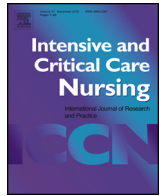




Contents lists available at ScienceDirect

Intensive and Critical Care Nursing

journal homepage: www.elsevier.com/icc



Review

Barriers to delirium assessment in the intensive care unit: A literature review

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ARTICLE INFO

Keywords:
Assessment
Delirium
Nursing
Barriers

ABSTRACT

Background: Delirium is a common syndrome that has both short and long-term negative outcomes for critically ill patients. Many studies over several years have found a knowledge gap and lack of evidence-based practice from critical care personnel, but there has been little exploration of the reasons for this. **Aim:** To identify the perceived barriers to delirium assessment and management among critical care nurses.

Method: A literature review of published studies to examine barriers to effective delirium assessment using a comprehensive search strategy. Five relevant studies identified for review.

Results: Few studies have investigated barriers to delirium assessment and management, but several themes reoccur throughout the literature. The perceived time consuming nature of the assessment tools is cited by many, as is the lack of medical prioritisation of results. Lack of education on delirium appears to be a significant factor and reinforces some of the stated misconceptions.

Conclusion: Many barriers exist to prevent effective assessment and management of delirium, but several of these are due to a lack of understanding or unfamiliarity with the condition and the assessment tools as well as lack of medical prioritisation of the results. Further research is needed on this topic.

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Implications for clinical practice

- Focused education strategies and managerial support could address many of the reported barriers.
- Medical support would also increase nurses' commitment to effective assessment.

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Introduction

Intensive care unit (ICU) delirium is defined as an altered state of consciousness featuring disordered attention, impaired cognition, altered psychomotor activity (increased or decreased) and disorder of the sleep-wake cycle (Borthwick et al., 2006; Tait, 2016). It has an acute onset and is thought to be reversible (Borthwick et al., 2006), although Morandi et al. (2012) state that long-term cognitive impairment is common after diagnosis of ICU delirium. Delirium is associated with poorer outcomes, higher costs and increased mortality (Chevrolet and Jolliet, 2007; National Institute for Health and Care Excellence, 2010). Incidence varies widely but it is thought to affect from 18% to 82% of critically ill patients (Ely et al., 2004; Morandi et al., 2012). There are three subtypes: hyperactive, characterised by hallucinations and agitation; hypoactive, where the patient is withdrawn and inattentive; and mixed delirium, which fluctuates between the two (Page and Ely, 2015). Assessment is crucial for effective management, and many studies have identified a deficit in assessment practice such as using clinical observation rather than validated tools (MacSweeney et al., 2010) or lack of routine assessment for all ICU patients (Patel et al., 2009). However, there have been no previous reviews of the barriers to delirium assessment in critical care nurses, and this review aims to explore and establish the reported barriers to recommended practice.

Aim

To identify the perceived barriers to Intensive Care Unit (ICU) delirium assessment and management among critical care nurses.

Method

Search strategy

A literature search was conducted by the author to obtain relevant material pertaining to the topic. All search words were set to be recognised within the article title, abstract and/or keywords, and combined using Boolean operators [OR] or [AND] (see Table 1). CINAHL headings were also searched in the CINAHL database, with MESH headings searched in the Pubmed and Cochrane databases. 'Backward chaining' of reference lists of the included studies was done to ensure no pertinent or seminal data was missed. Inclusion criteria comprised all studies of critical care nurses involved in delirium assessment and management with mention of barriers, obstacles or challenges. Studies of all types of adult intensive care patient were included.

The limitations applied to the search were:

- Human studies
- March 2007–March 2017

The exclusion criteria were:

- Purely paediatric ICUs, or mixed adult and paediatric units (as they may not be generalisable to the adult field)
- Case reports, editorials and descriptive reports were used as further reading but excluded from analysis as their results may not be generalisable

Studies published in a language other than English were considered suitable for inclusion in order to ensure the search was a comprehensive as possible and to minimise bias – negative findings are more likely to be published in their local language and therefore excluding non-English language studies may mean valuable data is missed (Dundar and Fleeman, 2014). Every effort was

taken to obtain full text copies of each article, however ten were unable to be sourced in full text and were excluded from the review, which may induce bias. The quality of the included studies was analysed using the Critical Appraisal Skills Programme (CASP) critical appraisal tools (2014) and the Quality Checklist for questionnaire surveys (Boynton and Greenhalgh, 2004).

Results

From a total of 136 articles, five were found to meet the aims of the review (see Fig. 1).

Thematic analysis

The literature analysis was done via the thematic approach suggested by Polit and Beck (2008). Findings were examined for patterns and regularities, which allowed themes to be identified. The synthesis of the results resulted in the identification of three main themes: individual barriers; patient-related barriers and working environment barriers.

Devlin et al. (2008) conducted a questionnaire study (n = 331) examining nursing knowledge and perceptions of ICU delirium, which included perceived barriers to ICU delirium assessment. One question on barriers was included, giving a list of options of potential barriers and respondents could choose any number of options. All questions were generated by an expert panel, but it is not clear if the barriers presented were derived from any previous publication, or merely based on expert opinion. One panel member was a registered nurse, but the remainder comprised medical doctors and pharmacists, which may not generate options that reflect true nursing experience. Surveys were distributed to all nurses on duty over a two week period with regular reminders to complete it (601 surveys distributed, 331 returned, response rate 55%). The authors acknowledge that this response rate may lead to both voluntary response and non-response bias, but claim that it is comparable to other similar surveys of nursing staff. VanGeest and Johnson (2011) report in their systematic review that response rates to a combined paper and web-based method of data collection of nurses range from 32% to 66% which supports the authors' claims, as do the response rates for subsequent studies (see Table 2). The large sample size and multicentre sampling are strengths of the study, and increase the generalisability of the results. The researchers found that intubation (chosen by 38% of respondents) and the complexity of assessment tools (34% of respondents) were the most common barriers to delirium assessment. The two major assessment tools used across the surveyed units were the Confusion Assessment Method- Intensive Care Unit (CAM-ICU; Ely et al. 2001) (used by 36% of nurses) and the Intensive Care Delirium Screening Checklist (ICDSC; Bergeron et al. 2001) (used by 11% of nurses), although the majority of nurses stated that they used clinical observation of either agitation (71%) or ability to follow commands (78%) more frequently than either of the validated tools. Other cited barriers included the inability to assess sedated patients (13%), lack of confidence with the assessment tools (6%), the time required to perform the assessment (6%) and the fact the results of the assessment were not used by medical staff (4%).

Law et al. (2012) conducted a questionnaire of critical care nurses (n = 84) in four oncology inpatient units, all of which provide Level 3 critical care. The survey comprised two parts, one regarding nursing perceptions of assessment and the second focusing on perceived barriers. The study was unlikely to be prone to selection bias, as all nurses were approached, meaning the sample was representative of the unit. However, it is possible that the results are not generalisable to the wider critical care nurse population as the sample was nurses working in oncology inpatient units, all of

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