

# Reflective assignment



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Within this reflection I have gained informed consent from patients ND mentors and have adhered to Desisted university guidelines when gaining consent also in conjunction with the NC code of conduct (Nursing and Midwifery Council, 2008) Reflection allows the nurse opportunity to gain a deeper insight into personal strengths and weaknesses and to address any areas of concern in order to improve future practice. Therefore, will be using the Gibbs (1988) Reflective cycle as this cyclical model is a recognized framework to assist with a critical reflection on practice.

I chose to use this cycle because it will improve my nursing practice continuously, and learning from the experience for better and improved practice, by reflecting in a structured and effective way.

This reflective account will involve a description of the incident, an analysis of thoughts and feelings and an evaluation of what has occurred. Finally, the reflective account will include an action plan for a similar situation, which may arise, in the future.

During my practice placements, I have come to understand that within nursing practice, communication is essential, and good communication skills are paramount in the development of a therapeutic nurse/patient relationship. Devold (1988) states that communication is inevitable: no matter what we do, even silence or not responding says something to the other person. All behavior, whether verbal or non-verbal, intentional or unintentional, is a form of communication, including how we move, dress, walk, or use touch.

As communicators, nurses need to be aware of their own intentional and unintentional messages and also be skilled in reading the messages of others.

Within my first week on my Hub (ward) placement was extremely self-aware and worried about how I would interact with the patients. As had never before had any health care experience, I was able to work alongside the Health Care Assistants in order to gain and improve my basic patient care needs. The ward was elective orthopedic with the majority Of the patients who Were pre or post-operative.

However, the ward did admit medical patients, who were awaiting beds on specific wards.

This meant that the care needs for the individuals patients varied, meaning some needed more help with personal hygiene care than others. To adhere to the Nursing and Midwifery code of professional conduct (NC 2008), I will maintain my patient's autonomy, to respect her right to confidentiality. Therefore no names will be used and will be referred to as Patient A. Clear verbal consent was gained from my patient as the NC states (NC AAA), to enable myself to reflect on this experience.

Patient A was a 93 year old lady who had recently undergone a Left Total Hip replacement. Prior to the operation Patient A had been an independent lady, who lived on her own and maintained her own personal hygiene needs to the best of her ability.

On meeting Patient A, it was clear that she had full capacity and was able to make decisions for herself. When I first met Patient A, she was 15 days Post-Operative and was struggling to mobile due to her wound oozing and becoming infected, therefore she was on bed rest.

As I was on an early shift, this meant that I was responsible for helping maintain the patient's person hygiene. As Patient A was on bed rest the best way to promote personal hygiene was to give this lady a bed bath, thus giving her a sense of well-being and it allows the nursing staff to monitor changes in the skin ensuring it maintains intact as we want to prevent pressure sores. As has she also had a catheter instituted, she had very little control of the lower half f her body, her right shoulder was dislocated and she was MRS.+.

Mrs. Jones took part in a trial drug many years ago this was to help her control her Parkinson disease coming off the drug became impossible and as a result Mr. Jones is reliant on this drug, this drug was referred to as apple morphine on the ward. The basic bed bathing equipment I required was one bath towel, one hand towel, several disposable swipes, clean bed linen, (2 x sheets) laundry bags, (in this case red bags as the client is MRS.+) a slide sheet, small yellow bag for clinical waste, pad and incontinence sheet, bowl of warm water ND a set of pajamas and or gown all provided by the hospital.

The client had acquired her own personal toiletries before admission this consisted of a bar of soap, shower gel, talcum powder, perfume, two flannels, (one for the upper part of the torso and the other for the lower half) moisturizer, a comb, dentures pot, tooth brush and tooth past. In addition to

this the client required saline solution, disposable wipes, new dressing cut to size and tape and a yellow clinical waste bag for the disposal of old dressings. Myself and Claire the Auxiliary Nurse who I was paired with to work alongside put on our retroactive disposable gloves and red aprons on after collection the supplies from the linen room. Ratted Moroseness and introduced myself and Claire. “ Morning Mrs. Jones, how are you this morning? ” She replied “ Oh, hello, I could be better” I continued “ my name is Sharon (as this was easier for people to pronounce, after consulting Sister) I’m a student nurse and I’m going to be looking after you today’, “ and I’m Claire, and I’m also going to be looking after you today too”.

Continued “ can we help you to get ready for breakfast? ‘ Yes please,” Replied Mrs. Jones. Before we began we asked if Mrs. Jones if she had NY objections to either me or Claire giving her a bed bath, as she looked apprehensive, she replied that this would be fine.

