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Original article

The experience of intensive care nurses caring for patients with delirium: A phenomenological study

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ABSTRACT

Objectives: The purpose of this research was to seek to understand the lived experience of intensive care nurses caring for patients with delirium. The objectives of this inquiry were: 1) To examine intensive care nurses' experiences of caring for adult patients with delirium; 2) To identify factors that facilitate or hinder intensive care nurses caring for these patients.
Research methodology: This study utilised an interpretive phenomenological approach as described by van Manen.
Setting: Individual conversational interviews were conducted with eight intensive care nurses working in a tertiary level, university-affiliated hospital in Canada.
Findings: The essence of the experience of nurses caring for patients with delirium in intensive care was revealed to be *finding a* way to help them come through it. Six main themes emerged: *It's Exhausting; Making a Picture of the Patient's Mental Status; Keeping Patients Safe: It's aReally Big Job; Everyone Is Unique; Riding It Out With Families and Taking Every Experience With You.*
Conclusion: The findings contribute to an understanding of how intensive care nurses help patients and their families through this complex and distressing experience.

Implications for clinical practice

- The nurse-patient relationship is crucial and is reflected in the importance of moment by moment patient assessment.
- Building relationships with families is essential and contributes to both the assessment and management of these patients.
- Patient safety is an overarching concern as well as a challenge that is impacted by workload issues and teamwork.
- Experiential learning is essential in educating nurses about delirium.

Introduction

Delirium is a temporary disturbance of attention and awareness that is associated with a change in cognition. It develops over a short period of time and tends to fluctuate in severity throughout the day (Adamis et al., 2015; American Psychiatric Association, 2013). Symptoms include disorientation, hallucinations or delusions, psychomotor agitation and/or hypoactivity and lethargy (Page and Ely, 2015). Delirium may affect greater than 80% of adult patients in intensive care units (ICU) and is associated with longer ICU and hospital length of stay, as well as increased mortality (Pisani et al., 2009; Shehabi et al., 2010). Other impacts of delirium in ICU patients include increased risk for long-term cognitive impairments, greater functional dependency following hospital discharge, increased frequency of patient safety events, decreased quality of life, short- and long-term emotional and psychological distress and increased hospital and health system costs (Awissi et al., 2012; Barr et al., 2013; Girard et al., 2010; Pandharipande et al., 2013; Salluh et al., 2015). Patients who have experienced delirium in the ICU describe feelings of fear and struggling to make meaning or to find human connection (Whitehorne et al., 2015). The emotional and

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psychological impacts can have consequences for patients after the delirium has resolved (Brummel et al., 2014; Pandharipande et al., 2013).

Clinicians must be knowledgeable about delirium in ICU patients in order to identify it early and implement care and treatment strategies. Identifying delirium in an ICU setting can be challenging because patients are frequently unable to communicate due to their severe illness and/or endotracheal intubation. Key recommendations for delirium prevention and management include regular assessment for delirium with a valid and reliable tool, such as the Confusion Assessment Method for ICU (CAM-ICU), early mobilisation, targeting light levels of sedation, promoting sleep and using an interprofessional team approach to patient care (Barr et al., 2013).

Increasingly, ICUs are implementing protocols aimed at preventing delirium and minimizing its impact on patient outcomes (Balas et al., 2013; Barr et al., 2013; Barr and Pandharipande, 2013; Reade and Finfer, 2014). Intensive care nurses typically coordinate and participate in implementing these protocols for the patients under their care (Balas et al., 2012; Balas et al., 2014). However, the successful use of such protocols can be challenging in daily practice due to a variety of organisational and human factors (Balas et al., 2013; Barr et al., 2013; Basset et al., 2015; Carrothers et al., 2013; Zamoscik et al., 2017). Additionally, Belanger and Ducharme (2011) have pointed out that such protocols rarely provide guidance on establishing therapeutic relationships with patients with delirium, or techniques that might reduce the negative emotional consequences of the experience for patients and their families.

