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Nurses' and Healthcare Support Workers' Experiences of Enhanced Observations and Impact on their Health and Wellbeing

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BACKGROUND

- If we want more evidence-based practice, we need more practice-based evidence[1]
- Workforce planning[2]
- Healthcare Quality Strategy[3]
- Scottish Government Suicide Strategy (2013-2016)[4]
- Issues with enhanced observations in acute care[5,6,7,14]
- Engaging People: Observation of People with Acute Mental Health Problems: A Good Practice Statement[8] (under review)
- Mental Welfare Commission Monitoring Review (2014 -2015)[9]
- Burnout and Workplace health and wellbeing[10,11,12,13]

RESEARCH QUESTION

- What are the perspectives of nurses and health care support workers regarding their participation in enhanced observation practices in acute mental health care settings?

DEFINTION:

- Enhanced observations [EO] are psychosocial interventions used to provide a period of safety for patients in times of mental or physical distress to help manage risk posed to self or others[8,14]

AIM

- To explore impacts on nurses' and HCSWs' health and wellbeing related to taking part in EO.

METHODS

Recruitment
- Advertising in acute wards
- Supported by senior nurses
- Researcher contacts

Face to face interviews
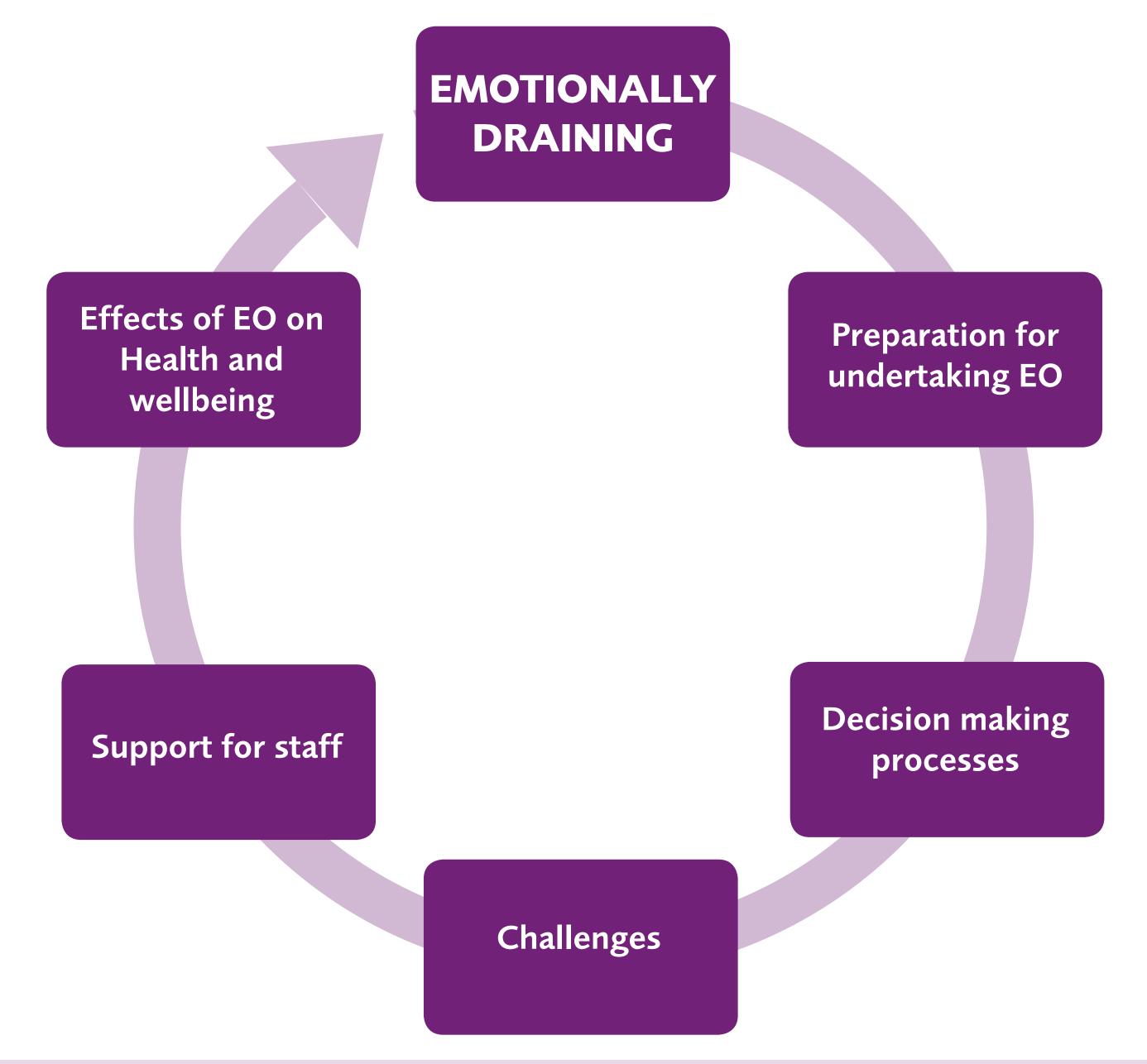- Topic guide
- Digitally recorded

