

"NURSES ATTITUDES TOWARDS CARING FOR OLDER PATIENTS WITH DELIRIUM"

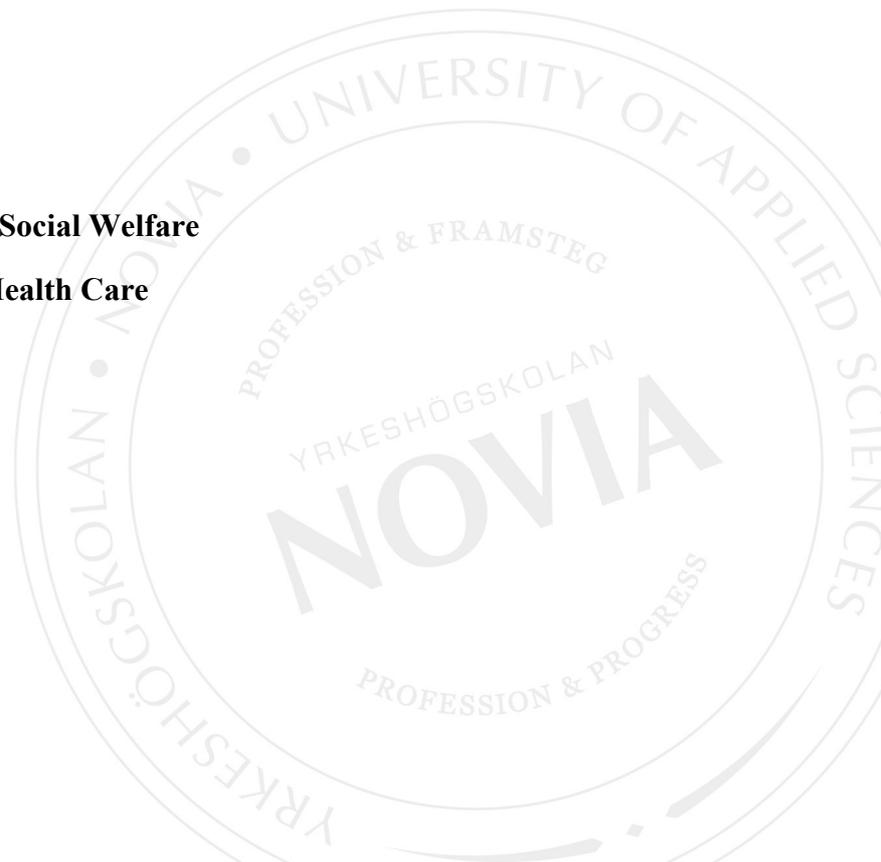
A systematic literature Review

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Degree Thesis in Health Care and Social Welfare

Education: Nursing, Bachelor of Health Care

Vaasa, 2020



Bachelors Thesis

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Degree Programme: Nursing

Specialization: General Nursing

Supervisor: Anna-Lena Nieminen

Title: Nurses Attitudes Towards Caring for Older Patients with Delirium

Date: May 6 2020 **Number of pages:** 35 **Appendices:** 3 **Figures:** 3

Abstract

The population of the elderly is increasing. Hence the number of people with delirium conditions is also rising. The attitude of nurses towards the elderly is a question of concern over many years. This research study focused on studying the nurses' attitudes towards elderly delirium patients.

The objective of the paper was to determine the nursing skills and knowledge required for effective interaction with delirium patients, how knowledge on delirium assessment tool and protocol enables nurses to develop positive attitudes and how age, work experience, and education are related to nursing attitudes. The research used a literature review research methodology. Data was collected from authors qualitatively. Scientific journals, books, and web-based sources will also be used in data collection.

From the analysis of the data, knowledge and nursing skills required for effective interaction with delirium patients include; calculation, communication techniques, providing information, self-management, working disciplinary as well as knowledge about delirium patients, self-management, and competency. Adequate knowledge of delirium assessment tool and protocol, work experience and education, influence nurses' attitudes.

Language: English.

Key words: Delirium, nurse's role, nurse knowledge about delirium

Table of Contents

1	Introduction	3
2	Background	5
2.1	Recognizing delirium in older hospitalized patients	7
3	Theoretical Framework	8
4	Aim and research questions.....	11
4.1	Research Questions	11
5	Methodology	12
5.1	Systematic Literature Review	12
5.2	Data Collection.....	13
5.3	Data Analysis	15
5.4	Inclusion and exclusion criteria	15
5.5	Ethical Considerations.....	17
6	Research Findings.....	18
6.1	Nurses attitude towards caring for older adults with delirium	18
6.1.1	Nurse Education	19
6.1.2	Delirium Care.....	20
6.1.3	Strategies for nursing Care.	21
6.1.4	Adhering and implementing a Delirium Protocol.....	23
6.1.5	Factors leading to successful adoption and use of a nursing protocol	23
6.1.6	The Nurse Philosophies of Aging.....	24
7	Discusion	27
7.1	Discussion of results.....	27
7.2	Discussion of method.....	30
8	Limitation of the Study	33
9	Conclusion.....	34
10	Appendices.....	35
11	Reference.....	48

1 Introduction

My motivation for writing this thesis came from a personal encounter with a firsthand incident that happened in a hospital in my home country Nigeria at one of my numerous visits in the year 2018. I witnessed firsthand how a close relative of mine age 65, was assumed to be in a mental state after being hospitalized in the hospital for more than two (2) months after being involved in a ghastly motor accident that broke the right leg and also fractured the same hip. On this admission it was assumed that the condition was deteriorating and some symptoms of confusion which was at that time assumed by the healthcare professionals including the doctors as a mental state even without any proper diagnosis of this confusional state. After being discharged and taken home at the mercy of the family members to continue the care since obviously, nothing can be done by both doctors and nurses and other care professionals. Weeks went by and this relative did not become mad, neither did this mental state worsened. To everyone's surprise he got better without any professional help except for some local traditional physiotherapist because of the broken bone and fracture hip. I became curious and worried about the whole scenario. What must have caused the sudden improvements? even without being in the hospital walls and doctors or physiotherapists and nurses just at the comfort of family and friends, home. I began to research and read up on hospitalization and confusion. I broaden my quest into hospitalization of the elderly and mental status, I then stumbled into a word that caught my attention "Delirium". As I read further I was convinced this relative was a perfect candidate. The age, reason for hospitalization and duration of hospitalization all fits the definition of delirium as stated by Higgins, which states:

During hospital admission older patients who are vulnerable to factors that predisposes them to failure in their body mechanisms are further exposed to certain precipitating factors such as medication, surgeries, and sleep disruptions, thereby overwhelming them and delirium sets in (Day Higgins and Koch, 2008).

At this junction I was concerned and perplexed about the inability of these entire health professionals at this hospital were unable to detect or recognize this symptoms exhibited by this relative despite their experiences in the practice for example the doctor had over 35 years under his belt, yet was unable to detect or recognize the few symptoms of delirium. My thesis title was borne out of my interest and inquisitiveness to explore the reasons why these symptoms could not have been detected by this health professionals and factors that could have led to their shortsightedness.

According to Blevins (2018), delirium is an acute confusional condition which is usually characterized by fluctuating mental status and inattention, it constitutes an acute organ failure of the brain. Delirium increases the risk for mobility and mortality for hospitalized patients and under-recognition by healthcare practitioners has contributed to poor outcomes for patients. Delirium happens to be an acute medical emergency that if not treated immediately will have direct impact which might negatively influence a patient's rate of recovery and in turn increases the length of stay in the hospital and likelihood of being admitted into a care home and risk of mortality (Brooke, 2018).

Delirium is under-recognized and usually not documented by nurses in over 80% of patients who have been delirious. Nurse play critical roles in assessing the risk for delirium because they provide around the clock care and see these patients in a variety of circumstances (Swan B A. et al 2011).

2 Background

At least more than half of the hospitalized older adults will likely experience delirium, which if left untreated can and will eventually lead to detrimental outcomes. Despite the severity and prevalence of delirium, less than one third of these cases have been recognized by nurses. For the fact that little is known on how nurses manage this problem. (Dahlke and Phinney 2008).

In Finland for example, the proportion of persons aged 65 or over in the population is estimated to rise from the present 19.9 to 26 percent by 2030 and to 29 percent by 2060. The demographic dependency ration that is the number of children and pensioners per one hundred persons of working age will go up in the near future. (Statistics Finland retrieved 16.05.19, as published 2018). The size of the old population is expected to be doubled at the end of 2030. As the aging population in Finland and the rest of the world keeps increasing so will the need for expanded hospital care for older adult grow. The consequences and challenges of not addressing delirium in patients admitted in the hospitals have been linked and shown to have numerous adverse effects which includes : a protracted stay in the hospital, functional and capacity decline, morbidity and mortality, increased need for nursing care institutions and placements and an increased costs of healthcare(Dahlke and Phinney 2008). Need not to say that, delirium is and represent one of the preventable adverse effects amongst elderly patients during their stay at the hospital.

Delirium is often seen as an acute, sometimes fluctuating distortion in the mental status, including inattention, an altered level of consciousness and disorganized thinking. This may last as long as few hours to a few months or even longer. Delirium at times, may present itself as the first or only underlying medical problem (Hare et al., 2009).

According to DSM-V Diagnostic and statistical manual of mental disorders(2013), delirium usually presents with signs and symptoms such as : (a) disturbances that has to do with consciousness with a reduced ability to focus, shift, or sustain attention;(b) a cognitive change(language, disorientation, memory) or perpetual disturbance developments that cannot be accounted for by any pre-existing confirmation or evolving dementia; (c) development of disturbances over a very short period of time (hours -days) and likely to fluctuate during course of the day; and (d) a laboratory or physical findings that tends to show that, the disturbance is a direct cause of physiological consequences of a general condition, substance intoxication, medications or withdrawal or medications side effects.