We also asked if she had any pain and how her night was, she stated that she was in pain quite a bit but that it was normal for her at this time in the morning. She also stated that her night was awful, as patients in the next bay kept her awake most of the night.

Myself and Claire consulted the staff nurse about Moroseness’ pain, the staff nurse spoke to Mrs. Jones about her medication and said that it was not due until 8: 30 and so we were asked to continue as long as the Mrs. Jones was happy for us to do so. Mrs. Jones replied if that was the case there was nothing she could do other than for me and Claire to continue.

We explained the procedure to Mrs. Jones and gain her consent she allowed us to obtain any necessary toiletries from her draws whilst I did this Claire prepared a bowl of warm water. Removed Mrs. Joneses personal belongings from the table and placed them in the draws for safe keeping.

Wipe over the table with an alcohol wipe to sanitize the surface and place on there the necessary items we would need to give Mrs. Jones a bed bath. We draw the curtains closed to maintain Mrs. Joneses privacy and dignity at all times.

Before we began I asked Mrs. Jones if she would like to use a bed pan before we continued any further. She informed us that it was probably too late and she felt she had already made a mess. We reassured her that everything was alright and we would help to get her cleaned up as quickly as possible. Mrs.

Jones apologized a number of time and started to get upset. We again tried to reassure her again and clam her down, we in forced the reason that we were there and that was to help her in any way to see that she is alright. She agreed with us and asked us to contain u.

We raised the bed to the appropriate height to avoid putting undue strain on our backs, whilst I did this Claire emptied Mr.

Jones Catheter and placed the bag on the bed. We decided to place a sliding sheet under the client to assist us in rolling the client. Took the liberty of explaining the procedure to Mr. Jones as We carried out the task.

Asked if it was possible for her to roll on her right side as I was aware the Mrs. Jones right shoulder was dislocated, she insisted that this was fine as it

had been seen by the doctors and nothing could be done about it and insisted that she had rolled on it sever times before.

We assisted Mrs. Jones in moving her night gown, we freed her left arm first then her over her head and then gently freeing her right arm avoiding injuring her arm any further, to maintain Moroseness dignity we placed a large bath towel over her covering her private areas. Helped Mrs.

Jones to bend her left leg and asked her to hold on to the cot side with her left hand. I placed my right hand on the left side of Mrs. Joneses waist and my arm across her left leg to provide added support. I placed my left hand on her left upper back.

Claire had prepared the slide sheet, clean linen sheet and an incontinence sheet to go under her.

On the instruction ready steady (then the maneuver intended, in this case it was) roll, we all assisted in rolling. Claire placed one of her hands on Moroseness's back to provide added support and prevent her from rolling back. Claire folded the old linen in to its self, to as far as it would go until it reached Mrs. Jones. Claire placed the clean slide sheet, linen sheet and incontinence sheet already folded in preparation under the old linen sheet.

On Claire say so we rolled Mrs. Jones on to her back, Claire ' We're rolling you over a slight bump now, ready steady roll".

To roll Mrs. Jones on to her other side me and Claire witched roles and this time Mrs.

Jones was holding on to right side of the cot side but with her left hand.

Removed the old linen and placed it inside the red linen bags. I took the liberty of cleaning Mrs. Jones with her permission. I used a damp disposable wipe which Claire handed over to me and wiped away from the genital area, I placed the soiled wipe on the soiled incontinence sheet I continued doing this until the area was clean, once this was clean washed the area with soap and water. Older the soiled incontinence sheet into its self and disposed of it in the yellow clinical waste bag.

I took this opportunity to wash Mr. Joneses back, neck and the backs of her legs with soap and water, I then wash off the soap and dried. I straightened out the clean slide sheet, linen sheet and the incontinence sheet and then Mrs. Jones lied on her back. After a few minute, I placed the hand towel over the client's chest and with her permission began to wash her face at the clients request I used water only on the face.

I used separate wipes for each eye to prevent any cross contamination and a separate wipe for the rest of the face and then dried.

Whilst I was doing this Claire began to wash Moroseness's hands with soap and water after gaining permission to do so, Claire continued down the arms and rinsed off, whilst I dried the hands and arms Claire continued to wash the client's chest. Claire removed the dressing from around the tube of the catheter and disposed of it and her gloves in the clinical waste bag, she then Went to wash her hands.

