

Nurses' Performance Regarding Patients with Life Threatening conditions

Zahraa Rahman Mohammad¹, Mohammad Abdu al-Kareem Mustafa²

^{1,2} Adult of Nursing, University of kufa, collage of nursing/Iraq

Corresponding author: zahraa.mohammad@student.uokufa.edu.iq

Abstract

Background: Nurses performance set of activities or behaviors that are performed by nurses to improve patient status and performance considering as one of the essential factors in determine the quality of hospital service and patient with life threatening need urgent care and quickly decision-making performed by nurse. **Objective:** Evaluate nurse's performance toward patients with life threatening conditions in critical care units. **Methodology:** A descriptive (observational) design was carried out in Al-Najaf city hospitals that include Al-Sadder Medical City, at Al-Najaf center for cardiac Surgery and Cardiac Catheterization, Middle Euphrates Hospital. And finally, Al-Hakim General Hospital from October 20th, 2021 to July 30th, 2022. **Results:** the evaluation of the nurse's performance was fair (81.2%) of study participant at mean (1.85). **Conclusion:** concluded that the majority of the nurses had fair performance regarding patients with life threatening. **Recommendation:** The study recommends that those responsible for nursing in hospitals make periodic assessments of the nurses' performance and effectiveness in patient management for any emergency situation in the critical units, it is considered essential to identify their needs.

Keyword: Nurses' Performance, Life Threatening conditions.

1. Introduction

Threatening chronic diseases or disorders are one of the major health and development challenges of the twenty-first century because of their global human, social, and financial consequences. Although chronic diseases affect all countries, their impact is more severe in low- and middle-income countries (i.e., Asian countries, South American, and African countries), where the majority of premature deaths due to chronic diseases occur and serious illnesses affect people of all ages: the very young, the middle-aged, older adults, and the very old [1].

According to FDA. [2], life threatening diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted and diseases or conditions with potentially fatal outcomes.

Additionally, serious life-threatening illness site a massive burden on health systems and society. An estimated 48 million people (47% of all deaths globally). In 2060, will death with serious health-related suffering, which represents an 87% increase from 26 million people in 2016, these deaths will occur in low-income and middle-income countries 83% of. In addition, suffering from Serious health-related will increase in all regions, with the largest proportional rise (155% increase between 2016 and 2060) in low-income countries? In a way that relates to the whole world, serious health-related suffering will increase 183 percent between 2016 and 2060 most rapidly among people aged 70 years or older [3].

In addition, Nurses providing the most care at all levels of the care continuum and represent for a large part of hospital operating costs. In despite of the importance of the critical role of nursing care in defining high-performing healthcare delivery, performance science in this area is still at an early level of development and nursing's contribution most often remains sightless to policymakers and managers [4]. Thus, The optimal

performance of nurses in healthcare settings, plays a crucial role in quality of care and patient integrity [5].

In addition, Work productivity and patient safety are both measured by nursing performance. Nurses are responsible for assessing and monitoring patients' changing conditions, coordinating their care, accurately delivering medications, and communicating with patients and their families at the bedside. In addition, nurses spent approximately 37% of their time with patients who did not change. Nurses who spend more time with patients have better patient outcomes, fewer errors, and higher patient and nurse satisfaction [6].

Also, the role of the nurse in the critical care area of life-threatening disease management specializes in symptomatic relief, comfort promotion, and emergency actions in fatal life-threatening diseases. As well, while administering medication as prescribed, the nurse should monitor the possible adverse drug reactions and perform targeted nursing interventions [3]. On other hand, nursing preventive, curative, and rehabilitative roles need unique professionals to serve individuals, families, communities, and societies. Such roles can be challenging in critical care settings as the complexity of care is intensified when considering the constantly increasing numbers of hospitalized patients and their health status acuity, which the acute shortage of nurses may also complicate in such clinical settings

2. Methodology

Designs of study

An observational study designs selected to answer for the study question, the study starting from October 20th, 2021 to July 30th, 2022.

Setting

Included all nurses working in critical units that involved emergency units, intensive care unit (ICU), critical care units (CCU) at AL-Najaf city hospitals. Sample of the study

A representative sample of (189) nurses who work in critical units, but only 170 were included in the study because about five (5) were on maternity vacation and (14) nurses refused to participate.