The manifestation of delirium may be often confused with dementia or mental illness. Identification also, may be very difficult as delirium can come in forms or may exhibit as one of its three main sub types: **hyperactive**, **hypoactive** and the **mixed** form.

The **hyperactive** form is exhibited as a hyper-vigilance and is usually associated with hallucinations and agitations. Hospitalized patients with this form of delirium are most likely to have the condition easily recognized and will tend to receive an early intervention. Additionally, this form of delirium can be more challenging physically and emotionally for the nurses on duty than other forms, and could require much more resources, energy and time (Hare et al.,2009).

The **hypoactive** form often exhibits as drowsiness, lethargy and most times difficulty in focusing attention. Hospitalized patients of this forms of delirium are usually less disruptive to nurses and consequently, this form of delirium is more likely than hyperactive delirium to go undetected and unrecognized. The **mixed** form of delirium on the other is a combination of both conditions. It implies that the patient is showing hyperactive and hypoactive delirium. Delirium is an acute state of confusion, in contrast to dementia, which is a chronic state of confusion (Hare et al., 2009).

Research studies have been done on the effects of the different types of delirium. However, their study findings have remained inconclusive. For instance, some of the research studies have shown that patient prognosis is worse after the patient has undergone hyperactive delirium. Other research studies have shown that prognosis is poorer and more ineffective after there are hypoactive delirium symptoms. This result tends to be showed inconclusiveness. In addition to that, the way both types of delirium are managed is also different. When patients display motor agitation and behavioral challenges, physicians tend to use antipsychotic medication and physical restraints. Such type of medication, however, is avoided at all costs for the case of hypoactive delirium (British Geriatrics Society and Royal College of Physicians, 2006).

2.1 Recognizing delirium in older hospitalized patients

Besides being caused by more than one element or factors, delirium usually complicate an intricate interrelationship of a vulnerable patient with an existing factor and exposed to further challenges in the hospital environment (Inouye, 2006). Hospitalized patients who are already vulnerable to delirium due to dementia and/or coexisting conditions can easily get delirium as a result of a relatively affable or a harmless offence as a dose of sleeping pill. While for those hospitalized patients who originally do not have vulnerability may develop delirium just only after being exposed to factors such as general anesthesia, major surgery, stressful impact and psychoactive medications. A simple interaction between the factors within an individual and factors in the environment of the hospital can set up a development of delirium (Inouye, 2006).

Yet hospital caregivers (which includes registered nurses, certified care givers and physicians) may not be adequately trained or experience to identify or notice the signs and symptoms of delirium so as to effectively initiate an appropriate intervention and treatment in order to reduce the unexpected effects of delirium. It is therefore important to understand how nurse's attitudes towards caring for older patient with delirium will influence the emergence of delirium in elderly or older adults of the population.

Because delirium arises as a complicating result of many interactions between the hospitalized individual and the hospital environment, a multicomponent approach to care will be more effective. Every factor contributing to the development of delirium should be addressed by professional caregivers so as to resolve delirium in older patients. It is pertinent to note that, untreated delirium will have long-term detrimental consequences for families and individuals involved as well as the hospitals and the healthcare system.

3 Theoretical Framework

A theoretical framework is the ideas or theories that will guide this research. Change theory as proposed by Lewin in 1974 (Kritsonis 2005), and the theory of situated clinical reasoning by McCarthy (2003) contributed to the theoretical framework that will guide this study. The integration of these two theories will provide us with a multidimensional approach in investigating nurse's current knowledge, philosophy and attitudes towards aging and to identify changes in these attributes after an education or training intervention.

Change theory according to (Lewin 1974) is premised on three main concepts guiding change in a working environment (see figure 1). The first concept, which is, unfreezing centers on awareness of a current attitudes, behaviors and beliefs. For example, what is a nurse's belief regarding older patient's health, and what are their attitudes regarding taking care of older patients with delirium and how does these attitudes and behaviors affect the care of this patient with delirium? The second concept is recognizing; and it includes: putting education into practice, implementing a support mechanism and using available tools. The final concept which is about refreezing, addresses improved assessments of delirium care and an obvious institutional change. This can be perceived by the obvious change in nurse's competence, knowledge, and confidence in administering care, beliefs about aging patient, ability to utilize available tools and a recognition of an increased support for administering an effective care.

The theory of change by Lewin has been renewed and modified as a template and framework for hospitals to implement organizational change within the hospital environment (Suc, 2009). The change theory has been used to understand and explain the human behavior as it relates to patterns and changes of resistance to change. It has been used to guide and identify factors that might hinder change as well as those that drive and be a catalyst to change. Nurse's participation to change is an integral aspect to any process of change. An introspective look into nurse's attitudes, before and after initiating change is an essential step towards understanding what aids or helps a successful participation. This review will help in looking at how developing an awareness of a current culture about delirium care and as well as assessing change in attitudes following a delirium intervention.

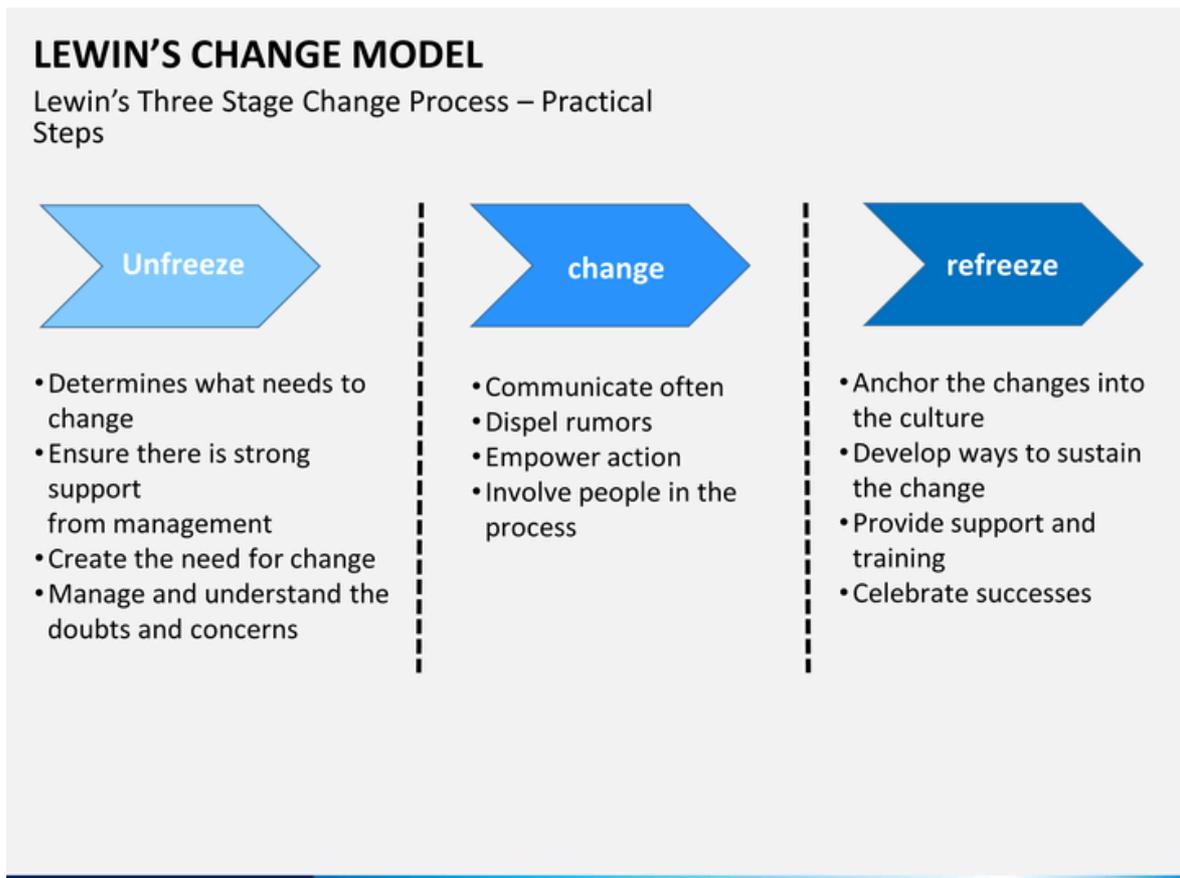


Figure 1 : An illustration of lewin's change theory (as shown Rapidbi.com)

Additionally, the qualitative analysis study of nurse's interview concerning the nurse's views and philosophies of aging, which was grounded in McCarthy's (2003) theory of situated clinical reasoning will be applied to this study (see figure2). The theory implies that, behaviors flows from philosophical beliefs or perspective about how life functions. Her hypothesis was that, the wide discrepancy nurse's ability to identify delirium could be characterized to difference in philosophy on aging. For example, in small study she conducted found that nurses who believed in healthful aging looked to be more consistent and competent in differentiating between an acute confusion and dementia in older patients than their other colleagues. Subsequently, the theory of change by Lewin and McCarthy's theory of situated reasoning will serve as a framework for considering nurses behaviors and attitudes in the administration of care for older patients with delirium before and after an educational intervention.

