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EXEMPLAR

One nurse's experience with the effects of assumptions and judgements on practice

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Abstract

This paper describes a significant incident involving an infant admitted with Failure To Thrive, her young mother and the author as the nurse involved. This incident led to reflection on practice and exploration of the effects of making assumptions and premature judgments on the author's nursing actions. Previous experiences, personal beliefs and the influence of colleagues' opinions on the author's behaviour helped make this incident a practice changing experience.

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Introduction

This paper describes a significant learning incident that occurred when I was working in a paediatric unit at a regional centre. Critical or significant incidents can be defined as situations that make an impression or have a special meaning to an individual. As a result, they cause the person to become aware of their own views, likes, dislikes and prejudices (Duraghee, 1996). The analysis of such incidents, a useful reflective technique (Usher et al. 1999), helps us to identify professional capabilities, increase knowledge of self and improve patient care outcomes (Lian 2001; Langrebe & Winter 1994) and lead to practice that is better informed than before the reflection (Usher et al. 2001). Through the analysis of this incident, the author was able to identify and examine factors that led to judging behaviour that undermined good nursing practice and clinical judgement.

Description of the Incident

I encountered Jennifer[1] one morning shift when allocated from the hospital's casual pool to work in the paediatric department. In the regional hospital where I worked, hospital casual staff were often deployed to the area of greatest need. One of my clients for the day was Jennifer, a three-month-old infant, admitted with a diagnosis of Failure To Thrive (FTT).

During handover a senior nurse who usually worked in the unit offered her opinion on Jennifer's problem. She inferred that Jennifer's FTT was not the result of any physical

[1] Names are changed for confidentiality purposes.

problem but the outcome of poor maternal care. Mary[1], Jennifer's mother, was described as not only unwilling to cooperate with staff, but unwilling to assist with many aspects of Jennifer's daily care. Mary was described as a 22 year old, single mother of 4 children. The handover nurse indicated my day with the child and her mother would be difficult and that I would be wasting my time if I thought I could get Mary to take an active role in her baby's care.

When I first met Mary I introduced myself and attempted to involve her in the baby's care by asking if she wanted to give Jennifer her bottle. She declined my offer and said she was going outside for a cigarette instead. I was shocked by this reaction and found myself becoming increasingly judgemental of Mary with every interaction. At one stage I overheard Mary complaining to a family member about the bossy nurses who thought they knew better than everyone else. This made me angry so I left the room and sought out the nurse in charge and told her of my difficulties. She replied by saying, "You're wasting your time and energy, she'll never change or listen to you, we deal with her type all the time". I started to think she was probably right and that the situation was beyond redemption. However, later in the shift I made a further attempt to involve Mary in her baby's care and to my surprise, it led to a different outcome. My approach this time was slightly different. Rather than rush in and pressure Mary to assist in Jennifer's care, I tried to be more patient and inclusive. I took the time to ask Mary if she had any questions about her daughter's needs and she told me that no-one had asked her that before. She then opened up further and told me that she did not understand what was happening with her child. She expressed how she felt blamed for her daughter's problem that had caused her to feel uncomfortable around her own child.

Discussion and reflection

This critical incident helped me to think about the problem that results when we allow our interactions with patients and/or their family members to be coloured by our own past experiences and the innuendo relayed to us by our colleagues. On reflection, I could see that my interactions with Mary were less than professional because I had allowed my impressions of the mother to be influenced by the information communicated to me by my colleagues. My reflections on this incident were centred around practicing in an unfamiliar environment, my knowledge about FTT in babies, motherhood, and the process that changed my judging actions.

Practice in unfamiliar environments

I felt nervous about being assigned an early shift in the Paediatric Unit. Clearly I was out side of my comfort zone. When deployed I usually worked in critical care areas as they fit fairly closely to the Emergency Department (ED) which was my usual place of work. I am an experienced ED nurse so becoming a 'novice' nurse in the paediatric unit for an occasional shift without orientation was not only unfavourable and uninviting, but threatening. Rashotte and Thomas (2002) outline the issues that nurses experience in encountering the vast differences from one specialty area to another. They identified the need for individualised orientation to new areas as especially important to both nurse and unit, however this seems to be an insurmountable task when considering the number of casual staff and nursing specialties that exist in large hospitals.

Nursing handover or verbal report is different in every unit. Unfortunately though, this was not the first time I had heard derision or other judgemental reports used to describe

patients or their families. Sexton et al. (2004) explain that sometimes during handover or verbal report, nurses discuss patients in terms that are clearly derogatory. While in this case this behaviour was extended to the family, it is often the case in paediatric departments that the link between patient and family is much stronger and important to planning nursing care than in other units. Initially, however, I was not surprised or dismayed at the way in which the nurse was talking about Mary. I see this as the pivotal point where my own collusion in the judgemental behaviour began. As often with new staff, I felt nervous and uncomfortable; this, mixed with my level of understanding about FTT in babies plus my own biases and values, influenced my behaviour towards this mother.