Criteria for Sample Inclusion

- All nurses work in critical units (Emergency, CCU, and ICU).
- Nurses with different educational levels.
- Nurse with 6 month and more of years.
- All shift time (morning, evening, night).

The study instruments

Evaluate nursing performance by use Korean Nurses' Core Competency Scale (KNCCS) checklist used to determine level of nurses performance in critical units which developed from Lee et al. [7], and assessment tool is used after deleted some items according to experts notes and according to our nursing community, after pilot study results, by the researchers to determine nurse's performance toward patients with life threatening conditions. In current study it is comprised of five domain and each domain consist from some items that demonstrate in the following:

- Human understanding and communication skills consist from (20) items
- Professional attitudes consist from (13) items.
- Critical thinking and evaluation (14) items.
- General clinical performance (13) items.
- Specific clinical performance (6) items

Data collection

Is the methodological process of gathering information about a specific subject? It's crucial to ensure your data is complete during the collection phase and that it's collected legally and ethically. The data collection method

started from 19 the January 2022 to 10 the February 2022.

The data gathering by:-

- Observational checklist regarding nurse's performance.
- Ethical Considerations and Administrative Agreements: Before collecting data, this is one of the most important steps in nursing research to ensure that ethical principles are maintained. The purpose is to protect the researcher's and participants' rights especially in experimental research. According to Stiles et al. [8], use ethical considerations and administrative agreements to generates a number of ethical concerns from the confidentiality of the individuals whose information is contained in the data to the appropriate use and interpretation of the findings from analyzed data by researchers and executive leadership

3. Statistical Analysis

Statistical data analysis approach is used to analyze the data of the study under the application of the statistical Package for the Social Sciences (SPSS) Ver. (26), and the: Descriptive Data Analysis:

- A. Tables (Frequencies, and Percentages).
- B. Statistical figures (Bar Charts).
- C. Statistical mean and standard deviation
- D. R.S (Ratio sufficiency) to assessment the performance according to cutoff point 75%.

Inferential Data Analysis:

These type of statistical analysis used to accept or reject statistical hypothesis which includes the following: Chi-square test was used to relationship between the overall nurses performance and demographic data.

4. Results

Table (1): Summary Statistics for Nurses' Performance Regarding Patient With Life Threatening Initial Assessment for The (Human understanding and communication skill domain).

Questions	Nurses response	Frequency	Percent	Mean	Std. D.	R.S	ASS.
1.Help patients to articulate thoughts and emotions about their health.	Never	54	31.8	1.73	0.541	57.7	Fair
	Some time	108	63.5				
	Always	8	4.7				
2.Verbally communicate issues, emotions, and thoughts relating to the nursing practice.	Never	67	39.4	1.75	0.695	58.3	Fair
	Some Time	78	45.9				
	Always	25	14.7				
3.Recognize patients as spiritual beings requiring spiritual care.	Never	62	36.5	1.73	0.623	57.7	Fair
	Some Time	92	54.1				
	Always	16	9.4				
4.Exchange constructive feedback and criticism between colleagues.	Never	46	27.1	1.92	0.674	64.0	Fair
	Some Time	92	54.1				
	Always	32	18.8				
5.Help families of patients to respect patient autonomy through sufficient consultations.	Never	59	34.7	1.83	0.705	61.0	Fair
	Some Time	81	47.6				
	Always	30	17.6				
6.Recognize the support and the help that colleagues need.	Never	63	37.1	1.77	0.68	59.0	Fair
	Some Time	83	48.8				
	Always	24	14.1				
7.Demonstrate therapeutic communication skills, such as sympathy, listening skills, restating patients' accounts, and clarifying an issue.	Never	64	37.6	1.75	0.662	58.3	Fair
	Some Time	85	50				
	Always	21	12.4				
8.Establish productive working relationships with colleagues and within the healthcare institution.	Never	40	23.5	1.91	0.614	63.7	Fair
	Some Time	105	61.8				
	Always	25	14.7				
9.Explain coherently the physical, the mental, and the social needs	Never	80	47.1	1.72	0.769	57.3	Fair

