

A Study To Determine Staff Nurses' Knowledge Of Delirium And Its Risk Factors In The Medical And Geriatric Wards Of Hospital Kuala Lumpur



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A Study To Determine Staff Nurses' Knowledge Of Delirium And Its Risk Factors In The Medical And Geriatric Wards Of Hospital Kuala Lumpur



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INTRODUCTION



- The world's population is facing the problem of aging and onset age-associated diseases including mental and cognitive disorders ¹ including delirium.
- Delirium is a medical emergency, commonly occurs amongst elderly admitted to hospital. It can give serious consequences as it results in high morbidity and poor quality of life.
- Unfortunately many literature reviews showed that delirium is poorly recognized resulting in suboptimal care and this is largely due to inadequate knowledge amongst healthcare providers².
- ve measures can improve outcomes for those patients.

1. WHO (2013) Mental Health and Older Adults. World Health Organisation Factsheet, WHO Press.

2. Malcolm Hare et al, Journal Contemporary Nurse, 23-31;2007



INTRODUCTION

- Handling patients with delirium are challenging for nurses. They must have sound knowledge, ability to screen and identify patients at risk as early detection with optimal management and prevention.
- The principles of prevention and treatment of delirium include **early identification** of existing **predisposing** and/or **precipitating** factors, coupled with early detection of its onset.
- Health-care professionals, in particular nurses, play a crucial role in this, as they are in frequent contact with patients, and are in an optimal position to observe early changes.
- Therefore, they need to be equipped with adequate knowledge of delirium.³



OBJECTIVES

1. To determine nurses' level of knowledge of delirium and its risk factor among :
 - ✓ post basic nurses in Gerontology
 - ✓ other post basic nurses
 - ✓ non post basic nurses in medical department
2. Determine the implications of the outcomes of this survey to improve knowledge and nursing care.



