

Personal
development |
implementing care
and support



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In this reflective account I will relate to a significant event, demonstrating how I have developed personally and professionally, focusing on the implementation of care and support. Rodgers (2002) suggests from Dewey (1933) that reflection is the process of “ reconstruction and reorganisation of experience which adds to the meaning of experience”. Therefore analysing an experience, to develop your current knowledge, by reviewing your actions and assessing the experience to develop your own personal and professional skills in future practice. Hamill (1999) recommends writing reflection in first person using Driscoll’s model of reflection (Driscoll 2000).

The situation I have chosen to reflect on is an interaction with a patient who had been given a terminal diagnosis and had been informed the prognosis was limited. I have chosen to reflect on this account as it involved difficult communication which made me question my competency as a student and prior to the event I thought I would not be prepared to deal with it. (See Appendix)

As I had previously interacted with the patient on her admission, I have already communicated and developed a relationship with her. Groogan (1999) states that communication creates a relationship, with communication providing a holistic approach to caring for the individual to meet their psychological, social, spiritual and physical needs. I was therefore able to recognise that something was wrong and identified that she wanted somebody to talk to. Forrest (1989) identified core elements of nursing as picking up on cues and the importance of “ being there”.

Jarrett and Payne (1995) reviewed literature on nurse-patient communication and concluded that there is a need for nurses to make an assessment of each individual situation, so that they are aware of whether the patient desires the information. Relating to the assessment I made of the situation I was aware the patient wanted to talk and realised that she was not asking for information but wanted someone to talk to.

During the event I felt anxious and nervous about how to react and communicate with the patient as I had never been in that situation before. Buckman (1998) identified health care professionals experience fear of the untaught and fear of saying " I don't know", the experience of showing emotions was also identified and throughout the situation I felt empathy towards her. Empathy is defined as the mental capacity to appreciate another person's feeling without joining them, understanding patients experiences. (Hojat et al 2001).

Sieh et al (1994) states that special emphasis is placed on listening and empathy skills in the training of nurses. However, in the situation I questioned my competencies within my communication skills as I thought I was unequipped within my training to provide the care and support the patient required. On reflection, I identified that I worked within my role and limitations as a student to assess the situation and act as appropriate.

Reflecting on the situation I have identified that non-verbal communication played a large part of the experience. Non-verbal communication includes the use of eye contact, flexibility of facial expressions, the use of gestures, use of touch, pausing to allow a response timing and body posture (Purnell

2000). This definition relates to the situation as I was sat at her bedside when she began to cry, and then she said to me “ I am dying aren’t I?” She put her hand out and I just comforted her by holding her hand.

The expression and discussion of feelings of loss and grief can be very difficult for patients with incurable disease and their families (Clements-Cortes 2004) When she asked me the question “ I am dying aren’t I?” my first thoughts were to ask a Staff Nurse to come and speak to her, but I felt as if she had chosen me to talk to and that I couldn’t have walked away to get someone. Although I didn’t answer her question, I felt as though I was supporting her by being with her and as I knew she understood her prognosis and felt that the question didn’t need an answer.

On reflection, the event directly impacted on the patient, me and my role as a student and my mentor. I feel that the patient was able to express her feeling and emotions and I was able to provide care and support within my role. I identified that I assessed the situation and made decisions to provide the best possible care and support for the patient at the time. The situation made me question my ability however it developed my communication skills which are transferable to all aspects of nursing.

To enable me to reflect on the situation I used literature as part of the reflective process to read around communicating in palliative care, the nurse-patient relationship to continuing development and promote learning as Glaze (2001) reports the use of literature is used as part of reflection to promote learning by reading around the topic.

Following the event, I informed my mentor what had happened and she said she was aware of the situation and felt that I had dealt with it very well. We reflected on the event and I felt as though at the time somebody could have come to make sure the situation was ok but following the discussion my mentor was aware of the situation and that she would have intervened if necessary. Following the discussion I felt supported by my mentor, although the event was emotional and sensitive I feel it was a positive learning experience.

Benner (1984) describes stages of practice from novice to expert, at this stage in my training, I am working towards an advanced beginner, although I recognise this in this situation I had no experience of communicating in difficult situations and for that reason I felt like a novice. For this reason I feel as though my mentor could have identified my weakness in this area and at the time and acted sooner. The role of the mentor is to assess and support the student in practice (NMC 2008) on this occasion I felt my mentor fulfilled their role after the discussion following the event, however during the event I felt it was just me and the patient, and I acted within my role.

In conclusion, I have recognised the importance of the nurse-patient relationship and feel the experience at the time and reflecting on the experience has had a positive impact on my personal and professional development. Understanding that within the role of a nurse, communication is not only about information provision but about adapting your own skill to assess situations and act appropriately. In relation to implementation of care and support this experience highlights the nurse role to provide emotional support to continue to communicate effectively.

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