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Research Article

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The Management of Sedated Patients Experiencing Delirium: Nurses Experiences and Perspectives at Selected Hospitals in Namibia

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ABSTRACT

Background: Delirium is a debilitating form of brain dysfunction frequently encountered in the Intensive Care Units; thus, the nurse must always be alert to the risk factors for delirium. Delirium has detrimental consequences on the health of patients; it is associated with prolonged stays in the hospitals and it increases their risk of injury, therefore, the identification of delirium in advance is the crucial first step in its treatment and management.

Methods: A qualitative research approach with an exploratory, descriptive, contextual and phenomenological design was adopted, with a total of 22 participants from all the state ICUs in Windhoek were interviewed. The researcher used the face-to-face interview technique of collecting data, while using purposive sampling.

Results: The study showed participants perceived and experienced many challenges when managing sedated patients with delirium. Participants perceived the presence of support systems and the limited resources that assists management of delirium. Participants perceived ensuring safety and comfort of delirious patients was vital and Participants perceived the improvements that could enhance the management of delirium.

Conclusion: It was concluded that there are many challenges that are involved in the management of sedated patients that are experiencing delirium in the ICU. It was concluded there are resources however limited and support systems that helps in delirium management. Resources such as the multi-disciplinary team as well as pharmaceutical resources. Ensuring comfort and safety to the patient is one way of managing delirium

Keywords: Sedation, Patients, Delirium, Experiences, Perspectives

List of Abbreviations

ICDSC	-	Intensive Care Delirium Screening Checklist
ICU	-	Intensive Care Unit
CAM-ICU	-	Confusion Assessment Method for the ICU

Introduction

Sedation is the ability to induce a calm, comfortable condition, particularly through the use of sedatives. It is also defined as the use of drugs or other means to make someone calm or to make them to sleep [1,2]. Delirium is defined as a state of being unable to think or speak clearly, owing to the fact that the patient has fever, infections or is in a state of mental confusion [3]. Delirium is a cognitive disturbance that includes disorientation to time, place, and people, as well as impairment of recent and immediate memory [4]. According to, delirium is a crippling type of brain malfunction that is commonly seen in intensive care units (ICUs) [5].

Thus, the nurse must always be alert to the risk factors for delirium. There are many common triggers of delirium which are mainly: infections, anesthesia, trauma or illness and medications such as sedatives [6]. Conditions such as dehydration can as well lead to delirium [7]. There are a number of variables that may influence the management of delirium in sedated patients in Intensive Care Units, these includes, but not limited to, firstly, the underlying cause of the delirium or the disease [8]. Some illnesses make patients more susceptible to delirium than others. Diseases that cause an insult to the central nervous system of the patient such as fever, cerebral malaria, epilepsy and seizures and many more increase the risk of patients experiencing delirium. In addition, diseases that cause electrolyte imbalances also makes the patient prone to delirium.

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In this research, the researchers strived to ascertain the experiences and perspectives of nurses towards the management of sedated patients experiencing delirium in state Intensive Care Units. Delirium is a common occurrence for the patients in the Intensive Care Units, furthermore, it can have a profound and long-lasting impact on them [9]. It is known from irrefutable evidence that delirium has detrimental consequences on the health of patients; it is associated with prolonged stays in the hospitals and it increases their risk of injury [10]. Therefore, the identification of delirium in advance is the crucial first step in its treatment and management [11].

Review of Literature

Experiences and perspectives of nurses in management of sedated patients with delirium.

In a qualitative study done by on the experiences and perception of intensive care nurses on delirium and delirium care, they discovered a number of concerns among the nurses [12]. Delirium was perceived as a low priority matter and that it was linked to their work culture. Delirium care was not seen as important as the other conditions that were affecting the patients in the ICU. These perceptions hindered the quality delirium care that the patients needed, however, the nurses expressed readiness to challenge the culture and to provide high quality delirium care to the patients. Second, the nurses stated that they need assistance in caring for delirious patients because the existing delirium care is deemed inadequate. They suggested psychological support for the nurses that are dealing with patients with delirium, because it is psychologically and emotionally exhausting and it takes a huge toll on them. Nurses are quite often left confused and exhausted after dealing with patients suffering from delirium [12].

In a comparable study by on the experiences of intensive care nurses caring for patients with delirium in Canada, it was also found that the nurses were experiencing exhaustion when nursing patients with delirium, and they often times had to take these experiences back home with them [13]. They further expressed that the job is demanding and challenging, however, they always ensure to provide person-centered care and find ways to keep their delirious patients safe. Not only taking of their patients, but also interacting with their relatives and family members by reassuring them and encouraging them.

