

Health and Social Care

by Xxx Xxx

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Introduction

This is a comprehensive and detailed report that will target the health and social care systems. This report is divided into two main parts. The first part is about the importance of working in groups in the healthcare setting and it is also about the main obstacles that a person can face in working as a team in the context of medical working. In the second part of the assignment, there is a reflection account of taking care of the patient while also working in a team to handle the patient.

Reflective Account

The reflection involves a 50-year-old man sent to our medical ward from the accident and emergency department. The patient will be called Mr A, not his real name due to confidentiality aspects. He was admitted because he complained of difficulty breathing and coughing up blood. On admission, the medical team requested that a chest X-ray was done and showed an abnormal mass. I observed that medical professional suggested collecting a sputum sample because the patient was coughing with blood, was sent to the laboratory. He was diagnosed with lung cancer in the advanced stage of disease in a situation of palliative treatment. I will be reflecting on my delivery of patient care and discussing regarding the care delivered by me and the problems that I faced. I will be using Borton's Reflective Model, a theoretical framework comprised of three stages (What, So What and Now What) (Paul and Borton, 2021).

What

The task that was given to me was difficult as Mr A was 50 years old and because of his condition he was facing difficulty in breathing and so we decided to make him talk as minimum as possible. I started first by establishing a working relation with him. It was one of my principle that I would help all of my patients as much as possible and make sure that they are satisfied in every way. During my time in taking care of Mr A he was not very open at first and disliked being in the hospital care so I used the Communication Accommodation Theory in taking care of him. I was very patient with him and behaved accordingly. The way I behaved around him resulted in causing conflict with my other team members, I had realised from an early stage that this was not a regular case. I started by being open with him and used my conflict management skills when he

would fight with other medical staff. The whole experience taught me to effectively communicate with the patients and how to better take care of them.

So What

In a study by Kwame and Petrucka (2020) it is argued that for all the nurses the process of communicating with the patients is one of the most important element in their practice, as active communication allows a medical professional to actually analyse the patient's needs and their temperament so that proper care can be given to them, in this regard my experience with Mr A was a learning phase and also big challenge for me. The reasons why I say this is because it was a challenge for me to take care of Mr A and that was not because of his disease but rather because of his habit of not cooperating with the staff assigned to him.

When the case of Mr A was assigned to me the first thing that I felt was that it would be a learning experience and I treated it like a normal case but soon realised that this was not a normal case. So far according to my knowledge, Mr A was one of the youngest cancer patient that was assigned to me as most cancer patient that I had attended to were over the age of 60 years. I started his care by treating him like I would treat any of my other patients, but since the beginning, the behaviour of Mr A was non-cooperative and he always argued with other nurses and also with me about the treatment and the environment, in his mind everything was wrong and out of order. He had this narrative built that the only he knows best and that everyone must ask him before taking any major step in his treatment. Often times I also saw him arguing with the doctors about the treatment. According to the study by Burgener (2020) using empathy and kindness is one of the main methods that a nurse can use to interact better with a patient.

In order to improve my interaction with him and also to find out why he was acting like this I decided to follow the Communication Accommodation Theory. According to Shin et al, (2020) the theory stated that the communication style has to be match with the person for an active and productive communication. Other nurses and medical staff did not listened to me and because of this there as almost regular conflict between me and the other staff member. In this regard I started small by making small talk with him and trying to learn why he was so mistrusting. I started to make honest and open conversation with him. Through these little steps I was able to find that the biggest reason was that he was feeling frustrating because all his life he has always been healthy and had never been faced with such a problem and he further proved by theory by telling me that

he is frustrated because he never through to be in this situation and because of this he lashed out on everyone.

In this phase, I realised that he was simple afraid and form that moment on I made sure to keep him updated daily on his progress and also include him in all the decisions regarding his treatment. Overtime his behaviour with me and other also kept improving and we never faced another problem from him. This entire activity showed that my approach to tackle the situation and then me more open with him was very good. The number one strength of this approach was that it allowed me to gain better knowledge about the patient and thus helped in effectively treating him. The main limitation of this approach was that I had to move out of my comfort zone and engage with the patient on a personal level.

No What

The experience that I gained from the entire activity taught me very valuable lessons that will result in me greatly being prepared for any such scenario in the future. This case taught me that for any nurse to actively communicate with the patient, there is a need to have a level of trust between the patient and the nurses for the sole purpose of building an effective environment. In the future it would recommend to study the various elements and theories of communication as that will help me in taking care of similar patients in the future. As mentioned in the study by Burgener (2020) that the patients are generally very emotional and are prone to emotional outbursts if they believe that they are not being taken care of properly. This is the method that the nurses must always keep in mind while communicating with the patients so that they are satisfied.

Conclusion

From the reflection that was seen by the current activity, it can be concluded after analysing the communication between Mr A and the nurses that the communication process is very vital for effectively taking care of the patient. Communication is necessary because it allows the nurse to take care of the patient more effectively after taking the preferences of the patient in mind. The active communication between the patient and nurse can help a nurse in creating a routine of taking medicine and other activities that a according to the wishes of the patient.

