A Reflection on my First Experience of working with Pressure Ulcer Patients in Intensive Care Unit

Introduction

The meaning of reflection has been recognised as ambiguous (Clarà, 2014). Nevertheless, Clarà (2014, p.261) defines it as 'the thinking process engaged in giving coherence to an initially unclear situation'. Often, learners are required to engage in reflection in order to thinking critically about their practice experience (Wain, 2017), checking that they have been working in line with the practice guidelines and if not, what can be done to improve. This current reflection is concerned with my placement experiences as a final year student of BSc in Nursing Practice. I had worked with patients presenting with pressure ulcers at one of the intensive care units (ICU) in London.

Gibbs' (1988) reflective model will be used as a guide to enable me to structure and reflect on these experiences better. Gibbs reflective cycle provides a room for learners to be able to think systematically and to structure their reflection based on different phases of the event being reflected on (Heyer, 2015). This is my main reason for choosing this model. This reflective model has six stages that the learner using the model should cover. These stages will be described below. After describing them, my practice experience will be described and analysed according to the Gibb's guide.

Gibb's Reflective Cycle

Description

Description in Gibbs' (1988) reflective model is where the learner is expected to describe what happened, when it happened, who was present when it happened, what those people did and the outcome of their actions.

Feelings

Feelings is about how the learner felt at the time of the event, including any thoughts that came to their mind, any impacts resulting from emotions, values and beliefs, thoughts about other people's feelings and how the event was perceived afterwards (Gibbs, 1988).

Evaluation

Evaluation in Gibbs' (1988) reflective model focuses on the positives and negatives of the experience, such as what went well or wrong during the practice, what was good or bad about the event, whether my contributions were positive or negative and how the situation was later resolved, if at all.

Analysis

In analysis, the practitioner is required to make sense of the event, applying relevant theories and other literature to enhance understanding of the situation (Gibbs, 1988). The learner should seek to analyse the situation to identify why things went wrong or badly and how the experience compares or contrasts with what is already known in the area based on literature (Gibbs, 1944).

Conclusion

The conclusion of Gibbs' (1988) reflective model is concerned with what has been learnt, what can be done better in the future, if something could have been done differently and the skills needed to do this better in future.

Action Plan

Action plan is where the learner reflects on how he/she can use existing experience and knowledge to improve a similar situation in future should the same or a similar one occurs

again. It is about how to improve skills to be able to do something differently in future (Gibbs, 1988).

My Practice Experience

Description

The event occurred in the ICU in London previously described. On the fateful day, I was meant to assist a highly experienced colleague in the department alongside other hospital staff in repositing patients with pressure ulcers. The practice experience to reflect here occurred with a 79-year-old woman who had a number of medical conditions, which included locomotive system injury and diabetes and had been bedridden for more than five months leading to her developing pressure ulcers on her buttocks.

As there were multiple patients having pressure ulcers in the department and two of them needed to be repositioned almost the same time in line with the two-hourly repositioning frequency practised at the hospital, my colleague asked me to independently reposition one of the patients as she started repositioning the other patient. Each repositioning took between five and eight minutes. As a result, my senior colleague asked me to reposition the second patient as she was about to start the repositioning of the other patient because waiting for about eight minutes to start the repositioning of the second patient would constitute a significant delay to the two-hourly frequency due to her excellent time management.

As a nurse with limited experience, I considered the day of this incident as my first day of witnessing the worst pressure ulcers in a patient. It was too deep and also too wide. The patient had been in constant pain due to the sores adding significant pain to the existing pains caused by the aforementioned medical conditions she had suffered for so long. The patient was seated on a wheelchair with tilting facilities, and I needed to be tilting the seat to around $40^{0.}$ As I

uncovered the area of the pressure ulcers in my attempt to reposition the patient, panic set in gradually due to the very bad condition of the sores. The panic escalated when as soon as I saw the full injury. I immediately became so emotional that instead of continuing with the tilting of the wheelchair, I quickly returned the seat to its original position and rushed to seek support from another colleague in another room. The patient started screaming in pain as soon as I returned the seat to its previous position.

The patient's son in the ward got very angry with me and started yelling at me with words like 'Are you messing with patients here?' and 'What kind of training did you receive?' Although I understood his concerns, I did not reply to him, rather kept rushing to the other room for assistance. My colleague asked me to wait for her for about a minute. I rushed back to the room and stood there starring at the patient. Her son continued to insult me, saying that I considered her mum's wound disgusting and that was why I left her screaming in pain.