of a patient.	Some Time	57	33.5				
	Always	33	19.4				
10. Understand the different needs of patients from culturally diverse backgrounds in a cross-cultural society.	Never	76	44.7	1.75	0.768	58.3	Fair
	Some Time	60	35.3				
	Always	34	20				
11. Recognize the values, the strengths and the weaknesses of self.	Never	59	34.7	1.86	0.732	62.0	Fair
	Some Time	76	44.7				
	Always	35	20.6				
12. Seek help to relevant persons for nursing resources (including human resources).	Never	61	35.9	1.9	0.782	63.3	Fair
	Some Time	65	38.2				
	Always	44	25.9				
13. Incorporate the needs of the individual into the nursing plan or adapt it as necessary.	Never	82	48.2	1.72	0.779	57.3	Fair
	Some Time	54	31.8				
	Always	34	20				
14. Assess the progress of nursing care or patient education with relevant members of the healthcare team.	Never	57	33.5	1.92	0.769	64.0	Fair
	Some Time	69	40.6				
	Always	44	25.9				
15. Document medical records to promote better communication between team members.	Never	38	22.4	1.91	0.588	63.7	Fair
	Some Time	110	64.7				
	Always	22	12.9				
16. Teach patients through appropriate educational mediums or those preferred by the patient.	Never	66	38.8	1.85	0.777	61.7	Fair
	Some Time	64	37.6				
	Always	40	23.5				
17. Communicate to patients the procedural aspects, contents and purposes of the medical service that they will receive.	Never	60	35.3	1.82	0.708	60.7	Fair
	Some Time	80	47.1				
	Always	30	17.6				
18. Provide a differential approach to patient education according to the developmental stage of the patient.	Never	77	45.3	1.79	0.808	59.7	Fair
	Some Time	52	30.6				
	Always	41	24.1				
19. Plan nursing interventions that reflect opinions of multidisciplinary teams.	Never	67	39.4	1.84	0.775	61.3	Fair
	Some Time	64	37.6				
	Always	39	22.9				
20. Give a comprehensive report of the patient's condition during ward rotations or during delegation or transfer of roles.	Never	66	38.8	1.71	0.638	57.0	Fair

Table (1): This table shows the nurses performance regarding patient with life threatening are fair at all items.

Table (2): Summary Statistics for Nurses' Performance Regarding Patient With Life Threatening Initial Assessment for The (Professional attitudes domain)

Questions	Nurses response	Frequency	Percent	Mean	Std. D.	R.S	ASS.
Q21. Practice in accordance to the philosophy, the policies and the values of the healthcare institution.	Never	42	24.7	1.89	0.616	63	Fair
	Some Time	104	61.2				
	Always	24	14.1				
Q22. Adhere to the legal and ethical roles and responsibilities of a nurse.	Never	44	25.9	1.81	0.544	60	Fair
	Some Time	114	67.1				
	Always	12	7.1				
Q23. Display a positive attitude, take initiatives, and set an example to others.	Never	28	16.5	1.95	0.531	65	Fair
	Some Time	122	71.8				
	Always	20	11.8				
Q24. Participate actively in educational and research activities for personal and professional development.	Never	83	48.8	1.65	0.716	55	Poor
	Some Time	63	37.1				
	Always	24	14.1				
Q25. Assume responsibility and accountability for owns role in nursing care.	Never	43	25.3	1.85	0.576	62	Fair
	Some Time	110	64.7				
	Always	17	10				
Q26. Participate in enhancing the nursing profession by becoming involved in nursing associations or council activities.	Never	77	45.3	1.75	0.77	58	Fair
	Some Time	59	34.7				
	Always	34	20				
Q27. Have a clear professional identity as a nurse.	Never	29	17.1	1.95	0.536	65	Fair
	Some Time	121	71.2				
	Always	20	11.8				
Q28. Identify hazards to patient safety and make the necessary quality improvements to prevent harm.	Never	50	29.4	1.86	0.655	62	Fair
	Some Time	94	55.3				
	Always	26	15.3				
Q29. Use self-reflective practice to prevent exhaustion of personal mental and physical resources.	Never	74	43.5	1.68	0.674	56	Fair
	Some Time	76	44.7				
	Always	20	11.8				
Q30. Delegate nursing responsibilities appropriately and accept	Never	62	36.5	1.75	0.651	58	Fair
	Some Time	88	51.8				

accountability for the consequences.	Always	20	11.8				
Q31. Recognize the importance of quality improvement and perform actions relating to this.	Never	65	38.2	1.75	0.678	58	Fair
	Some Time	82	48.2				
	Always	23	13.5				
Q32. Communicate opinions on health policy as a member of society and as an expert in the medical healthcare profession.	Never	83	48.8	1.62	0.679	54	Poor
	Some Time	68	40				
	Always	19	11.2				
Q33. Understand and perform the needs of socially disadvantaged and vulnerable groups as their advocates.	Never	68	40	1.83	0.777	61	Fair
	Some Time	63	37.1				
	Always	39	22.9				

fair at all items.