Clinical Reasoning Cycle

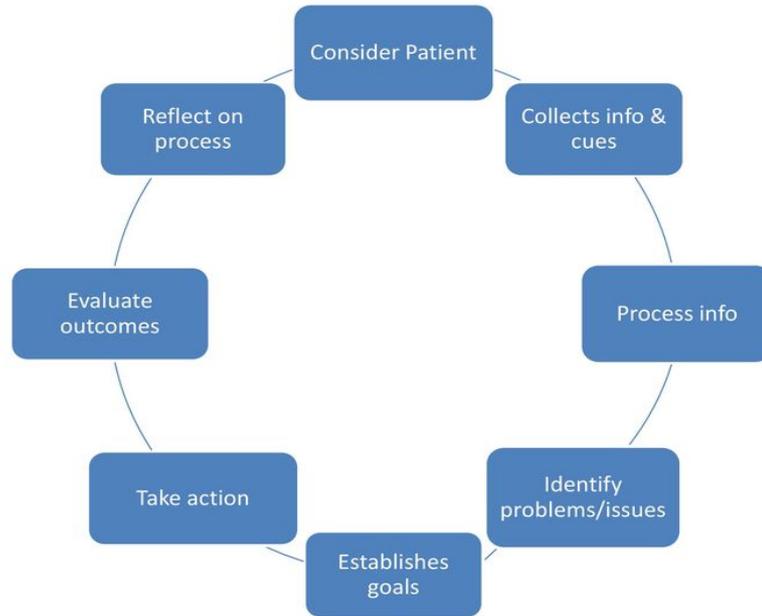


Figure 2: The various phases of the clinical reasoning circle (as shown assignmentfirm.)

4 Aim and research questions

The primary aim of this study is to describe how nurses understand delirium with older patients and nurses' attitudes towards interacting and caring for old people with delirium.

Despite the numerous literatures about delirium less is known about the actual events in the clinical and practice settings. In order for the application of best practice guidelines, it is therefore necessary to know and understand the everyday realities of caring and nursing delivery. For these reasons I also intend to explore how nurses take care of these hospitalized older adults at risk of delirium and the challenges nurses face in trying to deliver this care.

4.1 Research Questions

The research questions include;

1. What are the fundamental nursing skills and knowledge required for an effective interaction with patients with delirium?
2. How does an adequate knowledge about delirium assessment tool and treatment protocol lead to a better nursing attitude and care for delirium patients?
3. Are nurse's age, work experience, and education related to attitudes and attitudinal change?

5 Methodology

In this chapter, methodological process for this study is being discussed, this process includes data collection and data analysis. This is a systematic literature review comprising of qualitative and quantitative content analysis.

The research design according to Fisher (2019) in the case of either quantitative or qualitative methods is described as the various procedures that a researcher will follow in order to undertake the research. In simple analogy it is the recipe or process that this research work will follow to conduct the study which is referred to as the method.

A literature review will be used deductively as a means of looking into various articles and literatures with relevant titles to the topic of this research study to find out the various factors influencing the attitudes of nurses as they care for elderly hospitalized patients with an onset of delirium. This literature review was used because of its allowance for the researcher to gather existing data with a view to create a new dimension to the topic in discussion.

The outcomings from this data will be presented in narrowed categorized matrix. these categorizations will produce themes that will be used in collecting information regarding the theoretical background for this study. Furthermore, this findings from this review of literature could be mirrored with the background information in mind. The theoretical framework and background as such will form the aim and research questions for this study.

5.1 Systematic Literature Review

A literature review encompasses a comprehensive research and adoption of articles of studies that has been written previously. The main focus of a literature review is to carefully summaries various professionally written articles with the primary aim of identifying specific area of study in in order to critically analyze these articles in a professional way. It is important to know therefore that, the main work of a researcher is to be able to bring about the relationship of different works that a relevant to the research to create a masterpiece (Aveyard H, 2010).

During a research process the most important aspect to put into consideration based on a literature review is its structure. The various information obtained during this process should be systematic and should correlate to the subject in discussion. There should be an orderly presentation of information considering the importance of making it easy for the readers to follow. Bearing in mind that, arguments that are presented should be based on academic research works and not of personal thoughts and opinions (Oliver 2012)

According to (Aveyard H, 2010) in the usage of a primary sources, in this case research articles, it is recommended that, the usage of non- research materials should be avoided. As the integrity of such review is reflected on how thorough the review was and the kind of references used for the review.

5.2 Data Collection

Collection of data for this research work was achieved by a thorough research of scientific sources. Scientific data were successfully extracted from scientific sources of the school data base which have various directories as regarding scientific data and was collected from authors qualitatively by means of literature review. Scientific journals, books and web-based sources were also used in data collection. These articles will in turn provide the background about my topic and also throw more light on the research questions

Although there are many approaches to data collection in qualitative research. Example, interview, participant observation, case study. This thesis is focused on obtaining data deductively from existing peer review, healthcare articles, and pre-existing articles. These articles will provide background information about the topic and answer the research questions.

Keywords derived from the research topic are used in search and exploring databases. The search “nursing and delirium”, “and “communication”, delirium and interaction” and knowledge” and “roles”. In data bases like EBSCOhost, CINAHL, Google scholar and other official web-based sites. search fields are designed in sentence formants. Keywords from such search will be categorized and used in a structured manner to search for relevant articles. For example, “nurses’ role towards older patient with delirium”, caring for older patient with delirium”, “nurses’ knowledge about delirium” some of these articles will provide answers to the research question.



PRISMA 2009 Flow Diagram

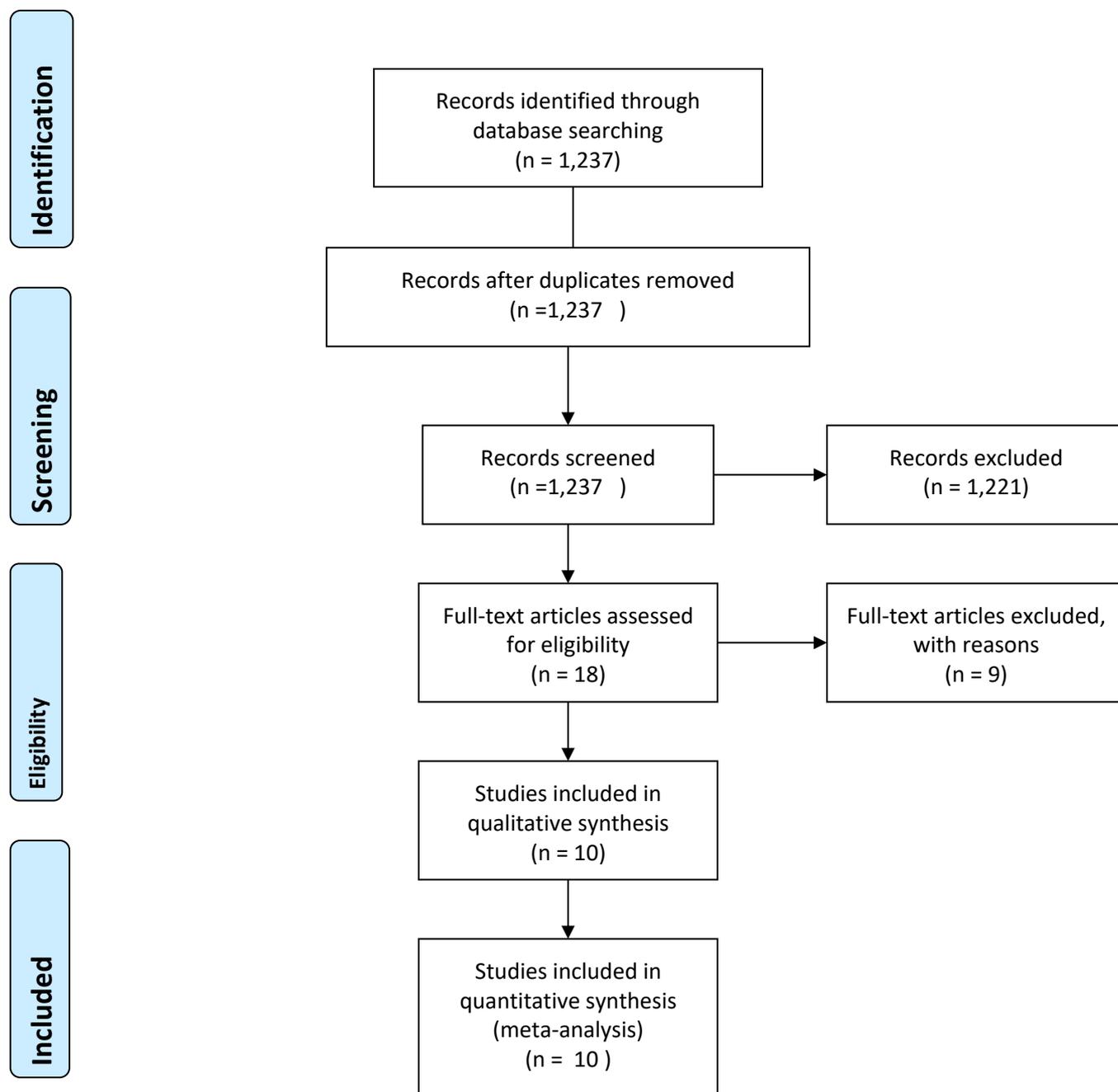


Figure 3: Prisma flow diagram by (Liberati, et al., 2009)

The search been done with every combination of the key words generated the number of records identified through database searching. The bulk of these articles were streamed down according to search criteria (see table 2).

5.3 Data Analysis

According to Holloway (2013), data analysis is a comprehensive means of collecting data, merging, organizing and sorting this data in a way that such data will be relevant to the research conducted. Knowledge plays a pivotal role for researchers when analysing data in order to refine all sources data was obtained into a meaningful information to be used during a research. Due to complexity in data analysis, it is crucial for researchers to interpret information correctly so as to avoid distortions of information during data collection.

Content analysis is a method used in classifying data into categories and subcategories which share the same content. It is a technique used for analysing a collection of text. It usually contains oral text, written text, sentences, phrases and audio-visual text presented in data content (Holloway, 2013).

This write up is a qualitative literature review using a deductive content analysis approach. Nineteen articles were reviewed and its contents analysed deductively. It was then structured constructively in a spreadsheet and its content analysed and sorted accordingly. Categories were then created conforming to the background literature theme. The purpose was to ensure a connection between the background literature and the findings itself. Because of its deductive nature only the items that are related to the spreadsheet were picked from the data (Elo & kyngäs, 2008).

