ANH
ADVANCES IN NURSING AND HEALTH

ORIGINAL ARTICLE

Understanding of the nursing team about the role of the family in delirium in hospitalized elderly

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ABSTRACT

Objective: Understanding the role of the family in the context of preventing and controlling delirium in hospitalized ederly from the perspective of the nursing team. **Method:** Descriptive exploratory study with qualitative approach. A semi-structured interview was conducted with 24 professionals from an inpatient unit of a tertiary hospital in northern Paraná. The interview took place after the conception of a care plan for prevention and control of delirium in the hospitalized elderly, which was conceived collectively from May to June 2021. **Results:** The nursing team provided positive accounts regarding the participation and support of family members, as they contribute to guiding the elderly patient in time and space, keeping them informed about family members, bringing personal belongings, encouraging the use of orthoses and prostheses, and avoiding physical restraint. **Conclusion:** Understanding the role of the family member and establishing effective communication with them improve the quality of care for hospitalized elderly individuals, enabling the use of non-pharmacological measures for delirium prevention and control.

Descriptors: Family; Aged; Delirium; Nursing.

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INTRODUCTION

With the growing life expectancy, there is an increase in health problems among the elderly population, leading to a rising demand for assistance and hospitalizations in healthcare services. An elderly hospitalized person, apart from being removed from their usual environment, faces changes in routine and habits, making them more prone to developing cognitive and pathophysiological changes, which impair their health status and intensify the risk of morbidity and mortality[1-2]. Among these, delirium is highly prevalent, ranging from 17 to 25% in hospitalized elderly individuals, suggesting that it affects millions of elderly people every year[3].

Delirium is a neurobehavioral alteration caused by an acute decline in cognitive functioning and manifested by impairment of consciousness, cognition, attention, orientation, and memory, as well as disturbances in language, emotion, sleep-wake cycle, and psychomotor area[4].

With a complex and multifactorial etiology, the condition arises due to the interaction between predisposing risk factors—factors that encompass a patient's pre-existing condition—and precipitating factors—related to the environment, an acute condition, or even a failure in care[5]. As precipitating factors being susceptible to prevention, the onset of delirium in the hospital setting is considered preventable in about 30 to 40% of cases, on averag[6-7].

The prevention of delirium in the hospital environment involves simple procedures such as reorienting the patient, situating them in time and space, encouraging the use of meaningful personal items, mobilizing them early, helping maintain a normal sleep-wake cycle, avoiding invasive devices, using visible calendars and wall clocks, and having the presence of family members/companions, among others[5].

Interventions can be more fruitful with family involvement, as they can provide daily guidance and offer psychological and emotional support to the elderly person. Some international guidelines encourage family involvement as companions and assistants in certain care tasks, aiming to improve the patient's functional status[8-9].

Therefore, the aim of this study was to understand the role of the family in delirium among hospitalized elderly individuals as perceived by the nursing team.

METHOD

This is an exploratory descriptive study with a qualitative approach, which represents a set of interpretative practices aimed at understanding phenomena, interpreting experiences, behaviors, interactions, and social contexts[10].

The study was conducted at a university tertiary hospital in northern Paraná, in a mixed clinical unit, also known as an integrated or multidisciplinary clinic, which offers a variety of medical services and treatments from different specialties. It consists of 50 beds, and the population comprised the

nursing team, totaling 6 nurses and 44 nursing technicians, distributed across three work shifts: morning, afternoon, and night.

The semi-structured interview was conducted after an educational intervention using the Convergent Care Research (CCR) strategy. The intervention took place with the construction of a study group, made up of employees from the sector being researched, with voluntary participation, where the researcher and those being researched met to exchange theoretical and practical experiences, with weekly meetings, totaling six meetings

In the first meeting, the researcher and participants developed a study and reflection plan aimed at ultimately creating a plan for preventing and controlling delirium in hospitalized elderly individuals. With intentionality, the post-intervention interview involved 24 professionals, including 4 nurses identified with the abbreviation "Enf." and 20 nursing technicians identified with "Tec.", followed by a number. Out of the total number of invited professionals (28), one nurse and three technicians declined to participate in the post-intervention phase.

With 24 interviewees, saturation criteria were met, which occurs when the researcher perceives that no new elements are found and that the information is repeating among the interviewees. Therefore, it can be inferred that continuing the interviews would not add new information to the study, without altering, however, the understanding of the phenomenon intended to be revealed[11].

The inclusion criterion was defined as being directly involved in patient care in the unit for a minimum of six months. Conversely, professionals on probationary period or absent due to sabbatical leave, medical leave, or vacation were excluded.

