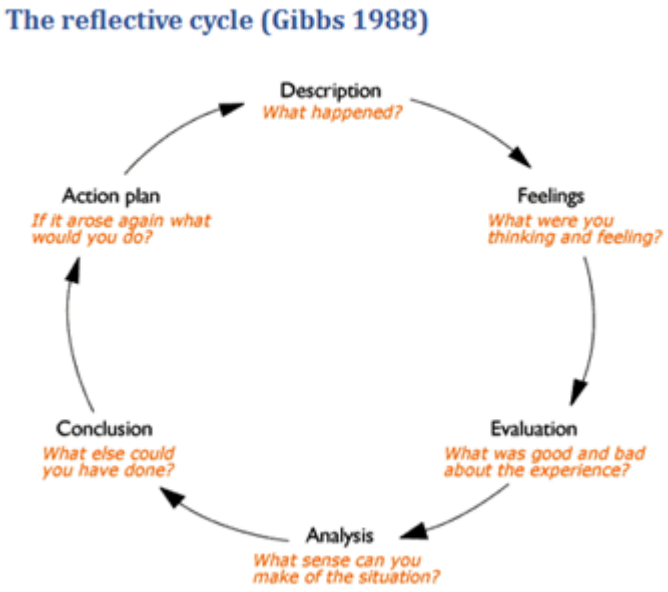
1.0 Introduction

The following piece takes the form of a reflective analysis of personal development, using the Gibbs' (1988) Reflective Cycle as a model. The Gibbs' cycle can be represented as is shown in figure 1. The 'Reflective Cycle' part of this piece follows the headings as they are represented in figure 1. This is followed by a section entitled 'Overall Conclusion'. The focus of this reflexive piece is a student nurse overcoming the fear of administering intramuscular (IM) injections with the help of a mentor.

This report mentions three individuals: a student mental health nurse, a mentor, and – very briefly – a patient. For the purposes of upholding patient confidentiality in line with the MNC code of conduct (NMC, 2008), the name of the patient is omitted. In order to protect privacy, also omitted is the name of the mentor.



