

# **Reflective Essay on the Impact of Effective Communication Skills and Venepuncture**

## **Skills on older adults**

### **Introduction**

The current essay is a self-reflection on my experience as a nursing associate with older adults during the process of venepuncture. This reflection focuses on the importance of an effective communication strategy and proficiency in venepuncture skills when handling adults of older age. The essay takes into account the efficiency of a skilled nurse in communicating with older adults and using appropriate methods to draw blood from them for testing and analysis. Being a nursing associate in the geriatric unit of the care home, I have reflected upon my experiences with elderly patients. Geriatrics deals with providing care for elderly people concerning all biological, psychological and socio-cultural difficulties. One of my major roles was to perform venepuncture procedures for them to aid in diagnostics and management. By the end of this practice, I could realise where I stand as a practising nurse, what other skills I need to learn, and my level of confidence.

### **Description of the Reflective Model**

The Driscoll model of reflection is used to reflect upon the experiences with the patient. The model was formulated by John Driscoll in the year 1994 and was redefined in 2007. This model is based on three essential questions of reflection; what, so what and now what. In the 'what' phase, the description of the client and the case will be discussed, in the 'so what' phase, the insights and learning outcomes from the experience will be described, and in the final phase, 'now what', the action plan required to make any changes based on the reflection will be looked upon. The final phase of reflection relies upon the first two phases of analysis and understanding (Driscoll, 2007).

The rationale behind using the Driscoll model of reflection is that it helps the practitioner to initially describe the event, then helps in analysing the event, and finally think of ways in which the reflection could be helpful for future practice. For me, while reflecting on my experience, the first step in the model helped me to objectively describe the experience without being critical about any event. In the second step, I was able to search for patterns that were significant in the experience, I was able to think of my strengths and limitations. In the third step, I was able to transfer the reflection into an action plan so that I could apply the learning in future experiences and modify the patterns of behaviour. Thus, a reflection of experience helps in the transfer of knowledge and application of the knowledge in the future.

### **Description of the Patient**

Patient J (male, aged 70) was admitted to the care unit with complaints of high blood sugar, reduced renal function and an unhealed wound on his right foot. He has admitted to the emergency care department as his sugar levels were very high (Random sugar- 296 mg/dL) and his creatinine level was 3 mg/dL. Initial care was given to reduce his sugar levels, he has prescribed insulin of high dosage and he was administered diuretics to reduce his creatinine levels. The next day he was transferred to the elderly care unit, and I was appointed to take care of him. Mr J was not very upset or anxious about his condition, as he was fully informed about the procedure at the hospital. I discussed with him the history of diabetes and the history of the wound on his right foot. His wound was assessed and dressed as per hospital policy. I was instructed to monitor his sugar levels, blood pressure and creatinine levels regularly. He was advised to be in hospital for at least a week so that his renal complaints also could be assessed.

## **Reflection based on the experience with the patient ('What' aspect of Driscoll's Model)**

In my experience with Mr J, while performing the procedure of venepuncture, I believe I used my skills efficiently. The skills I put to use include assessing if the patient has any evidence of fistulas, localized infection, or any other formation of oedema before withdrawing blood from the patient's vein. In the process, I understood that every single act of medical assistance has a psychological impact on the patients. Mr J, though has undergone medical tests and even has a history of appendicitis procedure, still had apprehensions about the venepuncture procedure. He wanted reassurance from the staff that, the procedure won't be painful. As a nursing associate, it was a simple procedure for me, but from the patient's perspective, it is also important to provide safe and quality care. This is included in the six platforms among the standards of proficiency for registered nurses (Nursing and Midwifery Council, 2018). This is where I felt I should be applying the skills called empathy and non-judgmental understanding. I explained why I am withdrawing blood from his body, and how long the procedure take, and I also got consent from him before inserting the needle. In the case of the glucose tolerance test in fasting hours, I made sure Mr J is on an empty stomach and is eligible to get tested. Once, it is made sure, I asked him to place his hands over the pillow so that the veins are visible enough. While securing the tourniquet around his arms, I was still having a conversation with him about the origin of diabetes, how he managed his work life with the condition and his willpower. This might have made him feel better, and he cooperated well than before. Once palpation was done, I selected the veins and cleaned the site with alcohol and let it dry. He fisted his fingers even before I could instruct him to, and this made me understand he got comfortable with the procedure. After inserting the needle and drawing blood, I applied plaster on the site and ensured that the procedure is done correctly. I disposed of the needles, sanitized my hands, and transported the specimen to the lab for testing (Lister, Hofland and Grafton, 2020). After the procedure, I thanked him and he thanked me back for

