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Do Not Disturb – Research in progress: The challenges of observing in a familiar clinical setting

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Abstract

This paper will report on the use of observation in a study that focused on the practice of administration of medication as a component of nursing care as guided by a set of standardised rules. The research was epistemologically located within an Interpretive Phenomenology framework. Observation, as a method of inquiry provides the 'on-looker' with closeness to the situation that may otherwise have been unavailable. During this study the researcher proposed a non-participant observation method to avoid interaction between the researcher and participants. However, there were times when engagement with the nurse, healthcare team or patients was unavoidable. This unexpected and uninvited contact impacted on the data collection. This paper presents the experience of the novice researcher and outlines the strategies used to gather data in patient care contexts where interruptions and distractions are unavoidable. The experience gained demonstrates the serendipity of surprise research journeys into nursing practice that qualitative approaches can offer.

Introduction

The administration of medication is core to most contexts of nursing practice and the effective and successful completion of each episode is reliant upon nursing theory working in partnership with drug Acts, rules and regulations to support policy and guide practice (Griffith, Griffith et al. 2003; McKenna and Gigi Lim 2009; World Health Organisation 2010; College of Nurses Ontario 2011). In the case of medication administration, it has long been the 5-rights of medication administration that form the gold standard rules to guide safe nursing practice (Institute for Safe Medication Practices 2004). However, despite the best intentions of nurses to do the right thing for the patient and their firm belief that they have followed the 5 rights, major errors can occur (Institute for Safe Medication Practices 2010). More importantly, despite a thorough search of the literature, evidence of a theoretical nursing basis for the 5 rights rules cannot be found.

The educational foundation from which Australian registered nurse's gain nursing knowledge is established during the preregistration education phase of their career.

Benner (2001) believes that knowledge development in an applied discipline like nursing, is then achieved through observing and 'charting' the clinical experience in the practice. Benner (1984), identified that experiential learning, embedded in clinical practice, forms the basis of expert nursing knowledge.

Likewise the knowledge gained in the practical aspects of fieldwork could inform nursing research. Research texts include prescriptive advice on what is considered a linear process (Borbasi, Jackson et al. 2005, p. 496). Their pragmatic accounts of the process include recruitment, overt versus covert role of the researcher, access, active or passive participation and field notes (Bryman 2004). Particular observation techniques such as time sampling and observational biases are explored (Robson 2002). The importance of adhering to the set guidelines and process to ensure rigour, reliability, credibility and transparency is reinforced (Polit and Beck 2010). Nursing research guidelines are somewhat like the 5 rights rules, in that they advise how practice should be but don't fully report the experience in practice.

Real world observation can be hazardous in the clinical setting. Hospital environments are unpredictable and researching within those environments requires the researcher to be responsive and adaptable. I was determined to gather information to explore the lived experience of the nurse during medication administration while being cognisant of the possible impact that observation would have on that experience. The recognition of the influence of self is integral to the process of fieldwork (Borbasi, Jackson et al. 2005, p. 494). What was not anticipated was the interest that others would have in the research and how that would impact on the experience. It is envisaged that other novice researchers may benefit from reflections of the experience and my report of the in-field and after-the-fact strategies maintain collection of the field notes.

Method

Ethical Implications

Ethical clearance was approved by the University of New England and the Queensland Health Service Human Research Ethics Committee. All participants were provided with the information statement which included the voluntary nature of participation.

Primary Study

The primary study used a qualitative research design and focussed on the collection of descriptive data from 20 nurses of varying levels of experience across four in-

patient care areas. Guided by a desire to holistically report the experience of the nurse, the observation phase was instigated as the initial contact with the participant's experience in this phenomenological study. The inclusion of a nurse researcher 'Looking on' nursing experiences of medication administration practices was deemed advantageous because of the directness of the researcher to the phenomena (Robson 2002, p. 310). Thus, complimenting the subsequent interview phase (Robson 2002, p. 310; Bryman 2004: 165).

