University of Wollongong

Research Online

Faculty of Science, Medicine and Health -
Papers: Part B

Faculty of Science, Medicine and Health

2019

What are we asking for when requesting "Specialling" for the confused hospitalised older person? A concept analysis

Miriam Coyle

University of Wollongong, mac335@uowmail.edu.au

Valerie J. Wilson

University of Wollongong, vwilson@uow.edu.au

Samuel Lapkin

University of Wollongong, slapkin@uow.edu.au

Victoria Traynor

University of Wollongong, vtraynor@uow.edu.au

Follow this and additional works at: <https://ro.uow.edu.au/smhpapers1>

Publication Details Citation

Coyle, M., Wilson, V. J., Lapkin, S., & Traynor, V. (2019). What are we asking for when requesting "Specialling" for the confused hospitalised older person? A concept analysis. Faculty of Science, Medicine and Health - Papers: Part B. Retrieved from <https://ro.uow.edu.au/smhpapers1/1138>

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au

What are we asking for when requesting "Specialling" for the confused hospitalised older person? A concept analysis

Abstract

Background and/or rationale: "Specialling" is a common nursing practice in hospitals which entails the allocation of extra staff to be with an older person who is confused to maintain safety. Despite ongoing use, this practice has little evidence of effectiveness. To facilitate further investigation, a concept analysis of "specialling" was undertaken. **Aims:** The aim of this paper was to report on a concept analysis on the practice of "specialling" pertaining to older people who have cognitive impairment when in hospital. **Methods:** This study used Rodgers evolutionary approach to concept analysis to clarify the attributes, antecedents and consequences of the concept to determine a definition of "specialling." Web of Science (Core Collection and Web of Science Medline), CINAHL and SCOPUS databases were searched to identify relevant literature. Due to the scarcity of papers, the search was broadened to include all sources that could add understanding. **Findings:** A total of (n = 43) sources were identified. The attributes were themed to 5 categories: Labels and descriptions; the "Special" role; Patient safety; Patient care; and Communication. The antecedents to 2 themes: Patient characteristics; and Organisational risk. The consequences of "specialling" were diverse with 6 themes: the "Special" role; the Older persons experience; Costly; "Special" use and nursing beliefs; Safety outcomes; and Opportunities. **Discussion:** The process of concept analysis provided a means to identify knowledge gaps and practice challenges. The definition determined from this analysis has provided a reflective opportunity for clinicians and researchers to consider when implementing care initiatives to support older people in hospital. Important is the lack of person-centred approaches and the opportunities in developing nurse leadership through empowerment. The findings from this analysis will inform a PhD study. **Implications for practice:** Nurses have an opportunity to lead care improvements by ensuring person-centred approaches in the care of older people with cognitive impairment.

Keywords

"specialling", requesting, when, asking, analysis, we, concept, person?, older, hospitalised, confused

Publication Details

Coyle, M. A., Wilson, V., Lapkin, S. & Traynor, V. (2019). What are we asking for when requesting "Specialling" for the confused hospitalised older person? A concept analysis. *International Journal of Older People Nursing*, Online First e12302-1-e12302-40.

CONCEPT ANALYSIS MANUSCRIPT

Literature review 2019

Abstract

What are we asking for when requesting 'Specialling' for the confused hospitalised older person? A concept analysis.

Miriam Coyle
mac335@uowmail.edu.au

Title page

Article title

What are we asking for when requesting 'Specialling' for the confused hospitalised older person? A concept analysis.

'SPECIALLING' AND OLDER PEOPLE IN HOSPITAL

Author details

Miriam Anne Coyle, BN MPhil MSc (Dementia Care) (Dist) PhD Candidate (UOW)

Acute Dementia Delirium Clinical Nurse Consultant

Illawarra Shoalhaven Local Health District, Bulli Hospital, NSW 2516, Australia

Email: miriam.coyle@health.nsw.gov.au, Phone: +61 2 4283 0625

*Please use Miriam's email address as above for correspondence

*Please use the following address for any mail from the publishers (not for publication)

11 Hamilton Place, Bomaderry, NSW, Australia 2541

Professor Valerie Wilson

Professor of Nursing & Research

Illawarra Shoalhaven Local Health District DN&M District Nursing & Midwifery

Email: valerie.wilson@health.nsw.gov.au Phone: +61 2 4253 4809

Dr Samuel Lapkin

Senior Lecturer School of Nursing, University of Wollongong

South Western Sydney Campus 33 Moore St Liverpool NSW 2170

Email: slapkin@uow.edu.au Phone: +61 2 8763 6227

Professor Victoria Traynor, BSc (Hons), PhD, RGN, PGCHE, ILM

School of Nursing and Midwifery, University of Wollongong, NSW 2522, Australia

Email: vtraynor@uow.edu.au, Phone: +61 2 4221 3471

Acknowledgements

The authors would like to express appreciation for the support received from colleagues and managers at the Illawarra Shoalhaven Local Health District (ISLHD). This concept analysis was undertaken to inform a research study commenced at the University of Wollongong (UOW) with the support of the Australian Government Research Training Program (RTP).

ABSTRACT

Background and/or rationale;

'Specialling' is a common nursing practice in hospitals which entails the allocation of extra staff to be with an older person who is confused to maintain safety. Despite ongoing use this practice has little evidence of effectiveness. To facilitate further investigation a concept analysis of 'specialling' was undertaken.

Aims

The aim of this paper is to report on a concept analysis on the practice of 'specialling' pertaining to older people who have cognitive impairment when in hospital.

Methods

This study used Rodgers evolutionary approach to concept analysis to clarify the attributes, antecedents and consequences of the concept to determine a definition of 'specialling'. Web of Science (Core Collection and Web of Science Medline), CINAHL and SCOPUS databases were searched to identify relevant literature. Due to the scarcity of papers the search was broadened to include all sources which could add understanding.

Findings

A total of (n=43) sources were identified. The attributes were themed to 5 categories: Labels and descriptions; the 'Special' role; Patient safety; Patient care; and, Communication. The antecedents to 2 themes: Patient characteristics; and, Organisational risk. The consequences of 'specialling' were diverse with 6 themes: the 'Special' role; the Older persons experience; Costly; 'Special' use and nursing beliefs; Safety outcomes; and, Opportunities.

Discussion

The process of concept analysis provided a means to identify knowledge gaps and practice challenges. The definition determined from this analysis has provided a reflective opportunity for clinicians and researchers to consider when implementing care initiatives to support older people in hospital. Important is the lack of person-centred approaches and the opportunities in developing nurse leadership through empowerment. The findings from this analysis will inform a PhD study.

Key words

Concept analysis; specialling; older people; cognitive impairment; dementia; delirium; acute care; hospital setting; aged care.

Implications for practice

What does this research add to existing knowledge in gerontology?

- This study clarifies the concept and provides a contemporary definition of 'specialling' among older people in acute care settings.
- The evolutionary concept analysis identified five attributes, two antecedents and six consequences of 'specialling' when used to care for the older person in hospital settings.
- Nurses have an opportunity to lead care improvements by ensuring person-centred approaches in the care of older people with cognitive impairment.

What are the implications of this new knowledge for nursing care with older people?

- The contemporary definition of 'specialling' developed provides reflective opportunity for clinicians and researchers.
- 'Specialling' should be implemented in a meaningful way that incorporates engagement between the multidisciplinary team, the older person and their families.

How could the findings be used to influence policy or practice or research or education?

- The findings can be used to inform the development of evidence based guidelines for 'specialling' activities which promote person-centred practices and therapeutic interventions as articulated in the literature.
- Further research is required to fully understand the experience of the older person receiving 'specialling' in hospitals in order to influence policy and practice and promote person-centred care.

What are we asking for when requesting 'Specialling' for the confused hospitalised older person? A concept analysis.

BACKGROUND

In Australia and internationally populations are ageing. Healthcare services are needing to reconsider traditional care models to appropriately respond to the complex physiological, functional and cognitive needs of older people (World Health Organisation (WHO), 2015, 2017). People 65 years and over accounted for 42% of those who received care in Australian hospitals in 2017, although this age group made up 15% of the general population (Australian Institute of Health and Welfare (AIHW), 2018b). Innovation is needed as present healthcare services prioritise acute time-limited single-system illnesses and fail to adequately address the multi-system syndromes older people are susceptible to, such as delirium (World Health Organisation (WHO), 2015). Although not a normal part of ageing, many older people present to hospital with cognitive impairment due to dementia or delirium. Importantly dementia and delirium are not the same, delirium is acute and preventable (Caplan et al., 2016). Delirium accounted for 12% of hospital acquired complication diagnoses in Australia, the most common complication diagnosis reported in 2016-2017 (Australian Institute of Health and Welfare (AIHW), 2018a). Poorly captured in clinical settings there is international evidence 1:5 hospitalised older people have delirium (Bellelli et al., 2016). Prevalence and incidence rates range from 29% to 64% on general wards with higher rates in intensive care units (Inouye et al., 2014). Approximately 40% of older people in hospital will have dementia (Livingston et al., 2017) and half of those will experience cognitive deterioration while in hospital (Caplan et al., 2016).

For older people with dementia the risks for adverse outcomes are increased and can include a longer length of stay (Tropea et al., 2017), readmission (Sakata et al., 2018), and delirium (Fick et al., 2013). Delirium increases the risk of death for older people by one-and-a-half times in the year after

admission (Inouye et al., 2014). There is increased risk of transitioning from hospital to long-term care settings and of developing dementia (Witlox et al., 2010). Current data collections fail to fully document the experience of older people with cognitive impairment when in hospital, however, the risk of falls, pressure areas, stress, functional and cognitive decline are well recognised (Caplan et al., 2016; Inouye et al., 2014). One strategy used by nursing staff to reduce the incidence of adverse health outcomes for vulnerable people is a practice known as 'specialling'.

'Specialling' type activities are commonly initiated to support people in hospital who are considered to be at risk of safety concerns, such as falls or other harm. The use of 'specialling' for older people in hospital is apparent within literature, yet there is little supportive evidence (Carr, 2013; Dewing, 2013; Dewing & Dijk, 2014; McCormack, 2011; Moyle et al., 2008; Wood et al., 2018). Clinical experience suggests nurses highly value the 'specialling' role, however the benefits are unclear and the decision-making processes arbitrary. There can be workplace tensions as managers need to explain the cost effectiveness of the additional staffing when the safety of the older person is assumed not assured. Development of policies or guidelines is complicated by the lack of evidence and the contextual variations of 'specialling'. Despite evidence of need the topic of 'specialling' older people remains under-researched in acute care settings (Dewing, 2013; Dewing & Dijk, 2014; McCormack, 2011; Moyle et al., 2008; Wood et al., 2018). Lacking too, is conceptual clarity for this type of activity (Cook et al., 2018; Wood et al., 2018).

The systematic processes of concept analysis provide a means to understand the application of a concept in clinical practice, build into the professional knowledge base and inform research strategies (Rodgers et al., 2018; Rodgers & Knafl, 1993). To inform and prepare for a major research study a concept analysis was undertaken to clarify the concept of 'specialling' when used by clinicians in the care of older people in hospital with cognitive impairment.

AIMS

This paper is reporting on a concept analysis undertaken to clarify and define the term 'specialling' as used by staff in hospital settings in the care of older people with cognitive impairment.

METHODS

Rodgers evolutionary approach to concept analysis was used to clarify the concept by identifying the attributes, antecedents and consequences (Rodgers & Knafl, 1993). Attributes are the characteristics associated with the concept, antecedents explain the preceding events and the consequences are the outcomes related to the concept, exploring these facilitated the development of descriptive patterns and a consensus of the meaning (Toftthagen & Fagerstrøm, 2010). Evolutionary analysis involves eight activities (Box 1). Initially followed in a step-wise manner, the recommended activities were revisited at need as insights from the concurrent analysis informed revision to the guiding questions.

The 8 primary activities of Rodgers Evolutionary Concept Analysis (Rodgers & Knafl, 1993)

1. Identify the concept of interest and the associated expressions;
2. Identify the setting and sample population;
3. Collect data regarding the attributes, surrogate terms, references, antecedents and consequences;
4. Identify concepts related the concept of interest;
5. Analyse the data regarding the characteristics;
6. Conduct interdisciplinary and / or temporal comparisons (emerging trends);
7. Identify a model case; and,
8. Identify implications and hypotheses for further inquiry

BOX 1: RODGER'S EVOLUTIONARY CONCEPT ANALYSIS, EIGHT ACTIVITIES

To find data a systematic review of CINAHL, Web of Science (Core Collection and Web of Science Medline) and SCOPUS databases was undertaken between the years 2008-2019, English language,

using keywords '*special observation*', '*one to one*', '*sitter*', '*cognitive impairment*', '*elderly*', '*older adult*', '*aged care*' and '*hospital*'). Limiters were applied, NOT '*nursing home*', '*longterm care*', '*mental health*', '*mental illness*', '*psychiatry*', '*psychiatric*', '*midwifery*', '*pediatric*' or '*animal*'. Papers were scanned to identify relevant studies, most did not fit the criteria and were excluded as not applicable to older people or not directly or indirectly referring to the activity of 'specialling'. Having a mental health condition was not an exclusion. Emergency Departments and Intensive Care Units were excluded due to the highly specialised care requirements in these clinical settings.

Due to the small number of studies located the search strategy was broadened to include Google searches, large responses to the keyword search were managed by discontinuing the scan of results when no relevant sources were found, usually within 5 pages. Grey literature such as healthcare reports or consumer information was viewed as appropriate. Analysis of consumer literature can aid shared understanding between providers and their communities (Rodgers & Knafl, 1993). Most sources were obtained by snowballing techniques, the examining of reference lists and through professional networks. Often 'specialling' was a secondary topic. It is likely there were missed sources (Weaver & Mitcham, 2008). A total of (n=43) sources were included for analysis from the search strategy (Figure 1).

FIGURE 1: MODIFIED PRISMA (MOHER ET AL., 2009). IN TOTAL 43 SOURCES WERE INCLUDED IN THE ANALYSIS.

FINDINGS

Findings from each source were summarised in a table (Appendix A). International awareness of ‘specialising’ activities in acute care of older people was evident. Seven countries were represented in the data. The United States (US) authorship was largest (30%, n=13), Australia contributed (28%, n=12) and the United Kingdom (UK) contributed (23%, n=10), Canada 10% (n=4), New Zealand 7% (n=3) and one study from Ireland. There was one international collaboration between Australian and Saudi Arabian researchers. Systematic appraisal of the quality of studies was not a requirement of this review which set out to determine the contextual meaning of ‘specialising’. Peer reviewed journals provided 70% (n=30) of sources. There were diverse methods used including 6 (14%) reviews of the literature, 14% (n=6) clinical practice initiatives and two opinion pieces. The grey literature included

clinical practice reports (30%, n=4), two theses, qualitative and quantitative study reports and other sources such as media reports and newsletters originating from healthcare services. All sources related to hospital settings as directed by the search strategy. The size and type of hospitals and wards varied. Of the 35% (n=15) of the sources which specified, medical and surgical wards were the most represented (73%, n=11).

In keeping with Rodgers 8 activities relevant data was drawn to analyse the Attributes, Antecedents and Consequences of the concept of 'specialling'. The percentage of relevant sources with examples of the findings are given to explain the themes. The sources for each of the themes are tabled (Appendix B).

Concept attributes

Description of the characteristics of 'specialling' in relation to older people in hospital provided information about the attributes (Rodgers & Knafl, 1993). There was overlap across sources within the five themes: Labels and descriptors; Patient safety; Patient care; the 'Special' role; and, Communication (Figure 2).