Turning to the nurse in charge showed my lack of confidence in dealing with this situation on my own. In this unfamiliar specialised environment I felt out of my depth, unsure and relied on the paediatric nurses as a reference point. Randle (2003) identifies self esteem as a major factor in how the nurse treats patients. She explains that "professional self-esteem refers to the self-evaluative beliefs that nurses hold about themselves as nurses" (p.396). In this case I had evaluated myself as less than competent to work effectively and deal with interpersonal issues in the paediatric unit and that was reflected in my attitudes towards this situation, including seeking validation for my decisions.

Failure To Thrive (FTT) in infants

As Jennifer was admitted with FTT, it would seem I was easily convinced that her mother must be at fault. Of course FTT can be associated with neglect and other psychosocial problems, however, it is not always the case (Wong, 1997) and it is wrong

for us to assume it to be so. Krugman and Dubowitz (2003) state the historical definitions of organic and non-organic classifications of FTT are not helpful because many children will display characteristics that fall under both classifications of FTT. For example, a medical problem may cause feeding problems giving caregivers stress which may then add to the feeding problem and aggravate the FTT. Infants rarely need hospitalisation to reverse FTT except in cases where the FTT is severe or there is cause for concern for the child's safety (Krugman & Dubowitz, 2003). Hospitalisation for FTT therefore may fall into the category of diagnoses that can carry value judgements with them. Trusting other nurses' opinions because I was out of my comfort zone may have steered me in the direction of making assumptions. In clinical situations nurses often value the opinions of experienced nurses.

My own perceptions of motherhood

My idea of what constitutes a good mother is supported by my personal experience and upbringing as well as my education. This is of course how we learn the things we know in the world, how we learn what we know is complicated and can be difficult to define (O'Connell, 2000) and is influenced by a multitude of factors that interrelate in a complex and abstract manner. These factors are different for every person and are shaped by nature and nurture in our formative years. All of these factors, plus my lack of knowledge about the condition as well as the specialty area, probably contributed to my willingness to assume that Mary was a 'neglectful mother'. I allowed the surrounding cues of the number of children (4) in relation to Mary's age (22 years old) and the other nurse's perception of her validate this assumption. Poverty and health concerns are disproportionately linked to single parent families and can harm children's development through the impact it has on the parent (Papalia et al., 2001). The influence

of mothers on children is complex and intertwined with our cultural and social expectations (Papalia et al., 2001). Great responsibility is expected of the mother to the child and my assumption that Mary did not fulfil her responsibility to her dependant baby influenced my preconceptions and ideas about her.

My interactions with Mary

Perhaps I could have connected better with Mary on an interpersonal level when we first met. It is possible that I conveyed a negative message to Mary when I first approached her. Sometimes it is easier to focus on the task at hand rather than actually make the effort to interact with a person, especially when you have made a negative assumption about a particular person. Chaffee (2004) explains that assumptions are "beliefs, often unstated, that underlie your point of view. Many disputes occur and remain unresolved because the people involved do not recognise or express their assumptions" (p. 554-5). I had made many assumptions during the course of this interaction with Mary, the least of them was to believe she was talking about me when she commented on the bossy nurses. Everything we do including our body language, conversation content and voice tone conveys to the other person our thoughts, ideas and feelings (Egan, 1998). First impressions count as well as the way the message is delivered, and real communication is based on the message received (Cole, 2000) not the message we intended to send. Cole (2000) identifies filters that may obstruct or change communication; for me these included: premature evaluation, stress, other things on my mind, assumptions, stereotyping and thinking I already knew what Mary would say and do and this added to the distortion of communication between us. Body language is important and sends many messages to the receiver, so by concentrating on the things I was worried about in

this unfamiliar environment could have influenced how Mary responded to me, compounding my preconceptions of her.

Conclusion

The meaning I derived from this reflection is principally to be aware of the effect that innuendo, self doubt, and personal bias has on your interpersonal judgements. This incident has made me cautious of what I am told by others and more critical of handover information about patients and their families regardless of how experienced the nurse is in the area. I know that I will continue to meet patients and family members who challenge my values and beliefs, but in recognising that challenge I can be better prepared to treat everyone as an individual rather than as I perceive them to be. I am also aware this incident happened when feeling vulnerable and unsure of myself, and has also served to remind me that even though I aspire to an ideal, I am human, and at times my vulnerability in certain contexts will affect my actions.

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