

# Influences on clinicians' delirium treatment practice and practice change:

## A qualitative study using the Theoretical Domains Framework

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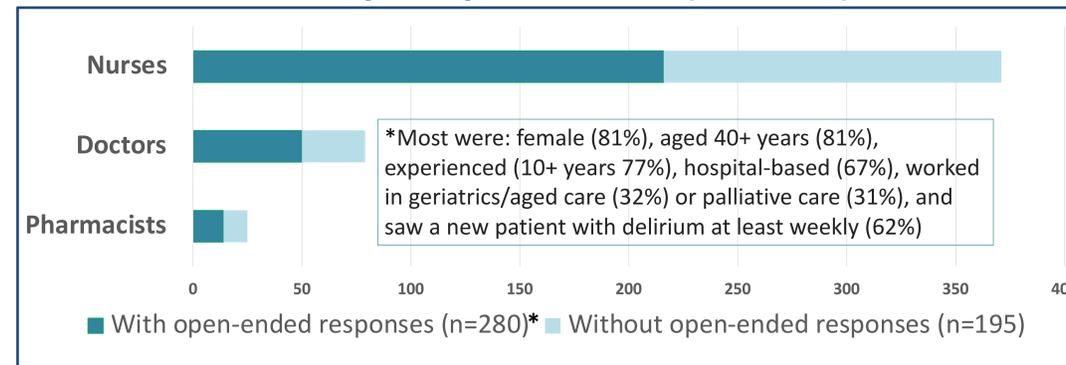
### Background

- In our 2019 national survey of clinicians about delirium treatment practice, practice change and influences, 53% reported increased use of non-pharmacological interventions in the preceding three years.<sup>1</sup>
- Conversely, many reported using antipsychotics for delirium in the preceding 12 months, especially clinicians working in palliative care (79% vs 44%,  $p < 0.001$ ).
- Using the Theoretical Domains Framework (TDF), most often reported influences on delirium treatment practices were emotion (54%), knowledge (53%) and physical (43%) and social (21%) opportunities.<sup>1</sup>

### Objective

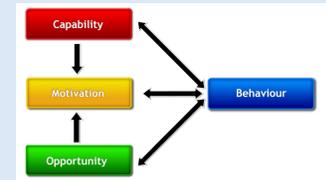
To explain the quantitative survey results

#### Survey respondents (N=475)

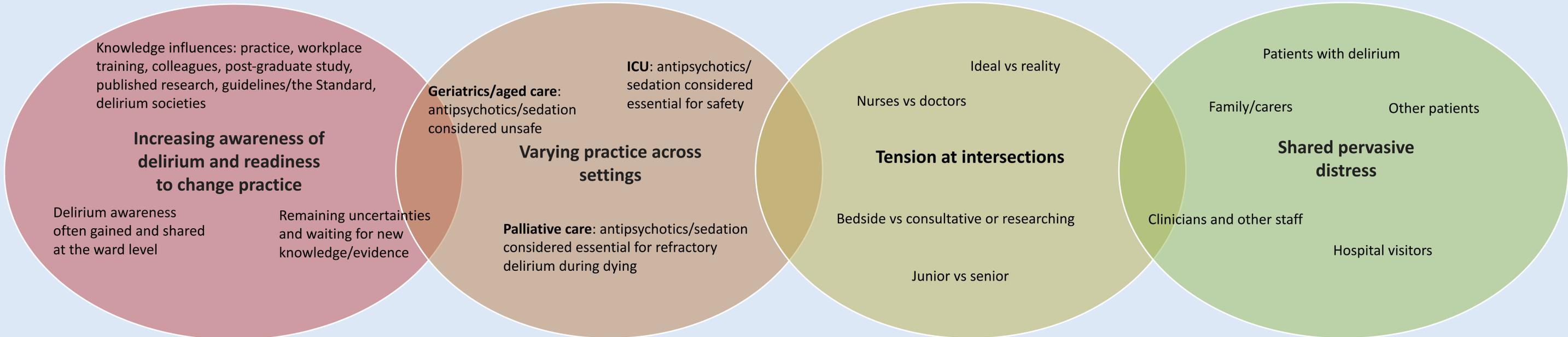


### Methods

- Qualitative study using the TDF which has 17 domains in the COM-B capability-opportunity-motivation model of individual's behaviour<sup>2,3</sup>
- Directed content analysis of free-text responses by clinicians about influences on delirium treatment practice and practice change, to form deductive data codes and categories against TDF's 17 domains and inductive categories and themes<sup>4</sup>
- Data analysis performed via Excel, NVivo + Word



## Findings: Four themes on the influences on clinicians' delirium treatment practice and practice change



*Explains move towards non-pharmacological approaches*

*Explains continued use of antipsychotics and other sedating medications*

### Conclusions

This study contributes to understanding about the multiple and complex influences on clinicians' delirium treatment practice and practice change.

Findings underscore the need to develop interprofessional delirium interventions that target and measure the distress and safety of patients, their family and other carers, especially in critical and palliative care.