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| Authors(s) | Somers, Karina; Frawley, Timothy |
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Karina Somers, cANP Wexford General Hospital and Dr Timothy Frawley, UCD

Background

The World Health Organisation (2016) defines delirium as: "An etiologically nonspecific organic cerebral syndrome characterized by concurrent disturbances of consciousness and attention, perception, thinking, memory, psychomotor behaviour, emotion, and the sleep-wake schedule. The duration is variable and the degree of severity ranges from mild to very severe".

Several studies such as Ryan et al., (2013) and FitzGerald et al., (2017) have confirmed the high prevalence and incidence of delirium in the Irish acute setting.

People over the age of 65 years are among four specific groups deemed most at risk, in addition to those who have undergone surgery such as hip replacement or cardiac surgery's, patients with cognitive impairments and those with a severe illness (O' Mahoney et al., 2011; McDonnell & Timmins, 2012) and one third of delirium episodes can be prevented by multi component measures (Hasemann et al., 2016).

Introduction

Delirium is a complex and challenging clinical syndrome which often can be identified in the care of older persons. It is a major public concern both internationally and in Ireland.

Delirium is an acute disorder of attention and global cognitive function illustrated by fluctuating symptoms happening in the face of an underlying organic cause.

It has been associated with poor physical, cognitive and psychological outcomes, prolonged hospital admissions, increased cost of health care, and an increase in long term care as a discharge destination.

This failure to identify and manage patients with an acute episode of delirium is partially attributable to a lack of detailed knowledge of delirium amongst nursing staff.

Within the Irish Health setting, literature has indicated that delirium is expected to impact 20% of general hospital inpatients and over 50% of the over 65 inpatient age group (Fitzgearld, 2017).

The purpose of this study is to investigate general nurses' knowledge in relation to hospitalized patients who are at risk of developing delirium.

Methods

The method used was a descriptive cross-sectional survey of practicing general nurses, using an anonymized questionnaire. This questionnaire was validated by Dr Fatma Demir Korkmaz (2015) from Ege University Hemsirelik, Turkey. A small scale of cognitive interviewing took place as the questionnaire was translated from Turkish to English. An application of ethical approval was pursued and permitted.

The questionnaire was completed as both a paper and electronic version. It was divided into two sections, part A demographic characteristics and part B the level of knowledge the nurse will demonstrate on delirium. This was broken down into definition of delirium, causes of delirium, risk groups, symptoms of delirium and nursing management of delirium. The lowest score that could be obtained was 0 and the highest score is 69.

The results of the questionnaire were inputted in to SPSS and the data was presented as numbers, percentages and mean+/- standard deviation.

The focus participants in the group were registered nurses, nursing managers and nurse specialist who encounter delirium in the acute hospital setting, working in the area of four medical wards.

The four chosen wards have consists of 140 nurses in total, this includes registered nurses, Clinical Nurse Manager 1, 2 & 3, Assistant Director of Nursing, Clinical Nurse Specialist and Advanced Nurse Practitioners.

The study was carried out in a model 3 hospital which has 210 acute medical/surgical beds.

Results

Response Rate to questionnaire: 75%

Descriptive characteristics of nurses n=105

| Variables | Number | % |
|----------------------------|--------|-----|
| Sex | | |
| Male | 9 | 9% |
| Female | 96 | 91% |
| Profession | | |
| S/N | 65 | 62% |
| CNS/ANP | 18 | 17% |
| CNM/ADON | 22 | 21% |
| Years of experience | | |
| 0-5 | 9 | 9% |
| 6-10 | 11 | 10% |
| 11-20 | 45 | 43% |
| 21> | 40 | 38% |

Previous training on Delirium:

29% YES 71% NO

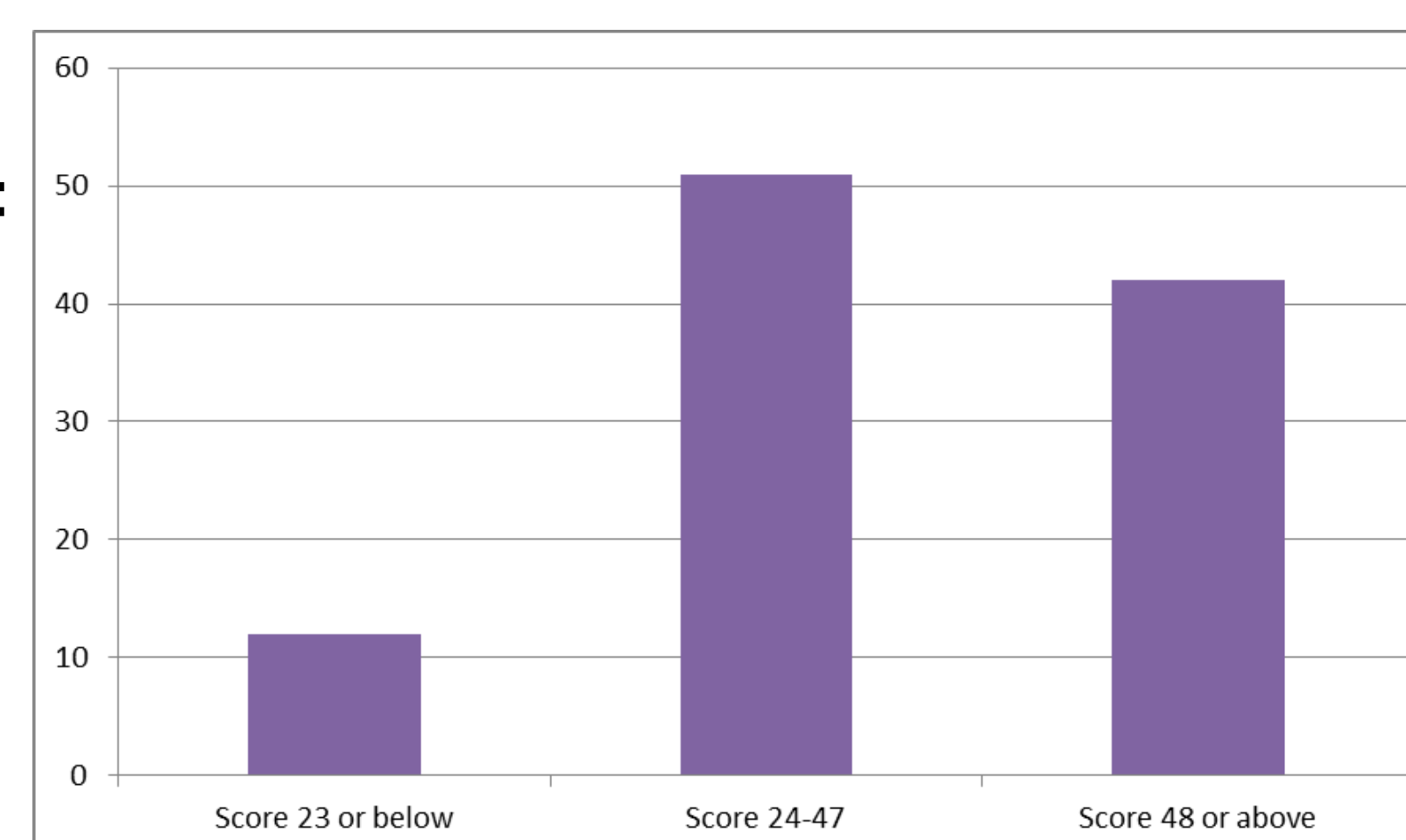
Staff Nurse: 26% CNS/ANP: 44% CNM's/ADON: 23%

