



Enhancing Nurse Well-being and Patient Care: Delirium Interventions in Intensive Care Units (ICUs)

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DESCRIPTION

In the dynamic and high-stress environment of the Intensive Care Unit (ICU), nurses face multifaceted challenges that demand constant care, complex decision-making, and the ability to manage critically ill patients. Delirium, characterized by acute cognitive impairment and disorientation, is a common and serious complication in ICU patients. The impact of delirium extends beyond the patients themselves; it also affects the healthcare providers, particularly nurses, who care for these individuals. This study aims to investigate the effects of a delirium intervention program on the cognitive load experienced by nurses working in the ICU, utilizing a multi-centre cluster randomized controlled trial design. Delirium is a prevalent issue in the ICU, with a reported incidence of up to 80% in mechanically ventilated patients. It is associated with increased morbidity, mortality, prolonged hospital stays, and a higher risk of long-term cognitive impairment. Nurses in the ICU play an acute role in detecting, managing, and preventing delirium. However, the constant demands of caring for analytically ill patients, along with the added complexity of delirium management, can lead to high cognitive loads among nurses. High cognitive load is associated with decreased performance, errors, and burnout, focusing the need for effective interventions. This study will employ a multi-centre cluster randomized controlled trial design, involving several ICUs across different healthcare institutions. Clusters of ICUs will be randomized to either the intervention group or the control group. The intervention will consist of a structured delirium management program that includes training, guidelines, and tools to support nurses in the early identification, prevention, and management of delirium. The control group will continue with standard delirium care protocols. Participants will include ICU nurses from the selected clusters. Cognitive load will be assessed using established measures such as the NASA Task Load Index and the Cognitive Load Theory framework. Data will be collected at multiple time points, both before and after the intervention, to evaluate the impact on cognitive load among the nurses. Additionally, patient outcomes, including delirium

incidence and duration, will be monitored to assess the effectiveness of the intervention on patient care. It is hypothesized that the delirium intervention program will lead to a reduction in cognitive load among ICU nurses. By providing nurses with the knowledge, tools, and support they need to manage delirium effectively, the intervention aims to streamline their workflow, enhance decision-making, and reduce the overall stress associated with caring for delirious patients. Ultimately, this is expected to improve the quality of patient care and decrease the incidence and duration of delirium. The implications of this study are significant for both the nursing workforce and patient care in the ICU. Reducing cognitive load among nurses may lead to enhanced job satisfaction, decreased burnout, and improved overall well-being. As a result, nurses may be better equipped to provide high-quality care and ensure patient safety, which is particularly vital in the high-stakes environment of the ICU. Furthermore, this study can contribute to the growing body of evidence on the importance of delirium management in the ICU and the potential benefits of structured interventions. If the results demonstrate a reduction in cognitive load and improved patient outcomes, it could be the widespread implementation of similar programs in ICUs worldwide, ultimately improving the standard of care for analytically ill patients.

CONCLUSION

The impact of delirium on patients in the ICU is well-documented, but the effect on nurses' cognitive load has received less attention. This multi-centre cluster randomized controlled trial aims to assess the impact of a delirium intervention program on cognitive load among ICU nurses. The expected outcomes of this study are not only relevant for the well-being of healthcare providers but also for the quality of care provided to ICU patients. Reducing cognitive load through effective delirium management interventions has the potential to lead to better patient outcomes and improve the overall quality of care in the intensive care unit.

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