

Practical Guide for General Nursing Science

Second Edition

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Foreword

The current healthcare environment is complex and requires high levels of decision making when choosing interventions that are aimed at improving health outcomes. Effective interventions entail theoretical knowledge, sound clinical judgement and consideration of the patients' needs, values and beliefs, as well as safe practice. The first edition of the *Practical guide for general nursing science*, which was published as Part 1 and Part 2, proved to be a very useful and popular resource, not only for nurses, but also for other disciplines, such as emergency care, both as a reference and in daily practice. In order to keep pace with the dynamic nature of healthcare, it became necessary for the experts who authored the first edition to review the book and add new information that is evidence-based and relevant to current care needs.

The second edition of the *Practical guide for general nursing science* is both significant and timely as healthcare practitioners are faced with caring for patients with complex disease conditions requiring solutions that integrate clinical expertise with the best scientific evidence available to provide quality care. Limited resources, heightened patient awareness and increased litigation force healthcare practitioners to acquire knowledge and information that are not only current, but can be supported by research and scientific evidence. This was the focus when the first edition was reviewed.

The second edition has been compiled as one edition with additional themes. Each theme contains information that is evidence-based, and is intended for the professional who requires knowledge and insight to provide quality care to patients from the time that they are in contact with a healthcare provider until they are discharged from care. This practical guide can also be followed while caring for patients in various settings, including clinics, wards and operating rooms, and during home-based care.

Each theme has several separate modules which address different aspects of the theme. The modules open with outcomes and an introduction, followed by content that is structured in an organised and systematic way according to the nursing process and significantly includes recording and reporting, both imperative for safe patient care and evidence.

Globally, trauma and injuries rank among the highest causes of mortality. Patients who do not have their injuries properly attended to, may die from poor wound care, loss of blood or infection. These topics have been covered in this second edition by new themes on wound care and blood and blood products. Another new theme in the second edition deals with professional conduct, a topic that has become increasingly important in the management of patients as part of quality patient care and satisfaction. The theme on asepsis in the first edition has been widened in application in this new addition and covers both infection prevention and control.

In addition, this updated edition contains margin glossaries and notes that assist in understanding the context of specific sections. It also has text and information boxes that, respectively, highlight important information and extend specific areas of content.

While the book contains evidence-based information that can at times be complex, it is well written, coherently structured, and easy to follow and understand. The book can serve as an additional resource for interprofessional practitioners, it can form a basis for specialisation in various fields within nursing practice, and it can be used in other disciplines, such as diagnostic radiology, laboratory technology, nutrition and dietetic studies, and emergency care.

The authors of each theme are commended for delivering a resource that is evidence-based and informative, and that serves as a very useful companion for clinical practice, not only for nurses, but across the interprofessional team.

Dr K. E. Mokoka RN PhD FANSA
Chief Executive Officer
Forum of University Nursing Deans of South Africa (FUNDISA)

To the student

Please note the following:

- These symbols indicate cross-references: # (e.g. on page 1163) and ## (e.g. on page 1146).
- Specific actions that only the physician can do are indicated in italic text (e.g. page 499 – *The physician dons gloves and cleans the appropriate area of skin with antiseptic solutions*).



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THEME 1

Professional conduct



Module 1

Professional conduct

Nelouise Geyer

Outcomes

- Act according to the guidelines stipulated for professional etiquette
- Manage unprofessional behaviour in the workplace
- Maintain the appearance and dress code of nurses
- Demonstrate competency to deal with a difficult patient
- Apply the principles of good recordkeeping
- Take a telephonic order
- Apply the principles of safe use of social media in all conduct

Introduction

Professional conduct refers to the behaviour and social skills of a member of a specific profession which encompasses their moral practice, actions, beliefs and behaviour standards. Generally, professions develop their own codes of professional conduct within a legal–ethical framework that provides standards and values that the individuals in that profession should follow. Such conduct results in accountable and responsible professional practitioners who execute their duties effectively, efficiently and safely. This leads to public trust in and respect for their profession. The *Batho Pele* principles provide a broad-based code of practice for all types of employees in **public service** delivery environments.