SIGNIFICANCE OF THE STUDY

■ PATIENT

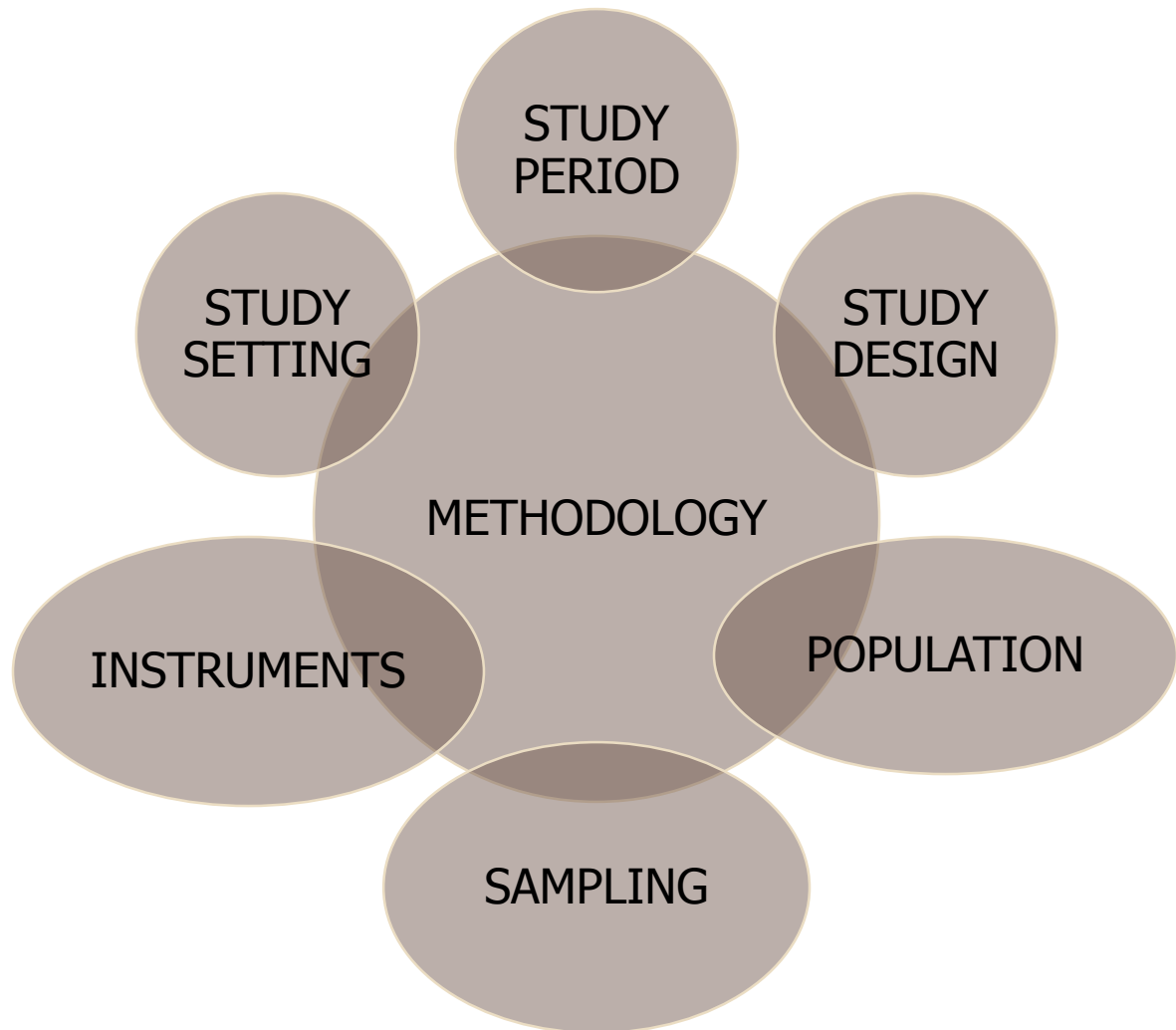
Delirium results in high morbidity, mortality and poor quality of life with prolonged length of stay

■ NURSE

Lack of knowledge on identifying & managing delirium resulted in morbidity and prolonged hospital stay



METHODOLOGY



SAMPLING

- A questionnaire survey was randomly sent to 150 nurses at 10 medical wards
(9 general medical and 1 geriatric ward)
- 130 registered nurses responded using convenient sampling method



RELIABILITY & VALIDITY

A pilot qualitative study
in Malaysia to assess
inpatient medical nurses
knowledge on delirium.

