How Chapelhow Enablers Contribute to High Quality Care

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Abstract
The six Chapelhow enablers were developed to assist student nurses and other healthcare professionals to be able to develop essential skills needed for the successful delivery of care. These six enablers are assessment, communication, risk management, managing uncertainty, record keeping and documentation. This article discusses the preoperative care of a seventy-year-old patient undergoing cataract surgery, in relation to two enablers: assessment and communication. It will then discuss the factors which contribute to raised anxiety levels in the perioperative period, and how assessment and communication are linked. The article concludes with a discussion of the importance of holistic, person-centred care in reducing anxiety.

Keywords
Anxiety, Assessment, Communication, Chapelhow,

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Introduction

This article will discuss the nursing care that was provided to an individual based on two Chapelhow et al. (2005) enablers. These are assessment and communication as these were significant skills involved in the care. Consent was gained from the patient to discuss their care in accordance with the Nursing and Midwifery Council (NMC 2018). The patient will be referred to as Joan. Firstly, there will be a brief introduction to Joan's care, followed by discussion of the issues that arose regarding communication and assessment, and the link between these. The conclusion will summarise the main themes discussed.

Joan was a seventy-year-old lady who lived alone. She was referred to the cataract clinic after a diagnosis of cataracts from her optician, which led to her pre-planned admission to the day surgery ward. She found that her vision was becoming increasingly blurred over time, which was having an impact on her ability to do certain activities she enjoyed such as reading and knitting. Her medical history stated that she had previously suffered with anxiety and had previously had high blood pressure which was now deemed to be within normal parameters. Joan was short-sighted and therefore required glasses for day-to-day use. It was suggested that she could request some sedation on the day as she was becoming quite anxious at the thought of having the operation.

Assessment

A holistic approach to nursing assessment ensures the patient's entire experience is

taken into consideration rather than just their diagnosis, which is vital to improve the patient's journey (Lockey and Hassan 2009). The nursing assessment enables the nurse to monitor a patient's condition. Such assessments can help the nurse identify relevant nursing interventions for the patient such as increased frequency of observations that can lead to early detection of bleeding and infection (Scott, Matthews and Kirwan 2014). It is important patients with eye problems are fully assessed and documented which includes thorough history taking and eye examinations (Watkinson and Seewoodhary 2007).

When Joan arrived on the ward, her observations were assessed and recorded using a National Early Warning Score (NEWS) chart which records respiration rate, oxygen saturations, systolic blood pressure, pulse rate, level of consciousness and temperature (Royal College of Physicians (RCP) 2017a). As stated by the RCP (2017b), NHS England have approved the NEWS to be used as a system to monitor patient observations in order to detect any deterioration. This is assessed by giving a score to each of the patient's observations. The NEWS indicated that Joan's systolic blood pressure was one hundred and seventy-one which scored a zero (RCP 2017a). Although her blood pressure was not giving a warning score, the recording was elevated and the nurse in charge was informed. It was advised that her blood pressure should be taken again once Joan had settled onto the ward. However, it is highlighted by Motiang (2013) that blood pressure should be well controlled before the patient's scheduled admission, rather than taking multiple readings after admission until blood pressure is at a satisfactory level.

A report by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) stated that the NEWS system should be used to monitor a patient's condition, but it is vital to be aware of the patient's physical state (NCEPOD 2005 cited in Morris and Davies 2010). In the case of Joan, she was very clearly anxious about her anticipated cataract operation. This could have contributed to her elevated blood pressure reading as stress and anxiety can affect homeostasis (Ko and Lin 2011).

On completion of her baseline observations, biometry was performed to determine what Intra-Ocular Lens (IOL), would be used in theatre. Biometry involves measuring the corneal curvature and the axial length of the eye using specialised machinery (Lockey and Hassan 2009). The patient is required to place their chin onto a rest, and their forehead into a frame which could look quite invasive although, this process was non-contact. The nurse told Joan to take a seat and said we would be taking measurements of her eye. The nurse placed Joan's head into the correct position and did not explain what would be happening during the measurements. At this point, Joan appeared to be distressed, not knowing what was happening. The use of the equipment to assess which IOL implant would be used in theatre was relatively fast and provided immediate and reliable results (Lee et al. 2008 cited in Millbank 2011). However, as highlighted by Millbank (2011), explaining what the procedure was during the measurement and why it was done before performing the biometry, may have helped to reduce Joan's anxiety. If the nurse had recognised Joan's anxieties, she could have taken the time to explain the measurement to Joan, which may have reduced preoperative stress (Oakley and Pudner 2010). Preoperative anxiety experienced by Joan could have affected her

recovery as preoperative stress is associated with increased postoperative pain which consequently, requires postoperative analgesia (Kil et al. 2012 cited in Alanazi, 2014).