The researcher positioned herself as present and observing while being non-responsive to the nursing care requirements of the patients, the ward management or organisational leadership of the nursing participants. Non-participant observation for the purpose of this study took the form described by Robson (2002, p. 310) as 'unobtrusive'. The advantage of unobtrusive observation is the direct access the researcher has to 'real life' in the real world experiences (Robson 2002, p. 310).

The nurses were observed during one of their regular nursing shifts. The checklist tool included the 6-rights of medication administration (Medication Services Queensland 2009) formulated for Queensland Health public facilities. Free hand field notes were scribed during each episode of administration as well as throughout the shift.

During the thematic analysis of the field notes and researcher journals for the purpose of this paper, the variables identified by Fogarty and McKeon (2006) were initially used as categories along with concepts from the qualitative research literature (Robson 2002; Bryman 2004). The analysis process included grouping the text according to factors associated with the participant, other personnel, patients, organisational culture, ethics and research design. However, through the course of deeper analysis it became apparent that the themes emerging from the researcher's experience more directly reflected the themes emerging from the primary study. In that moment, this research developed into a comprehensive look on and into the experience of nurses administering medication from the perspective of the researcher but with linkages to the practice of the nurses.

Findings

Italics have been used to identify direct extractions from the Field notes and reflective journals. *The* * refers to journal extracts.

Communication

I am known to the organisation as a long term staff nurse in a variety of nursing and education roles. I was comfortable in advertising the project and recruiting nurses to participate. In a researcher role, I am a visitor to the environment and at times it was difficult to communicate this change in role.

In one instance, the staff member allocated to provide constant supervision of a confused patient was a student at the university where I teach. *'...she confirms that I am researching and says she was nervous that I was watching ~~her~~ reassured '*. In reassuring the student I was able to progress with the observation activities unencumbered by concern for her feelings.

'...handing over RN goes through medications chart during hand over. K notes a drug not given and mentions to handing over RN who signs for it and then there is some laughter about what I am writing about. I reassure the handing over RN that I am only documenting what K is doing'. Once, the information being documented was established the nurses went about their usual activities with little regard to mine except the many times that I was interrupted by questions related to the research. On one occasion when returning to the ward the *'NM ask me who I'm shifting on'*, numerous *'Doctors asks me what I'm doing'* and also the *'the surgeon asks me about my study'*.

Conflicting Roles

At times the interruptions were so impeding that data collection for the primary research ceased. *'I didn't complete what I was writing because RN B1 was having a conversation with me and then T was on the move so I had to change direction.'* Staff approached me with questions related to my role as a lecturer and did not appear concerned that their interruption was interfering with research related to my doctoral studies. The *'...phlebotomist saying I stuffed it up - then discussion about exams and me assessing L'*, *'nurses and doctors are making lots of conversation with me. Very distracting'* and *'While we are there the QAS is questioning me about a Nursing Paramedic degree for his son.'*

During some of these interactions the interruption became the data that was collected *'while K is talking with J I am interrupted again by A to tell me how much panadol has cost the ward in 2010. $1 million. I miss what K has confirmed with J but I do hear J say she is a naughty girl and then sign the chart for a PRN medication - we have returned to Rm XX BX as I write this bit doing obs.'*

Patients were also cause of conflicting attention when I was forced to engage in practice because *'the pt was telling their history to me. Making eye contact with me'*, *'Patients are asking me to put their phone back'* and *'Patient asking me if I am going to work here soon'* or if *'if I'm assessing'* and more urgently *'I assist the other RN with suctioning a choking patient while N16 stays with RMO.'*

There is also the issue of my personal conflict in the roles and principles of those roles. As a nurse, I want to help people. First and foremost that is what I do instinctively. So *'We meet the EEN returning with XXX I feel my body lunge towards her as she struggles to push shower chair and IVT'* and **'I'm still finding it hard to keep my hands off at times. I come home feeling tense from gripping the clipboard'*. In the role of unobtrusive non-participant researcher, the non-participant principles are in conflict with my nurturing character and caring role as a nurse. **'It was bothersome to me to feel 'in the way' a lot of the time.'*

Doing the Right thing

The primary study has identified the nurses desire to do the right thing for the patient and as a novice researcher, I want to do the same for the nurses in this study. I attempt to follow the ethical and procedural guidelines for gaining patient consent but I encounter the patient who *'is confused so I seek permission from patients relatives = daughters'* on this occasion the daughter held the power of attorney and agreed to the study. The patient who is paralysed *'gives verbal consent → CVA unable to sign'*.

