

# Delirium Superimposed on Dementia: Closing the “Know-Do” Gap

## Emerging Qualitative Findings of a Mixed Methods Study

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### Background

- Delirium is a common condition and holds significant implications (Fick et al 2002)
- It is both preventable and treatable (National Institute for Health and Care Excellence 2010)
- It is increasingly recognised as a medical emergency and thought of in terms of acute brain failure (Inouye et al 2014)

### Why is this study important?

- Delirium is under recognised in people with dementia (Fick & Mion 2008)
- The UK registers nurses as field specific (registered nurse mental health, registered nurse adult: RNMH/RNA etc)
- Research has not been undertaken in UK & RNMH context
- This may hold important and unique information for UK practice and patients

### Aims and Objectives

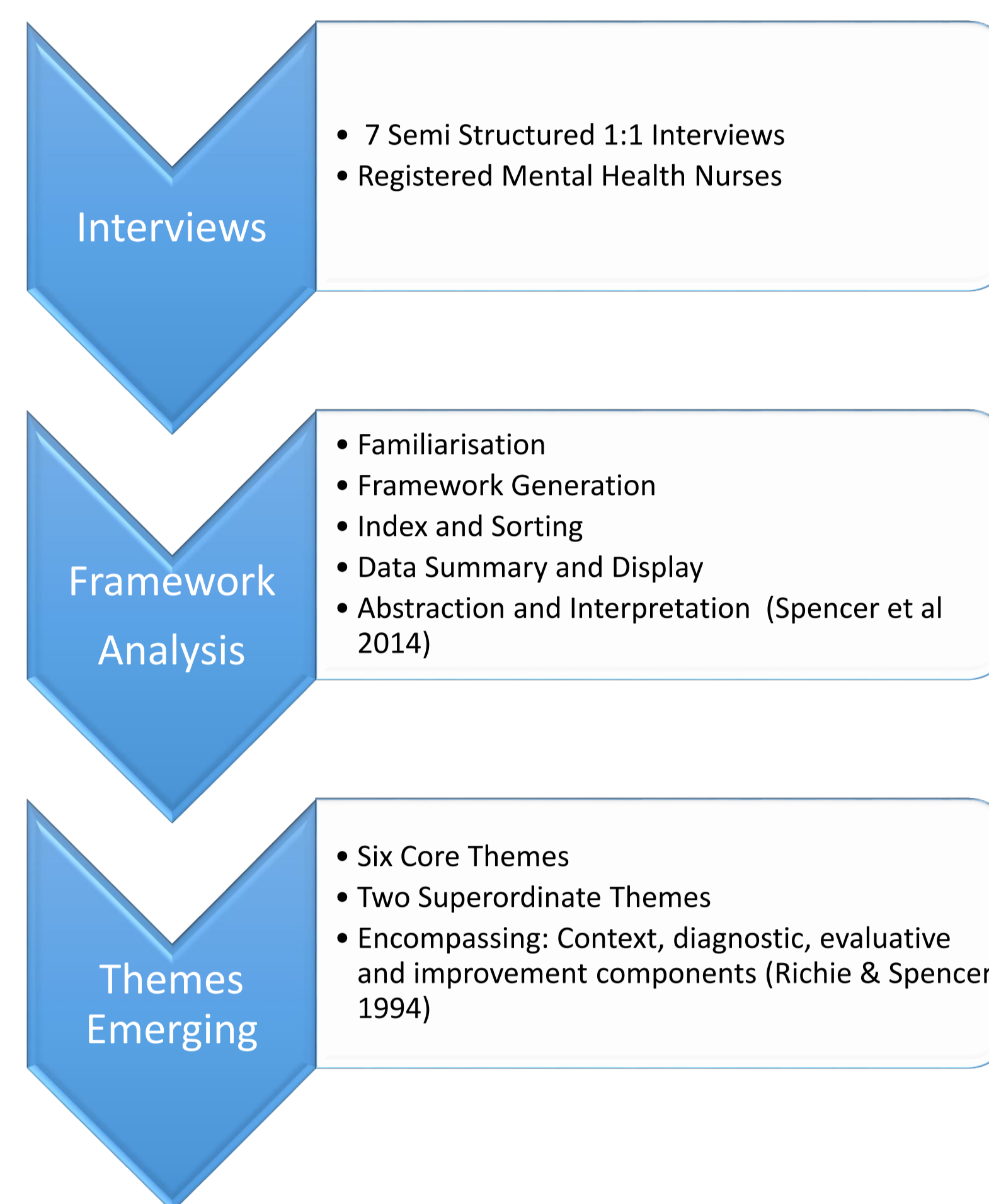
#### To explore how UK mental health nurses experience caring for people with delirium superimposed on dementia (DSD)

- Do RNMH hold knowledge of DSD care and treatment practices?
- What influences use of guidelines?
- To support the development of a survey tool to help organisations understand their employees thoughts and needs for DSD education