From the above Table (2): this table shows the nurses performance regarding patient with life threatening are

Table (3): Summary Statistics for Nurses' Performance Regarding Patient With Life Threatening Initial Assessment for The (Critical thinking and evaluation domain)

Questions	Nurses response	Frequency	Percent	Mean	Std. D.	R.S	ASS.
34. Make nursing and intervention decisions based on knowledge acquired from nursing education programs.	Never	59	34.7	1.78	0.65	59	Fair
	Some Time	90	52.9				
	Always	21	12.4				
35. Prioritize nursing interventions as relevant to the patient.	Never	39	22.9	1.91	0.598	64	Fair
	Some Time	108	63.5				
	Always	23	13.5				
36. Interpret both subjectively and objectively-collected patient data	Never	56	32.9	1.95	0.779	65	Fair
	Some Time	67	39.4				
	Always	47	27.6				
37. Practice evidence-based nursing care.	Never	42	24.7	1.91	0.627	64	Fair
	Some Time	102	60				
	Always	26	15.3				
38. Identify and use resources required for nursing care.	Never	54	31.8	1.84	0.668	61	Fair
	Some Time	90	52.9				
	Always	26	15.3				
39. Consider the specific situation of the patient when making decisions in nursing care.	Never	61	35.9	1.78	0.675	59	Fair
	Some Time	85	50				
	Always	24	14.1				
40. Judge the relevance of the decisions or instructions of various multidisciplinary experts.	Never	52	30.6	1.92	0.725	64	Fair
	Some Time	80	47.1				
	Always	38	22.4				
41. Predict potential clinical hazardous situations of a patient.	Never	58	34.1	1.78	0.648	59	Fair
	Some Time	91	53.5				
	Always	21	12.4				
42. Make decisions in nursing care that takes into account ethical values.	Never	46	27.1	1.89	0.648	63	Fair
	Some Time	97	57.1				
	Always	27	15.9				
43. Use findings of nursing research in nursing practice.	Never	55	32.4	2.08	0.853	69	Fair
	Some Time	46	27.1				
	Always	69	40.6				
44. Assess changes in patients continuously.	Never	51	30	1.91	0.712	64	Fair
	Some Time	83	48.8				
	Always	36	21.2				
45. Systematically evaluate results of nursing care and level of patient satisfaction.	Never	67	39.4	1.81	0.748	60	Fair
	Some Time	69	40.6				
	Always	34	20				
46. Provide nursing care that integrates needs of patients and their families.	Never	75	44.1	1.74	0.742	58	Fair
	Some Time	65	38.2				
	Always	30	17.6				
47. Undertake decisions about the most optimal care for patient in multiple perspectives.	Never	59	34.7	1.84	0.711	61	Fair
	Some Time	80	47.1				
	Always	31	18.2				

fair at all items.

From the above Table (3): this table Shows the nurses performance regarding patient with life threatening are

Table (4): Summary Statistics for Nurses' Performance Regarding Patient With Life Threatening Initial Assessment for The (General clinical performance domain).

