

### Reflecting on one's Communication Skills

#### Introduction

Nursing students can enhance their learning through reflection that is, reflecting on a situation that involves nursing care (Parker 2006, p.115). In line with this thought, I shall reflect on an experience and discuss the communication skills I used or should have used during the patient encounter. I will use the three what model based on the work of Borton (1970) and Boud (1985) to help structure my reflection. Before going any further, I am invoking the provision in the NMC (2008) code which declares the need to respect people's confidentiality; hence, the identity of the patient who will be cited in this reflection will be kept anonymous. He will be given a pseudonym and will simply be referred to as Mr. B

#### What?

Mr. B is a 75-year-old patient in a nursing home diagnosed with dementia. Initially, it was my mentor who initiated nursing care to him and I was instructed to continue its delivery. The rationale why my mentor assigned me to Mr. B was so I can sharpen my communication skills. During my interaction with Mr. B, I tried to remain calm and spoke in slow and short sentences. I also used simple words although at times, I cannot help but repeat what I have already said because I was not sure whether the patient understood my statements.

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### **So What?**

At first, I was honestly hesitant and quite nervous when I interacted with the patient. I was already aware of his condition; hence, I was in a dilemma as to how I can communicate with him. This experience helped me realise that communication is truly an important part of nursing practice. Mastering all the routine nursing tasks and other complicated nursing interventions will all have been for nothing if a nurse does not know how to initiate a nurse-patient therapeutic relationship or interaction which naturally begins with communication. To simply put it, Ellis, Gates and Kenworthy (2003, p.214) declare that good communication is vital to effective nursing. According to Collins (2009) good communication helps build a therapeutic relationship which is central to nursing. It is a must for a nurse to be able to communicate effectively with the patient because communication is the tool that will allow the nurse to reassure a patient, empower the patient, motivate the patient, put a patient at ease, and convey understanding of the patient's concerns (Collins 2009). I realised that communicating with a patient with dementia is more difficult than I have actually predicted. His condition was definitely the barrier that hindered effective communication. Even though I spoke in clear, short and simple sentences, there were still instances when the patient did not understand what I said or may be pretended to have not heard what I said. With this, I realise that one effective counter against such circumstance is to establish and maintain genuine rapport with the patient which can be done through frequent therapeutic conversations with the patient. Rapport entails trust and confidence of the patient to the nurse. Without, a nurse will have difficulty convincing a patient to follow instructions or adhere to advices.

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The experience also led me to realise the importance of valuing non-verbal communication. Before, I honestly took for granted non-verbal communication because the patients I handled in the past had no cognitive impairments that hindered verbal communication. It was only during this experience that verbal communication is less reliable due to the patient's condition. This experience pointed out that a patient's facial expression, presence or absence of eye contact, and bodily gestures can all help decipher a patient's mood, feelings and attitude towards the nurse and the interventions given by the nurse. Videbeck (2010, p.107) relate that it is crucial for a nurse to understand what a patient is trying to communicate by means of observing non-verbal cues. I learned that a truly competent nurse is someone who is able to assess not only what a patient can verbalise but also assess those non-verbal cues displayed by a patient which may lead the nurse to truly understand how the patient feels and what the patient needs.

### **Now What**

The experience helped me learn the importance of both verbal and non-verbal communication. As an aspiring nurse, I have to continuously sharpen my communication skills because I shall be interacting with more varied patients in the future. I have to be able to establish rapport with each new patient and I can do this by communicating with them. I must maximise my communication with my patients because I can do a lot of things by communicating such as motivate, empower, educate and understand my patients.

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### **Conclusion**

To sum up, reflecting on an experience will help discover different important learning. It will increase one's knowledge identify strengths and weaknesses in one's skills. Communication is key to building rapport and therapeutic relationship with patients. A nurse must always improve on his or her communication skills in order to better deliver nursing care.