Professional etiquette is the customary code of polite behaviour and good manners among members of any specific profession. In the nursing profession, professional etiquette is a characteristic of the well-rounded professional nurse and regulates the behaviour of nurses in the clinical field. While **competent** nursing practitioners are expected to have the necessary academic knowledge and clinical skills, how they conduct themselves in the workplace informs the impression patients and colleagues have about nursing staff.

Nursing is referred to as a labour-intensive service, as it is strongly centred in interaction with people and their emotions even though the profession uses many technological devices during care provision. Observing patients during interactions and care provision is invaluable, as it often provides clinical signs of a change in their condition, frequently before technological tools have identified any changes.

Batho Pele principles

Here is a list of the *Batho Pele* principles:

- Consultation
- Service standards
- Access
- Courtesy
- Information
- Openness and transparency
- Redress
- Value for money.

For a description of each principle, see www.dpsa.gov.za/documents/Abridged%20BP%20programme%20July2014.pdf).

Public service The professional branches of a state's administration, excluding elected politicians, and the military and judicial.

Competent Having the skills and ability to complete specific tasks correctly and accurately.

Professional etiquette in nursing is important because it results in society trusting and respecting nurses and their profession. In addition, it helps to avoid unnecessary workplace tensions or misunderstandings, on the one hand, while increasing productivity, on the other. This enables nurses to carry out their duties to the satisfaction of their patients and their colleagues.

1 Meet and greet

Etiquette is initiated with how you meet and greet others. You should turn to the person, make eye contact, smile and introduce yourself. With patients, a handshake, or touching the hand, arm or shoulder, is usually acceptable. Get to know their names as quickly as possible. Always be kind, courteous, respectful and friendly. Respect other people's personal space, as it may differ from your own. This is particularly relevant for therapeutic touching of a patient.

2 Appearance

The way nurses look and carry themselves influence the image of the profession. Correct **grooming**, including personal grooming and appearance, is always essential. Uniforms and shoes should be clean and worn with pride. Employers usually prescribe the uniform and general appearance expected of their employees. However, below is a list of some pointers.

Grooming Making sure you have a neat and tidy appearance.

- Wear the prescribed uniform. Make sure it is clean and wrinkle-free. Where white uniforms are worn, ensure that underwear does not show through.
- Shoes must be clean, non-slip, closed-toe and heel and non-mesh. Make sure that the footwear is supportive and comfortable and does not inhibit practice activities. Do not wear clogs or crocs. Footwear colour must follow institutional policy.
- Hair must be clean, controlled and neat. Long hair must be worn up when the nurse is in uniform. Facial hair must be clean, neatly trimmed and controlled.
- Finger nails must be short, neatly trimmed and clean. No artificial nails or gel should be allowed, and preferably no nail polish either, although neutral colours may be considered if in a good condition.
- Limit jewellery to wedding bands, one stud per ear and a non-ornamental watch. Jewellery on arms and hands must be removed while the nurse is on duty.
- Wear light perfume or aftershave lotion. Respiratory patients, in particular, are very sensitive to particles in the air and may be adversely affected by perfumes or aftershave lotions. Remember that body and breath hygiene are critical considerations for good grooming, particularly if you smoke.
- Always wear your name badge. Have your own pen and pair of scissors, and keep them clean.

EXERCISE 1

In groups, study the cartoon below.



- 1 Would you appoint the individual in the cartoon as your ward secretary?
- 2 Would you appoint her anywhere else in your clinic or hospital?

Justify your responses with at least five reasons.

Patient history

A medical practitioner obtains the *history* of a patient by asking the patient or another person who knows the patient (typically another family member) questions about the patient with the aim of obtaining information that can be useful in formulating a diagnosis and providing the patient with medical care.

3 Communication

Basic communication skills consist of writing, reading, speaking and listening. Clear communication is the most important tool in healthcare to connect with patients. In addition to establishing **rapport**, it assists with taking a good **history** leading to diagnostic accuracy, patient satisfaction and better adherence to treatment, improved patient safety and decreased malpractice risk for health professionals. Clear communication requires individuals to be respectful and clear in their written and spoken communication.

