Self-Efficacy in Bedside Nurses: The Effects of Delirium Screening and Prevention Training for Managing Adult Inpatient Care

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Purpose: The nursing team that I support on a Med/Surg unit were struggling with managing patient behaviors r/t delirium. It was identified that the inpatient nurses had a lack of knowledge about delirium in our patients and there was no assessment capability or active care plan for patients with or at risk for delirium within our EMR for nurses to use.

Research Questions:

RQ1: What is the baseline knowledge, attitudes, behaviors, beliefs, perceived social norms (PSN), perceived self-efficacy (PSE), and intentions of the nurses caring for patients at risk for delirium?

RQ2: Are there differences in the knowledge, attitudes, behaviors, beliefs, PSN, PSE, and intentions within nursing units or demographic factors?

RQ3: Do nurses' attitudes, knowledge, PSN, and/or PSE change after training?

RQ4: Are there differences after the early screening and prevention training in the knowledge, attitudes, behaviors, beliefs, PSN, PSE, and intentions within different nursing unit specialties?

Pertinent Definitions:

Perceived social norms (PSN): what we believe most other people typically do or would approve of.

Perceived self-efficacy (PSE): the belief that they are confident to manage difficult tasks within their practice.

Methods: Site: The study site is a 258-bed acute care hospital that has been designated as a level 1 trauma center. The hospital is in the center of Phoenix, Arizona and is one of six hospitals in the organization. The organization is not for profit and is privately owned and Arizona based. This site has roughly 437 nursing staff with 78 nurses being new graduates. The hospital is geared towards adult acute, short-term care.

Sample: No actual patients were enrolled in this study. The participants consisted of the inpatient nurses working in units outside the Emergency Department and Intensive Care Units. The participants for this study consisted of nurses from the observation unit, medical/surgical, and telemetry units. There were 80 participants for the pre-intervention survey; 9 of which were excluded for not completing the survey. There were 36 participants for the post-intervention survey; 22 of which completed the training and both pre- and post-intervention surveys.

Intervention: The intervention for this study was the training for how to perform, complete, and document the non-ICU CAM assessment for the early detection screening for delirium. The training consisted of an online learning module and 4 scenarios, walking rounds for understanding and 1:1 education, and auditing for compliance of documentation of the assessment using the non-ICU CAM in Epic. The nurses were guided to

assess the neurological status of the patient utilizing the non-ICU CAM tool to detect the absence or presence of delirium in their assigned patients. Additional tools for training included flyers and bulletins.

IRB approval:

Filed "exempt" because:

- No patients were enrolled in this study, and the patient information being auditing for chart compliance didn't contain patient identification.
- Nurses' participation in the survey is anonymous and optional. Nurses were asked to use their unique identifier for completion of the surveys. No record of this identifier was documented.

Data Analysis:

Use of the delirium assessment tool and training had a statistically significant positive impact on:

- Increased Nursing knowledge (Wilcoxon Signed-ranked test .048)
- Increased Nursing Attitude toward managing patients with delirium (Wilcoxon Signed-ranked test .012)
- Increased scores for Belief in their ability within their practice to manage patients with delirium (Wilcoxon Signed-ranked test .002)
- Increased scores for Perceived Social Norms (Wilcoxon Signed-ranked test .02)
- Increased scores for Perceived Self-Efficacy (Wilcoxon Signed-ranked test .007)
- Increased scores for Intention (Wilcoxon Signed-ranked test .006)
- In reviewing the data retrieved from the post-intervention survey:
- there does not appear to be any correlation between knowledge of delirium with the nurses' age, unit of specialty or years of experience.
- Attitude is negatively associated more with the nurses' unit, rather than their age and years of experience as seen within the pre-intervention data.
- The behavior towards delirium was positively associated with the years of experience, and perceived social norm was negatively correlated to age and years of experience. These correlations are statistically significant using the Spearman rank-order correlation coefficient since the alpha levels are less than .05.

Conclusion: This study was designed to determine the effect an early screening and prevention bundle would have on the knowledge, attitude, beliefs, behaviors, perceived self-efficacy, perceived social norm and intention of the nursing staff on acute care inpatients caring for patients at risk for delirium. After a month of multi-modal training for the nursing staff, the use of the non-ICU CAM tool for nurses outside of the Critical Care Unit had statistically significant improvements in the nurses' ability to identify and manage patients with delirium. Overall, the study determined that the training for the assessment and documentation of delirium with the use of the non-ICU CAM tool had a positive impact on the nursing staff in relation to their ability to manage overall identification of delirium in their patients and be better equipped in the management of their care.