

# Transition to District Nursing Service

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## Section A - Thinking about working in the community

### Chapter 2 - Making the transition from hospital to community

The aim of this Chapter is to:

- Develop an understanding of the community setting as a work environment
- Identify the support available to you as a community nurse and whilst undertaking this resource
- Introduce 'Reflection' as a learning tool and consider some models of reflection
- Start to think about how you would like to record your reflections whilst doing this online resource

When making the transition from hospital to the community there are many practical aspects that need to be taken into consideration. The environment and location will be very different. It may take some time to familiarise yourself with the geographical area and one way of doing this maybe by spending some time either walking, cycling or driving around to get your bearings and to consider some of the below:

#### Housing

- What type of housing is in the area?
- Is there a mix of tenure (e.g. private, rented, social housing)?
- What condition are the houses in?

#### Environment

- Cleanliness of the streets
- Evidence of vandalism
- Parks and green spaces

#### Facilities

- Primary Schools?
- Secondary Schools?
- Are there local shops?
- Is there a pharmacist?
- Is there a supermarket nearby?
- Post Office?
- Where is the nearest GP Surgery?
- What District General Hospital serves this area?
- Residential Homes?
- Elderly Day centres?
- Community Centre and Library?
- Location of Local Social Services, chiropody, physiotherapy? etc

#### Transport

- What public transport is available?
- Are there frequent services?
- What else can you tell about the area?
- By doing this fact finding exercise you will develop a wider

# 'It is important that this shift in the balance of the patient-nurse relationship is not underestimated.'

understanding of the community in which you are going to be working and this local knowledge will be invaluable when delivering care to your patients.

## Links to Primary Care

A District Nurse will have a good understanding of the wider context of Primary Care services and the importance of developing relationships across organisational boundaries. The vision outlined in the NHS Five Year Forward View is about the future for the primary care workforce including general practices, community nursing and pharmacies closely working together to provide a range of services in collaboration with secondary care, social care and voluntary organisations.

Primary Care Workforce Commission – The Future of Primary Care creating dreams for tomorrow  
[www.hee.nhs.uk/sites/default/files/documents/WES\\_The-future-of-primary-care.pdf](http://www.hee.nhs.uk/sites/default/files/documents/WES_The-future-of-primary-care.pdf)

## Home visiting

A major change will be the fact that when visiting patients, you will be a guest in their home and you will be there by invitation. You will also be exposed to the way in which your patients choose to live their own lives, which may influence your relationship with them and also how you can deliver care effectively. People's homes are not set up or designed for the purpose of delivering health care and the challenge sometimes will be how you do this safely and effectively without invading a person's home life. It will not be your role to make judgements on the way in which people choose to live their lives. It will require you to apply the same anti-discriminatory practice and behaviour that you would have practiced in other settings.

It is important that this shift in the balance of the patient-nurse relationship is not underestimated. You will need to develop skills in managing relationships with patients and carers and ensuring that these relationships are positive. This may be achieved by contacting patients as early as possible, spending time to understand their individual needs and build a trusting relationship. It will also be about how you advocate for the patients you care for. This relationship is unique and will require you to maintain a professional relationship that protects both you and the patient.

Many nurses new to the community also highlight the isolation they can experience as a lone worker,

having come from a ward environment where there is always someone to talk to and to access for advice. It will be important that you identify your sources of support very early on so that the feeling of isolation can be minimised. It is good practice to identify a support contact person whilst working.

## Managing the work

Another challenge will be to manage your time effectively, when trying to ensure that you fulfil all of your allocated visits. Whilst wanting to spend time building up a relationship with a patient and their carer (which is vital) you will also need to keep to a schedule and balance the time spent with all of your patients. Over time the experienced district nurse can hone the skill of presenting themselves as having enough time to see to all her patient's needs, whilst underneath planning for the next visit on his/her list. However, increased workload has been shown to adversely impact the quality of attention that district nurses can give to their patients, which can lead to dissatisfaction and guilt. This guilt at times can manifest and you may be able to pick up on a 'culture' of nurses that fail to take regular breaks and work way beyond their employed hours in order to 'get through' their allocated work. It will be imperative for you to manage your personal workload so that at all times you take regular breaks and try not to get drawn into this culture. Also to bear in mind how incredibly rewarding working in the community can be if you remember to 'look after yourself'.