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### **Reviewing Evidence on Practical Means of Practising Aseptic Technique**

#### **Introduction**

Aseptic technique is the practice of carrying out a procedure in such a way that minimises the risk of introducing contamination into a vulnerable area or contaminating an invasive device (Dougherty and Lister 2011, p.129). Aseptic technique includes several methods such as sterilising instruments, using antiseptic hand scrubs, and donning of sterile gowns, gloves, caps and masks (Cho and Alessandrini 2008, p.43). In line with this thought, this essay will explore the underlying rationales and evidence for the performance of two common methods of aseptic technique. These methods are hand washing and gloving which I personally performed many times during practice placements.

#### **Reviewing Evidence**

The delivery of effective nursing care rests on the hands of the nurse. This statement does not only apply figuratively but also literally because the hands of a nurse must not only be capable of performing tasks, it must also be clean while performing such tasks. Hand washing is simply indispensable in the performance of any and all kinds of nursing care activities. It becomes too mundane that sometimes it is intentionally or unintentionally neglected or performed in a manner that is less than satisfactory. As a student nurse, it was made clear to me that proper hand washing is a very important initial step in the delivery of nursing services. I have performed hand washing countless times, some at an acceptable standard while others below standard. The origin for

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strongly recommending or rather enforcing the need to perform hand washing may be traced from Dr. Ignaz Semmelweis who advocated the performance of hand washing with a chlorinated solution among doctors before assisting women in labour (Case 2011). White (2005, p.527) defines hand washing as the rubbing together of all surfaces and crevices of the hands using a soap or chemical and water. It is a part of all types of isolation precautions and is the most basic and effective infection-control measure to prevent and control the transmission of infectious agents. Hand hygiene which includes hand washing and gloving, is the single most crucial means of preventing transmission of antibiotic-resistant organisms such as the methicillin-resistant *Staphylococcus aureus* or MRSA and vancomycin-resistant Enterococci or VRE (LeTexier 2011). The National Institute for Health and Clinical Excellence (2003, p.28) or NICE in its guideline for infection control dictate that hand washing and gloving are two fundamental modes of preventing healthcare-associated infection. The World Health Organization (2006) highly recommends that health care workers wear gloves to prevent microorganisms present on the hands to be transmitted to patients and to reduce the risk of workers acquiring infection from patients. The effectiveness of donning gloves in preventing contamination of infectious agents has been confirmed in many clinical trials (WHO 2006). To reiterate, both hand washing and gloving are two of the most indispensable methods of aseptic technique; however, amidst the overwhelming evidence on the benefits of both procedures, there are still erring professionals. Nurses, doctors and other health care professionals still do err in the performance of such procedures. In my case, I have done it many times before but sometimes, I still forget to do it or consciously neglect to do it. Perhaps, the problem lies not within the knowledge of the

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need to perform it but rather on the manner by which it should be performed. There are varying ways and means of performing hand washing. In fact there are different kinds of hand washing. There is the medical hand washing which is similar to ordinary hand washing and there is also the surgical hand washing. Every institution has its own version on how to perform hand washing. This is also true for donning gloves. There are different brands of gloves each of which advertises some form of advantage over the other. There are also different modes of donning gloves such as the open technique and the close technique. There are also different varieties of gloves like clean gloves and surgical gloves. The differences and varieties with the way hand washing and gloving may be performed may account for the reason why some professionals err in the performance of these two important aseptic technique procedures. Another factor in the possible non-compliance of some healthcare professionals may be related to convenience in the performance of such procedures. For instance, when a nurse is overwhelmed by work-related stress due to high inpatient census, sometimes, the simple act of washing hands is intentionally neglected. As a solution to this, it is recommended to make hand hygiene convenient (JCR 2009, p.64). Instead of the traditional soap and water, it is possible to achieve the same effect with alcohol based scrub; thereby, eliminating the need for washing hands with water. It is also advisable to choose gloves that have special fit for different sizes of hands rather than the fit-all type of gloves.



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### **Conclusion**

In summary, hand washing and gloving are two common types of aseptic technique which are indispensable in the everyday practice of nursing. It has been well established that hand washing and gloving are crucial in the efficient delivery of services particularly in the aspect of preventing the spread of infection. Despite this known fact, some still err in complying with such procedures.

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