Data collection took place in June 2020, using an instrument composed of information about the sociodemographic and occupational profile of the unit's workers (gender, education, age, shift, employment status, years of education, years of work in this hospital). To that end, the following questions were formulated: In the context of your department/unit, who would you rely on to assist you in delirium control? Tell me how family involvement could be and how it could help you. The interviews were conducted in a reserved room, within the workplace unit, according to the participants' availability, with an average duration of 30 minutes. All data were collected by the researcher herself and recorded on a Sony ICD-PX470 handheld recorder, linked to a mobile phone. Subsequently, full transcription was done manually in Word, and the data were analyzed anonymously, without identifications.

The organization of the interviews followed Bardin's 12content analysis criteria, which consists of three stages: pre-analysis, exploration, and inference. The results were discussed within the theoretical framework of Paulo Freire. Paulo Freire's approach emphasizes a knowledge-formulation process based on human experiences. He believes that individuals are capable of understanding and rethinking their environment to bring about transformation[13-14].

A theorist was sought that shared similar principles to those of the PCA, where theory and practice intersect in a movement of interpositions, following the constructs of dialogicity, immersibility,

and expansibility, with the purpose of changing reality. This change aims to contribute to the improvement of care[15].

The study complied with the guidelines of Resolution No. 466/2012 of the National Health Council and was approved by the Research Ethics Committee (CEP) of the State University of Londrina, under CAAE No. 05507218.7.0000.5231. All professionals were informed about the research and agreed to participate after reading and signing the Informed Consent Form (ICF)[16].

RESULTS

Table 1 presents the characteristics of the nursing professionals who participated in the interviews in the diagnostic phase and in the post-intervention phase.

Table 1 - Characterization of nursing professionals participating in the interviews. Londrina/PR, 2020

		DIAGNOSTIC PHASE		POST- INTERVENTION PHASE	
VARIABLES		**n**	**%**	**n**	**%**
GENDER	Female		64,3	15	62,5
	Male	10	35,7	9	37,5
EDUCATION	Nursing technician	23	82,1	18	75,0
	Nurse	5	17,9	6	25,0
AGE	21 to 30 years	3	10,7	2	8,3
	31 to 40 years	8	28,6	5	20,8
	41 to 50 years	10	35,7	11	45,8
	51 to 60 years	5	17,9	5	20,8
	Over 60 years	2	7,1	1	4,2
SHIFT	Morning	5	17,9	6	25,0
	Afternoon	11	39,3	5	20,8
	Night	12	42,9	13	54,2
HIRING	Permanent employee	12	42,9	11	45,8
	Service provider	16	57,1	13	54,2
TIME OF FORMATION	6 months to less than 1 year (11 months and 29 days)	0	0,0	1	4,2
	1 year to 5 years	7	25,0	8	33,3
	6 to 10 years	6	21,4	5	20,8
	11 to 20 years	7	25,0	8	33,3
	21 to 30 years	7	25,0	1	4,2
	31 years and above	1	3,6	1	4,2
LENGTH OF EMPLOYMENT AT THIS HOSPITAL	6 months to less than 1 year (11 months and 29 days)	5	17,9	1	4,2
	01 to 5 years	11	39,3	4	16,7
	06 to 10 years	5	17,9	3	12,5
	11 to 20 years	3	10,7	13	54,2
	21 to 30 years	2	7,1	2	8,3
	31 years and above	2	7,1	1	4,2

Source: Elaborated by the author

Throughout the interviews, nursing professionals shared many accounts regarding the participation and support of families in the prevention and control of delirium. This is because, in the design of the care plan during the educational intervention, several items highlighted the role of family members/caregivers as a fundamental point in the measures.

The evaluation of the interviewees' responses resulted in the creation of four categories, listed after conducting the content analysis proposed by Bardin[12].

The family member as a guidance agent for the elderly person

Among the post-intervention interviewed professionals, there was unanimous agreement on the importance of family members as collaborators in reinforcing the elderly person's orientation in time and space.

