CRITICAL CARE NURSES PERCEPTIONS OF THE ANGEL HERO LABEL USED TO DESCRIBE THEIR ROLES AND PRACTICE DURING COVID-19

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Introduction: COVID-19 pandemic significantly raised the profile and visibility of critical care nurses and nursing. One notable characteristic of the increased profile of nurses is the tendency for the media and public to use terms of reverence such as angel or hero. These labels are undoubtedly bestowed on critical care nurses with good intentions, presumably in an attempt to acknowledge the courage, care and commitment that underpins their role. However, there is concern amongst critical care nurses about the use of these labels because of the negative impacts on the work environment for example, access to adequate personal protective equipment, safe staff ratios and appropriate remuneration. However, the impact of the angel/hero label on critical care nurses roles practice and identity is not well understood.

An understanding of this is important for critical care nurses in Australia and New Zealand in order for policy makers to understand the effect of this narrative.

Objectives: The objective of this work was to explore critical care nurses’ perceptions about how their role and professional identity has been constructed by the media and public during COVID-19.

Methods: We conducted a descriptive, qualitative study with critical care nurses via digital platforms (e.g. Zoom and Teams). We used semi-structured interviews to explore the concepts of the angel and hero, using a series of images from health services and the media to stimulate conversation. Interviews were recorded, transcribed and analysed thematically.

Results: Twenty-four critical care nurses were recruited from four countries. At the time of submission, preliminary themes identified from the analysis were discomfort, diminishing and dismissal.

Conclusion(s): Overall, critical care nurses were uncomfortable with the use of the term’s angels and heroes to describe their work during COVID-19 and felt it did not accurately represent nursing work or nurses.

EXPLORATION INTO THE FACTORS INFLUENCING EVIDENCE UPTAKE OF DELIRIUM MANAGEMENT IN INTENSIVE CARE. A QUALITATIVE DESCRIPTIVE STUDY

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Introduction: Delirium remains a commonly under recognised or mis-diagnosed patient complication of admission to the ICU.

Objectives: To explore clinicians’ perceptions of factors that affect the delivery of evidence-based practice for the assessment and management of delirium in adult intensive care unit (ICU) patients.

Methods: This study, conducted in the 27-bed ICU of a major metropolitan quaternary public hospital in Queensland, Australia, used a qualitative descriptive design with purposive sampling and semi-structured in-depth one on one interviews. Clinicians, medical staff and registered nurses, employed in the study setting with greater than 12-months ICU experience were recruited. Interviews were audio recorded and transcribed verbatim. Transcripts were cross-checked by participants for veracity. Data were analysed using Braun and Clark’s six phases for thematic analysis.

Results: Fifteen clinicians participated: 10 registered nurses and 5 medical staff. Thematic analysis revealed the main barriers affecting delirium best-practice were i) the physical environment, including iatrogenic high noise levels and lighting, ii) cocktail of treatments with continuance of frequent observations, reliance on multiple pharmacological agents and use of restraints, iii) accessing evidence-based practice including a lack of awareness of current guidelines and use of previous experience to guide practice, and iv) reactionary approach to treatment rather than prevention. Enablers of best-practice approaches were shown in the themes of i) family engagement, connecting with the family, ii) leadership, including support by peers and peer leaders, iii) exemplary practice, highlighted by going the extra mile and patient focussed care.

Conclusions: This study highlights the existence of facilitators and barriers to the adoption of evidence-based practice approaches. Further research is required to develop site-specific evidence adoption strategies to address the iatrogenic complication of delirium.

THE ABCDEF BUNDLE DELIVERED IN ITS ENTIRETY REDUCES DELIRIUM INCIDENCE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction: The effect of the ABCDEF bundle on patient outcomes such as delirium is potentially optimized when the bundle is implemented in its entirety.

Objectives: To systematically synthesise the evidence on the effectiveness of the ABCDEF bundle delivered in its entirety on delirium, function, and quality of life in adult intensive care unit patients.

Methods: Databases (n = 8) were searched from 2000 to 2021. Inclusion criteria included i) critically ill adult patients ii) studies that described the ABCDE or ABCDEF bundle in its entirety iii) studies that evaluated delirium, functional outcomes, or quality of life. Studies were excluded if they investigated long-term rehabilitation patients. Two reviewers independently screened records and full text, extracted data, and undertook quality appraisals with discrepancies discussed until consensus was reached. A random effects meta-analysis was conducted for delirium but was not possible for other outcomes.

Results: We included 18 studies (29 576 patients) in the descriptive synthesis and seven studies (2 050 patients) in the meta-analysis. Most studies reported decreased delirium incidence following implementation of the ABCDEF bundle. When compared with standard practice, the ABCDEF bundle reduced the incidence of delirium (Risk Ratio = 0.58; CI 0.39 - 0.88 p = 0.010) although heterogeneity was high (I² = 91%). There was no significant difference in results when stratified by study design. Valid functional assessments were included in two studies, and quality of life assessment in one.

Conclusion(s): Although the evidence on the effect of the ABCDEF bundle delivered in its entirety is limited, positive patient delirium outcomes have been shown in this meta-analysis. As this meta-analysis was based on only 2050 patients in seven studies, further evidence is required to support its use in the adult ICU.