Questions	Nurses response	Frequency	Percent	Mean	Std. D.	R.S	ASS.
48. Use mechanical devices required for nursing care.	Never	39	22.9	1.82	0.503	60.7	Fair
	Some Time	122	71.8				
	Always	9	5.3				
49. Administer drugs safely and accurately.	Never	22	12.9	1.94	0.445	64.7	Fair
	Some Time	136	80				
	Always	12	7.1				
50. Perform the basic nursing techniques in nursing practice.	Never	41	24.1	1.89	0.6	63.0	Fair
	Some Time	107	62.9				
	Always	22	12.9				
51. Use information technology in nursing care.	Never	63	37.1	1.79	0.698	59.7	Fair
	Some Time	80	47.1				
	Always	27	15.9				
52. Share appropriate knowledge of self-care and teach techniques relating to this to patients impending discharge.	Never	57	33.5	1.79	0.652	59.7	Fair
	Some Time	91	53.5				
	Always	22	12.9				
53. Have knowledge of the pharmacological effects and of the potential adverse effects of a drug and monitor the outcome accordingly.	Never	35	20.6	1.92	0.576	64.0	Fair
	Some Time	113	66.5				
	Always	22	12.9				
54. Establish a plan of discharge for a discharging patient.	Never	45	26.5	2.01	0.734	67.0	Fair
	Some Time	79	46.5				
	Always	46	27.1				
55. Be knowledgeable enough to understand the pathophysiological state of a patient.	Never	61	35.9	1.83	0.722	61.0	Fair
	Some Time	77	45.3				
	Always	32	18.8				
56. Provide discharging patients with information to resources of the local community and of community health centers.	Never	70	41.2	1.85	0.807	61.7	Fair
	Some Time	56	32.9				
	Always	44	25.9				
57. Adapt teaching to the needs of the patient and family.	Never	77	45.3	1.74	0.758	58.0	Fair
	Some Time	61	35.9				
	Always	32	18.8				
58. Practice accurate nursing assessment such as nursing history and physical examination through questioning.	Never	38	22.4	2	0.671	66.7	Fair
	Some Time	94	55.3				
	Always	38	22.4				
59. Practice following a plan of nursing care.	Never	39	22.9	1.91	0.598	63.7	Fair
	Some Time	108	63.5				
	Always	23	13.5				
60. Comply with nursing standards and protocols of the healthcare institution.	Never	42	24.7	1.92	0.644	64.0	Fair
	Some Time	99	58.2				
	Always	29	17.1				

From the above Table (4): this table Shows the nurses performance regarding patient with life threatening are fair at all items.

Table (5): Summary Statistics for Nurses' Performance Regarding Patient With Life Threatening Initial Assessment for The (Specific clinical performance domain)

Questions	Nurses response	Frequency	Percent	Mean	Std. D.	R.S	ASS.
61. Perform nursing care required by critically ill patients.	Never	36	21.2	1.92	0.58	64.0	Fair
	Some Time	112	65.9				
	Always	22	12.9				
62. Practice physical nursing that includes symptom management in patients approaching their end of life.	Never	55	32.4	1.88	0.715	62.7	Fair
	Some Time	81	47.6				
	Always	34	20				
63. Take appropriate actions in emergency situations as a member of the medical team.	Never	30	17.6	1.94	0.535	64.7	Fair
	Some Time	121	71.2				
	Always	19	11.2				
64. Have knowledge of and follow regulations pertaining to emergency situations.	Never	50	29.4	1.91	0.699	63.7	Fair
	Some Time	86	50.6				
	Always	34	20				
65. Demonstrate end-of-life care and meet the emotional needs of patients and their families.	Never	57	33.5	1.92	0.765	64.0	Fair
	Some Time	70	41.2				
	Always	43	25.3				
66. Use resources to address the spiritual needs of patients.	Never	64	37.6	1.96	0.845	65.3	Fair
	Some Time	49	28.8				
	Always	57	33.5				

From the above Table (5): this table Shows the nurses performance regarding patient with life threatening are fair at all items.

Table (6): Summary Statistics of Nurses performance Regarding Patient With Life Threatening Domains.

Domains	Responses	Frequency	Percent	Mean	Std. D
Communication	Poor	61	35.9	1.80	0.704
	Fair	106	62.4		
	Good	3	1.8		
Critical thinking	Poor	44	25.9	1.79	0.646
	Fair	124	72.9		
	Good	2	1.2		
Professional	Poor	36	21.2	1.87	0.699
	Fair	125	73.5		
	Good	9	5.3		
General performance	Poor	37	21.8	1.88	0.647
	Fair	123	72.4		
	Good	10	5.9		
Specific performance	Poor	28	16.5	1.92	0.690
	Fair	105	61.8		
	Good	37	21.8		

Table (7): Summary of Total Nurses Performance Score Regarding Patients With Life Threatening.