When Claire returned she had a fresh pair of gloves on she began to cleanse the skin from the tube onwards and then dried the area, she decided not to



reapply another dressing as she felt it was not required but did tape down the tube to Mrs. Joneses stomach to prevent it from dislodging.

Claire carried on washing and rinsing Mrs. Jones (Underarms, stomach, waste, genital area, (working outward to prevent infection) legs and feet) and dried following Claire as she washed. The water that we used was kept clean at all times, as the used deplorable wipes were not re-entered into the bowl.

Whilst carrying out the bed bath myself and Claire assessed the Mrs.

Joneses skin condition for any sores or broken skin. We applied talc to those areas Mrs. Jones requested and then helped her to dress. We put the right arm in the nightgown first as this was her bad arm then subsequently her neck and left arm, there was no need to lower the nightgown much as this was a hospital nightgown with an open lower half, we then placed a linen sheet and blanket over her to keep her warm at Mrs. Joneses request.

We raised the head of the bed to a seated position so that Mrs. Jones was sitting upright. As I attended to Mrs. Joneses oral hygiene Claire combed Mrs. Jones hair to her particular style.

I then started to tidy and clean the area and Claire began to document and update the care plan. Once I had cleaned and sanitized the table replaced Mrs. Joneses belongings on the table and placed the table close to her so everything she may need was of reach.

Feelings In reflection to the incident at the time I felt as though everything went fine, but as I have had the opportunity to reflect on my experience in

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much more depth and detail I in writing this essay I felt as though I took the lead but only because I was given the opportunity to do so.

Claire was fairly new to working as an Auxiliary Nurse and was somewhat inexperienced as this was the only ward she had worked on she had more knowledge of the ward setting and the type of conditions people are admitted with on the ward.

I was quite infidel in assisting in a bed bath of a client as have worked in providing personal care to all type of client for a good few years now and believe that my experience as a Health Care Assistance helped me immensely. My uncertainty was of the client's abilities and reactions to what we were actually doing it, that's when decided to talk to the client and guild her through what we were doing. The thoughts in my head at the time were that the client may not have experience the type of bed bath that we were performing and may have not been something she was used to.

I felt calm but a little apprehensive u to this but could find the words at the time to ask her if this was the way her careers would normally perform a bed bath. It is important to remain professional at all times and make sure the client didn't feel too uncomfortable. Remember feeling somewhat responsible for the client as I was looking after her. I believe I acted in the best interest of my client and have acted in such a manner set out by the NC Code of Professional Conduct. Let that it would have been better for the staff nurse on duty to explain to the client in much more depth, why it was not possible to administer the rugs at the time of the clients request rather than just to say it's not the right time and the drug round starts at 8: 30.

Although my client had told me the truth about her dislocated shoulder had been seen by the doctors and that it was safe to maneuver on as long as it was comfortable it was my responsibility to seek professional advice because of my uncertainty at the time. If for any reason had this not have been the truth there may have been serious repercussions. Not think I would have known what to do if her condition had worsened due to the maneuver. ‘ The steps forward build on he steps backwards or sideways.

They are also the steps necessary for self- reflecting’ from this statement emphasized by Dachshund (1999) I able to understand that “ confidence in the self’ is quite an important quality to be have in order to acknowledge setbacks and mistakes, your should be able to learn from them and even see them as part of the overall picture. Evaluation have grater knowledge of such issues that can arise if set guideline, policies and procedures are not followed.

There are very few bad points that had taken place during this reflective experience. I believe it is important to involve the client in decision making which I failed to illustrate wherever possible this was when we redressed the client after bed bathing without involving the client and allowing the client to choose. We all have a professional responsibility to provide care to all patients/clients to the highest possible standards of care that will not be compromised by infections standard set out by the NC Code of Professional Conduct.

I acknowledged limitations set out by the NC Code of Professional Conduct, in that my knowledge and experience of the drugs on the ward was very limited and therefore I acquired help from a qualified member of staff.

You must behave in a way that upholds the reputation of the professions” outlined by the NC Code of Professional Conduct this was maintain throughout the whole experience as I never spoke over the client nor did I ignore the client I showed the client up most respect. As able to build a level of trust with theme experience of working as a Health Care Assistance for and agency has enabled me to perform better in such conditions. By planning and discussing with the care team during handover and then with the patient about what our intentions are, what we are going to do and why, I was able to identify and animism risks to the client Seeing the way in which others behave or make mistakes allowed me to reflect on the point of view of others and to learn form them help me build on my knowledge.