## Acuity tools and Dependency scoring

One way in which workload is being address is by the introduction of acuity tools and dependency scoring of workload, which is something you will come across. Patient acuity refers to the severity of a patient's medical condition. A higher acuity would indicate a more serious condition or likelihood of deterioration, RCN (2010). In the community setting, the emphasis on deterioration is even greater, as patients with many long term conditions require a higher skill level of nursing. Two patients of the same acuity may exhibit the same level of complexity; however, they may still require different levels of nursing input according to factors such as their physical condition, mobility and mental capacity. This is known as 'patient dependency on nursing'. Dependency, therefore, is the cost driver of the nursing resource consumed.



### Exercise

As part of your learning for this Chapter find out what scoring tools are being used



within your area and develop a clear understanding of how the work is allocated. Do the same for the shift patterns within your area.

## Stress and burnout

As in any area of nursing these days, stress can be a factor and in community nursing teams this can lead to nurses taking time away from work. Factors such as emotional demands, staffing problems, work pressure, responsibilities and expectations, social issues, poor management and safety concerns can be linked with psychological distress and emotional exhaustion. Other reasons leading to stress may include lack of replacement staff and the inability to take leave for personal, medical or professional development. Having an awareness of stress will assist you when trying to develop some resilience to these pressures and how to cope with this transition.

## District Nursing Team

The district nursing team will be key in assisting you to make the transition and at times will feel like a 'lifeline' in assisting you to make changes and to address some of the above stresses. The role of the qualified district nurse is that of developing and motivating staff within the team and supporting other team members. As a team leader, it will be down to this person to ensure that you feel supported to perform your role and to give you individual support if needed.

Community working is built on the foundations of good effective partnership and team working and excellent communication. One area that you can access support will be during any type of patient handover meetings, whether this is with the district nursing team or the wider multi-disciplinary team (MDT) that you might have, where you can share your experiences of delivering care and in particular any interpersonal aspects of the caring relationship.

## What support is available in the community?

Whilst completing this resource it is advised that you identify a mentor that can support you whilst going through this online resource. Your mentor must be a qualified nurse and mentor who has had experience of working in the community setting.

The main role of your mentor will be to assist with your development, both in terms of making the transition to the community setting and identifying any additional support you may need.

Ideally you should try and meet with your mentor weekly to reflect upon your weeks learning and to get an experienced community nurses perspective on the challenges you may face.

If doing the e-reflective journal it is also good to invite your mentor into your journal so that your progress can be discussed.

## Preceptorship

If you are a newly qualified nurse the NMC strongly recommends that all 'new registrants' have a period of preceptorship on commencing employment; NMC (2008).

The role of the 'preceptor' is to:

- Facilitate and support the transition of a new registrant.
- Facilitate the application of new knowledge and skills.

## 'As in any area of nursing these days, stress can be a factor.'

- Raise awareness of the standards and competencies set that the new registrant is required to achieve and support to achieve these.
- To providing constructive feedback on performance.

This is a crucial area of support, as the first year in practice is often a stressful time. The learning that has occurred at university in order to develop a level of knowledge and proficiency, produces highly motivated and professional individuals. However, it is acknowledged that the realistic nature of practice, with all its resource issues and other frustrations can lead to a demoralised nurse very quickly. A good preceptor will be someone who will support the consolidation of knowledge and skills, be a listening ear and be positive in their approach to ensure that there is a low attrition (drop-out) rate.

### For more information access:

DH (2010) Preceptorship Framework- for newly qualified registered nurses, midwives and allied health professionals

<http://www.nhsemployers.org/your-workforce/plan/education-and-training/preceptorships-for-newly-qualified-staff>

## Clinical Supervision

In some areas you may have regular clinical supervision sessions. Clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It has the support of the NMC and fits well in the clinical governance framework, whilst helping to ensure better and improving nursing practice.

The RCN have developed guidance on clinical supervision:

[http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0007/78523/001549.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0007/78523/001549.pdf)

## Introduction of the Reflective Journal

Whilst completing this resource we recommend that you use reflection as a tool to assist your learning. To reflect means to evaluate, consider carefully, weigh up, ponder, contemplate or think purposefully about something. The effect of doing this is to heighten your awareness of what it is you are thinking about.

## Writing a Reflective Journal

If you decide to hand write your journal then we suggest that you record your thoughts and feelings about the way you are using the learning gained

from the resource in your daily professional practice. Consider using a hard backed notebook that you can take with you on a daily basis to record your experiences.

