

**NURSES' KNOWLEDGE, ATTITUDE AND PRACTICE IN THE MANAGEMENT  
OF ACUTELY ILL ADULT PATIENTS, IN THE GENERAL WARDS AT KENYATTA  
NATIONAL HOSPITAL.**

**THESIS SUBMITTED IN PARTIAL FULFILMENT FOR THE AWARD OF DEGREE  
OF MASTER OF SCIENCE (CRITICAL CARE NURSING) OF UNIVERSITY OF  
NAIROBI**

**VALERIE JEPCHIRCHIR SUGE**

**H56/72064/08**

**AUGUST, 2010**

## DECLARATION

I declare that this thesis is the result of my original work and that it has not been submitted either wholly or in part to this or any other university for the award of any degree.

Name: **Valerie J. Suge, BScN**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

  
17/08/2010

## SUPERVISORS' APPROVAL

This is to certify that this thesis entitled "Nurses' knowledge, attitude and practice in the management of acutely ill adult patients, in the general wards at Kenyatta National Hospital" has been submitted as part fulfilment for the award of the degree of Masters of Science in Nursing of the University of Nairobi with our approval as supervisors:

1. **Mr. Anthony Ayieko Ong'any,**  
BScN, MscN Clinical Psychology

Lecturer,

School of Nursing Sciences

University of Nairobi

P.O. Box 19676 – 00202 Nairobi.

Signed: \_\_\_\_\_

Date: 11/8/10

2. **Mrs Rysper Eve Rajula,**

MPH, MBA, BscN

Specialist Public Health Research and Administration

Lecturer, School of Nursing Sciences

University of Nairobi

P.O. Box 19676 – 00202 Nairobi

Signed: \_\_\_\_\_

Date: 13/08/10

## **ACKNOWLEDGEMENT**

I am grateful to my supervisors Mr. Ayieko and Mrs. Rajula for their advice and guidance throughout the study period.

I wish to acknowledge with much gratitude Mrs. Kirui, Dr. Misango and the entire ICU and Medical –Surgical lecturers for their positive criticism and editing of this thesis.

I wish to thank my husband Paul and daughter Lauryn for their support and encouragements, and my entire families for their continuous prayers and support.

I also wish to extend my gratitude to Kenyatta National Hospital Ethical and Research Committee, The Ministry of Education, Science and Technology and more so The Kenyatta National Hospital for granting me the authority to conduct this study.

Last but not least, I wish to thank all the respondents for agreeing to participate in this research and all those in one way or another played a role in this study

## Table of Contents

DECLARATION .....	i
SUPERVISORS' APPROVAL .....	ii
ACKNOWLEDGEMENT .....	iii
LIST OF FIGURES .....	vi
LIST OF ACRONYMS .....	viii
OPERATIONAL DEFINITIONS.....	ix
ABSTRACT .....	1
CHAPTER ONE.....	2
INTRODUCTION.....	2
1.1 INTRODUCTION.....	2
1.2 BACKGROUND INFORMATION .....	3
1.3 PROBLEM STATEMENT .....	4
1.4 JUSTIFICATION .....	5
1.5 EXPECTED BENEFITS OF THE STUDY.....	6
1.6 RESEARCH OBJECTIVES.....	7
1.7 RESEARCH QUESTIONS.....	7
CHAPTER TWO.....	9
2.0 LITERATURE REVIEW .....	9
2.1 INTRODUCTION .....	9
2.2 CRITICAL CARE NURSING.....	9
2.3 MANAGEMENT OF AN ACUTELY ILL PATIENT OUTSIDE ICU SETTING.....	12
2.4 KNOWLEDGE ON THE MANAGEMENT OF ACUTELY ILL ADULT PATIENT IN THE GENERAL WARDS .....	13
2.5 PRACTICE WITH RESPECT TO THE MANAGEMENT OF ACUTELY ILL ADULT PATIENT.....	14
2.6 THE CARE PATHWAY FOR AN ACUTELY ILL PATIENT .....	15
2.7 SUMMARY OF LITERATURE REVIEW.....	17
CHAPTER THREE.....	18
3.0 MATERIALS AND METHODS.....	18
3.1 STUDY DESIGN AND TIME FRAME .....	18
3.2 DESCRIPTION OF STUDY AREA .....	18
3.3 STUDY POPULATION .....	19
3.5 ELIGIBILITY .....	20