5.4 Inclusion and exclusion criteria

The inclusion and exclusion were implored to enhance the acquisition of reliable, up to date and valid information from previously scientifically studied sources. According to (Griffiths 2009) who in his explanation agreed that, it is of essence that a researcher implores criteria which are strictly tied to their research topic.

Table 1: Inclusive and exclusive criteria as given by Griffiths (2009)

Key words	Inclusive criteria	Exclusive criteria
Nurses knowledge about delirium.	Articles and studies related to nurses attitudes to caring for older patients with delirium.	Articles and studies which are not related to the research topic.
Older adult with delirium	Articles and studies concluded from the year 2009 until date. Books dated from 2005.	Articles and studies conducted before the year 2009 Books dated before 2005.
Nurses roles towards older people with delirium	Articles and studies conducted in English language.	article and studies conducted in other languages than English . because of interpretation challenges
Ethics	Articles that are in full text and that are also found with the key words of the topic in study and also answers the research questions.	Articles that are not in full text and not found within the topics key words and were not answering the research questions.
	Materials that are based on scientifically evidence.	Materials that are non-evidence based.

5.5 Ethical Considerations

According to Resnick (2015) ethics are professional codes of conduct that defines right or wrong. Norms for conduct that distinguishes between acceptable and unacceptable behaviours.

Ethics in nursing research is the act of moral principle which a researcher has to follow during the process of conducting a research in order to ensure that, absolute care is taken regarding how the subjects of the study are being protected. According to (Holloway and Kathleen 2017).

Researches on health should be strictly guided by professionalism that entails following rules and codes of conduct during a research (TENK). In this context, this research abides by ethical norms and values in the course of research process in order to ensure knowledge, truth and avoidance of error (e.g. usage of real names or wards where events might have occurred). In furtherance of ethical considerations my process of data collection and processes ensures the avoidance of vices such as distortions and fabrication of information, plagiarism, misinterpretation and falsification of data which is guided by the Finnish national board on research integrity (TENK.)

It is pertinent to create a reasonable deductions about authenticity, reliability and trustworthiness of data accumulated in the process of a research. There should be a presentation of the connection between conclusion and the data's collected. A writer must be able to reasonable explain the course of analysis clearly when showing conclusions. These connections is been virtualized by its appendices, figures and tables. The data collection and analysis needs to be depicted in a way that the whole process is been understood . in this manner the reader can keep track of the whole process including the explanations and results.(Elo and kyngäs).

6 Research Findings

In order to acquire answers for this qualitative literature review, all the categories were developed in tune with the background literature themes identified in about nineteen articles reviewed. The main themes that was formed from the background of this study are located under the research question “ Nurses attitudes towards caring for older adults with delirium”.

Subcategories where formed from the findings analysed and are later placed under the main themes/category of this study. The writer explained all the contents in the subcategories and the quotations used were verified also by enlisting each to their correct referencing sources. According to Elo& kyngäs (2008) the development of categories are both a theoretical and a practical task on which the categories should be based. An appropriate content analysis will demand a writers trustworthy conduct, by how the writer clarifies the data and gather categories to match with the issue being studied.

The main category for this study was:

-Nurses attitude towards caring for older adult patients with delirium.

Under the main category, the following sub-categories are formed

-nurses education, delirium care, strategies for nursing care, adhering to a delirium protocol, successful adoption to protocols, nurses philosophies of aging.

6.1 Nurses attitude towards caring for older adults with delirium

On a larger scale, nurses battle a healthcare system that neglects the needs of older adult with a culture of negative beliefs and attitudes about old people. A large number of studies of nurses being interviewed regarding the difficult challenges they encounter in the process of caring for these older adults with delirium has it that , they lack the knowledge, time, necessary support to effectively manage the care of delirious patients (Dahlke & Phinney, 2008; McCarthy, 2003).

According to Dahlke, (2008) a qualitative analysis with a theme for nurses stories, indicated that, two factors prevented an effective care: (a) a care environment unable to meet the needs for older people and (b) a negative attitude and beliefs about older people (Dahlke & Phinney, 2008). Nurses were stress and felt responsible about controlling patients who are showing agitations, not only for themselves but also for the rest of the patients and other

nurses in the ward. To manage these patients with hyperactive delirium, nurses see themselves as objects of verbal and physical aggressions. Resulting in dilemmas for this nurse who tend to spend longer times strategizing on the next move or becoming too anxious and as such responded faster than usual, producing an ineffectiveness response to care (Dahlke & Phinney, 2008). In the same interview, it was uncovered that, one of the reasons nurse managers did not get to hear about issues bordering caring for delirious patients was that; her nurses believed that a “good” nurse was supposed to know what to do and be able to do the job. Nurse did not want to be labelled incompetent and therefore, did not make a form of complains on taking care of delirious patients.

Steis and Fick (2008) brought up an interesting challenge based on communication. It was noticed that some patients avoided or were afraid to communicate any usual thoughts in order not to be labelled “crazy”. Therefore, the absent or difficulty to communicate at a number of levels increased the amount of stress nurses will face in caring for these patients with delirium.

6.1.1 Nurse Education

A geriatric curriculum survey, based on 47 “older adult care “competencies developed by the American association of colleges of nurses was conducted in 2008, and sent out to 500 nursing professionals selected randomly in New York (Scherer et al., 2008). 221 respondents were returned from the surveys with majority of the respondents being comfortable with their skills and knowledge of individuals aged 65 and older. However, more than half of the respondents were only “somewhat comfortable” with their knowledge of the management of delirium, dementia, Alzheimer’s, neurological problems, polypharmacy, and sleep issues. Amongst the 220 respondents, about 48% shows they had 10 or less hours of formal instructions in geriatrics. Most, 95%, showed a better preparedness when it comes to caring for individuals aged 65 and older, if a pedagogical course was given on geriatrics and 92% indicated they will be in a better position given a clinical work placement in geriatrics as a part time course of study (Scherer et al., 2008).

In a qualitative study of nurse’s philosophies, of aging” by McCarthy (2003), found that nurses with masters working in critical care were no more likely to distinguish delirium and dementia than their counterpart with an associate degree also working on a general medical unit. There were reports by nurses that neither education nor training were adequate, thus increasing the challenges for caring with older patients with delirium. There were also

reports from most nurses having little or no formal education about care for older adult (Steis & Fick, 2008). There was also admission to learning about caring for the elderly patients just by watching others and also through overtime clinical experiences. Nurses expressed frustration about lacking knowledge when it comes to the best practice protocols for older patients with delirium (Dahlke & Phinney, 2008).

A systematic analysis of 10 empirical studies conducted by Steis and Fick (2008) on nurses' ability to recognize delirium with recommendations beyond education to improve care of delirium. Aside from assessment education for delirium, which includes improved nurse to nurse communication, delirium position statements, application of computerized decision support, and practice protocols (Steis & Fick, 2008). Furthermore, several other researchers are of the opinion that, aside from stronger education, adopting an elderly-friendly atmospheres to assist with the care of the elderly in order to retain independence, support for end of life care, early detection and intervention, respect and care for nurses, honestly addressing nurse issues and moral discomfort in caring for this population (Dahlke & Phinney, 2008; Inouye, 2006).

Most importantly, understanding the paths between nurses' philosophies of aging, workplace factors and education. To effectively deal with delirium, a multidisciplinary approach should be considered in order to access healthcare supports. However, in order to cope properly with the challenges and put in place appropriate resources, it is pertinent to get a good understanding as it involves current practices of older patients' population of delirium (Dahlke & Phinney 2008).

6.1.2 Delirium Care

There is an increase in the number of medications available for the treatment of patients with behavioral disturbances. Nevertheless, medications like antipsychotics may have been prescribed before there is any form of recognition or treatment of an underlying cause of this behavior which might be a fundamental symptom of delirium. Inappropriate medication for a patient may see a worsening of the condition or even contribute to a delay of appropriate identification of it (Fick et al., 2008).

At postoperative wards where there is a vulnerability of older patients are particularly easy exposed to delirium, controlling pains is somewhat challenging. There is a complexity in the effect of deliriogenic pains, because it entails both relieved and unrelieved forms of pain which can be taken care of by certain analgesics. Some pains, particularly those of an acute

postoperative pain are often undertreated on older patients. Postoperative pains that are poorly managed have seen a somewhat deterioration of the mental status as a result an onset of delirium. In the same vein, there is a sufficient relationship that has shown that, the use of certain medications has created an onset of delirium. The pharmacokinetic effects on certain medications like risperidone and haloperidol has seen to have aggravated delirium (Neville, 2008).

Nursing intervention for delirium are targeted at sustaining patient safety and comfort; by identifying, eliminating and decreasing obvious causes; patients assistance and support of patient's physiological activities, avoiding restraints and reducing environmental stressors. Non-pharmacological methods to manage symptoms should be implemented also for patients in order to create a comfortable, calm environment with the use of calendars, clocks or familiar objects from home to facilitate orientation for patients. Communication regularly with staff by reorientations both staffs and family members, decreasing the staff and room changes, organizing schedules for drugs administration and collecting vital signs and restraining periods of uninterrupted sleep for instance with low lights and noise reductions to encourage a normal sleep cycle with mobility during the day (Inouye, 2006). Pharmacological methods should be kept for patients whose symptoms for delirium appears to threaten their own safety or that of others or whose situation might result in disruptions of indispensable therapies such as catheters or ventilations (Inouye, 2006).