In my capacity as an experienced nurse, who is familiar with Queensland Health's 6-rights of medication administration, I intervened in all situations where it was perceived that to avoid action would lead to patient harm. During one observation shift this was particularly notable, **'I had to be hypervigilent and move in to check charts and patient ID's.... It was* a conflicting place to be.'

Environment

Environmental factors can be less than ideal and not conducive to recording field notes. *'The lighting is dim'* was a frequent and consistent observation made and along with my failing eyesight made for difficult recording at times. In some areas; *'No room to sit without being in the way. Standing for long periods can be exhausting.'*

Other physical discomforts were experienced while in the clinical field. I often reported *'I'm feeling dehydrated'* or *'I'm feeling hungry. I wonder if N7 is as well'* and *'2315 Left N3 writing notes....Now I need to do a wee. Haven't done one all shift.'*

Equipment

Malfunctioning equipment can create distraction of the task. I recall the pilot field observations where I noted a number of issues *'Make the extra writing sheets a different colour so I can quickly get to them'* and the *'Stop watch doesn't work because of the integration of many activities'*. What I was wearing affected my performance; *'I was nervous and felt weird. My top was too big and made me feel uncomfortable. Need to get shirt with pocket.'* I realised that in the field one needs to be prepared for equipment failure *'note to self always carry a spare pen.'*

The observation tool needs to fit the data collected; no matter how minute the detail; *'Today I altered the observation sheet to move the time /duration to above the set up behaviours because it is taking up unnecessary space'*, as the research progressed adjustments became necessary to be able to effectively collect the nurses experiences *'Today I included other in the Interrupted during procedure section of the observation tool to include things like phones in pockets after observing this yesterday. I also included allergy as part of the Pt ID to separate if as a specific question'* and *'Today I added monitors to the observation tool as another interruption and S/L as a route of administration.'*

Frustration

Frustration was common for me in the field. The constant interruptions to data collection were unbearable at times *'Approached by an orderly who insists, despite my writing that he will share his thoughts....'* There were times when *'Recruiting is not going the way I had hoped'* and sometimes organisational factors contributed to my frustration when *'Yesterday I went to the hospital to see if I could book some shifts with the people who have offered to be participants in the research. The roster isn't out yet for the fortnight commencing May 30. This is pain in the arse.'*

Interruption

Interruptions came from numerous sources. Some were welcomed and others not. When I was busy taking notes I often felt frustrated if another person intentionally distracted me from that activity and I saw this as an interruption. Such is the case

when *'P stops us in the corridor to ask what I'm doing and gives her opinions that some are too focussed on meds'* and then *'P is in the alcove and trying to engage me again'* But when the nurse participant is interrupted and engages, the interruption becomes a welcome distraction that provides a serendipitous moment for data collection. Such as, in this case when *'K explains the fear and anxiety in giving the wrong med.'*

Multi-tasking

The nurses in this study were often multitasking and so was I. *'One of the strategies I developed when observing was to write without looking - Blind writing- This had to be done at times that I was being engaged by other people and I want to be sure not to miss what the participant was doing and also when the activity was happening too fast for me to take my eyes off. It was difficult to catch everything and sometimes the words made no sense once I got home to transcribe'* sometimes *'I lose bits of the last conversation because I'm trying to write and listen it's moving so fast.'*

Trust

Truth in the research was important to the participants and this was noted when they were asked if my presence interfered with their usual practice. They said *'Well I'm just doing my job and I'm not being judged so then wasn't worried'* or *'no you just gotta do your job and I try to pretend I'm not here.'* and *'my research was important and it wasn't a problem me being here it ran smoothly and I wasn't intimidating.'*

The patients approved of the research and said *'I could do whatever I wanted when I was informing them about the research. When I explained I was not using any of their information they said they didn't care. Take what you want.'*