Meaning of Groups in Health and Social Care

As defined by the Oxford Dictionary, a "group" is "a collection of people or things that are located, gathered, or classified together." However, what happens as a result of this co-location is not specified. Participants maintain their individual roles in groups, but they are grouped together. Typically, when working in a group, the members exchange information, best practises, and perspectives, and make decisions to improve performance within each member's specific area of responsibility (Muramoto et al, 2021). All participants acknowledge that they are working within their own professional identity and that they are contributing based on that identity. As an example, the doctors are a group that is associated with the medical field. They don't expect others to involve themselves in their work and they don't get involved in areas where boundaries may be blurred, such as roles that are potentially overlapping with each other. A study by Graham and Woodhead (2021) pointed out that "The group merely provides a forum for people to communicate with each other.

This may be more comfortable for some, especially if some group members are more task-oriented and less concerned with the interpersonal aspects of a team. Healthcare professional networks have emerged in the NHS as a novel expansion on the basis of the group concept (Brandish et al, 2021). Health professionals from different organisations form clinical networks, which provide a range of services in multiple locations, despite traditional boundaries. Analysts believe that this type of grouping allows highly motivated individuals to not feel constrained by traditional boundaries, and to consider offering their services to a wider range of consumers across borders.

In smaller and remote health care facilities in rural areas the situation is quite different. To effectively keep their most critical operations running, and to take further strategic decisions, health organisations increasingly rely on cross-functional and project-oriented work teams. The majority of rural and remote health teams, according to some researchers, are freer than those in urban settings (Stamps, 2021). They operate on the basis of circumstances and the, team leadership may alternate among members in accordance with the structure implemented in the team. As a result of the more straight nature of rural environments, rural teams are much closer to the process of working towards defined outcomes and have a very real and immediate stake in achieving them.

Teams are affected by the nature of their tasks, their preparation, and where they are located, as well as by the current health care financing models, which can be both motivating and discouraging. The use of capitation and managed care arrangements provide a framework for teamwork, whereas other arrangements do not provide infrastructure funding (Mitchell and Boyle, 2021). Teams are rewarded in the United Kingdom and Australia for certain activities, such as the effective use of IT infrastructure and the care of elderly effectively in healthcare, through practice-based subsidies rather than individual subsidies, which promotes teamwork and collaboration at a higher level. In the future, this may prove to be a motivator for the healthcare teams.

Constraints to Group Working

One of the biggest constraint is the lack of staff available, this is because typically each individual in the team is assigned multiple roles, which effectively hampers their ability to work as a team. Many experts believe that the current nursing shortage will take a long time to resolve (Cabell et al, 2021). According to estimates, there were 1.89 million full-time registered nurses in the workforce and a projected demand for 2 million. By 2021, if the situation continues the same way, the shortage is expected to reach 29 percent (Tupesis et al, 2021). After six years of decline, the enrolments for medical staff increased, the number of students enrolled in nursing programmes is still not enough to meet the projected demand for about a million new nurses needed over the next decade (Gulati et al, 2021). A growing nursing faculty shortage worsens the problems faced.

Nurses, along with other medical staff are also becoming increasingly dissatisfied with their jobs as they progress through their careers. 40 percent of hospital nurses are dissatisfied with their jobs, according to a 2021 survey. One in three hospital nurses under the age of 30 plans to leave their current job in the next year (Stamps, 2021). A study by Graham and Woodhead (2021) pointed out that hospital wards and operating rooms are demanding environments, and the job itself is stressful. Individual and team performance levels are affected by stress. Anxiety, fatigue, resentment paired with frustration combined with the fear of making mistakes are all factors that affect teamwork culture and successful teamwork practises in health and social care.

On the basis of all of these factors, teamwork must be fostered at both the individual and organisational levels. Interventions that are currently available such as the use of non-technical skills training, are focused on the individual growth and training and do not take into account the overall progress of the team as a whole (Stamps, 2021). It is only in the field of surgery that specific

teamwork practises are organised. In addition, there are no formalised processes for team formation or healthy team dynamics in active health care practices.

Leadership Styles in Health and Social Care

The managing of multiple teams in the healthcare sector requires strong leadership (Tupesis et al, 2021). One of the major reason for effective management is the make sure that the desired health results will be achieved and also the productivity will also increase. There is great correlation between effective leadership and increased patient satisfaction in the health care sector, so it can be said that the leadership is very important (Stamps, 2021). Due to their ability to retain and help the staff, effective leaders can indirectly affect in lowering the patient mortality rates and increasing the level of healthcare quality. The leadership style of a leader in the healthcare industry may vary upon his or her responsibilities and the issues that they may face.

The transactional leadership style is commonly used in the healthcare setting and is defined by effective organization, supervision, and group performance. The relationship between healthcare executives and staff is viewed as transactional, in this style of leadership. Members of the staff have to agree to obey their superiors in this style of leadership (Brandish et al, 2021). As a result of staff members' willingness to follow orders, healthcare leaders pay them salaries on the basis of compliance and also their performance. To make sure that compliance is implemented in accordance to their rules, the healthcare managers employ this leadership style.

Conclusion

This was a comprehensive and detailed report that will target the health and social care systems. This report is divided into two main parts. In the first part of the assignment, there is a reflection account of taking care of the patient while also working in a team to handle the patient. The second part was about the importance of working in groups in the healthcare setting and it is also about the main obstacles that a person can face in working as a team in the context of medical working.

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