Good communication is also essential for good relations among healthcare team members. Collaboration amongst healthcare team members, who often function as independent parties, is crucial for joint decision-making in the provision of safe and quality patient care.

Rapport A relationship in which the people or groups involved understand one another's feelings or ideas and communicate well.

EXERCISE 2

Change the furniture and other objects around in the classroom or lecture hall to form an obstacle course. Ensure that the environment remains safe! Then divide into teams of two and blindfold one team member. The other team member must guide the blindfolded partner safely through the obstacle course by giving directions. At the end of the Module, change roles so that the other partner must now be navigated through the course. After this exercise, discuss these questions in groups:

- 1 How did your communication with the blindfolded partner change from the way that you ordinarily communicate?
- 2 How did your listening skills change while you were blindfolded?

4 Listening

Clear communication is not possible if you cannot listen properly so that you can understand what the other person is saying. A good listener:

- allows others to finish what they are saying without interrupting;
- continuously pays attention to what is being said;
- maintains eye contact;
- checks that the message has been correctly understood through feedback or paraphrasing, and asks questions if more clarity is required; and
- takes note of **nonverbal signs** while the other person is speaking.

Nonverbal signs Things a person does with parts of his or her body, like folding arms or crossing legs, which can provide information about the person's feelings and attitudes.

EXERCISE 3

How good are your listening skills?

- 1 Access the following website: <https://www.mindtools.com/pages/article/listening-quiz.htm>
- 2 Complete the questionnaire on the website.
- 3 Read your score interpretation to get an idea of how good your listening skills are.

5 General workplace behaviour

Nursing care requires a team effort. Nurses therefore should be team players and each nurse should work hard towards the outcomes of patient care. Ethical behaviour must be adhered to, for example honour working hours, arrive early, maintain **confidentiality**, be honest, follow through on your commitments, and maintain competence by expanding your knowledge and skills. Be respectful towards patients and colleagues, and to the policies of the workplace, such as the chain of command, and its resources. You should only use employer resources in the line of duty. Abuse of telephones and internet access should be avoided as should pirating legal software and appropriating ward stock for personal use. Some general guidelines include:

- **Speed and time:** In healthcare, there is no doubt that speed can save lives. However, when undertaking non-urgent activities, it is more important to

Confidentiality Keeping information private and not sharing it with anyone else.

take a little more time to perform them correctly the first time to prevent any untoward outcomes.

- **Be consistent and effective:** Always ensure that the highest standard of quality and safety is applied in care provision to patients.
- **Patient fears:** Patients seeking healthcare services find themselves in an unfamiliar environment which makes them anxious, so be sure to show empathy and to answer their questions. Be patient when they ask the same questions repeatedly and provide them with all the information they require as often as needed. Remember, nursing is a service profession and without patients there would be no nursing.
- **Accessibility:** Be available and visible to patients, and respond to their calls for assistance as soon as possible. Always return to a patient when you have promised to do so. When you have a bit of time to spare, spend it speaking to patients instead of sitting around the corner making calls on your mobile phone or checking Facebook.
- **Connecting with the patient:** Connecting with the patient is vital to establish and maintain good relationships. It is unacceptable behaviour for nurses to discuss their personal social lives with each other while ignoring patients when providing them with nursing care, such as a bed bath. Furthermore, nurses should never argue in front of patients, tease them or show a lack of interest.
- **Privacy and confidentiality:** Privacy and confidentiality are ethical concepts, which are also prescribed in the National Health Act 61 of 2003. All healthcare practitioners are obliged to keep patient information secure at all times. Members of healthcare teams are permitted to share information about a patient's condition to maintain continuity of treatment. Sharing information does not, however, include colleagues who may be friends of yours with whom you share 'interesting' cases. Patient information can be shared when a patient has given permission, for example for a family member to look at his or her records. Patients have the right to know what information is kept about them, how this information is kept, and what information will be shared, why and with whom. Patients have the right to refuse consent for any information about them to be disclosed or shared, except when a court order has been issued that allows the information to be disclosed or shared.

