

Reflecting personal development study of mental health nursing nursing essay



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This essay will illustrate how I developed from being a novice to an expert within my three year study of mental health nursing programme. The chosen topic from my log book to be discussed will be management. Dreyfus and Dreyfus student model (1986) and Benner's stages of skill acquisitions (1984) will be used to structure this essay. The stages that students go through in their skills acquisition are novice, advance beginner, competent, proficient and expert (Selinger & Crease, 2006). Current evidence based literature such as mentors comments from my ropa's including government policies relevant to my practice will be used to explore my strengths, limitations and experiences. Future recommendation for my post graduate as a newly registered nurse will be explored. Names of clients, practice placements and health professionals will remain anonymous to protect and respect confidential in this essay (NMC, 2008).

Management is planning, organizing, staffing, directing and controlling in order to achieve your goals (Clark, 2009). Management also involves making good decisions, communicating effectively, motivating staff and being persuasive and sensitive (Manion, 2005). Due to the health care system changes in modern nursing it is vital for a professional nurse to acquire

different skills to manage a shift regardless of your specific role (Yoder-Wise, 2003). I took an interest in presenting management as my topic of this essay mainly for the following reasons. Once am newly qualified I might face a challenge of running a shift and management skills will be essential for the shift to be efficient and effective. Management skills are also essential as they are required to obtain a job as a mental health nurse. Hewison (2004) states management in nursing is essential to delivers high standards of care. The above author further state that delivery and organisation of care has been influenced by management ideas and theory throughout its history.

First year of training I completed 4 placements starting with an acute ward and next being a hip replacement ward. From there I went to the community where they specialised in children with learning disabilities. My last placement was a day hospital for old people with dementia and depression; this is where I had the most exposure. In my first placement I could not under see lying problems with the patients, for example when it came to observing moods and effects patients get from taking the medication they are prescribed on. My other problem was communicating using the correct terminology in my notes and handover.

Swannell (1986) defines communication as “ imparting or exchange of information, message, letter, etc; Social dealings” (Ingram and Lavery, 2009. p. 14). Communication skills are essential in healthcare as they help professionals to maximise their management (Darley, 2002). At that time my communication was poor, therefore my management was lacking as its vital and mostly an essential skill in nursing management (Adair, 2009). When I started my last placement I had done research on communication and the <https://assignbuster.com/reflecting-personal-development-study-of-mental-health-nursing-nursing-essay/>

same principles of communication applied on different situation. At this placement I managed to reflect on my experiences as a novice, hence improving my skills (Quirk, 2006). I applied knowledge gained from research but still referred to the literature and communication principles taught in year one. I was able to communicate effectively using the right terminology in my notes, hand over, ward round and appropriately with patients. I was able to identify underlying problems portrayed by the patients and interpret them when communicating with staff. Research and applying it to practice helped my skill improve hence enhanced my management (Pilot & Beck, 2004).

First year of training I started off as a novice because I had minimal knowledge but could not connect it to practice (Dreyfus and Dreyfus, 1986). Using the work of Benner (1984) Stuart (2007) describes a novice as a new student entering a clinical area without experience but expected to perform. Stuart (2007) further goes on to say they must be given rules and instructions to guide their performance, they do not see beyond the task and underlying problems with a patient. Considering experience gained in year one I was in the novice trajectory. By the end of the first year I was now fairly experienced and considered myself as an advanced beginner no longer a novice (Dreyfus & Dreyfus, 1986).

In my second year the first practice placement was at a day hospital for older people suffering from dementia. From there I moved to work with the community mental health team (CMHT) treating patients with different disorders. The second placement is where I gained the optimum exposure as different skills were developed. We dealt with patients discharged from <https://assignbuster.com/reflecting-personal-development-study-of-mental-health-nursing-nursing-essay/>

acute ward and have been referred to CMHT for ongoing treatment away from hospital settings offering a wide variety of interventions tailored to their specific needs (D. O. H, 2002). My final placement in second year was elective. This was a day centre for adults 18-65 offering a large range of therapy that's beneficial to their aspects of life (France and Kramer, 2005).

According to Swansburg & Swansburg (2002) planning involves what to do, how, who is to do it, where it's to be done and when in order to achieve goals. My last placement was a day centre for older people suffering from dementia and I developed planning skills. I was shift planning and organized daily activities according to their needs (Schultz and Videbeck, 2009). I was involved in care planning under supervision as I was assigned to a patient suffering from depression. This patient used to play in professional bands and his depression started when he stopped. I planned his recovery by completing tasks like contacting professional recording studios and looking into an option to obtain funding to buy his own equipment. This included booking suitable dates and times he can attend to record. I managed to negotiate with the studio to get 3 free sessions but had to attend only when they was no bookings for business purpose. Both my communication and planning skills where implemented successfully and no longer followed the maxims used during the initial stages of learning, as I had acquired my skills (Selinger & Crease, 2006).

Based on this experience I gained decision making skills to contribute to my management. According to Thompson and Dowding (2002) decision making should be logical, have a rationale and concentrate on how decision will be made in a real world. According to Lloyd et al (2007) decision-making is a

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process of gathering relevant information and analysed to make a decision. Lloyd et al (2007) further clarifies that in a clinical setting, decision making is a situation in which choice is made from a number of possible alternatives considering the outcome is weighed. I applied these skills as I gathered information like contacts and whom to call, weighing distance and cost of travelling from his home to the studio and also obtaining time of recording referring to his schedule.