Inclusion criteria
- Working in acute mental health setting ≥ 6 months
- Experience of EO
- Informed consent

Phenomenological methodology

Framework analysis

FINDINGS

Thematic Illustration of Findings from the Study

EMOTIONALLY DRAINING → Preparation for undertaking EO → Decision making processes → Challenges → Support for staff → Effects of EO on Health and wellbeing

FIVE KEY THEMES / QUOTES

Themes	Quotations	Supporting evidence
Effects of EO on health and wellbeing	"I think undoubtedly it can affect people emotionally, and does affect people emotionally to the point where people sometimes can't come into work because it's, it's so challenging and so emotionally draining. And, yes, it's very, very much, can have a very serious impact on people's emotions". "Yes, yes, I think it is very draining for people…if you're listening to this all the time, you know, it affects how you see, how you view the world. So you become, you feel yourself being sucked down and draining the joy from your soul".	The emotional demands and incredible stresses that nurses experience when undertaking enhanced observations are evidenced in the research literature [7,10,1,11,12,13,14]
Decision making process	"I think you make your point and you try and say but sometimes some doctors will just stand their ground and say no, another couple of days and that is frustrating and you'll go 'right, fine". "We do have the nursing discussion, we'll also discuss it with the psychiatrists and we also have the junior doctors and things like that, we'll discuss it with them because sometimes they might be quite quick to say, 'put them on constant obs' when we actually disagree with that decision, so we will have that debate".	There is a need to ensure that local practice follows national policy recommendations more closely [1,2,5,6,8,9]
Challenges	"You might be confident that three are getting looked after but how many staff do you then have on the ward to look after your remaining patients?" "Follow up medical staff and get a regular review is proving a bit of an issue and it's certainly something I think a lot of us have highlighted…in the interests of not only a person being on constant observations but for the person themselves, the patient themselves, they're not getting the regular reviews and it's a kind of an ongoing issue."	There is a need to ensure that local practice follows national policy recommendations more closely [1,3,4,5,6,8,9]
Preparation for EO	"On the ward, all staff who have completed their violence and aggression up to Level 3, up to and including Level 3….you're setting people up to fail if they don't have the means of protecting themselves". "They're just told to sit and look at a patient, but are they really prepared for what that patient might do?" "Even if it's just a, a half hour, you know, sort of presentation or something during your induction that you have to have anyway to explain what it is, what you should do, cause I just hadn't a clue".	EO is regarded as an intensive and skilled intervention[5], requiring specific training[8] Staff training remains inconsistent and inadequate [9] Key to implementing high quality care mental health care is the capability of nurses to perform in accordance with requisite knowledge, values and skills[2]
Support for staff	"I have had clinical supervision that I've organised through my own initiative but I don't think there's a particularly big move from management to ensure the staff potentially have it and I think a lot of people are quite scared of it in case, they feel like they're perhaps being assessed by it or they are sort of being monitored". "It does (supervision), aye, it helps you be more resilient, it helps you look at yourself and how you interact with people and it kind of gives you a wee bit of mentalization and thinking why the person is doing what they're doing".	Not attending to work related emotional issues experienced by nurses can lead to a workforce whose efficiency and ability to deal with concerns and critical incidents is very much reduced [7,11,13]

CONCLUSION

- Improved understanding of the impact of EO on staff health & wellbeing
- Specific training required for EO
- Mindful decision making process is important for nurses
- Continuous facilitation for clinical supervision uptake is important

WHAT NEXT?

- Feedback on results of the study and wider dissemination
- Further research around preparation for undertaking EO
- Further research on approaches to support wellbeing at work
- Practice development initiative

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