Look back

Being in my community placement for the past four weeks, I have met many different staff in the home and many of them are very kind hearted people. They know the resident's need and they do what they can to strive for that goal. I feel very fortunate to see so many kind-hearted staff in the home where the staffs are very strong-minded and will advocate for the resident's need. They know how to calm these resident down when there are agitated and restlessness, knows what these resident like to eat and drink and they even knows their prefer bathroom routine. My point is that these staffs know their residents very well. When so many people and kind-hearted and are working together, there is no doubt that these residents are not lacking of any basic necessities. What troubles me in the past is that I see some of the resident's dignity and right has been neglected.

Elaborate

Providing care in the community is challenging. Often different people has their own ways of thinking, they work and prioritizes differently. It is not uncommon for different staffs to have their own opinion towards a similar task or situation. The problem is when this situation arises in a health care setting, there is no one person can who is right or wrong and decide what the best approach is that is the most beneficial for the resident. In my past couple of weeks in the home, I have seen several occurrences regarding of staffs having different value and attitude for a resident who has a high risk of fall and some of the staffs' approaches troubles me in many ways. The question came up to me- Is physical harm more important the emotional harm for a Alzheimer resident?

There is a resident in the home with moderate stage of Alzheimer in her early 70s. She is oriented to person and sometime place; she can also carry on a simple conversation with staff

and is capable of walking by herself with some assistive device. She can weight bare and has no limitation to her range-of-motion to all of her extremities. The resident is forgetful and because of this she had forgotten to use her walker in the past while walking on her own which has lead to a fall. After the incidence, the home has come up with a strategy to reduce and prevent unnecessary fall for this resident and that is to use a wheelchair with an alarm system. Their plan was to have the resident remain in the wheelchair and if she gets up on her own without assistance, the alarm will go on and notifies the staff on the unit. This method has obviously has put the resident in distress, she does not understand why her movement has been restricted her wheelchair. She is very irritated with the alarm system that goes on every time she tries to get up. The staffs are also very annoyed with the alarm, which goes on very frequently to notify them that the resident is up and need assistance to guide her back to the wheelchair. This has added on workload to the staffs' already busy schedule and has put the resident in daily distress. In my opinion, the wheelchair alarm approach has physical and emotional damages the resident's health which may further predispose her to falls. It has also dehumanizes her and has interfere with the resident's right to choice. I am aware that this is an ethical issue and I have decided to increase my knowledge in approaching ethical issues in community in this praxis note.

Analyze

Dignity is define as "the quality or state of being worthy; intrinsic worth, excellence; the quality or state of being honoured or esteemed…; formal reserve of manner, appearance, behaviour, or language: behaviour that accord with self-respect or with regard for the seriousness of occasion or purpose" (Webster, 1991). In another words, dignity is an essential aspect of human being. Dignity plays a central role in the nurse-patient relationship. Illness, and especially those who are cognitively disadvantage such people with Alzheimer's Disease, threatens the integrity or wholeness of the person and can produce wounds that are much more than physical.

In health care relationships, protecting human dignity begins with knowing the "person" in care which means known them as a subject as opposed to objects. Nurses need to recognize the humanity and self-worth of each resident because what is considered important to that resident is considered an important part of dignity. In the home, it might have been the medical practice in the past that has highly influenced the nursing practice past in the days, thus nurses values repairing disease or injured bodies more than the lives in those bodies. I have talked to a couple of nurses in the home, the ones with more experiences seems to have a high value on physical illness and treatment, and those whom have recently graduated within the past ten years are much more open to the concept of valuing the person's dignity and wishes. One nurse believe that "it is wrong" to kept the resident in the wheelchair while they are capable of being physically active. She is in moral distress regarding of the situation because her choices and options has been constrained by institution's policy, which they values fall prevent at a higher priority. When I have witness this situation, I too feel very uncomfortable of the care that they are giving. If this can happen to one resident on the unit, a similar problem may arise on a different unit. Thus I believe it this system of fall prevention should be changed in the home (Elliott, Gessert & Peden-McAlpine, 2009).

Revise

In the home I am currently conducting a very small research and analyzes regarding of falls in the home. I have collected the data of all the documented falls that has happened in the past year in 2009 and has sorted all the data into three different categories, falls that occurs in the day, evening, or night shift. I counted the number of falls in every month and group them in to the three categories. By doing this, I can then develop a plan of care to address the issues of the highest falls rate in that specific shift. The plan that I am planning to submit will also incorporate

solution to the minimal usage of restrict in the home (which is part of the home's policy), and the ethical issues that arises with restraint usage in the home. I have done some researches on the topic of cognitively impair and autonomy. From what I have learned in the readings is that this ethical issues reflected more than just autonomy and rights. In restraining a resident in their wheelchair (with the human approach), the nurse has taking away her sense of self and dignity. I understand that the home has proposed that safety is the underlying value that initiates their moral actions, but I believe they should also consider how it will make the resident feel. Overall, the use of restraint is a moral problem involving professional judgment, safety, and the resident's sense of self-worth.

In attempting the most ethical action in this case is the nursing staffs must begin to by examining the values of the resident, family, and care provider. In the above situation, it is clear that the resident and the staff have conflicting beliefs and values. Next the staff should review their options and select the actions that will provide the maximum goods. In the CNO consent guidelines, it has stated that if the person is incapable, the consent should be made by the highest-ranked available substitute decision-maker (CNO). Thus a family care-conference should be held regarding of such issues. In some nursing home, if the family decided that a restraint shell not be used, they have a form for the family to sign so that they are aware of the resident's unusual high risk in the home.

New Trail

It is because of the other project that I have taken on for this semester thus I cannot address this issues to the extend which I would like. My goal for this small project is to have the 'director of care' and the 'assistive director of care' aware of this current issue and provide them with information that they needed to go on from there. I am a student in there, I do not want to

push them to make changes that there are not prepare for. It is up to them to decide whether a change is needed for the home. From this some project I too have felt the moral distress and uncertainty that have brought on by the upper level of management and policy. However, I truly believe that advocating for the resident is big part of nursing and that is what has pulled me into this mess.

Refernce

College of Nurses of Ontario (CNO) (2005). *Practice standards: Ethics.* Retrieved February 8, 2010, from http://www.cno.org/docs/policy/41020_consent.pdf

Elliott, B., Gessert, C., & Peden-McAlpine, C. (2009). Family decision-making in advanced dementia: narrative and ethics. *Scandinavian Journal of Caring Sciences*, *23*(2), 251-258

Webster. (1991). The New Lexicon Webster's Dictionary of the English Language. New York: Lexicon Publications Inc.