Family members can help with orientation for the elderly just by having someone familiar with them, providing guidance, talking about the people at home, already making the elderly person feel more at ease, and this helps prevent delirium. (Tec6)

By providing guidance, talking about family members, discussing daily activities, the family member can help the elderly person understand that they are temporarily in the hospital and will soon return home. They can also assist with the basic care of the elderly person. (Tec11)

Prevention also involves the presence of a family member or caregiver nearby. They are very helpful; we provide guidance, explain what needs to be done, and what needs to be instructed. (Tec18)

Family involvement helps; most of them help, and the elderly person feels safer with the family companion... If we instruct the family member properly, telling them what they need to do, talking to the elderly person, the family member becomes an ally. (Enf 6)

I believe that the family can assist with daily guidance, keeping the elderly person updated on what is happening outside the hospital environment with their family; this helps prevent delirium, and the family member is essential for this. (Tec4)

[...] Considering delirium, having a family member assisting the elderly person makes a difference. We guide the family member on how to interact with the elderly person, always orienting them about time and space, even when the person becomes agitated. We avoid restricting them and resorting to medication unnecessarily, and during this time, the family member helps ensure that the elderly person does not fall or remove access to anything. (Tec17)

The empathy between the family member and the elderly person in preventing and controlling delirium

Some professionals emphasized the importance of the caregiver being a close family member, stating that, during their professional practice, they had already witnessed hired caregivers who did not care about the elderly person, in terms of assisting with orientation and minor care tasks

Many times, they ask to tie up, which a closer family caregiver prevents and stays attentive. (Tec 9)

It's different when the elderly person has a closer relationship; the caregiver's concern is different when they are closer. When it's a hired caregiver or a family member with little contact, they don't pay much attention.. (Tec13)

To control delirium in elderly individuals, it's ideal to have a family member, preferably someone with empathy for the elderly person, as often it's a caregiver without a strong bond or a family member who isn't very close. (Enf1)

I believe having a close family member provides security for the patient and reduces the risk of the elderly person developing delirium. (Enf6)

Family members are essential in preventing the restraint of elderly individuals

The presence of a family member helping to prevent physical restraint when the elderly individual is confused and agitated was reported by professionals as an action that should indeed be encouraged. This is because when there is a need to restrain the patient, the delirium condition worsens visibly. Some professionals revealed that often, when there is no family member present, this procedure is carried out, as the administration of medication to calm the elderly person is not done promptly due to the absence of a doctor in the department for prescribing.

For prevention of delirium, the last thing you think about is restriction, with the family close, if the elderly person develops delirium, it can calm the elderly. We explain that we cannot restrict and ask for the help of the family member to take care of a little while we provide medication to calm the elderly person. (Enf5)

The presence of the companion helps a lot, mainly because it avoids mechanical restraint measures [...] so if you have a companion who can help, either guiding, or taking care not to restrict, in the delirium period, it helps a lot. (Tec7)

We have to avoid restricting the elderly person, and in these hours the companion is fundamental, [...] the companion together helps to reduce the anxiety of the elderly person. (Tec9)

Family assisting in caring for the elderly person.

The nursing professionals pointed out the involvement of family members as part of the care process for the elderly, not specific technical care provided by the profession, but rather those related to nutrition, personal hygiene, assisting the elderly person in sitting outside the bed, and in activities they enjoyed doing at home. Furthermore, they mentioned that the presence of family members/companions during this time contributes to the prevention and control of delirium

With the caregiver as well, we learned to involve them in all aspects, just as in delirium prevention, as well as in care. (Tec12)

In addition to delirium prevention, the family helps us with the small daily activities, such as feeding, hygiene, and when possible, taking the elderly person to the bathroom, already helping the elderly person to get out of bed. (Enf4)

Assisting the elderly person with activities like feeding, oral hygiene, just by having a family member there with them, everything goes well. It's someone familiar with the patient, which brings security, psychological support, and can be very helpful. (Tec13)

[...] Family also helps with simple care for the elderly person, like helping them sit outside the bed, with feeding, among other things, that can prevent delirium, like orientation (Tec10).

When the family wants to help, they help us a lot, both in care and in preventing delirium. (Tec12).

Family members could help with daily tasks, such as going out for sunlight exposure, assisting with walking, having daily conversations with the patient, and providing orientation in time and space. (Enf3)

We ask them to bring something from home. There was a relative who brought a crossword puzzle. (Tec18)

We can ask the family member to bring objects, to bring something that the patient is accustomed to doing, such as reading a book, magazine, among other things. (Tec1)

Bring the patient's belongings, glasses, dentures, something the elderly person enjoys doing at home, show photos from their phone, actively stimulating their memory and reasoning. (Tec2)

[...] If the family has a cellphone, they can show family photos, make a call to someone, or bring crochet, word searches, or some reading material if the elderly person is accustomed to it. (Tec 14)

DISCUSSION

The family is considered the natural environment for attention and care for its members, especially for the elderly. This network of family support is recognized as providing the best quality of life and health for elderly individuals, with the presence of family being highly desired by them as they feel more comfortable and secure in the company of loved ones[17,18]. Having a family caregiver as support in the hospital environment brings comfort and security to the hospitalized elderly person, with the caregiver being the main collaborator in providing guidance and assistance to the elderly individual[18].

