population, modifying such attitudes are crucial. The communication among health-care professionals, patients, and their families is also very important for improving the negative prejudice of society towards epilepsy [14]. However, previous studies have reported deficiencies in the communication among health-care professionals, patients, and their families in the services aimed at the care of patients with epilepsy [15,16].

While there are studies evaluating knowledge and attitudes of health-care professionals regarding epilepsy [17–20], to the best of our knowledge, in Turkey, there is no study investigating the knowledge and attitudes of clinical nurses regarding epilepsy. To deliver more efficient and qualified health-care services for individuals with epilepsy, it is important to optimize the knowledge and attitude levels of clinical nurses regarding epilepsy. The aim of this study was to determine the knowledge and attitude levels of clinical nurses regarding epilepsy and their relationship with some sociodemographic variables.

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2. Materials and methods

2.1. Study population

This descriptive study was conducted in March 2014 to determine the knowledge and attitudes of nurses working at the internal medicine clinics of Yakutiye Research Hospital (Atatürk University, Erzurum, Turkey), regarding epilepsy. In total, 96 nurses were working at the internal medicine clinics of the hospital where the study was conducted; 11 of these nurses did not participate in the study because of various reasons (seven nurses did not meet inclusion criteria, three refused, and one did not complete the questionnaires). A total of 85 nurses agreed to participate in this study.

2.2. Data collection

The questionnaires that were used for this study were first distributed to the nurses and then collected by the researchers. The questions were designed to be answered easily.

A three-part survey was used for data collection. The questionnaires included the (1) personal information form, (2) epilepsy knowledge scale, and (3) epilepsy attitude scale.

2.2.1. Personal information form

This form involved eight questions about age, gender, educational status, marital status, working period, and income status of the nurses, the presence of chronic diseases in their family, and the nurses' relatives who have epilepsy.

2.2.2. Epilepsy knowledge scale

The epilepsy knowledge scale has 16 items, and was developed for the Turkish population [21]. Possible responses to the items on the knowledge scale were “True”, “False”, and “Don't know”. Responses are given the values of one for true answers and zero for false items and “Don't know”, giving a total between a maximum of 16 and a minimum of zero, where higher scores represent a greater knowledge of epilepsy. The knowledge scale yielded a Kuder–Richardson-20 internal consistency coefficient of 0.72.

2.2.3. Epilepsy attitude scale

This scale consists of 14 items developed to assess the Turkish public's attitudes toward epilepsy [21]. Scores on this scale were averaged to create a composite attitude scale, resulting in a range of scores from 5 (completely agree) to 1 (completely disagree). Total scores on the attitude scale can vary between 14 and 70. Higher scores indicate more positive attitudes toward individuals with epilepsy. The Cronbach's alpha was found to be 0.84 for this scale [21].

2.3. Statistical analysis

The data were analyzed with SPSS 17.0 (SPSS Inc., Chicago, IL, USA), using percentage distributions, mean, independent sample t-test, Mann–Whitney U-test, Kruskal–Wallis variance analysis, Pearson correlation analysis, and post hoc analysis. Significance in all statistical analyses was defined as $P < 0.05$.

2.4. Ethics

Before starting the study, written permissions were obtained from the ethics committee of the Atatürk University Faculty of Health Sciences and from the institutions where the nurses worked. The nurses who participated in the study were informed about the objective of the study, and then their verbal consents were obtained.

Table 1
Comparison of descriptive characteristics of clinical nurses and their mean scores on the epilepsy knowledge and attitude scales.

			Epilepsy knowledge		Epilepsy attitude	
Characteristic (N = 85)	n	%	X ± SD	P-value	X ± SD	P-value
Gender						
Female	74	87.1	12.71 ± 2.80	MWU = 329.500	55.50 ± 6.56	MWU = 393.500
Male	11	12.9	12.00 ± 2.64	P > 0.05	55.00 ± 7.14	P > 0.05
Age						
18–25	34	40.0	12.38 ± 2.64	KW = 0.951	55.05 ± 5.83	KW = 1.761
26–33	36	42.4	13.00 ± 2.27	df = 2	56.41 ± 7.28	df = 2
34 and above	15	17.6	12.62 ± 2.77	P > 0.05	53.93 ± 6.56	P > 0.05
Education status						
College	25	29.4	10.68 ± 3.40	KW = 17.947	53.00 ± 6.94	KW = 6.844
Bachelor's	12	14.1	12.91 ± 1.92	df = 2	55.33 ± 4.31	df = 2
Associate	48	56.5	13.56 ± 2.02	P < 0.001	56.72 ± 6.62	P < 0.05
Marital status						
Married	36	42.4	13.02 ± 2.34	t = −1.152	56.66 ± 6.86	t = −1.486
Single	49	57.6	12.32 ± 3.04	P > 0.05	54.53 ± 6.30	P > 0.05
Professional life duration						
5 years and under	50	58.8	12.64 ± 2.41	KW = 0.907	56.18 ± 6.04	KW = 1.042
6–10 years	21	24.7	12.71 ± 2.41	df = 2	54.85 ± 7.55	df = 2
11 years and above	14	16.5	12.42 ± 4.34	P > 0.05	53.64 ± 7.04	P > 0.05
Income status (monthly income)						
Low (2500 TL)	31	36.5	11.12 ± 3.29	t = −4.097	53.96 ± 7.75	t = −1.598
Middle (2500–4000 TL)	54	63.5	13.48 ± 2.00	P < 0.001	56.27 ± 5.74	P > 0.05
Presence of relatives with epilepsy						
Yes	20	23.5	12.15 ± 3.81	MWU = 636.500	57.40 ± 5.48	MWU = 516.500
No	65	76.5	12.76 ± 2.38	P > 0.05	54.83 ± 6.82	P > 0.05