Although patient assessment is an important skill which all nurses must have, it can be time consuming for nurses who are working under increased workloads with several complex patients to care for (Ansell, Meyer and Thompson 2015). As there is only a short amount of time for nurses to assess and plan the care that is required for the patient on the day surgery unit, feelings of anxiety and fear may be missed due to physical aspects of their care becoming the priority (Oakley 2010). As a result, patients may experience more anxiety as they only have a short time in which to prepare for their surgery (Foss and Bernard 2012).

There were two lists happening on the ward on the day that Joan was attending, meaning there were around twelve patients in total. Therefore, her assessments were rushed as they had to be fitted into a short time frame and her psychological feelings were missed (Mottram 2009). Effective assessment on the ward would involve the nursing staff, doctors and anaesthetists working together as a team to ensure continuity on the patient journey (Edwards et al. 2008 cited in Woods 2018). Even under increased pressure, the NMC (2018) emphasises the importance for nurses of collaborating with other healthcare professionals so that they can support patients. This ensures that both their physical and emotional needs are assessed and met (Lockey and Hassan 2009).

Communication

Successful and effective communication in nursing ensures that good quality care is given, and that a patient's anxieties and concerns can be expressed and understood (Jones 2012). The Department of Health describes communication as the process where two people discuss thoughts, feelings, opinions and other information both verbally and non-verbally, including written communication (Department of Health, 2010 cited in Jones 2012). In the day surgery setting, it is important for nurses to assess the patient's needs for information so that these can be addressed appropriately (Martin 2007). This may include, for example, empowering the patient to ask questions throughout, or assessing their ability to communicate, with the aim of patient understanding (Martin 2007). Patients find that good communication happens when they feel the nurse is listening and understanding, allowing them enough time to understand and explain, not when they feel rushed and that they do not have the full attention of their nurse due to other factors (Moulton 2008).

The nurse taking Joan's observations approached her and stated that she needed to take her blood pressure, then proceeded to place the blood pressure cuff onto her arm. The NMC (2018) states the importance of gaining consent before commencing any physical interventions. Whilst the nurse was carrying out her observations, Joan appeared very quiet and visibly anxious about the whole situation. Martin (2007) highlights that a patient's non-verbal communication cues such as Joan's facial expressions and posture could convey her worries or fears.

A significant element in preparation for surgery is to ensure that the patient is

psychologically prepared for theatre in addition to being fit for surgery (Pritchard 2009). It is vital for nurses to have excellent communication skills which enable them to recognise when a patient is feeling vulnerable and be able to respond with compassion and empathy (Pavord and Donnelly 2015).

The National Institute for Health and Care Excellence (NICE 2017) guidelines on cataract surgery state that patients should be given both oral and written information on what cataracts are, how long the procedure will take, potential risks and benefits, potential post-operative support , the recovery time and the intended outcome prior to their cataract surgery. Joan had received this information but was overwhelmed with how much she was given and therefore had not really understood much, hence her anxious feelings (Sudore and Schillinger 2009). According to Ozlu, Tug and Yayla (2016), one of the major contributing factors to pre-operative anxiety in cataract surgery is fear of not knowing what to expect from the surgery. Emotional distress before surgery can arise from patients not being provided with enough information both verbally and written (Ozlu, Tug and Yayla 2016). As Joan was very anxious about what to expect from her surgery, explanations about the surgery were given to her and this helped to reassure her (Pritchard 2009 cited in Renouf, Leary and Wiseman 2014). It was explained to her that consent would be needed and if she needed further explanations she would be given them as they can help people to remember what has been said to them (Martin 2007).

Once Joan had been admitted to the ward, she was taken to a bay so that we could go

through her consent form and take her medical history. The curtain was pulled around her bed space which had seats and a small table. The environment had lots of background noise from other patients and members of the multi-professional team therefore, we attempted to respect Joan's privacy as much as physically possible to maintain her confidentiality (NMC 2018). As the nurse was trying to talk above the noise, she was speaking rather loud to Joan about her personal information.