6.1.3 Strategies for nursing Care.

In what way do nurses strategize care given the challenging scarce and inadequate resources? in spite of literatures about delirium, not so much is known about the actual dynamics in the practice setting. Thus, Dahlke and Phinney (2008) embarked on a qualitative study to discover how nurses actually care for hospitalized older adults at risk for delirium and the challenges they faced. The study interview 12 registered nurses working on either medical or surgical units. It was an open- ended questions such as “tell me about a situation when you care for an older adult patient who later became delirious. How did you recognize the delirium? What did you do about it? What made the situation easier? what made it more difficult?

The responses where content analyzed and the responses reviewed three main strategies: take a quick look, keep an on them, and control the situation. Nurses assessed patients quickly due to limitation of time. Even though an assessment method was available for

instance confusion assessment method (CAM) nurse rather use subtle questioning and observe behavior to ascertain if these older patients are at risk or had delirium (Dahlke & Phinney, 2008). On situations when it seemed that the patient's cognitive status was "off" they would ask from a colleague if this incident was new for the individual and would check previous chart notes for the individual.

Nursing interventions to handle the behaviors for patients with delirium varied with the nurse. According to one nurse: "we spend the whole shift going back and forth to each patient, assuring them in order to avoid an escalation or getting confused and out of control" (Dahlke & Phinney, p.44). nurses regularly moved patients into hallways, placed them in geriatric chairs during the day or moved patients' beds to a nursing station at night. "sitters" (i.e. a family member, nurse or other patient) were also used to watch over the patient. A lot of times nurses rely solely on their own wisdom and experience which includes keeping their hands busy so the mind can be distracted from the present situation (Dahlke & Phinney, 2008, p. 44). Nurses also admitted "buying time" from caring for these older patients so they can spend it on those patients whom were seen as more acutely ill.

However, in the same interview there was a recognition of the value of their care. Strong emphasis was placed on their abilities for subtle caring interaction which involves the need to be gentle, calm, reaching out for the patients' hands to reassure them and talk to them. They also stressed, asking for help when they needed it. There was a strong sense of support from co-workers and the nurse manager which eased off the workloads from nurses (Dahlke Phinney, 2008).

On the aspect of the interview regarding strategies for the care of delirious patient, they described the agitated or hyperactive type of confusion, designated by constant disruptions like trying to get out of bed, removing catheters or even ripping off dressings. Which seems that those with hypoactive form of delirium will not attract same attentions (Dahlke & Phinney, 2008).

Several researches have conducted on the issues of identifying best practices, this knowledge is yet to see it been adequately conveyed into the arena of practice and nurses continue to be demoralized with challenges of caring for these older adult patients with delirium, while solely relying on their own experience and application of whatever works at the moment. It looks like keeping this condition under control for the safety of all will surely involve taking

precedence over putting an end or putting place an effective management of delirium for better patient outcomes.

6.1.4 Adhering and implementing a Delirium Protocol

Several literatures on the care for older adult patients with delirium emphasizes on the use of appropriate and specific assessment tools for proper identification of delirium. A particular tool was considered a golden standard when it comes to delirium identification, the confusion assessment method (CAM. see appendix B) is a tool developed to give simple, valid and reliable method to identify an acute confused state based faster based on four characteristic in behaviors: attention disturbance, disorganized or incoherent thought, fluctuating cognition, and an altered level of consciousness. Nevertheless, this screening assessment tool will not be effective if there are inconsistencies by nursing practitioners (Dahlke & Phinney, 2008; Inouye et al., 2006).

According to a study published by Inouye et al, (2006) undersaw the impact of adherence, and non- adherence, to an interventional strategy for delirium. In a medical unit of a university teaching hospital, some 422 admitted subjects including patients whom are 70 years and above. Adherence was defined as the extent to which a staff follow and implement the medical recommendations. It was established by these researchers that, for a significant effect on the incident of delirium after controlling for number of variables, there needs to be consistent adherence to protocol (Inouye et al.,2006).

6.1.5 Factors leading to successful adoption and use of a nursing protocol

For a successful implementation and supportive environment for older adult with delirium, education and an adoption of an assessment tool or protocol needs to be in place. Nevertheless, for a significant improvement of care for these delirious patients, these resources may not be enough (Riekerk et al.,2009; Steis & Fick, 2008).

Researchers in the Netherlands undertook a study in 2009 to show the limitations and practicalities of the CAM-ICU implementation in an intensive care unit in the country (Riekerk et al., 2009). The research study was to concentrate on the barriers and obstacles as it relates to the proper implementation of the confusion assessment method (CAM) in the intensive care unit (ICU) protocol into regular day practice. At first, nurses had in mind that CAM-ICU implementation would be time consuming and would not add on the routine

abilities to identify and recognize delirium. These nurses were convinced that, in order for delirium to be quickly identified and treated, processes had to be in place to ease of the implementation of the protocols. An evaluation, on the effect of a two months training programme of using bedside CAM-ICU showed, that the frequency of patient's assessment saw an increase from 38% to 95% per nursing shift. Intriguing to say, before the CAM, there was this high believe by nurses that they are already capable of identifying and recognizing the presence of delirium in a patient (Riekerk et al., 2009).

According to Day et al (2008) for an effective protocol, it is essential for staff involvement on the use of the protocol. There was an involvement of the staff during a redesigning process of delirium care for older adult on a 32-beded acute care unit in large Australian hospital. It was shown that lack of identification and inadequate care was a major practice problem to responses for older adult patients with delirium (Day, Higgins & Koch, 2008).

Furthermore, collaboratively, a delirium protocol was developed and evaluated. here was evidence from the evaluations that, practice changed. As in previous studies shown, efficacy in collaboration and involvement of staff in the design and practice of care for delirium patient. There was claim to ownership of the protocol, which was evidence in the positive responses by staff of a user friendliness, clinical relevance, accessible language, and not so semi-formal documentation required. Education and training are not just sufficient for a proper support, participations, and adherence to assessment protocols. Regular feedbacks and discussions, peer, mentor and administrative support and staff participations in a change or implementation processes (Day, Higgins & Koch, 2008).

In addition, studies have shown and suggested an influence due to nurses' "attitude" such as Philosophies and societal attitudes towards aging will surely have an effect in the quality of care provided due to these attitudes towards aging.

6.1.6 The Nurse Philosophies of Aging

Personal attitudes and beliefs have been a prominent influence nurses carry with them to workplace. Such attitudes like personal beliefs on aging is not left out. It has been seen on various studies that, beliefs about older adults is reflective in the unwitty use of language by such nurses to air their unease.

Dahlke and Phinney (2008) established that, many nurses tend to use languages which are similar to the ones used for children to refer to older adults as if they are children. These

nurses are suggestive that, “caring for them was like babysitting” or “almost like children”. These nurses are of the opinion that, healthcare system is designed for younger people. That, older adults are seemed as “a burden” and an obstacle to the all-important work of caring for the younger adults (Dahlke & Phinney, 2008).

A reflection that the current societal culture did not give value to the aged was held by some nurses, “as a culture we think they are disposable” (Dahlke & Phinney, 2008, p.46). leading to the likelihood to reject the ponderous nature of the symptoms of delirium. A particular nurse expressed how annoying the behavior of a patient with delirium and how this behavior can startle the nurse on what the nurse understood as the real work for caring and focusing on patients on acute medical illness. so, making it even more frustrating to work with confused older persons (Dahlke & Phinney, 2008).

A previous research on nursing attitudes when caring for elderly patients, McCarthy (2003), theorized that nurses clinical reasoning (see figure2 &Appendix C) was distorted due to their philosophical beliefs on the general health and cognitive status of the elderly. From the perspective of nurses who see confusion as part aging and normal, are likely not to recognize the symptoms as demanding any intervention or attention.

McCarthy’s (2003) qualitative research study is one of the few studies that analyzed caring for the older confused adults by seeing it through a philosophical attitude on aging. This study was particularly important as it aims to identify the attitudes that prevented nurses from making accurate judgements. Interviews by nurses were analyzed to form a ground theory of situated clinical reasoning, through which it seen that nurses’ abilities to identify the delirium differ greatly. The affirmation of this study was that the differences could be attributed to their different philosophical perspectives on aging. This perspective affect how they understood, formed judgements and ultimately cared for older adults in a clinical setting.

In the study nurses’ descriptions and explanations about their care attitude were being analyzed based on the styles and strategies these nurses used in problem-solving. All these where been observed for four months on several general medical surgical units of a community teaching hospital. An interview that lasted up to 1to 2 hours was taken from 28 nurses.it show how nurses tend to display different approaches when caring for delirious patients. The difference clinical approach to care were as a result of their different perspective and philosophies held by this nurse on general health of people during aging. It

was also clear that, nurses unavoidably accepted one of this separate perspective about age. These attitudes backfires and influence the care received by people with delirium (McCarthy, 2003).

The “Decline perspective” understands confusion or cognitive impairment in older patients as inevitable. They see aging as a downwards spiral which the general health of older people becomes regularly and unavoidably inhibited. Those with these philosophies understand delirium as a work-related upshot rather than patient related ones. They don’t make any distinction between acute or chronic cognitive occurrences (McCarthy, 2003).

The second method in reasoning was the “vulnerable perspective”. They see aging as challenging phase where older persons are prone to disease and poor health. They believed cognitive impairments is a regular phenomenon for older adults. Age brings or exposes the development and risk of diseases that can cause cognitive impairment. They believe that a potential treatment and reversal is possible, but these possibilities are remote. Those with vulnerable perspective tend not to accurately interpret or effect an action (McCarthy 2003).

The third pattern of reasoning are the “healthful perspective”. These set of nurses showed appreciation for a normal aging process. They see older adults as essentially well, and the process of aging as an extension of adulthood. They understood cognitive decline as usual and pathological. They have a good understanding of both acute and chronic cognitive occurrences and assumed that all cognitive impairments were a sign for concern. For them any confused actions are an indication of some toxic process and immediately swing into action.

McCarthy suggests the usefulness in determining what philosophical perspective is principal among nurses in order to determine how well they can perform and predict what measures to use to improve behavior and thinking (McCarthy, 2003).

