

# Skills Matter

KNOWLEDGE, SKILLS, ATTITUDES. WELLNESS, HOPE, RECOVERY

## Student reflections 2015

Clinical leadership in nursing  
practice programme

**Te Pou**  
o Te Whakaaro Nui

*Skills Matter is a workforce development programme within Te Pou.*



Three Skills Matter students from the 2015 clinical leadership in nursing practice programme reflect on their study and practice.

*Please note, some minor details have been changed in these reflections to protect anonymity.*

## Student 1

This year, as part of the Te Pou funding for semester one 2015, I have completed one paper, coincided with a practicum (across both semester one and two of 2015). I have been fortunate enough to combine some of the assessments into some of the content of my practicum project.

I found the paper one of the most beneficial papers I have completed throughout my study, as it primarily focused on mental health nursing and practice. I was able to apply the knowledge gained from this paper to my daily practice and challenge some of the culture within the unit. I really enjoyed the way the paper was taught and with a small class it was a positive learning environment.

In terms of leadership development and advancing practice: after three years of post-grad study, this year I have really noticed that I am constantly searching for the “why and how” in my practice. I am always seeking research to support and guide my practice and really stepping back and looking at the way we do things as a unit and service and finding ways to improve. I have found that more staff are approaching me for assistance and guidance, which I have been able to help with, this has really boosted my confidence and provided me with a sense of achievement. I work quite closely with another registered nurse (RN) in our role as clinic nurses and we are constantly enhancing each other’s practice, and she really appreciates me sharing my knowledge and skills gained from the papers I have undertaken. I feel that all of my post-grad study is impacting on the advancing practice within the unit in a number of areas.

In one of our class discussions, what surprised me is the way other units do things and how different we are, and how difficult it is for other mental health nurses from non-secure environments who really struggled to comprehend the way we did things and why we did them that way.

Having experienced what is potentially my last year of study, I am really determined to focus on continuing to improve the content of my practicum project, by perhaps looking at doing some research around forensic unit placements and preceptors. As with last year, I must really add, that the flaws in the research within mental health, especially forensic mental health is noticeable in most aspects.

I cannot fault my supervisor, who has been a great support to me over last year and again this year. I would like to take this opportunity to thank Te Pou for supporting me through these last 3 years, I am very grateful and as mentioned above I am finally seeing the benefits and rewards (leadership wise and clinically).

## Student 2

Over the last year I have endeavoured to implement learning gained from research that I have completed for academic purposes which involved meeting service user’s needs within my area of practice. It is easy to fall into the culture of a work place and assume attitudinal stances that are projected by the milieu around you. I have gained a confidence through accessing current literature that has broadened not only my scope of knowledge but also my ability to look at my work environment with a more objective perspective. This has made an impression on my reflective practice. Within my nursing practice my clinical decision making has become more inherent due to ongoing reflection which has built upon my analytical strengths. I have become more confident to challenge indoctrinated practices and have joined two working party groups within my area to not only advocate on behalf of service users and staff but to also ensure that research literature is shared with these groups so that knowledge remains current and attitudes are challenged (or refreshed) and the foci remains solution orientated.



I have noticed that with my academic pursuits and accomplishments a confidence from others to have more trust in my abilities but also at times a magnet for peers to seek discussion pertaining to academia or current nursing practices. There has been a growth of interest in my colleagues regarding professional development and I have been involved in many discussions advocating for the benefits of this. I have even had service users following my academic pathway with supportive interest! Working towards this degree has included the compulsory papers pertaining to pathophysiology, pharmacology, acute care nursing and research. I would never have opted for these as I didn't have the confidence. I had begun to marginalise myself as a mental health nurse. I am now proud to say that I have added the role of GP nurse, to an area which covers a large campus of mental health stand-alone wards in my area of practice, to my existing role. This is where my confidence has taken me. This learning has improved my ability to nurse with a holistic overview as well as a strengths based approach and to promote health literacy to service users.

With confidence comes the ability to think broader and due to attending working party boards I have been involved in professional networking within my area of practice and have begun the initial steps to pursuing a research study with another professional. My awareness of the organisational aspects of services delivering care to service users has sparked an interest in studying all aspects of forensic mental health rehabilitation that affect the service users that I work alongside of. The practicum paper for the master of nursing degree has enabled me to become involved with alcohol and other drug services and to work under the Knowledge and Skills Based Framework competencies (Te Whare o Tiki) so that I can continue to assist with service users in my practice area. I consider this a valuable enhancement of my nursing skills and confidence to support the engagement of service users with co-existing problems. I foresee myself continuing to consolidate my practice and working toward a senior level where I can be involved in organisational decision making to improve service user outcomes.

### Student 3

As I undertake the postgraduate study and work towards the pathways to Masters in Nursing, I feel I have learnt some valuable information about myself and how I can develop my therapeutic skills in mental health nursing. One of the concepts that really appealed to me was self-reflection as a therapeutic tool. Self-reflection helps develop therapeutic relationships with service users, as it makes us more aware of our practice. Thirty nursing students took part in a qualitative study to gain insight into their perceptions of the psychiatric mental health clinical experience in a structured preclinical workshop with self-reflection to mitigate anxiety. Overall, the results indicated that the structured preclinical workshop with self-reflection helped alleviate anxiety. Some of the benefits of self-reflection discussed in the study were that through the use of self-reflection, students can take a holistic, individualised approach to study that challenges their way of thinking. I believe this is an important concept to be familiar with and utilise as a nurse because it builds and strengthens own practice. It also helps with critical thinking. The study goes further to discuss that by implementing self-reflection it transpires behavioural changes such as improved problem solving skills, personal and professional awareness as well as improved patient care. As I become more aware of origins of my values and beliefs, it helps me recognise that other people I work with (service users and other healthcare professionals) have values and beliefs that may be different to mine and the implications on practice. It is also through self-reflection that I am able to support change in my practice to ensure I am providing person centred care.

In order to develop an effective, therapeutic relationship, self-awareness is considered an important tool, which enhances the patient relationship. A literature review explores in-depth understanding of the concept of self-awareness and how it influences nurse client relationship. There is also an emphasis on the importance and how self-awareness can be developed. The literature also discusses the Johari Window as a framework to understand the concept of self-awareness in a practical manner. The results indicated that self-awareness is an on-going process that requires conscious efforts. In order to build a therapeutic relationship, nurses are urged to become more self-aware to foster a caring and healing environment. In the literature review, some of the practical strategies to better understand self was to keep a reflective diary, learning about body language and using models of reflection. In conclusion, the literature points out that the more the nurse is self-aware the more therapeutic the environment



is for providing care. I demonstrate this in my nursing practice by having a reflection on my practice and identifying ways on how I can enhance the therapeutic relationship. I also work alongside the team leader; we have reflective sessions on a regular basis to assess what went well and what needs more work. I attend supervision sessions on a regular basis and discuss my nursing practice and seek guidance when needed. This postgraduate paper has also helped me to develop skills such as critical thinking to support and challenge the clinical experience of nursing students within my practice. I feel this postgraduate paper has supported me in developing skills in the strengths-based approach.