making him comfortable. At that point, I experienced what mutual concern feels like. And how a non-judgemental attitude with empathy will have an impact on the patient's behaviour (NHS, 2018). Another aspect I noticed in Mr J was that, when I explained to him the procedure beforehand, he got convinced that I am completely responsible and accountable for the procedure. This thought gave him the belief that I am well-trained about the process and there was no need to be apprehensive about it. In my experience with patients, I have always assured them that I am accountable for what I do during the procedure and I also give a rationale for the same. Accountability in the context of nursing is the value that the individual is responsible for their own actions and have the duty to explain it to the patients (Nursing and Midwifery Council, 2019). This is related to one of the codes of conduct of the Nursing and Midwifery Council. This code of conduct is designed in a particular way to give the nursing practitioners the responsibility to work along with the patients and be proficient in conducting medical procedures (Nursing & Midwifery Council, 2018).

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### **SWOT Analysis ('So what aspect of the Driscoll's Model')**

The SWOT analysis examines the Strengths, Weaknesses, Opportunities and Threats of an individual. In the process of self-reflection, SWOT analysis plays a major role as it helps in identifying what pushes us forward and what pulls us backwards from providing care and support. In SWOT, S signifies 'Strength' and it lists down the things that an individual does well and any quality that makes the individual unique. On reflection my personality is caring and understanding as having patients and excellent communicating skills whilst caring for older adults. Along with patience, I also believe I have good clinical knowledge of the skills needed to perform a lab test, whether it is a blood sample collection or administering an ECG. My

strength also includes being person-centred with the patients, putting their needs first and listening to them with empathy.

The weakness component includes things that an individual is not very good at, something that the individual lacks, or something that other professionals do better. In the process of my self-reflection, I feel I should be better at planning, being able to divide the work schedule equally, and not being too involved in the stories of my patients. I feel that is my greatest weakness, getting very occupied with my patient's stories, which hinders my performance at work.

Opportunities in SWOT analysis signify the chances that I might receive being in the profession to grow better. I reflected upon my opportunities and concluded that I could use the expertise of my senior staff, learn from their experiences, read more during my leisure and explore more about nursing the elderly. Being in the medical field, I will also get to meet many experts in the field and will develop my communication skills and be more person-centred.

The Threats that might hinder my development in nursing include, being very empathetic, working maximum hours and an inability to manage the workload. I get easily affected when I see the patients shrink their eyes in pain, this makes me very sensitive. If I can manage all these factors, I would be a better nursing professional and would put my skills to use more efficiently. The action plan I have in mind to overcome my threats is devising a goal schedule for myself and accomplish small goals at a time. With step by step acquisition of goals, I would feel less stressed and I would have a clear plan of what to do in the future. I also need to attend training programmes to acquire emotional management skills to deal with difficult emotions. This will also help me have an emotional boundary with the patients. I will also need to be more mindful about my feelings and emotions to maintain a balance between my work and life.