FIGURE 2: CONCEPT ATTRIBUTES THEMES AND SUB-THEMES

Attribute theme Labels and descriptors

The data within the theme labels and descriptors were initially analysed to determine which terms were important to understanding the concept of 'specialling'. When deciding if a term was a surrogate or relatable term the following question was applied: 'Does the term used reflect a different type of activity or practice?' Over 30 terms were identified as surrogate to 'specialling', these tended to be used interchangeably by authors to label, infer and describe, and therefore sources were included in multiple themes. The labels and descriptors were categorised to 8 themes: Observe / monitor / watch; One-to-one; 'Sitter'; 'Special'; Companion; Cohorting; Enhanced care; and 'Other' (Figure 3).

FIGURE 3: ATTRIBUTES THEME, LABELS AND DESCRIPTORS

The most commonly used terms described the activity as one of observation and were found in (67%, n=29) of sources. Further descriptions of the observation applied to the constancy or closeness. There were seven variations coined to label and describe by indicating the staff and patient ratio. Most referred to one staff member to one patient. The term 'cohorting' described the activity where one staff member is allocated to provide care to two or more older people with similar symptoms or risks or located in close proximity. This is considered to be a more cost-effective 'specialling' approach

when used for a small group of 'at risk' older people who required extra support. The term 'sitter' also inferred a passive activity and was the most widely used term (51%, n=22). Over half of the sources referred to the activity using variations of the term 'special', denoting the non-usual application of staff. Eight sources referred to 'companions' inferring a more social interaction. This could be misleading given one example where the term 'companion' was used interchangeably with 'sitter' and described the role as 'continuous observation' (Adams & Kaplow, 2013). Three sources embraced the term 'enhanced (nursing) care', inferring care beyond the usual. Use of this term is influenced by policy in the UK (Wood et al., 2018). Other terms used were, Attendant, Patient safety aide and to 'oversee'.

Attribute themes Patient safety

Apart from the labels and descriptors four other themes explained 'specialling' attributes. Patient safety; Patient care; The 'Special' role; and, Communication, the link to the Registered Nurse (RN). Patient safety was explained by two sub-themes, Provide or promote patient safety / prevent harm or deterioration and, Dignity and quality suffer. Significantly, 47% (n=20) of sources noted 'specialling' 'provided safety / prevented harm, deterioration or falls. Yet in 26% (n=11) of sources 'specialling' was also commonly associated with risk for the older person due to Intrusive / restrictive/ poor quality care practices.

Attribute themes Patient care

Patient care was explained by 4 sub-themes: Promote well-being / satisfaction; Psychosocial / spiritual care; Personal care; and, Therapy. Depending on context Patient care may include Personal care (19%, n=8), and for 12% (n=5) of sources the intent to Promote well-being / satisfaction was described and Psychosocial / spiritual care had associations with 'specialling' in 10% (n=4) of sources. Therapeutic, distraction or reality orientation activities were linked with 12% (n=5) of sources.

Attribute theme the 'Special' role

The 'Special' role was explained by 7 sub themes: Nursing intervention; Untrained support role; Casual staff; Challenging; Satisfying; Trained role; and, Medical Officer prescribed. The 'Special' role sub-

themes offer contradictory experiences of the concept demonstrating ad hoc and contextual variances. In 37% (n= 16) of sources the role is described as an Untrained support role, yet the role was also conceived as Trained by one source. While 'specialling' is described as a Nursing intervention by 21% (n=9) of sources it was also reported as a Medically prescribed intervention by one. Two sub-themes were represented in 19% (n=8) of the data each noting the role was performed by Casual staff and the experience negatively described as Boring / potentially unsafe / challenging. In contrast an empirical study featuring in-depth interviews with nurses who were experienced and comfortable with 'specialling' noted the role was Satisfying (Schroeder, 2016).

Attribute theme Communication

The three sub-themes of Communication, the link to the RN, explain the importance of communication within the concept of 'specialling' and RN leadership. 'Specialling' includes the undertaking of (Nursing) observations and documentation in 9% (n=4) of sources; the requirement to Call for help / report clinical deterioration or change also in 9% (n=4) of sources and the Sharing of information reported in two sources. Observing for clinical change is important to the RN role and 'sitters' may be used where RN's have reduced capacity for 'surveillance' (Rochefort et al., 2012). Descriptions were typically vague, while communication and information sharing was reported as important, details of what was to be shared, to whom and how was not explicit (Moghabghab, 2017; Whittington Hospital, No Date). Poorly described communication and team engagement processes increase the demands on the untrained and casual role. Descriptions infer the risk of isolation for the 'special', the older person and their family. The RN is described as central to communication (Figure 4).

FIGURE 4: ATTRIBUTE THEME COMMUNICATION

Informed by the data the attributes of 'specialling' were summarised as follows:

'Specialling' is an intervention initiated by Registered Nurses in hospital environments which entails the allocation of a nursing assistant, other ancillary staff member or a volunteer, to be with an individual to observe and report signs of deterioration and protect them from safety hazards such as falls. This role may be extended according to the skills of the 'special' to include support of the physical and emotional needs of the individual and to attend to nursing observations and documentation. On occasion up to 4 older people considered at risk may be 'cohorted' to one room and be allocated a 'special'. The 'special' and the older person being 'specialled' may have issues of concern as the role is usually untrained, casual, challenging, unstructured and responsive to context.

Concept antecedents

Description of what happens before ‘specialling’ the older person in hospital provided information about the antecedents (Rodgers & Knafl, 1993). There was overlap across sources within the two themes generated to describe antecedents: Patient characteristics; and, Organisational risk. The patient characteristics associated with the implementation of ‘specialling’ varied, leading to sub-themes; Cognitive impairment; Behaviours; and, Risk type. Sub-themes were broken down further within patient characteristics to explain the antecedents (Figure 5).

FIGURE 5: CONCEPT ANTECEDENTS, THEMES AND SUB-THEMES

Antecedent theme Patient characteristics

Within the theme Patient characteristics, Cognitive impairment was inferred by diagnosis or symptoms within 7 sub-themes: Confused/unable to follow instructions (49%, n=21); Delirium and Dementia (35%, n=15) each; Mental Illness (14%, n=6); Substance abuse (9%, n=4); Traumatic brain injury and Hallucinations, one source each. The older persons Behaviours prompted ‘specialling’, and was explained by 5 sub-themes: Behaviours with safety risk (37%, n=16) and Disruptive behaviours

(wandering / intrusive / exit-seeking / impulsive / calling out) (26%, n=11); 21% (n=9) of sources cited Aggression or agitation as an antecedent; Interferes with equipment or is resistive to care in 12% (n=5) and only 10% (n=4) of sources recognised the possibility of the older person responding to being Fearful / stressed / distressed / disoriented. The Risk type was attached to the older person, characterised as the possible results of actions the older person might take and justification for the need for controls, such as 'specialling'. Falls risk (49%, n=21) was the largest identified risk in the data likely to lead to 'specialling', Risk to self (23%, n=10) and Risk to others (14%, n=6).

Antecedent theme Organisational risk

The theme Organisational succinctly related to safety concerns explained by 3 sub-themes. Potential risk of substandard or neglectful care / to avoid restraint (35%, n=15); Usual care insufficient / increased risk of adverse events (23%, n=10) and, Staffing pressures / understaffed / competing priorities / busy (7%, n=3).

Informed by the data the antecedents of 'specialling' were summarised as follows:

'Specialling' is undertaken in hospital settings when an older person presents with, or develops confusion and exhibits behaviours which are considered a safety risk to themselves or others. It is most likely to occur in busy and understaffed hospital wards or when 'usual care' is assessed by the RN to be insufficient and restraint might be considered an alternative 'safety' strategy.

Concept consequences

Description of what happens after the 'specialling' of the older person in hospital provided information about the consequences (Rodgers & Knafl, 1993). There was overlap across sources within the six themes generated: the Older persons experience; the 'Special's' experience; 'Special' use and nursing beliefs; Safety outcomes; Costly; and, Opportunities (Figure 6).

Figure 6: Concept Consequences, themes and sub-themes

Consequences theme the 'Special's' experience

The Older persons' experience is described by 5 sub-themes. Psychosocial support which benefits the older person (reducing boredom and depression) and Focus on behaviour and tasks devalues the older person, both identified in 9% (n=4) each of the data. The Lack of evidence and Peace of mind for families were both identified in 2 sources and one source identified the Assumption that the person with dementia costs more.

Consequences theme the Older persons' experience

Six sub-themes described outcomes relevant to the 'Special' experience. The role was associated with being an Ad hoc / unreliable / inconsistent role in 37% (n=16) of sources. Viewed as both an attribute and consequence in this study, the role was both Challenging (19%, n=8) and Satisfying (one source). As well the role was considered Unsupported (teamwork issues) by 3 sources and one source each raised concerns the role produced Poor assessments / documentation and Assessment of serious illness is missed.

Consequences theme 'Special' use and nursing beliefs

The activity of 'specialling' is often framed around safety despite scant and unclear evidence, the theme 'Special' use and nursing beliefs is explained by three sub-themes: Safety is enhanced (21%, n=9); RN safety concerns are reduced (12%, n=5); and, a Good shift is the absence of an adverse event (one source).

Consequences theme Safety outcomes

Safety, a goal of 'specialling' is explained with 6 sub-themes: Falls still occur / fall reduction not clear (21%, n=9) and an Increased assisted falls rate (one source); belief Restraint use is minimised was described in 14% (n=6) of sources, yet 12% (n=5) noted Restraints still used / restrictive practice. 'Specialling' was associated with a Longer length of stay (one source) and, Possibly effective in preventing self-harm (one source).

Consequences theme Costly

A prevailing theme from sources with management perspectives was the Costly aspect of care. Described in seven sub-themes: Expensive activity (42%, n=18); there are Limited resources and Reducing 'specialling' saves money (12%, n=5) each; 'specialling' is Commonly used (9% n=4); 3 sources noted Accessing 'specials' takes staff time (and frustration); Overused and Wards work short due to 'specialling' two sources each.

Consequences theme Opportunities

Opportunities for improved practice are explained by nine sub-themes. Recognition of the impact of nursing on this direct care activity is evident with the opportunities available in Nursing processes / education / guidelines (44%, n=19); the personhood of the person receiving care is significant to the sub-theme Need for person centred care / processes (21%, n=9); New label, new model is exemplified by innovations implemented to improve 'specialling' activities, which include rethinking the name (12%, n=5); 5 sources (12%) note opportunities for More family collaboration; Alternatives needed (9%, n=4) and potential Volunteer role (7% n=3). Two sources each linked the need for Improved delirium knowledge and care practices, and Real-time debriefing / huddles and Environmental changes.

Informed by the data the consequences of 'specialling' were summarised as follows:

'Specialling' occurs commonly and may even be overused as Registered Nurses feel supported in providing safe care through its use. Families can also feel more confident in the care with this close support. There is potential for a loss of dignity for the older person and adverse events still occur. Due to the lack of guidelines and standard practices the 'special' may have inadequate skills and training, and while some find the work satisfying there are challenges, such as isolation. It is an expensive activity and the intervention lacks strong evidence, raising it as a subject for debate when healthcare costs are discussed and when there are issues in accessing appropriate staff. There are opportunities to develop models which are person-centred and standardised to provide clear understanding of the 'special' role and the aims of the intervention.

Model case

The following composite scenario represents a model case of the concept of 'specialling' an older person with cognitive impairment in hospital.

Bill is an 84-year-old gentleman with sensory impairment who presented to the acute care older persons ward from the emergency department. Bill was disorientated, he wanted to leave the ward. As he had a previous episode of delirium his wife recognised the signs and delirium was diagnosed prior to admission. Medical assessment proved Bill had a twisted bowel which was promptly treated. Bill was assigned a 1:1 'special' soon after admission to prevent him from falling or leaving while in a disorientated state. Apart from a sparsely filled behaviour log little documentation reflected the purpose or interactions of the 'special'. While a delirium screen had been completed on admission to the ward there was no evidence of ongoing cognitive monitoring. The 'special' was removed within 60 hours despite some residual cognitive issues, Bill recalled he 'felt like (he) was going

mad'. Although feeling better when the 'special' was ceased Bill remained in a single room, in a low bed, with bedrails up. At Day 4 of admission he continued to wear a hospital gown, there were full bottles of water by his bed and the room was dark, despite nearing lunchtime. Bill was wearing clean glasses, but he lacked his hearing aids. He became agitated and gruff when he could not understand conversation or follow instructions.

Clinical issues are raised here. There is evidence Bill is not drinking adequately, his mobility remains restricted and normal circadian rhythm has not been encouraged. He is isolated and lacking reassuring interaction through the presence of others and the 'sense of self' that is prompted by wearing his own clothes. Severely hearing-impaired Bill struggled to understand others and his environment, impeding his capacity to self-orientate and feel safe. Whether the 'special' had a clear idea of why they were there or what they should do is not clear, nor is the reason for cessation of the 'special'. It could be claimed the intervention was successful as Bill stayed on the ward and did not fall, his delirium had also begun to resolve. However, was this because of the presence of the 'special'?

Definition

Evolutionary analysis involves activities directed towards clarification and definition of the concept (Rodgers & Knafl, 1993). The following definition of 'specialling' used for older people with cognitive impairment in hospital was drawn from the findings:

'Specialling' is an activity commonly used in hospitals to promote the safety of older people with conditions causing disorientation 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 restraints, and important to avoiding claims of neglect by ensuring care provision

is considered appropriate and nursing staff supported. Yet evidence is scarce to confirm that there are improved safety outcomes for the older person. The staff, especially the 'special' can be at risk too if not supported through appropriate access to resources, education and organisational processes. Current 'specialling' activities respond to context and there is a lack of standardised guidelines to realise the opportunity to provide positive therapeutic interventions or to reduce the risk of lost dignity and devaluing of the older person through the use of restrictive monitoring processes.

DISCUSSION

Context and time can cause a concept to become increasingly vague (Rodgers & Knafl, 1993). The significance, use and application of a concept explained by analysis aids in understanding practice inconsistencies and knowledge gaps (Weaver & Mitcham, 2008). By undertaking this concept analysis a process for defining contemporary meaning by describing the attributes, antecedents and consequences of the activity of 'specialling' has begun (Figure 7). In this analysis the attributes reveal a lack of process in 'specialling' which can undermine the validity of the older persons presence in hospital. The antecedents confirm an ad hoc response which positions the older person in an ambiguous place as they become the focus of an activity aimed at keeping them safe but neglecting to ensure they feel safe. The consequences identified the lack of robust and measurable outcomes for the organisation or the older person. Nursing is featured as the discipline significant to the activity of 'specialling' yet nursing process is neglected as rigorous procedures for assessment and evaluation are lacking. The role of the nurse 'special' is flawed as the important features of how to provide appropriate support to the older person and how to communicate effectively within the team are poorly described. Who should provide 'specialling' is unclear as the role bends to the availability of staff or volunteers. The activity is described as expensive, however there is a lack of economic modelling to assess cost-effectiveness (Wood et al., 2018). The ongoing reliance on 'specialling' is

called into question as the appropriateness of this type of care provision for older people in hospital is unclear and costly.

