

# Examining the physical environment of a maternity ward



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I'm working in a private setting hospital which has total of 60 beds. I'm posting to a multidiscipline ward since I join in this hospital. There are 11 single bedded rooms, 2 3-bedded maternity rooms, 1 3-bedded pediatric room, 1 isolation room & 1 6-bedded room. There is a variety of bathing, showering and toilet facilities in every room. Two labour rooms also attached to this ward. There are two matrons & two sisters guiding the whole hospital. We are using 3 shift patterns at work, 5-6 nurses working in every shift; 3 staff nurses (include 1 midwife) and 3 Assistant nurse / community nurse & experienced nurse aids. Matron always allocates 1 supervisor among us (senior staff) as a supervisor to take care of the wards especially after office hour.

Student nurses are not allocating to this ward but there is always new nurses joining us every year. I believe that this ward offer a wide range of learning opportunities for nurses. There is always an orientation from sister to the new nurses by power point presentation and tour to every department of the hospital. The ward covered any different kind of neither patient, medical nor surgical; adult nor paediatrics, we learn the skill of how to assess, nurse & educate those patients, assist doctor or peers in procedures. We develop good rapport with patient and their relatives.

Some teaching or learning material like reference books or dictionary can be found at the nurses' counter for us to read; information from the public or latest news also display on the notice board. To support activity for learning and effort to strengthen human resources and optimizing resources, it is very useful if there is a library or study room that provides books and journals from overseas in the hospital. Knowles (1990) emphasize that adult should

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be given proactive approach to learning which involve them in decision making. CME is holding on every first Saturday of the month which presented by Specialist Doctors. There are also public health talks in the hospital almost once a month in our conference room which encourage staff & public to participate. There are some other resources which contribute to the development of competence for learner such as searching a lot of information through internet. Some other useful facilities for learner may not found in my workplace such as library, internet access & study room/discuss room. The standard of International Organization for standardization (ISO), one of the achievements is to maintain appropriate records of education, training, skill and experience. Therefore, Hospital should provide library or study room which contain books and journals from local or overseas to accomplish the above standard.

The perspective that Maslow's Model brings is an essential element that should be considered as the health care arena is faced with reorganization, re-engineering, mergers, acquisitions, increases in learning demands, and the escalating role of technology in training. The needs are arranged in a hierarchy as shown in figure 1. 0. Maslow created a visualization of his hypothesis in the shape of a pyramid which is divided into five levels. At the bottom of the pyramid is the physiological level which includes food, water and shelter, the most basic needs for human survival.

The premise is that unless an individual's basic needs have been met, higher levels in the pyramid are of no relevance, as survival is the most basic human component. The Maslow model presents a means for understanding the needs of the individual and the worker; ever present and growing

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technology allows for new ways to meet these needs; and training makes the worker more secure, can enhance feelings of belongingness and self-esteem, and provides the opportunity for self-actualization. According to Quinn FM (2000, p. 19), each class of need is stronger than the one above it in the hierarchy.

Physiological needs are the most basic need for each one of us includes rest. And the third class of need in Maslow's hierarchy is belongingness and love needs, it includes affection and friendship. Among our colleagues, we have always organized gathering for dinner or picnic almost 2-4 times a year. These activities also perform as the opportunity to ease tension and avoid conflict. Once a person feels a sense of "belonging", the need to feel important arises. We seek pleasant working relationships with co-workers, peers, and others, and we also seek to find our place in formal and informal work groups.

Figure 1. 0 Maslow's hierarchy of needs

In my workplace, the work staffs are come from different culture and different races. Majorities are Chinese, Bidayuh and Malay but we are communicating in one language that is English. Only when sometimes we met someone who cannot understand English well like ward attendant or patient, we will communicate in Malay, or language that they understand, the aim is to pass the message.

In this hospital, there are multidiscipline of specialist manage all the patients. As a staff nurse in the ward, we also learn different diagnosis and different care for them. In this multidiscipline ward, we have a matron and a

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sister, midwives, staff nurses, enrolled nurses, community nurses, ward aids, ward clerk and ward attendants where we work as a team. Although we work in different position but towards the same aim as we have a mission that is: To provide high quality, cost effective, efficient and friendly health care.

Whenever there is new staff join us, there will be an orientation for them which will conduct by our Matron. She represents all the directors and co-ordinators to give the welcome speech before the orientation. Although we don't have POLO, some appropriate relevant documents like protocol and job description will be given to them during the orientation. Normally there is a tour section to all departments at the end of orientation. My workplace is a small hospital, the new staff normally not more than 10 people.

