

Critical Analysis and Developing of a Trusting Relationship

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According to the study conducted by Hupcey & Miller (2006) there are direct relationship between the level of trust and the patient outcomes. Trusting relationship is very important to achieve the goal setup for a client. One of the major goal of trusting relationship is to establish rapport so that the client is comfortable to share her information. According to the McGill Nursing Model, developed by Moyra Allen, McGill University, in 1981, patient's information such as strength and resources are very important to achieve the collaborative goal (Gottlieb & Feeley, 2005). Approach to develop the trusting relationship started with the initial phone call to confirm the appoint date and time. During the home visit client was greeted and thanked for her valuable time. During both home visit, professional image such as wearing proper name badge and identification was also helpful to establish the trusting relationship. Terminating

phase included the confirmation of next visit and thanking the client for her time and information. Trusting relationship is very important for a client to express their own concern and strength to the nurse (Gottlieb & Feeley). Therefore, developing the trusting relationship is one of the main priority setup for the first home visit.

Communication Techniques and Interventions Used

The study conducted by Hupcey & Miller (2006) further explores that trust depends on good communication skills such as listening and a professional response. During the visit, the client was listened carefully and her wishes were acknowledged. During the first visit one of the objective was to establish the therapeutic relationship with the client. Because, therapeutic and trusting relationship between patients and nurses are key to promote client's health. (Belcher & Jones). Respectful and non-

judgmental communication helped us to create the therapeutic relationship. Nurses can establish respectful and non judgmental communication by acknowledging and respecting the patients' preferences and wishes (Belcher & Jones, 2009). Therefore, during the home visit the communication was appropriate, accurate, respectful and it was also directed towards the main objectives. The communication was non-judgmental, evidence based and verbally and non-verbally respectful.

Assessment Tools Utilized

Based on the patient's situation and the stage of the development, assessment were based on the casual conversation and questions as suggested by the McGill Model. The assessment was also based on the situation in a particular visit. All visit included observation of the client and her family. The information about the client's strength such as her education, job and experiences and resources such as financial and family supports were also gathered. The client was responded based

on the situation such as what is normal and what is abnormal for her and her family. For instant, client mentioned that her baby girl's bowel moment is not more than once a week. However, patient did not show any concerned as long as there is no sign and symptoms of constipation. Only McGill exploratory assessment were utilized. The McGill's question of inquiry, utilized during the assessment, is presented in the Appendix C.

Family Stage of Development

According to the Erikson's Stage of Development the client falls in early Stage 7: Middle Adulthood. In this stage, individuals are more concerned about the generations. They are also concerned about personal and social involvement including ways to foster the social development (Potter & Perry, 2009).

Phases on Family Interviewing

Study conducted by Chur-Hansen (2002) and Ahmad & Alasad (2007) suggested to start conversation by finding out the clients preferences and consent. The study concluded that female clients

are not comfortable with male nurses to share their personal issues. Therefore, during the first visit the client was asked if the client is comfortable with the male nurse. Then, the client was asked about her personal situations such as how is she feeling? How's her baby is doing, etc. Then the questions were more specific and narrow such as "What is your and your baby's sleeping pattern? What is your baby's eating and bowel moments? When is your next immunization schedule? At the final stage of the home visit the client was asked if she wanted to know anything on next home visit. During the first visit the client wanted to know about travelling precautions and summer precaution for her baby and during the second visit the client wanted to know any interesting topics about her or her baby's health. The question started with board open-ended followed by a narrow and specific questions.

Application of McGill Model and Situation Responsive Nursing

According to the McGill Nursing Model, the person is able to understand, manage and define his own problems and goals that are meaningful to him (Gottlieb & Feeley, 2005). Based on this model client's wishes is a nurse's priority. During my first home visit, the client wanted to know about flying precautions and risks of going outside during the summer season. Therefore, goals were created to address her wishes and requirements. According to Wright & Leahey, patient is the one who defines her family. The client included her pet as a family members, therefore, the clients were given further information about pet safety and pet hygiene so that all of her family member are healthy and free from illness.

Teaching and Learning Principle Utilized

Teaching materials were prepared and collected based on the client's education level. Client is a RN in a community health center and capable of reading article, journals, literatures and

Alberta Health guidelines.

