**Clinical Issues in Nursing with Reflective Cycle**

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**ID number**:

**Unit code and title**:

**Title of assignment**:

**Name of Unit Coordinator**:

**Due date**: **Extension date**

**Word count**

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# Introduction

The success paradigm we live in leaves little room for our humanity. We are all flawed, we are all finding our way in this complex world; however, there are those among us that seem to be at ease with themselves, get what they want and choose the right path (Beam, O’Brien, & Neal, 2010). We find ourselves asking, "Why them and not me." At this point, it's time to take our power back. We are uniquely made for a purpose. We are the ones who are in charge of how we respond to life and our problems in life, our thoughts and behaviors are in our domain. Responding to problems with reflective practice is a powerful way to solve those problems and enjoy personal and professional life. Reflective process works best when you are sitting in an environment that puts you at ease and has minimal interruptions (Chong, 2009). We love to write down our thoughts in a specific book. This helps to create a reference to come back to in the future and solidify your current thinking.

All clinical issues can be solved by self-reflection. This is because it is a belief that we are all individuals and face situation that causes fear, concern, anger, envy, attachment, and so on. If we realized we were conscious then there would be no problems for us; there would only be problems for the body, but the body is not sentient (Quinn, 1998). There are several clinical issues that nurses may come across, however, in this essay three clinical issues will be conferred upon. Clinical issues in the following sections will be explored, investigated, analyzed and evaluated with the components of a reflective cycle. The components of the reflective cycle are; description, feelings, evaluation, analysis, conclusion, and action plan.

# Short Staffing

Staffing is considered as the most important clinical issue these days that concerns both the professional and personal lives of the nurses. Many organizations would find themselves short-staffed, and the major reason is the retirement of baby boomer nurses. Following their retirement, healthcare organizations would try to work more with a smaller number of nurses to make both ends meet (Spilsbury, Hewitt, Stirk, & Bowman, 2011). However, the importance of patient care is the thing which, if downplayed, can be disastrous for health care organization and nurses. Following the staffing problem, best nurses would do anything it takes for patient care (Bostick, Rantz, Flesner, & Riggs, 2006). If nurses don’t get sufficient assistance then they are bound to come across serious problems.

Following are the consequences that were evaluated from short staffing:

* It will decrease patient satisfaction because if the patient wouldn’t get enough time from the staff, his/her perception of the services will be more negative than positive.
* Team dynamics also get strained if a healthcare organization witness short staffing. There could be a chance that coworkers can grow apart because of short staffing.
* Nursing is a career that is incredibly prone to burnout. In the absence of ample support and resources that are required by nurses, the burnout process will start to precipitate.
* The upsurge inpatient mortality is the most serious problem that arises in the backdrop of short staffing. The risk of medical errors will be increased because of short staffing that is considered as a potential threat to patient's health.

One of the studies published in discovered that short and inadequate staffing can cause hindrance in nurses' effort to perform their duty. It has also been found in the same research that organizations with higher nurse staffing have 25% lower odds of being castigated or fined the Affordable Care Act (Blegen, Goode, Spetz, Vaughn, & Park, 2011). Throughout Massachusetts, a mandate on nurse staffing was approved unanimously by the Health Policy Commission.

Inadequate and short staffing results in greater complications concerning the patients' health. The implications of short staffing for the health and safety of patients are serious because nurses will experience fatigue due to short staffing.

# Long Working Hours

Long working hours is also another issue that nurses come across more often. Long working hours will result in fatigue that could potentially result in errors. There are hardly any nurses that don’t end up coming in to work extra shifts during the week. Not for the money or because they like to work, but because the unit is shorthanded and they feel bad about leaving their unit to struggle, so they work extra.

It is really hard to imagine using a jackhammer for 12,14 hours straight, that would be hard, and we cannot make light of any physical jobs, but nursing is 98% mental (Ilhan, Durukan, Aras, Türkçüoğlu, & Aygün, 2006). Nurses have an enormous number of patients that are their responsibility during their working hours. This means they have to make a plan at the beginning of their shift of how they will make sure that all patients’ medicines are given on time, their meals are correct and their dressings or treatments are carried out. They have to know their entire medical history, allergies, what the plan is, who their doctors are, what procedures are scheduled and the preps for those procedures (Caruso, 2014). They have to be prepared for the random Code Blue that pops up in the middle of their shift and screws your whole organized plan up. They have to be prepared for the patient that may die on their shift and all the things they have to do to get the patient ready for the family. They have to educate every patient all day long about their disease, their surgery, their medicine, their discharge plans.

A study of Health Affairs discovered that longer shifts of hospital nurses result in patient dissatisfaction and nurse’s burnout. The statistics of the study revealed that 80% of nurses in four states of the USA expressed their satisfaction over scheduling practices (Ilhan et al., 2006). However, the study also discovered that patient’s discontent with care increase if the working hours are more than 13 hours. Moreover, the risk of burnout and intent to leave the job is 2.5 times greater in nurses who work for 10 hours or longer, as compared to nurses working shorter shifts.

The burden of working the mercilessly long hours, the crushing workload, and making the endless crisis-driven decisions is made unbearable by the fear of making a mistake that causes harm to those in our care. The guilt of that would be compounded by the fear of professional consequences.

# Nurse-Patient Communication

 Good communication is about being understood. All professions/trades have individual languages which allow fellow professionals/trades to communicate efficiently with each other. This enables efficient communication within those groups but outsiders won't necessarily understand the technical language being used within that group (McCabe, 2004).

 Nurses need to explain to their patients what the plan is, what they're testing for or medications they're giving if nothing else than for patient’s ease. If the doctors, with 30 or so patients, had to look at every single patient every minute of the day? No way of knowing what their vital signs are, or if they've got new symptoms if they’re getting better or worse (Happ et al., 2011). Medicine would be judged on intuition alone. People would be getting lots of medicines they wouldn’t need, and if they get sicker it wouldn’t be picked up until the patient is nearly dead. That's why nurses need to communicate with doctors.

 The best way to get updates about medical information is via patients’ doctors. Most nursing homes do not have a doctor on site for 24/7 but rather they have one who visits at certain times and is available via phone for emergencies that cannot wait until the next visit. It is important that nurses engage with patients. Language can facilitate or hinder that engagement. Whether this is between professions/between non-professionals or any mix of the foregoing the rules are the same. Nurses should always take people to task if they do not make themselves clear. This can be done in a mannerly but direct way.

# Conclusion

Reflective practice helps not only to evaluate and find the clinical issue but also gives a solution to such problems. The three issues discussed in this essay are critical to the health and safety of the patients, and if any of the above-mentioned issues are downplayed the consequence could be worse for patients and organization at large. Short staffing and long working hours are the two issues that complement each other in health care settings. Both issues may lead to serious consequences such as patient's safety, medical errors, nurses' burnout, increase in mortality, and nurses' dissatisfaction with the job. The communication gap between the patients and nurses and doctors or ineffective communication between all the stakeholders in healthcare settings can also serious repercussions. Reflective cycle designed by Gibbs is one of the most effective tools that is widely being used in healthcare settings to cope with such kind of clinical issues. The effectiveness of the reflective cycle hinges upon its components that allow healthcare professionals and nurses to evaluate, analyze and find a solution to such clinical problems.

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