A Safe Environment for Clinical Experiences

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THE nurse educator has a great responsibility in providing a safe environment for clinical experiences designed for student nurses. Safety must be an attitude, a goal, and a condition of operation, as well as the paramount objective of good management practice, and a concern of the nursing school and related clinical area as a whole. This is so if it is to have any significance in the lives of the patients and staff. It must be programmed and oriented before the student nurses begin their field work. Adoption of incidental safety is not enough, for a comprehensive programme is necessary. People are the cause of most accidents, and therefore a hospital programme should be developed around the concept of training people involved in clinical practices.

Organisational Goals

The nurse educator sets the following organizational goals as far as a safe environment is concerned in the clinical areas:

1. To be safety-conscious.
2. To investigate accidents and determine related facts.
3. To list and understand accidents procedures and prevention.
4. To be aware of environmental accidents.
5. To dispose of properly broken and sharp needles glass pieces, used instruments, etc.
6. To provide adequate lighting facilities.
7. To avoid broken floors and improper fixtures in walls and doors.
8. To protect the patient from accidents in bed and in the ward.
9. To protect student nurses from unsafe nursing practice.
10. To provide overall safe work habits in a safe clinical environment.

In order to achieve these goals, the nurse educator must have an interest in housekeeping. She must appreciate its place in nursing. The nurse educator must have high standards of workmanship and must also possess good organizational ability. If she is to be successful, the following are essential : an interest in people, an appreciation of the fundamental worth of menial tasks, and an ability to direct and supervise without antagonizing. As an educator she has to be aware of the factors which comprise the good and conducive work environment. In *Ward Management and Teaching*, Jean Barrett says, "Many elements comprise the clinical environment. Noise prevents relaxation and rest, and improper ventilation is definitely harmful to health. High temperatures accompanied by high humidity affect the vasomotor system while excessive heat, either moist or dry, increases susceptibility to respiratory infections. This is especially true when air is not in motion and when the body is exposed to wide ranges in temperature... Unpleasant odours lessen appetite and the desire to work, A large share of the responsibility for the control of noise and ventilation rests with the nurse educator who must educate her students to be sensitive to unfavourable conditions and aware of the methods for overcoming them."[1]

A sanitary, safe, and restful environment is necessary to patient's welfare and comfort, as well as that of all members of the ward personnel, including student nurses. Cleanliness and order improve morale and tend to make workers careful and neat in their habits Maintenance of the building and equipment is economical as well as safe and efficient if done regularly. Although the hospital adminiration must provide adequate facilities for the maintenance of sanitation, asepis and safety of the clinical area, it is the responsibility of the nurse for proper use of the facility by the nurse educator and her students. The nurse educator can provide this safe environment in the clinical area in two ways: (1) physical safety, (2) psychological safety. Moreover, it can be made safe for both patient as well as student nurse. Let us see the role of an educator in providing physically safe environment for work.

Physically Safe Environment

A. The prevention and elimination of pests: A healthful environment must be free from insects and vermin of all kinds. Blood-sucking parasites are dangerous to the health. Many diseases may be transmitted through the bites of mosquitoes, fleas, lice, flies, and bedbugs, among these chiefly malaria, typhus, yellow-fever, trench, and spotted fever. Roaches and rodents also act as intermediate hosts in transfer of disease. To control them, the nurse educator instructs the student nurses to take care of food by covering it properly. Flowers and wastes, such as food and discharges, must be disposed of as quickly as possible, or must be kept tightly covered. Cracks and holes in the building must be checked for proper filling and dust and dirt must not be allowed to collect. The unit usually contains contaminated as well as clean materials such as paper, pasteboard,

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1 Barrett, Jean, *Ward Management and Teaching*, Appleton-Century-Crofts, Inc., New York: 1954.

broken needles, glasses and dishes, and organic materials such as food wastes, dead flowers, and body discharges.

The nurse educator plays an important role by making the student nurses aware of the proper aseptic techniques which help in preventing the student nurses from infection, as well as preventing cross-infection from one patient to another. The fundamentals of nursing and clinical options are the procedures to help student nurses create an optimum germ-free environment for the safe nursing care of patients.