Data analysed using
SPSS 20.0

The questionnaire was
validated by 3 Doctors,
a Matron and a Sister

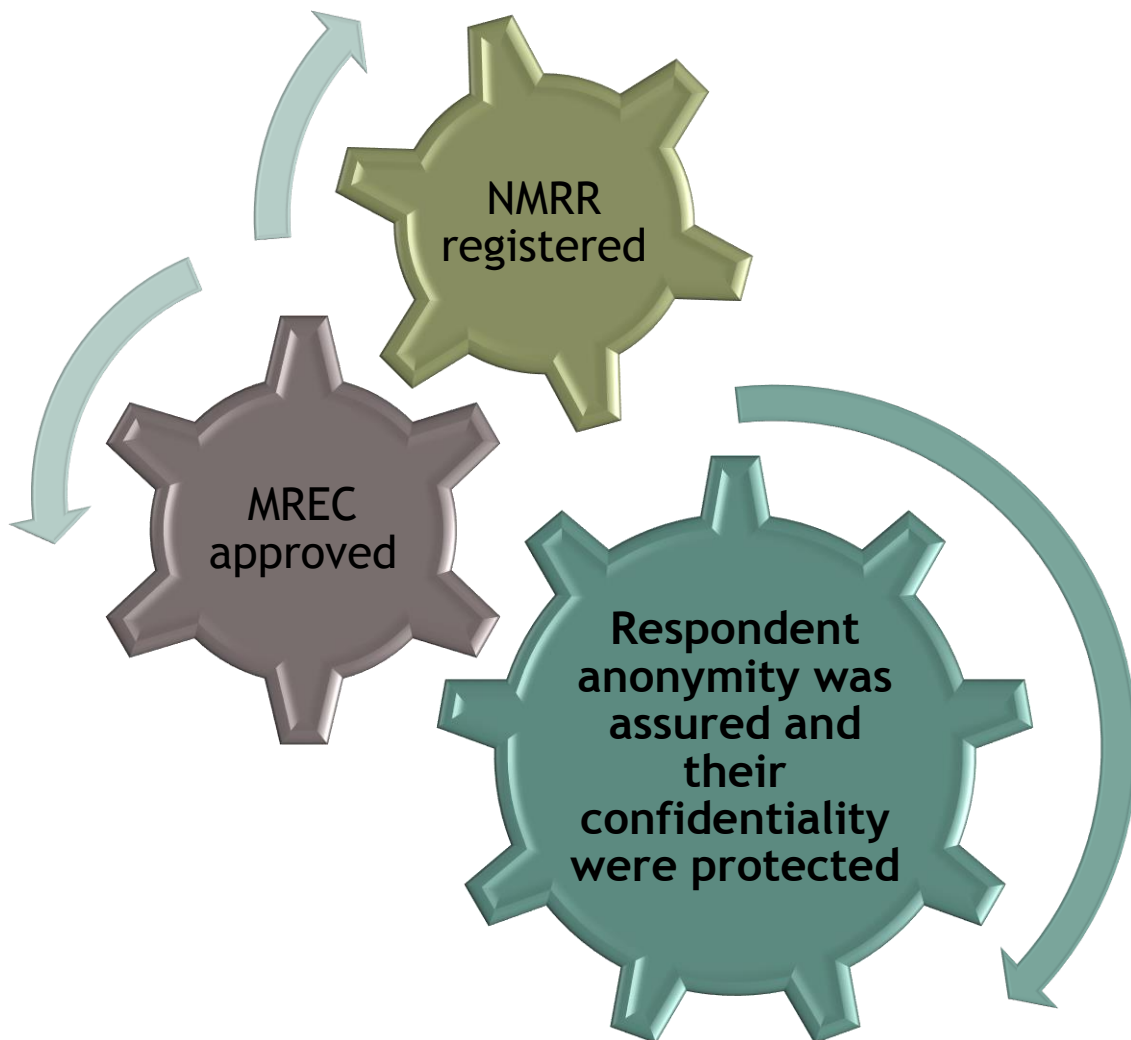


METHODS

- ❖ A questionnaire survey was randomly sent to 150 nurses at 10 medical wards (9 general medical wards and 1 geriatric ward).
- ❖ Questionnaires were distributed to staff nurses directly and given 30 minutes to answer, accompanied by researcher and ward sister and collected immediately.
- ❖ Nurses perception is assessed using Likert scale
- ❖ Data is analysed using SPSS 20.0