3.6	STUDY TOOLS .....	21
3.7	SELECTION OF STUDY SUBJECTS:.....	21
3.10	DATA COLLECTION, CLEANING AND DATA ENTRY .....	22
3.11	DATA ANALYSIS AND PRESENTATION .....	23
3.12	MINIMISING BIASES AND ERRORS .....	23
	CHAPTER FOUR .....	25
	RESEARCH FINDINGS .....	25
	CHAPTER FIVE .....	43
	DISCUSSION.....	43
	CHAPTER SIX .....	49
	CONCLUSIONS .....	49
	APPENDIX I: CONSENT FORM .....	53
	APPENDIX II: THE QUESTIONNAIRE.....	54
	APPENDIX III: FOCUSED GROUP DISCUSSION GUIDE .....	59
	APPENDIX IV – APPROVAL DOCUMENTS .....	62

## LIST OF FIGURES

Figure 1: Distribution of respondents in the wards .....	25
Figure 2: Education level of respondents in KNH wards.....	26
Figure 3: The responsibility held by respondents in their wards.....	27
Figure 4: Proportion of respondents who have attended critical care training.....	28
Figure 5: Proportion of respondents who need additional training .....	29
Figure 6: Modality of nursing carried out by respondents .....	30
Figure 7: Nurse-patient ratio .....	31
Figure 8: Proportion of respondents who have been involved in cardiopulmonary resuscitation.....	32
Figure 9: Types of routine observations carried out to acutely ill patients .....	34
Figure 10: Frequency of observation for general patients.....	35
Figure 11: Frequency of observations for acutely ill patients .....	36
Figure 12: Proportion of respondents who are conversant with cardiopulmonary resuscitation .....	38
Figure 13: Rating of acute care in respondents' wards .....	39
Figure 14: Knowledge on management of acutely ill patients.....	42



## LIST OF TABLES

Table 1: Selection of study subjects from general medical and surgical wards.....	21
Table 2: Length of service at the Kenyatta National Hospital .....	26
Table 3: Criteria used by respondents to classify patients for acute nursing care.....	33
Table 4: Table showing the parameters respondents use to detect acute patients.....	33
Table 5: Type of investigations carried out to acutely ill patients .....	38
Table 6: Correlation between the duration respondents have worked in Kenyatta National Hospital .....	39
Table 7: Table showing the proportion of respondents whose wards have written policies/guidelines .....	40
Table 8: Cross tabulation of the presence of policies on acute care versus involvement in acute care .....	40
Table 9: Chi-square test for relationship between presence of policies and involvement in acute care .....	41



## LIST OF ACRONYMS

ABCD's	:	Airway, Breathing, Cardiac massage and Definitive therapy
ACLS	:	Advanced Cardiac Life Support
ACN	:	Assistant Chief Nurse
AACCN	:	American Association of Critical Care Nurses
ATLS	:	Advance Trauma Life Support
BLS	:	Basic Life Support
CPR	:	Cardio – Pulmonary Resuscitation
CCU	:	Critical Care Unit
DH	:	Department of Health
DNR	:	Do Not Resuscitate
ER	:	Emergency Rooms
FGD	:	Focus Group Discussion
ICS	:	Intensive Care Society
ICU	:	Intensive Care Unit
KMTC	:	Kenya Medical Training College
KNH	:	Kenyatta National Hospital
NCK	:	Nursing Council of Kenya
NHS	:	National Hospital Survey
DH	:	Department of Health
NCEPOD	:	National Confidential Enquiry into Patient Outcomes and Death
NICE	:	National Institute for Clinical and Health Excellence
NPSA	:	National Patients Safety Agency
SNO	:	Senior Nursing Officer
SONS	:	School of Nursing Sciences
SOP	:	Standard Operating Procedures
SPSS	:	Statistical Package for Social Sciences
UON	:	University of Nairobi