Concerning is the lack of progress in this field of inquiry. Previous literature reviews have identified the failure of 'specialling' activities for older people with cognitive impairment to provide evidence-based, person-centred and cost-effective care (Dewing, 2013; Dewing & Dijk, 2014; Handley et al., 2017; Moyle et al., 2008; Wood et al., 2018). Complexity is a challenging feature of contemporary healthcare requiring collaboration, adaptation and flexibility, context and relationships are important to gain understanding (Greenhalgh & Papoutsis, 2018). Implementation of best practice dementia and delirium care requires skilled leaders able to engage care-teams by providing clear guidelines and ensuring shared concept clarity and values (Handley et al., 2017; Kerr et al., 2013). The activity of 'specialling' has been described as more likely to be beneficial if conceived as a skilled nursing intervention (Dewing, 2013). This concept analysis has confirmed the central role of nursing to this intervention and the important role for RN leadership has emerged. We are yet to understand what is defined by terms such as 'usual care' and the recently acquired term 'enhanced care'. What is standard nursing care, and if someone has complex care needs is it effective to use untrained casual staff or agency nurse, especially when supervision and communication processes are unclear? Compassion and dignity continue to be lacking when safety discourses treat the older person as an object of risk to be managed by observation and containment (Schofield et al., 2012). Detrimental to care, opportunities for person-centredness are lost as organisational focus remains on targets and tasks (McCormack, 2011). The questions raised generate concern about current care practices and environments. The reactionary response to 'special' confirm a lack of proactive care planning or anticipation of care needs.

FIGURE 7: THE INTER-RELATIONSHIPS OF THE ATTRIBUTES, ANTECEDENTS AND CONSEQUENCES

IMPLICATIONS FOR PRACTICE

Evolutionary approaches recognise there is adaptation of concepts, analysis provide a means to gain contextual clarification and to inform further research (Rodgers & Knaf, 1993). A range of complex and inter-related issues have been identified. Significantly the definition described by this analysis enables reflective opportunities for clinicians and researchers. Understanding the activity is associated with intuitive and reactionary responses means there is an immediate challenge to reconsider usual responses which may result in an older person receiving 'specialling'. The goals of care and who should provide 'specialling' or extra care support require articulation. Importantly, there should be further investigation that includes economic modelling to determine whether the current activity of 'specialling' is relevant to contemporary healthcare settings and appropriate to the needs of older people. Multiple opportunities for developing the evidence base for practice have been raised. Of interest are the roles of team education and meaningful engagement by staff with the older person and their families. The results of this study will inform further research aimed at developing

person-centred evidence-based interventions to improve support for older people with cognitive impairment in hospital.

CONCLUSIONS.

Concept analysis provided opportunity to advance nursing science through developing understanding of current use. In this study the concept was 'specialling' in the context of hospital settings and care provision for older people with cognitive impairment. The process of analysis authenticated the significance associated with this concept by demonstrating the international use of 'specialling' and surrogate terms and the importance to professional nursing practice. By describing the use and application of the concept, meaning was clarified to provide a contemporary definition. Through the evolutionary analysis processes assumptions and inconsistencies associated with the term were identified, realising reflective opportunities for practitioners and researchers. Knowing is articulated rather than inferred. Noting that 'specialling' is associated with reactive nursing practices highlights the need for healthcare practitioners, especially Registered Nurses and nursing researchers to comprehensively evaluate the activity and ensure future care-models are appropriate to the needs of older people.

REFERENCES

- Adams, J., & Kaplow, R. (2013). A Sitter-Reduction Program In an Acute Health Care System. [Peer reviewed]. *Nursing Economic\$, 31*(2), 83-89.
- Ahern, S., Cronin, J., Woods, N., Brady, N. M., O'Regan, N. A., Trawley, S., & Timmons, S. (2018). Dementia in older people admitted to hospital: An analysis of length of stay and associated costs. *International Journal of Geriatric Psychiatry*. doi:10.1002/gps.5001
- Alshahrani, S., Magarey, J., & Kitson, A. (2018). Relatives' involvement in the care of patients in acute medical wards in two different countries—An ethnographic study. *Journal of Clinical Nursing, 27*(11-12), 2333-2345. doi:doi:10.1111/jocn.14337
- Australian Institute of Health and Welfare (AIHW). (2018a). *Admitted patient care 2016–17: Australian hospital statistics*. (84). Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare (AIHW). (2018b). *Australia's hospitals 2016–17 at a glance*. Canberra: Australian Institute of Health and Welfare Retrieved from <https://www.aihw.gov.au/reports/hospitals/ahs-2016-17-at-a-glance/contents/table-of-contents>.
- Ayton, D., O'Brien, P., Trembl, J., Soh, S.-E., Morello, R., & Barker, A. (2017). Nurses' perceptions of preventing falls for patients with dementia in the acute hospital setting. *Australasian Journal on Ageing, 36*(4), E70-E72. doi:doi:10.1111/ajag.12474
- Bartlett, K. (No Date). *Specialling in delirium and dementia: a cross-sectional cohort study*. Retrieved from Coffs Harbour, Australia: <http://www.heti.nsw.gov.au/Global/Rural/RRCBP/2012%20RRCBP%20Intake/K%20Bartlett%20-%20Final%20Report.pdf>
- Bellelli, G., Morandi, A., Di Santo, S. G., Mazzone, A., Cherubini, A., Mossello, E., Bo, M., Bianchetti, A., Rozzini, R., Zanetti, E., Musicco, M., Ferrari, A., Ferrara, N., & Trabucchi, M. (2016). "Delirium Day": a nationwide point prevalence study of delirium in older hospitalized patients using an easy standardized diagnostic tool. *BMC Medicine, 14*, 1-12. doi:10.1186/s12916-016-0649-8
- Blog - nursing. (2016, 19th October 2018). Are patient sitters frequently needed in hospitals? Retrieved from https://www.reddit.com/r/nursing/comments/4e2320/are_patient_sitters_frequently_needed_in_hospitals/
- Bock, T. (2017). A solution to sitters that won't fall short. *Nursing Management, 48*(1), 38-44. doi:10.1097/01.NUMA.0000511200.90123.c1
- Brown, S. (2016). One to One: Improved arrangements for enhanced nursing care – specialling – can deliver patient benefits and save money. *HFMA website*. Retrieved from HFMA website: <https://www.hfma.org.uk/docs/default-source/publications/case-study/improving-arrangements-for-enhanced-nursing-care.pdf?sfvrsn=6>
- Caplan, G., Kurrle, S., & Cumming, A. (2016). Appropriate care for older people with cognitive impairment in hospital. *Medical Journal of Australia, 205*(10), S12-S15.
- Carr, F. (2013). The Role of Sitters in Delirium: an Update. *Canadian Geriatrics Journal, 16*(1), 22-36.
- Colella, J. (2017). Managing delirium behaviors with one-to-one sitters. *Nursing Management, 48*(9), 1-6. doi:10.1097/01.NUMA.0000522172.15640.6b
- Colman, T. (2016). *Improving Patient Safety through Patient Safety Aide (Sitter) Competency Education*. (Nursing Theses and Capstone Projects), Gardner-Webb University, Digital Commons. Retrieved from https://digitalcommons.gardner-webb.edu/nursing_etd/256
- Connors, D., Mills, B., & Dewing, J. (2016). 'More Than a Sitter': A Practice Development Project on Special Observations in Acute General Hospital Care (2012-2014). Retrieved from Online FONS: <https://www.fons.org/Resources/Documents/Special-Observations-in-Acute-General-Hospital-Care-PBDR-East-Sussex-.pdf>
- Cook, J., Palesy, D., Lapkin, S., & Chenoweth, L. (2018). Research. Older Patient Specialling: A Call For A Consistent Approach. *Australian Nursing & Midwifery Journal, 25*(9), 14-14.

- de Jong, L., Kitchen, S., Foo, Z., & Hill, A.-M. (2018). Exploring falls prevention capabilities, barriers and training needs among patient sitters in a hospital setting: A pilot survey. *Geriatric Nursing*, 39(3), 263-270. doi:<https://doi.org/10.1016/j.gerinurse.2017.09.006>
- Dewing, J. (2013). Special observation and older persons with dementia/delirium: a disappointing literature review. *International Journal of Older People Nursing*, 8(1), 19-28. doi:10.1111/j.1748-3743.2011.00304.x
- Dewing, J., & Dijk, S. (2014). What is the current state of care for older people with dementia in general hospitals? A literature review. *Dementia*, 15(1), 106-124. doi:10.1177/1471301213520172
- Dick, A., La Grow, S., & Boddy, J. (2009). The effects of staff education on the practice of 'specialling' by care assistants in an acute care setting. *Nursing Praxis in New Zealand*, 25(1), 17-26.
- Fick, D., Steis, M., Waller, J., & Inouye, S. (2013). Delirium superimposed on dementia is associated with prolonged length of stay and poor outcomes in hospitalized older adults. *Journal of Hospital Medicine*, 8(9), 500-505. doi:10.1002/jhm.2077
- Flynn, S., Prescott, T., & Jinks, A. (2016). HCAs undertaking special observation of patients with neurological conditions. *British Journal of Healthcare Assistants*, 10(8), 378-383. doi:10.12968/bjha.2016.10.8.378
- Grealish, L., Chaboyer, W., Darch, J., Real, B., Phelan, M., Soltau, D., . . . Cooke, M. (2019). Caring for the older person with cognitive impairment in hospital: Qualitative analysis of nursing personnel reflections on fall events. *Journal of Clinical Nursing*, 28(7-8), 1346-1353. doi:10.1111/jocn.14724
- Greenhalgh, T., & Papoutsis, C. (2018). Studying complexity in health services research: desperately seeking an overdue paradigm shift. *BMC Medicine*, 16(1), 95-95. doi:10.1186/s12916-018-1089-4
- Handley, M., Bunn, F., & Goodman, C. (2017). Dementia-friendly interventions to improve the care of people living with dementia admitted to hospitals: a realist review. *BMJ Open*, 7(7), e015257. doi:10.1136/bmjopen-2016-015257
- Home Care Assistance. (No Date) Hospital Sitters: critical care for older patients In: *Vol. 1. Care Notes Newsletter* Eastern Pennsylvania USA: Home Care Assistance.
- Inouye, S., Westendorp, R., & Saczynski, J. (2014). Delirium in elderly people. *The Lancet*, 383(9920), 911-922. doi:[http://dx.doi.org/10.1016/S0140-6736\(13\)60688-1](http://dx.doi.org/10.1016/S0140-6736(13)60688-1)
- Isaac, L. M., Buggy, E., Sharma, A., Karberis, A., Maddock, K. M., & Weston, K. M. (2018). Enhancing hospital care of patients with cognitive impairment. *International Journal of Health Care Quality Assurance*, 31(2), 173-186. doi:10.1108/IJHCQA-11-2016-0173
- Kerr, M., Verner, Y., & Traynor, V. (2013). From darkness to lightness: developing a working definition of special observation in an acute aged care setting. *International Practice Development Journal*, 3 (Conference Supplement)(6), 13.
- Livingston, G., Sommerlad, A., Orgeta, V., Costafreda, S. G., Huntley, J., Ames, D., Ballard, C., Banerjee, S., Burns, A., Cohen-Mansfield, J., Cooper, C., Fox, N., Gitlin, L. N., Howard, R., Kales, H. C., Larson, E. B., Ritchie, K., Rockwood, K., Sampson, E. L., Samus, Q., Schneider, L. S., Selbæk, G., Teri, L., & Mukadam, N. (2017). Dementia prevention, intervention, and care. *The Lancet*, 390(10113), 2673-2734. doi:10.1016/S0140-6736(17)31363-6
- McCormack, B. (2011). Editorial: Dementia and delirium – the need to fix the system. *International Journal of Older People Nursing*, 6(2), 79-80. doi:10.1111/j.1748-3743.2011.00270.x
- Mitchell, D., Raymond, M., Jellett, J., Webb-St Mart, M., Boyd, L., Botti, M., Steen, K., Hutchinson, A., Redley, B., & Haines, T. (2018). Where are falls prevention resources allocated by hospitals and what do they cost? A cross sectional survey using semi-structured interviews of key informants at six Australian health services. *International Journal of Nursing Studies*, 86, 52-59. doi:<https://doi.org/10.1016/j.ijnurstu.2018.06.002>
- Moghabghab, R. (2017). *Constant Observation for Older Adults in Acute Care: A Mixed Methods Study*. (PhD), University of Toronto, UOT TSpace Library. Retrieved from

https://tspace.library.utoronto.ca/bitstream/1807/79342/3/Moghabghab_Rola_201706_PhD_thesis.pdf

- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *BMJ*, 339, b2535. doi:10.1136/bmj.b2535
- Moyle, W., Olorenshaw, R., Wallis, M., & Borbasi, S. (2008). Best practice for the management of older people with dementia in the acute care setting: A review of the literature. *International Journal of Older People Nursing*, 3(2), 121-130. doi:10.1111/j.1748-3743.2008.00114.x
- Outcalt, L. (2013). Paid companions: a private care option for older adults. *Canadian Journal On Aging = La Revue Canadienne Du Vieillessement*, 32(1), 87-102. doi:10.1017/S0714980813000093
- Rachh, P., Wilkins, G., Capodilupo, T. A., Kilroy, S., Schnider, M., & Repper-Delisi, J. (2016). Redesigning the Patient Observer Model to Achieve Increased Efficiency and Staff Engagement on a Surgical Trauma Inpatient Unit. *The Joint Commission Journal on Quality and Patient Safety*, 42(2), 77-AP72. doi:[https://doi.org/10.1016/S1553-7250\(16\)42009-X](https://doi.org/10.1016/S1553-7250(16)42009-X)
- Rankin, J. (2009). *Restraining patients 'ought to be last resort'* (11763558). Retrieved from <http://ezproxy.uow.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=n5h&AN=EVS0911190001121549697-AG&site=eds-live>
- Rocheftort, C., Ward, L., Ritchie, J., Girard, N., & Tamblyn, R. (2012). Patient and nurse staffing characteristics associated with high sitter use costs. *Journal of Advanced Nursing*, 68(8), 1758-1767. doi:10.1111/j.1365-2648.2011.05864.x
- Rodgers, B., Jacelon, C. S., & Knafl, K. A. (2018). Concept Analysis and the Advance of Nursing Knowledge: State of the Science. *Journal of Nursing Scholarship*, 50(4), 451-459. doi:<http://dx.doi.org/10.1111/jnu.12386>
- Rodgers, B., & Knafl, K. A. (1993). *Concept development in nursing : foundations, techniques, and applications / [edited by] Beth L. Rodgers, Kathleen A. Knafl*: Philadelphia : Saunders, c1993.
- Sakata, N., Okumura, Y., Fushimi, K., Nakanishi, M., & Ogawa, A. (2018). Dementia and Risk of 30-Day Readmission in Older Adults After Discharge from Acute Care Hospitals. *Journal of the American Geriatrics Society*, 66(5), 871-878. doi:10.1111/jgs.15282
- Saunders, K. (2011). *One-on-one care blows staff budget Gown clip could track patients*. Retrieved from <http://ezproxy.uow.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=n5h&AN=TNL1107080004138462297-AW&site=eds-live>
- Schofield, I., Tolson, D., & Fleming, V. (2012). How nurses understand and care for older people with delirium in the acute hospital: a Critical Discourse Analysis. *Nursing Inquiry*, 19(2), 165-176. doi:10.1111/j.1440-1800.2011.00554.x
- Schroeder, R. (2016). Bearing Witness: The Lived Experience of Sitting With Patients. *Archives of Psychiatric Nursing*, 30, 678-684. doi:10.1016/j.apnu.2016.03.005
- Shannon, K., Grealish, L., & Cruickshank, M. (2018). The care of older people with dementia in rural Australian hospitals – a case study. *Australian Journal of Advanced Nursing (Online)*, 36(1), 6-15.
- Sinvani, L., Warner-Cohen, J., Strunk, A., Halbert, T., Harisingani, R., Mulvany, C., Qiu, M., Kozikowski, A., Patel, V., Liberman, T., Carney, M., Pekmezaris, R., Wolf-Klein, G., & Karlin-Zysman, C. (2018). A Multicomponent Model to Improve Hospital Care of Older Adults with Cognitive Impairment: A Propensity Score–Matched Analysis. [Peer Reviewed]. *Journal of the American Geriatrics Society*, 66(9), 1700-1707. doi:10.1111/jgs.15452
- Spiva, L., Feiner, T., Jones, D., Hunter, D., Petefish, J., & Vanbrackle, L. (2012). An evaluation of a sitter reduction program intervention. *Journal of Nursing Care Quality*, 27(4), 341-345.
- Stephenson, J. (2016). Enhanced dementia care team of HCAs proving success after first year *Older people nurses*. Retrieved from Nursing Times website:

<https://www.nursingtimes.net/roles/older-people-nurses/hcas-providing-enhanced-care-to-dementia-patients/7001428.article>

- Toftagen, R., & Fagerstrøm, L. (2010). Rodgers' evolutionary concept analysis - a valid method for developing knowledge in nursing science. *Scandinavian Journal of Caring Sciences*, 24, 21-31. doi:10.1111/j.1471-6712.2010.00845.x
- Tropea, J., LoGiudice, D., Liew, D., Gorelik, A., & Brand, C. (2017). Poorer outcomes and greater healthcare costs for hospitalised older people with dementia and delirium: a retrospective cohort study. *International Journal of Geriatric Psychiatry*, 32(5), 539-547. doi:doi:10.1002/gps.4491
- Tzeng, H., Yin, C., & Grunawalt, J. (2008). Effective assessment of use of sitters by nurses in inpatient care settings. *Journal of Advanced Nursing*, 64(2), 176-183. doi:10.1111/j.1365-2648.2008.04779.x
- Votrubá, L., Graham, B., Wisinski, J., & Syed, A. (2016). Video Monitoring to Reduce Falls And Patient Companion Costs For Adult Inpatients. *Nursing Economic\$, 34*(4), 185-189.
- Waszynski, C., Veronneau, P., Therrien, K., Brousseau, M., Massa, A., & Levick, S. (2013). Decreasing Patient Agitation Using Individualized Therapeutic Activities. *AJN The American Journal of Nursing*, 113(10), 32-39. doi:10.1097/01.Naj.0000435345.23040.42
- Weaver, K., & Mitcham, C. (2008). Nursing Concept Analysis in North America: State of the Art. *Nursing Philosophy: An International Journal for Healthcare Professionals*, 9(3), 180-194.
- Whittington Hospital (Producer). (No Date, 28th February 2019). 1:1 nursing / specialling of patients: Talk to us. [Pamphlet] Retrieved from <https://www.whittington.nhs.uk/document.ashx?id=5929>
- Wilkes, L., Jackson, D., Mohan, S., & Wallis, M. (2010). Close observation by 'specials' to promote the safety of the older person with behavioural disturbances in the acute care setting. *Contemporary Nurse : a Journal for the Australian Nursing Profession*, 36(1/2), 131-142.
- Witlox, J., Eurelings, L. S. M., de Jonghe, J. F. M., Kalisvaart, K. J., Eikelenboom, P., & van Gool, W. A. (2010). Delirium in elderly patients and the risk of postdischarge mortality, institutionalization, and dementia: A meta-analysis. *JAMA: Journal of the American Medical Association*, 304(4), 443-451. doi:10.1001/jama.2010.1013
- Wood, V., Vindrola-Padros, C., Swart, N., McIntosh, M., Crowe, S., Morris, S., & Fulop, N. (2018). One to one specialling and sitters in acute care hospitals: A scoping review. *International Journal of Nursing Studies*, 84, 61-77. doi:10.1016/j.ijnurstu.2018.04.018
- World Health Organisation (WHO). (2015). *World report on ageing and health*. Luxembourg Retrieved from https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=1957283CA032D47748269C97A330155A?sequence=1.
- World Health Organisation (WHO). (2017). *10 Priorities for a Decade of Action on Healthy Ageing*. World Health Organisation Retrieved from <https://www.who.int/ageing/WHO-ALC-10-priorities.pdf?ua=1>.

Appendix

Appendix A Table 1 Data Extraction Table

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
2. Adams, J., & Kaplow, R. (2013). A Sitter-Reduction Program In an Acute Health Care System. <i>Nursing Economic\$, 31(2)</i> , 83-89.					
3. USA					
4. A description of a clinical practice initiative aimed at reducing 'sitter' use by 50% in an acute healthcare system, (n=4) hospitals. The role was revised and regraded, practice changes implemented included: safety huddles, hourly rounding, and monthly environmental audits.	'Sitter' use was reduced by more than 50%. The need to challenge practice was emphasised to ensure consideration of options other than a 'sitter' and to promote the 'intentional presence' of nurses.	'Sitter' 'Companion for continuous observation'	The direct observation of patients to provide a safer environment.	Used for those with: <ul style="list-style-type: none"> Hallucinations Aggression Substance abuse Confusion/delirium A falls risk Self-harm risk Interfering with lines or equipment; or Restraints, or to avoid same. 	<ul style="list-style-type: none"> Safety is enhanced, and restraint use minimised. Possibly effective in preventing self-harm. Reducing the use of 'sitters' results in cost saving.
5. Ahern, S., Cronin, J., Woods, N., Brady, N. M., O'Regan, N. A., Trawley, S., & Timmons, S. (2018). Dementia in older people admitted to hospital: An analysis of length of stay and associated costs. <i>International Journal of Geriatric Psychiatry</i> . https://doi-org.ezproxy.uow.edu.au/10.1002/gps.5001					
6. Ireland					
7. Prospective cohort study of (n=594) patients aged ≥70 years using	No significant difference in overall length of stay and total costs between	'One-to-one monitoring' '1:1 care' 'special carer'	Support role performed by a variety of staff including porters and healthcare	Used for people with increased risk of complications due to: <ul style="list-style-type: none"> Behavioural issues Safety issues; and, 	The person with dementia is assumed to cost more when in hospital due to the association with 1:1 care, however, there is no standardised method of recording costs at ward or hospital level to evidence this.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
primary data from (n=6) hospitals	those with dementia and those without.		assistants, to ensure patient safety and well-being.	<ul style="list-style-type: none"> Dementia 	
9. Alshahrani S, Magarey J, Kitson A. (2018). Relatives' involvement in the care of patients in acute medical wards in two different countries—An ethnographic study. <i>J Clin Nurs.</i> 2018;27:2333–2345. https://doi-org.ezproxy.uow.edu.au/10.1111/jocn.14337 10. Saudi Arabia and Australia					
11. A qualitative ethnography on family care in (n=2) hospitals. In Australia (n=22) patients, (n=22) relatives, (n=11) nurses. In Saudi (n=48) patients, (n=52) relatives, (n=18) nurses. Interview and observation.	Evidenced ambiguity in the family role in care, complexities for nurses who saw positives and issues with legal and safety concerns. Relatives were unsure of boundaries and institutional constraints.	'Companion' 'Watchers' 'Attendants' 'Sitters'.	Provision of physical, psychosocial and spiritual support to the person in hospital, along with other needs, by family and friends in Saudi Arabia.	Companion responds to the individual needs of the patient. Can occur in response to: <ul style="list-style-type: none"> Staffing pressures Family obligation To improve the quality of care To ease the patients fears and reduce stress. 	<ul style="list-style-type: none"> Psychosocial support benefits. Informal and formal supports can be interchangeable. Communication / cultural challenges. Lack of formal guidelines and policy mean an ad hoc and inconsistent approach
12. Ayton, D., O'Brien, P., Trembl, J., Soh, S.-E., Morello, R., & Barker, A. (2017). Nurses' perceptions of preventing falls for patients with dementia in the acute hospital setting. <i>Australasian Journal on Ageing</i>, 36(4), E70-E72. doi:doi:10.1111/ajag.12474 13. Australia					
14. A multicentre cluster randomised controlled trial, (n=6) hospitals on nurses' perspectives of falls prevention for patients with	Nurses reported issues relating to the environment of the hospital setting, competing priorities and the need for one-on-one supervision for	'One-on-one supervision' 'Patient sitters' 'Constant observers' 'Patient watch'	One-on-one supervision to watch people with dementia by trained 'sitters'.	Used for the person with dementia who has a high falls risk and is unable to: <ul style="list-style-type: none"> Understand falls education; or Use mobility aids. When there is competing nursing priorities creating	<ul style="list-style-type: none"> Nurses expressed the belief this was the most effective means to keep a person with dementia safe. It is expensive It is not always possible (finance and resources) Other means need to be considered e.g. use of volunteers

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
dementia, (n=96) participants, (n=12). Focus groups.	patients with dementia.			concerns for safety and neglect.	
15. Bartlett, K (No Date), Specialling in delirium and dementia: a cross-sectional cohort study, HETI and Mid North Coast Local Health District, Coffs Harbour. http://www.heti.nsw.gov.au/Global/Rural/RRCBP/2012%20RRCBP%20Intake/K%20Bartlett%20-%20Final%20Report.pdf					
16. Australia					
17. Quantitative retrospective audit in (n=1) hospital to discover if older people with delirium and dementia who are provided with an Individual Patient 'Special' have nursing assessments conducted.	Rates of completion of compulsory admission assessments low: delirium (21%); and, dementia (20%). Consultation referral low (23%). (n=3) patients fell while 'specialled'. 'Specialled' patients had longer LOS (>3 times).	'Specialling' 'IPS' = 'Individual Special' 'Cohort' '1:1 patient care' 'Constant observation'	Patient care by a nurse for an individual or a small number of cohorted patients. The 'special' staff member will document behaviour changes. Cohorting is the provision of constant observation and care for more than one person in the same room by a single nurse.	To avoid restraint, considered for those experiencing: <ul style="list-style-type: none"> Confused / dementia / delirium Falls risk wandering/intrusive/exit-seeking agitated/anxious/psychotic/suicidal alcohol withdrawal; and those who are aggressive, or pulling at medical equipment 	<ul style="list-style-type: none"> Falls still occurred LOS is longer Team roles and expectations unclear, (admission assessments were poorly attended) Little evidence of non-pharmaceutical management Physical and chemical restraint stated as alternative to 'specialling'. not always able to provide 1:1 care
18. Blog - nursing. (2016, 19th October 2018). Are patient sitters frequently needed in hospitals? Retrieved from https://www.reddit.com/r/nursing/comments/4e2320/are_patient_sitters_frequently_needed_in_hospitals/					
19. USA					
20. Blog 21. Online nursing community, (n=27) responses to an enquiry from an	Blog Online nursing community, (n=27) responses to an enquiry from an	Blog Online nursing community, (n=27) responses to	Blog Online nursing community, (n=27) responses to an enquiry from an	Blog Online nursing community, (n=27) responses to an enquiry from an individual about to undertake 'sitting'	Blog <ul style="list-style-type: none"> Online nursing community, (n=27) responses to an enquiry from an individual about to undertake 'sitting' who wanted opinions from

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
individual about to undertake 'sitting' who wanted opinions from experienced nurses on the role, such as: frequency of work, clinical practice opportunities, and tips to help 'make the nurse's job easier'.	individual about to undertake 'sitting' who wanted opinions from experienced nurses on the role, such as: frequency of work, clinical practice opportunities, and tips to help 'make the nurse's job easier'.	an enquiry from an individual about to undertake 'sitting' who wanted opinions from experienced nurses on the role, such as: frequency of work, clinical practice opportunities, and tips to help 'make the nurse's job easier'.	individual about to undertake 'sitting' who wanted opinions from experienced nurses on the role, such as: frequency of work, clinical practice opportunities, and tips to help 'make the nurse's job easier'.	who wanted opinions from experienced nurses on the role, such as: frequency of work, clinical practice opportunities, and tips to help 'make the nurse's job easier'.	experienced nurses on the role, such as: frequency of work, clinical practice opportunities, and tips to help 'make the nurse's job easier'.
22. Bock, T. J. (2017). A solution to sitters that won't fall short. <i>Nursing Management</i>, 48(1), 38–44. 23. USA					
24. Opinion piece with an overview of research evidence to recommend fall prevention strategies for US hospitals.	'Sitters' may have a place in hospitals, however, the role can safely be reduced. To aid a reduction strategy, organisations should focus on their contextual concerns.	'Sitter' 'One-to-one' 'Direct observation'	'Sitters' conduct one-to-one direct observation of high-fall-risk patients	Considered for those experiencing: <ul style="list-style-type: none"> Confused/delirium Falls risk 	<ul style="list-style-type: none"> 'Sitters' and falls cost 'Sitters' are considered vital to safety 'Sitters' are overused and Real time de-briefing a useful initiative to reduce costs and implement evidence-based practice.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
25. Brown, S. (2016). One to One: Improved arrangements for enhanced nursing care – specialising – can deliver patient benefits and save money. HFMA website. Retrieved from HFMA website: https://www.hfma.org.uk/docs/default-source/publications/case-study/improving-arrangements-for-enhanced-nursing-care.pdf?sfvrsn=6					
26. UK					
27. Case study report to show how two Trusts have shown the value of a more structured approach to care, a quality improvement report. 28.	Improved 'specialising' arrangements deliver more consistent, patient-centred care and greater involvement of relatives and carers. Provides nurses with decision making support.	'Specialising' 'one-to-one nurse care' 'Enhanced nursing care' 'Cohorting'	Previous confusion with use of term 'cohorting', the observation of >1 person, often 1:4. Now use 4 levels: <ul style="list-style-type: none"> • Usual ward-based observation • Intermittent observation • Within eyesight • Continuous observation 	Tradition of intuitive assessment by nurses who identified those needing enhanced care. New system of levels of care and risk assessment for <ul style="list-style-type: none"> • Falls risk • risk of getting up unaided or exit-seeking • confusion / delirium / dementia • Other clinical risks. 	New system focussed on quality care and has greater inclusion of family in care and support. With processes and supports for nurses to follow the care was viewed as positive for the patient and moved costs 'in the right direction'. No statistics provided of safety improvements, goal stated as person centred quality care.
29. Carr, F. M. M. (2013). The Role of Sitters in Delirium: an Update. Canadian Geriatrics Journal, 16(1), 22-36. 30. Canada					
31. Literature review from 1960 to 2011 to provide an overview of the 'sitter' role in hospital delirium management.	(n=37) papers. 'Sitters' are used in a variety of settings. A paucity of information on 'sitter' training, lack of formal guidelines and conflicting evidence regarding cost and clinical outcomes.	'Constant observation' 'Sitter' 'Special observation' 'Patient companion'	The provision of one-to-one observation by a dedicated person employed to 'sit' with the patient. The 'sitter' may be family or volunteers.	Commonly implemented for the management of delirium.	<ul style="list-style-type: none"> • Clinical indicators support use in delirium management. • Falls reduction is not clear. • Restraint use is less • Valued by nurses as a safety net for adequate care provision. • Trained volunteer likely to be cost-effective and improve interactions.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
32. Colella, J. (2017). Managing delirium behaviors with one-to-one sitters. Nursing Management, 48(9), 1-6. doi: 10.1097/01.NUMA.0000522172.15640.6b					
33. USA					
34. Implementation of a clinical practice initiative in (n=1) hospital of a clinical assessment bundle (CAB) aimed at reduction of 'sitter' use.	One-to-one for safety risk management decreased by 41%, care cost decreased by 28%, 'sitter' use and falls declined.	'One-to-one' 'Sitters'	Provision of one-to-one observation driven by nurse requests. To provide safety and well-being.	For people with delirium who exhibit: <ul style="list-style-type: none"> • Agitation; • Impulsivity; or • Aggression. 	<ul style="list-style-type: none"> • 'Sitters' (aimed at reducing injury) are associated with a higher rate of assisted falls • Costs high and escalating. • Building into processes (alternatives and ceasing) increases cost effectiveness and maintained a patient focus. • Noted restraint use low and unchanged with project
35. Colman, T. Improving Patient Safety through Patient Safety Aide (Sitter) Competency Education. (Nursing Theses and Capstone Projects), Gardner-Webb University, Digital Commons. Retrieved from https://digitalcommons.gardner-webb.edu/nursing_etd/256					
36. USA					
37. Thesis (capstone) to maximize the use of 'sitters' with training in (n=1) hospital. (n=164) 'Sitters' and staff. Pre and post-tests.	The intervention lead to 'sitters' having an improved sense of preparedness. Some reduction in falls and elopement occurred	'Sitter' 'Patient safety aide' one-to-one	Provision of direct one-to-one patient safety monitoring	To increase safety for patients at risk of falling or 'elopement' or other high-risk safety concerns. An alternative to restraint.	<ul style="list-style-type: none"> • Training and role clarity for 'sitters' to manage risk is important. • Contextual data recognises local anomalies e.g. increased 'elopements' on Sundays.
38. Connors, D, Mills, B & Dewing, J (No Date) 'More Than a Sitter': A Practice Development Project on Special Observations in Acute General Hospital Care (2012-2014), East Sussex Healthcare and NHS Trust Online FONS. https://www.fons.org/Resources/Documents/Special-Observations-in-Acute-General-Hospital-Care-PBDR-East-Sussex-.pdf					
39. UK					
40. Report on a practice development project	Nursing practice of 'special' observation was highly variable and not necessarily	'Sitter' 'Special observation'	A commonly used nursing intervention with older people	Used for confused people with behaviour changes.	Complexity evident in staff understanding of the role and in their own recognition of a need for learning to enable therapeutic engagement. A 'special' observation flow