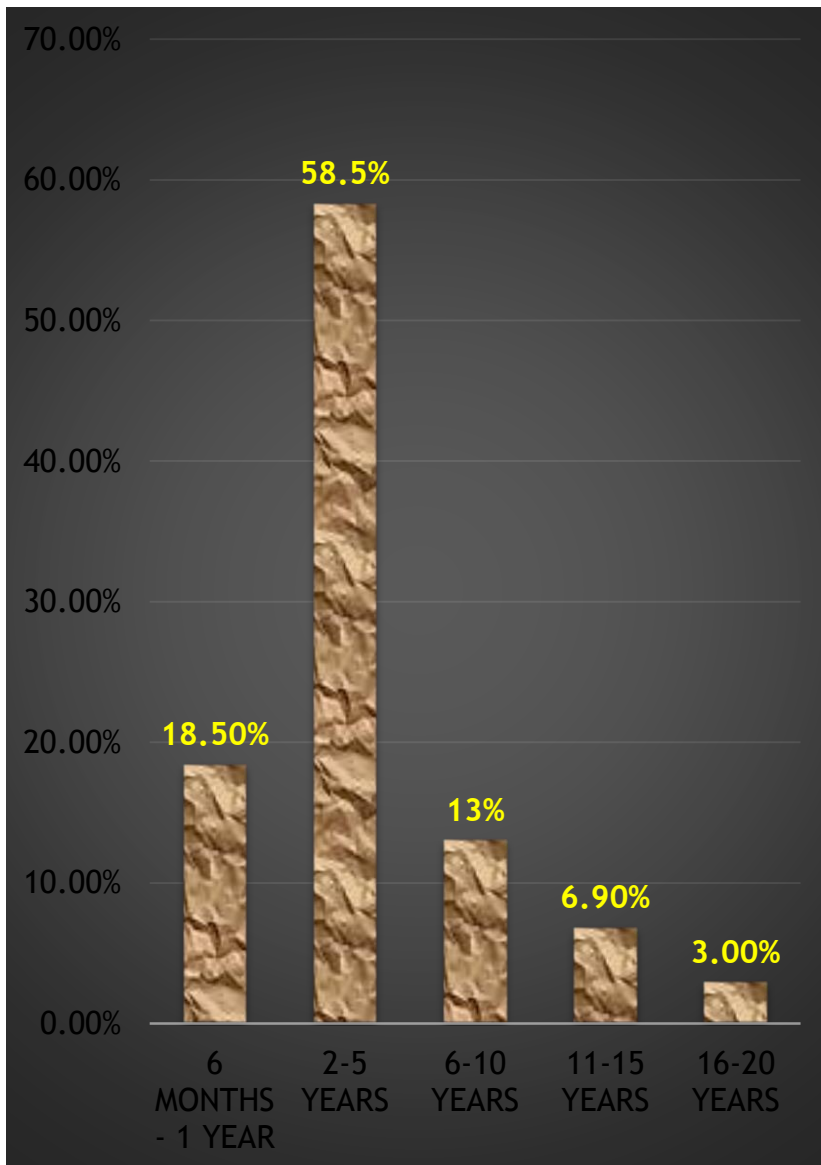
ETHICAL REGISTRATION



FINDING & DISCUSSION

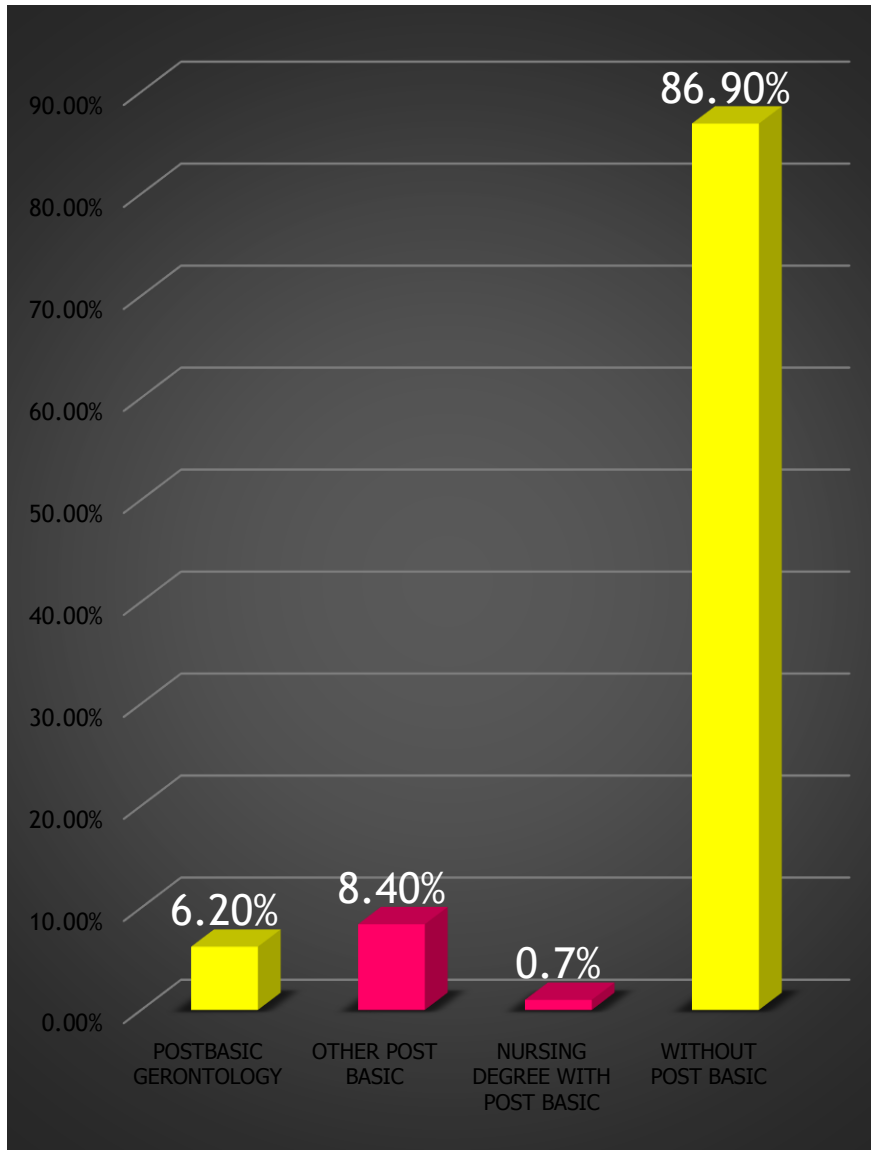


PERCENTAGE OF NURSES ON WORKING EXPERIENCES



- Majority, 58.5% have been working for 2-5 years.
- 18.5% have been working for 6 months – 1 year.
- 13% of them have 6-10 years of working experience.
- 6.9% have been working for 11-15 years.
- Only 3% have been working for 16-20 years

PERCENTAGE OF NURSES WITH & WITHOUT POST BASIC



- **14.6% have had a post basic training**

- **6.2% (n=8)** of them have post basic in Gerontology

- **8.4% (n=9)** with other post basics :

- 1) Midwife- 2
- 2) Infection control-3
- 3) CCN-2
- 4) Diabetic Educator-1
- 5) Oncology-1

- 0.7% with nursing degree with post basic

- 86.9% is without postbasic



NO	QUESTIONS
	DO YOU KNOW WHAT IS DELIRIUM?
1	IS DELIRIUM REVERSIBLE?
2	IS FLUCTUATION BETWEEN ORIENTATION AND DISORIENTATION TYPICAL OF DELIRIUM?
