

Nursing: a Reflective Practice Experience

Introduction

The purpose of this assignment is to provide a critical reflection of an incident that occurred within a nursing context. The assignment firstly provides a short analytical consideration of the nature and importance of reflection. Following this, the Gibbs Cycle is used to provide the framework for the reflective exercise. The structure of the assignment provides a description of the problem, personal reflections on the problem, an evaluation, analysis, conclusion, and an action plan.

Reflective Practice

The Gibbs Cycle, which is shown in figure one below, is one of several models that can aid the reflective process (Cherry and Jacob, 2005). Developed in 1988, the Cycle uses structured debriefing in order to enable the type of reflection advocated in Kolb's experiential learning cycle. Kolb drew heavily on the research of psychologists Dewey and Piaget, who argued that information is transformed into knowledge by a process of reflection (Cherry and Jacob, 2005). In other words, information can only be used in a practical sense when it is considered from a position of reasoned analysis.

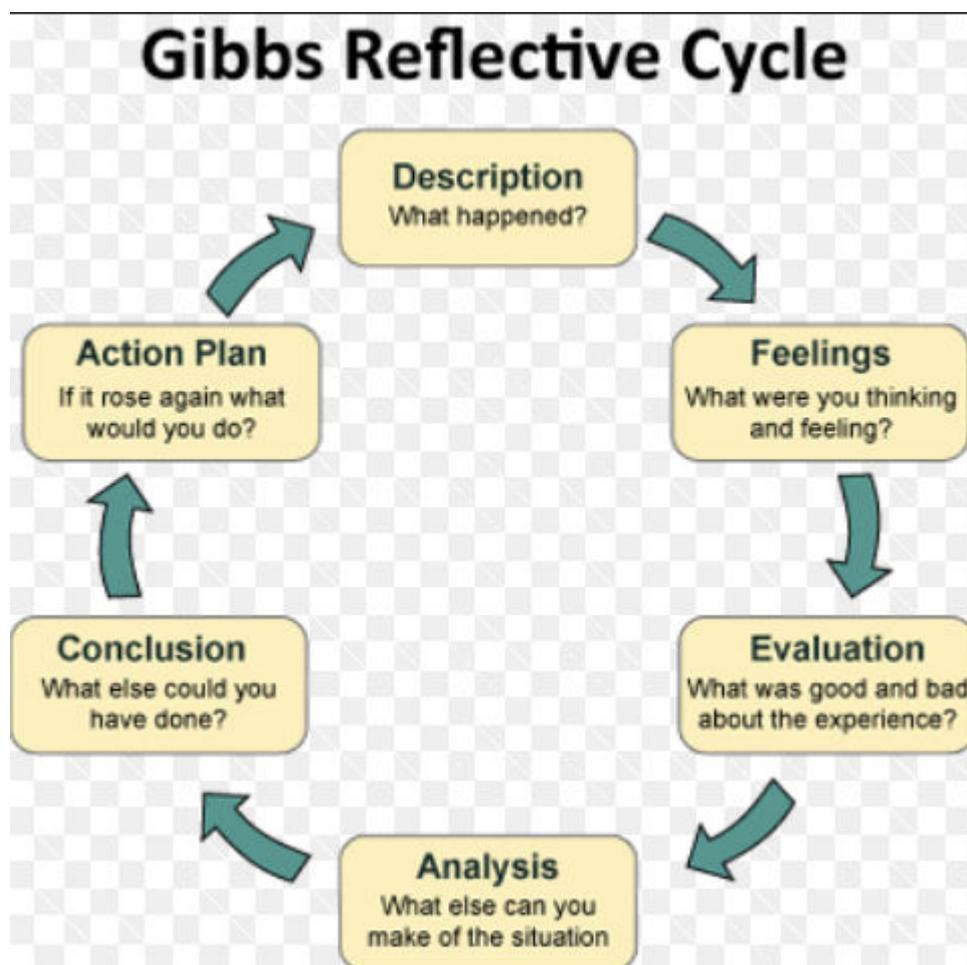


Figure One: The Gibbs Reflective Cycle (source: adapted from Cherry and Jacob, 2005).

Description

The event in question occurred during the handover phase of a nursing experience. Handovers are a critical element of nursing practice. If information is missed or transferred incorrectly, the lives of patients can be placed at risk. However, time and

space pressures often mean that handovers have to be completed quickly or in busy environments. For this reason, routine and protocol are highly important.

In this instance a situation arose where the handover was completed incorrectly. The ward had long-term clients, the majority of whom had conditions that were unchanged. Nobody had had any procedures or surgeries, and there were no changes to medication. The nurse who was finishing her shift was in a rush to leave and avoid the heavy traffic on the roads. Therefore, in order to save time she said “you know everybody here, nothing’s changed since yesterday.” This was her handover, and she left immediately afterwards.

In response to this, the student nurse carried out her shift as usual, and later spoke with a mentor. The mentor and the student discussed the various options that the student nurse could have taken, and reflected on the experience.