EXERCISE 4

- 1 Identify one acceptable and one unacceptable type of conduct in a clinical space that you have observed. As a class or in groups, use the questions below to discuss the conduct.
 - a) Why was the conduct acceptable or unacceptable?
 - b) How could both the acceptable and the unacceptable behaviour have been conducted differently?
- 2 Select one of the 11 *Batho Pele* principles and write down how it could be applied in the clinical situation where you work.
- 3 Watch the following videos on professional conduct. Afterwards, discuss the behaviour you observed.
 - a) <https://www.youtube.com/watch?v=ILw9miiTlck>
 - b) <https://www.youtube.com/watch?v=12HsPb-9kps>

6 Conducting yourself in difficult situations and with difficult patients

Keeping in mind that nurses are people who work with people, it is almost inevitable that difficult situations will arise or that you will find yourself dealing with difficult individuals (whether colleagues, patients or their family or relatives) in the workplace. Such situations result from human interactions, where individuals react to one another. While you cannot control the behaviour of other people, you can learn how to manage your own behaviour by developing techniques to communicate effectively and to influence others positively (Cava, 2014: 8).

Generally, most people respond in one of three ways when dealing with a difficult person. Some become defensive, others become angry, but clench their teeth and try to grin and bear the situation, while some stop, think and take the time to recognise and understand the other person's problem. The first two responses are not effective in solving the problem. For example, the second approach causes the internalisation of your own emotions, which will create havoc at a later stage. The third approach is the best one to resolve problem. So, remember the following when dealing with a difficult patient:

- Understand that the situation or interaction is not personal.
- Connect with and get to know the patient. Showing that you care may prevent any incidents from occurring.
- Be observant because observant nurses may recognise potentially difficult situations and **defuse** them before they develop into incidents.
- Stay calm and do not **retaliate**.
- Apply the problem-solving approach to determine the **underlying** cause of and the best solutions to the patient's behaviour.
- Never allow manipulative patients to pressure you into attending to their issues first if you have other priorities. Explain to them that you will deal with their situation as soon as possible, and keep your promise. Keep in mind that part of problem-solving could require you to change the way you respond to difficult situations.
- Never tolerate abuse from patients, their family members or their visitors. Section 20 of the National Health Act, No. 61 of 2003, determines that health workers may refuse to treat a patient who is physically or verbally abusive or who sexually harasses him or her (South Africa, 2003).

Defuse Make a situation less tense.

Retaliate Attack someone verbally or physically in return for a similar attack they carried out on you.

Underlying The main or basic cause of behaviour.

EXERCISE 5

Legislation and the nurse's responsibility to report

- 1 What does section 20 of the National Health Act 61 of 2003 determine?
- 2 Evaluate the following videos and discuss the lessons learned in your groups:
 - a) The angry patient. <https://www.youtube.com/watch?v=1sXDGijtQyQ>
 - b) A difficult patient. <https://www.youtube.com/watch?v=ZJ2msARQsKU>
 - c) How to deal with difficult people. https://www.youtube.com/watch?v=3e_rdSvwh_E
 - d) How do you deal with a bully without becoming a thug? <https://www.youtube.com/watch?v=sgWyolwBGgE>

7 Telephone etiquette

Telephone etiquette is an important part of communication and workplace behaviour. How you answer the phone and speak to people on the other side of the phone not only creates an impression of you as a professional or individual, but also of your employer. To make a positive impression, ensure that your telephone etiquette includes the following:

- Make sure your greeting is clear. Say good morning/afternoon/evening, mention the unit/department where you are and state your position and your name. If you are making the call, give your position and name, and ask to speak to the person that you are contacting.
- Speak clearly and slowly, especially when leaving a message. Do not chew or drink anything while making the call.
- Speak into the phone receiver to make sure the person on the other end can hear you clearly.
- Be courteous at all times. Remember that your tone of voice can contradict what you are saying to a person on the phone, so keep your tone friendly and courteous.
- When taking a message, make notes to capture the factual information conveyed. If necessary, repeat the information, particularly when telephone numbers must be passed on to someone else.