Therefore, teaching materials were included from papers, brochures and online literatures provided by Alberta Health Services. Major information was highlighted and explained to the client.

Evaluation of Effectiveness of Home Visits

Both home visits were very effective to learn community health settings. Home visits were very helpful to enhance the communication skills. Although, nursing is a life-long learning process, these two home visits are helpful to provide the basic introduction of the community health care practice and home visit experience. These home visits also gave an opportunity to apply McGill model into the practice. Because of this home visit, the client was able to obtain some important information about caring her baby. The client and the nurse both had an opportunity to share their valuable experiences with each other.

Appendix A: Report from First Home Visit

First home visit took place in the southwest community area of Edmonton. Client was contacted 24 hours prior to the home visit. Client and her baby girl were at home. She welcomed and happily responded to the questions asked by the nurse. The conversation started from 11:50h to 12:45h. At the end of the visit, the client welcomed the nurse for the second visit. Client is very happy from continued support from her husband and her husband's parents' support. Her profession is a community nurse, therefore, she is receiving a significant level of support from her coworker and colleagues from her community health center. During the visit, client expressed her interest to know recommendations during flight and travel outside the country. She is planning to travel Pennsylvania-USA by airplane. During the visit, the following topics were discussed.

- She would like to know more about travelling outside the country.

- She would like to know recommendation in regards with the flying with baby girl.
- Client acknowledge the knowledge about Car Safety.
- Client is concerned about the air ventilation in her house and planning to replace filter.
- Information about the baby's sleeping and feeding pattern were shared.
- Client shared information about family and friends supports.
- Her issues in regard with the labor. She was required to have a surgery to remove a part the placenta.
- According to the client, she regularly walks outside with her husband, neighbor friends and her dog.
- Casual conversation of child developmental stages and physical conditions were also occurred.
- She stated that her baby is in breast feeding. Formula are not introduced yet, except duration her surgery at the hospital.

During departing from her home visit, her neighborhood were circled to obtain few information related to her neighbor economy, status, environmental pollutions, etc. These information are illustrated below.

1. Genogram, Ecomap and Windshield Survey

1.1 Genogram

Kim has father and mother and Kim's husband has father and mother. All of them are living in the Edmonton closer to her house. According to Kim, none of them are smokers. She reported none of them has any kinds of drug or alcohol addictions.

1.2 Ecomap

According to Kim, her neighbor friends comes to her house and visit often. She walks around the neighbor with her dog. Her parents and her husband's parents are also available to support her. All of them often visit her and help her.

1.3 Windshield Survey

During home visit, we found out that Kim's community is quiet and clean. Her neighbor includes a beautiful Elmwood park with outdoor recreational facilities. Misericordia hospital is also few block away from her house. For recreation and entertainment facilities her house is very closer by the West Edmonton Mall. Due to the long lasting construction work on Whitemud Highway, two blocks from her house, sources of dust pollution is visible in that area. Misericordia, West Edmonton Mall, Whitemud Highway are within her community boundary. According to the Edmonton Police Services Website, the crime rate in her area of Elmwood has dropped since 2010. For example, according to the website, total number of crime within six month are four incident of theft from vehicle and one incident of house robbery.

According to the City of Edmonton website, her location does not include any manufactured home, mobile home, row house, hotel or motel. Total number of

houses in the community is 678 with total population of about 1200. No industrial pollution is reported.

2. Concept Map

Appendix B: Report from Second Home Visit

Second home visit took place seven days after first home visit with same client. Client was contacted 24 hours prior to the home visit. Client and her baby girl was at the home and they welcomed the nurse and nurse instructor. The conversation started from 1155h to 1235 h. At the end of the visit, the client welcomed the nurse for the third visit. During the second home visit following topics were discussed.

- Information about travelling outside the country was provided and explained in brief.
- Client was very happy to see the brochure related to the pet hygiene and pet health, as she mentioned she has never seen that before.