We would also like you to consider using an e-journal by clicking on the link below and developing a more permanent professional journal that can be used beyond this resource, as a way of recording your learning and development journey.

<https://exchange.bcuc.ac.uk/exchweb/bin/redirect.asp?URL=https://sites.google.com/site/appstepbystepuserguide2011/creating-your-portfolio-using-google-sites>

In both instances it will be crucial that you share your journal with your mentor so that the experience does not become a 'solitary' exercise and you gain from the reflective conversation and receive feedback from your colleagues and mentor.

## Confidentiality

Confidentiality and data protection are very important aspects of professional practice. It is very important that any written work concerning practice is anonymous. Real names of individuals and organisations must not be used. Please also access your own Trust's policy on Confidentiality and be aware of the Department of Health and Professional bodies' policies.

Department of Health (2003) NHS Code of Practice: Confidentiality.

Nursing and Midwifery Council, (2015) The Code: Professional standards of practice and behaviour for nurses and midwives

*'As a nurse or midwife, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.'* NMC (2015) page 6

## Reflection (guided dialogue)

In all professional roles, it is important to reflect upon a situation whether it is deemed as positive or negative. Reflection is seen as a theory of critical thinking and is a process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice (Boud et al., 1985). Invariably it is human nature to reflect upon an occurrence when 'something has gone wrong' (Taylor, 2006). Reflective practice advocates that we should also reflect upon good practice as a way of enhancing and reinforcing this practice and also



as a quality control mechanism. There are many models of reflection that can be used to assist in reflecting upon practice. Models may be viewed as academic exercises that at times are poorly implemented and poorly understood by practitioners (Quinn, 2008). The model that is used is not as important as long as a process occurs; Johns (1992) model of reflection is commonly applied, the basics of which are:

The process of reflection:

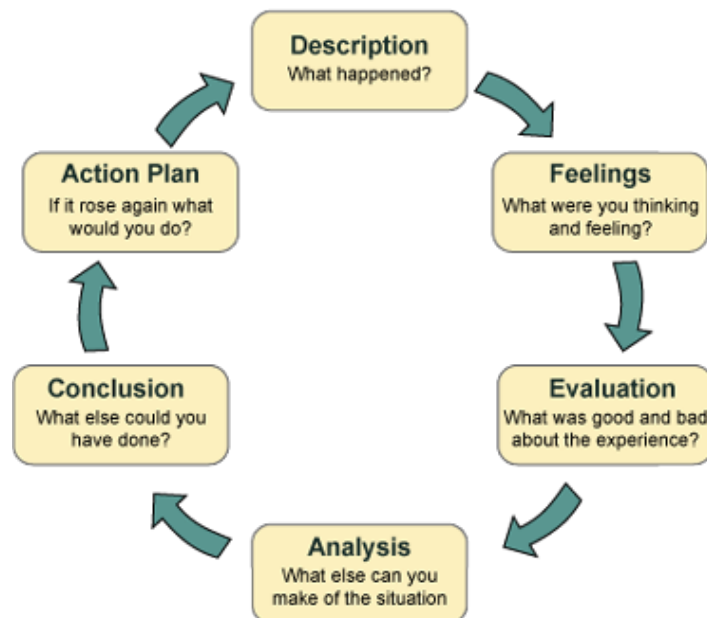
- Experience
- Perception
- Making Sense
- Principles
- Application

Reflection then becomes more than just a thoughtful practice; it becomes a process of turning thoughtful practice into a potential learning situation (Johns, 1996). The learning that occurs must be in some way utilised, and if it is viewed that practices or behaviours must be changed then how these changes occur needs to be considered: *'Reflection without action is wishful thinking.'* Freire (1972) cited in Ghaye (2011).

Here are some examples of reflective models that may assist you to reflect:

In the 'reflective cycle' (Graham Gibbs, 1992), there are six steps to aid reflective practice:

## Gibbs Reflective Cycle



- **Description:** First you describe what happened in an event or situation
- **Feelings:** Then you identify your responses to the experience, for example 'What did I think and feel?'
- **Evaluation:** You can also identify what was good and bad about the event or situation.
- **Analysis:** The 'Feelings' and 'Evaluation' steps help you to make sense of the experience.
- **Conclusions:** With all this information you are now in a position to ask, 'What have I learned from the experience?'