Analysis What sense can you make of the situation? Chose this experience as it is a procedure that I am quite confident with performing.

Thorough (1995) created his own set of principles of ethics, which can be applied to any situation. 1) The value of life, 2) Goodness or rightness, 3) Justice or fairness, 4) truth telling or honesty and 5) individual freedom. Ethical acts are executed in every day life even if we acknowledge it or not, he way we greet colleagues and clients even in the way in which we say ‘ good morning.

Dachshund (1999) IPPP. As a training professional we are accountable for our actions and therefore must be able to backup any decision making with

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evidence could see from my client's facial expressions that she was uncomfortable and was experiencing some sort Of upset, during which in actual fact she was in a fair amount of pain.

Conclusion What else could you have done? Felt that the approach took was in the right way and with the right intentions set out by the NC Code of Professional Conduct.

My reflective experience was very basic I felt and did not allow for much discussion, although a lot of the experience was preparation, planning and assessing which prevented the experience to go bad in anyway. I feel that as I am a first year nursing student I am very limited in what I can do and because of this little opportunity is given to me to experience other than what I have preformed as a Health Care Assistant. I felt that myself and the Auxiliary Nurse worked well together and were able to share the responsibility equally.

Overall I found reflection on my experience interesting as it allowed me to kook at legal, ethical and professional issues surrounding nursing practice. Action plan If it arose again what would you do? If a situation like this was to arise again I think would like to try to take out more time to talk to the client about how they are feeling at time I felt like I was prying too much as I felt like I was doing most of the talking.

I also feel that it is important for me to work along side more experienced members of staff or qualified member of staff to be able to learn more whilst on my placements.

Although I experienced in providing personal care to client am not too familiar with ward setting. I do not think have learnt an awful lot on the practical side of my experience but by reflecting on my experience in this assignment has allowed me to understand professional, legal and ethical issues of providing care and the dilemmas surrounding health care professionals. The relationship between the nurse and the patient is often seen as a therapeutic relationship in itself that is based on partnership, intimacy, and reciprocity (McMahon, 2002).

Its purpose is different from a social relationship in that it has a focus on the patient's well-being as a priority, and the nurse and patient do not need to have anything in common or even like each other (Arnold and Bogs, 2006). This relationship can last only a few minutes in an accident and emergency department or primary care practice, or can continue and develop for months or years during chronic illness management.

It can be intensely personal when breaking bad news, or quite supportive such as when directing a patient to the appropriate clinic room. However, all of these scenarios are nurse-patient encounters that impart to the patient something of the support and meaningfulness of their engagement with health care. They tell the patient whether they are viewed as important and valued, and whether they will be listened to or discriminated against. Nurses do not work with their patients in isolation.

Nurses are members of multidisciplinary teams that should be coordinating their roles and expertise to provide the best care for patients.

The NC stipulates a level of competence in working effectively across professional and agency boundaries in its standards for pre-registration education- Zion (NC, 2010). To qualify as a nurse, therefore, students should be able to control- tutee to teamwork by understanding their own role in the team, respecting the role of others, and naggng the resources available within the team for the benefit t of their patients.

Working with others from different professional backgrounds and often with different priorities can be challenging but it is often the nurse who takes the lead in coordinating health-based care by using good communication and management skills to provide a holistic care package for the patient. Nurses working with children will need to understand their specific c role in safeguarding children, and nurses working with patients and families with social and psychological needs will also need good skills to work elaborative with other care professionals to deliver integrated patient care.

Health and social care teams offer particular challenges for a range of historical organ- sectional reasons.

Thompson (1986) suggested that, traditionally, healthcare teams have often been little more than a series of individuals with responsibilities for different ‘ parts’ of the patient’s care and treatment, and that each individual in the team is inclined to act in their own sphere of expertise, with little consultation or information-sharing with others.

The transformation of healthcare delivery from institutions to immunity-based care, the ethos of holistic care for the whole patient and improved technology, for McCrae (2009), has changed the focus toward multi-

professional practice. This chapter presents an argument that communication between the nurse and the patient is therapeutic in itself. Additionally, good communication aids the process of healing and care, while poor communication can be a barrier to good care.

The relationship between any health practitioner and the patient has changed over the years, as our understanding of health and the factors that impact on health have changed. No longer is health delivered in a theatrical ‘doctor knows best’ approach, but the patient is considered to be an expert in their own health needs. This has led to an approach to care and treatment that is a partnership between practitioner and patient, which changes the approach to communication and interpersonal relating greatly between the nurse and his or her patient.