

Essential Care for Older Patient Specialising in Acute Care Settings: A Concurrent Mixed Methods Study

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Certificate of Original Authorship

I, Jacqueline Jane Cook, declare that this thesis, is submitted in fulfilment of the requirements for the award of Masters of Nursing (Research), in the Faculty of Health at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

This document has not been submitted for qualifications at any other academic institution.

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Dedication

I dedicate this thesis to my parents, Jack and Dorothea Pendlebury.

Thank you for letting me be me.

You both gave me the foundation of unconditional love.

You were together over sixty years and when it was time for you both to pass on you did so together which broke my heart.

I miss your wise words, Mum.

I miss how proud you were of me, Dad.

You taught me how to be resilient and to fight for what I wanted. This journey has been that fight. Thank you for lighting this fire within me.

Although I may not have completed High School at the time, I've gone on to complete my undergrad, postgrad and 2 masters; all while raising three children in tow.

Thank you for the love to believe I can undertake the journey.

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Table of Contents

Certificate of authorship.....	iii
Dedication	iv
Acknowledgement	v
Table of Contents.....	vi
List of Tables	xi
List of Figures	xi
List of Appendices	xi
Glossary of Terms and Abbreviations	xii
Abstract.....	xiii

Chapter 1- Introduction

1.1	Chapter introduction	1
1.2	Health care needs and issues for older people in acute hospital settings	1
1.3	The acute hospital setting	2
1.4	Models of care for older people in Australian hospitals	5
1.5	Models of older person specialling	6
1.6	My interest in older person specialling	7
1.7	Thesis structure and chapter overview	8
	1.7.1 Chapter One: Introduction.....	9
	1.7.2 Chapter Two: Literature review	9
	1.7.3 Chapter Three: Methodology	9
	1.7.4 Chapter Four: Results.....	10
	1.7.5 Chapter Five: Discussion and recommendations	10
	1.7.6 Chapter Six: Conclusion.....	10
1.8	Study aims and research questions	11

Chapter 2 – A Review of the Literature on Specialling

2.1	Chapter introduction	12
2.2	Aim of the review	12
2.3	Review method	12

2.4	Search strategy and outcome	13
2.5	Characteristics of the included literature	14
2.6	Analysis of the included literature	15
2.7	Specialling defined	16
	2.7.1 Terminology	16
	2.7.2 Description	16
	2.7.3 Historical context.....	17
2.8	Indications for older person specialling	18
	2.8.1 Older peoples’ needs and issues	18
	2.8.2 Initiating and discontinuing specialling.....	20
2.9	Care provision	21
	2.9.1 Custodial or PCC.....	21
	2.9.2 One-to-one or cohorted care	22
2.10	Staff who special	23
2.11	Specialling costs and alternatives	24
2.12	Patient outcomes from specialling	26
2.13	Conclusion	27

Chapter 3 – Methodology

3.1	Chapter introduction	29
3.2	Conceptual framework	29
3.3	Evaluative framework	32
3.4	Description, rationale and visual representation of the overall research design	34
	3.4.1 Overall research design	34
	3.4.2 Study methods and rationale	34
3.5	Study setting and participants	38
	3.5.1 Setting.....	38
	3.5.2 Study participants	38
	3.5.2.1 Nursing staff participants in Phases One and Two.....	38
	3.5.2.2 Patient participants in Phase Two.....	39
3.6	Phase One (focus group) study methods and procedures	40

3.6.1	Aim.....	40
3.6.2	Method.....	41
3.6.3	Approach	42
3.6.4	Data collection.....	42
3.6.5	Data reduction and analysis.....	43
3.7	Phase Two (observation) study methods and procedures	44
3.7.1	Aim.....	44
3.7.2	Method.....	44
3.7.3	Measurement	45
	3.7.3.1 Quality of interactions schedule (QUIS).....	45
	3.7.3.2 Emotional responses in care assessment (ERIC)	47
3.7.4	Data collection.....	48
3.7.5	Data reduction and analysis.....	49
	3.7.5.1 Quantitative data	49
	3.7.5.2 Qualitative data	49
3.8	Ethical considerations	50
3.8.1	Phase One ethical considerations	50
3.8.2	Phase Two ethical considerations.....	50
3.9	Trustworthiness of the data and findings	51
3.10	Conclusion.....	52