3	CAN DEPRESSION MIMIC DELIRIUM?
4	DOES THE TREATMENT FOR DELIRIUM ALWAYS INCLUDE SEDATION WITH ANTIPSYCHOTICS?
5	CAN PAIN CAUSE DELIRIUM IN ELDERLY PATIENT?
6	DO YOU THINK A PATIENT WHO IS FORGETFUL WITH FLUCTUATING BEHAVIOUR CHANGES IN THE COURSE OF THE DAY IS LIKELY TO HAVE DEMENTIA THAN DELIRIUM?
7	DO PATIENTS WHO ARE PHYSICALLY AND/OR VERBALLY AGGRESSIVE ARE LIKELY TO HAVE DELIRIUM COMPARED TO PATIENTS WHO ARE QUIET AND LETHARGIC/INACTIVE?
8	DO PATIENTS WITH DELIRIUM HAVE HIGHER MORTALITY RATE?
9	IS ALTERED SLEEP/WAKE CYCLE A SYMPTOM OF DELIRIUM?
10	IS YOUNGER PATIENT LIKELY TO HAVE DELIRIUM COMPARED TO THE ELDERLY PATIENT?
11	DOES THE NUMBER OF MEDICATIONS PUT A PATIENT AT HIGHER RISK OF DELIRIUM?
12	DO YOU THINK ELDERLY PATIENTS WHO ARE EATING POORLY WILL LIKELY HAVE DELIRIUM?
13	DOES A FAMILY HISTORY OF DEMENTIA PREDISPOSE A PATIENT TO DELIRIUM?
14	CAN HEARING IMPAIRMENT INCREASES THE RISK OF DELIRIUM?