Distribution of nurses results according to their level of knowledge

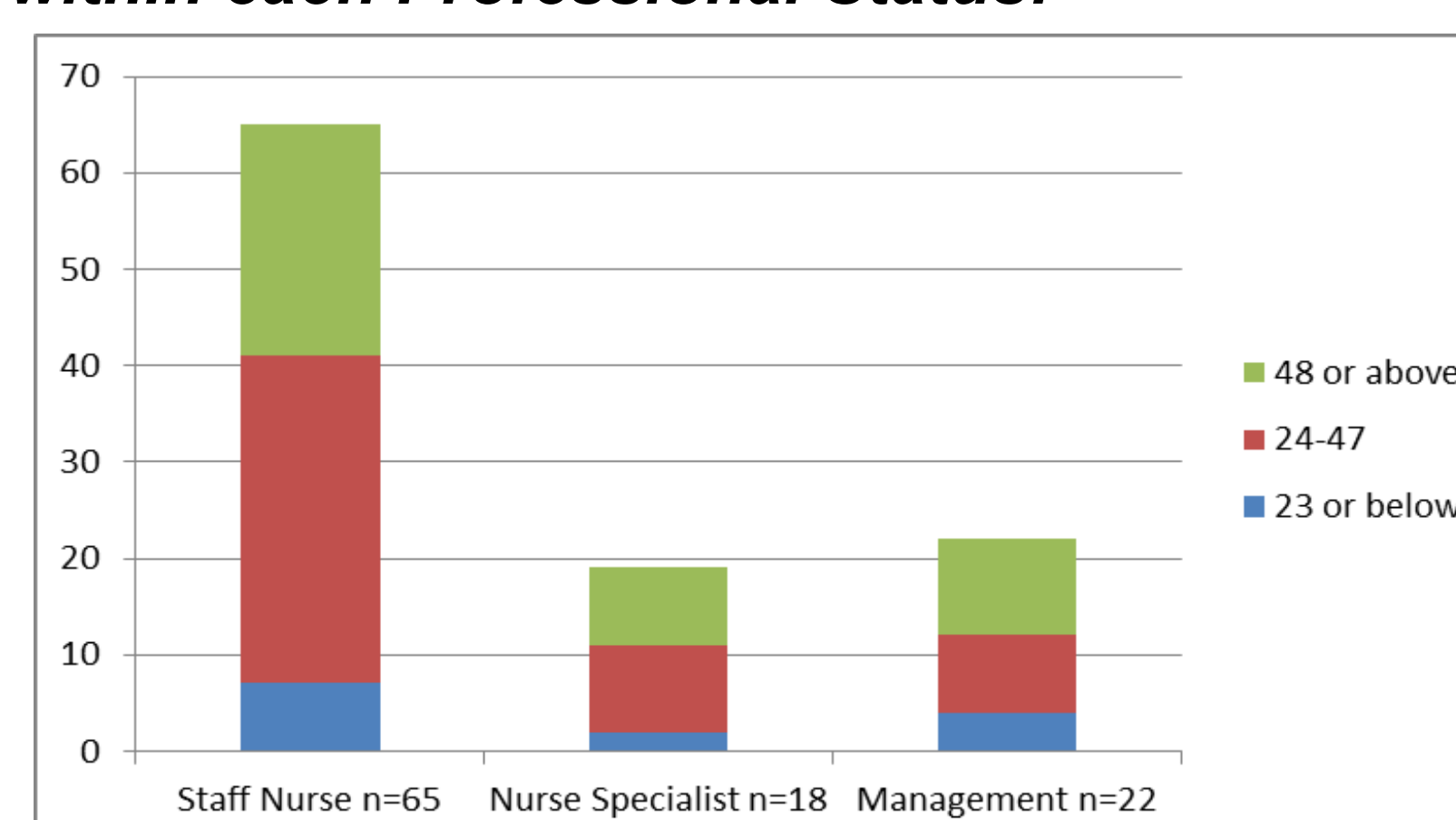
When calculating the total score, each correct answer received one (1) point and each incorrect answer 'False' or 'Don't Know' received zero (0).

It was determined that the scores obtained by the nurses from the knowledge questionnaire regarding delirium varied from 0 the lowest to 60 the highest, 41.31 +/- 12.883 being the average score.

Scoring Range:



Scoring Range within each Professional Status:



Areas of knowledge on delirium:

The design of the questionnaire was broken down into 5 sections.

Definition of delirium

| Profession | n | % |
|-------------|----|-----|
| Staff Nurse | 65 | 52% |
| CNS/ANP | 18 | 59% |
| CNM's/ADON | 22 | 48% |

Causes of delirium

| Profession | n | % |
|-------------|----|-----|
| Staff Nurse | 65 | 79% |
| CNS/ANP | 18 | 76% |
| CNM's/ADON | 22 | 74% |