Several factors may contribute to effective nursing care for the older patients with delirium. These includes training, education and tools for assessment and care as well as peer support, managers, physicians and an elderly friendly and lager institutional supports. Contributing significantly as nurses in acceptance and ownership of good practice as well as an unbiased philosophies and attitudes of aging in workplaces.

7 Discussion

In this chapter the researcher's findings will be presented with a view into the literature and theories in order to show a correlation and also to Point out possible way to practice. Here the findings are from the qualitative data analysis, of the articles that explains the nurse's attitudes towards caring for older adults with delirium and the guiding theories. In order to see if any new thing has been produced. Information from these sources will be talked about in order to answer the research questions. The primary aim of this thesis was to describe how nurses understand delirium with older patients and nurses' attitudes towards interacting and caring for old people with delirium.

7.1 Discussion of results

The first research question for this review was: what are nurses' attitudes towards caring for older patients with delirium or acute confusion? In this current review established that most nurses seemed to be affectionate of older adult patients and are determined to provide better care for this group of people. Nevertheless, even though their drive to deliver or provide excellent care for these older adults was strong, there appear to be various negative impacts experienced by these nurses in the line of duties. This is not a thing of surprise given the fact that nurses are in the helping profession and most times are entangled in their personal wellbeing as its related to their duties to care. (Dahlke & Phinney, 2008). Furthermore, the reflection that, insufficient time to engage with patients by nursing staffs and the believed that they don't get the requires support they needed from other staff and physicians.

Nurses propagations suggests that, even though they show empathy for the patients, the feelings of frustration at not being able to disperse the desired care due to lack of time, support and recourses. These areas are important aspects to look into for future research, including nursing staff and educational trainings. These resources are an integral aspect in caring for delirium patients considering the fluctuating nature of delirium and the very difficult process of patient's recovery which management will seem almost impossible without a proper treatment intervention (Dahlke & Phinney, 2008; Inouye, 2006).

Another research question for this current review was: How does an adequate knowledge about delirium assessment tool and treatment protocol lead to a better nursing attitude and care for delirium patients? General knowledge, competence and confidence saw a massive improvement after an intervention and training according to several reviews. Some of these leaps can be attributed to the fact that, a training intervention had never been offered before

and for the fact that the hospital was able to address the aspect of frustration and among nursing staff. The aspects of confidence and competence in care was addressed by providing a workable assessment tools and care follow-ups for caring for delirium patients. However, there was no improvements in the general burden experience by nurses when caring for these patients, in spite of an improved competence, confidence and knowledge in the ability to identify and understand the consequences of delirium.

On the other hand, several studies implied that, the ability of being able to detect, recognize and give appropriate care for delirium did not actually indicate or reflect a feeling confidence. an initial indication of confidence and believe in the care they offered, including trust and confidence in oneself improved significantly after an intervention. (Fick et al.,2007; Inouye, 2006; Steis & Fick, 2008).

The last research question of the current review was: Are nurse's age, work experience, and education related to attitudes and attitudinal change? The nurses age, work experience and education has unexpectedly a little affiliation with inconsistencies in their attitude and change after a training intervention. There was a preferred indication for attitudes of "healthful" philosophy and a weak indication for "decline" philosophy of aging (i.e. cognitive disabilities in the elderly is inevitable). The training did not change over time these fundamental beliefs about aging. nevertheless, the knowledge of philosophies on aging is worthy in giving us a reconciliation of differences in the workplace dynamics and the quality of care given in the case of creating a future training or educational interventions

Implications for the theories

The very first step to an effective change according to Lewin's (1974) theory of change reveals the importance of attitudes, awareness and education. Attitudes mirrors workplace realities and as such the actuation behind resisting or adopting effective change. In this review study an educational training tool for caring for older adults with delirium was implored in order to archive an attitudinal change for nurses. It was deemed as an important element to ease of work frustration from nursing staff when there is an adequate time, peer and physicians support. One questions for researchers in the future using this theory might be, how can change theory be suitable to these huge challenges of inadequate time, peer and physician support? From this question, perhaps future researchers will be able to behear to some of these administrative and communicational issues ravaging the healthcare systems.

Another theory that guided this current review was the situated clinical reasoning (McCarthy,2003). There is no evident change in this study of philosophies of aging. nonetheless, overall nurses revealed a healthful perspective on aging. This healthful philosophy of aging is affiliated with nurses drive to take time on investigating the fundamental causes of delirium and how to go about with care. According to McCarthy (2003) the healthful philosophy nurses are of the believe that, improving a patient's health is possible as opposed to the decline philosophy whose believe is that nothing can be done to help people with delirium as it is normal to aging. I am of the opinion it would be useful and important to further get an understanding of the contributions of philosophies and beliefs of aging to attitudes of care quality or quality of care.

Implications for direct practice

It is important for ongoing mentoring and education, even after an educational training or intervention. The possibility of a further educations for nurses could be focused on incorporating a novel research on nurses' expressions of needs. For example this review notice a little area that could be developed for continuing training, a study by Inouye(2006), found out that, the question about knowledge “ disorientation as the best indicator for delirium patient “ had a low score and did not change even after a training has been conducted. Even so, the primary indicators are inattention with an acute onset and fluctuations. This is a further suggestion of at least a renew course with possible more in-dept study (Inouye, 2006).

In order to contribute to the needed attention for timely and purposeful delirium care in our healthcare system which for obvious reasons is experiencing an enormous pressure to do more with less financial recourses and time it is indeed time to considered more creative approaches towards dealing with this. Probably it is now time to call for retired nurses and volunteers to partake and receive delirium training and educational intervention in order to compliment nurse's aspirations to render timely and effective delirium care to delirium patients.

Implications for Future Research

This research study indeed provides a clear insight into three main aspects of nurse attitudes towards delirium patients. They include how delirium assessment tools influence attitudes of nurses, the influence of nurse knowledge and skills on their attitudes, and also the

influence of age, and education on nurse attitudes. It is important to know that the population of the elderly is increasing globally. According to world data, there are approximately 900 million elderly people in the world, especially people over the age of 60 years. On the other hand, the population of delirium patients is also rising. This is coming along with various challenges to the nurses and the healthcare system, generally.

The aspects of providing medical and nursing care to the delirium patients is one of the burdens to the nurses considered to be time-consuming, and one that requires a holistic approach. This is an area that is of considerable concern to the healthcare system. However, there is still a need for further research studies to contribute to exploring more workplace dynamics that also contributes to the negative attitude, which makes the healthcare professionals feel the process as a burden and hectic. Besides, there is a need for further research studies on how we need to improve the support we accord in dealing with this issue from the perspective of time and physician. Most importantly, there is a need to analyse the negative impacts of the nurses' negative attitudes towards delirium patients.

7.2 Discussion of method

According to Elo, et al., (2014) in a qualitative content analysis trustworthiness is demonstrated in the explanation and presentation of terms: credibility, conformability, dependability, authenticity and transferability.

To establish trustworthiness, data collection and the process of analysis needs to go through verification. There need to be a clarifications of the whole process that was undertaken in construction of categories for the study. Trustworthiness entails the presentation of the methods, findings and process of analysis in this way trustworthiness is explicit in the way credibility, conformability, dependability, authenticity and transferability is being displayed (Elo, et al., 2014).

In other words for this study, trustworthiness was in the way and manner data was collected. And this study used a systematic literature review in collection of data, because this method suits the purpose of this study adequately. The contents of this data collected was processed or analysed deductively, which would have involved going through a pilot phase for initial testing. A pilot phase was eluded because of the nature of the study being conducted by just a researcher. The standard for analysis picked for this thesis were the keys words : delirium, nurses attitudes towards delirium patients and nurses knowledge towards caring for delirium patients.

Searches for data using these keywords presented a multiplications of data, which is evident in the replication of this data into categories in order the enhance the understanding and straightness. The data analysis of this thesis was explained thoroughly so that the readers acquires a better picture of the trustworthiness of this thesis. The data collected were arranged in a genuine manner and presented to the reader in the explanation of how categories were formed.

The demonstration of conformability of analysis was in the way the writer displayed understanding of its findings and adding quotations from articles, to indicate the fact that data were provided correctly from the articles and that there were no fabrications of results from the analysed data by the writer.

The analytical method in this thesis were being explained as such for the readers understanding of findings. There was an orderly display and presentations of findings and connection was made among the findings and data collected. There was a clear explanations of contents of the categories which are made more lucid by using tables to show a picture of the results, with a connection to the aim and research questions of this study. The systematic literature review was the method used for this thesis, data was being collected from data database known as EBSCOhost, through the CINAHL with full Text. The collected articles were being analysed deductively by using the qualitative content analysis. This was an option for data analysis because of the availability of previous knowledge and data to pick from.

Transferability in this study was depicted in the results of the nurses attitudes towards caring for older adult with delirium and in its applicability into different nursing groups and settings. Thereby giving the reader the power to decide the transferability of the results or not.

The dependability for this study was shown in the way the writer was able to take the reader along the various steps with a thorough explanations of each step to ensure the reader understands and follow these steps. In this study for clarifications purposes, free text, tables and figures are used carefully to aid with an understanding of the methods used for this thesis. The main interest in opting for this thesis was to proffer an answer to a phenomena which is existence in the nursing practice. In order to achieve this, there was a need to look up and analyse existing knowledge regarding the topic by analysing recent articles to come up with a new concept. For this purpose about nineteen articles were analysed between

2005-2019 excluding the outdated articles. Resulting to so many materials which were subcategorised and comparison made with existing literatures about nursing attitudes when caring for people with delirium.

