

Collaborative working reflective essay



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Throughout this whole assignment I am going to critically appraise others and my own practice as a collaborative worker via personal reflections and experiences of collaborative working, through experience in professional practice. I aim to link service user improvement and collaboration defining the importance of them both. Furthermore, explaining the various leadership models clarifying why they are important and needed throughout a health care team. I will plan to explain and critically evaluate an experience with the intention to promote positive outcomes for the service environment. Additionally then identifying a service improvement plan, in this case designing a 15minute time management nutritional chart for patients with dementia.

Service improvement

The BW Quality & Safety (2007) defines service improvement, stating it is a combined and constant effort from everyone, including healthcare professionals, patients and their families, researchers, payers, etc. The changes need to lead to better patient outcomes, better quality care and better professional development (see appendix 2). The aim of all health care systems strive to provide safe and good quality health care, improve patient experiences, tackle effectiveness and update practice in the light of evidence from research (RCN 2015).

Critical analysis of own performance from the Interprofessional capability framework (2009) section OC3/L2, I identified myself as level 2 (see appendix 1). During my district nursing placement, collaborative working is a key when being a nurse in the community. During my placement I interacted with various health professionals across various organisations. I ensured I

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was knowledgeable about the information I was passing over and I always opted in to interacting with the other professionals to build my confidence.

Collaborative working

The King Fund (2014) recently released a new policy document about “time for change’ bringing ideas together from all sectors to help change the health care and improve collaborative working. The Royal College of Nursing (2004) states collaboration is diverse, ranging from intra-disciplinary teams on an individual setting to multi-agency working practices. Collaboration covers the process of researching, assessing, planning, implementing and evaluation (Thomas 2014).

Critical analysis of my own performance from the Interprofessional Capability Framework (2009) section R2/L2, I identified myself as level 2 (see appendix 1). In multi-disciplinary meetings (MDT), I was co-operative, keen and knowledgeable about the patients. I was eager and asked questions throughout the MDT. I asked question when not understanding and I felt as though the health care professionals valued me as a student because I showed an interested instead of doubting my own knowledge. Weaknesses showed as I felt more nervous to question a doctor if I didn’t feel the statement was correct. Nevertheless, opportunities to share and discuss actions with area for improvements are valued within the health care system (RCN 1995). Additionally, critically analysing another Interprofessional Capability (2009) section CAEP1/L2. I identified myself as level 2 (see appendix 1). Through collaborative working I was able to achieve this capability by engaging myself in discussions about cultural beliefs and

awareness, during MDT meetings and general discussion between different sectors, therefore enabling to gain knowledge about the issues within communities of practice.

Service user and collaboration

The Journal of Nursing Management (2010) cited by Francis (2010, p400) dedication, compassion and effective teamwork contribute to the welfare of patients and should be valued. Both nursing and medical staff are entitled to effective collaboration, one of the core values of Interprofessional working should be about respecting the individuals within the team (Barnes 2012). Collaborative practice between disciplines, patients and family result in the highest quality of care and strengthens health care systems, proposing that Interprofessional education is the way forward to producing a “ collaborative-practice” ready workforce (Goodman 2010). Reflecting on my first placement, collaborative practice was shown poorly within the team and there was little discussion made throughout the team. This made it difficult for crucial information to be passed on effectively.

Critically analysing my own performance from the Interprofessional Capability Framework (2009) section CW/L2, I identified myself as level 2 (see appendix 1). Effective communication is one of the primary barriers when working to ensure safe, consistent and excellent patient care (Baird 2012). An area of weakness when I communicate with patients is posture, from self-analysis I have noticed that on some occasions I become awkward and am unsure where to stand or how to sit in front of a patient. Hopefully,

through self-realisation I will be able to improve in this area on my future placement.

Leadership

The NHS health care system is subject to a pressure of change, throughout these changes the health care industrial requires nursing leaders with special attributes, therefore identifying leaders who are able to guide the profession into a positive future (Sofarelli 1998).

The frameworks that will be critically analysed are The NHS Leadership framework (2011) and NHS Change Model (2013). The NHS Leadership framework (2011) to bring together leadership principles and best practice guidance. The framework delivers a reliable approach to leadership development for staff in health and care throughout the NHS. The NHS Leadership framework is made up of nine leadership styles (see appendix 3). The leadership behaviours are shown on a four-part scale which range from “essential” through “proficient’ and “strong” to “exemplary’.