- Explored about client's family support from her and her husband's family from the city.
- Information about the baby's sleeping and feeding pattern were shared.
- Client is not worry about the bowel movement of her child eventhough the baby's normal BM is once a week. She said there is not sign and symptom of constipation.
- Client shared information about family and friends supports.
- Shared information about walking outside in the community with her family and neighborhood moms.
- Child developmental stages and physical conditions were also discussed.
- She stated that she is not planning to discontinue her breast feeding until 6 month.
- During departure client welcomed for the next last visit.

Appendix C: McGill Model - QUESTIONS OF INQUIRY

- What is the client/family dealing with?
- What does the family want or what are they working toward?
- How are they going about it?
- What is the potential to develop healthier ways?
- What do you think you do well?
- Does anyone ever tell you that you do well at doing something?
- What resources are they using or what others could be mobilized?

(Clark & Olson, 2000

[Retrieved from Course Outline NURS 406])

Appendix C: Report from Third Home Visit

According to Phillips (1968)

termination is not ending the relationship with the client and it is not a complete serving. The main question with the termination of relationship is "What can I give this patient to help him maintain himself outside the hospital (p. 1941)?" In community settings termination phase also required to address the resources that a patient might need in the future. In this setting, community nurses facilitate

appropriate use of health resources and act as link between the clients and health care delivery system (De Jesus, 2010).

Objectives: By the end of the third visit the client will be able to identify where and how to access resources such as health care related information, resources for emergency care, resources for travelling clinic, resources for immunization clinic, resources for dental clinic and resources for the eye examination for her baby in her own community or within the city.

The study by Colby, Johnson, Eickhoff & Johnson (2011) shows that older client prefer monthly newsletter as a source of health information, whereas younger generation prefer internet as a source of information. However, authors Miller, Jones, Graves & Sievert (2010) have suggested to be cautious about the information we get from the internet. His argument is that although internet information is easily assessable, the internet information is not monitored for its quality and reliability. By this

objective, the client will be aware of finding right information from right resources that are reliable and appropriate for her need.

Appendix D: Family Centered Objectives

Objectives: By the end of the third visit the client will be able to verbalize at least one personal thought about family planning. This goal will be evaluated by the client's understanding of the family planning and her thought about the family planning as she will mentioned at the end of the third visit.

Birth control services and proper information about family planning is very important in promoting women's sexual and reproductive health (Aubney et al. 2002, Kane et al 2003, & Hayter, 2009). The study by Hayter (2009) suggested that family planning education such as use of contraception can be combined with reproductive education such as how their body works.

Objectives: By the end of the third visit the client will be able to understand at least two health related important

consideration to put her daughter in a daycare or day home after she resumes her job. The goal will be evaluated based on her ability to verbalize at least two important things.

According to the study conducted by Cote, et. al (2010), children who go day care experience more frequent infections than do children cared at home, and the risk seems greater when children attend bigger daycare facility. Therefore, assessing the quality of the day care is very important consideration to select the day care for the baby.

According to the study conducted by (Ferng, & Lee, 2002) poor indoor air quality in daycare facilities are main reason for respiratory related infections. Incidence of such infection is more common in children who attend bigger day care. Due to the immature lungs young children are even vulnerable than older children. The study also found that CO2 level in nap-time are even higher than recommended level, as well as, many daycare's temperatures are above the

recommended level which is not suitable for the younger children (Ferng, & Lee).

Beside cost, location and license, it is also important to consider the indoor and outdoor environment of the day care to put baby's in the day care or day home.

According to the McGill Nursing Model, developed by Moyra Allen, McGill University, in 1981, the person is able to understand, manage and define his own problems and goals that are meaningful to him (Gottlieb & Feeley, 2005). During my first home visit, the client asked suggestions and recommendation for a flying outside the Canada and she also mentioned her regular outdoor activities such as taking her baby outside her house with neighborhood moms. Based on her information and requirements, two main objectives, listed below, are considered important for the second home visit.

Objectives: By the end of the second visit the client will be able to understand and verbalize at least three precautions while flying outside Canada. This goal will

be evaluated by client's understanding of the precautions and list of precautions she mentions at the end of the second visit.

According to Wong & Behrens (2008) traveler can acquire many deadly disease such as Hepatitis A, TB, Typhoid fever, HIV and STIs and malaria. Therefore, the literature suggests for a pre-travel health consultation. The consultation helps travel to be aware of food and water borne illness and it provides prevention techniques, as well. By knowing all these precautions measures the client will be able to protect her and baby's health during her travel, therefore, nurses need to take every opportunity to provide correct advice to the client who is planning to travel outside the country (Wong & Behrens, 2008).