2.0 The Reflective Cycle

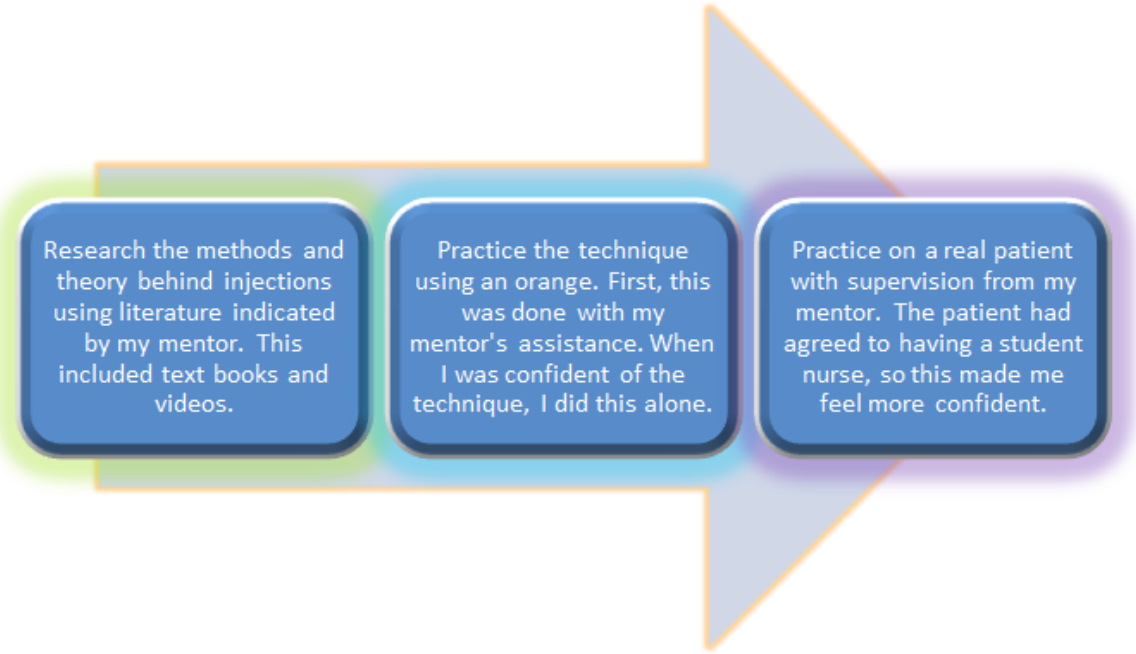
2.1 Description

Injections have always been something that I have been nervous about, but I had pushed the fear to the back of my mind. In particular, I had fears about administering the injection in the wrong place, of hurting the patient, and of dealing with a patient who had a fear of needles or who was otherwise distressed. Even though I knew that I would have to address these concerns eventually, I had preferred to focus on building up my confidence in other areas of nursing. To that end, I had turned down every opportunity that had been presented to me to administer an IM injection. This did not go unnoticed, and my personal mentor eventually raised the issue with me. Resultantly, the mentor and I constructed a plan that would enable me to reach the stage where I would be able to administer depot injections with confidence and without fear.

According to Hargie (2010), overcoming fear can be aided by knowledge. Therefore, the first part of the plan involved improving my knowledge of the entire process, including learning about how depot injections work, and how to prepare and administer the medication. This was done at first with text book examples, but I quickly moved on to practicing preparing the medication myself, and using an orange as a sample ‘patient’. This built my confidence to the point where I was able to administer the depot medication to a genuine patient, who had been selected by my mentor and who had said that they were happy with being the first patient that a student nurse had given a depot injection to. This IM injection was supervised by my mentor, who then gave me one-to-one feedback. I was then given time to reflect

upon my feelings, and to discuss these with my mentor. This process is shown in figure 2.

Figure 2: the action plan used to target my professional development



2.2 Feelings

Even before I became a nurse I had been dreading the day that I would have to give a patient an IM injection. This made me feel anxious both physically and emotionally. I was relieved that opportunities to administer an IM were comparatively rare, and that over time I had successfully managed to avoid such a situation. As I became more confident in other areas of my professional experience, this fear about administering an IM became more problematic, because I was worried that it would be noticed by another health professional or by the patient. I have always learned that patients need their nurses to display professional competence in all areas of their care, so having a nurse who was unable to perform a basic nursing task would undoubtedly lead to patients losing their trust in me as a nurse.

This fear of administering depot injections was something that caused me considerable embarrassment. In other areas of nursing I had been able to overcome some of my fears relatively quickly, but this particular fear had simply not gone away. I was very relieved when my mentor gave me a big smile and told me an anecdote about her own experience as a trainee nurse. She also put me at ease by saying that if there was a student nurse who did not have some fear about administering their first injection, she had yet to meet them. This made me realise that my feelings were relatively normal, and that it was by not addressing them that I had made them more problematic .

2.3 Evaluation

The Johari Window (Luft, 1969) is a widely used heuristic cognitive psychology tool (figure 3). When the different stages of this problem are put into the Window, it is possible to provide an explanation for what was happening. It is clear that I had some initial self-awareness about this particular anxiety, but that others did not. As time progressed, my awareness grew, and so it became a façade situation. This meant that I could not start to make progress in addressing the issues. As soon as my mentor became aware of my fear, the problem moved into the public arena, and it was at this point that I was able to increase my awareness of the issues and in so doing begin to tackle them. Figure 3 shows my path through the Johari Window.