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
undertaken to improve 'specialling' within a general hospital setting for transfer to a healthcare system.	therapeutic. Staff wanted to learn and found policy complex.		with dementia and / or delirium		chart allowed staff to have a quick reference to the policy outline.
41. Cook, J. J., Palesy, D., Lapkin, S., & Chenoweth, L. (2018). RESEARCH. OLDER PATIENT SPECIALLING: A CALL FOR A CONSISTENT APPROACH. <i>Australian Nursing & Midwifery Journal</i> , 25(9), 14-14.					
42. Australia					
43. Short research report on study in (n=1) hospital with (n=12) observations and (n=9) RN focus group participants.	Nurses highlighted concerns around the skills of staff allocated to 'special'.	'Specialling' 'Cohorting' 'Close monitoring' 'Observation'	Close monitoring and observation of the person to prevent injury or deterioration.	Used for older people in hospital experiencing disorientation, confusion or agitation.	<ul style="list-style-type: none"> One to one more common than cohorting. 'Specialling' can create ward shortfall and skill mix issues. Concern about the lack of consistency and staff training.
44. de Jong, L. D., Kitchen, S., Foo, Z., & Hill, A.-M. (2018). Exploring falls prevention capabilities, barriers and training needs among patient sitters in a hospital setting: A pilot survey. <i>Geriatric Nursing</i> , 39(3), 263-270. doi: https://doi.org/10.1016/j.gerinurse.2017.09.006					
45. Australia					
46. Pilot survey explored 'sitters' falls prevention capability. (n=2) hospitals, participants (n = 31) from medical, cardiac, renal, rehabilitation, general surgical,	(90%) participants felt confident in their role. Reasons for falls were patient-related (n = 91, 64%); the most frequent preventive strategies were environment-related (n = 54, 64%).	'Sitter' 'Direct patient supervision and observation'	A means to increase direct patient supervision and observation by employing nursing assistants, care staff or volunteers to prevent falls.	An intervention used for patients with a high risk of falling.	<ul style="list-style-type: none"> 'Sitters' have a limited capacity to prevent falls. Lack of standardisation impacts outcomes.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
and older adult mental health wards.					
47. Dewing, J. (2013). Special observation and older persons with dementia/delirium: A disappointing literature review. <i>International Journal of Older People Nursing</i> , 8(1), 19-28. doi:10.1111/j.1748-3743.2011.00304.x					
48. UK					
49. Literature review 2000 to 2010, aimed to establish the state of research on 'special' observations in older persons with dementia and / or delirium and to make practice and research recommendations	No empirical gerontological evidence base was found for the practice of 'special' observations with older persons with dementia and / or delirium.	'Specialling' 'Special observation' 'Constant observation' 'Sitter'	No clear definition of practice found as aspects of 'special' observation and constant observation are intertwined with new terms. Potential for custodial surveillance rather than therapy.	Intervention to support older people with cognitive impairment and behaviour assessed as creating a safety risk for themselves or others.	<ul style="list-style-type: none"> • There is a lack of evidence on how the older person experiences 'specialling'. • A clear definition and purpose are needed. • The nurse 'special' can experience isolation in the role.
50. Dewing, J., & Dijk, S. (2014). What is the current state of care for older people with dementia in general hospitals? A literature review. <i>Dementia</i> , 15(1), 106-124. doi:10.1177/1471301213520172					
51. UK					
52. Literature review 53. 2007-2013, a themed review on the care of people with dementia in general hospitals.	(n=53) papers. Theme: 'consequences of being in hospital', (n=7) subthemes: care environment, cultures of care, attitudes, challenges and	'Specialling' 'Monitoring'	Similar role to a 'baby-sitter', can lead to a 'custodial gaze' with little therapeutic value, interactions were mainly the unnatural	Care for the person who has cognitive impairment and exhibits behaviours such as agitation, restiveness to care, aggression, wandering, calling out.	Focus on the behaviour and tasks devalues the older person and misses the opportunity for therapeutic person-centred care that meets the needs of the older person with dementia.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
	researched service models.		observation of the older person.		
54. Dick, A., La Grow, S., & Boddy, J. (2009). The effects of staff education on the practice of 'specialling' by care assistants in an acute care setting. <i>Nursing Praxis in New Zealand</i> , 25(1), 17-26.					
55. New Zealand					
56. Retrospective single-case time-series. An evaluation to demonstrate the impact of an educational intervention on the incidence and duration of 'specialling' in (n=1) hospital, (n=5) medical and surgical wards.	The difference in mean 'specialling' episodes per month pre- (M=414.33, SD=128.55) and post-intervention (M=221.33, SD=109.67) significant (t [10] =2.79, p=.019). Costs decreased by 50% in the months following the intervention.	'Specialling' 'One-to-one observation' 'Close observation' 'Direct patient monitoring'	Observation of patients on a one-to-one basis. To maintain patient safety.	Used for patients at risk of accident or injury secondary to their clinical condition, for example dementia, delirium, dehydration, high risk for falls.	<ul style="list-style-type: none"> The handing over of care to untrained staff missed assessment for serious illness. 'Specialling' is expensive. An education program was able to reduce incidence, duration and costs of 'specialling'.
57. Flynn, S., Prescott, T., & Jinks, A. (2016). HCAs undertaking special observation of patients with neurological conditions. <i>British Journal of Healthcare Assistants</i> , 10(8), 378-383. doi:10.12968/bjha.2016.10.8.378					
58. UK					
59. Practice development initiative. Paper reports the effectiveness of a training programme for healthcare	(n=20) HCA participants Prior to the training attitudes were negative descriptors included boring, tiring, and frightening, none liked it. Participants'	'Special observation' 'Close observation' 'Constant observation', 'Direct patient monitoring',	4 levels of observation defined. <ul style="list-style-type: none"> Usual; Intermittent; Close: constantly aware of where the person is; and, 	For people with complex conditions, confusion and agitation for the safety of self and others. Risks include: <ul style="list-style-type: none"> Falling Wandering; or, Similar. 	<ul style="list-style-type: none"> Drains resources, costly. Project required resourcing (i.e. diversional boxes). Safety considered over privacy needs. Caring for confused people in hospital may be passive, non-therapeutic Most research mental health focus, lack of acute older persons care.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
assistants (HCA's) providing 'special' observation in a neurosciences hospital.	confidence levels increased, and documentation and family collaboration improved on training completion. A more therapeutic approach improves the caring experience for all.	'Surveillance', 'One-to-one nursing' 'Sitting with' 'Suicide watch'	<ul style="list-style-type: none"> 'Special': constantly in sight and arms reach– may require more than one staff member. 	Undertaken by HCA's (unqualified) supervised by an RN.	<ul style="list-style-type: none"> 'Specialling' maybe used in response to staff anxieties. Anecdotal evidence of 'specialling' as a ritual, not based on needs assessment of the older person.
60. Handley, M., Bunn, F., & Goodman, C. (2017). Dementia-friendly interventions to improve the care of people living with dementia admitted to hospitals: a realist review. <i>BMJ Open</i>, 7(7), e015257. doi:10.1136/bmjopen-2016-015257					
61. UK					
62. A realist review conducted in three phases to identify programmes and approaches to make hospital settings more dementia-friendly. (n=15) Interviews 63. (n=28) Publications	Supportive mechanisms: Staff understand behaviours as an unmet need, value the care role. Senior management endorse and permit practice changes. Person-centred care approaches valued. Risk emphasis: restricts choice, and increases distress for the person with dementia.	'Specialling' 'Monitoring'	A risk management activity using untrained staff who are often unclear of the purpose beyond monitoring the patient.	<ul style="list-style-type: none"> Dementia. Physical illness, cognitive impairment. Staff shortages leading to managers prioritising risk over non-medical care. 	<ul style="list-style-type: none"> Results in a lack of interaction and patient distress. Need to realise therapeutic potential by: <ul style="list-style-type: none"> Clear role Training Care meets patient need Staff awareness, authority and resources to provide dementia friendly healthcare effective for the person living with dementia.
64. Home Care Assistance. (No Date) Hospital Sitters: critical care for older patients In: Vol. 1. Care Notes Newsletter Eastern Pennsylvania USA: Home Care Assistance. https://homecareassistance.com/wp-content/themes/hca/downloads/Newsletter-1-6.pdf					

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
65. USA					
66. Service provider consumer newsletter	N/A	'Sitter' 'one-to-one'	Round-the-clock companion under RN direction to: <ul style="list-style-type: none"> • Make observations • Give comfort • Provide safety by alerting the RN • Prevent falls Maybe physician prescribed.	Used to enhance comfort and safety in busy hospital setting for those: <ul style="list-style-type: none"> • Unable to follow directions • Dementia • Disorientation • Medications 	<ul style="list-style-type: none"> • Provide families with peace of mind enabling them to go home and rest • Vigilance for safety • Companionship • Reduce boredom and depression. • Add a sense of security • Make the stay more 'human'
67. Kerr, M, Verner, Y & Traynor, V 2013, 'From darkness to lightness: developing a working definition of special observation in an acute aged care setting', <i>International Practice Development Journal</i>, vol. 3 (Conference Supplement), no. 6, p. 13.					
68. Australia					
69. Practice development project in (n=1) hospital with (n=13) nurses to develop a working definition of 'special' observation in acute older persons care settings.	An (aspirational) acute older persons' care working definition of 'specialling'.	'Special observation' 'One-to-one nursing care' 'One-to-one observation' 'Direct patient monitoring'	'Special observation is delivered following ...assessment by nurses with advance.... skills using a nurse-patient ratio of 1:1 to: (i) enable person-centred therapeutic practice interventions and (ii) promote safety..... through the delivery of evidence based	'Special' observation enables person centred therapeutic interventions and promotes safety, it is delivered following an individual assessment by a trained and skilled nurse.	Person centred therapeutic outcomes which would improve the hospital experience for an older person with cognitive impairment. Outcomes not articulated explicitly.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
			<i>education and... adherence to a single policy.'</i>		
70. McCormack, B. (2011). Editorial: Dementia and delirium – the need to fix the system. <i>International Journal of Older People Nursing</i> , 6(2), 79–80. https://doi-org.ezproxy.uow.edu.au/10.1111/j.1748-3743.2011.00270.x					
71. UK					
72. Editorial	N/A	'Special observation'	'Special observation' is a primary care intervention for the person with dementia in hospital needing support, quality and quantity varies.	Used for the older person with dementia and delirium in hospital.	There is an over-reliance on 'specialling' in hospitals and little evidence of alternative strategies such as: <ul style="list-style-type: none"> • Environmental changes; and • Delirium prevention and management.
73. Mitchell, D. (1,2), Hutchinson, A. (1,9), Redley, B. (1,9), Raymond, M. (3), Jellett, J. (4), Webb-St Mart, M. (5), ... Haines, T. (10). (n.d.). Where are falls prevention resources allocated by hospitals and what do they cost? A cross sectional survey using semi-structured interviews of key informants at six Australian health services. <i>International Journal of Nursing Studies</i> , 86, 52–59. https://doiorg.ezproxy.uow.edu.au/10.1016/j.ijnurstu.2018.06.002					
74. Australia					
75. Mixed methods cross sectional study across (n=6) health services to understand resource allocation to falls prevention activities. (n=186) health staff interviewed.	AU\$46,478,014 annual costs, with allocations: <ul style="list-style-type: none"> • Physiotherapy (18%) • Continuous observers (14%) • Assessment (12%) • Screens (8%), and • Alarms (11%). 	'Continuous patient observer'	The employment of extra staff when the safety of patient/s is considered at risk.	Primary use for those at risk of falls and fall injury. Most requests included other reasons such as cognitive impairment.	<ul style="list-style-type: none"> • One of the main resources used in falls prevention. • Costs not only in 'observer' wage but in time spent organising. • Disinvestment recommended to areas where evidence supports investment e.g. patient education.
76. Moghabghab, R. (2017). <i>Constant Observation for Older Adults in Acute Care: A Mixed Methods Study</i> . (PhD), University of Toronto, UOT TSpace Library. Retrieved from https://tspace.library.utoronto.ca/bitstream/1807/79342/3/Moghabghab_Rola_201706_PhD_thesis.pdf					

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
77. Canada					
78. Thesis, mixed methods study set in (n=2) hospitals.	Observer role included three components: direct care, patient safety' information sharing.	'Constant observation' 'Special observation'	Multi-faceted role providing direct care, ensuring patient safety and sharing information.	Used for patients with multiple risk factors e.g. the presence of responsive behaviours and falls risk, alternative strategy to restraint.	Outcomes included the prevention and management of responsive behaviour and adverse events, to result in "a good shift".
79. Moyle, W., Olorenshaw, R., Wallis, M., & Borbasi, S. (2008). Best practice for the management of older people with dementia in the acute care setting: A review of the literature. <i>International Journal of Older People Nursing</i>, 3(2), 121-130. doi:10.1111/j.1748-3743.2008.00114.x					
80. Australia					
81. Literature review 82. 1986 to 2006 on the management of people with chronic confusion due to dementia within hospital.	(n=31) papers Demonstrated the need for further research that aims to identify and evaluate best practice models of hospital care for people with dementia.	'Oversee'	The practice of 'managing' people with dementia by the assignment of one staff member to oversee them.	Person with dementia who is disruptive to the ward.	The practice may promote labelling as the person with dementia may be perceived as a problem and at fault, requiring the overseer.
83. Outcalt, L. (2013). Paid Companions: A Private Care Option for Older Adults. <i>Canadian Journal on Aging</i>, 32(1), 87–102.					
84. https://doi-org.ezproxy.uow.edu.au/10.1017/S0714980813000093					
85. Canada					
86. Qualitative study examining the role of paid companions, semi-structured interviews (n=30) participants (15 companions, 8 clients, and 7	Privately funded companions provide a care option, especially for those with dementia, to aid ongoing engagement. Important option as healthcare budgets are stretched,	'Paid companion'	Someone to sit with the person to converse with them and calm. Not personal care but emotional and social support. Useful in a variety of settings including hospital.	For those with cognitive impairment who may be requiring more support than the hospital will or can provide. A family may hire service for respite breaks.	Family members feel confident to leave their older relative in hospital with the extra support. Cutbacks to public health funding and an emphasis on task driven care has created a market for the additional support for older people (and others).

