

Reflection on an experience in a nursing home



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Recently I reflected on an action that made changes in my nursing knowledge and practice. When I was working as a staff in an aged care within the high care unit, I happened to witness a situation in which I got involved. Most of the residents in the high care unit were using continent pads. While on my day shift I realised there were no adequate bed sheets or linen for the residents. When I had to do bed making for the residents I found that there was no linen left. Normally there is always extra linen kept in the linen rack, so that it can be used by the nurses for bed making. This was strange. I checked with all possible venues to see if there was extra linen, but could not find any. I searched if there was linen in the laundry. On the contrary I found that there was increase number of soiled linen for washing in the laundry. The laundry in the aged care that I worked was from 7am to 4pm. I then checked with the night duty staff, why so many soiled linen was there in the laundry. They advised that it was due to the use of inappropriate size of continent pads. Due to the inappropriate continent pads used for the residents, bed wetting was happening at regular intervals during night. This in turn increased the staff's workload. This increases the need for staff time to keep the residents dry and it also increased laundry cost because of more frequent bed changes. Bed wetting also causes foul odour on residents clothing. These are serious issues in regards to quality of care, dignity and patient's satisfaction. Improper sizing of continent pads is a potential for skin problems, and will lead to waste of product. For instance, if the resident is wearing large pad instead of medium, it is a waste of the product and increases the cost.

During my night shifts, I happened to notice work load was extensive. I found that residents were wetting their beds frequently. As a result, linen had to be changed many times during the night. It affected the sleep and dignity of the residents. It was when I changed the linen, I noticed that the pads of the wrong size, which the residents were wearing. Nurses are accountable for their practice. Usually the evening staffs, changes the resident's pads before they go to sleep. Normally the pads for night are of large size that can hold large amount of urine for long time. Due to lack of knowledge, awareness and negligence, staffs were using the inappropriate size pads. When I enquired about the usage of inappropriate sized pads, I found that it was due to unavailability of that particular size of continent pads. It was because there was no delivery of the pads when it was out of stock. The staff did not inform the administration about the unavailability of large size pads.

Research have shown that inappropriate sizing of pads leads to unhygienic environment, skin breakdown, foul odour and unsatisfied residents. As I was new to the organization, I was afraid to inform the situation to my supervisor. After my duty, when I got time, I reflected on my actions. What happened to me? Am I giving technical care or holistic care? Am I just doing the care for the sake of just completing my duty or actually for the residents? Why didn't I inform? Am i doing any mechanical work, or whether my actions are justifiable? Is it based on the best available evidence? I could have done many things, such as inform the authorized persons regarding the unavailability of pads and inappropriate allocation continent aids . I should have reassessment of continental aids and if it was necessary to resize their continent pads.

Reference

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Single Loop learning:

What was I trying to achieve?

I am trying to find out the cause of lack of adequate linen for the residents as well as to see why there was increased number of soiled linens in the laundry. I was also trying to find out the exact problem of bed wetting with the residents.

Why did I respond as I did?

I was afraid to inform what I found out, I was not bold enough, the way I had practiced nursing before was different, and there was lack of evidence based practice.

What were the consequences of that for the patient? Others? Myself?

For patient – because of my inappropriate practice, the residents were refused their rights, satisfaction and dignity. Resident's sleep was disturbed and they could have developed pressure sores if they rested on soiled line for long time.

To Others – If I were assertive and confident enough to speak out the truth then it would have been a lesson or motivation for the other staffs.

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For Myself - I did not follow my duty of care. I felt guilty. I had let down my profession. I felt bad because I didn't follow the best practice. I felt bad for my behaviour and actions.

How was the resident(s) feeling?

The residents were unhappy because of the bed wetting and inappropriate allocation of pads.

How did I know this?

Through observation and interaction.

Personal - How did I feel in this situation?

I would have been unhappy, sad, uncared and being alone

What internal factors were influencing me?

Lack of courage, confidence, assertiveness, type of previous nursing experience and lack of evidence based practice where some of the internal factors influencing me.

Ethics-How did my actions match with my belief?

My actions did not match with my beliefs because i did not advocate for my patients. It was my responsibility to inform to the duty in charge what i had found. I was not accountable for my beliefs.

What factors made me act in incongruent ways?

My fears and uncertainty about my practice with lack of confidence, the lack of knowledge and the difference in the way I practiced nursing were some of the factors that made me act in incongruent ways.

What knowledge did or should have informed me?

I should be assertive and should hold my profession high. I should follow the duty of care.

Reflectivity- How does connect with the resident's experience?

The reflection about my action helped me to analyse my nursing practice and my knowledge related to praxis

Could I handle this better in a similar situation?

I could handle the same situation better in the future. I should be assertive, accountable and uplift my profession.

What would the consequence of alternative actions be: the patient, others and myself?

The patient would get best available care, get satisfaction for the care they receive.

Myself- I could improve my knowledge and practice that would be based on best available practice. I would be assertive.

How do i now feel about this experience?

I am happy because the reflection helps me to transform my actions. I am confident and bold enough to act as a professional nurse.

Can i support myself and others as a consequence?

Yes i can show myself as a best example to change as per the nursing praxis.

Has this changed my ways of knowing?

Yes this practice improved my knowledge through ongoing education, training and literature review.

Double loop learning

What do my practices say about my assumption, values beliefs about nursing?

My practice tells that i should be assertive, knowledgeable, practice nursing on evidence based, uplift my profession and my duty of care to make sure that i am giving quality care and i should be accountable for my actions.

Where did these ideas come from?

I got these ideas from my contemporary nursing practice, ongoing training, literature review and education.

What social practices are expressed in these ideas?

My practice is patient centred and provides holistic care to the patients.

What is it that causes me to maintain my theory?

My abreast knowledge in nursing practice, ongoing education, training, research and literature review helps me to maintain my theory.

What views of power do they embody?

It symbolises power relation between the staff, patients and authority.

Whose interest seem to be served by my practice?

My practice is to serve my patients interest.

What is that acts to constrain my views of what is possible in nursing?

Lack of assertiveness and confidence, the way i practiced nursing, lack of research and no reflection on my action. stopped what is possible in nursing.

Praxis Statement

Praxis enables people to change by encouraging self-reflection and a deeper understanding of those particular situations. Nursing praxis is a mutual process between nurse and client with the intent to help. It focuses on transformation from one point to another. Praxis influence how relationships are maintained with patients, families and colleagues in the work settings. Praxis is the formation art, science and practice. The nursing praxis helps nurses to reflect on their actions and identify their feelings during and after the actions in relation to knowledge and skills. It also gives insight to the future development and new practice. This ongoing process assist nurses to reflect on every action they perform. The insights I got from my practice is that i should be assertive, confident update my knowledge, follow the duty of care. and uplift my professionalism.