Chapter 4 – Results

4.1	Chapter introduction	53
4.2	Phase One: Focus group	53
4.2.1	Valuing the specialised older person	54
	4.2.1.1 Workload impact	54
	4.2.1.2 Initiating specialling	56
	4.2.1.3 Staff qualifications and experience	56
	4.2.1.4 Staff familiarity with the ward and specialling procedures.....	58
4.2.2	Recognising the specialised older person in hospital as an individual ..	59
	4.2.2.1 One-to-one vs. cohort specialling.....	59
4.2.3	Understanding the personal perspective of the specialised older person	60

4.2.3.1	Communicating appropriately with older people during specialling.....	61
4.2.3.2	Risks to patient safety.....	61
4.2.3.3	Recognising and responding to delirium.....	62
4.2.4	Focus group summary	63
4.3	Phase Two: Observation of older person specialling	64
4.3.1	Patient demographics.....	64
4.3.2	Observed specialling practices	64
4.3.3	Quality of interactions schedule (QUIS)	65
4.3.4	Emotional responses in care (ERIC)	67
4.3.5	QUIS and ERIC qualitative data	68
4.3.6	Observations summary	73
4.3.6.1	Don’s story	73
4.3.6.2	Enzo’s story	75
4.4	Conclusion	79

Chapter 5 – Discussion

5.1	Chapter introduction	80
5.2	What characterises older person specialling in acute care settings?	81
5.2.1	An ad-hoc approach: initiating and discontinuing specialling in acute care	82
5.2.2	A supervisory approach: one-to-one vs cohort specialling	84
5.2.3	Specialling not always an exclusive practice	86
5.2.4	Special staff not always the best fit for the role	87
5.2.4.1	Gender	87
5.2.4.2	Qualifications	88
5.2.5	Staff not always trained or prepared to special older people.....	91
5.3	What essential care is required when specialling older people in acute care settings?	93
5.3.1	Recognising and responding to delirium.....	93
5.3.2	Positive, PCC.....	97
5.3.3	Barriers to positive care provision.....	99

5.4	Recommendations	103
5.4.1	Recommendation one: format tools and/or care guidelines	104
5.4.1.1	Guidelines for initiating and discontinuing specialling.....	104
5.4.1.2	Guidelines for staff who special	105
5.4.1.3	Guidelines for location of specialling	105
5.4.1.4	Guidelines for workload support.....	106
5.4.1.5	Guidelines for essential care practices	106
5.4.2	Recommendation two: targeted training and preparation	107
5.4.2.1	Training in recognising and responding to delirium	108
5.4.2.2	Communication training.....	108
5.4.2.3	Nurse-carer communication tools: ‘my life story’	109
5.4.3	Recommendation three: a team approach to specialling.....	110
5.5	Study limitations	112
5.5.1	Literature review limitations.....	112
5.5.2	Phase One limitations.....	113
5.5.3	Phase Two limitations	114
5.6	Conclusion	115

Chapter 6 – Conclusion

6.1	Chapter introduction	117
6.2	Study background, aims and questions revisited	117
6.3	Key results	118
6.4	Recommendations	119
6.5	Significance and impact of the research	119
6.6	Moving forward: draft care guidelines	120
6.7	Suggestions for future research	121
6.7.1	Alternative focuses	121
6.7.1.1	Improving care and patient outcomes	122
6.7.1.2	Staff	122
6.7.1.3	Environment	122
6.7.2	Different methodological approaches	123
6.8	Conclusion	123
	References	124

Appendices	137
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List of Tables

3.1	VIPS Framework Indicators	33
4.1	Focus Group Pillars, Indicators and Themes	54
4.2	Observed Specialising Practices	65
4.3	QUIS quantitative results	66
4.4	ERIC quantitative results	67
4.5	QUIS qualitative data: commonly occurring events	69
4.6	ERIC qualitative data: commonly occurring events	70
4.7	QUIS qualitative data: care provided	71
4.8	ERIC qualitative data: care provided	72
4.9	Overall results analysed against VIPS framework	77

List of Figures

2.1	Flowchart of search and screening process	14
3.1	Visual representation of the concurrent mixed methods design	37

Appendices

Appendix 1:

List of included articles about specialising.....	137
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Appendix 2:

Quality of interactions schedule (QUIS) & emotional response in care (ERIC).....	151
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Appendix 3:

Draft care guidelines for older patient specialising in acute hospital wards	153
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Glossary of terms and abbreviations

Term/abbreviation	Definition
Acute care	Any promotion, preventative, curative, rehabilitative or palliative action, whose primary aim is to improve the health of individuals or populations and whose effectiveness depends on time-sensitive and, frequently, rapid intervention (Hirshon et al. 2013)
AIN	Assistant in Nursing
CNC	Clinical Nurse Consultant
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
EN	Enrolled Nurse
ERIC	Emotional Responses in Care (Fleming 2005)
NUM	Nurse Unit Manager
Older person	Person aged over 65 years
PCC	Person Centred Care
QUIS	Quality Interactions Schedule (Dean et al. 1993)
RN	Registered Nurse
Specialling	Close monitoring and observation to prevent accidents and injuries, and to ensure timely recognition and response to clinical deterioration (Dewing 2013; Schoenfisch et al. 2015; Wilkes et al. 2010; Wood et al. 2018).
SPTPD	Socio-Psychological Theory of Personhood in Dementia (Kitwood 1993)
VIPS	Values, Individualised Care, Perspective of the Person, Social Inclusion (Brooker 2007)

Abstract

Background: During hospitalisation, older people can quickly become disoriented, confused and agitated. In these instances, ‘specialling’ is often provided and involves close monitoring and observation of the person to prevent accidents, injuries and clinical deterioration. Despite the widespread practice of older patient specialling, there is a lack of conceptual clarity around the scope, purpose and expected outcomes of specialling. There is no evidence of the best model, or any clear guidelines around the essential requirements for this practice in terms of who should be specialised, experience and qualifications of staff who special, the type of care that should be provided when specialling and the type of environment that is appropriate for specialling.

Aim: This study aimed to examine specialling of older people in acute care settings and to inform the development of a set of evidence-based care guidelines for specialling older people in these settings. Two research questions that guided the study were (a) what characterises older person specialling in the acute care setting? and (b) what essential care is required when specialling older people in acute care settings? The central premises are the concerns about the lack of guidelines and procedures for specialling the older person in hospital, the varying expectations of the specialling role and limited suggestions on what constitutes a positive, person-centred experience for older people who are specialised.

Method: Concurrent mixed methods were used to obtain data on older person specialling experiences. The inquiry was conducted in two phases in four acute aged care wards of a large metropolitan hospital in Sydney, Australia. Phase One comprised a focus group interview with nine registered nurses to obtain data on the characteristics of older person specialling. Phase Two used two validated tools to observe care interactions between staff and their care recipients, and the older person’s care during specialling. A total of 58 observations of specialling were undertaken for 12 patients aged 65 years and older. These data were used to further inform the characteristics of older person specialling and identify the essential care required for specialling older people in acute care.

Results: Delirium was the most common reason for older person specialling, and most specialling was undertaken by assistants in nursing. Specialling was influenced by an ethos that did not always support person-centred care; rather adopting a task-focused custodial approach. Acute care administrative practices appeared to lack consideration of the impact of specialling on nurses' workload, and lacked clear policies or procedures around specialling, including staff most appropriate to special older people and how they should be prepared to undertake the role. However, 45 of the 58 care interactions and responses were recorded as positive. These observations were dependent upon the special's familiarity with the ward and their care recipients, the overall acuity of patients in the wards, the general ward busy-ness and the presence of personal possessions in the person's immediate surroundings.

Limitations: The diverse nature of the literature reviewed for the study precluded the use of a quality appraisal tool and therefore the extent to which findings are useful is difficult to determine. Limitations are also acknowledged in the methodology. One focus group of registered nurses held in one hospital potentially limits the findings in voice, time and location and may not fully represent the characteristics of older person specialling in acute care. The small sample size for the observations, small number of observations and short observation periods are also considered to be a limitation.

Conclusion: The use of formal guidelines for decision-making on initiation and cessation of specialling, requirements for workload allocation, staff qualifications, educational preparation for the specialling role and team-based care models are proposed for specialling the older person in the acute hospital setting, along with recommendations on what constitutes person-centred specialling practice. Research that focuses on outcomes for person-centred specialling of older people in acute care settings is suggested.

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