Materials and Methods

Research Design and Population: The research utilized a qualitative research approach with an exploratory, descriptive, contextual and phenomenological design to explore and describe the experiences and perspectives of nurses in ICUs in regards to the management of sedated patients with delirium. The study population comprised of 67 registered nurses and 19 enrolled nurses working in four adult ICUs. The sample size was determined by data saturation. Thematic analysis was used to analyse interview data, identifying patterns and themes.

Study Setting: This study was conducted at adult state ICUs in Windhoek namely the Main Intensive Care Unit, Surgical and Trauma Intensive Care Unit, Medical Intensive Care Unit and the Cardiac Unit.

Data collection instruments: The data was collected using semi-structured interview guide, an audio-tape recorder and field notes to capture the non-verbal language of the participants.

Data Collection Procedure: To conduct the interviews for this study, the researcher made use of a semi-structured interview guide. The interviews commenced by ascertaining each participant who satisfied the inclusion criteria and confirming their willingness to partake in the interview. Following the introduction and explanation of the study's objectives. Informed consent was obtained prior to participation in the study. No names were written on the consent forms for the purpose of anonymity. The following central question was posed: "Tell me about your experiences and perspectives as a nurse regarding the management of sedated patients experiencing delirium". Probing questions were asked subsequently. The interviews were audio-recorded with the permission of the participants and later transcribed verbatim for analysis. Field notes were taken to capture nonverbal cues. Data is protected with a computer password.

Data Analysis: Thematic analysis was used to analyse interview data, identifying patterns and themes.

Research Ethical Aspects: Scientific integrity was ensured by adhering to ethical guidelines. Ethical approval to conduct the was obtained from the Ministry of Health and Social Services Ethics Committee (Ref: 22/3/1/2.

Results

During the data analysis, four main themes with related sub-themes emerged, namely: Participants perceived the presence of support systems and the limited resources that assists management of delirium; Participants perceived ensuring safety and comfort of delirious patients was vital and lastly the participants perceived the improvements that could enhance the management of delirium. The themes and sub- themes are summarized in Table 1.

Table 1:

Themes	Sub-themes
Theme 1: Participants perceived and experienced many challenges when managing sedated patients with delirium.	1.1 Participants experienced clinical difficulties when nursing sedated patients with delirium. 1.2 Participants experienced communication barriers when nursing sedated patients with delirium. 1.3 Participants perceived resource constraints when managing sedated patient experiencing delirium.

Theme 2: Participants perceived the presence of support systems and the limited resources that assists management of delirium	2.1 Emotional and professional support. 2.2 Medical resources
Theme 3: Participants perceived ensuring safety and comfort of delirious patients was vital	3.1 Patient-centered care 3.2 Environmental modifications
Theme 4: Participants perceived the improvements that could enhance the management of delirium	4.1 Inter-professional collaboration 4.2 Education and training 4.3 Resource availability

Discussions

Theme 1: Participants perceived and experienced many challenges when managing sedated patients with delirium.

The study results revealed that the nurses perceived and experienced a lot of challenges when managing patients with delirium which could have negatively impacted their care to these patients. These challenges cause the nurses to be both physically and emotionally exhausted. The results also revealed that because these patients are confused it becomes extremely unsafe for both the patient themselves and the nurse who is taking care of them and thus, it is really stressful to work with them. In this study it became apparent that one of the reasons the nurses face these challenges was the lack of knowledge on the use of delirium assessment tools and management. In this context the following was narrated by the participants:

"Okay, most challenge, eh, most challenge I've come to experience is that uh, uh, uh, delirium patients are very sometimes confused, aggressive at times, uh, which is made it a challenge to work with them, because they, they don't listen to instruction and so on" [P1].

"Okay, so nursing a patient who is having delirium, it's very difficult because they are all over the bed and they want to remove all the lines that they are having. So, they are at risk or they can remove the ET tube, the CVC, the catheter" [P06].

According to studies, critical care unit nurses find it difficult to recognize patients exhibiting delirium symptoms quickly and are not aware of delirium screening resources. Treatment is delayed as a result of this diagnosis delay. A qualitative study conducted in Brazil found similar difficulties, such as a lack of professionals' knowledge, difficulty in differentiating delirium from delusion, and inadequate training in using screening tools like CAM-ICU [14]. A study done in Beijing, China by, found that health workers experienced a lot of stress when dealing with patients with delirium, as a result of lack of knowledge and skills required to screen, assess and thus manage the delirious patients [15].

