

Reflection on  
personal  
development in  
nursing programme  
nursing essay



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This essay will illustrate how I developed from a novice to an expert in my three year nursing programme. This is going to be integrated into my chosen topic of management. Benner's stages of clinical competence (1984) in conjunction with Dreyfus and Dreyfus student development model (1986) will be used to structure the essay. To enhance discussions current evidence based literature will be used to explore my strengths, limitations and experiences. Recommendations for future practice development as a newly registered nurse will also be explored. To respect people's confidentiality names of clients, health professionals and Trusts will either be changed or not used in this essay (UK Nursing and Midwifery Council, 2008).

Management is monitoring and controlling the process of achieving your aims and objectives, standards and targets and reviewing the results (Forster, 2001). It is about effective communication, being sensitive and persuasive, making good decisions and being able to motivate your staff (Manion, 2005). I was attracted to this topic because I tried to implement recovery principles on placement and was met with stiff resistance from the manager due to generational differences in our nursing pre-registration programmes. This was in contrast with the Chief Nursing Officer who supports the values of the recovery approach informing the practice of all mental health nurses (UK DOH, 2006). According to McNeese-Smith and Crock (2003) nurse managers are facing a significant challenge in managing nurses that registered from different cohorts. This is because nursing programmes are always changing to meet service user needs and to adapt to new research (Hu & Hodgin, 2004).

According to Lloyd et al (2007) the model of skill acquisition by Benner (1984) shows how a student progresses in theory and practice according to exposure through five stages, novice, advance beginner, competent, proficient and expert. In the first year of my nursing programme my first placement was in an acute admission ward for older people. Next I worked with the District Nurses specialising in wound management issues. From here I moved on to an adult acute inpatient mental health hospital. Finally I worked at a school for children with special needs, where I had the most exposure.

The first stage of Benner (1984) namely novice is described by Yancey (2005) as a beginner who has had no experience of the situations in which they are expected to perform. Dreyfus and Dreyfus (1986) state that at this stage students have no experience of real situations, they only acquire rules and protocols to guide their actions and performances. My reflection at the novice stage is that I demonstrated effective communication skills which are vital in management. This was so because while I was serving in the British Army I had a lot of training in communication as it was vital in my role. My mentor did not take long to notice this and commented on my intermediate interview that my communication skills were very good, please see appendix 2. I felt that at this stage I was a novice as I had never worked in a healthcare setting before (Benner, 1984). However as the year progressed I managed to develop another management skill, planning. Planning is a type of decision making involving what to do, who is to do it, when and where it is to be done in order to arrive at a desired result (Hincliff & Rodgers, 2008). I managed to develop this skill at a school for children with special needs.

Here I learnt the importance of good planning as the team dealt with emergencies on a daily basis by observing registered nurses at work. I also had the opportunity to put into practice my planning, prioritisation of care and management of resources skills and they developed to a very good standard. According to Callaghan and Waldock (2006) a good nurse manager will be familiar with the workings of their healthcare setting by making themselves visible to the staff, asking questions and possessing good communication with their staff. The above authors go on to say that this helps foster good decisions and respect between that level of management and other staff. By the end of the year I had a fair experience of working in various healthcare settings meaning that I was no longer a novice but an advance beginner (Benner, 1984).

Benner (1984)'s model of skill acquisition describes advance beginner as the stage where the nurse has considerable experience in real situations which allows their performance to improve to a marginally acceptable level.

According to Alligood and Tomey (2005) a student nurse at the advanced beginner stage views clinical situations as a test of their abilities and the situation placed on them rather than client needs and responses. They are also able to achieve some steps using their own judgement but supervision is needed for overall task (Dreyfus and Dreyfus, 1986). I believe I started the second year of my nursing programme as an advanced beginner (Benner, 1984). At this stage of the programme I went to varied mental health placements. The first place I went was a day hospital for older people providing out-patient healthcare facility. From here I moved on to an adult community mental health team which provided specialist assessments,

advice and support, helping to establish clear integrated care pathways for clients (UK Department of Health, 2002a). This is where I had the most exposure. Next I worked in an adult mental health rehabilitation unit where the team encouraged clients to develop life skills that enabled them to function more effectively in the community. Finally I worked with a community specialist mental health team for older people. The skill I developed in my second year was delegation. According to Bittner and Gravlin (2009) delegation means assigning a certain task to another person providing proper authorisation keeping in mind it should be effective and result oriented. The above authors go on to mention that for delegation to occur a task must satisfy 6 rights namely the right task, the right person, the right time, the right information, the right supervision and the right follow up. During my second year placements with the community team I did a lot of delegating especially to the administration staff who helped the nursing staff with all their typing and other administration tasks. This allowed me to build my confidence that by the end of the year I was very comfortable with delegating tasks. I also noticed that by the end of the year I had developed to a competent practitioner due the experiences that I encountered (Benner, 1984). Please see appendix 3.