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
informants). Companion service in the home, residential and acute.	concerning for those with low income.				
87. Rachh, P., Wilkins, G., Capodilupo, T. A., Kilroy, S., Schnider, M., & Repper-Delisi, J. (2016). Redesigning the Patient Observer Model to Achieve Increased Efficiency and Staff Engagement on a Surgical Trauma Inpatient Unit. <i>The Joint Commission Journal on Quality and Patient Safety</i> , 42(2), 77-AP72. doi: https://doi.org/10.1016/S1553-7250(16)42009-X					
88. USA					
89. Clinical practice initiative to reduce patient observers and increase the use of existing strategies to aid patient safety, staff engagement, cost containment, and fall rates. Pilot study (n=1) hospital surgical trauma ward.	Observer hours decreased from 208 to 112 hours / week	'Patient observers' or 'Sitters' 'Constant observers' 'one-to one'	Observers assist vulnerable patients, provide an increased level of observation and supervision to maintain safety and well-being. Constant observation is continuous. Requested by nurses, provided by the casual pool.	Alternative to restraints for behaviour which puts the person at risk of injury, often used for the person with delirium.	Challenges and staff frustrations: <ul style="list-style-type: none"> • Time taken to organise • Availability of staff (resources) • Training/skill level of staff variable • Costly to ward budget • Lack of evidence for policy, to cease observation Redesigned model improved: <ul style="list-style-type: none"> • Delirium assessment (education) • Team support; and • Role clarity
90. Rankin, J. (2009). Restraining patients 'ought to be last resort' (11763558). Retrieved from http://ezproxy.uow.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=n5h&AN=EVS0911190001121549697-AG&site=eds-live					
91. New Zealand					
92. News item 93. Hospital setting	N/A	'Specialling'	Entails 'someone' sitting with the patient around the clock.	For unwell older or brain injured people with delirium. Promotes safety, to prevent 'pulling out tubes' and to avoid restraint.	'Specialling' reduces the need for restraint, physical or chemical.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
94. Rochefort, CM, Ward, L, Ritchie, JA, Girard, N & Tamblyn, RM 2012, 'Patient and nurse staffing characteristics associated with high sitter use costs', Journal of Advanced Nursing, vol. 68, no. 8, pp. 1758-67.					
95. Canada					
96. Prospective study 97. Aimed to estimate the relationship between patient health conditions, nurse staffing characteristics and high 'sitter' use. Medical and surgical wards of (n=1) hospital.	Every additional worked hour per patient per day by RN (OR = 0.33; 95% CI = 0.27–0.39) and by care assistants (OR = 0.11; 95% CI = 0.08–0.15) reduced the likelihood of high 'sitter' use.	'Sitters' 'Continuous surveillance'	Continuous surveillance by paid unlicensed healthcare workers who can alert nurses should the person deteriorate.	Substitute for restraints. Used with an increased risk of adverse events. Common with understaffing and in older people admitted with: <ul style="list-style-type: none"> • Mental illness/psychoses • Dementia; or, • Delirium. 	<ul style="list-style-type: none"> • A major budgetary concern for hospitals. • Restraints maybe used where 'specialling' is unsuccessful. • Higher RN hours equated with less 'sitter' hours but with higher collective experience of RNs 'sitter' use was higher.
98. Saunders, K. (2011). One-on-one care blows staff budget Gown clip could track patients. Retrieved from http://ezproxy.uow.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=n5h&AN=TNL1107080004138462297-AW&site=eds-live					
99. New Zealand					
100. News item 101. Hospital setting	N/A	'Specialling'	One-on-one care mostly from non-nursing staff i.e. 'watchers' or psychiatric assistants.	For safety related to wandering and falls for unwell older people. To stop people wandering.	<ul style="list-style-type: none"> • Alarm mats and 'tracking clips' used as strategies. • Costly. Board frustrated by lack of 'proactive' development in the field.
102. Schroeder, R. (2016). Bearing Witness: The Lived Experience of Sitting With Patients. Archives of Psychiatric Nursing, 30, 678-684. doi: 10.1016/j.apnu.2016.03.005					
103. USA					
104. Qualitative 105. Hermeneutic phenomenology	Themes: Accepting them, It's not about me, You're not alone, Taking it to heart, Lifts	'Sitter' 'Continuous surveillance'	Consists of prolonged and continuous surveillance as an	To avoid the use of restraint when there is a risk of self-harm or harm to others due	<ul style="list-style-type: none"> • Expensive and a burden to nursing resources.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
Explored the lived experiences of staff who sit with people, (n=1) community hospital	me up, Supporting role; overarching focus of Bearing witness.		intervention. It is generally carried out by paid, unlicensed healthcare workers, volunteers or sometimes family.	to confusion or agitation caused by: <ul style="list-style-type: none"> delirium, dementia substance intoxication; or mental health issues 	<ul style="list-style-type: none"> Sitting and being present with a confused or disruptive person may be difficult. Positive role when a sense of usefulness in making a difference in the lives of those 'specialled'.
106. Shannon, K. (2018). The care of older people with dementia in rural Australian hospitals - a case study. Australian Journal of Advanced Nursing, 36(1), 6–15. Retrieved from http://ezproxy.uow.edu.au/login?url=https://search-ebscohost-com.ezproxy.uow.edu.au/login.aspx?direct=true&db=rzh&AN=131905845&site=eds-live					
107. Australia					
108. Case study 109. Description of how (n=21) nurses working in (n=3) rural hospitals cared for people with dementia in the general wards.	Creative resource use and community networks enhanced person-centred care. The physical environment influenced practice.	'Specialling' 'Close supervision'	Close supervision, a form of restraint, usually confined to the patients' room and to prevent falls and wandering. Security staff might be used.	Used: <ul style="list-style-type: none"> To enhance patient safety Avoid physical or chemical restraint. When nurses were busy 	Nurses expressed tension in care provision as the environment was not safe for people with cognitive impairment to wander. Restraints occasionally used when workload and safety concerns were present. 'Specialling' is a form of restraint.
110. Sinvani, L. , Warner-Cohen, J. , Strunk, A. , Halbert, T. , Harisingani, R. , Mulvany, C. , Qiu, M. , Kozikowski, A. , Patel, V. , Liberman, T. , Carney, M. , Pekmezaris, R. , Wolf-Klein, G. and Karlin-Zysman, C. (2018), A Multicomponent Model to Improve Hospital Care of Older Adults with Cognitive Impairment: A Propensity Score–Matched Analysis. J Am Geriatr Soc, 66: 1700-1707. doi:10.1111/jgs.15452					
111. USA					
112. One-year retrospective chart review to determine if a multicomponent intervention	Intervention ward had lower mortality, (1.1% vs 2.9%, p=0.05) and shorter stays (5.0 vs 5.8 days, p=0.04). Less likely to have constant	'1-to-1 observation' 'Constant observation' 'Sitters'	Constant observation (CO) is continuous one-to-one monitoring of an individual patient by: <ul style="list-style-type: none"> Nurse assistants, 	To ensure patient safety and well-being and to reduce restraint. Beginnings in psychiatry to widespread use for people with dementia and exhibit BPSD, who are	<ul style="list-style-type: none"> Challenges managing costs. Study introduced Patient Engagement Specialists (PES) role which included cohorting. Showed cost benefits, lower mortality and shorter LOS. PES reduced the need but did not replace 1:1.

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
improved care in older adults with cognitive impairment. (n=1) hospital, on intervention and non-intervention wards.	(12.0% vs 45.8%, $p<0.01$) or enhanced (22.1% vs 79.6%, $p<0.01$) 'observation, be restrained (3.2% vs 6.9%, $p5.01$) or take benzodiazepines (26.3% vs 38.0%, $p<0.01$) or antipsychotics (41.2% vs 54.0%, $p<0.01$).	'Enhanced observation' 'Continuous one-to-one monitoring'	<ul style="list-style-type: none"> Other staff, Family; or, Volunteers. No standardised guidelines.	stressed in an unfamiliar hospital environment.	
113. Spiva, L., Feiner, T., Jones, D., Hunter, D., Petefish, J., & Vanbrackle, L. (2012). An evaluation of a sitter reduction program intervention. <i>Journal of Nursing Care Quality</i>, 27(4), 341-345.					
114. USA					
115. Descriptive study to evaluate the effectiveness of a 'sitter' reduction program in the acute hospital setting.	'Sitter' cost and hours decreased post program, overall 'sitter' hours ($t = 5.59$, $P = .001$) and 'sitter' costs ($t=4.76$, $p = .001$).	'Sitter' 'Constant observation' 'companions' 'one-to-one patient care'	Constant observation by an unlicensed worker to report deterioration and to prevent falls.	For those with high falls risk and needing intense monitoring	<ul style="list-style-type: none"> High cost activity Formal review processes and decision-making algorithm may help reduce costs Lowering costs did not significantly increase falls rates
116. Jo Stephenson 2016 Enhanced dementia care team of HCAs proving success after first year <i>Nursing Times</i> https://www.nursingtimes.net/roles/older-people-nurses/hcas-providing-enhanced-care-to-dementia-patients/7001428.article					
117. UK					
118. News story in an online nursing website on a practice initiative in one hospital. A team of healthcare	Survey showed carers are happy and more trusting in the care. "We were very clear that even if a patient was asleep.... they	'One to one care' 'Enhanced care'	Previously bank and agency nurses were used to provide one-to-one care, with "no consistency in the delivery of that	Used for vulnerable older people with confusion at risk of adverse events such as falls.	Cost a factor in change. Evaluation 1 year post-: <ul style="list-style-type: none"> No falls occurred. Junior doctors were called out less to patients in distress

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
assistants in a 'virtual' ward are specially recruited and assigned to work with older people with confusion.	were not to leave that patient's side, as they were there to enhance that person's care". Falls were eliminated.		care", some 'sitting' and did not interact. Using specially trained aides has improved the documentation and interaction.		<ul style="list-style-type: none"> There were improvements in the continuity of care and patient wellbeing Patients are more settled, and their cognitive function boosted by interaction.
119. Tzeng, H., Yin, C., & Grunawalt, J. (2008). Effective assessment of use of sitters by nurses in inpatient care settings. <i>Journal of Advanced Nursing</i> , 64(2), 176-183. doi:10.1111/j.1365-2648.2008.04779.x 120. USA					
121. Retrospective, descriptive study, an evaluation of the Patient Attendant Assessment Tool (PAAT) on nurses' requests for 'sitters', use of restraints, and falls and fall injury rates on (n=2) acute medical wards in (n=1) hospital.	Contradictory findings. Where the number of 'sitter' requests was higher, restraint use was lower. Higher RN hours and total nursing hours lowered the falls rate. Higher RN hours and total nursing hours resulted in higher falls injury rates.	'Sitter' 'Constant observation' 'Attendants' 'Companion'	Constant observation provided by volunteers, family or paid staff, usually aides and assistive personnel, unlicensed staff, in hospital.	Safety intervention to avoid the use of restraints and prevent falls for those assessed as high risk. Also, <ul style="list-style-type: none"> elopement assault behaviours 	<ul style="list-style-type: none"> 'Sitters' efforts to promote patient safety and their ability to take precautions against falls have been causes for concern. 'Sitter' use decreases restraints. Using 'sitters' has not been found to be cost-effective in falls reduction because the gains do not offset the expense of a 'sitter'.
122. Votruba, L., Graham, B., Wisinski, J., & Syed, A. (2016). Video Monitoring to Reduce Falls And Patient Companion Costs For Adult Inpatients. <i>Nursing Economic\$, 34(4)</i> , 185-189. 123. USA					
124. Prospective descriptive study	While there was a decrease in 1:1 'sitter'	'Companion' 'sitter'	One to one support of a vulnerable	Used to avoid adverse occurrences such as exit-	Patient companions are a costly fall-prevention intervention with equivocal

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
set in (n=3) wards (n=1) hospital, evaluated the effectiveness of video monitoring in reducing falls and the use of 'companions'.	usage, there was no increase in falls. In fact, falls decreased 35%.	'1:1'	patient by a paid staff member	seeking or a severe injury from a fall. Predicting which patient is most likely to fall continues to be a nursing challenge.	results. Alternative suggested 'tele-sitter' who monitors video cameras and can direct using a microphone.
125. Waszynski, C., Veronneau, P., Massa, A., Levick, S., Brousseau, M., & Therrien, K. (2013). Decreasing Patient Agitation Using Individualized Therapeutic Activities.					
126. USA					
127. Quality improvement project (n=1) hospital in the medical, surgical, and specialty inpatient units. Intervention effect on agitation for people receiving continuous observation with the implementation of therapeutic activities.	Agitation levels decreased among all groups, largest effect in the people who had the highest agitation pre-intervention. Observers reported a positive impact, more enjoyable interactions and decreased stress.	'Continuous observation' 'Specially Trained and Responsive (STAR) team' 'Sitter'	Continuous observation usually by a nurse. A 'sitter' responsible for keeping the person safe but may also provide personal care and assistance with mobility.	For high risk patients with behaviours related to: <ul style="list-style-type: none"> • Dementia • Delirium • Alcohol withdrawal, • Traumatic brain injury; or • Suicidal ideation. May use restraint in tandem.	<ul style="list-style-type: none"> • Costly activity. • A means of improving patient satisfaction. • STAR team initiated to respond to continuous observation needs. Use of STAR team increased positive nonverbal cues with others by those 'specialled' and engaged family in developing a plan. Restraint increased agitation.
128. Whittington Hospital (Producer). (No Date, 28th February 2019). 1:1 nursing / specialling of patients: Talk to us. [Pamphlet] Retrieved from https://www.whittington.nhs.uk/document.ashx?id=5929					
129. UK					

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
130. RCN leaflet for the nurse 'special'	N/A	1:1 nursing ('Specialling')	Monitoring activity. Can be intrusive, restrictive, mundane. Recommend: <ul style="list-style-type: none"> • Validation • Explanation and reassurance. • Promote dignity • Liaise with the team and carers. • Activities 	For older adults' who maybe: <ul style="list-style-type: none"> • Disoriented and distressed • Confused • Placing themselves or others at risk. 	Can be a useful intervention to manage risk and reduce distress. There should be therapeutic benefits, acknowledged this is often 'missed opportunity'.
131. Wilkes, L., Jackson, D., Mohan, S., & Wallis, M. (2010). Close observation by 'specials' to promote the safety of the older person with behavioural disturbances in the acute care setting. Contemporary Nurse: a Journal for the Australian Nursing Profession, 36(1/2), 131-142.					
132. Australia					
133. Two phased study in (n=1) hospital. Phase 1: retrospective analysis of (n=50) sets of data of older patients who had been 'specialled'. Phase 2: in-depth interviews with (n=10) nurses.	Commonly observed: resting and sleeping, yet 'specials' confirmed the need for 'specialling'. Qualitative findings: Gaps in services exist for older people with behavioural disturbance.	'Specials' 'One-one nursing care'	'Sitting' with and closely observing a patient, one-one nursing. Has been perceived as 'unpleasant', given to junior or untrained staff.	For older people in acute wards with safety needs, or impact others due to behavioural changes. Where nurses have limited resources and competing priorities.	Found ongoing need for 'specials' but also for inclusion of: <ul style="list-style-type: none"> • Training and education. • Improved processes and documentation templates • Individual assessment
134. Wood, V. J., Vindrola-Padros, C., Swart, N., McIntosh, M., Crowe, S., Morris, S., & Fulop, N. J. (2018). One to one specialling and sitters in acute care hospitals: A scoping review. International Journal of Nursing Studies, 84, 61-77. doi:https://doi.org/10.1016/j.ijnurstu.2018.04.018					

1. Research design / Document type	Findings	Concept terms	Attributes (How is the term used?)	Antecedents (What happens before?)	Consequences (What happens after?)
135. UK					
136. Scoping review 2000-2016 explored the literature on one to one 'specialling' in acute secondary care settings, to identify challenges and concerns relating to quality of care and cost effectiveness, and to determine policy, practice and future research implications.	(n=44) articles Terms used to describe 'specialling' lacked conceptual clarity and found variability in models. Described as expensive but there was little economic evaluation or consideration with the balance of benefits.	'Specialling' 'One to one care' 'Close observation' 'Sitter'	1:1 care and close observation in hospital settings. Usually by nurse assistants / aides and healthcare assistants, sometimes RNs, or family and volunteers. Suggests differentiating, two types: 'specialling' a therapeutic approach and 'sitter' passive / custodial	It is used to ensure the safety of patients at risk from: <ul style="list-style-type: none"> • Cognitive impairment • Challenging behaviour • At risk of falls; or • Harm to self or others. 	<ul style="list-style-type: none"> • Is variable in quality .and • A high cost intervention. • Possibility of potential harmful effect. • Sometimes used in tandem with restraint. • No direct experiences of the person 'specialled' are reported in literature.