However, it is concerning when a family member is tasked with the responsibility of caring for the elderly person and does not have a positive relationship with them[19], which is a circumstance reported by several professionals in this study. In this regard, they mention that when the family member lacks affinity with the elderly person, they also show little willingness to cooperate in simple tasks, such as providing guidance on time and space. On the other hand, when the family member is closer to the elderly person, either through knowing them personally or being aware of their habits and preferences, they tend to contribute more to general care and are better able to ground the patient in reality[20].

Informing the family about the elderly person's health status and clarifying how they can contribute to more compassionate and comforting care is a fundamental role of nursing. When professionals prioritize and value this communication, they bring the family closer to the care of the elderly person by understanding the procedures, protocols, and rules of the institution. Additionally, the professional assimilates and respects the decisions, beliefs, values, identity, and privacy of those involved[21-22].

Valuable roles that the family caregiver can play in caring for the elderly person include guiding them in time and space, daily conversations about family members, bringing photos, objects from daily life that exercise memory, and encouraging the use of orthoses and prostheses, which family members often do not leave with the elderly person when unaccompanied[22-23]. Nursing professionals should understand the indispensable role of the family in the hospital context and establish effective communication with them regarding the topic of delirium.

Confirming this notion, a study conducted in China, aimed at measuring the effectiveness of the "Tailored-Hospital Elder Life Program" (t-HELP), found that family involvement and their presence in

the hospital environment as caregivers for the elderly person were effective in reducing postoperative delirium, decreasing length of stay ($p < 0.001$), and preserving the physical ($p < 0.001$) and cognitive functions of the patient ($p = 0.009$)[8].

Another noteworthy point was the indication of the presence of family members as support to prevent patient restraint. This is because when an elderly person develops hyperactive delirium that puts their physical integrity at risk, the family member can help keep them calm until measures are taken by the medical team. An investigation conducted with nurses in an Intensive Care Unit (ICU) showed that when asked about measures for delirium prevention and control that could be implemented with the presence of the family caregiver, one of the main ones was related to the prevention of mechanical restraint. Since the family member was exclusively available to the elderly person, they could assist with appropriate and productive communication, comfort, reorientation, and provide emotional support[23].

The family, more than being a bridge between the nursing team and the elderly person, as they know their weaknesses and strengths, are a support that comforts the elderly person during hospitalization and assists in the daily care scenario for delirium prevention and control. It is also believed that the benefits extend to family members, as they feel part of the care process and emotionally more comfortable being close to their loved one. They also perceive greater respect, support, and collaboration from the nursing team[20].

This partnership between professionals and family members, aiming for the well-being of the elderly person, would be discerned by Paulo Freire as the construction of a new knowledge[13], which integrates the technical knowledge of the healthcare team with the affection and self-awareness of the family, aiming to transform the reality of delirium risk during hospitalization into a positive and favorable prognosis for all involved. Thus, the construction of this new knowledge, based on the partnership between professionals and family members, contributes to a more comprehensive and holistic approach to the health of the elderly person, seeking the common good and promoting a better quality of life for all involved in the caregiving process.

Research also indicates that, alongside non-pharmacological measures, simply extending visiting hours in ICUs already shows positive results in delirium prevention and control[3,8,24].

Furthermore, a study assessing risk factors for delirium onset found that patients admitted to the ICU who did not receive visitors had 3.7 times higher odds of developing this syndromee[24].

Nursing professionals, in sharing various accounts about the involvement of family members and including them in the care plan for delirium prevention and control, agree with what has been disseminated in various studies and corroborate the extent to which the family caregiver can contribute to the elderly person during a time when they exhibit physical and emotional vulnerability.

Finally, in this study, the perception of the family's role in preventing and controlling delirium in hospitalized elderly individuals was examined from the perspective of nursing professionals. The data may differ regarding other professionals involved in hospital care management, which prevents the generalization of results and requires specific investigations.

CONCLUSION

The presence of a family member in the hospital environment as a companion for the elderly person is seen by the majority of nursing professionals as an essential factor in assisting with non-pharmacological measures for delirium prevention and control. It has been proven to be effective in reducing this syndrome.

Facilitating the approach of the healthcare team, patient, and family members brings benefits to all involved in the care, which, in turn, is achieved through the training of nursing professionals on the subject. This helps them assist the family member in their role with the hospitalized elderly person at risk of delirium, integrating their professional practice with theoretical knowledge and enhancing technical competence and the ability to establish effective communication with both the family member and the elderly person.

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Received: November/2022
Accepted: April/2024

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