The nurses that were aware of my research activities and its focus were very supportive and at times showed a sense of empathy towards me that was encouraging. They would approach me with examples of prescription errors and the *'EEN says to me 'write that in your little book' she's referring to the XXX incident'*. They show concern for me in the researcher role; *'TL is saying to me as we walk down the corridor. It must be hard watching Jules and not touching'* while *'Prior to this EEN arrived and asks me if I'd had a good day.'* In seeking the truth it is important to the nurses to tell it as it is. One sarcastically sums it up with; *'...I should have written a novel instead because I wouldn't have to tell the truth.'*

Workload

In undertaking research I realised, there are significant considerations to be made with regard to the increased workload. Especially, when the study as an adjunct to a full life-load of career and family commitments. At times for me it became overwhelming as expressed in this frantic reflection *'*Things happen so fast in the clinical setting it's impossible to write it all down. Sometimes, I feel like I have paper going everywhere. The clip on the clip board has let go a couple of times and I end up with a bunch of papers in my hand and still trying to watch and write. I am now putting last night's data sheets in order ready to type them up and I can't find some of the yellow sheets. I immediately panic; maybe I've put them on a bench as I am trying to collect the bits that have sprung out of the clip. Maybe they fell out of my bag as I made the exchange during the tea breaks from full pages to fresh ones. Hang on what's that yellow thing there. Thank god it's them and they are all there. My heart is racing and I feel sick!!!!!'*

Looking on Nursing Practice: Strategies to support clinical-based fieldwork

Unobtrusive observation of human behaviour can be advantageous as an exploration of phenomena and can produce authentic data because it enables the researcher a line of directness to the source (Robson 2002, p. 310). Phenomenological studies desire closeness to the human experience (Robson 2002, p. 291). Van Manen (2002, p. 238) explains that the human science researcher is an author who writes from the midst of life experience where the meanings resonate and reverberate with reflexive being. Considering the error focus of the current literature on medication administration, I was compelled to gain access to the real world of the nurses and their experiences within that world in the hope that a new perspective could be gained.

Orientation of the participants to the intended role of the researcher was conducted during initial contact, time of recruitment and again at the beginning of the shift. Despite the desire to be unobtrusive, there were times when engagement with the nurse, healthcare team or patient was unavoidable. This unintended involvement of the researcher impacted on the data collection process. Denzin and Lincoln (2005, p. 643) suggest that going into the social situation is an important way of gathering materials from the social world and that there is no pure, objective, detached observation. The effect of the observer can never be erased and all observation involves the participant (Denzin and Lincoln 2005, p. 643). Parallels can be made

between the experience of the researcher observing in the field and that of the nurse participants who intend uninterrupted administration of medications but instead encounter a litany of interruptions, diversions and demands. The strategy employed to accommodate this situation during fieldwork was to treat the distractions and interruptions as part of the study.

Benner (2001) and Taylor (2005) concur that nursing knowledge comes from observing nursing practice, recording those observations and reflecting on what has been recorded for the benefit of improving practice. The under-reported interruptions during research (Borbasi, Jackson et al. 2005) came as a surprise to this novice. Therefore, it is important to write about and expose the issues, from the novice researcher perspective so that other novice researchers may benefit from the experience gained. The knowledge embedded in nursing clinical expertise is central to the advancement of nursing practice and the development of nursing science (Benner 2001, p. 3).

The most effective strategy to capture the experience was that of reflective writing. Taylor (2005) recommends a '...systematic process of emancipatory reflection can assist nurses to analyse critically personal, political, sociocultural, historical or economic contextual features, and constraints that may have bearing on their practice' (p. 77). Aside from the field notes containing reflections, reflective writing was completed at the end of each observation shift and at other times when ideas surfaced. Electronic journaling into a word document is a simple method of collecting reflections at the end of a busy shift. A digital pen and paper journal was also utilised for those times when access to the computer was not possible. Alternatively, scraps of paper were used and those notes were entered into the electronic journal as soon as was practical. Reflection is a core competency of the registered nurse (Australian Nursing and Midwifery Council 2006) under the domain of critical thinking and analysis. Applied in this way, the reflections of the novice researcher can contribute to greater body of nursing knowledge and inform practice (Benner 2001).

