

# Rethinking nurses' observations: Psychiatric nursing skills and invisibility in an acute inpatient setting

Bridget Elizabeth Hamilton\*, Elizabeth Manias

*The University of Melbourne, Melbourne, Vic., Australia*

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## Abstract

In sociological, managerial and clinical investigations of psychiatric nursing, the skills of observing patients are compared unfavourably with nurses' ability to listen, to interview and to engage with patients. This paper examines how nurses in an acute psychiatry unit used observation as a significant part of their everyday assessments of patients, through a working shift. We argue that the knowledge generated in observations is essential to the nurses' gaze in this setting.

Based on an ethnographic study of the assessment practices of 11 psychiatric nurses and the first author in an Australian hospital setting, we found that nurses' observations of patients were rich in situated assessment detail and a powerful strategy for producing civil conduct among patients. In particular, we noted how nurses deliberately obscured their practice of observation, in order not to provoke patients. While such discreet practice is productive for everyday clinical work, the invisibility of nursing observations undermines the status of acute inpatient psychiatric nurses. Devaluing of tacit practice may encourage experienced nurses to leave inpatient units, at a time when hospitals struggle to address nursing shortages worldwide. We recommend instead that the productive value of diverse and situated practices be investigated and articulated.

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## Introduction

It may safely be said, not that the habit of ready and correct observation will by itself make us useful nurses, but that without it we will be useless, with all our devotion (Nightingale, 1860, p. 63).

With this quote, Nightingale elevated nurses' power of observation, while asserting that observation did not in itself constitute useful nursing

practice. Her statement prompts our question: is there a legitimate place for observation in acute psychiatric nursing practice? A reply in sociological and clinical analyses is that when nurses observe patients without conversation, this is (mere) surveillance. Such surveillance is viewed as either a legacy of older custodial and institutional care, or as a strategy dictated by managerial concerns of risk and unworthy of contemporary therapeutic nursing (Dodds & Bowles, 2001; Horsfall & Cleary, 2000; Porter, 1993; Thomas, Shattell, & Martin, 2002). We argue for the productive value of psychiatric nurses' use of observation in everyday practice. We also show that skilful modes of observation are

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\*Corresponding author. Tel.: +61 3 9830 0652.

E-mail addresses: [bridget.hamilton@tpg.com.au](mailto:bridget.hamilton@tpg.com.au) (B.E. Hamilton), [emancias@unimelb.edu.au](mailto:emancias@unimelb.edu.au) (E. Manias).

deliberately obscured by nurses themselves, contributing to the subjugation of such practice and associated knowledge.

This paper explores how psychiatric nurses used observation in their everyday assessments of patients, by analysing field notes from an ethnographic study on an acute psychiatric inpatient unit. We draw on Foucault's work on the clinical gaze in medicine (1973) to explore nurses' particular use of observation, and also on one of his tenets that the purpose of the social sciences is to discipline difference, producing normalised, docile and productive citizens (Foucault, 1973, 1977). Data from a postmodern ethnographic study of psychiatric nurses' assessment practice is presented to illustrate different discursive practices that inform the nurses' gaze.

While previous work considers the merit of focussed assessments in acute psychiatric nursing (Norris & Laube, 2000), few studies provide insights into the expertise of inpatient psychiatric nurses in their everyday assessment practice. Nor do studies illuminate the discourses and the power relations that together shape nursing in this context (Crowe, 2005; Quirk & Lelliot, 2001).

To begin exploring nurses' everyday observations in inpatient psychiatric settings, some background is provided about this social setting within the healthcare domain. We then introduce previous work theorising both nursing and psychiatric knowledge and we detail our methodological approach. We argue that the productive effects of observation practices for patients, for nurses, for the psychiatric service system and for society are missed, if observation is miscast as merely custodial. Our aim is to affirm the routinely subjugated knowledge achieved through nurses' practices of observation and to re-evaluate the disciplinary impact of skilful observation. Analysis focuses on specific aspects of nurses' observations: psychiatric nurses' use of scanning, probing and discreet observations of patients.

## Background

In sociological, managerial and clinical investigations of psychiatric nursing, nurses' ability to listen, to interview and to engage with patients are presented as preferred modes of assessment, compared with nurses' skills of observing patients (Bowles, Dodds, Hackney, Sunderland, & Thomas, 2002; Buchanan-Barker & Barker, 2005; Higgins,

Hurst, & Wistow, 1999; Hummelvoll & Severinsson, 2001; Porter, 1993; Quirk & Lelliot, 2001). In contrast with humanistic privileging of nurse–patient interactions, observation is frequently understood to be a custodial activity, falling short of therapeutic activities (Martin, 2003). Ironically, while inpatient nurses' practice of surveillance is in some instances derided as non-therapeutic (Dodds & Bowles, 2001), nurses have also been criticised because their surveillance has been inadequately exercised to keep patients safe in acute psychiatric units (Quirk, Lelliott, & Seale, 2004).

Ideas about just what is entailed in nurses' everyday practices of observation have not been clearly articulated. A groundswell of literature looks at both the pitfalls and productivity of one mode of observation that we would distinguish from everyday observation. Research investigates 'special observations', the intense and continuous surveillance of an individual patient (Bowles et al., 2002; Duffy, 1995; Fletcher, 1999; Jones, Ward, Wellman, Hall, & Lowe, 2000; Neilson & Brennan, 2001). Jones et al. (2000) provided a thorough review of literature critiquing observations, before presenting a detailed analysis of the patients' experience of being observed. Although the findings convey a nuanced account of potentially productive interactions between observer and observed, Jones et al. concluded that "nurses conducting observation should actively engage with the person being observed and should not spend the time merely sitting outside the patient's room reading the paper." (p. 20). This (somewhat polemic) closing statement reinforces a perception that *observing without talking* is not good nursing practice.

In addition to the substantial criticisms of disengaged modes of special observation, many studies attest to the relatively higher value placed on interactions with patients and in particular deep talking between nurses and patients (Bee et al., 2006; Higgins et al., 1999; McLaughlin, 1999; Thomas et al., 2002; Tyson, Lambert, & Beattie, 1995; Whittington & McLaughlin, 2000), and decry an evident distance between nurses and patients and the brevity of interactions. Through this study, we aim to move outside the sometimes polemical debate, to articulate the productive potential of everyday observation practices.

An obvious shortcoming in many discussions of everyday nursing activity is the failure to engage with the mandate of social control in public psychiatric services. This mandate is seen most

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