

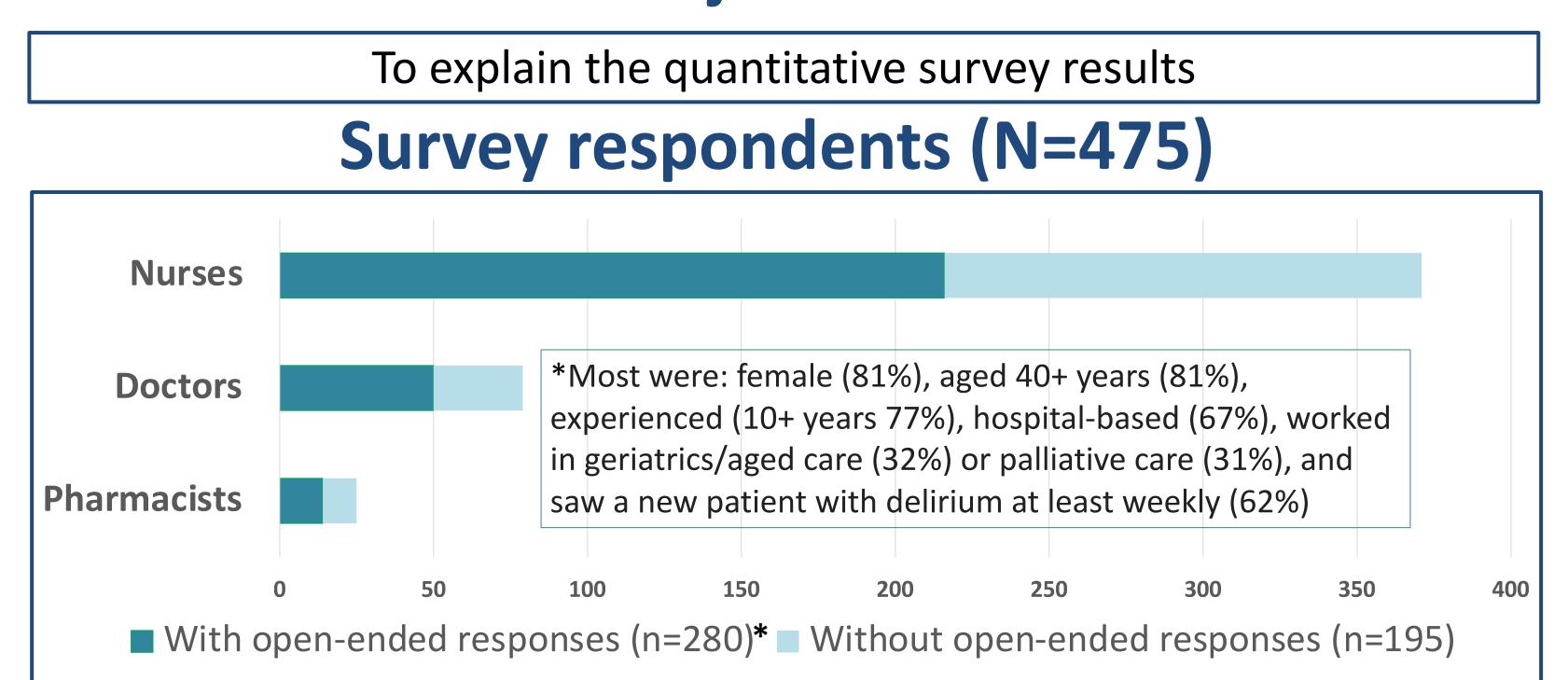
Influences on clinicians' delirium treatment practice and practice change: A qualitative study using the Theoretical Domains Framework

Annmarie Hosie, Prince Peprah, Meera Agar, Gideon Caplan, Brian Draper, Jane Phillips, Bora Kim, David Currow

Background

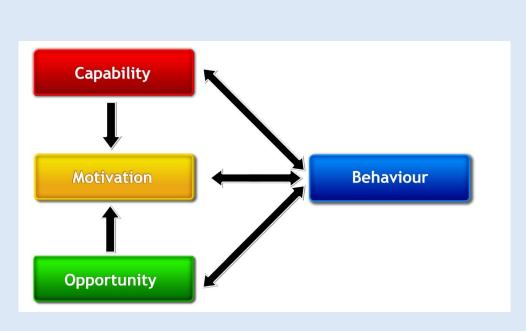
- In our 2019 national survey of clinicians about delirium treatment practice, practice change and influences, 53% reported increased use of non-pharmacological interventions in the preceding three years. ¹
- Conversely, many reported using antipsychotics for delirium in the preceding 12 months, especially clinicians working in palliative care (79% vs 44%, p < 0.001).
- Using the Theoretical Domains Framework (TDF), most often reported influences on delirium treatment practices were emotion (54%), knowledge (53%) and physical (43%) and social (21%) opportunities. ¹

Objective



Methods

Qualitative study using the TDF which has 17 domains in the COM-B capability-opportunity-motivation model of individual's behaviour ^{2,3}



- Directed content analysis of free-text responses by clinicians about influences on delirium treatment practice and practice change, to form deductive data codes and categories against TDF's 17 domains and inductive categorises and themes ⁴
- Data analysis performed via Excel, NVivo + Word

Findings: Four themes on the influences on clinicians' delirium treatment practice and practice change

Knowledge influences: practice, workplace training, colleagues, post-graduate study, published research, guidelines/the Standard, delirium societies

Increasing awareness of delirium and readiness to change practice

Delirium awareness
often gained and shared
at the ward level

Remaining uncertainties and waiting for new knowledge/evidence

Geriatrics/aged care:
antipsychotics/sedation

considered unsafe

Varying practice across

settings

Palliative care: antipsychotics/sedation considered essential for refractory delirium during dying

ICU: antipsychotics/ sedation considered essential for safety

Nurses vs doctors

Tension at intersections

Bedside vs consultative or researching

Junior vs senior

Patients with delirium

Family/carers

Other patients

Shared pervasive distress

Clinicians and other staff

Hospital visitors

Explains move towards non-pharmacological approaches

Explains continued use of antipsychotics and other sedating medications

Ideal vs reality

Conclusions

This study contributes to understanding about the multiple and complex influences on clinicians' delirium treatment practice and practice change.

Findings underscore the need to develop interprofessional delirium interventions that target and measure the distress and safety of patients, their family and other carers, especially in critical and palliative care.