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CAES9721 – Reflective Essay – Group 1J

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 (1988) 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 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 to ensure clients' overall well-being. I will start by describing the critical incident and expressing my 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 diagnosis of diabetes and hypertension last week. This client's emotional state was deeply affected by the distressing 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 worries. She described the pained expression on her mother's face when 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 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. 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 is that I observed that my client seemed to be disappointed based on their facial expression. At that time, I realized I had no choice reassure my client and reached out to my supervisor for assistance in addressing the patient's mental needs. My supervisor then utilized structured intervention models for reassurance, including Health Belief Models and Ottawa Charter, and then we observed that the client appeared to have a relaxed shoulders and responded in a neutral tone. After allowing the patient

to settle down, we have concluded the home visit (World Health Organization [WHO], 1986; 1950, as cited in Champion & Skinner, 2008).

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 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 acknowledge that my inability to address the client's emotional distress stemmed from my limited application of the models.

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 to determine client's stage, which would have helped in understanding the patient's situation (Kübler-Ross & Kessler, 2005). While "Kübler-Ross’s stages of grief" have faced criticism for inconsistencies between stages, 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 (Kastenbaum & Moreman, 2018; Oates & Maani-Fogelman, 2018). I could have recognized the client was currently going through "depression" stage and identified individuals dealing with depression may experience a lack of motivation,

energy, and hope in this stage (Oates & Maani-Fogelman, 2018). Afterwards, I could have considered using the Health Belief Models 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, when combined with information gathered from Kübler-Ross's stages of grief (1950, as cited in Champion & Skinner, 2008; Cal et al., 2020 ;Kübler-Ross & Kessler, 2005). Since then, I could have provided personalized reassurance to my client through the utilization of 3 health promotion strategies from Ottawa Charter by addressing the issues gathered from Health Belief Models and Kübler-Ross's stages of grief (WHO, 1986; 1950, as cited in Champion & Skinner, 2008; Kübler-Ross & Kessler, 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, Health Belief Models and Ottawa Charter, to provide holistic care in

similar critical incidents (Kübler-Ross & Kessler, 2005; 1950, as cited in Champion & Skinner, 2008; WHO, 1986). In the future, I am going to engage in volunteer work at Community Center to practice nursing intervention models for the needs. Besides, I will continue to explore different nursing intervention models with my supervisor, as well as research the health resources, such as health education events held by Department of Health and nursing care services from The Hong Kong Jockey Club, available to my client prior to the visit, so that I can offer practical recommendations of health resources 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.

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