## **OPERATIONAL DEFINITIONS**

- Acutely ill patient:** Patient who is at high risk for actual or potential life threatening health problems also referred as critically ill (Gupta, 2005).
- Adult patient:** One above the age of thirteen years admitted in either the adult medical or surgical ward as used in this study
- Suboptimal care:** Lack of knowledge regarding the significance of findings on airway dysfunction, breathing and circulation that result in aspects of care being missed, misinterpreted and mismanaged (McQuillan, 1998)
- Acute care:** Acute care is a pattern of health care in which a patient is treated for a brief but severe episode of illness as a result of an accident, trauma or during recovery from trauma (Craft et al, 2002)
- Patient outcome:** Used in this study to refer to the positive end result/ outcome of nursing interventions

## **ABSTRACT**

**Introduction:** Care of the acutely ill patient has become increasingly challenging due to demands from external sources to measure the quality and appropriateness of care provided (Ridley,1998). The more critically ill the patient is the more vulnerable and unstable he becomes, thereby requiring intense nursing care to ensure optimum care.

Nurses' knowledge and attitude towards an acutely ill patient is generally considered to be one of the basic factors contributing to the administration of a total therapeutic nursing care.

Earlier studies showed that management of acutely ill patients admitted to general wards was suboptimal (McQuillan, 1998). Other studies also suggested that doctors and nurses working in general wards may not have some of the skills required to manage patients with complex needs (Chaboyer et al, 2004).

**Objective:** The study sought to determine nurses' knowledge and practice on the management of acutely ill adult patients and to establish the nurses' attitudes and perceptions on the management of these patients at the general wards of KNH.

**Methodology:** This was a cross sectional descriptive study conducted at KNH general wards among nurses over a period of 6 months, from January 2010 to June 2010. Quantitative data was collected using self-administered structured questionnaires while qualitative data was obtained through a focus group discussion with the subjects. Purposive sampling was used to select ten medical and surgical wards. From each of the selected wards, proportional random sampling was used to select study subjects. Qualitative data obtained was coded through content analysis according to themes, and SPSS ® software used to analyse quantitative data.

**Results and Findings:** From the study, it was noted that the respondents were not knowledgeable on certain aspects of care of the acutely ill patients. A majority of the nurses had not attended any critical care course (83%). Further, 32% of nurses reported not being conversant with CPR procedures for the acutely ill patients. Of the respondents who were involved in the CPR process, 12% (n = 50) reported not being conversant with the process.

### **Conclusion and Recommendations:**

It was found that majority of nurses were not knowledgeable on management of acutely ill adult patient and a significant proportion were not competent in their practice. This being the case there is need for KNH management to train and periodically update staff on basic and advanced cardiac life support courses. Further, a systematic program of orientation and continuing education/refresher program should be implemented to ensure quality care provision and sustain the interest of the nursing professionals in the practice field.

# CHAPTER ONE

## INTRODUCTION

### 1.1 INTRODUCTION

Care of the critically ill patient has become increasingly challenging due to demands from external sources to measure the quality and appropriateness of care provided (Ridley,1998). The more critically ill the patient is the more vulnerable, unstable and complex he becomes, thereby requiring intense nursing care to ensure optimum care. Quality care provision is therefore the responsibility of every nurse and requires vigilance as well as knowledge of the principles and standards of care in the management of the acute patient.

Critical care nursing is that speciality within nursing that deals with human responses to life threatening problems. Critically ill patients also referred to as acutely ill patients are those patients who are at high risk for actual or potential life threatening health problems (Gupta, 2005).

The scope of practice in critical care nursing focuses on the professional conduct of the nurse, which is seen as a dynamic process defined by three essential components: The acutely ill patient, the nurse and the care environment, (American Association of Critical Care Nurses [AACCN], 2006).

According to Bradley (1976), the nurse's knowledge and attitude towards a patient is generally considered to be one of the basic factors contributing to the administration of a total therapeutic nursing care. Furthermore, the author explains that these attitudes are to a great extent, the result of exposure to environments, educational background, and experiences. If outcomes are to be improved, prompt, accurate assessment immediately followed by competent and efficient treatment is essential. Due to this reason, it is important to find out the nurses knowledge and attitude towards the management of the acutely ill and other factors which might influence their practices.