Delirium. Similarly, delirium may cause prolonged hospital stay. The following are how some participants perceived this challenge:

"Some of them is that the patients, they fight. It's difficult to sedate some of these patients. And the factors that contribute to it can be alcohol or drugs. So, despite you sedating them, they tend to fight. And then you'll find yourself, you have to prepare different kinds of sedations just to make them sleep, or you even have to, like, paralyze them" [P08].

"The common challenge that we are facing working with the patients and experiencing delirium is it's difficult to detect if the patient is under sedation" [P18].

The findings in this context are consistent with literature. Delirium is a debilitating complication and it can lead to many further consequences, for instance, prolonged stay in the hospital [15].

Theme 2: Participants perceived the presence of support systems and the limited resources that assists management of delirium.

The results of this study showed that although however limited, there are some resources and support systems that the nurses utilize in the management of delirium in sedated patients. These support systems offer help in the effective management of delirium in sedated patients.

"Okay, family involvement, just to talk to them so they see familiar faces. As well as maybe cognitive stimulation giving the patients to watch TV, listen to music [P03].

Sometimes we call the family to come and talk to these people, to make understand and to be aware of what's going on" [P04].

Therefore, the mainstay of delirium treatment continues to be nonpharmacological measures. The ABCDEF bundle provides a summary of this strategy: Assess, prevent, and manage pain; Both SAT and SBT; Select analgesia and sedation; Assess, prevent, and manage delirium; Early mobility and exercise; and Empowerment and Engagement of Families. By using this bundle, the likelihood of delirium and the requirement for mechanical ventilation are decreased [16].

Theme 3: Participants perceived ensuring safety and comfort of delirious patients was vital.

It was discovered in this study that there is perceived vitality in ensuring that the patients experiencing delirium are kept safe and comfortable. As it was established earlier that patients with delirium are confused, therefore they are at risk of injuring themselves by pulling out medical devices that were inserted in their bodies such as urinary catheters, intravenous lines, ICD, endotracheal tubes and so on, which is why it is paramount to keep these patients safe and comfortable.

"Sometimes they can either let you write the incident report, they can either remove the drip, they can either extubate themselves, or they can fall from the bed if you are not careful" [P11].

"I said, from the beginning we need to pay attention to someone who confused, so that they don't remove lines, they don't pull out the tubes and they fall off the bed also" [P21].

Maintaining patient safety, identifying the causes, and controlling delirium symptoms are the three concurrent priorities of the first therapy. The protection of the airway and prevention of aspiration, the maintenance of nutrition and hydration, the prevention of skin breakdown, the provision of safe mobility while preventing falls, and the avoidance of restraints and bed alarms which have been demonstrated to increase the risk and persistence of delirium and injury should be the main priorities for ensuring patient safety [17].

Theme 4: Participants perceived the improvements that could enhance the management of delirium.

The participants perceived that after all, there are some improvements that could be implemented to improve the management of delirium. It was discovered in the study that most participants were not aware of any protocols and guidelines for managing delirium in their ICUs, thus developing specific protocols and guidelines that were tailored to their units would be a great improvement. Below are some responses of the participants in this regard:

"It is to develop specific protocol, as I mentioned earlier that we don't have specific protocol in sedating this patient" [P22].

"Also, they need to come up with policies and protocols on how to manage these patients" [P21].

It was clear that protocols, guidelines and other assessment tools were need in order to properly manage delirium. recognizes another delirium assessment tool that is used in ICUs as Intensive Care Delirium Screening Checklist (ICDSC) [18-20].

Limitations, Conclusions and Recommendations

The study was limited to state ICUs only; therefore, it does not justify generalization of the results to a larger population.

It was concluded that there are many challenges that are involved in the management of sedated patients that are experiencing delirium in the ICU. It was concluded there are resources however limited and support systems that helps in delirium management. Resources such as the multi-disciplinary team as well as pharmaceutical resources. Ensuring comfort and safety to the patient is one way of managing delirium.

The registered nurses in charge of the ICUs must ensure the units have the latest guidelines and protocols on management of delirium and other conditions. Continuous professional development for Registered Nurses is recommended to prevent registered nurses lacking of updated knowledge.

Further research on this topic must be conducted to understand more about delirium

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Conflict of Interests

The authors declare no competing interests.

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