The structure and format used for this thesis is in line with the principles of the instructions on thesis writing used in Novia University of Applied Sciences and TENK. The aim of the writer in this thesis was the avoidance of insufficient narrative. The writing manner was such that it took a kind disposition rather than that of a dismissive or condescending approach to writing. The aspirations of the writer to avoid a prejudice language. The writer makes the language for this thesis easy to understand and follow. The purpose of this thesis was for an all- encompassing research with an ongoing transition. The aim of the writer was for grammatical conformity and attempt on spelling words correctly. In order to deliver pleasure for the reader.

8 Limitation of the Study

This research study contributes to a broad range of knowledge on nurses' care of delirium patients, especially the hospitalized elderly. It touches on knowledge, competency, nursing education, philosophies, skills, work experience, age, and delirium screening methods influence on nurses attitudes. However, the study results of this review are restricted to the findings on individuals at a community hospital ICU. Which happens to be a small fraction of a representation of a bigger healthcare environment. The research took a general approach to elderly patients in society. Indeed, there is a lack of direction towards a specific population target. The population has several communities. The behaviour of people in communities is different. You might find that there are some communities where nurses have a unique and different attitude. Although the factors that contribute to nurse attitudes towards the elderly are quite similar, there is still limited information on how different communities have specific and unique nurse attitude affects the elderly delirium patients. Finally, an important shortcoming in this review comes in form of the lack of comparison to other unit to give a broader view regarding the topic of discussion. So future researches and studies can benefit from this perspective and explore others aspects that are left out from this particular study

9 Conclusion

There are several factors around the work environment that will influence a nurse and subsequently, affect the quality of care a nurse can provide for a given patient, especially those with delirium. Overwhelming workload, limited education, difficult patients, insufficient moral support, limited time to focused on proper assessments and caring for such patients with delirium, and a lack of guidelines and simple protocol will present a gap in proper handling and recognition and adequate treatment for delirium patient.

This literature review research is another approach in understanding the nurse's attitudes toward caring for older hospitalized patients with delirium. Findings on this review has shown that nurses are motivated to render quality care, there is positive respond to education, training, and adherence to a care protocol. Nevertheless, the lack of resources, peer support and physician support and the overwhelming burden of rendering care continues to significantly have an impact on nurses in following their daily care routine. This study showed a significant improvement in the attitudes of nurses towards knowledge, confidence, competence and the ability to recognize and understand the consequences of delirium.

An important aspect is to focus on an effective care for older patients in the healthcare system which must be willing to disburse financial recourses across the ever-increasing population of the older people. The care for delirium is very challenging. As a disease it requires an immense recourses and attention, which are regularly becoming less in supply. If attention is not given adequately, the long-term effects on costs for patients with delirium and their families and for healthcare system will be enormous.

Indeed, this is the time for creativity and resources management in order to address this growing concern. In order to address this situation, the first step to achieve change is awareness of the care surroundings and attitudes that radiates the realities of routine healthcare practice. This little review will contribute toward an understanding of the interaction of nurses' attitudes and philosophies of care, workplace factors, and the daily care process.

10 Appendices

Appendix A: Articles included in the literature review

Bibliography	Aim	Method	Result
<p>Day J, Higgins I. & Koch T. (2008). The process of practice redesign in delirium care for hospitalized older people: A participatory action research study. <i>International Journal of Nursing Studies</i>, 46, 13-22. Doi:10.1016/j.inurstu.2008.08.013</p>	<p>The aim was to collaboratively improve clinical skills.</p>	<p>Participatory Action Research method (PAR) was implored. And the researchers and participants worked together in a cyclical way to” looking, thinking and acting” Which is a qualitative research methodology.</p>	<p>There was evidence of change in practice.</p> <p>There was reduction in physical or chemical restrains at the start and throughout the research at least for 3 months.</p> <p>Nurses manger where able to report incident of early detection as a preventive measure to hyperactive delirium.</p> <p>There were few cases of delirium despite regular admission of old people</p> <p>Awareness about delirium was successful.</p> <p>Collaboration between practitioners has shown to be a success while dealing with older people in care institutions with delirium.</p>
<p>Fisher Murray J. & Bloomfield Jacqueline. “Understanding the research process”: <i>Journal of Australasian Rehabilitation Nurses Association (JARNA)</i>. April 2019.vo.l22.no.1</p>	<p>The aims of this research journal were to inform readers in a simple term, the meaning of a research process or scientific methodologies</p>	<p>Explanatory emphasis on both qualitative and quantitative research methods. Data seeking and analysis methods.</p>	<p>The journal was able to explain clearly the various research methodologies in practice there by assisting researchers in their research process</p>

<p>Hare M. et, al. (2009). Nurses descriptions of changes in cognitive function in the acute setting. <i>Australian Journal of Advance Nursing</i>, 26, 21-25</p>	<p>Was to describe nurses' documentations of behavioral and cognitive changes of patients in acute care institutions</p>	<p>Qualitative and Quantitive methods where used. (Literature were reviewed to know more about delirium and their challenging factors. An audit tool and interview where used to collect various information needed. 4 audit of progress notes were compiled over a four-week period at a western Australia tertiary hospital to identify, quantity and categorize cognitive and behavioral changes in patients in the hospital.</p>	<p>Data from the audit showed that 183 (15%) of 1209 patients were identified by staff as being confused.</p> <p>Of the 183, 132 (72%) had documented cognitive and behavioral changes that were deemed to be associated with the presence of a delirium.</p> <p>51 (28%) here patients' behavior was typical of their established dementia or organic disorder.</p> <p>77 (58%) of the 132 patients which have delirium were documented as being confused on admission.</p> <p>14 (11%) of the 132 had no documentation of their cognitive status on admission.</p> <p>From 132 patients with cognitive and behavioral changes suggestive of delirium 78 (59%) were females and 54 (41%) were males.</p>
<p>Blevins Cheri, Regina DeGennaro. (2018) "Educational intervention to improve delirium recognition by nurses" <i>American journal of critical care</i>. 2018, vol27, 270-278</p>	<p>To evaluate the effectiveness of multimodal educational intervention for nurses in the ICU in order to enhance their skills and knowledge regarding delirium and its detection</p>	<p>A Quasi-experimental (which is a tool/method to evaluate intervention but that not use randomization), preintervention and post intervention assessment design was used on a focus group to determine weather changes occurred in nurses knowledge regarding delirium and its risk factors. data</p>	<p>There was a validation that a multimodal educational intervention improved nurses' knowledge about delirium and that an ongoing effective education on delirium assessment is necessary to sustain an accurate identification of delirium</p>

		<p>was analyzed and inferential statistics were computed using SPSS, version 24(IBM)</p>	
<p>Swan A.S, Ph.D. Becker J, Ph.D. Brawer R, Sciamanna C. N, M.D. (2011). "Factors influencing the implantation of a point of care screening tool for delirium": <i>MEDSURG Nursing. Nov-Dec 2011. Vol20, no6</i></p>	<p>To examine factors that might influence the computerized implementation of the Confusion Assessment Method CAM (a tool for screening delirium) for nurses at a point of care on 3 orthopedic units where old patients are been admitted following an elective surgery.</p>	<p>Using qualitative (Literature review) description methods to examine the feasibility of incorporating the CAM into the hospital based electronic system of medical record and to evaluate the facilitators and barriers of integration of CAM.</p> <p>All participants were encouraged to participate fully in a focus group discussion. and questions were incorporated in 3 broad areas</p>	<p>There was ample evidence that up to 85% of hospitalized older adult has been underdiagnosed and undetected by nurses at the point of care</p> <p>4 themes emerged from the focus groups (a) proficiency with computers, (b) familiarity with using screening tools, (c) knowledge of and attitude toward older adult patients, and (d) impressions of the CAM. Themes were classified based on their perceptions and views of the computer based tools with the first group indicating confidence and competence because they felt it requires less writing or errors and more clear and has no need to decipher what the doctor had written. But were concerned in the lack of charting options and computer availabilities and that not all the computer contain this software. The second group indicated familiarities with other similar tools like the Braden scale for predicting pressure sore risk etc., they showed comfort using the scale and computing the results electronically. But some indicated that the</p>

			<p>questions on the scale where vague, resulting in a “we know it when we see it” type of assessment.</p> <p>The third group describes their patients as “geriatric” even the average patient was a 63 year old who elected to have surgery. This group perceived the increase of the average age was because patients are electing to have surgery such as knee arthroplasty.</p>
<p>Resnick, D.B. PhD. (2015).” What is Ethics in Research & Why is it Important”? <i>National Institute of Environmental Health Science</i></p>	<p>To promote the aims of research and values that are essential to collaborative work. To help ensure researchers can be held accountable to the public and build public support. To promote moral and social values.</p>	<p>The writer use secondary sources of gathering information for the publication.</p>	
<p>Brooke Joanne (2018) “Differentiation of delirium, dementia and delirium superimposed on dementia in the older person”. <i>British journal of nursing.2018, vol 27, no7</i></p>	<p>To explore the lived experiences of delirium of patients, their families, junior nurses and doctors, across the specialties of cardiology, renal, respiratory and older person care.</p>	<p>Qualitative data were collected through a semi-structured interviews. Participants were guided to discuss elements relevant to the research aim, but also important to them and not necessarily obvious to the research team. Interviews were transcribed verbatim and analysed.</p>	<p>A clear recommendation emerged after nurses were seen to lack in educational support of knowledge for persons with delirium and dementia and DSD (delirium superimpose dementia) is that, further education is needed for registered nurses caring for an older person to empower them to complete a cognitive screening and to implement evidence-based interventions as well as reporting back findings confidently to doctors with the support</p>

