

A reflective account  
of a fundamental  
caring skill nursing  
essay



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For my reflective account of my caring skill of assisting somebody to eat I am going to use "A model of reflective practice" Gibbs, G. (1988). My practice was at a residential home with sixteen permanent residents and two respite rooms and so the health and amount of care needed by each individual varied. Some are mobile and independent, some need assistance from carers for only a few activities such as being pushed in a wheelchair, whereas a few are completely dependant on the carers to do daily activities such as eating. Before I started my placement I read the NMC code of professional conduct and the NMC guide for students of nursing and midwifery. This was so that I was aware of my accountability, responsibility, confidentiality and the wishes of the patients. I also researched into nutrition and feeding, to help me to understand my clients' needs and feelings, so that my caring skill was more effective.

Every cell requires an energy source for growth, development and for cell activity. The body obtains its energy source from eating and drinking and so they are essential to existence (Roper, Logan & Tierney, 2000). Therefore nutrition plays an important role in health and I need to understand what a nutritious diet contains and the effects a healthy and unhealthy diet can have.

A healthy diet contains all the nutrients the body needs to function. A nutrient is "a substance that must be consumed as part of the diet to provide a source of energy, material for growth or substances for regulated growth or energy production." (Oxford Reference Dictionary for Nursing, 1990). I found that these are proteins, which supply the body with the essential amino acids for building and repairing body tissues, carbohydrates  
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to provide heat and energy and fats which can be broken down to fatty acids and glycerol and also provide heat and energy. The body also uses fatty deposits to protect and maintain delicate organs, such as the kidney. The body also requires small amounts of vitamins and minerals. Vitamins are needed for many different things. Most of them have a catalytic function in metabolic reactions. They are needed for energy regulation, regulation of tissue synthesis and the general health of tissues. Minerals are the “components of body tissues and fluids, and of many specialised substances such as hormones, transport molecules and enzymes.” (Roper, Logan & Tierney, 1991). Although fibre is not used in any part of the body’s structure and is excreted in the faeces, it is still needed for a healthy diet because it provides bulk, which helps defaecation by stimulating muscular movement in the large intestine, and therefore prevents constipation. Finally, water is extremely important for the body because it makes up approximately 2/3 of body weight, is the main component of all body fluids and many body processes depend on it. Therefore if the body is severely deprived of water it will die. Holmes (1986, cited by Roper, Logan & Tierney, 1991) found that “food and fluid intake is controlled by complex biochemical processes. There are centres in the brain which are sensitive to changes in the level of nutrients and trace elements in the blood thereby controlling appetite and thirst”.

The amounts of these nutrients needed differ for each individual and vary throughout the different stages of life (Chern & Rickentsen, 2003). These nutrients need to be ingested, digested and then absorbed. The digestive system includes the mouth, oropharynx, oesophagus, stomach and the

intestines. The enzymes that facilitate digestion are produced in the salivary glands, pancreas, liver and gall bladder (Waugh & Grant, 2004)

There are many reasons why somebody may need help with eating. “ It is essential that nurses have knowledge of factors and how they influence activities of living”. The model of nursing helps nurses to understand, assess, plan and implement relevant interventions and evaluate the effects. (Roper, Logan & Tierney, 2000)

The client that I assisted with eating was an elderly man who was completely dependant on the carers because he had had a cerebrovascular accident (stroke) and he was paralysed down his left side (hemiplegia). He also couldn't use his right arm much due to rheumatoid arthritis. However some people with physical disabilities like an arm defect can still eat and drink independently with the use of mechanical aids and specialised equipment or even just having the food removed from its wrapping. One client on my placement who had a stroke could use his right arm and used equipment such as a plate guard and another client used a specialised spoon so she could feed herself. The use of these aids help to maintain the person's dignity and self-esteem. (Child & Higham, 2005)

My client was still able to chew his food and produce the saliva and mucus to soften and bind it into a bolus and he still had the reflex to swallow it. Most of the clients could eat without or with very little assistance if given the appropriate handling aids. Other clients, who could not swallow properly due to a health problem such as cerebral palsy or a stroke, had had a Percutaneous Endoscopic Gastrostomy (PEG) for enteral feeding (a surgical

procedure where an opening is made in the abdominal wall and a tube is passed through into the stomach directly). Other ways of enteral feeding are an Esophagostomy (placed at the level of the cervical spine to the side of the neck) or a Jejunostomy which is placed in the duodenum or a Naso-gastric tube which is a tube passed through the nose down the oesophagus and into the stomach.(Williams, 1994)

My client had already been assessed and he did not need any nutritional supplements to go with his meals. The Body Mass Index shows healthy ranges for body weight, it is determined by their weight in relation to their height and National Screening Tools are used to identify people at risk of malnourishment and nurses should be aware of ethical issues and the influences of religion and culture when doing a care plan to meet the individuals' needs. (Walsh, 2002)

The carers at my placement already knew my clients' preferences and nutritional needs and that he could chew his food so the consistency of the food did not need to be changed.