Domains	Responses	Frequency	Percent	Mean	Std. D
Overall Nurses Performance	Poor	32	18.8	1.85	0.677
	Fair	138	81.2		
	Good	0	0		
	Total	170	100.0		

Table (7): Shows the find evaluation of the nurses performance is fair in (81.2%) of study participant at mean (1.85).

Table (8): Summary of Total Nurses Performance Score Regarding Patients With Life Threatening.

Domains	Responses	Frequency	Percent	Mean	Std. D
Overall Nurses Performance	Poor	32	18.8	1.85	0.677
	Fair	138	81.2		
	Good	0	0		
	Total	170	100.0		

The results in this table shows the final evaluation of the nurses performance is fair in (81.2%) of study participant at mean (1.85) regarding patient with life threatening.

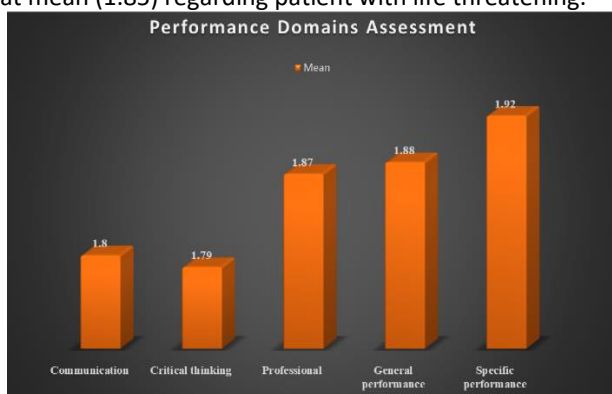
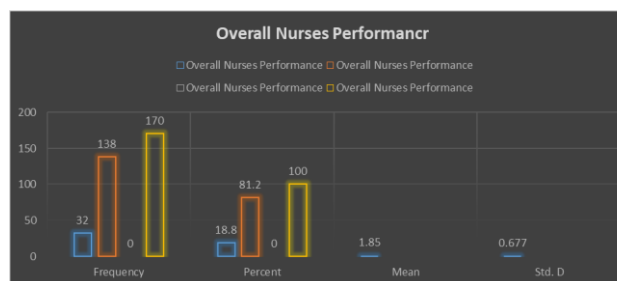


Figure (1): The Mean of Nurses' performance Regarding Patient With Life Threatening Domains.



Figure(2): Summary of Total Nurses Performance Score Regarding Patients With Life Threatening

5. Discussion

Discussion of the Evaluation for Nurses' Performance Toward Life Threatening Conditions.

The performance is a combination of staff being, available, qualified, productive and responsive, poor or unsatisfied performance of service providers leads to inaccessibility and inappropriate care, which thus contribute to reduced health outcomes as people are not using services or are mistreated due to harmful practice, it results from too few staff or from staff not providing care according to standards

and not being responsive to the patients need [9] "most performance problems can be attributed to unclear expectations, skills and knowledge deficits, resource or equipment shortages or a lack of motivations" [10].

The results of nurses' performance toward life threatening conditions was fair with mean(1.85). This result congruent with result conducted by [Abdallah et al. \[11\]](#), entitled "Assessment of Nurses' Performance Regarding the Implementation of Patient Safety Measures in Intensive Care Units" they found more than half of nurses had unsatisfactory performance regarding implement patient safety.

Study done by [Rushdy et al. \[12\]](#), concluded that the critical care nurses had fair knowledge and practice regarding care of patients connected to intra-aortic balloon pump in ICU.

Also study done by [Manzari et al. \[13\]](#), revealed that final evaluation of knowledge and practice (performance) of nurses was fair, in their study "Investigating Nurses' Knowledge and Performance on the Diagnostic and Therapeutic Application of Lead aVR".

The results of the current study reveals that many study samples are fair (62.4%) in communication with critical patients [Yoo et al. \[14\]](#)., studied nurse's communication with patients and families in an intensive care unit. They found nurses felt difficulties to communicating with patients and their families. Nurses recognized that they could address these difficulties by improving their communication skills over time through experience and learning.

In Egyptian [Abdallah et al. \[11\]](#), they studied the nurses performance regarding quality documentation for patients in ICU; the study results showed more than half of the nurses in the study had a satisfactory level of knowledge, almost three-quarters had a poor level of practice, and more than three-fifths had a poor attitude toward quality documentation for ICU patients.

