

Final Domain of Choice

Developing Competency in Clinical Practice - Professional and Ethical Practice

The following is a reflective account of my experience while working on a ward during one of my third year clinical placements. It is regarding domain 1, professional and ethical practice (A.B.A., 2005).

I was asked by my preceptor if I would remove stitches from a patient who had undergone a total hip replacement. I have given the patient the pseudo name of Mr O'Brien for confidentiality purposes. My preceptor said that she would demonstrate the procedure and then I could complete same. As she was setting up for the aseptic procedure she touched the un-sterile water container and was no longer within the required sterile field. I questioned why she was not applying best practice in patient care and more importantly why I did not confront her when she removed a few of Mr O'Brien's stitches. The Nursing and Midwifery Board of Ireland (2015) outline in their Scope of Nursing and Midwifery Practice Framework that nurses should be accountable for their decisions in the context of ethical conduct.

My aim was to work within my scope of practice by recognising any unsafe practices while also respecting Mr O'Brien's autonomy in decisions regarding his care and now I felt hindered by the situation. I had initially focussed my thoughts on my preceptor but now I recognise that the reason I did not intervene was because I did not want to worry Mr O'Brien. This led me to a paternalistic vision of my patient care and how it can pose problems in nurse/patient interactions. In her text Delmar (2012) outlines that nursing can result in over-protectiveness when nurses become emotionally involved in situations and this can unintentionally lead to compromised patient care. According to McKinnon (2014) nurses must promote patients to share in decision making regarding their treatment and measure any obstacles that exist against the opportunity to negotiate them.

I was happy that I was observant enough to notice my preceptors unsafe practice however by not intervening and letting her know that I had seen her working in an un-sterile field I could have created a liability for the health service. Patients are legally entitled to a full and honest account of their treatment even when the risks to them are remote (Freedom of Information Act, 2014). It is important for nurses to speak out about unsafe practices however it is common for health professionals with less experience to feel uncomfortable and burdened around ethical concerns (Ulrich, et al., 2010).

I realise now that I should have intervened and I will ensure to protect future patients by doing this. We have covered a multitude at college about (Gould, 2012) embracing the principles of infection control especially in postoperative patients, as they are particularly vulnerable to hospital acquired infections. I also allowed my traditional view of healthcare blur my vision where nurses would rigidly follow the instructions of senior healthcare staff thus inhibiting their own autonomy to patients needs (Risjord, 2014). Nurses have historically been taught rules which have led to a systems form of practice and this can result in nursing students copying the way they see things already being done (Scott, 1998). However nursing students are on placement to learn and going forward I will be more aware of the asymmetry and power that are inherent to nurse/patient interactions and that nurses must have the confidence to move between closeness and distance (Delmar, 2012). Nurses must recognise their own vulnerability in their patients as it can reflect on how they manage situations. Vulnerability however when it is handled constructively, can help

nurses to act ethnically and empower patients to make the right decisions (Gjengedal, et al., 2013).

I should have called my preceptor outside to let her know what I had noticed. I had not worked with her before and it was unfortunate that I let this get in the way of being an advocate for Mr O'Brien. Nurses must challenge traditional power structures and see patient advocacy as a key part of their role. Regulatory organisation's are now including patient advocacy in their code of professional conduct in an effort to bridges any gaps between patients and the medical professional (O'Connor and Kelly, 2005). If our roles were reversed it would have been my preceptors responsibility to address the situation. The Nursing and Midwifery Board of Ireland (2014) state in their Code of Professional Conduct and Ethics that nurses should act as an advocate for their patients and protect the patients autonomy by respecting their choices.

I am now more aware of the ethical and truth telling issues that affect my practice and going forward I will take on a more protective approach to these challenges to develop as a registered general nurse. According to McCrae (2013) this is a moral imperative in today's health service where traditional views of healthcare are being challenged by patients and power is shifting from healthcare professionals to the service users. Overcoming paternalism is essential if patients are to have free speech and I believe that as nurses we can improve our ethical practice in our hospital and community settings.

Please find attached [audio](#) regarding this domain.

[Originality report](#)

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