“ Having to be fed can threaten dignity so nurses should make every effort to minimise any negative aspects”. (Isaacs & McMahon, 1997)

Before I started to assist my client I asked for his consent and made sure that I washed my hands thoroughly, to reduce the risk of infection and was wearing protective clothing and that the environment was suitable. The Department of Health (2001) states, “ the environment is conducive to enabling the individual patient/client to eat”. At my placement, if possible, all

of the clients ate in the dining room where there are no distractions, the tables were set properly and everywhere was clean and tidy.

I gave my client a choice of two meals and I made sure it was prepared to his liking and presented in an appropriate way. This is because if the food is not presented appropriately for the client and does not look tempting to eat then feeding will be inhibited, giving them a choice gives them back some of their independence when they could be feeling helpless and vulnerable and their self-esteem could be decreased.(Child & Higham, 2005)

It is important to make sure that the client is comfortable and relaxed to make the interaction more effective (Williams, 1994). I think I achieved this quite well because I made sure that my client was sitting up in his chair, which also lessens the risk of choking. I pulled up a chair next to my client so that I was closer to him and was at a similar eye level. This also shows the client that you are not in a rush and he is not being an inconvenience to you. My body language was relaxed and I used positive facial expressions because if I had been tense and negative, my client would not have enjoyed his food and would have felt uncomfortable and rushed and therefore the interaction would have been inhibited and he might not have wanted to eat anything.

I tried to ask my client if he had any preferences to the order that he wanted to eat his food but he did not really respond verbally or none verbally. This made me feel quite uncomfortable and I just fed him the food in the order that I thought he might have liked it and he seemed happy with that. I used ordinary cutlery and cut the food up into what I thought were appropriate

bite sized portions for my client and adjusted the size if I thought I had put too much on the fork.

After my client had swallowed his first mouthful I asked him if it was too hot and he said no so I carried on feeding him. I waited until I thought he had completely swallowed each mouthful before I gave him another. Once my client had eaten his entire main course I asked if he wanted a drink and I held the cup up to his mouth. I did this so that he would not still have the taste of his main course while he was eating his dessert. I cleared away the dirty equipment before I gave him his dessert and I once again cut it into bite-sized pieces and after his first mouthful asked if it was alright and if he liked it.

Once my client has finished his dessert I cleared the dish away and asked if he wanted a drink. I encouraged him to try to hold the cup with his right hand and I supported the other side and tipped it up a bit further when needed. After he had finished everything I asked if he wanted anything else and if he was happy. I then gave him a wipe so that he could wipe his mouth but he could not do it so I asked if he wanted me to do it for him and he let me. Then I asked him where he wanted to go and took him there and asked if he needed the toilet or anything else but he said he didn't. I then went and recorded how much he had eaten in his notes.

I feel the interaction went well because even though I felt a bit uncomfortable at first I soon relaxed and I think that I used good body language and facial expressions and it was good that I sat in the chair next to him and didn't just stand over him. My client was relaxed and happy to

have me feeding him. The dining room was clean and tidy and there were no distractions. I did find it quite difficult to talk to my client because I did not want to ask him too many questions because he was eating and other than asking him if everything was alright I did not really talk much. It was good that I used a fork to feed my client because if I had used a spoon it may have made him feel like a child and lower his self-esteem.

A negative factor of the interaction was that I put a paper bib on my client, which could have lowered his self-esteem and dignity. I also used a plastic beaker with a lid so that I did not spill his drink down him and this could have also made him feel like a child. At some points I did put the next forkful up to his mouth before he had completely swallowed the last one and even though I apologised and put the fork down again and waited until he had completely finished, I did feel as though he may have thought I was rushing him a bit.

Next time I am assisting to feed someone, I will use a napkin instead of a bib and if possible a normal cup. I will also try to talk to the client a bit more without asking too many questions so that they don't have to talk with their mouth full. I will also ask if they want to brush their teeth or clean their mouth so that they feel more comfortable and it will also help prevent dental decay or any sores from developing around the gums. I spoke to my mentor about how she thought the interaction went and whether she thought I could improve on anything and she was happy with it.

In conclusion, I feel my caring skill went well. This is because we were both relaxed and comfortable, no problems occurred and I would do most things the same again. Even though I felt as though I may have rushed him a bit at



times by accident and some of the equipment I used may not have been appropriate, my client was happy and ate everything. He also said he would feel comfortable with me helping him again and I now feel confident and comfortable enough to assist feeding people.

2198 words.