Competence is described by Benner (1984) as a stage where a nurse begins to assess urgency of their clients' needs and plan accordingly. They are also able to achieve most tasks using own judgement and copes with complex situations through deliberate analysis and planning (Dreyfus and Dreyfus, 1986). In my final year of study I worked in a mental health adolescent inpatient unit which provided multidisciplinary assessment, emergency

admissions, family therapy, education and activity programmes. From here I moved on to my final placement in an adult acute inpatient mental health unit which provided holistic care. Their role was to provide a high standard of humane treatment and care in a safe and therapeutic setting for clients in the most acute and vulnerable stages of their illness (UK Department of Health, 2002b). During the third year of my nursing programme I had the most exposure in an adult acute inpatient ward which was my final placement. Here I got involved in all aspects of nursing management namely managing client care, planning the shift, delegation, problem solving, running the shift and being the charge nurse. My mentor's comments attached on Appendix 4 prove that I had developed to a competent practitioner. On Dreyfus and Dreyfus (1986)'s skills domain I developed conscious deliberate planning which was a direct result of taking charge of shifts on numerous occasions under supervision from my mentor. I also got the chance to practice various types of management styles while I was the charge nurse. I also managed to run shifts successfully leading a team of registered nurses and support workers demonstrating that I was now developing to a proficient practitioner.

The fourth stage of Benner (1984)'s model is proficient where the nurse learns from previous experiences and knows what to expect in a particular situation and can modify plans in response to events. According Hargreaves and Lane (2001) a proficient nurse starts to view situations as wholes rather than parts and reflection on situations guides their performance. On Dreyfus and Dreyfus (1986)'s skills domain, the skills I demonstrated at this stage are the ability to adapt to changes, reorganisation of shift and handling transfer

of service users detained on a section of the Mental Health Act (2007) under the same or different hospital managers. I was also able to take full responsibility for my own work and that of others where applicable (Dreyfus and Dreyfus, 1986).

The last stage of Benner (1984)'s model is expert where a nurse knows what to do based on maturity and their understanding of clinical practice. A nurse is able to take responsibility for their work going beyond existing standards and creating own interpretations (Dreyfus and Dreyfus, 1986). I did not fully develop into an expert but there were certain aspects of management I performed expertly. For instance every time I had the opportunity to be the charge nurse I managed to lead a team of highly experienced nurses and support workers effectively with no problems. I was also able to delegate duties to team members effectively considering the skills required for the duties I needed carried out.

According to Bulman and Schutz (2004) reflective practice is a process of reviewing practice so that it may be describe, analysed, evaluated and consequently used to inform and change future practice. This part of the assignment is a reflection of what I need to further enhance my management skills as a registered mental health nurse. This will be integrated by reflection of government policies and literature that can be used in clinical practice. As a registered nurse I need to observe my working environment and then make an interpretation out of it through good reflection skills. By just carefully watching the dynamics of the working environment I will be able to develop the skills needed to effectively manage it. I also need to have self belief which enables me to be the shaper rather

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than the follower even when facing opposition (Department of Health, 2004a). Knowing policies and procedures of my workplace is essential as it allows me to understand my role and responsibility. This allows nurse managers to guide day to day operations of the clinical setting without constant intervention from top management (Fradd, 2004). Additionally the above author talks about the key components of management competencies which are self-confidence, tempered with humility, developing high trusting relationships and effective collaboration. Research has proved the need for support during the transition period from student nurse to newly registered nurse (Whitehead, 2001). In light of this evidence I will undergo a period of preceptorship to ease my transition into my role as a registered mental health nurse. Crucially, lifelong learning which meets the needs of the service users and delivers the outcomes and health priorities of the employer is vital in enhancing my management skills (Royal College of Nursing, 2007). UK Department of Health (2001) supports life long learning as well stating that staff, teams and organisations they relate to and work in have to acquire new knowledge and skills to shape and change things for the better. The ability to identifying the knowledge and skills that you need to apply in your post is crucial in enhancing your skill base (UK DOH, 2004b). I will also familiarise myself with different types of management for instance Laissez faire described by McSherry and Pearce (2007) as one in which the manager provides little or no direction and gives subordinates as much freedom as possible. All power is given to the subordinates and they determine goals, make decisions and resolve problems on their own (Spinelli, 2006). With the experience I have had during my programme I will also learn more about Democratic management. According to Woods (2005) democratic

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management encourages those you are delegating to, to be part of the decision making by keeping them informed about everything that affects their work. I believe this model makes a team perform better as it makes them feel valued.

To conclude Dreyfus and Dreyfus (1986)'s levels of skill development reflect changes in three aspects namely movement from reliance, change in the learner's perception of the demand situation and a passage from detached observation to involved performer. There is one serious problem with Benner (1984)'s definition of expert in that a person might meet the criteria for being an expert and still be consistently wrong or incompetent and their intuitive grasp of situations based on deep tacit understanding is just not good enough. Good managers exist when one has the ability to motivate others to pursue high standards and long term goals through an approach defined by an open empowering culture where communication, strong values and mutual respect are paramount (Clegg, 2000). A good manager is one who unravels bureaucracy in the creation of opportunities and achievement of objectives ensuring that team is fit for the purpose, delivers clinically effective objectives and high quality service user care (UK DOH, 2000).