QUESTIONS

Total marks are 14



RESULT

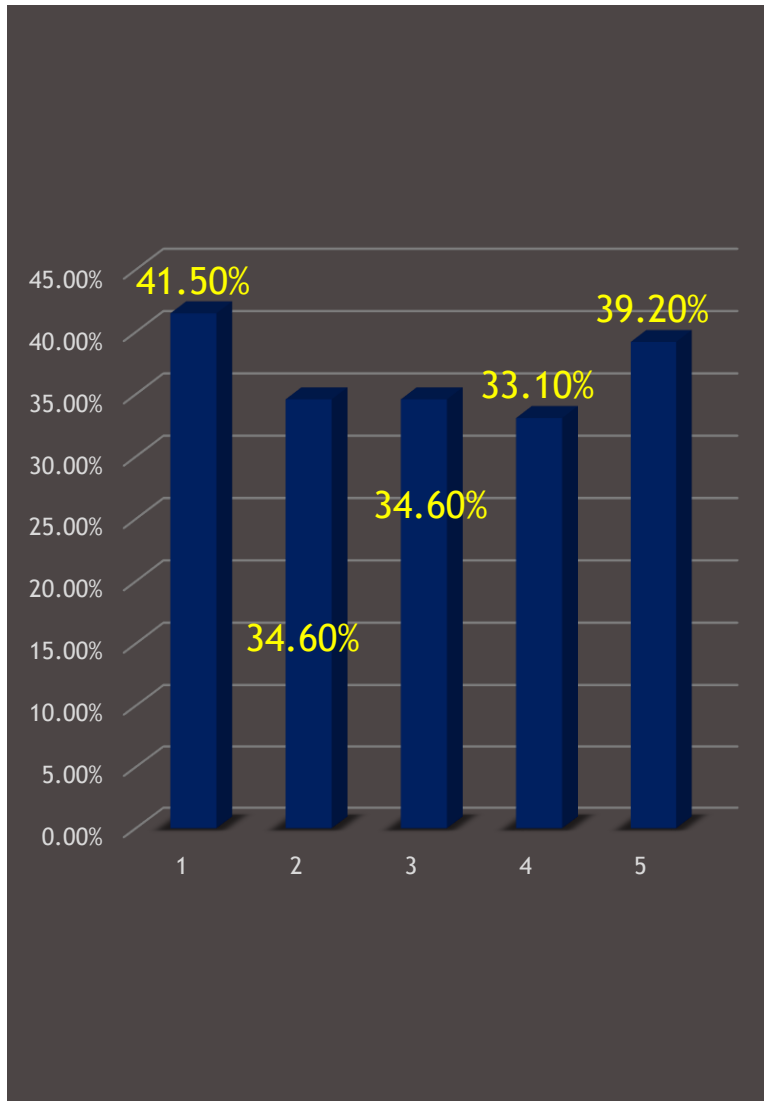
- 98.5% (n=128) knew what delirium is
- Scores are divided into 3 ranges :
 - * 0-4 (poor)
 - * 5-9 (average)
 - * 10-14 (good)
- Lowest score : 1/14 (n=12)
- Highest score : 14/14 (n=2)