Poor consultations that arise from environmental factors could give the patient the impression that the nurse was not really listening to her leading to poor communication (Moulton 2008). Patients may be discouraged from disclosing personal information, if they feel they may be overheard; therefore, it is vital for their privacy and dignity to be respected (Edwards 2011). It is important for barriers like noise to be acknowledged and approached sensitively; although, it may have been more beneficial to take Joan into a quieter space which would have respected her confidentiality more (Pavord and Donnelly 2015).

The cataract procedure was explained to Joan along with the risks and benefits of the operation, so that she could make a decision respecting her autonomy (Cole 2012). Although all the information was given, it was delivered hurriedly due to the noisy environment, and medical terms and words were used which Joan may not have understood. Therefore, Joan may have misinterpreted some information that was given in regards to the surgery (Moulton 2008). Because of this, it is important for nurses to tailor communication for each patient based on their ability to understand and use language to avoid any misunderstandings (Sudore and Schillinger2009).

Consent was required from Joan which was signed and dated by the consultant requesting the procedure as well as Joan (Smith and Parkhouse 2018). Consent demonstrates that the patient is aware of what the procedure entails, risks associated with the surgery and that they agree that the procedure can be carried out (Anderson 2010). With the background noise acting as an interference whilst obtaining the consent, it was unclear whether Joan had fully understood all the information that was delivered. It would have been beneficial to prompt Joan to ask questions if anything was unclear to clarify her understanding (Martin 2007). This would have ensured that Joan had felt involved in the decision-making process after she had been provided with all the information (Joolaee, Faghanipour and Hajibabaee 2015).

The Chapelhow enablers that I have discussed, assessment and communication, link together in many ways. To effectively assess a patient's condition, Stevenson et al. (2016) state that it is important to document vital signs including respiratory rate, heart rate, systolic blood pressure, temperature and altered mental state. This is significant in recognising any patient deterioration (Stevenson et al. 2016). The NEWS chart generates a National Early Warning score, which triggers a clinical response (RCP 2017b). Nurses can then escalate this to the Medical Emergency Team based on the score if necessary. Joan's observational readings scored a one which triggered a response of informing the nurse and a requirement to repeat these observations (RCP 2017b).

For nurses to communicate effectively, they need to assess an individual's ability to

communicate, which may be affected by barriers such as understanding or physical factors like hearing and sight (Martin 2007). Nurses not only have to verbally communicate, it is important to assess the patient's understanding of what has been said which can be by: tone of voice, facial expressions and body language (Jirwe, Gerrish and Emani 2010). Joan's eyesight could have been affecting her ability to communicate as her vision was poor due to her cataracts. Therefore, she might not have fully understood the importance of certain information due to not being able to read non-verbal communication such as body language and eye contact. Assessing a patient's ability to communicate when attending for ophthalmic surgery allows the emphasis on certain factors of non-verbal communication, such as tone of voice, to reinforce important information and to establish an effective understanding (Knight and Hart 2010).

Sometimes information that needs to be discussed can be sensitive or complex; therefore, it is vital that nurses assess an individual's physical and emotional state, to establish the most appropriate way to deliver this information (Weaver 2010). Different individuals have different ways of coping with anxiety so when nurses assess and establish an individual's coping technique, they can decide how to appropriately give the information to the patient (Oakley and Pudner 2010). As previously discussed, Joan was feeling extremely anxious about her cataract surgery and wanted to gather as much information as possible which according to Oakley and Pudner (2010) may have helped her to feel more in control of the situation. As anxiety can impact on communication, it is vital that nurses carry out an assessment whilst communicating and

attempt to form a therapeutic and trusting relationship with their patient to encourage a discussion about their anxiety issues (Weaver 2010).

The importance of considering the patient holistically for eye surgery and not just by their presenting condition is essential in improving the patient's quality of care and their overall journey (Lockey and Hassan 2009). Anxiety, a main focal point throughout this article, is common in cataract surgery as the risk of vision loss is feared by patients (Ozlu, Tug and Yayla 2016). Using empathy and compassion can reduce a person's anxiety (NMC 2018). The care that Joan experienced has allowed me to reflect that patients are individuals and not everyone has the same coping technique (Oakley and Pudner 2010). These skills discussed when practised effectively, will help to better prepare the patient for surgery.

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