			of a clear protocols based on a national guidelines.
Inouye, S. (2006). Delirium in older persons. <i>The New England Journal of Medicine</i> . 354, 1157-1165.	To examine current clinical practices in delirium, identification of areas of controversy, and to also highlight areas for future research.	The writer uses a research report method to examine the current clinical practices as it involves delirium and its areas of conflicts and also suggesting areas for future research	In the report the writer elaborated on the origins and causes as well as the diagnostic criteria's of delirium. Further, the report did not give a clear suggestion as regarding its pathogenesis but attributes the etiologic and risk factors as a multifactorial one with the development involving a predisposing factors and exposure to precipitating factors like injuries. The report concluded with suggestive approaches for evaluation and also preventive measures and management.
Griffiths, F. 2009. Research Methods for Health Care Practice. Sage publications. (Online accessed 21.11.19)	The aim was to assist health professionals who are interested in research work but are not so sure on how to embark, and such research works that are directly relevant to healthcare practice.	The written used a secondary or tertiary source of collecting information to make up the publication.	
McCarthy, M. (2003). "Situated clinical reasoning: distinguishing acute confusion from dementia in hospitalized older adults". <i>Research in Nursing & Health</i> , 26, 90-101.	The aim of the study was to explore the clinical reasoning capabilities of nurses who care for older adults who are hospitalized and who during this hospital care go through acute confusion and to identify factors that might explain why nurses can not detect this acute confusion and distinguish it from	A dimensional analysis approach was used in the conduction of the research to explore the clinical reasoning of nurses who care for hospitalized older adults so that factors which might influence this can be identified and explained why such failures by nurse to detect acute confusion and distinguish it from	Data analysed revealed that nurses tended to dememonstrate different reasoning approches during their care with older adults in a hospital experiencing confusion. Also that it supported the notion that nurses follow diverse reasoning in similar circumstances as they do not seem to follow a linear or uniform scheme of clinical reasoning as

	<p>dementia in this patient population.</p>	<p>dementia. Is the particular reason why a dimensional analysis approach was considered the best option for the research?</p>	<p>earlian described by proponents of clinical reasoning.</p> <p>As the study progressed there was evident that this variations in the nurses clinical approaches could be attributed largely to the kind of perspectives on general health of people as they age, held by this nurses played a pivotal role and judgement on their clinical reasoning approches to older people in hospital.</p> <p>This findings validated the emerging of the theory referred to as the "theory of situated clinical reasoning" .</p>
<p>Kritsonis A. (2005). "Comparison of change theories". <i>International journal of scholarly academic intellectual diversity</i>. Vol. 8, no1, 2004–2005.</p>	<p>The purpose of the article is to summarize several change theories and assumptions about the nature of change. In the article, the author shows how successful change can be encouraged and facilitated for long-term success.</p>	<p>Using literature review the author was able to compare the characteristics of various theories which included lewin's 3-step theory of change, Social Cognitive Theory, DiClemente's Change Theory, the Theory of Lippitt's Phases of Change Theory, Prochaska and the Theory of Reasoned Action and Planned Behavior to one another.</p>	<p>The result showed that of the compared theories of change lewin's model was most rational, plan and goal oriented. It also suggested that the change theory is easier said than implemented as it did not consider the human feeling or experiences which are factors that can cause negative consequences. (there might be scenarios where employees get excited about change that they bypass their attitudes, feelings and the input of other employees. leading to a either resistance or a bit of enthusiasm. furthermore, with the research and studies ongoing by leading experts a better picture will surely emerge of</p>

			what it takes to effectively lead a change effort by continually reviewing and considering how the a change in the society and culture will need new insights on the appropriate process for change
Holloway, I. & Wheeler, S (. 2013). "Qualitative Research in Nursing and Healthcare". 3rd Edition. <i>John Wiley and sons ltd, publication.</i>	To help and introduce undergraduates in the health care studies or to qualitative research and also postgraduates' students in their study of qualitative procedures.	It uses secondary and tertiary sources of data collection	Readers or users of this text understands the evolving fundamental principles and approaches as regards qualitative research method in the healthcare professions
American Psychiatric Association. (2013). <i>Diagnostic and Statistical Manual of Mental Disorders: DSMV-IV.</i> (5 th ed). Washington, DC: American Psychiatric Association.	The aim of the text was to elaborate on the clinical tool DSM's (Diagnostic and Statistics Manual) and its introduction and up to date most recent DSM-5	It uses secondary and tertiary sources of data collections and methodology	<p>Knowledge about the uses, recommendations and applications of the clinical tool DSM-5 in the determination of a mental status or categories.</p> <p>Knowledge about the various stages of the DSM's (DSM-1, 2, 3, 4 and most recent 5) their year of inceptions' and usages and improvements up to date.</p>

Appendix B: CONFUSION ASSESSMENT METHOD (CAM)

<p>1. Acute onset or fluctuating course</p> <p>This feature is usually obtained from a family member or nurse and is shown by positive responses to the following questions:</p> <ul style="list-style-type: none"> ○ Is there evidence of an acute change in mental status from the patients baseline? ○ Did the (abnormal) behaviour fluctuate during the day, that is , tend to come and go, or increase and decrease in severity 	YES	NO
<p>2. Inattention</p> <p>This feature is shown by a positive response to the following question:</p> <ul style="list-style-type: none"> ○ Did the patient have difficulty focusing attention, for example, being easily distractible, or having difficulty keeping track of what was being said? 	YES	NO
<p style="text-align: center;">Are both 1 and 2 above positive?</p> <ul style="list-style-type: none"> ➤ If “NO”, Stop. Does not suggest delirium ➤ If “YES”, Continue. 	YES	NO
<p>3. Disorganised thinking</p> <p>This feature is shown by a positive response to the following question:</p> <ul style="list-style-type: none"> ○ Was the patients thinking incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject 	YES	NO

<p>4. Altered level of consciousness</p> <p>This feature is shown by an answer other than “alert” to the following question:</p> <p>Overall, how would you rate this patients level of consciousness?</p> <p>Alert = normal</p> <p>Vigilant= hyperalert</p> <p>Lethargic= drowsy, easily aroused</p> <p>Stupor= difficulty to arouse</p> <p>Coma= unarousable</p>	YES	NO
<p>In addition to 1 and 2 being positive are EITHER 3 or 4 positive?</p> <ul style="list-style-type: none"> ▪ If “NO”, Stop. Does not suggest delirium. ▪ If “YES”, Suggest delirium. If this is the first positive response, contact the physician. 		

As adapted from: Inouye SK, VanDyck CH, Alessi CA, Balkin S, Siegal AP, Horwitz RI. Clarifying confusion: the confusion assessment method. A new method for detection of delirium. Ann intern Med.1990;941-941. Confusion assessment method: training manual and coding guide., Inouye SK

Appendix C: THE PHASES OF THE CLINICAL REASONING PROCESS

<p>Consider the patient situation</p>	<p><u>Describe</u> or list facts, context, objects or people.</p>	<p>This 60-year-old patient in the ICU for an abdominal aortic aneurysm (AAA) surgery yesterday.</p>
<p>Collect cues/information</p>	<p><u>Review</u> current information (e.g. handover reports, patient history, patient charts, results of investigations and nursing/medical assessments previously undertaken)</p>	<p>Patient has history of hypertension and takes betablockers. Patient BP was 140/80 an hour ago</p>
	<p><u>Gather</u> new information (e.g. undertake patient assessment)</p>	<p>I have checked his BP and it is now 110/60, Temp 38. Epidural running @ 10ml/hr.</p>
	<p><u>Recall</u> knowledge (e.g. physiology, pathophysiology, pharmacology, epidemiology, therapeutics, culture, context of care, ethics, law etc)</p>	<p>Fluid status is significant to BP Epidurals can drop the BP because they cause vasodilation. Epidural management is a standing order in ICU</p>
<p>Process information</p>	<p><u>Interpret</u> for an understanding of signs or symptoms. Compare normal Vs abnormal data must be well analysed</p>	<p>patient BP is low, especially for a person who is normally hypertensive</p>
	<p><u>Discriminate</u> separate relevant from irrelevant information; recognise inconsistencies, narrow down the information to what is most important and recognise gaps in cues collected</p>	<p>patient temp is up a bit but I'm not too worried about it – I'm more concerned about his BP and pulse. I'd better check his urine output and his O2 sats.</p>
	<p><u>Relate</u> find new relationships or patterns; cluster cues in order to identify relationships between them.</p>	<p>patient hypotension, tachycardia and oliguria could be signs of impending shock. increased epidural might lead to BP going down</p>

	<u>Infer</u> create deductions or form opinions that abide logically by interpreting subjective and objective cues; consider alternatives and consequences	Patient BP could be low because of blood loss during surgery or because of the epidural.
	<u>Match</u> current situation to past situations or current patient to past patients (usually an expert thought process)	hypotension is often a seen post op of AAAs
	<u>Predict</u> an outcome (usually an expert thought process)	patient might go into shock if I do not give more fluids

	<u>Predict</u> an outcome (usually an expert thought process)	patient might go into shock if I do not give more fluids
Identify problem/issue	<u>Synthesise</u> facts and inferences to make a definitive diagnosis of the patient's problem	He is hypovolaemic and the epidural has worsened the BP by causing vasodilation
Establish goals	<u>Describe</u> what you want to happen, a desired outcome, a time frame	I want to improve his haemodynamic status -get his bp up and urine output back to normal over the next hour.
Take action	<u>Select</u> a course of action between different alternatives available	I will ring the doctor to get an order to increase his iv rate and give aramine if needed
Evaluate	<u>Evaluate</u> the effectiveness of outcomes and actions. ask: "has the situation improved now?"	His BP is up for now, but we will need to keep an eye on his it as he may still need aramine a bit later.

		His urine output is averaging >30ml/hr now.
Reflect on process and new learning	<u>Contemplate</u> what you have learnt from this process and what you could have done differently.	Next time I would..... I should have..... if I had..... I now understand.....

As adapted from Hoffman (2007); Alfaro LeFevre (2009).

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