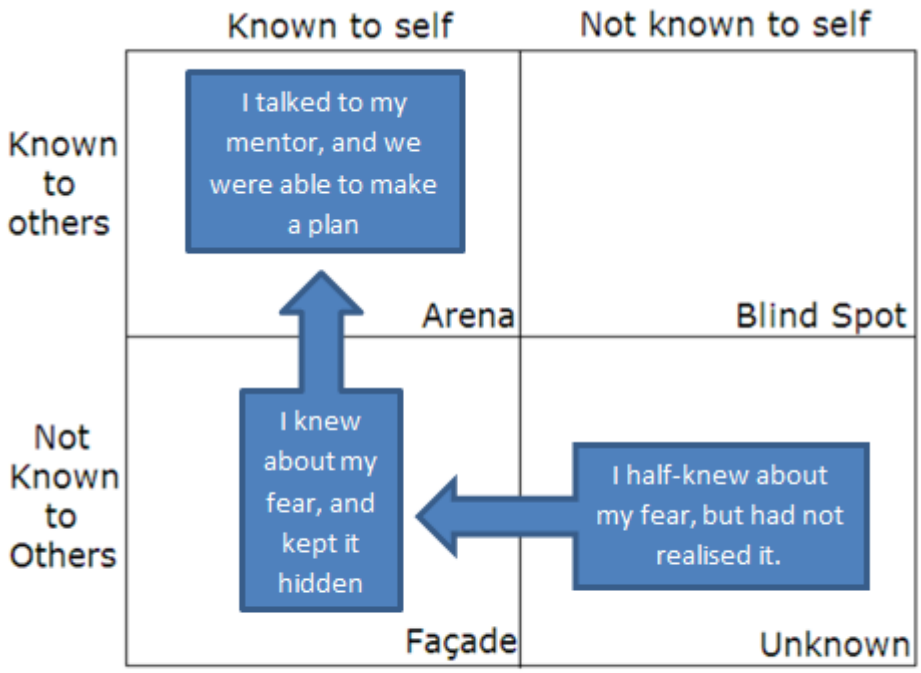


Figure 3: my progression as articulated in a Johari Window

This is a process of self-awareness (Freshwater, 2002). In current theory, self-awareness is a situation wherein we critically evaluate our behaviour in comparison to known standards and values (Shrives, 2008). In this way, we become objective evaluators of our behaviour and feelings. According to Rungapadiachy (1999), this objective process of self-realisation has three interconnected categories: cognitive, affective, and behavioural. Put simply, that means what a person thinks, feels, and does. In order to change what a person does, they may need to make affective and cognitive changes. In order to change how a person feels, they may have to make behavioural and cognitive changes. This is one of the cornerstones of cognitive behavioural psychology (CBP) (Shrives, 2008). In my case, once I became aware of feelings I was able to begin to change my behaviour and thoughts with regards to administering depot injections.

In nursing, self-awareness is recognised as being crucial to developing best practice (Rungapadiachy, 1999; Freshwater, 2002; Shrives, 2008). This does not just relate to fears about practical aspects of the job. Other areas that are commonly invisible until self-awareness methods are employed include hidden biases concerning ethnicity and religion within patient groups, and strong feelings about different types of patient groups (Shrives, 2008). Once a nurse becomes aware of issues that may hinder working practice, facilities such as mentors, training programmes, supervision and support can then be turned to (Freshwater, 2002; Shrives, 2008; DoH, 2001).

2.4 Analysis

A major player in the outcome of this incident was the mentor. According to the Department of Health (DoH) (2001), a mentor is someone who is qualified in the necessary field to be able to help students to get the most out of their learning process. Mentors also supervise and assess student nurses. In nursing, mentoring is a key way of ensuring that practical information is learned thoroughly, and that the anxiety of student nurses is reduced (Grossman, 2007). Students will benefit when mentors provide valid or therapeutic interventions, and when there is a good working rapport between the student and mentor.

According to Grossman (2007) *intervention* is the term used to refer to the action that a mentor takes in order to change the cognitive, affective, or behavioural practice of an individual. According to Heron (1990), there are two generalised types of intervention: authoritative and facilitative. Authoritative interventions are ones wherein the mentor takes control and directs the actions of the person being mentored (Heron, 1990; Grossman, 2007). This might include giving explicit

instructions, or giving a demonstration that needs to be followed. In these cases, the mentor is the active agent and the trainee is passively involved. Facilitative interventions are the reverse of this, with the overall aim being for the student to take individual responsibility for their actions (Heron, 1990; Grossman, 2007). This is often done by a combination of the mentor providing the student with a combination of informative and supportive interventions.

Informative intervention is the provision of adequate material to enable the trainee to become knowledgeable about a subject (Heron, 1990; Grossman, 2007). This might include text books, journal articles, websites, and information about training days. Supportive information is more abstract, and is generally defined as being something that brings validation or encouragement to the individual. This tends to be quite personal, and therefore may involve techniques such as self-disclosure. Self-disclosure is when the mentor shares a personal anecdote or experience in order to reassure, encourage, or find a point of comparison with the student (Grossman, 2007). During this process, personal feelings and experiences are shared so that empathy and non-judgmental attitude can be conveyed. The main benefit of this approach is that it has a normalising effect on the feelings of the trainee, which then helps them reach a situation wherein they can address their fear without embarrassment. According to Shrives (2008), embarrassment is one of the major barriers to effective development.

This type of intervention is reliant upon numerous variables that can be unpredictable. Not all students feel comfortable with self-disclosure, and not all mentors are skilled in selecting the right information to disclose. Communication is a vital element in both authoritative and facilitative intervention, but facilitative intervention requires specific skills in listening, reasoning, and empathy.