The NHS Change Model (2013) has a similar aspect about leadership with slight differences as it has been released more recently (see appendix 4). The leadership framework also encourages staff members at all levels across the NHS to become a leader and the main aim for this framework is to encourage everyone working in the NHS to become a leader of change, pushing for everyone’s opinions to gather a general scope of the main issues in the healthcare. So how do leaders inspire staff to participate? Staff members need to be able to be independent, ensuring they can widen their choice of skills (West & Dawson 2012). This will allow greater job satisfaction.

Leadership is important when influencing a group of individuals to achieve a specific and obtainable goal. The style of the leader is essential when influencing change and aiming to achieve a high quality of care. Within leadership there are various types of leadership styles which, depending on your personality, determine which style you will obtain. Collective leadership is known as the most popular leadership style used within NHS healthcare. This style is based upon building relationships with the other health service users, the individual is strong and has passion to support and grow the team (Jackson 2007). This type of style influences and motivates other members, facilitating the development of robust, vibrant and reproductive research cultures (Russell & Stone 2004). The decisions are made within the whole team based on the organisations values and ideals. Additionally, authoritarian leadership is where all the decisions are made without consenting any of the other staff members, negative reinforcement and punishment is often used to enforce rules. This type of style is used when the individual feels power and generally withdraws from the team. The positive aspect about this style is that in an emergency situation little discussion is made and this then enables tasks to be completed promptly. I felt that during first placement authoritarian leadership style was used mainly. This was due to a lack of staff and high demand from the patients. This style seems to be the best for this kind of situation but it also entails negative points.

Critically analysing my own performance throughout placement, I personally feel that I am heading towards becoming a transformational leader, which is very similar to the collective leader. During my first third year placement, I

had the chance to lead a small group of team members that were caring for the patients I was in charge of. I needed to make sure I had charisma and confidence, ensuring I motivated the other staff members and allowing me to build relationships with the team. At first I felt embarrassed and unconfident because of my experience compared to others, although after getting to know the team and showing commitment and knowledge, it allowed taking charge easier because I had more respect from the team.

SECOND SECTION

During placement periods as student nurses, we all experience different experiences and various routines dependant on the ward allocated to us. Throughout this section of the assignment, I am going to discuss a placement ward in which I felt there should be an area of change. The reflective model I have chosen to use is Bortons model (Barton 1970). Bortons model simply puts three simple questions to be asked of the experience to be reflected on; What?, So what?, Now what? The model will be incorporated into the reflection to facilitate critical thoughts, relating theory to practice.

In my first year of becoming a nursing student, I was placed on a care of the elderly ward for dementia specialising in Parkinson's, with around roughly 26 medical beds. This ward was very fast paced and constantly hectic. Throughout the placement, I noticed the patients suffering from severe dementia had various nutritional needs. Weight loss is common in individuals suffering from dementia, caused by poor appetite. This could be due to a variety of problems including communication, depression and pain

(Alzheimer's society, 2013). I noticed that occasionally some patients would not have eaten throughout the whole day or even barely drank fluids due to refusing at meal times; this therefore becomes the patient's routine because food isn't incorporated into their daily activity. The main issue with this ward was time management due to the high demand of patients and care needed. This sometimes showed to have a damaging effect on various patients that needed more care and time. PDSA cycle plan is to design a time chart which specifies that a minimum of 15 minutes one-to-one time, needs to be spent with a particular patient. This will then hopefully enable the patient to become familiar with you as the care giver during their meal time.

It occurred to me when on a dementia ward that the patients often go by familiarity despite their memory. For example, some patients would only consume diet and fluids when their relative was around despite not knowing who they are. Therefore, hopefully with my change of plan being put in place, if a member of staff is allocated specific patients for the day and every meal time the care-giver spends 15 minutes with the patient during the period, the likelihood of the patient consuming even a small amount of food is higher than when the patient was not receiving enough quality time.

Additionally to help implement the service improvement, structures known as process mapping and the PDSA cycle (plan, do, study, act) are used. Process mapping enables health professionals to capture the certainty of the patient experiences, following their whole journey to help identify the main problem areas for change. An example of a process map performed is shown in (appendix 5), designing a process map helps to identify the specific problem, which provides clear evidence that a service improvement plan is

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needed. In this case, a process map was not needed for this service improvement plan. On the other hand the PDSA cycle is used to provisionally trail a change in practice, allowing the team members and patients to assess the impact of the change before implementing it into practice.

