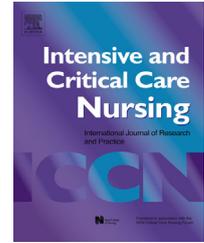




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ORIGINAL ARTICLE

Intensive care nurses' opinions and current practice in relation to delirium in the intensive care setting



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KEYWORDS

Delirium;
ICU;
Nursing;
Survey

Summary

Background: Delirium is a frequently encountered syndrome that negatively impacts on the well-being of the critically ill patient. Although international guidelines promote delirium monitoring, little is known regarding Irish intensive care (ICU) nurses' opinions and current practice in relation to delirium monitoring.

Aim: To ascertain ICU nurses' opinions on delirium among the critically ill and establish if delirium monitoring is part of current practice in the Republic of Ireland.

Methods: A descriptive quantitative survey design was employed, utilising a self-report questionnaire. Participants were registered nurses selected using convenience sampling from two of the largest and leading teaching hospitals in the Republic of Ireland. The overall response rate was 70% ($n = 151/216$).

Findings: The majority of participants 143 (95%) recognised delirium as a serious problem and 93% considered delirium to be an under-diagnosed syndrome that requires active medical intervention. Only 17.9% reported screening for delirium and 4% ranked delirium important to monitor in the ICU setting. The majority of participants never attended a lecture (79%) or read an article (68%) pertaining to delirium.

Conclusion: The findings provide further evidence of the theory practice gap that is likely to exist internationally in settings where best practice guidelines on the management of delirium in the ICU setting are not implemented.

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Implications for Clinical Practice

- Nurses working in the republic of Ireland need education on the importance of delirium monitoring and the appropriate methods for assessment for delirium in ICU patients.
- Failure to diagnose the presence of delirium in patients in ICU settings has implications for health care costs.
- Addressing the lack of knowledge and poor practices in relation to delirium monitoring can improve the quality of care provided to critically ill patients.

Introduction

Delirium is an acute brain dysfunction characterised by an alteration or fluctuation in baseline mental status combined with inattention and either an altered level of consciousness or disorganised thinking (Society of Critical Care Medicine, 2013). It's highly prevalent in the intensive care unit (ICU) occurring in approximately 60–80% of ICU patients (Page and Ely, 2011; Spronk et al., 2009). Delirium is a significant problem within the ICU setting that is associated with negative consequences such as higher morbidity and mortality rates, persistent cognitive decline, longer ICU and hospital stays, combined with increased healthcare costs (Milbrandt et al., 2004; Pisani et al., 2009; Svenningsen and Tonnesen, 2009; Shehabi et al., 2010). Despite this, researchers have consistently reported that delirium in the ICU is under-recognised and often misdiagnosed by healthcare professionals (Arend and Christensen, 2009; Cavallazzi et al., 2012; Devlin et al., 2012).

In order to examine delirium in the ICU setting a comprehensive literature search using a systematic approach was conducted using electronic databases, Swetwise, Cinahl, Pub-med, Medline and Ebscohost. A hand search of journals was also employed from 2001 to January 2013. The findings revealed that delirium monitoring was an important component of patient monitoring (Barr et al., 2013; SCCM, 2013). The use of specific screening tools such as the Confusion Assessment Method for the ICU (CAM-ICU) and the Intensive Care Delirium Screening Checklist (ICDSC) was recommended as components of the guidelines by Barr et al. (2013) as being the most valid and reliable delirium monitoring tools for use with adult ICU patients. The potential value of these guidelines to the provision of quality patient care is however, influenced by healthcare professionals' opinions regarding delirium monitoring in ICU patients (Devlin et al., 2012). A disparity exists between the importance of implementing delirium monitoring and current practices (Ely et al., 2004a,b; SCCM, 2013). Internationally, the literature suggests that nurses' opinions may hinder the recognition of and assessment for delirium in the ICU setting (Devlin et al., 2008; Ely et al., 2004a,b; Gong et al., 2009). No studies were found which examined ICU nurses opinions and current practice regarding delirium monitoring in the Republic of Ireland (ROI). There are no national guidelines pertaining to delirium monitoring. The purpose of this study was, therefore, to establish the opinions of ICU nurses' in two leading teaching hospitals in the ROI and to establish if delirium monitoring is part of current practice.

Methods

A descriptive explorative quantitative survey design was employed, utilising a self-report questionnaire. Participants were registered nurses with a minimum of six months experience in the ICU setting and practising in the ICU at the time of the study. They were selected using convenience sampling from two large academic hospitals in the Republic of Ireland.

Questionnaire development and data collection

This study is a replica of the studies conducted by Ely et al. (2004a,b) and Devlin et al. (2008). The questionnaires used by these researchers had reported validity and reliability (Devlin et al., 2008; Ely et al., 2004a,b). Permission was sought and obtained from both authors for use of the instruments. For the purpose of this study delirium was defined as: "an acute change or fluctuation in the course of a patient's mental status, as well as inattention and either disorganised thinking or an altered level of consciousness" (Ely et al., 2004a,b, p. 112). This definition was presented to the nurses as part of the survey instrument, to inform their responses. The survey was divided into two sections:

Section A: explored ICU nurses' opinions in relation to delirium in the ICU setting.

Section B: evaluated current practice in relation to delirium monitoring in the ICU setting.

Although content validity of the instruments was established by Ely et al. (2004a,b) and Devlin et al. (2008) for use of the instruments in the United States of America, it was important to establish content validity for use in the Irish and United Kingdom (UK) settings. The instruments were subjected to content validation process using the content validation index (CVI) (Waltz and Bausell, 1981). Each item on the questionnaire was rated by experts on a four point scale (ranging from 1 = doesn't meet the criteria and 4 = meets the criteria) in terms of relevance, clarity and representativeness (Waltz and Bausell, 1981). Scores of 3 and 4 were deemed valid. Experts were carefully chosen for their educational knowledge and clinical expertise in the area of delirium. The following CVI form was forwarded onto Irish and UK experts in delirium. The CVI for this questionnaire was 0.94, illustrating that this questionnaire has good content validity. The questionnaire was refined using feedback from the experts.

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