Feelings

The initial feelings were surprise, shock, embarrassment, and finally insecurity. Student nurses are taught to follow procedures, and are also taught the high value of those procedures (Chang and Daly, 2012). Whilst instinct and gut feelings are useful, this is a profession that requires structure (Daly, Speedy, and Jackson, 2009). Therefore, when somebody with higher levels of experience breaks procedure it can be a surprising and uncomfortable experience.

The feelings of insecurity came from being left with patients who had not had a proper handover. Although “nothing had changed” from the previous day, this was

still a large amount of information to consider. Several of the patients had complex cases that involved comorbidities, and there were lots of risks of sudden changes in people's conditions. In addition to this, two of the clients had allergies that increased the complexities of their care. To be left in a position of responsibility without full knowledge of the intricacies of the various patients was a particularly vulnerable scenario.

After speaking to the mentor, the feeling was one of relief. It was apparent that carrying on with the shift as if the handover had been successful was not the correct course of action to have taken. Therefore, there was also the feeling of having learned valuable information.

Evaluation

The experience revealed that a nurse must always be prepared for surprises and departures from the norm. This was both a positive and a negative experience. The negativity stemmed from losing confidence in a colleague, and from seeing that procedures that are taught as being immovable are not always followed. This is a normal reaction, according to Rn (2001). On the other hand, the positivity stemmed from being able to learn from a new experience and to meet new challenges.

The reality is that not all nurses will follow procedure correctly (Gerrish, 2000; Duchscher, 2009; and Funnell and Koutoukidis, 2008). This is something for which there are formal responses that can be made by superiors and other colleagues, and which a new nurse needs to become used to. In this instance, the mentor explained that there were several courses of action that could have been taken. The student

nurse could have continued with the shift without making any comment. Alternatively, the student nurse could have stopped the colleague before she departed and asked for a more thorough handover. After the colleague had left, the best course of action would have been to have alerted a superior to the situation. This would have ensured that full support was given. Learning this was a positive experience.

Analysis

There is much to be made of this experience beyond the basic acquisition of procedural information. Involved in this situation were physical and emotional responses, and all are an important part of the learning process (Zielinski, 2012).

As a student nurse, repeating procedures accurately is very important. During the training phase there is a large amount of information to gather, process, and learn (Zielinski, 2012). This information can have serious implications for a client's health, so the stakes are very high in comparison to some other professions. For this reason, a considerable portion of the nursing training process is practical (Duchscher, 2009). By doing tasks practically, a nurse learns in several different ways, particularly engaging visual and kinetic learning practices (Gerrish, 2000; Chang and Daly, 2012). For this reason, it is particularly important that the training phase of nursing is a period where accurate procedure is followed.

On the other hand, not all practical experiences in the nursing profession are carried out perfectly. Some people are unprofessional about their work, and some unexpected experiences arise even when everyone works to the best of their ability. In the nursing environment this can be very unsettling (Gerrish, 2000), but

nevertheless requires an analytical and measured response (Chang and Daly, 2012). Being able to think on ones feet is a necessary part of the nursing experience. This handover provided a very good example of a situation where there were multiple courses of action to be considered and chosen. Therefore, it provided a good example of the need for critically reflective practice.

One of the most valuable aspects, however, was learning about the personal emotional response to the situation (Zielinski, 2012). The feeling of insecurity was particularly problematic, as it threatened to distract from other professional duties. It was interesting to note that it was hard to concentrate on other nursing functions, such as taking blood pressure readings, due to worrying about whether anything important had been missed. Knowing that insecurity is the expected personal response in this situation is an important lesson to learn, as there are various exercises that can be carried out to overcome that potential problem.

Finally, the importance of having the support of a mentor was revealed during this experience. Until this time, the mentor had seemed like someone who was there to help with practical problems such as worrying about carrying out some of the more complicated procedures. This was the first situation that had arisen where the professionalism of a colleague was called into question, and where the potential courses of action were slightly embarrassing to undertake. Recognising that a mentor is able to give advice about how to respond emotionally to moral situations was a valuable lesson.

Conclusion

It is clear that the course of action that was selected was not the best one. Seeking help immediately would have been more appropriate. It was fortunate that on this occasion there were no problems; however, the situation could have been very different and there could have been serious consequences. Therefore, the student nurse should have either prevented the colleague from leaving, or should have sought advice.

However, the choice to have a meeting with the mentor was the correct one. This highlighted the importance of meeting with the mentor more frequently, and being more communicative with people in general. If one feels comfortable talking to colleagues and asking advice, one is more likely to learn from other people's experiences.

Action Plan

An action plan is designed to answer the question: if [the situation] rose again, what would you do? The answer to this is quite clear. Firstly, it is important to have the confidence to say to a colleague that you do not have enough information. In this instance, saying "please stay and repeat the handover" would have saved many problems and would have reduced the risks considerably. Therefore, if this situation happened again the first course of action would be for the student nurse to outline the problem to the colleague clearly in the hope of repeating the procedure correctly.

If this failed, the next course of action would be to contact a superior and explain the situation. If a colleague is satisfied with undertaking a handover in this manner on one occasion, it is possible that it is a frequent occurrence. This potentially puts lives

at risk. Therefore, it is important that a manager is made aware. By alerting a superior, a more junior nurse will also be able to have the support that he or she needs to work safely.

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