

Reflective Essay on the Importance of Safe and Effective Person-centred Care for a Patient with Prenatal Depression

1. Introduction

1.1. Description of the Patient

The current essay is a self-reflection on my experience as a student nurse working with a patient Ms. S, aged 26. The name is kept confidential keeping in mind the NMC code of conduct to respect people's privacy and confidentiality (Nursing and Midwifery Council, 2015). This reflection focuses on the importance of safe and effective person-centred care while taking care of patients with any health condition, specifically in this case of an expectant mother who was also diagnosed with prenatal depression. Ms.S was a premature baby herself and there was still a discussion with her parents if she had a mild brain injury as a result of the pre-term birth. She also presented a history of personality disorder in her early adulthood stages for which she had undergone therapies. Her parents were not very healthy and they also had a history of addiction but still, they were her support system. Her husband works in the army and is away from her for quite some time. Through this reflection, I was able to figure out ways in which her prenatal depression could be handled, at the same time, making adjustments in her overall personality, also focusing on the hormonal changes because of pregnancy. Ms. S got admitted to the hospital with increased blood pressure and insomnia. After some basic medications, we were left alone so that I could have a conversation with her.

1.2. Importance of Reflection for Student Nurses

This reflection has helped me in recognising my own strengths, and weaknesses, and also helped in the acquisition of more knowledge. I could develop

my learning skills and felt motivated after knowing I am on the right path of providing care to the patients. Even if, there was any improvement required, this reflection guided me in finding which aspect of care needs to be focused more upon. Hence, reflection is highly recommended and effective among nursing practitioners for skill development and for progression in their profession (Koshy et al., 2017).

1.3. Description of the Reflective Model

A reflection helps in understanding oneself, which includes one's feelings, thoughts, behaviours and values. It requires the person to look back at their actions and to understand why it had happened, and what could have been done differently. The General Medical insists that doctors and the medical health sector professionals to engage in periodic reflection of their practice so that their skills could be developed and the quality of patient care can be improved. They also stress upon the importance of reflection to be able to develop insights about themselves (General Medical Council, 2021).

In this essay, I have adopted Gibb's Model of reflection to reflect upon my feelings and experience with Ms.S. Gibb's reflective cycle was improved by Graham Gibbs in 1988. It gives a clear structure to learning through experiences. Also, this model emphasises on past experiences, present feelings and the future action plans required (The University of Edinburgh, 2020). Hence, this model is widely preferred among other models in the health sector for reflection.

2. Main Body

2.1. Description of the condition

Prenatal depression occurs during the course of pregnancy, the prevalence of which ranges from 5% to above 25% of expecting mothers (Śliwerski et al., 2020).

There are various consequences of prenatal depression that not only affect the mother but also affects the birth and development of the child (Truijens et al., 2017). The occurrence of prenatal depression can also be a risk factor for post-partum depression which can lead to delays in cognitive and emotional development. This condition also leads to behavioural issues during childhood (Wilcox et al., 2020). In another study, it was found that there was a significant association between trauma and abnormality in the later stages of life. The findings from that study suggested that women who have survived any abuse in their early years of life will have a low risk for prenatal depression when they seek therapy to overcome the effects of abuse (Shamblaw et al., 2018)

2.2. Reflection of the feelings experienced

At the beginning of the interaction with Ms. S, I felt very apprehensive because she was a person who doesn't get along with anyone who tries to help her. The experiences she had as a child had made her to keep things to herself and not to trust anyone. Her history of personality disorder seemed to have an effect on her perceptions about pregnancy and childbirth. In a study that investigated the mental health of expectant mothers, it was found that the women felt they were being judged to be unfit mothers, they were struggling to meet their needs. The study suggested finding ways to help the mothers and provide them with the best support to overcome the consequences of the personality disorder (Zacharia et al., 2020). This knowledge about her mental health made me extra vigilant to monitor her feelings as well as my feelings during the interaction with her. With more time and energy spent with her, she was able to develop trust in me and open up about her inner feelings. As I reflect upon my feelings now, I am able to understand that I have done my best

to make her feel at ease and I have provided the utmost safe space for her to be herself.