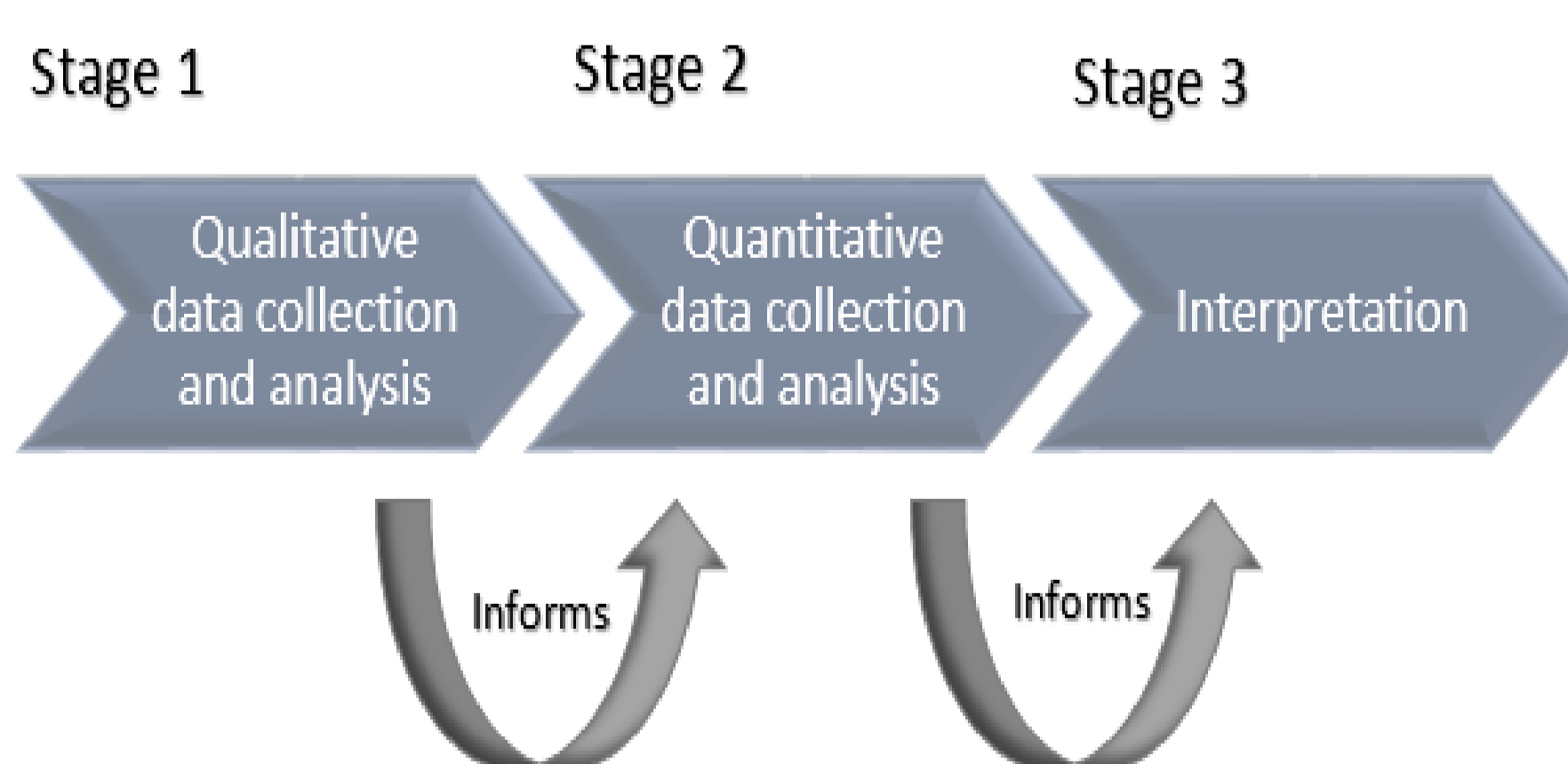
### Methods

#### Mixed methods: Exploratory sequential

#### Qualitative Phase



### Methods



Adapted from Creswell & Plano Clark (2011)

