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Knowledge and Attitude of The Healthcare Staff towards Epilepsy: Experience from One Center in United Arab Emirates.

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Abstract

Objective: This study was conducted to assess the knowledge, awareness, and attitude towards epilepsy of the healthcare staff from one of the specialized hospitals in Dubai, United Arab Emirates. **Method:** A self-administered online questionnaire was sent to all the medical, nursing, and paramedical staff of Medcare Women and Children Hospital in Dubai, the United Arab Emirates which is one of the specialized hospitals in Dubai. The questionnaire had a total of seven sections including demographic information of the responder. **Results:** The data was collected electronically on a secure computer. Out of the total 120 requests, 88 responses were collected (73%). 69% Were staff nurses and 6% were doctors including consultants and junior doctors. 97% of the responders claimed to have some knowledge of 'epilepsy' as the disease and some of them had seen or dealt with a patient with an epileptic seizure. However, the majority felt that there was further need for more training in this area. **Conclusion:** From our cohort, we found out that despite self-reported awareness and knowledge about epilepsy, there was still a negative and inappropriate attitude towards this condition. So not only clinical knowledge, but there seems to be more need for correcting the attitudes and beliefs towards epilepsy even in the healthcare staff.

Keywords: Attitude; Behavior; Epilepsy; Knowledge

Introduction

Epilepsy is one of the most common neurological conditions, affecting nearly 50 million people worldwide [1]. In many parts of the world, the patients as well as their families suffer from stigma and discrimination. Lack of awareness and knowledge about this condition may be an important underlying cause. The impact of such stigma can be even more harmful than the disease itself, affecting the quality of life of the patients. Unfortunately, this negative attitude exists in the individuals with whom the affected person can come into contact on daily basis, such as schoolteachers or relatives, etc. [2]. In ancient times, epilepsy was believed to originate from malicious causes and to be associated with sin or demonic possession. Seizures were often considered bad omens [3]. Despite advances in science and awareness through social media, remnants of the old ideas continue to exist causing many misperceptions and negative attitudes in society. For example, we still come across seizures being treated with onion or shoe smell in many parts of society [4]. Such negative perception and attitude even exist in highly developed countries where patients with epilepsy face discriminatory behavior [5].

It is important for healthcare staff dealing with the patients with epilepsy to have adequate and sufficient knowledge about epilepsy, as well as bare a positive attitude towards the patients. It is not uncommon that the healthcare staffs can have misconceptions and wrong attitude for such patients mainly due to the lack of adequate training in epilepsy [6, 7].

This study was mainly carried out to understand the knowledge and attitude of the healthcare staff towards patients with epilepsy in the United Arab Emirates.

Methods

An online survey was created using Google documents which consisted of seven sections. The first section included information about the responder's work area and designation. Sections 2 and 3 had questions assessing the basic knowledge and understanding about epileptic seizures and epilepsy, whereas sections 4 and 5 were targeted to understand the behavior and attitude of the responder towards patients with epilepsy. For the questions which had 'true' or 'false' like responses, an extra response 'not sure' or 'I do not know' was also added.

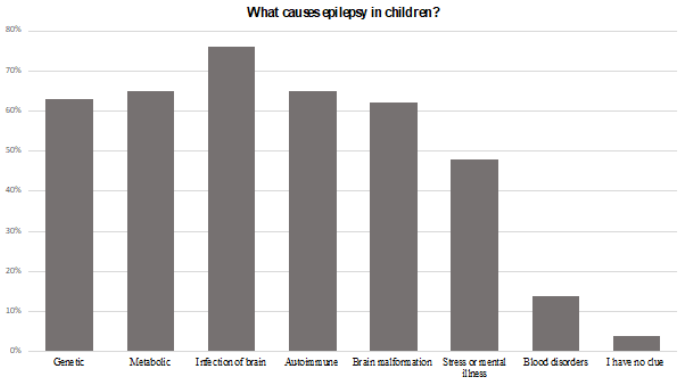
The questionnaire was emailed to all pediatricians and nursing as well as administrative staff who were working in the emergency, outpatient, and inpatient settings. Out of the total 120 requests, 88 responses were collected (73%).

Results

Most of the responders were staff nurses (69%) who worked in different settings like neonatal Intensive care unit (24%), emergency department (12%), outpatient department (11%), pediatric intensive care unit (11%). The minority were from other settings like the day surgical unit, radiology, and labor ward. 9 out of 88 (10%) were paramedical staff (healthcare assistants or nursing assistants) whereas 10% were doctors including consultants, general practitioners, and specialists as licensed by Dubai Health Authority.

Except for three responders, all others had mentioned that they had either heard or read about epilepsy through more than one source. For the question- 'What causes epilepsy in children?', there were options like 'blood disorders' and 'stress or mental illness' in addition to the known etiological factors as per the 2017 ILAE classification of epilepsy [8]. 14% of the responders thought that epilepsy is caused by some blood disorders; whereas 48% thought that stress or any mental disorder cause it (Fig 1). All of them were aware that epilepsy is not a contagious disease. Almost 94% of the responders knew that an epileptic seizure happens due to 'abnormal electrical activity in the brain'. However, only two-third knew what an 'aura' is. Nearly half of the responders (49%) were aware that some epilepsies can be dealt with or treated with surgical approaches.

Figure 1. Causes of epilepsy in children.

