Theological Reflection in Nursing Practice

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Week 1 Mind map Theme: The Image of God

It is a well-known fact that human beings were created in the “image of God.” There is a universal appeal to this message due to the fact that more or less all religions have propagated this concept (Sawatzky and Pesut, 2015, p.19). The image of God and the likeness of God, as a matter of fact, is one of the most discussed aspects of the way evolution is being talked about (Sawatzky and Pesut, 2015, p.19). The way these two terms are articulated goes a long way toward showing how human beings are supposed to be formulated under the image of God (Aranda and McGreevy, 2014, p.38). They are supposed to be following the same traits and preferences of the way God works (Aranda and McGreevy, 2014, p.38). At times, though, people seem to be of the opinion that there are some other beings and species who share the same traits. It is not the case, though, as the animals are not classified in the same category, and they are not being referred to as being created in the image of God at any instance (Aranda and McGreevy, 2014, p.38).

The key thing in drawing this analogy is to make sure that human beings are able to understand their role in this world better. Despite the fact that they are created in the image of God, the fact remains that they have started to become sinful and are not being responsible toward others (Aranda and McGreevy, 2014, p.38). They do not show the same trait of empathy that God shows towards others and Pesut, 2015, p.19) As a matter of fact, the widely accepted interpretation of this idea of the image of God is based on the thought process of how human beings have this ability to make sure that they are able to make a decision in the rightful manner that allows them to make sure that they are able to follow the moral grounds and stay socially aware when they are making decisions related to the healthcare and well being of the other people. As a matter of fact, the ability to make moral decisions has been attributed to being one of the biggest defining traits of human beings (Aranda and McGreevy, 2014, p.38). To make sure that people really take into consideration how the image of God is supposed to work, the idea is to make sure that they inculcate the value of God among themselves (Sawatzky and Pesut, 2015, p.19). Healthcare is one of the places where the application of this aspect can be seen at the greatest level (Sawatzky and Pesut, 2015, p.19). The effort must be made by healthcare practitioners to make sure that they take into account the overall healthcare and well-being of the people around them (Sawatzky and Pesut, 2015, p.19). They should be able to relate with the patients and must be willing to go beyond the scope of their duties so that optimum treatment can be provided to the patient at any point in time (Sawatzky and Pesut, 2015, p.19).

Week 2 Mind map Theme: Memory and the Human Person

When important decisions with regard to the healthcare of the patients are supposed to be taken, a detailed account of all the information is supposed to be provided to the patients. The idea is to make sure that all the treatment options and the prognosis must be briefed to the patient (Sawatzky and Pesut, 2015, p.19). That would go a long way in making sure that, in some ways, the amount of time during which the patient stays in the hospital is cut down to an extent (Sawatzky and Pesut, 2015, p.19). The trend toward outpatient care plays a great part in making sure that the needs of the patients and their families are taken care of in the right manner (Sawatzky and Pesut, 2015, p.19). The problem is that despite the fact that medical practitioners are quite prompt when it comes to providing these requested details, the issue is that the patients themselves do not have much of an idea of how they can make sure that the prognosis and the information are supposed to be provided (Sawatzky and Pesut, 2015, p.19). The amount of information that is recalled by the patients is quite small, which is one of the biggest issues faced by people at a given point in time (Sawatzky and Pesut, 2015, p.19).

The key thing that needs to be noted is that memory is an important part of medical information (Sawatzky and Pesut, 2015, p.19). The role of memory cannot be undermined when it comes to making sure that good adherence and recommended treatment are provided to the patient (Aranda and McGreevy, 2014, p.38). At times, though, how the information is communicated to the patients would go a long way towards making sure that the sort of retention is displayed by the patient at any point in time (Aranda and McGreevy, 2014, p.38). When the memory and recall ability is efficient on the part of the patient, it goes a long way towards making sure that the patients have recorded the information in the right manner as well as providing satisfactory treatment to the patients at a certain point in time (Aranda and McGreevy, 2014, p.38). The problem that is being faced in most instances is that about 40 to 80 % of the information that is provided by the medical practitioner is being forgotten in those very instances (Aranda and McGreevy, 2014, p.38). There is a direct relationship between the amount of information that is presented to the patient and the extent to which they are able to capture it (Sawatzky and Pesut, 2015, p.19). Not only it is about the amount of information, it is the quality of the information as about half of the information that is captured is not accurate (Sawatzky and Pesut, 2015, p.19). There are three rationales that are presented due to whished the patients are not able to recall the information in the correct manner, the first one is the fact the sort of terminologies that are used by the medical practitioners are quite complicated, to say the least (Aranda and McGreevy, 2014, p.38). The other main problem is the medium of communication that is being used by the people (Aranda and McGreevy, 2014, p.38). For instance, the amount of retention that is being witnessed and the research has shown that spoken vs. written English goes a long way toward the way this information is being processed (Aranda and McGreevy, 2014, p.38). The third reason why the amount of retention that is witnessed among patients is on the lower side is due to the specific set of expectations that they have from the practitioners and the low level of education

(Aranda and McGreevy, 2014, p.38).