Mental Health Nursing Assignment Sample

Communication is one of the key skills of nursing (Hargie, 2010), and is something that every nurse is encouraged to develop constantly. However, although *communication* is a single word, it has a lot of different elements. These include listening, hearing, observing, remembering, speaking, body language (including verbal and non-verbal cues), and understanding (Hargie, 2010). Put simply, this means focusing very carefully on the other person. Therefore, even something as simple as a discussion between a mentor and a student requires a large amount of skill.

Throughout this piece of work, reference has been made to the concept of 'empathy'. The Oxford English Dictionary (OED) defines it as being 'the ability to understand and share the feelings of another', but researchers recognise that this is rarely a straightforward process. According to Kunyk and Olson (2001), there are five main ways in which empathy can be conceptualised, which can be measured on the Empathy Scale (Barker, 2003). This scale brings together the opinions of many different respondents in order to try to define empathy by behaviour. Among the most important features are tone of voice and giving quick assistance.

The authoritative intervention of clinical supervision is widely used in nursing (Grossman, 2007). This has the direct benefit of enabling a trained professional to observe the actions of a trainee, and to direct them towards improvement where required. The one-to-one mentoring session then provides a chance for critical reflection and follow-up discussion and distribution of informative material. In the ideal scenario, authoritative and facilitative mentoring processes are used in tandem (Grossman, 2007).

2.5 Conclusion

Having undertaken this process, I feel considerable relief and satisfaction that I have overcome my fear of administering an IM injection. Furthermore, the process of critical self-reflection has enabled me to recognise the full value of the mentoring process. Had I spoken to my mentor earlier, I could have shortened my learning curve considerably, and would have eliminated the façade phase of my self-awareness development.

Recognising areas for improvement is a positive rather than a negative realisation. All people make mistakes, and there are many situations that people wish that they had approached differently. However, it is by critical reflection and retrospective analysis that the most effective learning occurs. This is greatly enabled with the aid of a sympathetic mentor, who can bolster the physical and emotional knowledge acquisition of a student.

Action Plan

As is mentioned above, a personalised action plan was developed. This used the SMART model, which is shown in figure 4 below. My personalised plan is attached as Appendix A.

Criteria	Description Questions
Specific	Is there a description of a precise behavior and the situation it will be performed in? Is it concrete, detailed, focused and defined?
Measurable	Can the performance of the objective be observed and measured?
Achievable	With a reasonable amount of effort and application can the objective be achieved? Are you attempting too much?
Relevant	Is the objective important or worthwhile to the learner or stakeholder? Is it possible to achieve this objective?
Time-bound	Is there a time limit, rate number, percentage or frequency clearly stated? When will this objective be accomplished?

Figure 4: the SMART plan

3.0 Overall Conclusion

The aim of this piece of work was to employ reflective thinking methods to a real-life scenario in order to provide a useful learning text. In particular, this real-life scenario was one in which a mentor and various accepted reflexive tools were used to overcome a career barrier.

Overall, it can be seen that the mentor was highly instrumental in enabling me to progress beyond the situation that I was in. After this, illustrative tools and an action plan were combined with supportive intervention were used in order to provide me with the support I needed to overcome my fear. The end result was highly positive: after performing only two or three supervised IM injections, I felt confident in performing the procedure alone. Moreover, I learned the importance and value of talking to my mentor and using her as a primary resource for tackling issues.

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Appendix A: Personal Action Plan

The following action plans are based on the SMART format:

S = Specific

M = Measurable

A = Attainable

R = Realistic

T = Time-Based

In the following diagrams, ‘goal’ equates to ‘specific’


M: Write a 500 word reflexive piece using the Gibbs' (1983) reflexive cycle
A: When I am very busy, I may reduce the number of entries. If I am less busy, I may increase them.
R: This goal relies on me, so it is realistic
T: Four weeks initialy, and I will discuss this with my mentor after our next meeting
Goal: Write in a Reflexive Journal once per Week


M: I will aim for one injection per week as a minimum, and will not turn down any oppotunities.
Goal: To Continue to Develop my IM administration skills
A: I will know that this goal has been achieved when I no longer feel the need to be supervised
R: I may give more or less injections depending upon patient requirements. Patients can be substituted for an orange if necessary
T: I will be able to know that I have achieved this after several successful injections. I will also review my progress at the end of the course.