#### References

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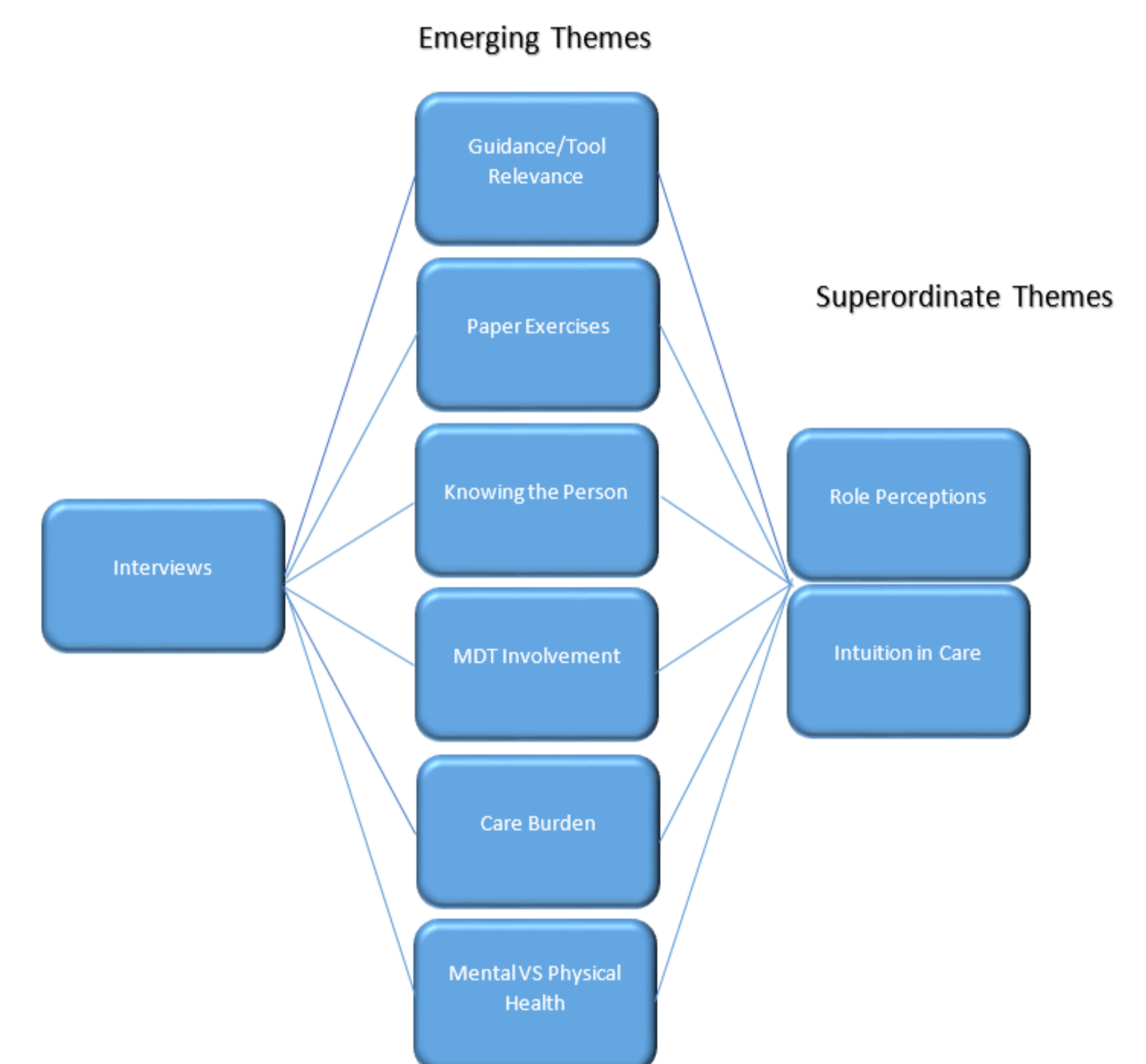
### Qualitative Results

#### Six Core Concepts

#### Two Superordinate Themes

Reviewing the interview transcripts and becoming immersed in the data, six key themes emerged.

- A distancing from guidance or clinical tools in favour of experiential knowledge.
- Tools and guidance was not perceived as helpful overall; with a feeling of them being viewed as paper exercises
- It was apparent that RNMH participants value their knowledge of the individual highly in clinical decision making
- The multidisciplinary team was seen as a valuable resource, offering support to the RNMHs
- Delirium superimposed on dementia was seen to increase workloads and contribute to what has been termed a “care burden”
- A significant debate was present throughout regarding the notion of “physical health” or “mental health”



Two superordinate themes appear to encapsulate the experiences of RNMH

- Perception of role varies between RNMH. This appears to influence thoughts, attitudes and behaviours regarding DSD care.
- Intuitive care and knowledge of individuals appears highly valued in RNMH

### Conclusions

DSD is a complex condition, bridging traditional fields of both mental and physical healthcare provision and nurse registration. RNMH hold a unique perspective regarding care and treatment for this group of patients. No research to date has explored the RNMH context of care or thoughts regarding DSD.

When caring for someone with DSD the RNMH experience is conflicted regarding what they perceive their role to be, or what it should be in clinical practice. Guidance or tools are present but are less favored than the experiential or intuitive care premise.

RNMH appear to focus clearly on patients as individuals. This appears disconnected from using guidelines or tools to support care provision.

#### Influencing Quantitative Data

Qualitative findings will form the basis of a quantitative survey which will explore the wider RNMH experience, thoughts, attitudes and behaviors associated with DSD care. The validated survey tool will provide organisations with a “state of play” from which educational or organisational strategy can be devised to shape knowledge and care provision.



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