I also gained another management skill in organisation. According to Kneedler and Dodge (1994) organization involves the arrangement of nursing actions orderly and that actions need to be evaluated, ranked and carried out according to the nurse capabilities. I believe I evaluated and ranked my actions as I considered the patients safety, choosing a suitable recording time for both my patient and the studio by making sure it's very close, accessible and it's during the day. When I finished year 2 I had gained new skills and my communication skills from year one had paid off as the new skills required good communication skills. (Please see appendix 1 and 2).

According to Dreyfus and Dreyfus (1986) model of skill acquisition, an advance beginner has the knowledge of key working aspects in practice. I noticed this as I applied knowledge into practice, therefore found it easy applying rules in real a situation. Tsui (2003) states that advanced beginners begin to recognize situational elements, I recognized these elements easily as I had the experience as a novice according to Dreyfus and Dreyfus (1986).

According to Benners (1984) I managed to complete tasks using my own judgement which was acceptable to a limited extent.

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I started of my third year very keen to professionally modify my management skills and taking into account my skills need to adhere with the nursing and midwifery council (NMC, 2008). The first placment was in a mother and baby unit offering therapy which meet individual's physical, psychological, emotional and social needs based on evidence (DH, 2007). The next and final placement of the programme is where I had the optimum exposure in my management skills. This was an acute ward for old people suffering from organic mental health disorders. I applied all management skills acquired in year 1 and 2.

At this stage I was practicing as a competent nurse according to Benner's (1984). I was initiating and completing tasks without being asked or being monitored but under supervision from my mentor. Management was not only about completing the shift planner. I was now looking at the safety of the ward, reviewing general, constant and special observations, during handover, ward round and CPA. My decision making skills were implemented using assessment tools and the help of staff as we allocated appropriate levels of observations for the patients (The Scottish Government, 2002). I was planning and organizing tasks to tackle on duty and transport for transfers or appointments. I was using the diary for communication and checking tasks to be completed. I also collected and prepared information to be communicated in ward rounds, handovers and CPA's. I was organizing daily activities and decisions being made according to their needs. (Please see appendix 3).

According to Cherry and Jacob (2005) stage three of Benner's (1984) skills of acquisition state that competent nurses foresee long range goals and master

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their skills at this stage. Competent nurses are to cope with complex situations by analysing and planning (Dreyfus and Dreyfus, 1986). Dreyfus and Dreyfus (1986) go on to say they have the background knowledge of area practice and ability to use their own judgement to achieve tasks.

According to Dreyfus and Dreyfus (1986) a proficient nurse approaches situations as a whole rather than in small portions and tackles situation according to priority. Benner (1984) further states that as they view situations as a whole their decision making is more improved and they also use maxims as guides. Tomey and Alligood (2006) state that level four of the acquisition skill, nurses stand outside the situation and at the same time be part of the situation, fully engaging in the situation. I believe in my practice I had started portraying some abilities of a proficient nurse, integrating my knowledge and experience into a whole (Jasper, 2006). I was running shifts, planning and assigned tasks, incorporating management skills learned in year one, two and three to a level of proficiency by managing “ one’s self, ones practice and that of others”. (NMC, 2004).

The last part of the stage is the expert level and using Benner's model (1984), Sitzman and Eichelberger (2010) state that they no longer, rely on rules, guidelines or maxims to make appropriate decisions for a situation. I believe I did not reach to the stage to fulfil the expert level but have the ability to succeed to expert level after graduating.

According to Daly, Speedy and Jackson (2010) reflection is a process of monitoring practice to enable you to improve it. They go on and further state that the following are essential when reflecting, self-appraisal, research for

practice, everyday reviewing of practice, feelings and belief, and the consequences. This is the part where I reflect my practice in order to enhance and maintain my practice within competent to expert level for my future practice as a registered nurse. Focused will be my managerial skills to reach expert level. As a newly qualified I will make use of clinical supervision as an opportunity to improve and continue professional development (Royal College of Nursing, 2003). I will engage myself into lifelong learning that will be of benefit to the service users and my profession. This will extend my skills hence making it easier to manage when in critical situations (D. H, 1999). This will also enable me to maintain high standard of care, therefore enhancing management skills (D. H, 2006). I will continue using evidence based practice to offer best possible care and practice(D. H, 2006). I will also avoid favouritism and discrimination amongst staff as they are good management skills (Marriner-Tomey, 2004). This is further supported by Woods (2005) who encourages democratic management as it encourages those you delegate to, to be part of the team and feel valued. I will be aware of the policies and procedures as its essential to understand your work role and responsibilities in the work place hence helps in managing and guide day to day operations (Fradd, 2004). Above all I will undergo a period of preceptorship as a newly qualified, therefore this will provide a structured, supportive bridge during my transition from a student to a practitioner in my managerial skills and other skills (Illingworth and Singleto, 2010).

To conclude, after going through both five stages of Dreyfus and Deryfus (1984) and Benners (1984) I also got the opportunity to reflect my three year practice as a whole, therefore this enabled me to see areas I will need to

improve in management. I will work towards being an expert as I progress into my profession .

Contexts of Nursing

By John Daly, Sandra Speedy, Debra Jackson/2010/Elsevier/

-Perioperative patient care: the nursing perspective

By Julia A. Kneedler, Gwen H. Dodge, 1994