SCORE RANGE		
	N	PERCENT
GOOD	20	15.4
AVERAGE	85	65.4
POOR	25	19.2
TOTAL	130	100.0

SCORE RANGE 10 - 14		
WARD	N	PERCENT
GERIATRIC	15	75
GENERAL MEDICAL	5	25



NURSES PERCEPTION ON DELIRIUM BASED ON WORKING EXPERIENCES



1. 41.5% did not agree that they have received education on delirium
2. 34.6% did not screen for delirium
3. 34.6% were aware of tools that can be used to screen delirium
4. 33.1% of respondents agreed that delirium is underdiagnosed
5. 39.2% agreed that delirium is often mentioned during ward rounds

NURSING RECOMMENDATION



NURSING PROFESSION

- Education on delirium should be initiated at the basic nursing course
- Ability to screen & identify patients at risk as early detection

ORGANISATION

- Continuous nursing education can be an avenue where delirium is emphasized
- Prioritise training & awareness
- Knowledge is regularly assessed

PATIENT

- Good quality of life
- Decrease morbidity and mortality

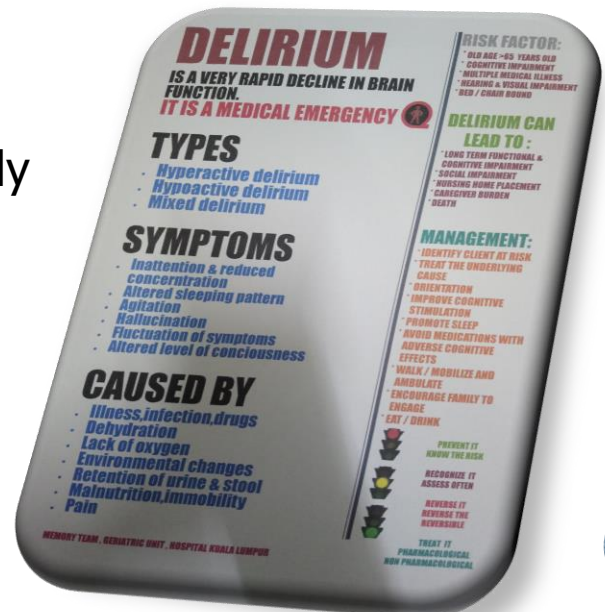
RESEARCH

- Further experimental and observational research to identify the knowledge of nurses on delirium management

CONCLUSION



- Majority of nurses were unable to obtain good marks from this questionnaire indicating the lack of knowledge on delirium.
- This is reflected in their perception whereby majority felt that they were not given adequate education and therefore, only a third of them were comfortable in dealing with delirium.
- Majority of the those who scored good marks (10-14) were from the Geriatric Unit, suggesting that better knowledge in delirium was obtained from
 - i. Regular teaching sessions in ward (CNE/workshop/bedside teaching)
 - ii. Posters as teaching material
 - iii. Multidisciplinary meeting - weekly



CONCLUSION

- There is a major need for education on delirium for staff nurses and it should be initiated at the basic nursing course.
- Continuous nursing education can be an avenue where delirium is emphasized, and their knowledge is regularly assessed



ACKNOWLEDGEMENT

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- Sisters from Medical Departments , Hospital Kuala Lumpur
- Staffnurses from Geriatric Unit and Medical Unit,Hospital Kuala Lumpur



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3. *Ruben T, Delirium Awareness- Improving Recognition And Management Through Education And Use Of A Care Pathway. BMJ Quality Improvement Reports 2014*
4. *WHO (2013) Mental Health and Older Adults. World Health Organisation Factsheet, WHO Press.*
5. *Seitz, D., Purandare, N. and Conn, D. (2010) Prevalence of Psychiatric Disorders among Older Adults in Long-Term Care Homes: A Systematic Review. International Psychogeriatrics Journal, 22, 1025-1039. <http://dx.doi.org/10.1017/S1041610210000608>*





THANK YOU

