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The patient's perception of a delirium: A qualitative research in a Belgian intensive care unit

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Summary
Objectives: This research aims to describe the intensive care patients' perception of a delirium.
Research methodology: A hermeneutic qualitative research was designed using semi-structured interviews. Adult patients admitted between December 2011 and April 2012 to the intensive care unit of a Belgian public hospital, scoring positive for delirium at least once, were eligible for this study. At least 48 hours after the last positive score for delirium, the patients could be interviewed. Data saturation was achieved after 30 patients.
Results: Several patients spontaneously indicated the recollection of the delirium, whereas others needed a few questions or needed the specificity of the syndrome to be pointed out. The analysis of the qualitative data resulted in four major themes: (1) contact and communication, (2) feelings, (3) sleep and time and (4) implication of the delirious episode.
Conclusion: Interviewees recollected a vivid delirium with unrealistic scenes. The study delivered a first understanding of patients' perceptions during a delirium. This qualitative research tried to image the patients' perceptions providing nurses, physicians, other health-care workers as well as patients and their family with a better insight into the syndrome. Targeted interventions may be developed to relieve the burden of the syndrome.

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Implications for Clinical Practice

- The study provides a better insight into patients' perceptions during delirium.
- Contact and communication were disrupted due to deficient self-expression.
- Patients reported anger, fear, guilt and shame possibly interfering with nursing care.

Introduction

Delirium is an acute syndrome caused by an underlying physical process commonly presenting in the intensive care unit (ICU). The syndrome, caused by a disturbance of the cognitive processes in the brain, is associated with a reduced ability to focus attention, disorganised thinking or a changed level in consciousness (Maldonado, 2008). Multiple reports, differing in population and study methods, show a fifth to more than three-quarters of intensive care patients scoring positively for delirium (Ely et al., 2001; Van Rompaey et al., 2009a). The syndrome's fluctuating nature appears in a hyperactive, hypoactive or mixed clinical image. The pathophysiology is based on different neurochemical processes induced by a physical cause. Furthermore, multiple predisposing and precipitating factors evoke the abnormal processes in the human brain. A variety of factors have been studied without highlighting a single factor as the main cause (Inouye, 2006; Van Rompaey et al., 2009a). Interest in standardised screening tools for delirium in the ICU has been increasing. The Confusion Assessment Method for the Intensive Care Unit, the Neelon and Champagne Confusion Assessment Scale and the Intensive Care Delirium Screening Checklist are validated in different languages to be used in the intensive care setting (Bergeron et al., 2001; Ely et al., 2001; Matarese et al., 2012; van Eijk et al., 2009; Van Rompaey et al., 2008).

Several bad outcomes of patients after a delirious episode have been studied in the ICU or several months after discharge. Morbidity and mortality were observed to be worse (Jackson et al., 2003; van den Boogaard et al., 2010; Van Rompaey et al., 2009b). Likewise, a longer stay in the ICU and the hospital, a deterioration in cognitive processes, a higher cost of treatment and a lower quality of life have been linked to the delirious process (Jackson et al., 2003; Leslie et al., 2005; McCusker et al., 2001; McCusker et al., 2002; Thomason et al., 2005).

Although delirium has been studied thoroughly, the patients' perception of an ICU delirium seems underrevealed. O'Malley et al. (2008) reported fear, loneliness and anxiety to be most prominent in patients' perception during and after a delirious episode. Fifteen patients, who had been delirious after hip surgery, perceived a sudden change of reality evoking fear, anger and panic. The delirium was experienced as dreaming while awake. A review of qualitative research by Bélanger and Ducharme (2011) studying multiple settings included publications from 1997 until 2009. The authors described three major themes: (1) incomprehension and feelings of discomfort, (2) the need to keep one's distance and to protect oneself and (3) interventions that diminish suffering. In this review, two intensive care studies based on data from 1995 were included. At that time, a well-validated tool for delirium was not available, so the inclusion and selection of patients remain unclear. Furthermore, Samuelson (2011) and Hofhuis et al. (2008) described the experiences and the memories of critically ill patients without specifically studying delirium.

Research objectives

Apart from the studies with data from 1995 (Granberg-Axèll et al., 2001; Laitinen, 1996), recently few intensive care patients seem to have been interviewed on their perceptions during a delirium. Since these studies, delirium research has boomed, resulting in a better diagnosis of the syndrome. In addition, in the last decade, the ICU turned in a rapidly changing and evolving environment, changing the patients' profile of this ward. Therefore, and to develop an in-depth understanding of patients' perceptions of delirium to set up targeted and qualitative interventions, this research aims to describe the intensive care patients' perception of a delirium.

Methods

A hermeneutic qualitative research was designed using semi-structured interviews. Using the hermeneutic circle, the researchers' prior knowledge and experience are inherent to the interpretation of the findings. During the process, the prior knowledge is subject to changes leading to a deeper understanding of the studied phenomenon. In our research team, prior knowledge on delirium existed. Moreover, hermeneutic approaches are suitable to clarify incomplete, confusing or conflicting data, thus being a beneficial approach in delirium research. The design was based on Crist and Tanner's (2003) interpretative hermeneutic framework. The first phase was formed by a limited review of the literature revealing the patients' most important feelings while experiencing a delirious episode (Granberg-Axèll et al., 2001; O'Malley et al., 2008; Price, 2004; Sörensen Duppils and Wikblad, 2007). The second phase involved an interview based on the descriptions from this review. Furthermore, concurring problems and experiences were listed. The interviews were started in December 2011 until data saturation was achieved in April 2012. This resulted in the third phase, wherein the findings were represented in themes.

Setting and participants

The study was performed on intensive wards of a general public hospital in Antwerp, Belgium. Purposive sampling was used to select participants from either a surgical or an

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