

# Nursing

*by Xxx Xxx*

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**Submission date:** 30-Dec-2021 07:58AM (UTC-0800)

**Submission ID:** 1736489754

**File name:** Nursing.docx (21.61K)

**Word count:** 1646

**Character count:** 8890

Essay and Report Writing in Nursing

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## **Introduction**

The Department of Education (2021) estimates that over 2.53 million students were enrolled on a university course within the United Kingdom in 2020. With larger class sizes and the increasing use of virtual teaching, never before has it been so imperative that students have a clear understanding of the demands of each diverse assignment type. Many students struggle to differentiate between the writing techniques asked of them within higher education, and as a result this can often impact negatively on the grades awarded to students regardless of the quality of their work (Kingfisher and Muldoon, 2020). Although many valued assessment types including presentations, debates and discussions are highly valued within present day modules, this essay aims to look at three written assessment techniques commonly used to assess students today. Essays, reports and reflections will be considered in turn; the structure will be examined of each with the main similarities and differences highlighted, as well as their advantages and limitations separately assessed using findings from current literature as well as the Nursing and Midwifery Council, in a bid to determine their worth within the present-day assessment process."

Reports in the field of nursing are a relatively recent phenomenon. According to Chaucer and other mediaeval writers, it was used widely throughout the pre-Nightingale period of nursing. The criteria, expectations, and demands of the nursing profession and the methods for giving the nursing report have all changed throughout time. There are several benefits to the report-writing process (Sasa, 2020). Even though it is clear that the report will help nursing team members communicate information, it can also serve more subtle purposes like enhancing team bonding, motivating colleagues, promoting high-quality work practises in the workplace and increasing patient empathy among the nursing staff members. Additionally, it may be used as a meeting place for discussions among the company's professionals. New or student nurses may be influenced by

peer pressure by the attention to detail (or lack thereof) with which a report is delivered, according to certain sources of information.

To progress as a Registered Nurse, I will use Gibbs Reflective Learning Cycle to reflect on one aspect of my professional practice. Describe an occurrence, analyse your feelings, assess your experience, and evaluate what you would do if it occurred again. No names or places will be published in this article to comply with the NMC Code of Professional Conduct.

### **Description**

A general hospital was my mentor's suggestion for my third-year placement. A nurse asked me to assist with a patient in a dirty bed on my way to medical school. The HCA chose me since I could check the medication at any moment, and it was not urgent. After I aided the assistant, my mentor asked whether I had studied medicine (Syafiq, n.d. ). Assisting the assistant, I checked on the medication, which I did. It was her fault I had not looked up the drug when she asked. That as a Registered Nurse, I would need to understand drugs and their purposes. In this scenario, I had to choose between patient needs and professional development.

At the time, I assumed patient comfort superseded medical research. Just in case, I could do it at home. My focus was the patient's care; therefore, I was annoyed I had not notified my mentor. I could not leave the patient in a filthy bed to research treatment. Nurses must stand by their acts. My mentor told me afterwards Because I volunteered to assist the nurse, I needed to improve my time management. This practice helped me realise I needed to work on my time management skills. Given my confidence in my time management skills, I decided to look it up. I always arrived on time and prioritised my work. This occurrence made me rethink my workload priorities.

## **Evaluation**

In this circumstance, I felt it was vital to support the aide in keeping the patient clean and comfortable. A competent practitioner must put people first, respecting their individuality and dignity, which I did. As a Registered Nurse, I must know what drugs are and what they do, according to my mentor. To practise safely and efficiently without direct supervision, I must recognise and appreciate my limits. Determining what I need to know and how I can learn it is also part of my job. You may use the Nursing & Midwifery Council's standards and guidelines to improve your practice and care (Frisch and Rabinowitsch, 2019). Prep keeps you abreast of current trends and encourages critical thinking. It also shows your patients, colleagues, and yourself that you are growing. Prep is a terrific tool for professional development, which is part of clinical governance. It made me nervous about prioritising duties and leaving the patient on a dirty bed while I researched the drug.

## **Analysis**

Time is a social concept that we learn as children. Western time is measured by clocks, calendars, and schedules. Spending time with patients is critical, but so is time management, according to Watterworth's study. As an RN, I will learn time management. I will be overloaded with work and need to practise time management. Time management varies. It is constant action and communication with your goals. Time management and prioritisation are two of the most difficult qualities to develop.

Time management comprises three stages. Phase 1 requires planning and prioritising. Stage two is to finish the most urgent task first. Finally, the nurse must reorder responsibilities based on new information.

Time management technique Assess, Plan, Implement, and Evaluate. For example, establish and execute a realistic time management plan using a systematic, rational approach. This may aid nurses with time management.

- Gather and organise data to assess time management needs.

Make a plan/prioritise. The process involves setting goals, prioritising them, and devising solutions.

### **Evaluate - Compare outcomes to goals.**

Constant demands on my time and attention may make setting priorities difficult. Patient care priorities may alter frequently; therefore, I will need to adjust swiftly. Prioritising nursing activities is called prioritisation. The nurse begins planning by deciding on the order of interventions. As opposed to assigning a rating, nurses might assign a priority. Sufficiencies in respiratory or cardiac function are treated initially. Acute illness and poor coping abilities are accorded moderate relevance since they may limit development or cause negative physical or emotional effects. Low-priority issues include normal developmental needs and nursing care.

Prioritising and deciding what is most essential is the notion. Prioritising involves weighing the dangers of delay.

And looks as I investigated the medicine. This may cause skin excoriation and embarrassment. The NMC may discipline me as a Registered Nurse for poor practice and care. Incontinence should be handled discretely. Injuries to the skin, pain, and loss of dignity must be treated immediately. Women with incontinence should watch their skin (Hu et al., 2020). Wetness promotes skin permeability and microbial burden. This may produce ammonia, raise pH, and

activate faecal enzymes that harm the skin. Gibbons emphasises the need of replacing tainted products rapidly. They are all in peril.

On nursingtimes.net, students and bedside care were hot topics. Demand for skilled nurses has led to shortages, say Helen Allan and Pam Smith. Less preparation means less responsibility. A growing number of student nurses approach nursing differently from professional employees. Conversely, we see RNs doing technical duties as undergrads (Kemenesi et al., 2020). Without clear role models, students mistrust bedside care and place focus on technological abilities. It is hardly surprising that student nurses are unsure about what defines a learning source. This is a great way for student nurses to learn and reflect. It takes all of these qualities to give effective treatment.

Others have faith in RNs. They are legally and contractually bound to the Nursing and Midwifery Council. The NMC code states that you must always be able to justify your decisions. The NMC code defines a registered professional's duties. My obligations are also reminded. To protect the patient or the organisation, I may have to oppose or fight their wishes. Fear of retaliation, shame, and lack of support are recognised obstacles to addressing these difficulties. Nurses commonly fear reprisal from employers, according to a UKCC [now NMC] study cited by Moira Attlee. Nurses may be afraid of team ostracisation. I will keep focusing on this area of my career growth.

Overwork, lack of time, and stress lead to mistakes, missed duties, and inefficiency. Time management is a talent. In fact, most of the time management literature advises on 'how to manage time. Time tracking with time records is one approach. Authors' methods for assessing task or priority significance vary. Nurses can manage their own time, according to research. Despite the challenge of time management, nurses devised solutions.

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