



Using observational research to obtain a picture of nursing practice

Alison Twycross,¹ Allison Shorten²

10.1136/eb-2016-102393

¹Department of Children's Nursing, London South Bank University, London, UK
²Yale School of Nursing, New Haven, Connecticut, USA

Correspondence to:

Alison Twycross,
Department of Children's Nursing, London South Bank University, London, UK;
a.twycross@lsbu.ac.uk



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Introduction

Observational studies often draw on the principles of ethnography. Ethnographic approaches to data collection were first used in anthropology and involve describing a culture and learning about the 'native's point of view'.^{1 2} To gain an understanding of the culture being examined, the researcher is immersed in the field collecting data over a prolonged period of time, often for a year or more. Sometimes time con-

straints mean it is not possible to undertake a prolonged period of data collection nor is this always appropriate. However, to gain an understanding of what is happening in practice, adopting some of the principles of ethnography can be useful. (N.B. cohort, cross-sectional and case-control studies are also described as observational studies in the scientific literature. These specific methodologies are not within the scope of this paper).

Table 1 Ethical issues that need considering when carrying out an observational study

Ethical issues	Consideration
Covert versus overt data collection	Overt observation occurs when participants know they are being observed and are aware of the purpose of the study. ¹¹ Covert observation means that participants are either unaware of being observed or that the observer conceals the real reason for observing them. ¹² Covert methods involve deception, with researchers pretending to be someone they are not. This type of observation is now considered unethical because it violates individuals' right to autonomy and their ability to decide whether they want to be observed. Nowadays participants are normally told what the purpose of the research is. For example, in one study nurses were told that the researcher was carrying out a study which required her to spend some time observing how nurses managed pain in children. ⁷
Obtaining consent	Observational studies have unique ethical challenges in relation to consent, given the relatively unstructured nature of data collection, the extended periods of time involved and that observation often takes place in semipublic areas. ¹³ If collecting data in a hospital setting some researchers recommend gaining informed consent from all individuals present on the ward on a regular basis. ¹⁴ For individuals who are not present on a regular basis it may not be possible to obtain full informed consent, and on some occasions it may be more intrusive to introduce the researcher and the study. ¹⁴ A common sense approach needs to be taken. For example, when shadowing a member of staff or collecting data about a specific patient informed consent should be obtained. For other people within the general area a simple explanation that you are collecting data for a study along with obtaining their verbal consent, may be adequate. In reality the stance the researcher takes will be determined by the research ethics committee approving the study.
What will you do if you see poor practice?	The aim of an observational study is to obtain a picture of current practices to identify where practice change is needed, to improve quality of care. Collecting observational data may, therefore, result in practice improvement. Observation of practices that require improvement but are not dangerous or harmful (see below), without intervening, would not be considered unethical.
What will you do if you see dangerous practice?	The research ethics committee approving an observational study will expect a researcher to have identified the steps they will take if they observe dangerous practice. For example, in two studies the researcher arranged to discuss any dangerous practice she observed with the ward manager (head nurse). ^{7 10} The ward manager would then take any necessary action.
Protecting participants' anonymity and ensuring confidentiality	Confidentiality can be ensured by restricting access to the names of participants to the immediate research team. This is easier to do if demographic data are collected prior to the start of the main data collection. Once a participant has agreed to take part in the study, they should be given an identifying code known only to the researcher. Anonymity can, therefore, be maintained by referring to participants using identifying codes. Demographic details should be stored separately from other data to ensure participants cannot be identified.

Why are observational studies needed in nursing?

When using questionnaires and interviews sometimes a social desirability approach impacts on participants' responses, where they say what they think the researcher wants to hear rather than what they actually believe or do. This makes it hard to find out what is really happening in practice. Observation allows a first-hand account of behaviours, events, actions and interactions to be obtained,^{3 4} thus allowing a picture of actual practices to be captured. So if the aim of a study is to understand nursing practices, set in the context of the nursing practice environment, then an observational study should be considered.

Observational stance

Before starting data collection it is important to decide on the observational stance that best matches the study aims and study environment. Observers can adopt a detached role (non-participant observation) or can participate in the activities being observed (participant observation). In between these two stances, there are several positions that observers can occupy.^{1 5} So for example, in one study exploring parents' and children's involvement in decision-making in the hospital setting a non-participant stance was taken where the researcher sat unobtrusively in a corner and did not engage in any activities.⁶ In another study, the role of the 'observer as participant' was adopted whereby the researcher could shadow the nurse.⁷ The researcher did assist with basic nursing tasks such as bed-making; bed baths by, for example, handing the nurse a towel or a bar of soap; and opening packets of cotton wool and gauze when a child's surgical dressing was being changed.

Does the researcher's presence impact on practices observed?

The knowledge they are being observed often makes people self-conscious which may affect their behaviour (the Hawthorne effect). However, the results of studies carried out in several areas of nursing suggest that, as participants grow accustomed to the observer's presence, their behaviour will more closely resemble normal, everyday behaviour.^{8 9} A key strategy in minimising the effect of the researcher's presence on behaviour is taking time to build a rapport with the participants before starting data collection. So, if the study involved observing nurses, a first step might be to attend team meetings or ward handover on several occasions as a way of getting to know the potential participants and building a relationship with them. One way of testing whether the researcher's presence is impacting on the observed practices is to look for signs of habituation (reverting to normal behaviour). For example, in one study the researcher noted that once the staff on the ward on night duty began to feel comfortable with their presence, they began to leave the door of the drug room open again.¹⁰

Ethical considerations when undertaking observational research

Some of the ethical issues that should be considered when undertaking observational studies are outlined in [table 1](#).

Data collection in observational studies

Data collected in observational studies can be qualitative, quantitative or both. Quantitative data is normally collected against a measure of best practice. If you are collecting qualitative data this will normally be recorded in field notes which will include, in a nursing context, your observations, notes relating to patient records and details of conversations you have had with participants. Using a combination of data collection methods ensures that data outside the preset codes is recorded thus providing a fuller picture of actual practices.^{15 16}

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Competing interests None declared.

Provenance and peer review Not commissioned; internally peer reviewed.

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Evid Based Nurs 2016 19: 66-67 originally published online June 8, 2016
doi: 10.1136/eb-2016-102393

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