Appendix B Table 2 Sources and themes

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Adams & Kaplow, 2013) Clinical practice initiative.	'Sitter' 'Companion for continuous observation'	'Patient safety' <ul style="list-style-type: none"> • Provided safety/prevented harm, deterioration or falls 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Confused/ unable to follow instruction; delirium; mental illness; substance abuse; hallucinations) • Behaviour (Interferes with equipment or is resistive to care; Exhibits Aggression or agitation) • Risk type (Falls risk; Risk to self) 'Organisational' <ul style="list-style-type: none"> • Potential risk of substandard or neglectful care / to avoid restraint 	'Special use and nursing beliefs' <ul style="list-style-type: none"> • Safety is enhanced 'Safety outcomes' <ul style="list-style-type: none"> • Belief restraint use is minimised • Possibly effective in preventing self-harm 'Costly' <ul style="list-style-type: none"> • Reducing specialising saves money • Opportunities • Real-time debriefing / huddles
(Ahern et al., 2018) Prospective cohort study.	'One-to-one monitoring' '1:1 care' 'special carer'	'The Special role' <ul style="list-style-type: none"> • Untrained role 'Patient safety' <ul style="list-style-type: none"> • Provide or promote harm, deterioration or falls 'Patient care' <ul style="list-style-type: none"> • promote well-being / satisfaction 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Dementia) • Behaviour (Behaviours with safety risk) 	'Special use and nursing beliefs' <ul style="list-style-type: none"> • Safety is enhanced 'Costly' <ul style="list-style-type: none"> • Expensive activity • Assumption the person with dementia costs more

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Alshahrani et al., 2018) Qualitative ethnography.	'Companions' 'Watchers' Relatives' 'Attendants' 'Sitters'	'Patient care' <ul style="list-style-type: none"> • Provision of personal care • Psychosocial / spiritual care 'The Special role' <ul style="list-style-type: none"> • Untrained role 	'Patient characteristics' <ul style="list-style-type: none"> • Behaviours (Fearful / stressed / distressed / disoriented) 'Organisational' <ul style="list-style-type: none"> • Potential risk of substandard or neglectful care/ to avoid restraint 	'the Older persons experience' <ul style="list-style-type: none"> • Psychosocial support which benefits the older person 'the Specials experience' <ul style="list-style-type: none"> • Ad hoc /unreliable/inconsistent role • Challenging 'Opportunities' <ul style="list-style-type: none"> • Volunteer role
(Ayton et al., 2017) Multicentre cluster randomised control trial.	'One-on-one supervision' 'Patient sitters' 'Constant observers' 'Patient watch'	'The Special role' <ul style="list-style-type: none"> • Trained 'Patient safety' <ul style="list-style-type: none"> • Provide or promote harm, deterioration or falls 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Dementia, Confused /unable to follow instruction) 'Organisational' <ul style="list-style-type: none"> • Potential risk of substandard or neglectful care/to avoid restraint • Staffing pressures / understaffed / competing priorities / busy 	'Special use and nursing beliefs' <ul style="list-style-type: none"> • RN safety concerns are reduced 'Costly' <ul style="list-style-type: none"> • Expensive activity • Limited resources 'Opportunities' <ul style="list-style-type: none"> • Alternatives needed • Volunteer role

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Bartlett, No Date) Retrospective audit published online.	'Specialling' 'IPS' = 'Individual Patient Special' 'Cohort' '1:1 patient care' 'Constant observation'	'Communication' <ul style="list-style-type: none"> (nursing) Observations and documentation 'Patient care' <ul style="list-style-type: none"> Personal care 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction; Dementia; Delirium; Mental illness; Substance abuse) Behaviour (Interferes with equipment or is resistive to care; Exhibits Aggression or agitation; Disruptive) 'Patient characteristics' <ul style="list-style-type: none"> Risk type (Falls risk) 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care / to avoid restraint 	'the 'Special' experience' <ul style="list-style-type: none"> Ad hoc /unreliable /inconsistent Unsupported (teamwork issues) Poor assessments / documentation 'Safety outcomes' <ul style="list-style-type: none"> Falls still occur/fall reduction not clear Belief restraint use is minimised Longer length of stay 'Costly' <ul style="list-style-type: none"> Limited resources
(Blog - nursing, 2016) Online nursing community	'Sitter'	'the 'Special' role' <ul style="list-style-type: none"> Untrained role Casual staff Boring / potentially unsafe / challenging 'Communication' <ul style="list-style-type: none"> (nursing) Observations and documentation Call for help / report deterioration or change 'Patient care' <ul style="list-style-type: none"> Personal care Therapeutic, distraction or reality orientation 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction; Mental illness) Behaviour (Interferes with equipment or is resistive to care) Risk type (Falls risk; Risk to self; Risk to others) 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care / to avoid restraint Staffing pressures / understaffed / competing priorities / busy 	'the 'Special' experience' <ul style="list-style-type: none"> Ad hoc /unreliable /inconsistent Unsupported (teamwork issues) 'Special use and nursing beliefs' <ul style="list-style-type: none"> Safety is enhanced RN safety concerns are reduced 'Safety outcomes' <ul style="list-style-type: none"> Falls still occur / fall reduction not clear Restraints still used / restrictive practice 'Costly' <ul style="list-style-type: none"> Limited resources Accessing 'specials' takes staff time (and frustration) Commonly used Wards work short due to 'specialling'

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Bock, 2017) Opinion piece, research overview.	'Sitter' 'One-to-one' 'Direct observation'	n/a	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Confused/ unable to follow instruction, delirium) • Risk type (Falls risk) 	'Special use and nursing beliefs' <ul style="list-style-type: none"> • Safety is enhanced 'Costly' <ul style="list-style-type: none"> • Expensive activity • Overused 'Opportunities' <ul style="list-style-type: none"> • Real-time debriefing / huddles
(Brown, 2016) Case study report published online.	'Specialling' 'one- to-one nurse care' 'Enhanced nursing care' 'Cohorting'	'the 'Special' role' <ul style="list-style-type: none"> • Nursing intervention 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Confused/ unable to follow instruction; Dementia; Delirium) • Behaviours (Disruptive) • Risk type (Falls risk) 'Organisational risk' <ul style="list-style-type: none"> • Usual care insufficient / increased risk of adverse events 	'the 'Special' experience' <ul style="list-style-type: none"> • Ad hoc / unreliable / inconsistent 'Costly' <ul style="list-style-type: none"> • Expensive • Reducing specialling saves money 'Opportunities' <ul style="list-style-type: none"> • Nursing processes / education / guidelines • Need for person centred care / processes • New label, new model • More family collaboration
(Carr, 2013) Literature review.	'Constant observation' 'Sitter' 'Special observation' 'Patient companion'	'the Special role' <ul style="list-style-type: none"> • Untrained role 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Delirium) 	'Special use and nursing beliefs' <ul style="list-style-type: none"> • RN safety concerns are reduced 'Safety outcomes' <ul style="list-style-type: none"> • Falls still occur/fall reduction not clear • belief restraint use is minimised 'Opportunities' <ul style="list-style-type: none"> • Volunteer role

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Colella, 2017) Clinical practice initiative.	'One-to-one' 'Sitters'	'The 'Special' role' <ul style="list-style-type: none"> Nursing intervention 'Patient safety' <ul style="list-style-type: none"> provided safety/prevented harm, deterioration or falls 'Patient care' <ul style="list-style-type: none"> Promote well-being / satisfaction 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Delirium) Behaviours (Aggression or agitation; Disruptive (wandering/intrusive/exit-seeking/impulsive/calling out)) 	'Safety outcomes' <ul style="list-style-type: none"> Increased assisted falls rate 'Costly' <ul style="list-style-type: none"> Expensive Reducing specialising saves money 'Opportunities' <ul style="list-style-type: none"> Nursing processes /education /guidelines Need for person centred care/ processes
(Colman, 2016) Capstone project thesis.	'Sitter' 'Patient safety aide' one-to-one	'Patient safety' <ul style="list-style-type: none"> Provide or promote harm, deterioration or falls 	'Patient characteristics' <ul style="list-style-type: none"> Behaviours (Disruptive) Risk type (Falls risk) 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care / to avoid restraint 	'the 'Special' experience' <ul style="list-style-type: none"> Ad hoc / unreliable / inconsistent Challenging 'Opportunities' <ul style="list-style-type: none"> Nursing processes / education / guidelines New label, new model
(Connors et al., 2016) Practice development project report.	'Sitter' 'Special observation'	'the 'Special' role' <ul style="list-style-type: none"> Nursing intervention 'Patient safety' <ul style="list-style-type: none"> Potential to be intrusive / restrictive /poor quality care 'Patient care' <ul style="list-style-type: none"> Therapeutic, distraction or reality orientation 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction; Dementia; Delirium) Behaviour (Behaviours with safety risk) 	'the 'Special' experience' <ul style="list-style-type: none"> Ad hoc /unreliable /inconsistent 'Opportunities' <ul style="list-style-type: none"> Nursing processes /education / guidelines Need for person centred care/ processes

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Cook et al., 2018) Short research report.	'Specialling' 'Cohorting' 'Close monitoring' 'Observation'	Patient safety' <ul style="list-style-type: none"> • Provide or promote harm, deterioration or falls 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Confused / unable to follow instruction) • Behaviour (Exhibits Aggression or agitation; Fearful / stressed / distressed / disoriented) 	'the 'Special' experience' <ul style="list-style-type: none"> • Ad hoc /unreliable /inconsistent 'Opportunities' <ul style="list-style-type: none"> • Nursing processes /education / guidelines 'Costly' <ul style="list-style-type: none"> • Wards work short due to 'specialling'
(de Jong et al., 2018) Pilot survey.	'Sitter' 'Direct patient supervision and observation'	'the 'Special' role' <ul style="list-style-type: none"> • Untrained role 	'Patient characteristics' <ul style="list-style-type: none"> • Risk type (Falls risk) 	'the 'Special' experience' <ul style="list-style-type: none"> • Ad hoc /unreliable /inconsistent 'Safety outcomes' <ul style="list-style-type: none"> • Falls still occur/fall reduction not clear' 'Opportunities' <ul style="list-style-type: none"> • Nursing processes /education / guidelines
(Dewing, 2013) Literature review.	'Specialling' 'Special observation' 'Constant observation' 'Sitter'	'Patient safety' <ul style="list-style-type: none"> • Potential to be intrusive / restrictive / poor quality care 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Confused/ unable to follow instruction; Dementia; Delirium) • Behaviour (Behaviours with safety risk) • Risk type (Risk to self; Risk to others) 	'the Older persons' experience' <ul style="list-style-type: none"> • Lack of evidence 'the 'Special' experience' <ul style="list-style-type: none"> • Ad hoc /unreliable /inconsistent • Challenging Opportunities • Nursing processes /education / guidelines
(Dewing & Dijk, 2014) Literature review.	'Specialling' 'Monitoring'	'Patient safety' <ul style="list-style-type: none"> • Potential to be intrusive / restrictive / poor quality care 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Confused/ unable to follow instruction) • Behaviours (Behaviours with safety risk; Interferes with equipment or is resistive to care; Aggression or agitation; Disruptive) 	'the Older persons' experience' <ul style="list-style-type: none"> • Lack of evidence • Focus on behaviour and tasks devalues the older person 'the 'Special' experience' <ul style="list-style-type: none"> • Ad hoc /unreliable /inconsistent

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Dick et al., 2009) Retrospective single- case time-series.	'Specialling' 'one-to-one observation' 'close observation' 'Direct patient monitoring'	Patient safety' <ul style="list-style-type: none"> provided safety/prevented harm, deterioration or falls 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Dementia; Delirium) Risk type (Falls risk; Risk to self) 	'the 'Special' experience' <ul style="list-style-type: none"> Assessment of serious illness is missed 'Costly' <ul style="list-style-type: none"> Expensive Reducing specialling saves money 'Opportunities' <ul style="list-style-type: none"> Nursing processes /education / guidelines
(Flynn et al., 2016) Practice development initiative.	'Special observation' 'Close observation' 'Constant observation' 'Direct patient monitoring' 'Surveillance' 'One-to-one nursing' 'Sitting with' 'Suicide watch'	'the 'Special' role' <ul style="list-style-type: none"> Untrained role Nursing intervention Boring / potentially unsafe / challenging 'Patient safety' <ul style="list-style-type: none"> Provided safety/prevented harm, deterioration or falls Potential to be intrusive /restrictive /poor quality care 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction) Behaviour (Behaviours with safety risk; Exhibits Aggression or agitation; Disruptive) Risk type (Falls risk; Risk to self; Risk to others) 'Organisational risk' <ul style="list-style-type: none"> Usual care insufficient / increased risk of adverse events 	'the 'Special' experience' <ul style="list-style-type: none"> Challenging 'Costly' <ul style="list-style-type: none"> Expensive Limited resources 'Opportunities' <ul style="list-style-type: none"> Nursing processes /education / guidelines More family collaboration

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Grealish et al., 2019)	'Direct observation' 'Continuous observation' 'One-to-one'	'the 'Special' role' <ul style="list-style-type: none"> • Nursing intervention • Casual staff • Boring / potentially unsafe / challenging 'Patient safety' <ul style="list-style-type: none"> • provided safety/prevented harm, deterioration or falls 'Patient care' <ul style="list-style-type: none"> • Personal care 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Confused / unable to follow instruction; Delirium) • Cognitive impairment (Confused/ unable to follow instruction) • Behaviour (Behaviours with safety risk) • Behaviour (impulsive / disruptive) • Risk type (Falls risk; Risk to self; Risk to others) 	'the 'Special' experience' <ul style="list-style-type: none"> • Ad hoc /unreliable /inconsistent • Challenging 'Special' use and nursing beliefs' <ul style="list-style-type: none"> • Safety is enhanced 'Safety outcomes' <ul style="list-style-type: none"> • Falls still occur / fall reduction not clear 'Costly' <ul style="list-style-type: none"> • Expensive activity • Commonly used 'Opportunities' <ul style="list-style-type: none"> • Nursing processes /education / guidelines • Need for person centred care / processes • More family collaboration
(Handley et al., 2017) Realist review.	'Specialling' 'Monitoring'	'the 'Special' role' <ul style="list-style-type: none"> • Untrained role 'Patient safety' <ul style="list-style-type: none"> • provided safety/prevented harm, deterioration or falls • Potential to be intrusive / restrictive /poor quality care 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Dementia) • Behaviour (Behaviours with safety risk) 'Organisational' <ul style="list-style-type: none"> • Staffing pressures / understaffed / competing priorities / busy 	'the Older persons' experience' <ul style="list-style-type: none"> • Focus on behaviour and tasks devalues the older person 'Opportunities' <ul style="list-style-type: none"> • Need for person centred care / processes

