Body cameras and why I urge you to keep an open mind

More research is needed into the implications of bodycam use in healthcare, but evidence suggests they may have a constructive role.

If you’re reading this while travelling, your image has probably been recorded. If you are on public transport, you will have been captured on closed-circuit TV (CCTV) numerous times.

Even your walk along the street or a shopping trip will be captured at several points.

As we are all aware, our digital movements are recorded too – with data captured about our interests and browsing preferences and behaviour patterns.

We tend to accept these intrusions in the interests of public safety and have become almost immune to their presence. It could be argued that we tolerate them in the interests of the greatest number, and that those who object need to see the bigger picture.

Passive involvement versus active use

Our involvement in this kind of surveillance is passive, and we go about our business not giving CCTV cameras any thought most of the time.

We may, in fact, feel comforted by their presence when on public transport, and a little bit more secure, because it makes us feel that we are not alone. Big Brother really is watching us.

But what if our involvement were to become more active? What if we, as nurses, were expected to record clinical interactions as a matter of routine and to inform clients that we were doing so?

Body-worn cameras in mental health

Trials of body-worn cameras in mental health settings have been added to the already present CCTV.

In a recent study by UK researchers, 50 cameras were supplied to West London NHS Trust for nurses to wear in seven mental health wards. The study was carried out from March to October 2018 and the data gathered compared with those from the same wards for the same period in 2017.

‘We know that being recorded can influence how we behave, and this may produce unforeseen consequences for the relationships we are attempting to build with clients’

The researchers found there were 14 restraints in which tranquillising injections were required before the body cameras were introduced; this fell to four when the cameras were worn. Verbal aggression also declined – from 94 incidents to 75.

However, patient violence not requiring restraint was more common during the study – rising from 64 to 82 incidents.

Is it in the best interests of both parties?

The results are far from unequivocal, and the RCN has called for more research into the use of body cameras. But the findings may indicate that – just like those worn by the police – body cameras can have a positive effect on nurses’ interactions with clients.

If the nurse feels it is in the best interests of both parties, they may record an interaction with a client. Having a record of the interaction for review could lead to positive changes in behaviour for all involved.

But we know that being recorded can influence how individuals behave, and this may produce unforeseen consequences for the relationships we are attempting to build with clients.

Trust me, I’m a nurse – and could you speak a little louder for the recording please?

The Use of Body-Worn Video Cameras on Mental Health Wards: Results and Implications from a Pilot Study
tinyurl.com/bodycams-mental-health-wards

By Ian Hulatt
consultant editor of RCNi journal Mental Health Practice

The other side of the debate: ‘There’s no place for body cameras in nursing practice’ rani.com/camera-barrier