## 'It feels more like a partnership of decision-making between patient and the nurse/'

- **Action plan:** Finally, you can plan for the future, modifying your actions, on the basis of your reflections.

Here is a practice example of reflection using Gibbs Description: First you describe what happened in an event or situation

I went to visit a patient to administer an insulin injection. We have access to her home as she is unable to come to the front door. Upon arrival I found her lying on the floor in a semi-conscious state. I had to perform an initial assessment on her to work out whether she would need to go to hospital. I had to rouse her and work out whether this was a collapse as a result of a diabetic coma. She was able to respond to my questions and it soon became apparent that her blood sugars were low.

- **Feelings:** Then you identify your responses to the experience, for example 'What did I think and feel?'

I felt scared as I was alone with the patient with no one to call. I was worried about whether or not I would know what to do and how to treat her. I felt an initial panic come over me and my heart was pounding in my chest as I frantically searched for her glucose.

- **Evaluation:** You can also identify what was good and bad about the event or situation

The good aspect was that I made the right judgment about her condition and felt in control medically. I acted quickly and gave her some glucose that she had in the cupboard and stayed with her until she felt strong enough to get up from the floor and I could assess her condition further.

The worrying aspect was the amount of time it took me to find her glucose tablets as I had no prior knowledge of where they were and she was unable to tell me fully.

- **Analysis:** The 'Feelings' and 'Evaluation' steps help you to make sense of the experience

I felt happy that I had the ability to rely on my knowledge of Diabetes at that moment and also that the patient trusted me to do the right thing. I also felt empowered as I had prevented her from going into hospital for something that was manageable in this instance. I was very mindful of the amount of time I was spending with this patient and that I needed to be getting on with my list, especially as I had another Diabetic patient to see.

- **Conclusions:** With all this information you are now in a position to ask 'What have I learned

from the experience?'

I have learnt to trust my clinical judgements more and to realise that I can rely on my own ability in this type of situation

- **Action plan:** Finally, you can plan for the future, modifying your actions, on the basis of your reflections.

In the future I would will always make sure that I know where all my Diabetic patients keep their emergency glucose tablets.

### Johari Window

1 Known self Things we know about ourselves and others know about us	2 Hidden self Things we know about ourselves that others do not know
3 Blind self Things that others know about us that we do not know	4 Unknown self Things that neither we nor others know about us

The Johari window model explores in depth parts of ourselves that we may not as yet recognised. The challenge is to explore and understand a little bit more about ourselves through a window framework:

1. **Known self** - these are things that you know about yourself and that you may consciously present to others.
2. **Hidden self** - these are things that you know about yourself but you choose to hide from others .
3. **Blind self** - these are things about you that others can see but are unknown to you.
4. **Unknown self** - these are feelings and abilities that you are not aware of and which others have not seen.

By considering the four domains it should provide assist you to identify what is known by you, what is known by others and what is yet to be discovered. It can assist to get feedback on performance and increase self-awareness of your own practice.

Here is the same practice example of reflection using the Johari Window:

I went to visit a patient to administer an insulin



injection. We have access to her home as she is unable to come to the front door. Upon arrival I found her lying on the floor in a semi-conscious state. I had to perform an initial assessment on her to work out whether she would need to go to hospital. I had to rouse her and work out whether this was a collapse as a result of a diabetic coma. She was able to respond to my questions and it soon became apparent that her blood sugars were low.

1. **Known self** - these are things that you know about yourself and that you may consciously present to others

'I felt happy that I had the ability to rely on my knowledge of Diabetes at that moment and also that the patient trusted me to do the right thing. I also felt empowered as I had prevented her from going into hospital for something that was manageable in this instance. I was very mindful of the amount of time I was spending with this patient and that I needed to be getting on with my list, especially as I had another Diabetic patient to see.'

2. **Hidden self** - these are things that you know about yourself but you choose to hide from others

'I felt scared as I was alone with the patient with no one to call. I was worried about whether or not I would know what to do and how to treat her. I felt an initial panic come over me and my heart was pounding in my chest as I frantically searched for her glucose.'

3. **Blind self** - these are things about you that others can see but are unknown to you

'When reporting back to my senior nurse the anxieties I had about this patient and how I acted, I was somewhat surprised at the amount of faith she had in my ability to cope. She stated that she could see how I had developed over previous months and knew that this type of situation 'would not faze me'.'

4. **Unknown self** - these are feelings and abilities that you are not aware of and which others have not seen.

