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Brief guide to conducting observations

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Why conduct observations?

To achieve a safer healthcare system we must look at work as it is normally done every day:

- There is no difference between the context within which people work on a day when a patient safety incident occurs and other days when there are no incidents. Everything that needs to be present for an incident to occur is already in your system.
- To reduce risk we must understand how work is actually performed, rather than what is documented in training, procedures or equipment operating manuals (work as prescribed), how we imagine work is conducted (work as imagined) or how people tell us work is performed (work as disclosed)
- Work as done (WAD) is actual activity – what people do – achieved by adjustments, variations, trade-offs and compromises to meet demand.
- Understanding WAD can uncover more informative and contextualised improvement and system redesign needs.

Observations help us get a better understanding of WAD.

Getting started

Pros/cons	How	Tips
Can be used to: • Understand what people do and the context within which they do it. • What people say (and think) they do and what they actually do are not always the same thing – we do not monitor the details of our work practice. **Pros** • Provides rich data. • Quick and low cost – all that may be needed is pen and paper. • Data can be quantitative (eg task frequency, number of hazards identified) or qualitative (eg recorded observations of actions). • Flexible approach that can be used as part of any learning response method. **Cons** • Generalisability may be limited – one snapshot in time. • Labour intensive.	Job shadowing: follow a typical work routine • record tasks, interactions and events that occur. Naturalistic observations: observe events that occur within a particular environment • record tasks performed at a specific location, task frequencies and who completed the tasks. Data: • field notes, photos, sketches, measurements, documents (forms, etc), voice recordings.	• Engagement with staff and leadership prior to observation is key – it is important they understand the purpose of the observation, as this is usually conducted for other purposes. • Be discreet, stand back and watch silently; do not interrupt. • Get everything down; don't try to make sense of it yet. • Ask questions during 'down' times (should be discussed and identified ahead of time). • Be respectful of the priorities (eg caring for patients). • Draw the layout of the environment.

System considerations

Person(s)	Tasks	Tools and technology	Environment	Organisation at work	External
• Who are the people doing the work? Are they familiar with it? • Height and physical strength requirements • Are roles defined? • Are people trained to complete the task? • Team dynamics (team structure/skill mix) • Explore impact of personal factors (eg stress, morale) • Fatigue influence (distances travelled, cognitive fatigue, reliance on short-term memory) • Communication barriers • Influence of inequalities	• Complexity/ demands of the task • Are tasks repetitive (variety, monotony)? • Are tasks conducted in a particular order (sequence)? • Workload • Workarounds • Time pressure	• Usability: are there 'supports' (eg signs of poor design such as sticky notes to guide use)? • Presentation of information • Quality of alarm design (eg recognition and response) • Positioning of equipment – how is it grouped (eg in relation to task requirements)? • Level of automation • Reliability of equipment • Appropriateness of equipment for the task • Are tools/technology maintained/updated? • Maintenance requirements • Availability (eg is there an adequate supply)	• Distractions • Interruptions • Business • Ambient environment, including lighting, noise, air quality • Environment layout • Where are tasks completed? • Is this space appropriate for the task? • Visibility of patients, staff, equipment	• Information flow (eg high communications workload, poor phrasing or low communication standards) • How is new information flagged? • Where is this information held? • Leadership and supervision • Inadequately defined roles and responsibilities • Work scheduling • Staffing levels, resourcing • Safety culture • Change management	• National targets • Policy and regulatory demands • Accreditation standards • Political decision-making • Global events