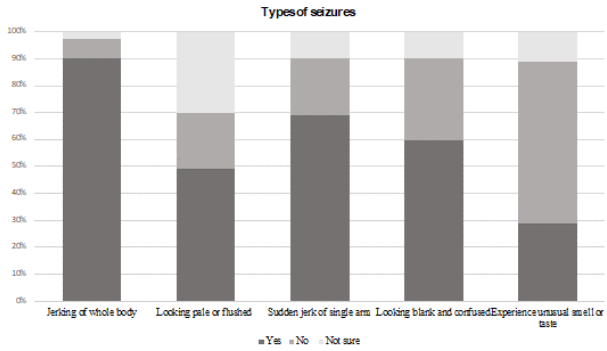


Even though most of the responders worked in clinical settings, only two-thirds of them said that they had been involved in the first aid management of a seizure at some point in their career until now.

In terms of the semiology of epileptic seizures, the majority (90%) probably knew 'convulsing' seizure as the only form of an epileptic seizure. There was less awareness or acknowledgment of the other forms of seizures like autonomic or absence seizures. Only 69% agreed that a 'single arm jerking' can be an epileptic seizure, whereas a third were not aware of what an autonomic seizure is and 30% did not know that 'looking blank and confused' can be an epileptic seizure, i.e. absence seizure (Fig 2).

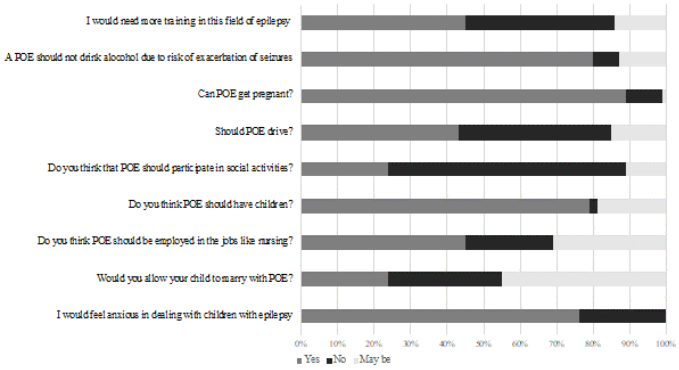
In terms of the attitude and behavior towards a patient with epilepsy, a quarter of the responders thought that they might feel anxious while dealing with a child with active seizures during their shift. This included even general practitioners (4%) and staff nurses (14%). Only 24% did not mind their children getting married to a person with epilepsy, although 44% were not sure about this. Hence 32% of the responders did not want their children to marry anyone with epilepsy. Similarly, 24% believed that anyone with epilepsy should not be employed with a job like nursing in any hospital. However, 31% were not sure about this.

Figure 2. Types of epileptic seizures.



With regards to social participation, almost 24% agreed that a person with epilepsy should not be allowed to participate in any social activities whereas 42% believed that a person with epilepsy should not drive. Similarly, 80% believed that an affected person should never consume alcohol (Fig 3).

Figure 3. Attitude towards patients with epilepsy.



Most of the responders felt that there was still some need of acquiring more education in the field of epilepsy. This need was felt in different areas including first aid management of seizures, status epilepticus management, updates in epilepsy, etc.

Discussion

Many similar studies in the past have explored awareness towards epilepsy in different cohorts [6, 7, 9, 10]. The findings and results from our cohort were not so different than these studies. The primary purpose of this survey was mainly to identify the knowledge gap and understand the attitude and behavior of the healthcare staff of our hospital towards the person with epilepsy.

However, the survey also highlights the stigma and attitude that people in society including the healthcare staff carry towards epilepsy. This could well be because of the knowledge gap even though many of the responders claimed to have adequate knowledge in this subject. Historically attitudes had been assumed to be predictive of the person's behavior. Attitudes based on any direct experience are more strongly held tend to influence behavior more than the attitudes formed indirectly [11]. Various factors can influence our attitudes such as personal experience, social factors, and learning. Hence learning can be a tool to change one's attitude.

Dedicated training programs such as 'Paediatric Epilepsy Training' (PET) by the British Paediatric Neurology Association (BPNA) has shown improvement in various areas like history-taking, ability to distinguish epileptic and non-epileptic events, avoiding prescription of anti-epileptic drugs for febrile seizures, and effective management of status epilepticus like emergencies among the participants [12]. Peer-supported and workshop-based training are a few of the effective training modalities. Simulation-based training is one of the effective tools for delivering outcome-based training in healthcare. It enables teaching in a safe and controlled environment where a range of clinical and non-clinical skills can be taught as well as assessed [13]. Such kind of training can change the attitude and behavior along with the clinical skills if delivered effectively [14].

Conclusion

Our survey which was conducted in a single center highlights the knowledge gap and issues regarding attitude and behavior among healthcare professionals towards the individuals affected with epilepsy.

The results show that there is an unmet need for ongoing education in this field which should be catered to the recipient's needs by setting objectives while designing any such educational activities. We plan to run another survey with a similar questionnaire in the same cohort after delivering such educational activities to compare and analyze whether the objectives are fulfilled or not. Such audits are necessary to improve the clinical as well as non-clinical skills of the healthcare professionals and should be part of the quality improvement process of the hospital.

Competing interests

None.

Author contributions

Dr. Vivek Mundada designed the questionnaire for this study collected data and prepared the manuscript.

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