Therapeutic communication and rapport with the participant and their significant workplace others is paramount to staying connected to their world. 'Feeling comfortable and confident in the social setting facilitates successful interaction' (Borbasi, Jackson et al. 2005, p. 498). Mindfulness of tone when asking someone not to interrupt is imperative to maintaining effective relationships (Minichiello and Kottler 2010, p. 3). Engagement with people other than the participant was not anticipated. However, the fluid and dynamic nature of qualitative research may require the researcher to behave in ways they would not normally, so as to gain the

trust and confidence of people around them (Minichiello and Kottler 2010). Responding to the concerns of surrounding nurses, patients and health care staff by answering their questions honestly and willingly enabled misperceptions to be clarified.

Emergent patient care situations occasionally arose that required spontaneous nursing input from the researcher. Patient and participant safety is paramount to ethical considerations when performing human research (Queensland Health 2012) (Australian Government 2007). Participants accepted the assistance in the crisis situations. Borbasi et al (2005) explores this duality of the nurse researcher role and suggests that nurses are better equipped to deal with contingencies in the field. Wind (2008) entitles the style of observation developed in this study as 'negotiated interactive observation' and says it captures what happens when you are doing fieldwork without at the same time assuming that you become one of 'them'.

Little has been done to understand the impact that interruptions to nursing work has on patient safety (McGillis Hall, Ferguson-Pare et al. 2010). Likewise, the impact the interruption has on the nurse researcher in action in the clinical environment. McGillis (2010) found that the majority of interruptions to nursing work resulted in negative consequences such as delays in treatment and decreased nursing staff concentration or focus on the task. During this study the interruptions resulted in alternate data collection.

Workload was problematic to the nurse researcher. Borbasi et al, (2005) report that there is an increasing number of reports of nurse researcher difficulties of pragmatics, ethics and epistemology and that considerations of practicalities and predicaments prior to entering the field is warranted. There is no argument to this but a systematic search of the literature did not uncover reports of how to sustain oneself in the field. Hydration, food and toileting were issues in the early stages of the observational phase of this study. Strategies used to meet the physical needs of the researcher were to place a water bottle where it would be passed by frequently during routine nursing activities. It was necessary to eat at every break and at times collect food and use the toilet while the nurse participant was otherwise engaged in a stationary activity. Negotiations took place with the nurse participants to request that they did not move while the researcher was attending to personal physical needs. Closeness was gained through this personal interaction but the logistical predicament was a surprise to the novice researcher.

Another big surprise was the pace of the observations and the necessity to multitask, by 'blind-writing' while observing. In order to capture participant activities, writing

had to be carried out on the move. Writing, while walking is not conducive to legibility. The value of timely reflective journaling cannot be endorsed enough when it comes to deciphering the blind writing for the reader.

Foresight of research predicaments is difficult for the novice. This paper offers an insight into collecting observation data in a familiar clinical setting. The literature is abundant and clear on the topic of participant and non-participant observation with many texts and journals discussing the techniques of observation. However, they neglect to present the real world situation as experienced in this study. Novice nurse researchers can ameliorate some pragmatic, ethical and epistemological difficulties with regard to fieldwork by drawing on the experience of others prior to entering the field (Borbasi, Jackson et al. 2005).

Conclusion

Observation was used in this study as a supportive and supplementary method to collect data that could complement or set in perspective data obtained by other means (Robson 2002, p. 312). It has provided the researcher with a rich and full overview of the nurse's experience in practice and it has provided an opportunity to connect practice to inform nursing theory.

The experiences of researcher emerged as a parallel area of interest during the observation phase of the primary study and through analysis of the researcher's journal reflections and field notes this paper has provided valuable insight for other novice researchers. The experience of the researcher in the field can be different to that which is expected at the outset. At times the planned primary research activities will be affected by intended and unintended interference from sources other than the research subjects. Sometimes the researcher themselves can interrupt the research activities. Interpretive Phenomenology is mindful of this happening and researchers using this method can systematically reflect on the circumstances to further enhance their experience and understanding by strategizing to collect the interruptions as the unique data source that they are.

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