Understanding the practice of 'Specialling' older people with cognitive impairment in hospital by using Concept Analysis

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Abstract
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Keywords
analysis, concept, hospital, impairment, cognitive, people, older, 'specialling', practice, understanding

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Understanding the practice of ‘specialling’ older people with cognitive impairment in hospital by using Concept Analysis

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Population ageing is a success story of our time. Unfortunately healthcare, especially in hospitals has been slow to adapt to the changing needs of the community.

When in hospital the care planning can be focused on safety concerns which can devalue older people and fail to provide them with dignity and choice, especially when there are signs of cognitive impairment such as dementia or delirium. Delirium is a common adverse outcome for the older person in hospital due in part to the challenges of complex treatments and the busy environment.

For the older person with dementia and/or delirium in hospital the experience can be frightening. Family and staff are impacted too as safety concerns are real for the person who is confused, possibly disoriented and who may have hallucinations, compounding their capacity to understand and navigate the unfamiliar care environment. In hospitals a common ‘go-to’ for nurses to manage the safety risks is the practice of ‘specialling’, the provision of one-to-one care. The use of ‘specials’ however lacks evidence, and the costs are escalating. As a topic important to the role of Dementia Delirium Clinical Nurse Consultant and an area needing further research a concept analysis was undertaken with the goal of developing a research focus.

The literature search for the concept analysis evidenced international interest in ‘specialling’.

The method used was Rogers evolutionary concept analysis which recognises how concepts can adapt overtime, causing them to become vague (Rodgers & Knafl 1993). Rodgers’ recommended eight activities provided a means to understand the attributes, antecedents and consequences of the concept to develop a contemporary definition. The attributes required data explaining what ‘specialling’ looked like and how the term was used by the journal articles and the other sources obtained. The antecedents explained the ‘what happened before?’ and the consequences ‘what happened after?’ By exploring these aspects of the concept knowledge gaps and clinical challenges became evident.

Concept analysis provided focus in a complex topic. Overall it was evident the practice of ‘specialling’ lacked person-centred approaches, important to dementia and delirium care. Also, the opportunities for nursing leadership emerged.

The definition determined through evolutionary concept analysis will provide opportunity for shared understanding of what is meant by the term ‘special’ and a guide for reflection as clinicians and researchers consider what the older persons care needs are, and whether ‘specialling’ will be beneficial to them.

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