2.3. Evaluation of the Experience

If I had to evaluate my overall experience with Ms. S, I would say I have experienced both positive and negative feelings. To begin with the positive learning experience, I would say I have learnt the art of patience which is very essential to anyone, especially for nurses. Research suggests that anxiety and depression are very common mental health problems experienced by expectant mothers during their pregnancy journey, and some of them might be experiencing both (National Institute for Health and Care Excellence, 2014). This knowledge about the condition had got me well-prepared to deal with Ms.S who had prenatal depression. I tried putting her mental health on top of the priority list to be dealt with. Initially, Ms.S was not very cooperative but as I continued giving her reassurance and expressed a non-judgmental understanding of her experience, she started developing trust in me. Person-centred care is very helpful while dealing with hesitant patients and this method helps in the patients be themselves and express their true feelings. Research suggests that effective communication between the patients and the nurses and other healthcare providers is very important in the recovery aspect of the patient. The patients in a particular study have expressed that they felt happy and comfortable when the nurses treated them with empathy, respect and warmth (Madula et al., 2018). One of the negative feelings that I had experienced with Ms.S was the low confidence level that I had in the initial session. I found it hard to understand her mood and affect. As I reflect upon the overall experience, I feel I could have done much better by being more assertive and confident.

2.4. Analysing the resources available to deal with the patient

While analysing my experience with Ms. S, I came across a number of research studies that focused on person-centred care while dealing with patients in healthcare units. Communication played a key role in all of the research studies, and person-centred care involves different types of conversations. They can be problem-identifying conversation, guiding or instructional conversation, or caring conversation or it can even be a therapeutic conversation (Öhlén and Friberg, 2023). In my experience with Ms. S, I was communicating with her only in the caring aspect. I chose to be extremely caring for her needs as she felt left alone and depressed most of the time. And she wasn't taking care of her or her baby, so I had to step in to provide the utmost care. The most essential resource I had to deal with her was a caring attitude. Compassion and Empathy were other aspects of care that were highly helpful. This aspect involved assessing her needs, and desires and also involved informing her about the medical procedures (Durkin, Usher and Jackson, 2019). This made her feel informed and being attended to. According to my self-analysis of the experience, I have used my resources of being present for the patient, non-judgmental understanding, empathy, compassion, and effective communication strategy to provide patient-centred care.

2.5. Concluding the reflection with ideas that could have made the situation different

To conclude my experience with Ms. S, I realised that I could have focused on her pass time activities. I was very much involved in making her open up about her experiences, but I missed giving her suggestions about ways to keep her occupied after discharge. Most of her problems were because of being alone and idle,

suggestions on keeping her involved in some work would have helped her in recovery. In a study conducted among pregnant women, they were instructed to be involved in any leisure activity. The results of the study showed that the women felt very relaxed and had a sense of freedom and achievement by overcoming challenges and skill acquisition. The results also showed that there was an increase in the release of dopamine that in turn, reduced the symptoms of depression. Thus, it is understood that prenatal depression not only requires physical management but also cultivating leisure activities to handle the situation (Zhao et al., 2022). In the case of Ms. S, if I had suggested her these ideas, she might have felt better and more empowered. But I am sure I will be applying this in my future experiences with my patients.

2.6. Skills necessary to be acquired in the future prospects and the Action Plan

From the experience with Ms. S, I have realised I need to improve myself as a nursing professional in many aspects. I am proud that I have effective communicative skills and I am more inclined towards person-centred care. There are other aspects of care I need to work on that including the emotional management of myself, and being more observant about the non-verbal cues of the patient. So the next time, if I get to work with a patient with depression or with a personality disorder, I will be equipped with the skills needed to work along with them. In a study by Yilmaz Kusakli and Husmenoglu (2021), it was suggested that the emotional awareness of the nurses has to be increased through training by senior officials. The training should include patient communication, management of emotions, and promoting patient care. This study makes me realise that the duty of nurses is not only to take care of the patients but also to take care of their own emotions. Also, non-verbal communication is an integral part of treatment, as it promotes the

outcomes of quality patient care like self-disclosure by the patient, their engagement with the healthcare team, and purposeful rapport thereby enhancing physical and cognitive functions (James et al., 2020). My action plan for future encounters with my patients will focus on increasing my observation capacity to understand their unsaid stories too.

3. Conclusion

From the reflective essay, I was able to explore in-depth about my strengths, weaknesses, and the areas I need to improve in terms of patient care. The Gibbs model of reflection helped me understand my feelings about the experience, evaluating the pros and cons of the care provided, and the aspects that need to be learned and unlearned regarding care. I was able to reflect on my ways of communication with the patient, my ability to learn new things and how effective was my care for the patient. This reflection has guided me through the responsibilities of a student nurse, the importance of observation of non-verbal cues and the effectiveness of person-centred care. I believe I would apply all the learnings in my future practice to bring about a positive change in the patients' lives. This essay also has given me insight into my strengths and capabilities that I would enhance in the future to gain a sense of accomplishment.

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