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Full Length Article

The use of observation on patients who self-harm: Lessons from a learning disability service



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ABSTRACT

Background: Observation is an important approach to care that is commonly used in in-patient learning disability services to prevent self-harming behaviours. It is often implemented when there is a perceived increase risk of self-harm. Most nurses who implement observation have little or no training in the use of this practice. The literature on this subject is also biased towards mental health settings with learning disability services much neglected.

Aim: To explore nurses' knowledge and understanding of the use of observation on patients who self-harm in a learning disability service in the United Kingdom.

Design: and methods: This study adopted a qualitative approach, and utilised interpretative phenomenological analysis as a design and as a tool of analysis. The study was conducted in a secure learning disability service in the United Kingdom. Data were obtained from registered nurses using individual interviews ($n = 20$) and focus groups ($n = 3 \times 5 = 15$).

Data were analysed thematically using the principles of interpretative phenomenological analysis.

Results: Three superordinate themes emerged from data analysis: 1) observation: its meaning, 2) observation: does it prevent self-harm? 3) Observation: making it work.

Conclusion: Observation is a useful practice in in-patient learning disability services, which can be used to prevent or reduce the incidence of self-harm in these settings. This approach should therefore be an integral part of nurses' daily therapeutic activities in in-patient learning disability services.

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1. Introduction

This study was carried out in a learning disability service. One of the primary focuses of nurses working in these settings is to prevent self-harm (Duperouzel & Fish, 2010). Interventions that encourage nurse-patient interactions are considered effective for achieving such a goal (Stewart & Bowers, 2012). Observation is one of such interventions that can be used to provide a period of safety for patients when they are at risk of harm to themselves or others (Duperouzel & Fish, 2010). The Standing Nursing and Midwifery Committee (SNMAC, 1999) defines it as ‘regarding the patient attentively’ while minimising the extent to which they feel they are under surveillance. Acknowledging this, observation is both a custodial activity and a forum that offers an opportunity for nurses to interact therapeutically with patients. Notwithstanding this opportunity, negative accounts of being observed are noted in the literature sources.

Patients often describe observation as intrusive, controlling and humiliating, as they believe it violates their personal integrity (Wallace, 2007). Despite this, observation is still used in learning disability services. Its continuing use is attributable to the conflicting dual role of nurses: maintenance of safe environments and care provision. Mason, Mason-Whitehead, and Thomas (2009) agree with this and assert that the role of nurses includes observing patients to prevent self-harm. This ‘keeping an eye’ function carries the risk of impeding nurses’ therapeutic roles, and enabling patients to feel angry and devalued. Such negative emotions can perpetuate patients’ self-harming behaviours (Sandy, 2013). In spite of this, the use of observation in learning disability services is largely a neglected area of investigation.

2. Background and literature review

Patients in in-patient learning disability services need to be observed for their own or others’ safety (Khan, Rice, & Tadros, 2012). The SNMAC (1999) offers four categories of observation: ‘within arms length’, ‘within eyesight’, ‘intermittent’, and ‘general’. The category that nurses use to ensure safety is influenced by hospital policy and acuity of patients’ illnesses. High-risk behaviours, such as self-harm require the ‘within arms length’ category. This category involves assigning a nurse to observe the at-risk patient with a greater intensity than that which any patient generally receives (Stewart, Bilgin, & Bowers, 2010). The ‘within eyesight’ category is adopted for patients who pose a risk to the self or others (Department of Health (DH), 2006). In this case, the at-risk patient is kept at all times within sight of the nurse assigned to observe the same. In relation to the ‘intermittent’ category, patients are checked at specific and regular intervals to ensure safety. The ‘general’ category requires nurses to know the whereabouts of all patients at all times.

The SNMAC (1999) recommends the use of these categories on patients with risk of self-harm and violence. It also recommends for observation to be undertaken by skilled healthcare workers whose remit is to create opportunities for therapeutic engagement, and assessments of patients’ mental states

and behavioural presentations. This is consistent with the principle of ‘reciprocity’, which states that if a patient’s freedom is restricted because of observation requirements, then healthcare workers are obliged to engage with the patient and provide care (The Scottish Government, 2002). Despite the adherence to this principle, self-harm and suicides still occur in clinical areas while patients are under observation (DH 2006). This could be a function of patients’ increased desperation to use self-harm to cope with their distress (Klonsky, 2007). However, patients have reported positive experiences of being observed. Some claim that it enables them to feel secure and understood by nurses (Jones, Lowe, & Ward, 2000). Others report that it prevents them from self-harming, and alleviates their feelings of loneliness and suicidal ideations (Jones et al. 2000). Given the uncertainties about the role of observation in preventing self-harming behaviours, further research is needed to better understand this intervention.

3. Aim

To explore nurses’ knowledge and understanding of the use of observation on patients who self-harm in a learning disability service in the United Kingdom.

4. Research design and methods

4.1. Design

This study utilised a qualitative approach and interpretative phenomenological analysis (IPA) as a design. IPA was used here for a number of reasons. It stresses that the meanings that a phenomenon hold for people can be understood through participant–researcher interactions (Sandy & Shaw, 2012; Smith, 2005). Access to these meanings can be possible if researchers adopt ‘an insider’ stance and a hermeneutics of questioning stance. The stance of ‘an insider’ requires researchers to use their preconceptions to understand individuals’ experiences of a phenomenon and the meaning they attribute to it. The hermeneutics of questioning stance requires researchers to stand alongside participants and ask critical questions over things they say. Adopting this double hermeneutic position enabled the researcher of this study to develop understanding of observation.

4.2. Study site

The study was conducted in a learning disability service in the west of England. This service comprised seven locked clinical areas with six registered nurses working in each area. These nurses had either a bachelor degree qualification in mental health nursing or learning disability nursing. They attained their respective qualifications from higher education institutions in England.

4.3. Sampling and data collection

The nurses of the study site were met at a meeting in which the aim and eligibility criteria of the study were discussed.

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