'As I grow in experience I feel that I am working towards being a leader in caring for patients in the home setting.'

## How to write reflectively

'It is often difficult for professionals to say or write about what they know and how they use their knowledge.'<sup>1</sup>

### Questions to use when writing reflectively:

- Where did the event take place?
- Who was involved?
- What actually happened?
- How you were involved?
- What your feelings were at the time?
- What contribution did you make?
- What happened after the situation?
- What did you learn from this experience?
  - New knowledge
  - New skills
  - Professional development
  - Personal development

1. Thompson, N. and Pascal, J (2012) 'Developing critically reflective practice' Reflective Practice 13:2:311-325



# 'Nursing can be unpredictable and the patient choice at the end of the day is final.'

## Tips on how to maximise learning time:

- Think of every experience as a learning one- 'talk as you go', externalise all your thoughts sharing tacit knowledge.
- Capture all learning opportunities however minor.
- Try to promote professional conversations with the mentor.
- Develop 'case studies' that maybe used to promote understanding.
- Try to have a short 'review' and evaluation session at the end of each day.

## Example of a reflective account

Following the confidentiality policy the patient is going to anonymously known as John.

'John was referred to the district nursing service by the General Practitioner, due to recently feeling unwell and a diagnosis of cellulitis. I was asked by the District Nurse to visit this patient following her recent assessment of his care.

I first of all realised the importance of building a good relationship with John and I willingly took the opportunity to build a good relationship with John and his wife.

When I visited, unfortunately John had taken to his bed due to feeling lethargic and the pain he was experiencing from his legs. It soon became very clear he was only getting up to go to the toilet and achieve hygiene needs. I had great concerns about John and the risk of developing pressure sores due to his immobility at present. It was here I used the Waterlow scoring system to identify the risks so that I had a benchmark to report back to the District Nurse. Luckily all John's pressure areas were intact however from previous experience I was well aware how quickly they can deteriorate. This led me onto discussing the need for pressure relieving equipment to prevent future damage. John declined any equipment as he felt he would be back out of bed very soon. I documented this as a problem in his care plan and gave him the appropriate leaflets about how to avoid pressure damage.

When discussing this with my District Nurse she confirmed to me I had done the right thing and that there was not much more we could have done at this stage. John was deemed to have the capacity

to make decisions and we could only provide him with the correct information to help him make an educated decision.

This experience has highlighted to me that even though all the right care and knowledge was applied the outcome was not how I would have wanted but I needed to acknowledge patient choice. I have learnt about mental capacity and issues related to consent and the role played as the community nurse in these situations. This shows me that nursing can be unpredictable and the patient choice at the end of the day is final, even if I am aware of the identified risks.

In my role I have a better understanding of the outcome of care delivery and the need to document clearly all my findings as an accountable health care professional.

It has also made me consider the importance of building up a relationship with patients in their homes so that they are more accepting of any changes I may try to introduce to improve their health outcomes.

I feel more confident in myself as a result of this experience that I made the right decisions and I am progressing in my decision making skills. I am in no doubt that I will come across this type of situation again as patients in the community are aware of the choices they make. I feel that I will be able to deal with them and assist patients to make decisions based on giving them information to make that choice.'

## Quotes

*'I had to learn to respect how other people choose to live and not judge them; I am a guest in their home.'*

*'Trying to find patients and getting familiar with the local geography was challenging... also time keeping and managing my workload...'*

*'Recognise your own limitations and never be afraid to ask or seek advise if you are unsure.'*

*'It can be lonely at first but you are not on your own, there is always a senior member of staff to help. This will be an exciting challenge in your professional life.'*



## Chapter Summary

This Chapter has highlighted some of the differences of working in a hospital setting to the community. It has started to get you to recognise some of the personal challenges and changes of home visiting and how to access support in the community and the importance of working as part of a team.

Finally it has recommended a reflective journal as an aid to learning whilst doing this online resource and given you some ideas on how to reflect.

## Web Resources

- [www.neighbourhood.statistics.gov.uk](http://www.neighbourhood.statistics.gov.uk)
- [www.census.gov.uk](http://www.census.gov.uk)
- [www.direct.gov.uk](http://www.direct.gov.uk)
- [www.marmotreview.org](http://www.marmotreview.org)
- [www.nice.org.uk/guidance/ng27/resources/transition](http://www.nice.org.uk/guidance/ng27/resources/transition) - From a patients perspective