The use of mobile (cell) phones is more common than the use of landlines. While you may think that your mobile phone etiquette is respectful, if people around you get irritated by the way you use your mobile phone, it is not. Respectful and disciplined mobile phone use includes the following:

- Always respect those around you. Switch off or silence your phone during work time or meetings. Leave calls to go to voicemail and attend to the message at a later stage.
- If you must take a call, get up and take the call somewhere away from the rest of the people.
- Do not allow a call to distract you from attending to a patient.
- Do not speak loudly or turn on your phone speaker unless there are others who must participate in the conversation.
- Avoid arguments on the phone. Rather tell the person on the other side that you will call them later, when you are off duty.
- Filter your language use.
- You should not use mobile phones during clinical on-duty times; it distracts you and others from the work at hand, and, above all, can become a source for cross-infection because the mobile phone is not clean and nurses seldom wash their hands after using their mobile phones.
- Never text and drive. It distracts you from your driving responsibility and can result in an accident.
- Instead of standing around the corner to check your social media messages while on duty, spend some time talking with a patient.

EXERCISE 6

In groups, study the cartoon below.



- 1 What is wrong in the cartoon?
- 2 How should the nurse in the cartoon behave?

8 Recordkeeping and how to report patient care

Maintenance of healthcare records is an essential part of a healthcare professional's overall responsibility and plays an important role in the provision of quality care and patient safety. Recording patient care is done objectively. The records are intended to reflect precisely the assessment, treatment and outcomes of patient care. Total patient care includes both the hands-on care provided as well as the documenting of this care. On some occasions, a patient's situation may require an immediate verbal report to the unit manager or physician.

Recording patient care must be concise, clear and complete. All information should be written with a black pen. Recording should fulfil the requirements listed below:

- **Accurate:** Patient records are legal documents and can be used as evidence if a legal claim is made.
- **Factual and objective:** Only record factual information obtained through observation, conversation or actions undertaken.
- **Respectful:** Avoid recording insulting or offensive information.
- **Signed, dated and without abbreviations:** Record the necessary information as soon as possible after the care was provided or an observation was made.

- **Correct:** Draw a line through any incorrect information and initial the correction. Never use an eraser or correction fluid to amend statements in a patient's record. Never change anything written by someone else.
- **Identified:** Documents usually include two verifiers, namely the patient's name and a unique patient number.
- **Confidential:** Documents should be kept safe and the contents not disclosed outside the circle of care.

Patient records are important documents to keep track of the patient care provided, as well as the progress or otherwise of the patient. It is also an important communication tool between the different healthcare practitioners involved in a patient's care.

EXERCISE 7

Legislation and the nurse's responsibility to report.

- 1 What does Chapter 2 in the National Health Act 61 of 2003 determine regarding the role of nurses in recordkeeping?
- 2 Obtain three records in the unit where you are placed for clinical learning.
 - a) Check the records to determine their completeness. Use the guidelines above.
 - b) Discuss your findings, without breaking patient confidentiality, with your group.

9 Telephonic orders

Telephonic orders are often necessary in a situation where a patient's condition changes and the treating physician is not readily available. In such a situation, a nurse may need to phone the patient's physician.

Have all relevant information available before making the call, to ensure that you describe the patient's condition accurately. This information generally includes the patient's vital signs and complaints such as pain, as well as laboratory results. The doctor may then prescribe additional treatment for the patient which the nurse records and confirms. This can be done in one of two ways:

- The physician provides the prescription, the nurse writes it down and then asks the physician to repeat the prescription to a second nurse who co-signs the written verbal prescription received.
- Alternatively, a speakerphone is used and the physician gives the prescription only once to both nurses at the same time, after which they can co-sign the telephonic prescription.

After the telephonic prescription has been recorded and confirmed, it is then implemented.