Feelings

I felt very ashamed of myself for being unable to demonstrate expertise. The presence of the patient's son and his continuous yelling and insults added to my shame and guilt. I had wished that he could understand that I did not mean to not treat her mum without dignity, rather I left due to the panic. I also felt sorry for the patient because she was already writhing in pain and my action worsened her pain. I felt that I had injured her by doing this although this was not deliberate. I felt that my senior colleague disappointed me by not giving me some kind of warning that the patient's pressure ulcers were so bad knowing that I was new to seeing patients with pressure ulcers.

The shame and guilt affected me so much that I started asking myself if this was the right profession for me and immediately started thinking about changing the profession. However, before I left the ward, I convinced myself that if my senior colleagues and other people I felt

that I could do certain things better than could work as nurses in similar units, then nothing would stop me from doing it even better than them. When I searched for nursing literature on nurses' reactions to some of their worst experiences on my tablet during my lunch time, I came across Kaya et al.'s (2012, p.630) empirical study of 1,002 nursing and midwifery students which found that 'feelings of guilt and shame' were common among these students. In fact, Santos et al. (2007, p.483) discovered that 'most common feelings are panic, despair, fear, guilt and shame, among others' for nurses who have made errors. Getting to know these gave me confidence that I was not alone in these feelings.

Evaluation

While I felt ashamed of myself and started considering quitting nursing before I read the piece of work to understand that many nurses had felt the same, I was still in doubt if I would be able to manage a similar situation another day considering the high level of panic I felt. I started to think that although other nurses had felt the same, their experiences differed and were probably not as serious as mine. Therefore, I did not consider this matter resolved and had continued thinking about another profession that could suit me better. New nurses are encouraged to find experienced mentors in the field who can help them to build confidence (Monti, 2021). Therefore, I chose one from the ICU I was newly posted. Referring to her previous experiences and those of her colleagues, she convinced me that she knew a colleague who behaved worse than me. She also took time to tutor me on how to behave more appropriately in such situation even if I felt panicky.

Analysis

The situation in the ward firstly resulted from my little experience but my senior colleague contributed to it by not telling me what to expect beforehand or even asking me to reposition the other patient whose sores were very little compared to the one she asked me to deal with. I

felt that I should not have discontinued the repositioning after I had already commenced. I also felt that I demonstrated disrespect by ignoring the patient's son. Disrespect is undesirable in the healthcare environment because it has a lot of negative outcomes, including 'making patients less likely to ask questions or provide important information' (Grissinger, 2017). My failure to apologise goes against the recommendation that nurses should apologise sincerely and promptly for any errors, using appropriate tone and language (Armstrong, 2009). Although there is concern that this may bring about litigation as such apology is evidence of wrongdoing (Armstrong, 2009), my failure to apologise was not connected to fear of litigation but confusion resulting from my panicky mood.

Eventually, I apologised to the patient later. It is not uncommon for nurses to offend their patients or their family members, inadvertently (Black, 2020). Thus, while I apologised, I chose not to explain to her that I was ill-prepared for her kind of very bad sores as I felt that she might feel offended if I had said this. Although new nurses easily live in fear of making errors (Cathala & Moorley, 2020), I felt that my own error might have been prevented if I had researched on pressure ulcers to know what to expect and to be prepared for the worst. Since nurses work in a variety of settings, nursing research is encouraged for continuing advancements (Tingen et al., 2009). On realising this, I felt that I needed to research on pressure ulcers having been informed that I would work with patients presenting with this problem.

Conclusion

The embarrassment I caused to myself and the pain I caused to the patient, including the disappointment felt by her son are all evidence to myself that I was not well equipped to handle certain kinds of situations. I have already learnt my lesson and have already started arrangements on how to prevent future situations not only to myself but to other nurses too. I will describe these arrangements under the next subheading. The incident has taught me the

importance of researching around any particular condition beforehand, including speaking to experienced nurses who work or have worked in the field in order to equip myself better for the job.

Action Plan

I will build confidence necessary to reduce panic when confronted with an unfamiliar situation. Although my error was as a result of uncontrollable emotions, the situation could have been controlled if I had equipped myself adequately. I had already spoken to different colleagues who advised me to always do a thorough research and possibly think of what the worst-case scenario in the area could look like and how to respond to it to prevent a similar problem in the future. As part of my decision to save other new nurses from such embarrassment and pain to patients, I am planning to establish an online group with the aim of enlightening other nurses on the importance of researching thoroughly on any particular condition before working with the patients the first time. This is important not only to empower the nurses and to save them from embarrassment but also to uphold patients' dignity as I feel that my action was not dignifying to the patient.

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