The nurse educator must also make sure that each student nurse is tested for any kind of infection before she or he goes into the nursery to take care of the new-born who are very prone to infection and have a low resistance against infection. Proper hand-washing and proper gown and mask technique is instructed wherever necessary. The nurse educator is not only providing notes in the classroom, but she works and supervises the student nurses in the clinical area.

B. Accidents and their prevention: This is one of the major areas of concern for the nurse educator. Some of the accidents referred to here include fire, falls, hazards of electricity, and accidental misuse of drugs. The nurse educator should make the student nurses aware of the facts that patients require to maintain health. Some of the measures against these accidents include the proper inspection of electrical equipment to be used (eg., Electrocardiogram machine, foetal-monitoring machine, suction apparatus, etc). Moreover, side rails are very important and should be inspected daily. Proper identification of a patient before administering any kind of medicine, and proper identification of the medicine being administered will prevent many health hazards. The unit of the patient at the bed-side should also be with minimum equipment to prevent breaking things or getting injured. At night, helping those patients who cannot see properly or who are freshly operated on and feel dizzy, also prevents injuries. The light switch and nurse calling bell should be within the reach of the patient so that it is easy to reach the nurse when required, or to put on the light when needed. One incident recalls the student nurses who made the bed of a patient recently operated upon, and who left the call bell and electrical switch cord unhooked. The patient almost bled to death because she was unable to get up or shout for help.

The Psychologically Safe Environment

The Psychological environment has an influence on the patient as well as on the student nurse. The nurse educator should be gracious, charitable, sympathetic, and unobtrusive. Among the roles of her clinical supervision are: (1) Seeing the student's assigned patient, (2) Using great care in choosing bedspace for the patient, (3) Providing diversion and entertainment facilities for patients, (4) Being courteous to visitors, (5) Maintaining proper channels of communication with patients who speak different languages other than English, and (6) Providing conducive learning environment for the student nurses, etc.

The activities that promote safe psychological environment are: (1) giving the patient a feeling of security by allowing him to have faith in his physician, the hospital, and the nursing staff, (2) assuring him that his needs will be promptly answered by a nurse, (3) protecting his interests, (4) meeting his spiritual needs, and (5) assuring good nursing care by the student nurses. Other activities include securing privacy for the patient through screening his curtains during nursing procedures, by instructing student nurses to provide a facility for the patient's right in making decisions concerning all matters in which his condition permits, by providing him with aid in his accepting the unpleasant and painful hospital experience, and by helping the patient adapt to handicaps temporary or permament.

Patients with Anxiety

The student nurse is also provided with a safe psychological environment by the nurse educator. The educator tries to help the student nurse to practice theory as taught in the classroom. The student should be accepted as she is. Some of the unprofessional nurse educators may make the nurses very nervous and upset them so much as to cause them peptic ulcers and nervous breakdowns. The constant tension and anxiety created by the nurse educators leads to traumatic experiences which can be very unpleasant. If the student nurses are considered human beings who are at the learning stage, and not experts, then the experience will be very pleasant. In addition, manual dexterity is affected by unhealthy, tense, insecure, and inconsiderate environments, yet this situation can be corrected by the nurse educators. Gipe and Sellew have described it effectively when they comment that there is a great need as well as an importance of health and psychologically-sound environment which is helpful to both the nurse and the patient. They state; "...the nature of the presentation will always depend upon the nurse educator. The instructor helps in providing clinical facilities which are safe from physical and psychological point of view. The nurse educator makes the best possible adjustment between the demands of patient and student nurse. She considers the skills of the student nurse and her personality in relation to the physical and emotional environmental needs of the patient. No nurse must be assigned a task beyond her ability. An excellent student nurse cannot be asked always to take the most difficult patients, since the strain would be too great upon her, and other student nurses need the experiences for their professional growth."[2]

The nurse educator helps the student nurses through their abilities to deal with the patients who suffer from nervousness, anxiety, or hyperactivity. These reactions may have many causes, but they are no less apparent during daily tasks. Anxiety and fear are perhaps most acute at the entrance to the hospital before an operation, and upon reflection of death, sickness, and incurability. In these latter conditions,

