Introduction/Background

Delirium is a type of acute brain failure commonly found in acute care that can prolong hospital stay, increase mortality and mortality, and lead to poor physiological function with increased risk for institutionalization (Mallard et al., 2017).

Delirium is often under-recognized by nurses and physicians (Brynes, et al., 2001; Knuyten, 2006; Bara, et al., 2010; & Oh, et al., 2017).

Purpose

To improve our understanding of how experienced nurses use clinical reasoning to detect, diagnose, and respond to delirium symptoms.

Methodology

A qualitative study using focus groups with RNs oversight.

Setting: Nurses were recruited at three different hospitals: an academic teaching hospital, a quaternary regional referral center, and a community hospital in the Midwest.

Sample: Nurses (N=13) with 2+ years of clinical experience and currently working on a medical, surgical, or intensive care unit.

Procedure: Semi-structured 60-minute focus groups sessions (N=10) were conducted

The sessions were audio-recorded with permission. Recordings were transcribed verbatim, reviewed for accuracy, and uploaded into NVivo12 software.

Data were inductively analyzed using book derived from dimensional analysis (Caron & Bower, 2000), a qualitative method used to understand how concepts are "socially constructed".

Key concepts were identified, coded by (2) independent reviewers, and analyzed by the team.

Key Concepts

- Clinical reasoning: "the complex cognitive process that uses formal and informal thinking strategies to gather and analyze patient information, evaluate the significance of this information, and weight alternative actions" (Simmons, 2003, p. 115).
- Clinical decisions involve making a judgment about the current health status of a patient and a decision about a course of action. (Glowell & Thompson, 2003)
- Social: "pertaining to accessible or group, interactions and relationships"

Limitations

- Convenience sample

Gardner representation from medical units and quaternary setting may have influenced findings. Academic & ICU settings were less represented in the sample.

Conclusions

Nurses use clinical reasoning processes to detect and manage delirium symptoms

Nurses work within social structures that impact their clinical reasoning & subsequent actions

Navigating both clinical and social aspects of delirium is essential to successful management of symptoms to keep patients safe

Study Implications

- Delirium is challenging with concerns about under-recognition for many years
- Interventions to improve delirium detection and management must address both the clinical and social aspects
- A larger study examining the social factors that influence staff nurse clinical reasoning regarding delirium is needed