

Community services among the elderly

Business



Introduction The thought of reliving one's clinical usually causes some sort of anxiety. This is especially because the provision of adequate services for the aged does represent a major challenge to clinicians. However, the clinical nursing experience I had was very different from what I might have encountered in my nursing school. In this term paper, my aim is to discuss the various methods of learning I felt were especially useful and resulted to a success story. I will also look into the areas that I need to improve, such as managing time more effectively.

My Experiences On my first clinical day, I encountered several significant issues that are worth a mention. I knew that as a nursing student my duty for the residents was to take care of them and ensure that I followed a health care aid and assistance in completing the residents' care. One particular resident to whom I was assigned required to be assisted in many of her daily tasks and that was exactly why I was there- to offer my help. The health care aide requested to perform a perineal care. The patient had a bowel movement during the night and her bowel had a significant odor. The odor seemed to overwhelm me in the room and this made me feel like leaving the room due to the unpleasant smell.

However, I stayed in the room so that the resident would not feel embarrassed by my unkind behavior and thus I helped clean up and change her linens. The significant issue in this experience was the feelings I had pertaining intimate care. Accordingly, the reason for little training in this particular area may be that the act providing intimate care for other people, and especially the elderly, is considered as dirty work. This makes the service undervalued within the nursing community as well as the wider

society. In our society, going to the bathroom is seen as a very personal and concealed matter and should not be done in the public. During my experience, I felt that this was going against my social norm beliefs.

However, I went ahead with my values of supporting and caring elderly people who needed to stay in the room due to one or a combination of other factors that did not let them make it to go to the bathroom. During this particular situation, I tried to be a professional in my actions rather than try to achieve and follow my societal norms. Although most people may believe that the elderly want to be alone because they seem to be 'senile,' my experience taught me that this is just but a myth to avoid taking care of them. I realized that most residents were more than happy to talk to me and feel my help to them. I understood that most of such people did not want to be alone; they really felt happy when I was there talking to them. The case in point was my resident, very happy that I was around to talk to her.

She was very happy when I did some simple things like grabbing a greeting card for her if it fell off or bringing them a glass of drinking water. The experience, however, made me sad to see some people who cared more about the paycheck than about the residents. I felt that as professionals, we should be there for the well - being of the residents rather than only for the paycheck and scorn of those people, we are supposed to care for.

Conclusion My clinical experience was a life - changing situation. Working with the aged gave me memorable clinical opportunities and enlightened me on the special needs of the elderly.

I have found out that the residents appreciated when aides talk to them or even give them a light touch.