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Introduction

This essay aims to critically reflect on an encounter with a service user in a health care setting. The Gibbs' Reflective Cycle will be used as this is a popular model of reflection. Reflection is associated with learning from experience. It is viewed as an important approach for professionals who embrace lifelong learning (Jasper, 2013). In general terms, reflective practice is the process of learning through and from an experience or activity to gain new understandings of self and/or practice (Bout et al., 1985; Jasper, 2013). This method is viewed as a way of promoting the personal and professional development of qualified and independent professionals, eventually stimulating both personal and professional growth (Jasper, 2013). Dating back to 1988, the Gibbs' Reflective Cycle encompasses six stages of reflection which enable the reflector to think through all the phases of an activity or experience (Gibbs, 1998). These six stages are: 'description' (what happened?), 'feelings' (what were you thinking or feeling?), 'evaluation' (what was good or bad about the experience?), 'analysis' (what sense can you make of the situation?), 'conclusion' (what else could you have done?) and 'action plan' (if the situation arose again what would you do?) (Oxford Brookes University, 2017). The model is unique because it includes knowledge, actions, emotions and suggests that experiences are repeated, which is different from Kolb's reflective model (Kolb, 1984) and thus, the model is wider and a more flexible approach in examining a situation in a critical light to enable future changes (Zeichner and Liston, 1996). As this is a reflective piece, the essay will be written mostly in the first person.

Description

The incident I will be reflecting on occurred whilst I was placed on the oncology ward during my first year of qualified nursing. We had received a request for an elderly service user to be taken for their radiotherapy treatment, who had been admitted due to stomach cancer. Upon his arrival, we read his notes which highlighted that he had significant learning difficulties which meant that he also had problems with verbal communication.

A nurse informed me that the service user was visibly distressed about the thought of going for radiotherapy, but was unable to discuss their feelings; therefore, they started crying and shrieking. The situation was dealt with calmly and the service user managed to return to a normal mental state. After the service user had their radiotherapy, they returned to the oncology ward and rested in their hospital bed. Later, in the afternoon, a nurse came onto the ward with three members of the public, who were viewing the ward as part of a job advertising process. When the nurse entered the service user's bay, they made no attempt to introduce themselves or the members of the public to the service users residing in the bay, nor did they make any effort to non-verbally communicate with them either through gestures such as a smile or a wave. The nurse also informed the members of the public that the service users in that bay were currently receiving radiotherapy treatment – which is a slight breach of confidentiality. Upon hearing the nurse's words, the service user became overtly distressed by crying, shrieking and hitting his head backwards against his pillow – thus, he had to be sedated after myself and other nurses were unable to calm him down by talking in a soothing manner.

This event caused undue anxiety to the service user, the other service users in the same bay, the members of the public visiting the ward and the staff involved, who all had to witness the gentleman's suffering. This event was reported using an in-house critical incident report by both myself and other members of staff from the oncology ward, as this was an example of poor practice and a semi-confidentiality breech.

Feelings

Prior to the incident occurring, I was mindful that the nurse was showing the three members of the public around the oncology ward, as part of a job advertising process. I was very surprised when the nurse failed to take into consideration the individual needs of the service user during the visit of the ward, as the distress caused to both the service user and the members of the public was very unnecessary.

Evaluation

In hindsight, the experience had both good and bad elements which have led to an increased understanding of the service user experience and my role as a nurse practitioner within the oncology team. My role was to give physical examinations and evaluate the service user's health, diagnose and treat certain conditions, prescribe and administer medication, recommend diagnostic and laboratory tests/read the results, managing cancer and treatment side effects, performing certain procedures and providing support service to service users – this includes acting in the service user's best interests. I feel that I did not fulfil the latter responsibility completely. This duty to protect service user's full confidentiality and ensuring that the nurse who was showing the members of the public around the ward was aware of the service user's communication difficulties and resulting anxiety was not fulfilled. Our failure to act as a team, by sharing information and stepping in before a situation escalated, shows that there was a low level of group cohesiveness (Rutkowski, Gruder and Romer, 1983).

Analysis

At the time of the incident, I had only been working on the oncology ward for six months so still felt slightly unsure of my position within the team. I think that my increased level of anxiety meant that I struggled to intervene, however it is still clear that both my colleagues and myself should have intervened more quickly.

Conclusion

From this experience, I can conclude that the distress that was caused to the service user, the other service users in that bay, the members of the public and the staff, I am now more mindful of the importance of being assertive (and not feel as though I cannot do something because of my position within the team or length of experience) if similar situations were to arise in the future. The insight I have gained from this experience means that I am now more aware of the implications of not acting immediately and the importance of acting in the best interests of the service user, even when this may take courage. Strong working relationships between healthcare professionals should also be given a greater emphasis within the oncology ward, so to increase levels of group cohesiveness (Rutkowski, Gruder and Romer, 1983).

Action Plan

In the future, I aim to be more proactive in dealing with a situation face on regardless of my role within the team or level of experience; this includes dealing with a stressed service user, ensuring that information is passed on to the relevant staff and intervening when I believe that is a risk to service user confidentiality and/or their health or mental wellbeing. I will not assume that other members of staff will always be aware of everything, including the individual needs and/or triggers of a service user, and I will not presume that other members of staff will always act in a wholly professional way. I will continue to undertake regular professional reflective practice, using the on-going model proposed by Gibbs (1988). I also aim to consistently and confidently implement the principles and values as set out by the National League for Nursing, these being:

To promote health, healing and hope in response to the human condition.

To respect the dignity and moral wholeness of every person without conditions or limitation.

To affirm the uniqueness of and differences among people, their ideas, values and ethnicities.

To co-create and implement transformative strategies with daring inventiveness. (National League for Nursing, 2017, n.d).

These are furthered by the National Health Service (NHS), which was created out of the ideal that quality healthcare should be available to all regardless of their social position and is based on three core principles, which are:

Healthcare should meet the individual needs of everyone.

Healthcare should be free at the point of delivery.

Healthcare should be based on clinical need, not ability to pay.

These three core principles lead to the seven key principles and six key values which guide the day to day management of the NHS. The values should underpin everything that it does, with individual organisations ensuring that they both develop and build upon these values:

Professionals should work together for service users.

Professionals should ensure that patients, carers, relatives and members of staff are treated with respect and dignity.

Professionals should ensure a commitment to quality of care.

Professionals should treat service users, carers and relatives with compassion.

Professionals should aim to improve the health and wellbeing of service users, communities and other members of staff through innovation, professionalism and excellence in care.

Professionals should ensure that everyone is treated with equal levels of importance and respect. (NHS, 2015, online).

As I am aware that the experience went against some of the key principles and values listed above, my next steps within my own professional practice aim to ensure that these values are at the forefront of my mind and will not be left behind during any future situations which may arise. This is because I am conscious that other negative experiences are bound to happen within my nursing career, however the actions which I choose evidently lead to different pathways; so if I continue to be mindful of my own values and act upon these, then I will be able to ensure that all service users continue to access quality healthcare which meets the needs of everyone involved.

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