For new nurses, they will work office hour from 8am – 5pm for first 2 weeks as orientation week. They are expected to get familiar with the work environment, ward routine, and recognize all the doctors. Although they are supervised by ward sister, staff nurses in the ward are also responsible to guide them until confirmation from hospital. I noticed that the ward sister or assigned supervisor for the new staff nurses in my workplace also tend to guide them in the way that which they were guided before. This is ineffective and stressful to the new staff nurse because every individual differ in their learning styles and preferences as agreed by Quinn. Honey & Mumford (1992) identify four basic learning styles that consist of the activist, the reflector, the pragmatist and the theorist. Dunn & Dunn's (1978) analysts of learning preferences by recognizing your own learning style and preferences, learning would become more effective.

This hospital no nursing college, all the nurses were trained from different colleges and universities in Malaysia; we have exposed to different workplace and collected different ideas during our training. Compare to other hospital in Malaysia, the staff nurses here have early opportunity to take a post basic course with minimum of 2 years clinical experiences. The hospital management sponsors us for the course like OT, ICU, CCU Midwifery and Neonate course because they still short of specialist nurse. Thus, we often learn informally from each other, we share and contribute our thought to our colleagues especially when we are working or discussion on problem solving. We are also rich of knowledgeable and skillful senior nurses in the ward; some are nearly retire nurses who still contribute their care in the hospital. They usually allocated as supervisor when matron or sister is not around. Quinn FM (2000 p. 425) define that the term supervisor is used in a general sense to indicate someone who oversees the work of another. The senior nurses are supportive and thoughtful especially to guide a new or junior nurse.

Learning is a change brought about by developing a new skill, increasing understanding/ knowledge, changing attitudes. (David H, 2007) Alan Roger argues that, not all change is learning, it is more reinforcement than alteration of patterns of knowledge and behaviour. (Teaching adults, p. 86) Any learning topic has to be considered from three perspectives in relation to what a student has to learn. These elements are: Psychomotor, Cognitive & Affective. By analyzing the type of learning domain or outcome, we can determine which activities, assessments, and representational modes (face-to-face, video, online, multimedia) are optimal based on the learning

outcome desired. With the access to learning technologies more available to faculty and with greater numbers of learners having access at work, it is possible and desirable to use multiple representational modes to increase the probability that learner will attain higher levels of learning.

In adult learning, there are two education sectors: formal & informal. Formal learning includes the hierarchically structured school system that runs from primary school through the university and organized school-like programs created in business for technical and professional training. (Marcia L. C, 2007) In my workplace, there are some formal learning like CME (continuing medical education) which will perform every 2nd Saturday of the month for all the hospital staff; These program normally given by the specialist doctors. Other formal sectors like training programs. We do have CPR course once a year to refresh all the staff's skill especially for the ward staff that seldom have the chance to perform CPR in the ward.

Informal learning describes a lifelong process whereby individuals acquire attitudes, values, skills and knowledge from daily experience and the educative influences and resources in his or her environment, from family and neighbors, from work and play, from the market place, the library and the mass media. (Marcia L. C, 2007) Sometimes the discussions are held during our lunch break

There is no student nurse post to my workplace but there are some other agencies partnerships with us. Such as government & private colleges, which our management sent student to, the private associations like milk powder agencies, cord blood bank and many others which often give talk to the

nurses here regarding the update information. Malaysia Nursing Association always gives notice through formal letter and phone contact when there is an intensive course for nurses to attend. Our management encouraging us to update our knowledge, so they always sponsor us to attend the courses. They would like us to share what we learn with our colleagues after attended the course by giving a small education section.

I have an opportunity to give the small talk to my colleagues after I was attended to a workshop. The title was ' How to nurse AIDS / HIV patient'. The planned outcome for the education section was to alert all my colleagues when handle with an AIDS/HIV client. There was unplanned outcome after the talk I gave. That was the experience from my peers of when they nurse the patient and the problems that they faced, and also we discussed about the immediate action when nurses get needle injury after phlebotomy on a patient. At the end of the section, all my colleagues get new information from me and also I learnt extra knowledge and experiences from them.

In conclusion, my practice area needs improvement in order to create an environment of excellence for learning. Dunn SV & Burnett P (1995) emphasis, the clinical learning environment (CLE) is the interactive network of forces within the clinical setting that influence the students' clinical learning outcomes.