Improving Delirium Care in Hospitalized Older Adults: Impact of Education on Hospital Aides (HAs) as Sitters
Sandra Kakiuchi, APRN, MS, GCNS-BC; Kathleen Burger, PhD, RN, CNE; Serena Lo, MD

THEORETICAL FRAMEWORK

Albert Bandura’s Social Learning Theory (SLT) was used to guide an educational intervention for HAs & pre/post measurements of knowledge (attention & retention), skill (reproduction) & attitude (motivation). SLT proposes four phases, mainly internal processes, that drive social learning:
1. Attention: learner observation of a role model
2. Retention: learning storage & retrieval of observation
3. Reproduction: learner copies observed behavior
4. Motivation: learner’s internal drive to perform behavior

RESULTS

Quantitative Results: Accuracy of delirium knowledge increased on all three post-intervention measures compared to pre-intervention HA delirium knowledge. This change was significant as reflected by Cochran’s Q = 26.4 (3), p<.000.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Pre vs Post</th>
<th>Sig. of Pre vs Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of Delirium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Test</td>
<td>2</td>
<td>19 (.000)</td>
<td>-</td>
<td>.000*</td>
</tr>
<tr>
<td>Post-Test</td>
<td>18</td>
<td>58 (.005)</td>
<td>16</td>
<td>.014*</td>
</tr>
<tr>
<td>Observational Rubric</td>
<td>17</td>
<td>100 (.000)</td>
<td>83 (.000)</td>
<td>*</td>
</tr>
<tr>
<td>Sour Seven</td>
<td>14</td>
<td>82 (.000)</td>
<td>65 (NS)</td>
<td>.000*</td>
</tr>
</tbody>
</table>

Qualitative Results: Two major themes & four sub-themes emerged from the analysis of interview transcripts.

1. Theme 1: Increased confidence. HAs expressed more confidence in their role as a sitter, with several expressing a large perceived increase in their confidence level.
   - Subtheme 1a: More comfortable. Being more comfortable, sometimes articulated as being less afraid of assisting with care for a patient with delirium, was associated with HA’s increased confidence.
   - Subtheme 1b: Acquired knowledge. HAs expressed specific connections between the knowledge gained from the educational session & their increased confidence & level of comfort in caring for patients with delirium.

2. Theme 2: Enhanced Relationship with the IDT. HAs felt more included & associated with the IDT after attending the education session.
   - Subtheme 2a: Perceived value & importance. HAs verbalized a clearer definition of their role within the IDT & how their contributions as a sitter are important.
   - Subtheme 2b: Observer & communicator to the IDT. HAs further articulated their relationship & value to the IDT by verbalizing specific contributions they could now make to the IDT in their role as a sitter for patients experiencing delirium

IMPLICATIONS FOR PRACTICE

- Orientation curriculum for new HA employees to include content on delirium in older adults & the role of sitters.
- Recognition of the HA Sitter’s value to quality care of older adults experiencing delirium will be encouraged by their inclusion in IDT care conferences.
- Continuing education to sustain delirium knowledge & skills of the HA is planned.
- Competency development or evaluation tool for HAs may be developed from the investigator-developed HA as a Sitter Observational Rubric.
- Additional educational development opportunities augmented by SLT with role modeling & role playing specifically targeted to unlicensed assistive personnel to be developed.

REFERENCES

- DNP Project Committee
  Kathleen Burger, PhD, RN, CNE; Serena Lo, MD
- Volunteers who portrayed patients during education sessions: Courtnie Elliott, VA LehHop, Brittany Mopas
- Hawai‘i Pacific University Student Activity Fee Allocation Committee
- Partial financial support
- Kaiser Permanente Moanalua Medical Center Nursing Dept. Institutional support

CONTACT INFORMATION

Sandra Kakiuchi, APRN, MS, GCNS-BC
Kaiser Permanente Moanalua Medical Center
Sandra.S.Kakiuchi@kp.org
(808) 432-8703

ACKNOWLEDGEMENTS

- The delivery of a HA educational session successfully enhanced knowledge, skill, level of confidence, & potential contribution of HA to the IDT care of older adults experiencing delirium in acute care settings.
- Findings align with others who study HAs in the Sitter role.
- SLT educational methods were effective:
  - Attention phase: HAs observed & interacted with role models with geriatric expertise to learn about delirium
  - Retention phase: HAs returned demonstration of knowledge in role-playing & accuracy on post-tests
  - Reproduction phase: HAs replicated appropriate delirium interventions & detection of symptoms
  - Motivational phase: HAs revealed increased confidence in the Sitter role & enhanced relationship with the IDT

METHODS

Design: Longitudinal mixed methods
Sample: Convenience sample of 17 HAs employed at a 250-bed acute care medical center in urban Honolulu

Procedures:
- Pre-assessment of HA knowledge of delirium
- 3-hr educational session on delirium delivered to HAs using SLT teaching-learning methods:
  - observation of role models
  - engagement in return demonstrations
  - partaking in simulated patient scenarios
- Post-assessment of HA knowledge of delirium (retention)
- Post-education visits by project investigator (GCNS) for bedside observation of HAs’ accuracy in the delivery of delirium care & detection of symptoms (reproduction)
- 10-minute HA interview (motivation)

Quantitative measurements:
- Pre-post Knowledge of Delirium Test
- The Sour Seven: Delirium Detection Questionnaire for Caregivers
- Hospital Aide as a Sitter Observational Rubric

Qualitative exploration:
- Open-ended Interview Questions regarding HAs’ level of confidence & perception of their contributions to interdisciplinary care of the patient with delirium

BACKGROUND

- HA sitter usage has become a common practice in the management of delirium for older adults to prevent injury from agitation, falls, & as an alternative to physical restraints.
- Observations in the acute care setting by the project investigator (a Geriatric Clinical Nurse Specialist [GCNS]) revealed HA Sitter inconsistency of evidence-based (EB) interventions for patients with delirium.
- HA Sitters expressed a lack of confidence & level of comfort in caring for patients with delirium to the GCNS project investigator in the acute care setting.
- HA Sitters expressed feeling inadequately prepared on what is needed to effectively & safely provide care for patients with delirium to the above GCNS
- Findings from others align with the above GCNS observations & dialog.
- HAs may feel more empowered & motivated to apply their newly acquired knowledge about delirium as a contributing member of the healthcare team.

PROBLEM/SIGNIFICANCE

- Delirium occurs in 29% – 64% of hospitalized older adults with physiologic, economic, & psychosocial consequences.1
- An estimated $164 billion in health care costs results from complications of delirium such as:
  - Falls & functional decline
  - Prolonged hospitalization
  - Need for placement into long-term facilities2
- An interdisciplinary team (IDT) approach to delirium care is recommended for prompt detection of symptoms & accurate interventions.3
- Hospital Aides (HAs) who provide one-on-one observation & care of patients experiencing delirium as Sitters:
  - Lack adequate training
  - Are underutilized in the IDT approach to delirium care4

LIMITATIONS

- Small sample size N = 17
- Variable intervals of post education 1:1 visit
- Potential for Hawthorne effect

CONCLUSIONS

- Orientation curriculum for new HA employees to include content on delirium in older adults & the role of sitters.
- Recognition of the HA Sitter’s value to quality care of older adults experiencing delirium will be encouraged by their inclusion in IDT care conferences.
- Continuing education to sustain delirium knowledge & skills of the HA is planned.
- Competency development or evaluation tool for HAs may be developed from the investigator-developed HA as a Sitter Observational Rubric.
- Additional educational development opportunities augmented by SLT role modeling & role playing, specifically targeted to unlicensed assistive personnel to be developed.