

This reflective essay aims to explore a critical incident that occurred during my first day of practicum in the community setting as a student nurse through Gibb's reflective cycle (Gibbs, 1988, as cited in Anthony & Sarah, 1994) to evaluate the critical incident that I encountered. The critical incident involved a 50-year-old client who had recently been diagnosed with diabetes and hypertension and was experiencing extreme anxiety about her future. Despite my efforts to provide reassurance, I realized that I lacked the application of necessary nursing intervention to effectively address her emotional distress. This incident served as a catalyst for me to recognize the importance of applying relevant models in patient care and understanding its importance on clients' overall well-being. I will start by describing the critical incident and expressing my emotions and thoughts about it. Then, I will evaluate the nursing intervention for addressing the patient's mental needs as a student nurse.

During my first home visit in Ping Shek Estate, I encountered a distraught client who had just received a distressing diagnosis of diabetes and hypertension last week. This client's emotional state was deeply affected by the doctor's diagnosis, and she expressed a mixture of overwhelming concern and paralyzing fear about her uncertain later life. She vulnerably shared her mother's harrowing experience with the same conditions, which further exacerbated her already heightened worries. She described the pained expression on her mother's face at the moment of her mother's passing as a sharp

knife etching into her heart, a memory she cannot forget. At that moment, as a compassionate student nurse, I keenly recognized the utmost importance of addressing her profound anxiety and offering genuine reassurance. I did my best to explain to her that by complying with medical adherence, she could effectively navigate and manage her challenging situation. Unfortunately, despite my genuine attempts to establish a proper understanding of diabetes and hypertension, using nonverbal cues and a friendly demeanor, as well as showing empathy towards her concerns and trying to offer reassurance, the client still experienced significant anxiety. She further explained that her anxiety stemmed from the images she saw on the internet showing the possible complications of diabetes. It became glaringly evident that her emotional well-being urgently required additional attention and support. However, I felt a sense of regret and helplessness as I could only reassure patients by explaining that the extreme cases of diabetes found on the internet are not representative of every case with basic life science knowledge, and repeatedly emphasized that complications like those would not occur with proper medical adherence, without using proper nursing intervention models. The reason for this is because I've observed that my client seems to be disappointed based on their facial expression. At that time, I realized I have no choice to reassure my client and reached out to my supervisor for assistance in addressing the patient's mental needs. My supervisor then utilize structured intervention models for reassurance, including

Health Belief Models (1950, as cited in Victoria & Celette, 2008) and Ottawa Charter (World Health Organization [WHO], 1986), and we noticed that the client appeared to have a relatively relaxed facial expression, and concluded the home visit.

Upon reflection, I realized that the experience of this critical incident had both positive and negative aspects. On the positive side, I was able to demonstrate basic empathy towards the client by using basic comforting techniques and reassuring her about the controllability of her condition through nonverbal cues and a friendly demeanor. However, as a student nurse, I believe that it is important for me to seriously consider the negative aspects to improve my abilities. I acknowledge that my inability to address the client's emotional distress stemmed from my limited application of the models. In addition, I was unable to completely calm the client and alleviate her anxiety by over relied on basic comforting techniques and general knowledge, which might not have been sufficient in this specific situation.

I could have better prepared myself by familiarizing myself with professional nursing techniques for handling emotional distress. At beginning of the conversation, I could have applied Kübler-Ross's stages of grief (Elisabeth & David, 2005) to determine client's stage, which would have helped in understanding the patient's situation. While "Kübler-Ross's stages of grief" (Elisabeth & David, 2005) have faced

criticism for inconsistencies between stages (Robert & Christopher, 2018), the formalized descriptions of each stage can still provide insightful guidance for nursing interventions, and thus it allows nurses to address distinctive signs of grief effectively (Julianne & Patricia, 2018). I could have recognized the client is currently going through "depression" stage and identified individuals dealing with depression may experience a lack of motivation, energy, and hope in this stage (Julianne & Patricia, 2018). Afterwards, I could have considered using the Health Belief Models (1950, as cited in Victoria & Celette, 2008) as a framework to evaluate client's perception of the seriousness of the illness, the pros and cons of preventive measures, and the barriers to taking preventive actions, so that I could gain a relatively deeper insight into the underlying causes of the client's depression (Ayse et al., 2020), when combined with information gathered from Kübler-Ross's stages of grief (Elisabeth & David, 2005). Since then, I could have provided personalized reassurance to my client through the utilization of 3 health promotion strategies from Ottawa Charter (WHO, 1986) by addressing the issues gathered from Health Belief Models (1950, as cited in Victoria & Celette, 2008) and Kübler-Ross's stages of grief (Elisabeth & David, 2005). For example, I could have recommended the available health related resources, including Health Community Center, available Health Promotion activity, within client's community to

empower the clients, so that the client could have positive attitude toward the chronic illness (Lee et al., 2009; WHO, 1986).

In summary, during the critical incident, I became aware of my limitations in applying nursing intervention in addressing the client's anxiety. As a result, I realized the importance of applying relevant nursing intervention models, such as Kübler-Ross's stages of grief (Elisabeth & David, 2005), Health Belief Models (1950, as cited in Victoria & Celette, 2008) and Ottawa Charter (WHO, 1986), to provide holistic care in similar critical incidents. In the future, I will continue to explore different nursing intervention models with my supervisor, as well as, researching the health resources available to my client prior to the visit, so that I can offer practical recommendations to my client in the community. Ultimately, this incident has reinforced my commitment to continuously improve my skills and knowledge to deliver comprehensive care to patients as a future register nurse.

(Word Count: 1015)

REFERENCES

- Cal, A., Bahar, Z., & Gorken, I. (2020). Effects of Health Belief Model based nursing interventions offered at home visits on lymphedema prevention in women with breast cancer: a randomised controlled trial. *Journal of Clinical Nursing*, 29(13-14), 2521-2534.
- Champion, V. L., & Skinner, C. S. (2008). The health belief model. *Health behavior and health education: Theory, research, and practice*, 4, 45-65.
- Kastenbaum, R., & Moreman, C. (2018). *Death, society, and human experience*. Routledge.
- Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. Simon and Schuster.
- Lee, C. Y., Kim, H. S., Ahn, Y. H., Ko, I. S., & Cho, Y. H. (2009). Development of a community health promotion center based on the World Health Organization's Ottawa Charter health promotion strategies. *Japan Journal of Nursing Science*, 6(2), 83-90.
- Oates, J. R., & Maani-Fogelman, P. A. (2018). Nursing grief and loss.
- Palmer, A. M., & Burns, S. (1994). Reflective practice in nursing: The growth of the professional practitioner.
- World Health Organization. (1986). Ottawa charter for health promotion, 1986.