DELIRIUM-RELATED DISTRESS IN PALLIATIVE CARE PATIENTS, FAMILY CARERS AND HEALTH PROFESSIONALS: A QUALITATIVE CONCEPT ANALYSIS

Kimberley Campbell[1], Annmarie Hosie[1, 2], Domenica Disalvo[1], Meera R. Agar[1], Michelle DiGiacomo[1]

1. Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT), Faculty of Health, University of Technology Sydney, Ultimo, NSW, Australia
2. School of Nursing & Midwifery, University of Notre Dame Australia

KEYWORDS

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EXECUTIVE SUMMARY (100 words maximum)

This qualitative concept analysis examined delirium-related distress across 120 interviews with people with palliative care needs (hereafter, 'patients' n=23), family carers (n=29), and health care professionals (n=68) from four palliative care units. Delirium-related distress was multifaceted: patients experienced fear and feelings of exclusion from care decisions; carers felt exhausted and worried, and staff described emotional strain and aimed for the best care among staffing shortages. Findings also highlighted the factors that led to distress, its consequences, and its protective factors. These comprehensive results should lead research towards a cohesive understanding and definition of delirium-related distress.

INTRODUCTION

Delirium occurs in around half of patients receiving inpatient palliative care and can be a distressing experience for all involved. Patients can experience altered thinking, behaviours, and mood, while family carers and health care professionals face emotional strain. A comprehensive understanding of delirium-related distress is essential for developing support strategies for patients, their family carers and health care staff involved in their care.

HIGHLIGHTS

- Gaps in communication and over/understimulating environments led to delirium-related distress
- Delirium-related distress caused significant emotional impacts for all participants
- Rapport and trusting relationships between staff and patients/family carers ameliorated distress for all

METHODOLOGY/ PROCESS

Aim: To understand the experience of delirium-related distress for patients, family carers, and health care professionals in Australian palliative care units.

Design: Secondary qualitative analysis of interview data using directed content analysis and concept analysis.

Settings/participants: The 120 interviews were conducted with 23 patients, 29 family carers and 68 health care staff from four palliative care units in Australia.

RESULTS/ OUTCOMES

Antecedents of delirium-related distress related to communication and the hospital environment. The attributes were psychological, encompassing emotions such as fear, anxiety, and sadness. Consequences included avoidance behaviours due to fear of delirium recurrence, a desire to reduce agitation, and information seeking. Factors that protected against delirium-related distress were internal (e.g. reframing, optimism) and external coping mechanisms (e.g. seeking/receiving support from family carers and health care staff).

CONCLUSION

This study shows that delirium-related distress in palliative care is shaped not only by neurocognitive disturbances but also by how care is communicated, organised and delivered before, during and after an

episode. Collectively, these insights highlight the importance of proactive, relationship-centred approaches to addressing delirium-related distress in palliative care.