Week 4 Mind map Theme: Why Reason is Important

One of the key things that drive the healthcare industry is empathy and healthcare. As long as people care about human beings and, to an extent, are sympathetic to the needs and the wants of each other, it can go a long way in making sure that there are going to be improvements in the healthcare system (Sawatzky and Pesut, 2015, p.19). It is one of the core reasons why, most of the time, people bring about their feelings when they are discussing things in the context of healthcare. What really happens is that their own feeling and conscience plays an important part in the development of their emotions and feelings as well as the sort of treatment that they are to be providing to their patients (Sawatzky and Pesut, 2015, p.19). What it does is that it tends to present an interesting conflict regarding what must be done and what can be done in terms of the way healthcare management is supposed to be carried out (Sawatzky and Pesut, 2015, p.19). Most of the time, people find themselves in situations where they are extremely charged at the emotional level (Sawatzky and Pesut, 2015, p.19). Healthcare is one of the things where these emotions are an all-time high. There are contrasting emotions of life and death that are part and parcel of healthcare provision. Despite the fact that these people are highly skilled at each and every level, the fact is that they have to make sure that they balance science and logic correspondingly with regard to the treatment of the patient (Sawatzky and Pesut, 2015, p.19). The other thing that needs to be kept in mind is how the decisions related to healthcare are taken and how it can be made sure that the right decisions are made all the time (Sawatzky and Pesut, 2015, p.19).

The role of emotional intelligence has become extremely important with the passage of time as people have started to make sure that they tend to balance science and logic at a certain level and how the integration of these aptitudes is supposed to be carried out. What they tend to find out is these processes are not mutually exclusive during the course of the whole process. It has to be noted that most of the time, the way people work is logical, and as a healthcare professional, one is expected to be logical. What needs to be done is to make sure that people have the ability to show emotional competence (Graber et al. 2015, p.39). Emotional competence is something that is going to allow them to make sure that they show how well-integrated they are as a professional at each and every level. As healthcare processes are becoming more and more automated and regulated, at times, healthcare workers are having a hard time making sure that they can relate with other patients with respect to empathy and emotions in the encounter. It would also allow better decision-making to be made at every point in time, to say the least (Graber et al. 2015, p.39). What is needed these days is that people should also start to work on their emotional quotient and emotional intelligence so that the level of empathy that they show to other people has improved to an extent, to say the least (Graber et al. 2015, p.39).

Week 5 Mind map Theme: How Important is Duty in Healthcare

If one talks about the way healthcare as a profession work most of the time, there are many duties that healthcare workers have towards the patient they are treating. As a matter of fact, there are regulatory frameworks that are related to the sort of order Doctors give to their assistants as well as the nurses and other medical staff (Graber et al. 2015, p.39). Healthcare provisions are an extremely professional setup where the sense of duty is very important due to the fact that each of the people who are involved with the facilitation of the patient has a certain specific role that they are expected to perform (Graber et al. 2015, p.39). As a matter of fact, these duties are obligatory in nature as they have to make sure that they look after their patients in the right manner, and this is called an obligation of the means. Doctors are expected to make sure that they base their recent actions on the knowledge that is updated on a regular matter and the recognized treatments day in and day out (Graber et al. 2015, p.39).

Then comes the duty of care, where Doctors are expected to react toward patients in a certain manner, and there are certain standards that need to be followed (Graber et al. 2015, p.39). The term that is being used most commonly is legal and professional duties that involve taking care of the healthcare practitioners that people might be having with other people. So, there is no denying that the sense of duty is an important part of the healthcare provision that is supposed to be carried out (Graber et al. 2015, p.39). Healthcare practitioners are also supposed to make sure that they discharge the legal duty of healthcare and that all the standards of care are followed during the course of the treatment (Graber et al. 2015, p.39). Personal attributes cannot affect these duties, and it has to be noted (Graber et al. 2015, p.39). Most of the time, the way the law works is that it imposes the duty of healthcare on the people who are practicing healthcare at each level in a situation where they are reasonably foreseeable, to say the least (Sawatzky and Pesut, 2015, p.19). The idea behind these duties is to make sure that the practitioners are not able to cause harm to other patients through their actions and omissions (Graber et al. 2015, p.39). The case remains, though, regardless of what sort of relationship people share with that healthcare practitioner (Graber et al. 2015, p.39). The problem emerges when there is a contradiction with regard to the way duty is supposed to work (Graber et al. 2015, p.39). Most of the time, it happens when the duty of care sort of conflicts with the instructions that are spelled out by the employer’s end (Graber et al. 2015, p.39). The problem is that when the healthcare provider is provided in a manner where there is a lack of empathy towards the patients (Graber et al. 2015, p.39). Most of the time, it happens when the practitioners are supposed to follow a certain set of procedures and protocols that need to be followed all the time (Graber et al. 2015, p.39).