According to the Alberta Health Services (2011) travelers need to be aware of food-borne illness, food precautions, water precautions and travel safety. The website also recommends to

consult about appropriate travelling insurance, immunization and necessary medication before travelling outside the province.

Objectives: By the end of the second visit the client will be able to understand and verbalize at least three important precautions while taking her newborn baby girl around the neighborhood for a walk as evidenced by her ability to list at least 3 important precautions.

According to Siafarikas, et.al. (2011) Vitamin D regulates calcium absorption and decrease the prevalence of osteomalacia, rickets and increase the efficiency of immune system. It is known that breastfed newborn are a group at significant risk of Vitamin D insufficiency and deficiency (Siafarikas). Studies have found that the impact of the sunlight exposure can be harmful and beneficial, therefore, the harm and benefit ratio depends on the geographical location of the area (Masso, 2006). As cited in the study conducted by Masso, the exposure to the sunlight in childhood is

significantly related to the skin cancer, specially Melanoma, later in the adulthood. According to the study, nursing care can include strategies to protect the newborn babies and children from the sun light. Example of the strategies are time appropriate schedule for outdoor activities and use of protective clothing during outdoor activities (Masso, 2006).

Objectives: By the end of the first visit the family will be able to verbalize their need for my second visit as evidenced by their request of help and resources for the second visit. This goal will be evaluated by client's number of requests, help and resources they offered for the second visit.

Respecting client's wishes is one of the basic and critical elements of trusts (Belcher & Jones, 2009). The trust helps the nurses to create the therapeutic relationship which eventually improves the quality of interventions (Belcher & Jones). Therefore, therapeutic and trusting relationship between patients

and nurses are key factors for the better prognosis of the client's illness and to promote client's health. Nurses can establish the trusting relationship by acknowledging and respecting the patients' preferences and wishes (Belcher & Jones). When such relationship is established the client will be comfortable to ask for any information or help they would like to achieve. In other side, such relationship can be evaluated by observing client's request and verbal and nonverbal languages. For a mother baby's health is the most important concern (Mathibe-Neke, 2008). Once the trust is established, nurses are able to answer the expectations and wishes from the mothers. Understanding the client's needs and issues helps us to continue the care which is very important for antenatal, intrapartum and postnatal care (Mathibe-Neke).

According to the study conducted by Hupcey & Miller (2006) level of trust is directly related to the patient outcomes. It is very fragile, once it is broken it is not

easy to establish again. As cited in this study, the trust can be achieved through four phases: "initial trusting, connecting, negotiating and helping (p.1133)."

Therefore, when trusting relationship is established patient are more comfortable to ask for help and share their experiences. The study further explores that trust depends on good communication skills such as listening and responding. Therefore, it is very essential to establish the trusting relationship with the client to find out what they are looking from a nurse and what they expect in the second visit.

Objectives: By the end of the first visit the family will be able to establish the trusting relationship with a student nurse by welcoming the student nurse for the second and third visit. The goal will be evaluated by client's verbal and non-verbal language to welcome a student nurse for the second visit.

As a male student nurse to provide care for a female client it is very important to understand the clients

preferences over a gender. This understanding helps a male nurse to establish the trusting relationship with the female client. A quantitative study conducted by Chur-Hansen (2002) found out that the client/patient prefer the nurse of their own gender when the nursing care is more intimate in nature such as perineal care and education about sex. This study concluded that in intimate situation both male and female patients prefer the nurses of their own gender. Similar study, conducted by Ahmad & Alasad (2007), found out that a huge number of female patients preferred female nurses. This study concluded that female patients do not prefer male nurse during the nursing care that involves physical closeness to the patient including the talks that are related to the sex and other intimate conversation. Therefore, it is very important to observe client's verbal and non-verbal attitude to understand the level of trust. When a trusting relationship is created the client will welcome to continue care from the

nurses regardless of the gender.

Therefore, gaining trusting relationship is very important to continue next home

visit where client can discuss her issues more openly.

References

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