

Nursing facilitator model

[Health & Medicine](#), [Nursing](#)



NursingFacilitator Model Evaluation of the Practical Implication of Implementing this Model: I can utilise this nursing facilitator model in my own workplace which is a medical ward but share multiple care setting at times. I am an active nursing member of the ward which gives me an opportunity to share my beliefs and model with other members in the ward for the improvement of the care. This model specifically focuses on four corners of nursing which can be easily accepted in general cares and help eliminate various confusion during the practice.

It is constructed in a simple way. I also work as a diabetic representative of the ward. Hence, I get chances to interact with nurses of various wards during the meetings and this inflates my chances to explore the education to them. The easy method to expose this model among my colleagues at work is via ward meeting. Support from the leaders and opportunity to use them in real life settings is essential too. Not only this I can consult with the senior nurses of the hospital about their beliefs in the model and consume my model of care through their support.

From my experience of working in a busy emergency to a quiet palliative setting, I am confident that this model will equally benefit to develop the proficiency of nursing and help boost patient care. They are quite excited to know my model and voiced that they are inspired by this model to use it in routine nursing cares. This will be implemented in various settings to be considered successful after being accepted by the members of my workplace who are willing to accept change in their daily life.

This model help nurses to foresee their duty of care remaining within the scope of practice and accept the accountability of their action. This model is <https://assignbuster.com/nursing-facilitator-model/>

based on evidence-based practice and is completely based on the patient and healthcare needs. It consists of the concepts of real life practice without providing major effort to use in an individual practice. My experience of nine years of nursing in various sectors in different countries has explored the basic need of nursing as experience and education equally, valuing critical thinking skills, technical skills and knowledge on legal circumstances.

This model will also assist to reduce the gap between the patient and nurse relationship. The long term influences will be to enhance the healing process of the patient, giving them satisfaction during their short hospital stay and nurses without being burnt down. My model suggests holding the legal and ethical boundary in the meantime. One of the crucial parts of nurses is accepting their responsibility and being accountable to the responsibility remaining within their scope of practice. This model is designed to be adapted by all the nursing members of my workplace.

This model identifies nurses' need to learn through evidence based practice and reflection from the colleagues' past experience. It should make individual difference in the caring attitude and care pattern to the patient in the small ward like ours. This model will be put in the notice board after discussed and informed to the colleagues and senior staffs of the ward. Therefore it will provide me the chance to receive advice or alter any changes if needed from the other members of the team. Once the effectiveness has been achieved, it will be published in a newsletter after gaining further interests from other wards too.

This model is economically feasible in the private health care system due to managerial support of further education and quality improvement of the
<https://assignbuster.com/nursing-facilitator-model/>

care. The other factors such as cultural background, religion, spirituality, individual level of understanding, family and peer support, community help and communication affects the nursing facilitator model. What is missing in my model? I have not considered artistic and interpretive reflection in this model but I have included experiential reflectivity. The neutral interpretative reflection guides nurses with diversity of decision making skills and enhance their experience.

Self reflection is an effective method of gaining knowledge. I think interpretive reflection is equally important to consider learning pathway in nursing. However, I think it might be the cause of misinterpretation of things at times. Sometimes it gets out of context and leads to negativity. There are further needs of developing the tools for this model. Is this model financially feasible? All the residents and citizens of Australia have current Medicare to cover their medical bills. I currently work in a private hospital of Australia and most of patients here are covered with private health cover.

This model is designed for the adult health care system and different circumstances will be needed in other settings such as child birth and paediatric care. Consent will be taken first before the implementation of the facilitator model. The hospital where I work is considered as one of the biggest private hospital of the area. Therefore, it is financially feasible model. There will be a questionnaire developed to conduct the follow up result of the tests. It will include the quality of care; time consumed and further advises to improve the care design.

The follow up can be attended through mails, emails or even telephone according to the desire of the patient and family. I found that the most

<https://assignbuster.com/nursing-facilitator-model/>

stimulating area of this model is geriatric care setting; hence my main focus will be elderly patients. Not only that the majority of age group admitted in the medical ward are geriatric patients. In most of the public hospital there is a combined funding from community health, Government of health and ageing Australia and specific funding such as palliative care funding.

This ward had private health care funding as well as government supported funding. Actions seem to be taken place in the case of elderly abuse at times but most of the times it is missed due to the cognitive issues such as dementia in majority of them. The trial will be commenced from the geriatric ward before formulating on any other wards such as surgical or paediatric ward. This model will require second weekly follow up to gain the feedback of the model and review the response from the other support services. Can the Nursing Facilitator Model improve nursing care in my area of work?

This is a simple model that represents the central beliefs of nursing in a general ward setting. I look forward to present this nursing facilitator model in my area of work after developing the testing tools. I will enhance interests towards this model in the workplace by involving everyone's ideas. It considers the relationship between different values in nursing for the provision of safe and qualitative care. It directs the nurses to deliver holistic care, respecting their culture and beliefs. It is about comprehending the leadership, individual decision making skills and education. References:

Brown, D & Edwards, H 2008 (eds), Lewi's Medical-surgical nursing: Assessment and Management of Clinical Problems, 2nd edn, Elsevier, Australia. Bu, X & Jezewski, MA 2007, ' Developing a Mid-range Theory of
<https://assignbuster.com/nursing-facilitator-model/>

Patient Advocacy through Concept Analysis', *Journal of Advanced Nursing*, vol. 57, no. 1, pp. 101-110. Canam, CJ 2008, 'The Link between Nursing Discourses and Nurses' Silence: Implications for a Knowledge-based Discourse for Nursing for Nursing Practice', *Advances in Nursing Science*, vol. 31, no. 4, pp. 296-307. Croke, EM 2006, 'Nursing Malpractice Determining Liability Elements for Negligent Acts', *Journal of Legal Nurse Consulting*, vol. 7, no. 3, pp. 3-7. Hunter, LA 2008, 'Stories as Integrated Patterns of Knowing in Nursing Education', *International Journal of Nursing Education*, vol. 5, no. 1, pp. 1-13. McMurray, A & Clendon, J 2011, *Community Health and Wellness: Primary Health Care in Practice*, Elsevier, Australia. Lundqvist, A & Nilstun, T 2009, 'Noddings's caring ethics theory applied in a pediatric setting', Blackwell publishing, *Nursing Philosophy*, vol. 10, pp. 113-23. Negarandeh, R, Oskouie, F, Ahmadi, F & Nikraves, M 2008 'The Meaning Of Patient Advocacy For Iranian Nurses', *Nursing Ethics*, vol 15, no. , pp. 457-466. Sheldon, LK & Ellington, L 2008, 'Application of a model of Social information processing to nursing theory: how nurses respond to patients', *Journal of Advanced Nursing*, vol. 64, no. 4, pp. 388-398. Sitzman, KL 2007, 'Teaching-Learning Professional Caring based on Jean Watson's Theory of Human Caring', *International Journal of Human Caring*, vol. 11, no. 4, pp. 8-16. Vacek, JE 2009, 'Using a Conceptual Approach with concept mapping to Promote Critical Thinking', *Journal of Nursing Education*, vol. 48, no. 1, pp. 45-8.