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Home Care Assistance, No Date) Healthcare service provider consumer newsletter.	'Sitter' 'one-to-one'	'the 'Special' role' <ul style="list-style-type: none"> Untrained role Nursing intervention medically prescribed intervention 'Communication' <ul style="list-style-type: none"> (nursing) Observations and documentation Call for help / report deterioration or change 'Patient safety' <ul style="list-style-type: none"> Provide or promote harm, deterioration or falls 'Patient care' <ul style="list-style-type: none"> psychosocial/spiritual care 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction) Risk type (Falls risk) 	'the Older persons' experience' <ul style="list-style-type: none"> Psychosocial support which benefits the older person Peace of mind for families 'Special use and nursing beliefs' <ul style="list-style-type: none"> Safety is enhanced
(Isaac et al., 2018)	'One-on-one' 'Specials'	'The 'Special' role' <ul style="list-style-type: none"> Nursing intervention Casual staff Boring / potentially unsafe / challenging 'Patient safety' <ul style="list-style-type: none"> provided safety/prevented harm, deterioration or falls 'Patient care' <ul style="list-style-type: none"> Personal care 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused / unable to follow instructions; Dementia) Behaviour (Behaviours with safety risk) Risk type (Falls risk) 'Organisational risk' <ul style="list-style-type: none"> Usual care insufficient / increased risk of adverse events 	'Special' use and nursing beliefs' <ul style="list-style-type: none"> Safety is enhanced RN safety concerns are reduced 'Safety outcomes' <ul style="list-style-type: none"> Falls still occur / fall reduction not clear 'Costly' <ul style="list-style-type: none"> Expensive activity Reducing 'specialling' saves money Commonly used 'Opportunities' <ul style="list-style-type: none"> Nursing processes /education / guidelines Need for person centred care / processes More family collaboration

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Kerr et al., 2013) Practice development project.	'Special observation' 'One-to-one nursing care' 'One-to-one observation' 'Direct patient monitoring'	'the 'Special' role' <ul style="list-style-type: none"> Untrained role 'Patient safety' <ul style="list-style-type: none"> Provide or promote harm, deterioration or falls 'Patient care' <ul style="list-style-type: none"> Personal care 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction; Delirium) Behaviour (Exhibits Aggression or agitation) 'Organisational' <ul style="list-style-type: none"> Usual care insufficient / increased risk of adverse events 	'the 'Special' experience' <ul style="list-style-type: none"> Ad hoc /unreliable /inconsistent 'Costly' <ul style="list-style-type: none"> Expensive activity 'Opportunities' <ul style="list-style-type: none"> Nursing processes /education / guidelines Need for person centred care / processes
(McCormack, 2011) Editorial.	'Special observation'	'Patient safety' <ul style="list-style-type: none"> Potential to be intrusive / restrictive /poor quality care 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Dementia; Delirium) 	'Costly' <ul style="list-style-type: none"> Overused 'Opportunities' <ul style="list-style-type: none"> Improved delirium knowledge and care practices Environmental changes
(Mitchell et al., 2018) Mixed methods cross sectional study.	'continuous patient observer'	'The special role' <ul style="list-style-type: none"> Casual staff 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction) Risk type (Falls risk) 	'Costly' <ul style="list-style-type: none"> Expensive Accessing 'specials' takes staff time (and frustration) Commonly used 'Opportunities' <ul style="list-style-type: none"> Alternatives needed
(Moghabghab, 2017) Thesis, PhD.	'Constant observation' 'Special observation'	'Communication' <ul style="list-style-type: none"> Sharing of information 'Patient safety' <ul style="list-style-type: none"> Provide or promote harm, deterioration or falls 'Patient care' <ul style="list-style-type: none"> Personal care 	'Patient characteristics' <ul style="list-style-type: none"> Behaviour (Behaviours with safety risk) Risk type (Falls risk) 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care/to avoid restraint 	'Special use and nursing beliefs' <ul style="list-style-type: none"> a 'Good' shift is the absence of an adverse event

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Moyle et al., 2008) Literature review.	Oversee	'Patient safety' <ul style="list-style-type: none"> Potential to be intrusive / restrictive /poor quality care 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Dementia) Behaviours (Disruptive) 	'the Older persons' experience' <ul style="list-style-type: none"> Focus on behaviour and tasks devalues the older person
(Outcalt, 2013) Qualitative study.	Paid companion	'The Special role' <ul style="list-style-type: none"> Casual staff 'Patient care' <ul style="list-style-type: none"> Psychosocial / spiritual care 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction) 'Organisational risk' <ul style="list-style-type: none"> Usual care insufficient / increased risk of adverse events 	'the Older persons' experience' <ul style="list-style-type: none"> Psychosocial support which benefits the older person Focus on behaviour and tasks devalues the older person Peace of mind for families
(Rachh et al., 2016) Clinical practice initiative.	'Patient observers' 'Sitters' 'Constant observers' 'one-to one'	'the 'Special' role' <ul style="list-style-type: none"> Nursing intervention Casual staff Patient safety' <ul style="list-style-type: none"> provided safety/prevented harm, deterioration or falls 'Patient care' <ul style="list-style-type: none"> Promote well-being / satisfaction 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Delirium) Behaviour (Behaviours with safety risk) Risk type (Risk to self) 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care / to avoid restraint 	'the 'Special' experience' <ul style="list-style-type: none"> Ad hoc /unreliable /inconsistent Unsupported (teamwork issues) 'Costly' <ul style="list-style-type: none"> Expensive activity Limited resources Accessing 'specials' takes staff time (and frustration) 'Opportunities' <ul style="list-style-type: none"> Nursing processes /education / guidelines Improved delirium knowledge and care practices
(Rankin, 2009) News item.	'Specialling'	<i>Not explained</i>	'Patient characteristics' <ul style="list-style-type: none"> Behaviour (Interferes with equipment or is resistive to care) Risk type (Risk to self; Risk to others) 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care / to avoid restraint 	'Safety outcomes' <ul style="list-style-type: none"> Belief restraint use is minimised

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Rochefort et al., 2012) Prospective study.	'Sitters' 'Continuous surveillance'	'the 'Special' role' <ul style="list-style-type: none"> • Untrained role 'Communication' <ul style="list-style-type: none"> • Call for help / report deterioration or change 'Patient safety' <ul style="list-style-type: none"> • Provide or promote harm, deterioration or falls 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Dementia; Delirium; Mental illness) 'Organisational' <ul style="list-style-type: none"> • Potential risk of substandard or neglectful care / to avoid restraint • Usual care insufficient / increased risk of adverse events 	'Safety outcomes' <ul style="list-style-type: none"> • Restraints still used / restrictive practice 'Costly' <ul style="list-style-type: none"> • Expensive activity 'Opportunities' <ul style="list-style-type: none"> • Nursing processes /education / guidelines
(Saunders, 2011) News item.	'Specialling'	'the 'Special' role' <ul style="list-style-type: none"> • Untrained role 	'Patient characteristics' <ul style="list-style-type: none"> • Behaviours (Disruptive) • Risk type (Falls risk) 'Organisational' <ul style="list-style-type: none"> • Usual care insufficient / increased risk of adverse events 	'Costly' <ul style="list-style-type: none"> • Expensive activity 'Opportunities' <ul style="list-style-type: none"> • Alternatives needed
(Schroeder, 2016) Qualitative hermeneutic phenomenology.	'Sitter' 'Continuous surveillance'	'the 'Special' role' <ul style="list-style-type: none"> • Untrained role • Boring / potentially unsafe / challenging • Satisfying 	'Patient characteristics' <ul style="list-style-type: none"> • Cognitive impairment (Confused / unable to follow instructions; Dementia; Delirium; Mental illness) • Behaviour (Exhibits Aggression or agitation) • Risk type (Risk to self; Risk to others) 'Organisational' <ul style="list-style-type: none"> • Potential risk of substandard or neglectful care / to avoid restraint 	'the 'Special' experience' <ul style="list-style-type: none"> • Challenging • Satisfying

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Shannon et al., 2018) Case study.	'Specialling' 'Close supervision'	'the 'Special' role' <ul style="list-style-type: none"> Untrained role 'Patient safety' <ul style="list-style-type: none"> provided safety/prevented harm, deterioration or falls Potential to be intrusive / restrictive /poor quality care 	'Patient characteristics' <ul style="list-style-type: none"> Behaviours (Disruptive) Risk type (Falls risk) 'Organisational risk' <ul style="list-style-type: none"> Usual care insufficient / increased risk of adverse events 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care / to avoid restraint 	'Special use and nursing beliefs' <ul style="list-style-type: none"> Safety is enhanced RN safety concerns are reduced 'Safety outcomes' <ul style="list-style-type: none"> Belief restraint use is minimised Restraints still used / restrictive practice 'Opportunities' <ul style="list-style-type: none"> Environmental changes
(Sinvani et al., 2018) Retrospective chart review.	'1-to-1 observation' 'Constant observation' 'Sitters' 'Enhanced observation' 'Continuous one-to-one monitoring'	'Patient safety' <ul style="list-style-type: none"> Provide or promote harm, deterioration or falls 'Patient care' <ul style="list-style-type: none"> Promote well-being / satisfaction 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Dementia) Behaviour (behaviours with safety risk) 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care / to avoid restraint 	'Costly' <ul style="list-style-type: none"> Expensive activity 'Opportunities' <ul style="list-style-type: none"> Nursing processes /education / guidelines New label, new model
(Spiva et al., 2012) Descriptive evaluation study.	'Sitter' 'Constant observation' 'companions' 'one-to-one patient care'	'the 'Special' role' <ul style="list-style-type: none"> Untrained role 'Communication' <ul style="list-style-type: none"> Call for help / report deterioration or change 'Patient safety' <ul style="list-style-type: none"> Provide or promote harm, deterioration or falls 	'Patient characteristics' <ul style="list-style-type: none"> Risk type (Falls risk) 'Organisational risk' <ul style="list-style-type: none"> Usual care insufficient / increased risk of adverse events 	'Safety outcomes' <ul style="list-style-type: none"> Falls still occur / fall reduction not clear 'Costly' <ul style="list-style-type: none"> Expensive activity 'Opportunities' <ul style="list-style-type: none"> Nursing processes /education / guidelines

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Stephenson, 2016) News story, online nursing website.	'One to one care' 'Enhanced care'	'The Special role' <ul style="list-style-type: none"> Casual staff 'Communication' <ul style="list-style-type: none"> (nursing) Observations and documentation 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused / unable to follow instruction) Behaviour (Behaviours with safety risk) Risk type (Falls risk) 	'Opportunities' <ul style="list-style-type: none"> Nursing processes /education / guidelines Need for person centred care / processes New label, new model
(Tzeng et al., 2008) Retrospective descriptive study.	'Sitter' 'Constant observation' 'Attendants' 'Companions'	'the 'Special' role' <ul style="list-style-type: none"> Untrained role Casual staff 	'Patient characteristics' <ul style="list-style-type: none"> Risk type (Falls risk) 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care / to avoid restraint 	'the 'Special' experience' <ul style="list-style-type: none"> Ad hoc /unreliable / inconsistent 'Safety outcomes' <ul style="list-style-type: none"> Belief restraint use is minimised 'Costly' <ul style="list-style-type: none"> Expensive activity 'Safety outcomes' <ul style="list-style-type: none"> Falls still occur/fall reduction not clear
(Votruba et al., 2016) Prospective descriptive study.	'Companion' 'Sitter' '1:1'	'the 'Special' role' <ul style="list-style-type: none"> Untrained role 	'Patient characteristics' <ul style="list-style-type: none"> Behaviours (Disruptive) Risk type (Falls risk) 'Organisational risk' <ul style="list-style-type: none"> Usual care insufficient / increased risk of adverse events 	'Safety outcomes' <ul style="list-style-type: none"> Falls still occur / fall reduction not clear 'Costly' <ul style="list-style-type: none"> Expensive activity 'Opportunities' <ul style="list-style-type: none"> Alternatives needed

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Waszynski et al., 2013) Quality improvement project.	'Continuous observation' 'Specially Trained and Responsive (STAR) team' 'Sitter'	'the 'Special' role' <ul style="list-style-type: none"> Boring / potentially unsafe / challenging 'Patient safety' <ul style="list-style-type: none"> Provide or promote harm, deterioration or falls Potential to be intrusive / restrictive / poor quality care 'Patient care' <ul style="list-style-type: none"> Personal care Therapeutic, distraction or reality orientation Promote well-being / satisfaction 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Dementia; Delirium; Mental illness; Substance abuse; Traumatic brain injury) Behaviour (Behaviours with safety risk; Exhibits Aggression or agitation; Fearful / stressed / distressed / disoriented) 'Organisational' <ul style="list-style-type: none"> Potential risk of substandard or neglectful care / to avoid restraint 	'the 'Special' experience' <ul style="list-style-type: none"> Challenging 'Safety outcomes' <ul style="list-style-type: none"> Restraints still used / restrictive practice 'Opportunities' <ul style="list-style-type: none"> Need for person centred care / processes New label, new model More family collaboration
(Whittington Hospital, No Date) Leaflet for the nurse 'special'.	'1:1 nursing (Specialling)'	'the 'Special' role' <ul style="list-style-type: none"> Boring / potentially unsafe / challenging 'Communication' <ul style="list-style-type: none"> Sharing of information 'Patient safety' <ul style="list-style-type: none"> Potential to be intrusive / restrictive / poor quality care 'Patient care' <ul style="list-style-type: none"> Therapeutic, distraction or reality orientation Psychosocial / spiritual care 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction) Behaviour (Behaviours with safety risk; Fearful / stressed / distressed / disoriented) Risk type (Risk to self; Risk to others) 	'the Older persons experience' <ul style="list-style-type: none"> Psychosocial support which benefits the older person 'the 'Special' experience' <ul style="list-style-type: none"> Ad hoc / unreliable / inconsistent role 'Special use and nursing beliefs' <ul style="list-style-type: none"> Safety is enhanced 'Safety outcomes' <ul style="list-style-type: none"> Restraints still used / restrictive practice

Reference Source type	Concept terms: 'Labels and descriptors'	THEMES - Attributes (How is the term used?)	THEMES - Antecedents (What happens before?)	THEMES - Consequences (What happens after?)
(Wilkes et al., 2010) Two phased study, retrospective data analysis; interviews.	'Specials' 'One to one nursing care'	'the 'Special' role' <ul style="list-style-type: none"> Nursing intervention Boring / potentially unsafe / challenging 	'Patient characteristics' <ul style="list-style-type: none"> Behaviour (Behaviours with safety risk) 	'the 'Special' experience' <ul style="list-style-type: none"> Challenging 'Opportunities' Nursing processes /education / guidelines
(Wood et al., 2018) Scoping review	'Specialling' 'One to one care' 'Close observation' 'Sitter'	'Patient safety' <ul style="list-style-type: none"> Potential to be intrusive / restrictive /poor quality care 'Patient care' <ul style="list-style-type: none"> Therapeutic, distraction or reality orientation 	'Patient characteristics' <ul style="list-style-type: none"> Cognitive impairment (Confused/ unable to follow instruction) Behaviour (Behaviours with safety risk) Risk type (Falls risk; Risk to self; Risk to others) 	'the 'Special' experience' <ul style="list-style-type: none"> Ad hoc /unreliable /inconsistent 'Opportunities' Nursing processes /education / guidelines