Week 6 Mind map Theme: Clinical Practice and Meaning of Life

With the passage of time, an increasing amount of attention has been paid to making sure that spirituality is incorporated into the way social practice is supposed to work. The way the meaning of life is going to work out, as well as how spirituality is supposed to work, is one of the biggest things that people have to assess most of the time (Graber et al. 2015, p.39). People have diverse beliefs when it comes to the way the meaning of life is supposed to work out and how their ideologies are supposed to be shaped (Graber et al., 2015, p.39). During the course of medical practice, there are many instances when people are not able to make sure that they are able to sort out the existential crisis that they are facing at the time (Graber et al. 2015, p.39). When they see conflicting ideologies at work with regard to the way they perceive life and how it is valued, it is the shock that they have to recover from that is the most difficult part that has to be managed at any point in time (Graber et al. 2015, p.39). It is the time period when the relationships that people share with each other form the core ideology regarding the way people's lives and cultures are going to work out (Graber et al. 2015, p.39).

There are myriad relationships that people have during the course of their lives, and these relationships play a major part in making sure that the critical appraisal process is being applied in the right manner (Graber et al. 2015, p.39). When the family members are part of the equation, people are able to attach new meaning and context to their lives, which is one of the biggest determinants with regard to the way healthcare services are supposed to be provided at any point in time (Graber et al. 2015, p.39). Contrary to the popular perception, the meaning of life, as well as some other sociological processes, was not that important on the part of the people when they were making decisions regarding the overall healthcare and well-being of the people who are involved in the healthcare provision most of the times (Graber et al. 2015, p.39). The meaning of life question was answered by most of the people in the manner that talks about how it can be made sure that patients and the people who are treating them are able to provide as well as the way they are able to develop a better understanding about themselves one way or the. In that way, they would also be able to find meaning and context to their lives as well as how they are in a better frame of mind when they are supposed to make better decisions about their lives at the given time period. Regardless of that, the key thing that needs to be noted here is that people are able to provide better context and meaning to their lives (Graber et al. 2015, p.39). The meaning and context though were not related to some spiritual awakening, instead, it was about how they are able to make sure that they are providing services that are relevant to the life of another human being in the same time period. It is one of the defining aspects of the way healthcare services are provided at a certain time period (Aranda and McGreevy, 2014, p.38). It is the only way the meaning of life and context are added to their life.

Week 7 Mind map Theme: Harsher Aspects of the Healthcare

During the course of the provision of healthcare, one of the toughest things is to make sure that how decisions are supposed to be made when there are resource constraints that are being faced by the people at a given point in time (Aranda and McGreevy, 2014, p.38). There are many harsher aspects of healthcare, and most of the time, these issues are stemmed from the fact that the healthcare profession is becoming somewhat materialized with the passage of time. One of the key things that can be seen in NHS is how, at times, the lack of accountability and transparency that one gets to see during the course of the healthcare implementation is the reason for this problem. Ideally, there should be no trade-off when it comes to making sure that the cost consideration of the healthcare and financial aspects of the healthcare is being taken care of (Sawatzky and Pesut, 2015, p.19). The other problem is the way resource allocation is being carried out in healthcare settings (Sawatzky and Pesut, 2015, p.19). Healthcare is a product in which this balance is hard to achieve regarding the issues that need to be kept in mind in relation to the implementation of healthcare ideals, to say the least (Aranda and McGreevy, 2014, p.38). Then comes the fact of how the regulation and law-making are carried out with regard to the NHS (Aranda and McGreevy, 2014, p.38). As healthcare is becoming more regularized with the passage of time, there is the likelihood that people these days will see instances when resource allocation would be problematic due to the issue of scarcity being faced by healthcare policymakers (Sawatzky and Pesut, 2015, p.19). That has put the hospital administration in a position where they have to prioritize some of the services and aspects of the healthcare they would be providing to their prospective patients (Aranda and McGreevy, 2014, p.38).

The way Medicaid is funded is another harsh aspect of the way healthcare is being implemented at NHS (Sawatzky and Pesut, 2015, p.19). There is a long-term effect of the changes to the bill Medicaid are supposed to be provided in the long run and how State and State Government split is going to work out (Sawatzky and Pesut, 2015, p.19). As the inflation rate is growing, it seems that healthcare expenses are becoming more and more concentrated with the passage of time, and at a certain stage, NHS would have to make a choice regarding what some of the lives and patients are important (Aranda and McGreevy, 2014, p.38). The preference is going to be based on the sort of treatment that is going to be provided to the patients at that point in time (Aranda and McGreevy, 2014, p.38). Thus, there is a likelihood that the situation will become further complicated in the future (Aranda and McGreevy, 2014, p.38). The other problem that is going to be faced is how the Medicaid funding is going to be eroding with the passage of time and how this underlying analysis is going to be carried out at the given time period (Aranda and McGreevy, 2014, p.38).

Summary of the Knowledge Gained

During the course of these modules, I learned a lot and gained insight. One of the key things that can be seen with regards to the way the whole thing has been practiced is how empathy towards the

patient and going the extra mile with regards to the care is one of the key things that need to be taken care of at each level. At the same time, healthcare practitioners should be able to make sure that they improve their social skills and emotional quotient to ensure that they are in a better frame of mind with regard to the situation handling. These little things can go a long way toward improving the overall quality of healthcare.

References

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