## **Relating the Experience to Existing Theories**

Venepuncture is also called phlebotomy and is one of the most common medical procedures in which the patient's vein is punctured using a needle either to draw blood or for any intravenous procedures. Though this procedure is very common in the medical field, there is still anxiety and fear associated with the procedure (Dalawi et al., 2022). The sites that are most suitable for venepuncture are the antecubital fossa- the basilic, median cubital and cephalic veins. The vein that is optimal to draw blood will be bouncy when touched, no pulse will be felt at that site (Shaw, 2016). Out of these veins, the median cubital and the cephalic veins are most commonly used for the procedure. The alternative site can be the basilic vein that is on the dorsum of the arm. Only in case if there is no prominent vein is found on the arm, the basilic vein located on the pinkie side of the arm as it is in proximity to the median nerve and the brachial artery. As the last resort, veins from the foot or ankle can be chosen for venepuncture. Veins from under the wrist must be avoided (Mukai et al., 2020). In the case of venepuncture as an intravenous procedure for surgery or medication, it adds to anxiety and aggravates the fear of the medical procedure. This excessive anxiety or fear of needles can be related to a phobia. This fear of needles can be a common obstacle which stops patients to initiate treatment. This fear can range from just dislike for needles to extreme discomfort or even phobia (St et al., 2018). In the Netherlands, The fear of needles was found to be prevalent among 16.1% of the general population. Though there was fear of needles, there was no identified phobia for needles which was around 1.1% in the Netherlands, 0.5% in South Korea and 1.6% in Sweden and 2.1% in the United State of America (McLenon and Rogers, 2019). This anxiety or fear needed to be addressed by a non-judgemental attitude and empathetic understanding of the patient. Patient-centred care is also an approach that involves the patient in the decision-making process, and the relationship is built on commitment and the basis of trust between the patient and the practitioner. Patient-centred care lets the patients be

responsible as they are also involved in decision-making, they are treated as equals in the therapeutic relationship, and their values and preferences are respected in the process of treatment (Ebrahimi et al., 2020).

It is also appropriate to relate my experience with Mr J to the stages of grief model that were proposed by Dr Elizabeth Kubler –Ross. This model consists of five stages of grief an individual usually experiences a range of emotions to cope with the situation. In the case of Mr J, he already was aware that he has uncontrolled diabetes, but what he wasn't aware of was the emergence of renal dysfunction. His creatinine and urea levels were high and he was having oedema on his right foot. He experienced denial when the medical team informed him and his family that he has a renal dysfunction and might require dialysis. Following the denial stage, he was very angry with himself that he didn't properly care for his health. He was asking for reassurance if the condition can be cured and if he can return to normalcy. He felt very low and lost interest in interacting with others and wanted to be left alone. Later, when he found that the diuretics had an impact on his creatinine levels and he could still bring control only by his dietary patterns alongside medications, he gradually started accepting the condition and was manageable. Throughout his experience with coming to terms with the condition, I was able to relate it to the 5 stage model of grief during the time he was at the hospital (Pastan, 2017).

### **Skills needed to be acquired in the future ('Now What' aspect of Driscoll's Model)**

Though I feel I am much better at communicating and understanding my patients, I realise that I need to work on my time management and organization of my work schedule. Most of the time during my experience with Mr J, I felt I was overwhelmed with the workload and couldn't concentrate on his non-verbal communication. Though I understood his verbal dialogues, It is more efficient for me as a nursing associate to observe and understand the non-

verbal cues that the patients exhibit. I have to work on that skill to enhance myself as a better professional. Another skill I wish I could develop is the ability to be even more patient and wait for my turn to answer the queries of the patients. Many times, I instinctively answered their questions without waiting for them to complete their questions. I realised this might stop them from asking doubts or questions. For them to freely discuss their concerns, I have to be even more patient in listening to them completely. Through this reflection, I also understood that I have to be less sensitive to the smallest of concerns. Being more confident and capable in front of patients is highly necessary and it is my duty to comfort them if they are in pain. These are the skills I aim at developing in my future practice to shape me into a well-built nursing professional.

## **Conclusion**

Having reflected upon my experience with Mr. J, I have come to an understanding that I am more person-centred and I have the skills to make the patients trust me and believe in me. In the process of analysis, I also felt that I have significantly improved myself throughout the process. I have developed my venepuncture skills and my communication skills through repetitive practice and observation from my senior practitioners. Any medical condition will definitely bring about a change in the minds and the lives of the patients. It is the caregivers' duty to make the patients feel at ease and make them confident about the treatment regimen instead of being scared of the procedure. Older adults require more attention and want someone to listen to and be with them. I hope I have given the best attention to Mr J during our interaction together. To conclude the reflection experience, I recognize that this nursing profession would challenge me to look out for multiple opportunities in both the educational and medical fields and be more adaptive. I feel privileged to be in a profession that is unconditionally involved in providing care irrespective of whoever the person might be. In the future, I wish I will be able

to channel my learning and experience on a day-to-day basis to help those in need, thereby helping the community as a whole.

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