Reflexion About Nursing

1. Introduction

In compliance with the Nursing and Midwifery Council (NMC) (2015, p.6) code of conduct, confidentiality through the use of pseudonyms in this essay will be employed; 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. O. A critical exposition on how current legislation, ethical frameworks, health, and social care policy underpin adult nursing, my own practice in relation to The Code (NMC, 2018), and a presentation of personal achievements, and development as an adult nurse's fitness for employment and preparedness for future learning in communication and interpersonal skills is given following my practice during the three years of my adult nursing course. To give this reflective essay a structure, I will be using Driscoll's (2007) reflective model by following the "three What Model"; ('What?', 'So, what?', and 'Now what?'). My Personal Development plan is presented as (Appendix 1).

2. Communication

Communication is the transfer of information between a source and the receiver (Kennedy-Sheldon 2009). Nurses convey nursing care to patients verbally (thorough speaking) and non-verbally (acting, showing, touching, doing, etc). The information may be verbal or nonverbal; spoken or written; personal or impersonal, specific or general or even relationship-oriented and so on (Sheldon, 2004). It also can be the transfer of information between two or more people De Vito (2011). Communication in relation to nursing is predominantly interpersonal; it helps the healthcare professionals convey compassion and support for patients Fitzpatrick (20018, p 27). More so, information is shared by communication, and decisions are reached when healthcare professionals and the patient have communicated effectively (McCabe and Timmins 2013).

3. The What? Stage

Mr. O is an 80-year-old patient in a nursing home diagnosed with dementia. Dementia may create barriers to communication. Dementia is defined as an umbrella term that describes a syndrome (Westerby and Howard 2011). It is not part of the normal ageing process and it is both progressive and incurable (Weatherhead and Courtney 2012). It can be hard for health professionals to communicate with people living with dementia but it can be equally challenging for the person with dementia. Initially, it was my mentor who was giving nursing care to him and I was then instructed to continue its delivery. The reason for this was so that I could sharpen my communication skills in line with the NMC Code of Conduct (2015), which states that nurses and midwives must be able to communicate effectively with patients and colleagues to protect patient safety and work well in a team. During my interaction with Mr. O, I tried to remain calm and spoke slowly, and used short sentences. I also used simple words and at times, I had to repeat what I had already said because I was not sure whether the patient understood my statements. This was in line with Standard seven of the Code of Conduct (NMC 2015) which relates to communicating clearly and instructs nurses to use terms that people can understand. Standard seven (NMC 2015) also instructs nurses to take reasonable steps to ensure service

users have their communication needs met and they should regularly check their understanding. Nurses and midwives must be able to communicate well in English and use a range of verbal and non-verbal communication Fitzpatrick (20018, p 28).

4. The So What? Stage

At first, I was hesitant and nervous when I interacted with the patient. I was already aware of his condition and I was in a dilemma as to how I could communicate with him. This experience helped me realise that communication is truly an important part of nursing practice because it is a vital element in Nursing in all areas of activity and in all its interventions such as prevention, treatment, therapy, rehabilitation, education, and health promotion Fakhr-Movahedi (2011, p. 23-34). Mastering all the routine nursing tasks and other complicated nursing interventions will all be 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 a tool that allows the nurse to reassure, empower, motivate, put a patient at ease, and convey an understanding of the patient's concerns (Collins 2009). I then realised that communicating with a patient with dementia is more difficult than I had 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 communicated to him. With this, I realise that one effective counter against this situation was to establish and maintain genuine rapport which can be done through frequent therapeutic conversations with the patient and this is in line with (NMC 2015) which states that learning how to build a rapport with patients is something that student nurses need to focus on before qualifying; once they are qualified they are expected to understand the nurse-patient relationship. Rapport entails the trust and confidence of the patient to the nurse. Without it, a nurse will have difficulty convincing a patient to follow instructions or adhere to medical programmes.

The experience also made me realise the importance of valuing non-verbal communication. Previously, I overlooked non-verbal communication because patients I handled in the past had no cognitive impairments that hindered verbal communication. It was only during this experience that I realised the less effectiveness of verbal communication due to Mr. O's condition and I had to resort to other tools of communication namely writing and gesturing like pointing to meet his needs. Tonkins (2011) argues that allowing the individual living with dementia to indicate what they want by pointing can help communication. This supports the fact that all nurses must build partnerships and therapeutic relationships through safe, effective, and non-discriminatory communication for they must take account of individual differences, capabilities, and needs (NMC 2015). This experience taught me 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) also points that it is crucial for a nurse to understand what a patient is trying to communicate by means of observing non-verbal cues. In accordance with domain 2 competency 3 of the (NMC), All nurses must use the full range of communication methods, including verbal, nonverbal, and

written, to acquire, interpret and record their knowledge and understanding of people's needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how they may be influenced by ill health, disability, and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.

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. It is for this reason that I must gravitate towards having strong insight into my own values and how these may impact on interaction with others, work with people and carers to provide clear and accurate information, recognise and act to overcome barriers in developing effective relationships with service uses and carers and also act autonomously to reduce and challenge barriers to effective communication and understanding in accordance to domain 2 competency 1 of the (NMC).

5. The Now What? Stage

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. More so, I also realised that it can be hard for the healthcare professional to build up a good rapport with a patient who has dementia, which is why giving personal care sensitively can help build that relationship (Baillie, Cox, and Merritt 2012). 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. Thus effective interpersonal and communication skills between health care providers and patients are one of the most significant factors for improving patients' satisfaction, compliance, and overall health outcome (Berengere et al, 1997).

Furthermore, I also learnt that Communication is never unidirectional, that it is an interaction in which each sender becomes the receiver and vice versa, and that the failure to recognize the two-way communication capability, quite often leads to negative conclusions and attitudes (Kourkouta, 2011). With this in mind, I became a good listener whenever had interactions with Mr. O because according to (Joolaee et al, 2010) Listening is important in communication. It is responsible nursing practice and requires concentration of attention and mobilization of all the senses for the perception of verbal and non-verbal messages emitted by each patient. By listening, nurses assess the situation and the problems of the patient; they enhance his/her self-esteem and integrate both the nursing diagnosis and the process of care at all levels.

6. Conclusion

To sum up, reflecting on my experience helped me learn valuable lessons which are important in the nursing profession. It has also enabled me to identify my strengths and weaknesses and ways that can help refine my communication skills. Furthermore, I gathered that Communication is key in building rapport and therapeutic relationships with patients, that the purpose of communication is to inquire, inform, persuade, entertain, request, and investigate. For instance, when I revert back to my interactions with Mr. O in conveying information or giving an opinion for example he would say “I have a headache” and I would say “I am here to give you

medication” or in requesting information/opinion/behaviour, for example, I would ask whether he was allergic to any medicine or whether he had any other injury or when giving social acknowledgement, for example, would say “Hello” or “Good morning”. This is in line with the fact that a nurse must always improve on his or her communication skills in order to better deliver nursing care (Sibiya 2014). In addition Communication, if well used, helps in the provision of clear, accurate, consistent, and easy nursing service, guaranteeing both the satisfaction of the patients and the protection of the nurses, the whole process takes place in a context consisting of physical realm, social and cultural values and psychological state (Verderber 1998). Lastly adherence to my personal development plant will see me sharpening my communication and interpersonal skills on an ongoing bases.