Studies on the nursing care of critically ill patients with delirium have tended to focus on the accuracy and use of assessment tools, risk factors, prevention, pharmacological and non-pharmacological interventions, physical restraints, nurses' beliefs and protocol compliance and implementation, (Balas et al., 2014; Bassett et al., 2015; Carrothers et al., 2013; Freeman et al., 2015; Gesin et al., 2012; Oosterhouse et al., 2016; Oxenbøll-Collet et al., 2016; van Eijk et al., 2011; Vasilevskis et al., 2011). Implementing best practices for patients with delirium depends largely on the knowledge and skill of nurses and their ability to communicate and coordinate effectively with the interprofessional team (Balas et al., 2013; Bassett et al., 2015; Oxenbøll-Collett et al., 2016). Despite the frequency with which intensive care nurses encounter these patients, inquiries into nurses' experiences in the ICU setting are limited. The purpose of this research was to seek to understand the lived experience of intensive care nurses caring for patients with delirium. The objectives of this inquiry were: 1) to examine intensive care nurses' experiences of caring for adult patients with delirium; and 2) to identify factors that facilitated or hindered intensive care nurses caring for these patients.

Methods

Design. Van Manen's approach, based in the hermeneutic phenomenological tradition, provided the methodological lens for this study (van Manen, 1997). He describes hermeneutic phenomenological research as the study of a person's lived experience (the person's reality as it is immediately experienced in the world). The findings of phenomenological research reveal an 'understanding' of the moment (van Manen et al., 2016) so that persons who have had, or could have had that experience, can recognize it.

Setting. Participants in this study were recruited from two ICUs in a university- affiliated, tertiary care academic health care centre in Canada. One ICU had 27 beds for patients with neurosurgical, trauma, vascular and general medical-surgical conditions while the other ICU had 26 beds with primarily oncology, pulmonary and medical-surgical patients. Both units had a policy of delirium assessment by the bedside nurse each shift using the CAM-ICU and a delirium protocol was available to use for patients who screened positive. The delirium protocol consisted of a physician's order set for pharmacologic and non-pharmacologic interventions for delirium.

Participants. Prior to data collection, meetings were held with the nursing managers and educators to explain the study. Nursing staff were then notified about the study by informational posters and emails. A purposive sample of eight intensive care registered nurses was recruited. Inclusion criteria were: 1) Registered nurse (RN) who has cared for intensive care unit patient(s) with delirium in the last 12 months; 2) employed full or part-time in the unit, with greater than one year of intensive care experience. The participants' ages ranged from 21 to 60 years, years of nursing experience was from one to >35 years and ICU experience varied from one year to >25 years. Therefore, the sample consisted of less experienced as well as very experienced nurses. Five participants were male and three were female.

Data collection. One-to-one interviews of approximately one hour were held in a conversational style using open-ended questions. Participants were invited to share personal stories or anecdotes to stimulate their recollections and to provide rich data. A reflexive journal was maintained to record methodological decisions, initial assumptions and impressions throughout the data collection process. Having eight participants with varied experience levels describe caring for patients with delirium facilitated obtaining thick and rich descriptions (Morse, 2015). Overlapping of key issues occurred in the transcribed data by the eighth interview.

Data analysis. The researchers analysed the interview transcripts (text) to reveal the essence of the lived experience of intensive care nurses caring for patients with delirium. The process of data analysis was based on three approaches to textual analysis as described by van Manen (1997): (1) Holistic approach: The researcher read the transcript (text) as a whole to try to capture a sense of its overall significance; (2) Selective or highlighting approach: The researcher returned to the text regularly in order to underline within the participants' statements those phrases that were revealing to the experience under study. Revealing statements were collected and sorted into folders and re-examined until themes and subthemes emerged. (3) Detailed line- by- line approach: The researcher read every line of the text and asked what it revealed about the phenomenon. Quotations which supported themes were extracted from the data. The relationship both within and between themes was analysed until a comprehensive description of the experience of participants was uncovered.

Ethical approval. Ethical approval was obtained from the affiliated university's and the participating institution's research ethics boards, approval number 20140066-01H. Informed consent was obtained from participants prior to each interview.

Methods to ensure rigor. Trustworthiness of the findings was established using the criteria outlined by Lincoln and Guba (1985): credibility, transferability, confirmability and dependability. To ensure credibility (truth value), the first author (an MScN student at that time) had consistent consultation with the members of her thesis committee who had expertise in nursing, delirium, critical care and qualitative research. Member check interviews were employed for participants to comment on the research findings and themes (Noble and Smith, 2015). To enhance transferability, detailed descriptions of the setting have been presented, as well as descriptions of participants. Confirmability refers to the extent to which the study findings originate from the experiences of the participants and not as a result of researcher supposition or bias (Lincoln and Guba, 1985). Quotes from the participants were used to explicate each theme to ensure confirmability. In addition, the second author read all the transcripts and assisted in developing themes which were then verified by the remaining authors. To

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