

Using concept analysis to explore the activity of ‘Specialling’ for older people in hospital.

Mrs Miriam Coyle, Professor Valerie Wilson, Dr Samuel Lapkin and Professor Victoria Traynor

AIM and Method

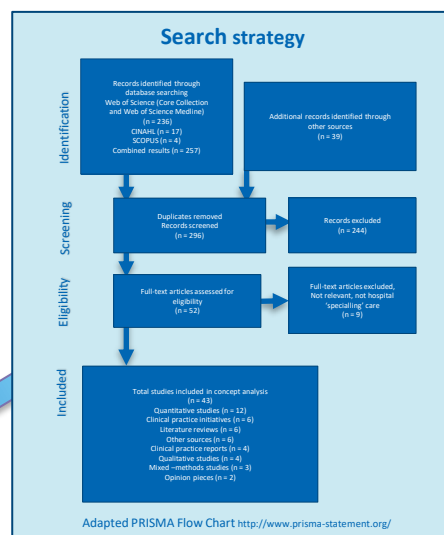
To report on a literature review exploring ‘specialling’ in acute aged care using Rodgers Evolutionary Concept Analysis methods (1).

BACKGROUND

‘Specialling’, 1:1 (or up to 1:4) care is a commonly used activity in acute aged care to promote safety. It lacks evidence and conceptual clarity (2).

The 8 primary and iterative activities of Rodgers Evolutionary Concept Analysis (1)

- Identify – concept, relevant terms;
- Identify - setting and sample;
- Collect data - attributes, antecedents and consequences;
- Identify – related concepts
- Analyse - data characteristics
- Conduct - comparisons (trends);
- Identify - a model case; and,
- Identify - implications, further inquiry



Consequences

- Organisation focus on costs.
- Culture labels and blames the older person.
- Stressed and frustrated staff with own safety risks.
- Reactionary system.
- Belief ‘specialling’ is a safe practice.
- No strong evidence.
- No understanding of the older persons’ experience.

Antecedents

- Staff lack experience, skills and training.
- Complex environments, competing priorities.
- Little planning or standard practice for assessment or management processes.
- Competing care priorities
- Inappropriate care environments

Attributes

- Nurses and health organisations need to be ‘safe’.
- Community expectation is that patients are kept ‘safe’
- Supervised by an RN, an untrained worker focused on preventing adverse events e.g. falls.
- A restrictive activity, to manage and control risky behaviours, the least invasive option to restraint use.

Definition

“Specialling’ is an activity commonly used in hospitals to promote the safety of older people with conditions causing confusion and ‘risky’ behaviour, particularly dementia and delirium. The activity entails increasing staff supervision by allocating an assistant to the Registered Nurse to care for an individual, or a small room of individuals with extra support needs. It is an intuitive and reactionary response considered favourable over the use of restraint.... Current ‘specialling’ activities respond to context and there is a lack of standardised guidelines to realise the opportunity to provide therapeutic interventions or to reduce the risk of lost dignity and devaluing of the older person through the use of restrictive monitoring processes (2).”

Further inquiry

What are the care priorities?
What does it mean to be safe?
What is it like to be ‘specialled’?
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CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The findings inform the authors’ ethnographic research on ‘specialling’ and provide a contemporary definition useful for reflection by clinicians and researchers when considering the implementation of care for older people in hospital.

REFERENCES

1. Rodgers, B., & Knaf, K. A. (1993). Concept development in nursing : Foundations, techniques, and applications / [edited by] Beth L. Rodgers, Kathleen A. Knaf: Philadelphia: Saunders, c1993.
2. Coyle, M. A., Wilson, V., Lapkin, S., & Traynor, V. (2020). What are we asking for when requesting “Specialling” for the confused hospitalised older person? A concept analysis. *International Journal of Older People Nursing*, 15(2). <https://doi.org/10.1111/opn.12302>