2 Gipe, F.M., and Sellew, G., *Ward Management and Clinical Teaching*. The C.V. Mosby Company: 1949, St. Louis-

fear may be greatest when the student nurse leaves the hospital and confronts the outside world. Gipe and Sellew further state,

> "The nurse educator should show by example the importance of the psychological environment necessary for the patient as well as the student nurse. She should have both physical and psychological aspects in mind when making the plans of assignment for clinical experiences.[3]

Another factor that is very important in modern nursing and therapeutic nursing is the Time Element. The nurse educator should be able to provide the facilities for free time and activities that have no other purpose than the entertainment of the patient; this is especially true on the convalescent and chronic wards and on the children's ward, where the infant should be held and carried in the nursery. Stories should be read to the children, and they should be played with. If the safe environment is desired, then rushing should be avoided and this can be achieved if the instructor does not give too many babies or patients to one student at one time.

One can easily realize that the role of the nurse educator is many-fold. She plays an important role in providing physical and psychological care, and in creating a therapeutic environment which is very important for both the patient and the nurse. The field experience encountered by a student nurse can be very pleasant if appropriate environment is provided, but the opposite can be very traumatic and disastrous if there is a lack of a safe physical and psychological environment. The nurse educator has the responsibility to plan, execute, implement, and assess the "work" done productively, but she is equally responsible to create a conducive environment which is safe for clinical experiences.

The role of the nurse educator includes the responsibility of orienting the student nurses in the ward. The custodial personnel should be introduced with equal importance as the nursing and medical staff are introduced. The nursing care plans for the patient should be discussed and followed in team spirit. The patient should not be attacked by housekeeping, as well as the nursing and medical staff at one time. In case the corridors are wet due to mopping, the newborn babies should be kept stationery, and feeding may be done once the floors are dry. The nurse educators above all must create the presence of a safe physical and psychological environment.

The clinical experiences are meanigful and pleasant in a safe physical environment for both the student nurse and the patient. Neat, clean, dry, and testefully decorated walls of the patients' rooms is equally important as a palatably decorated food tray. The five senses of the patient are being taken care of if she is given pleasant audio-visual, quiet experiences on the floor and the temperature of the room is also pleasant.

The nurse is the pivot around whom the physical and psychological safety of the patient and nurses revolves. The custodial, housekeeping, and secretarial personnel should also be more strongly involved with the nursing and medical staff in order to provide effective and safe clinical experiences to the student nurses.

3. *Ibid.*

Selected Bibliography

1. Abdellah, F., Beland, I.L., Martin, A. and Matheney, R.V. *Patient Centered Approaches to Nursing*, New York: The MacMillan Co. 1960.

2. Ambellan, F. "The role of the school and its custodian in community life" *Modern Sanitation and Building Management*, 1959.

3. Barret, J. *Ward Management and Teaching*, New York: Appelton Crofts. 1954.

4. Bertrand, A.L. *Eavironmental Factors and School Attendance*, U.S. Department of Agriculture 1960.

5. Environmental Science: *Challenge for the Seventies*. Report of the National Science Board. Washington: 1971.

6. Environment: *The Economy, Energy and the Environment*, a background study prepared for the use of joint Economic Committee, Congress of the United States, Sept. 1. Washington, U.S. Govt. 1970.

7. Fincum, R.N. *School Plant Management, Administering the Custodian Programme*, U.S. Department of Health, Education and Welfare, Office of Education, U.S. Government printing office (Publishing No. 21005).

8. Gipe F.M. and Sellew G. *Ward Management and Clinical Teaching*, St. Louis; The C.V. Mosby, 1949.

9 Jong, E S. "How to survive hospitalization", *American Journal of Nursing*, 1974.

10. Whyland, M.M., Macmanus, R.M., Feddis M.O. and Stewart, I.M. *The Hospital Head Nurse*, New York: The MacMillan Co., 1955.

11. Weston, H.C., "Lighting and Health" *Journal of Royal Society*, London: 1960.

12. Williams, D. *Administration of Schools of Nursing*, The MacMillan Company, 1950.