Plan

To firstly initiate my plan of change I introduced it into the multi-disciplinary team meeting. This allowed me to help steer and co-ordinate the intervention as well as review my process with the team. Therefore bringing all of the health care professionals together can then be given a stake in the outcome and we can all work to achieve the goal. Clarke (2008) believes that teams without nurses are guaranteed to fail. Additionally teams led by nurses and therapists, however successful, often lack control; therefore doctors must also be a part of the team. This change of plan has been designed purely through observation during my first year placement. Speaking to various service users and family members I gathered together a concern for the patient's nutritional needs. As well as noticing a strain on the staff I thought assembling a change of plan will relieve the team and prevent stress, hopefully bringing collaborative practice together.

Additionally when implementing a plan of change there will be controversy. Lewin (1951) designed a force field analysis, a strategic tool used to understand what is needed for change in both corporate and personal environments. For example Kurt Lewin (1951) states directly " An issue is health in balance by the interaction of two opposing sets of forces – those seeking to promote change, known as the driving forces and those

attempting to maintain the status quo (restraining forces). Throughout change there will always be individuals willing to contribute to make a change happen, nevertheless there will be restraining forces that resist.

To help with the leadership section for my plan of change, the approach I will use is the transformational style. This will allow me to bring everyone together creating a discussion on everyone's thoughts and feelings about the plan. It is crucial that the idea set out is agreed by the majority of the individuals, because the plan of change will cost a small amount from the NHS budget, therefore the change needs to be beneficial to the NHS. The Institute for Innovation and Improvement (2013) states currently in the NHS we are facing an unpredictable challenge to improve quality and reduce the cost. Collecting the correct data both quantitative and qualitative at frequent intervals over extended periods allows the health professionals to make an informed decision about whether the change is moving the NHS in the correct direction. To enable my plan of change to happen/work I am going to need to ensure I have the involvement of various team members. Therefore allowing the patients to get the specified 15minutes one-to-one time, obviously nurses and health care assistants are going to be my main priority.

Do

To test whether this change of plan is a good idea I am going to perform a pilot study. A pilot study is a methodological introduction, the aim is to develop, adapt and check the possibility of the methods functioning for my service improvement plan (Foster 2013). To test this idea firstly, I discussed the service improvement with members of staff from other wards and family

members to gain a general scope of ideas about plan. I performed this because the ward used for my service improvement plan, staff did not work collaboratively therefore I didn't feel as though I would gain a positive outcome. Nevertheless I decided to use questionnaires with the whole team on the ward. This allowed me to collect the positives and negatives together and analyse whether I have achieved the service improvement. Additionally collecting the information will allow me to predict how long the process will take due to the amount of staff members that are 'for' my service improvement. Main source of data has come from surveys and questionnaires using a qualitative research approach. Qualitative research is performed in a realistic setting, generally used from research that is collected through interviews and observation (Cleary 2014). Reflecting on this I am able to look back at the data collected and weigh out the pros and cons of my service improvement. I gained feedback from the patient's family members as well as staff on the ward and on other wards. I feel that I have used a variety of sources to gain an accurate and reliable result.

Study

Merging all of my information/evidence together my main priority was to achieve a summary of the results. I used a matrix framework to bring themes together from the data I collected. This way I could set out the data in various categories to make the research basic. Furthermore with the information, I shared this verbally during multi-disciplinary meetings to put the service improvement plan across a variety of health professionals, gaining a professional feedback. Also discussing the service improvement with family relatives, gaining more of an outside view from individuals that

don't work in the health care. This type of study allowed me to gain precision and feedback from different sectors.

Act

Unfortunately as I am unable to actually perform this service improvement, therefore I need to look at this service improvement plan hypothetically. Reviewing changes of my service improvement plan I am fully aware that this service improvement plan will only work if the ward works collaboratively. Consequently the ward chosen for this, need to aim to improve their leadership skills and their collaboration between the other sectors. To help implement this plan effectively I am going to firstly introduce this plan into breakfast meal times, allowing me to improve small areas more effectively and then eventually open this plan out to all meals. Overall I believe that allowing 15 minutes one-to-one time, whether that is during all meal times or just breakfast will improve patient's nutritional needs, especially for dementia patients it allows time for familiarity for the patients.

Conclusion

Concluding the whole assignment together prioritising the main issues in this assignment, I feel collaborative practice needs to be used as daily activities within the health care system. It has been clearly shown how essential it is to collaborate in a team and ensure leadership is prioritised. Designing a service improvement plan was a great experience and I now feel confident critiquing services and planning a change, it has helped me realise how much you actually notice during practice placement and the improvements

that I, as an individual, can actually make. Overall, I I now hold a greater knowledge about team dynamics, areas of good and bad practice and service user involvement.