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Original Article

A qualitative study on experience of nurses caring for patients with delirium in ICUs in China: Barriers, burdens and decision making dilemmas

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ABSTRACT

Purpose: The purpose was to explore the experiences of nurses caring for patients with delirium in ICU in China.
Methods: Semi-structured qualitative interviews were conducted with 14 ICU nurses in Beijing, China. Audio recordings of the transcripts were coded and analysed thematically.
Results: The emergent themes reflected clearly similar experiences and were titled as follows: Internal and external barriers to care; Care burden: workload, psychological pressure and injury; Dilemmas in decision-making: balancing risks and benefits.
Conclusions: The results of this qualitative study have provided a rich description of the perceptions of a sample of nurses caring for patients with dementia in Beijing. Clearly, the nurses suffered from their work experiences in several aspects: they lacked the knowledge and skills required assessing and managing the patients as early as possible; they were physically and psychologically stressed while looking after the patients and faced with dilemmas and compromises in their decision-making.

1. Introduction

Delirium is used to describe a severe state of confusion. People with delirium cannot think clearly, have trouble paying attention, have a hard time understanding what is going on around them and may see or hear things that are not there. It is a medical condition where an individual suffers from severe confusion due to mental or physical illness. The condition is often seen in intensive care units (ICU) and is often accompanied by agitation. Despite the challenges associated with delirium, little has been written in regard to nursing management, experience or the best intervention strategies [1]. The aim of the study was to quantify the incidences and factors influencing delirium in ICU in a hospital in Beijing, China, as well as determine the frequency of the problem. The current understanding and the management of delirium are inadequate among the nursing staff.

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The core characteristics of delirium are disturbance in the level of consciousness, changes in cognition and perceptual disruption. Delirium can present itself in three forms: hyperactive, hypoactive and mixed. A systematic review revealed the prevalence rate of delirium in patients upon admission to range from 10% to 31% [2]. Acute delirium is the most common behavioural manifestation of brain dysfunction, occurring in 60%–80% of mechanically ventilated medical and surgical ICU patients, and in 50%–70% of non-ventilated ICU patients [3]. At least 1 in 3 survivors of critical illness will experience a long-term cognitive impairment consistent with mild to moderate delirium [4]. Furthermore, ICU delirium can lead to a 3–11 fold increase in risk of death in six months even after controlling for relevant covariates such as severity of illness [5]. Delirium has been reported as the strongest independent determinant of the length of hospital stay and has been associated with incrementally higher cost [6]. Using multivariable analysis to adjust for age, co-morbidity, severity of illness, degree of organ dysfunction, infection, hospital mortality and other potential confounders, delirium was associated with 39% higher ICU (95% CI, 12%–72%) and 31% higher hospital (95% CI, 1%–70%) costs [7].

The collateral damage caused by delirium can be minimized by identifying patients at-risk, such as those over 65 years, those with a known cognitive impairment, and those with hip fracture or with severe illness [8]. Although delirium is amenable to expert nursing care, it is unrecognized or misdiagnosed in up to 70% of people over 65 years [9]. Therefore, the first step in management of delirium is early recognition. Indeed, delirium assessment has been recommended as part of routine ICU management considering that mental status is an important vital sign along with body temperature, blood pressure, pulse, respiratory rate, and pain [10].

Delirium is an acute disorder which can develop rapidly with fluctuating symptoms. Nurses are in the key position to recognize specific symptoms and closely observe for early delirium signs in at-risk people. However, delirium is often overlooked or misdiagnosed due to lack of knowledge and awareness in nurses [11]. In fact, nurses were able to identify delirium in only 19% of observations. The delirium recognition rates could be improved with implementation of an educational program. The program should incorporate the delirium characteristics, patient mental status, cognitive assessment techniques, and discussion of the factors associated with poor recognition [12].

Patient safety in acute and longer-stay nursing units would benefit from early recognition of delirium. The inclusion of delirium symptoms, as part of routine nursing assessment, not only increased the delirium detection in long-term care facilities but also improved the outcome prediction [13]. An implementation of interdisciplinary nurse-led delirium prevention and management program in a trauma ward led to higher detection rates of delirium resulting in a drop in overnight care [14]. However, other studies reported that detection of delirium by nurses was significantly lower compared with the independent formal delirium assessment An observational study revealed that bedside nurse-patient interactions did not reliably detect delirium [15].

Ample of literature suggests the importance of the nurse-patient relationship and its effect on the patient's physical and psychological recovery [16]. However, the routine bedside interaction between nurses and their patients did not lead to increase in the nurses' ability to recognize delirium. Understanding the relationship between the quality of patient care and nurses' experience while looking after the patients is important [17]. Literature is scarce regarding the information on experience of nurses interacting with ICU patients with delirium. It is important to recognise the cause for the discrepancy between the held belief regarding the therapeutic effect of the nurse-patient relationship and the inability of nurses to recognize delirium.

2. Methods

This study utilized a qualitative hermeneutic-phenomenological framework, as described by Annells [18], to assess the experience of nurses in intensive care setting when looking after patients with delirium.

2.1. *Setting*

The study was conducted in Xuanwu Hospital, which is affiliated with the Capital Medical University, Beijing, China and is a comprehensive hospital featuring clinical practice and research in neuroscience, gerontology, and general surgery. There are about 1000 beds in 34 clinical departments of traditional Chinese and Western medicine. The hospital has 12 ICU, including those for vascular surgery, neurosurgery, haematology, respiratory diseases, gastroenterology, general surgery, cardiology, orthopaedics, and emergency. A recent research project conducted in the hospital revealed a consistent influx of patients with delirium across all of the ICU.

The Capital Medical University Human Research Ethics Committee reviewed and approved the study prior to its commencement. To expedite the recruitment process and increase participants' comfort and ease of involvement, the Ethics Committee gave researchers permission to conduct the interviews during the nurses' regular work hours. The written consent was obtained from all of the participants.

2.2. *Population and sampling methods*

A purposive sampling was used to select a small cohort of ICU nurses using the following inclusion criteria: 1) employed as a nurse in Beijing, 2) working in ICU for at least one year, and 3) prior experience caring for patients with delirium in ICU. Those nurses, who met the criteria, were initially approached by the first author, who is a clinical nurse practitioner and researcher in the hospital. The researcher had access to nurses at all of the ICU and met with them regularly (at least once a week). Those nurses who indicated interest in participating in the study were telephoned at a later date to determine the dates, times and venues for the interviews.

In order to facilitate recruitment and ensure participants' privacy and confidentiality, interviews were conducted at the