[Shehab et al. \[15\]](#), the researchers observe that the nurses had unsatisfactory knowledge and practice regarding care of traumatic brain injury patients at Intensive Care Unit.

Pakistani Study conducted by [Feroze1 et al. \(2017\)](#), entitled "Knowledge and Practice of Registered Nurses about Patient Safety after Cardiac Catheterization in Punjab Institute of Cardiology Hospital in Lahore, Pakistan" they explained in their study that most of nurses' practice wasn't satisfactory, but their knowledge was good.

In recent Study done in Kermanshah, Iran by [Janatolmakan et al. \[16\]](#), they studied the knowledge, attitude and performance of ICU,CCU and emergency ward regard organ donation, they found nurses' knowledge and attitude had a significant effect on their performance. So the studied nurses showed sufficient knowledge and favorable attitude toward organ donation. however, they had poor performance.

[Muosa et al. \[17\]](#), when they studied nursing performance, they concluded that the majority of nurses had poor level of overall evaluation of the dimensions of nursing performance (94.23%).

According to study done in Egypt by [Ahmed et al. \[18\]](#), to evaluate emergency nurses performance of

cardiopulmonary resuscitation. They found most emergency nurses were incompetent at performing CPR. Furthermore, in several steps of resuscitation care, nurses did not follow the hospital's rules, for example, quality of cardiac compressions and timing of giving medication.

An observational research was conducted in German hospitals by [Hoviattalab et al. \[19\]](#), about the practice of nursing in the prevention of pressure ulcers. The findings of this study demonstrated that high-risk patients and patients with pressure ulcers in German hospitals did not receive adequate preventative pressure ulcer nursing care. Hence, preventive nursing interventions for patients at high risk of pressure ulcers were unsatisfactory.

Further, [Khoehiniha et al. \[20\]](#), have studied nurses' clinical performance in critical care units in teaching and non-teaching hospitals, they found about 15% of critical nurses in teaching hospitals and 10% in non-teaching hospitals had non-optimal performance. Due to the lower level of nurse's clinical performance in emergency department compared to the ICU and CCU.

Entitled study "Nurse's Knowledge and Practice Regarding Nursing Care of Patients with Ventilator Associated Pneumonia at Ahmed Gasim Hospital, [Al-Ahdal et al. \[21\]](#)" carried out by [Al-Ahdal et al. \[21\]](#), found most of ICU nurses had poor knowledge (49.46%) about various aspect of ventilator associated pneumonia especially regarding nursing care of patient with VAP. But they have good practice (74%) regarding suctioning from the ETT/tracheotomy and oral care to prevention of ventilator associated Pneumonia.

[Al-Ahdal et al. \[21\]](#), when they studied nurses' performance toward emergency intervention of arrhythmia, post-carding surgery, they mentioned nurses knowledge and practice was fair 50-75% and had poor level of practice with percent 57.1%, nurse's attitude was positive 84.4%, regarding emergency management of arrhythmia post-surgery in cardiac center.

[Ebrahimi et al. \[22\]](#), studied nurse's performance and effectiveness in patient triage in emergency, they reported in their study that the nurses' performance was acceptable, and their effectiveness was at its peak. However, the fact that 20.1% of the triage was under or over indicate that the necessity for nurses to participate in triage training.

[Bakr et al. \[23\]](#), who state more than half of studied nurses had good knowledge and practice while most of them had positive attitude regarding care of patients with cardiac catheterization.

6. Conclusion

the study concludes that there is (fair) overall nurses performance regarding patient with life threatening conditions.

Recommendation

After conclusion of the present study, many recommendations can be suggested as:

1. Make periodic assessment of nurses knowledge and practice about management of patients for any emergency situation in the critical units.
2. Encourage and assist the nurses in attending national,

international workshops and conferences by annually exam to encourage the nurses to keep pace in critical care, and participant in training courses relating to nursing care for patients having threatening conditions that are sponsored by the Ministry of Health.

3. Educational program for nurses to enhance the performance about care patients undergoing life threatening conditions and evaluate the impact of this program.

4. Creating a simple and comprehensive booklet including information and guidelines or diagram about nursing care patients with critical situation in Arabic and English language to reach all nursing academic qualification.

5. The job description should contain clearly task of nurses that working in critical fields and what the main procedures that are assigned to them.

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