SBAR communication tool

In cases where the patient's condition changes, you can use the SBAR (Situation, Background, Assessment and Recommendation) communication tool. Refer to the following website: <https://improvement.nhs.uk/documents/2162/sbar-communication-tool.pdf>

9.1 Verbal orders

Action	Rationale
<ul style="list-style-type: none"> • Two nurses receive the verbal prescription 	<ul style="list-style-type: none"> • Verbal orders are potentially unsafe practices
<ul style="list-style-type: none"> • Treating physician listens to the nurse's report and verbally provides a prescription 	<ul style="list-style-type: none"> • Treating physician is not available in the unit at the time that the intervention is required
<ul style="list-style-type: none"> • Nurse writes down the prescriptions on the patient's chart and repeats it back to the doctor: <ul style="list-style-type: none"> – Patient's name – Drug name, spelling the name in case of drug names that sound alike – Dosage stating in single digits, such as one zero for 10 mg – Route of administration – Frequency of administration – Name of the physician prescribing the drug 	<ul style="list-style-type: none"> • To provide a written record of the verbal prescription in the patient's record <ul style="list-style-type: none"> – To ensure that the verbal prescription is correctly captured to maintain patient safety
<ul style="list-style-type: none"> • Physician confirms the order or corrects it if necessary, and then repeats the order to a second nurse 	<ul style="list-style-type: none"> • To ensure that the verbal prescription is correctly captured to maintain patient safety
<ul style="list-style-type: none"> • Both nurses sign the verbal order received that has been written down 	<ul style="list-style-type: none"> • Evidence that the prescription has been correctly captured
<ul style="list-style-type: none"> • Physician signs the telephonic order as soon as possible but not later than 24 hours after the prescription was provided 	<ul style="list-style-type: none"> • Legal requirement for prescription of drugs

10 Social media

The use of social media is a fast-growing trend and is becoming the most common form of communication, irrespective of the user's age. Applications (apps) such as Facebook, Flickr, Twitter, Snapchat and Whatsapp are used for social networking, while YouTube and blogging are used for information sharing. There are also professional networking sites such as LinkedIn.

Because sharing information on social media is so quick and easy, the challenge in using social media is preventing the blurring of the boundaries between your social and professional life. Social media apps are great tools for providing patients with education and information or for keeping in contact with your colleagues or classmates and lecturers. However, you must ensure that the privacy and confidentiality of patients, colleagues and other people that you communicate with on social media is respected and strictly maintained.

While the Constitution allows freedom of opinion and expression, it also protects people's right to privacy and dignity. The Consumer Protection Act 68 of 2008 places an additional obligation on healthcare practitioners to protect the privacy and dignity of their patients. Because social media increases the threat to privacy, here are some guidelines for the use of social media as professionals:

- Remember that anything posted on the internet or social networks is in the public sphere. Therefore, be very careful before posting any comments or conversations. Statements on social media can spread worldwide in a short

period of time, and anyone who contributed to a **defamatory** statement can be held liable. This means that if you share something defamatory on social media (e.g. like it on Facebook or re-tweet it on Twitter) you can be held liable.

- Use social media very carefully, as it can influence your professional image.
- Use secure privacy settings. Be careful when accepting friend requests.
- Never invite patients to join your social networks.
- Sharing interesting case studies, if done for educational purposes, must be de-identified of all patient identification elements. Preferably, however, you should never do this.
- Never share any photos or any other images of patients on social media. In certain areas of clinical care, such as for patients who need wound care or who have undergone plastic surgery, or who have been physically abused, it may be necessary to keep images to determine progress in healing or as evidence of injuries sustained. This should only be done with the patient's permission and the images must be safeguarded and treated confidentially, the same way as all other patient information is.
- Do not give advice on social media. If you do, only use information from credible sources. Invalidate misleading information when encountered.
- Never use social media to promote any specific brand names or products.

Defamatory Verbal or written texts that damage the reputation of another person.

EXERCISE 8

When the rights and interests of your employer and your own rights and interest are in conflict, it can lead to serious consequences. Read the case law contained in the document of a seminar by the law firm Bowman Gilfillan on *Dismissals for social media misconduct*: DR, December 2012:6 [2012] DEREBUS 80. Available at <http://www.saflii.org/za/journals/DEREBUS/2012/80.html>

- 1 What right(s) of employees were protected in the cases discussed?
- 2 What were the reasons for dismissal of the employees in the cases discussed?
- 3 What lessons can you learn from these case studies?

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