Risk groups

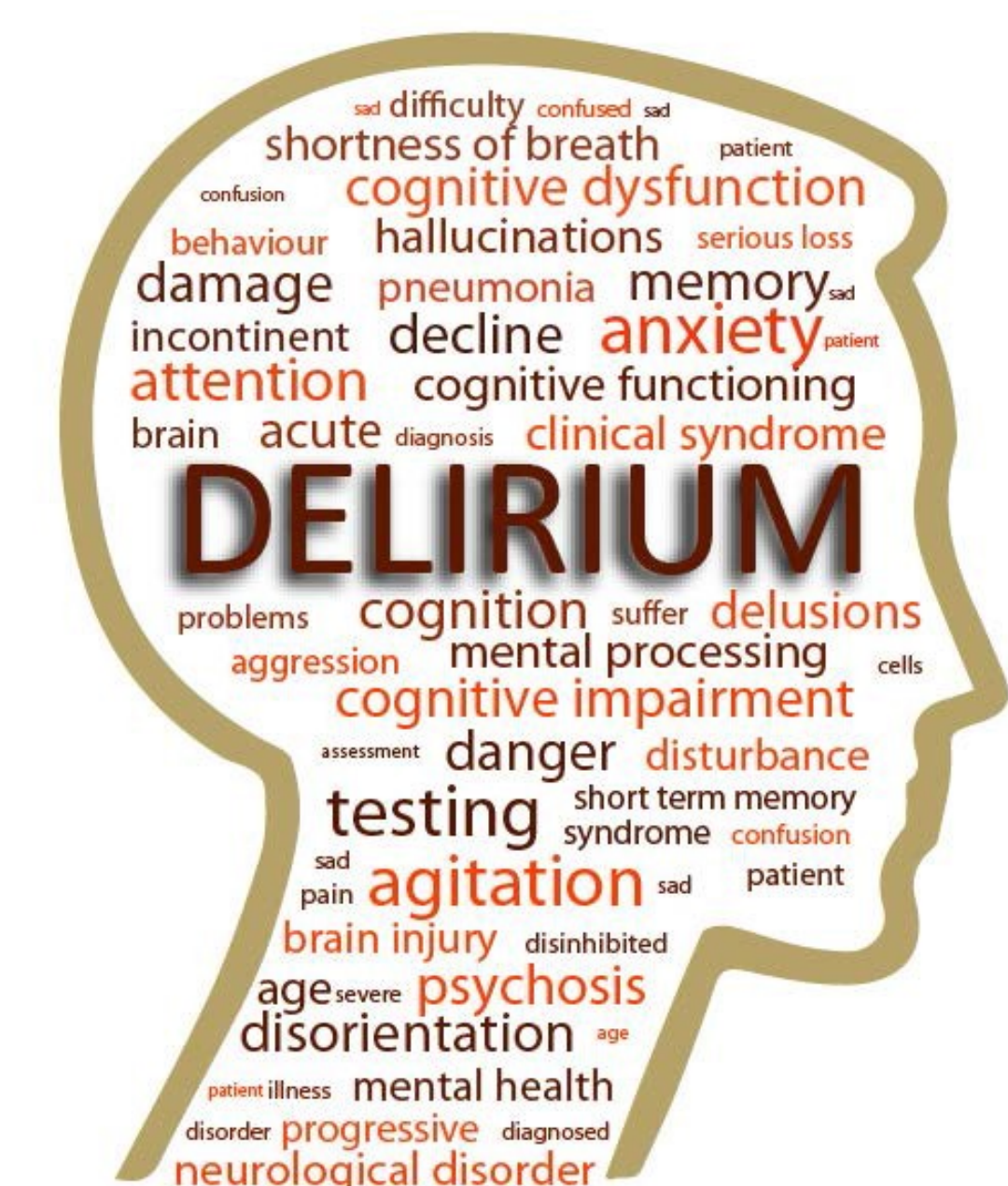
| Profession | n | % |
|-------------|----|-----|
| Staff Nurse | 65 | 53% |
| CNS/ANP | 18 | 56% |
| CNM's/ADON | 22 | 47% |

Symptoms of delirium

| Profession | n | % |
|-------------|----|-----|
| Staff Nurse | 65 | 67% |
| CNS/ANP | 18 | 66% |
| CNM's/ADON | 22 | 69% |

Nursing management in cases of Delirium

| Profession | n | % |
|-------------|----|-----|
| Staff Nurse | 65 | 53% |
| CNS/ANP | 18 | 58% |
| CNM's/ADON | 22 | 52% |



Conclusions

This study has provided additional justification that educational intervention is required to improve nurses' knowledge regarding delirium in any health care setting.

This education is to be provided to all level of nurses, status and experience. Specialist education is needed to improve nursing knowledge of delirium which will improve patient management and care planning, thus improving patient outcomes and reducing health care cost.

The introduction of a screening tool such as the the 4AT delirium screening tool will help nurses screen patients who are suspected of experiencing delirium.

This will be supported by the Quality Care Metrics will measure and capture the quality of nursing and midwifery care in relation to agreed delirium standards.

Recommendations

Based on the findings from this quantitative study it is recommended that:

- Develop further research into an analysis of nurses' clinical reasoning processes which contribute to delirium under-recognition.
- Further research is warranted in order to better understand why less experienced nurses have better delirium knowledge scores than experienced nurses.
- Develop an education programme that can be delivered to all nurses in the acute setting that can be an imperative component in the development of high quality care.

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