World Journal of Public Health
2022; 7(2): 56-60
http://www.sciencepublishinggroup.com/j/wjph
doi: 10.11648/j.wjph.20220702.13
ISSN: 2637-6040 (Print); ISSN: 2637-6059 (Online)

How to Use Emancipatory Reflection to Guide Professional Practice at Work

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To cite this article:

Jian He, Yue Wen, Yi Zhou, Chulei Ji. How to Use Emancipatory Reflection to Guide Professional Practice at Work. *World Journal of Public Health*. Vol. 7, No. 2, 2022, pp. 56-60. doi: 10.11648/j.wjph.20220702.13

Received: April 2, 2022; **Accepted**: April 18, 2022; **Published**: April 26, 2022

Abstract: In medical practice, no one professional can perform the service independently. In clinical work, doctors and nurses need to communicate harmoniously and cooperate to effectively complete the treatment or nursing behavior for patients. However, communication between doctors and nurses is not as smooth as expected due to different statuses and unclear division of labor. Good communication is an effective guarantee for the smooth completion of work. On this premise, accidents can be avoided in the process of activities, and work quality and efficiency can be significantly improved. Reflection refers to the analysis of a problem from different angles, to conclude guiding future work practice. Taylor's reflective model is divided into four steps: construction, deconstruction, face, and reconstruction. Based on Taylor's model, the author reflects on his own experience by combining hegemonism, social criticism theory, and communicative behavior theory. Discuss the problems that may exist among medical staff and find the root causes through analysis. Further study on how to effectively communicate with doctors in the future work to reach a consensus, provide medical and nursing services for patients in the most efficient way, improve service quality and improve the doctor-patient relationship.

Keywords: Transforming Professional Practice, Reflection, Communication, Taylor's Model

1. Introduction

People constantly evaluate things as they go about their lives and work, reflecting their economic, cultural, and ideological characteristics. The process of evaluation not only depends on the characteristics of the thing itself but also depends on when, where and by whom it is evaluated [1], that is to say, it is closely connected with people's thinking. The objective of the European Higher Education Area [2] is to transform the traditional authoritative model, the negotiation model [3] into a positive model in which everyone can express their opinions [4]. Such a major change means democratization and accountability, giving everyone the right to express their opinions equally. Thinking about things in various directions is conducive to the formation of critical thinking.

Communication between doctors and nurses is a kind of ability to spread correct and repeatable information for positive health care results openly and positively through behaviors, languages, and words. At present, the current situation of medical communication is not optimistic. Different positioning, unclear division of labor, and poor communication are obstacles to medical cooperation. No major can independently complete the service to the people and needs to cooperate with personnel of different projects. Different majors, different cultural backgrounds, and personal cultivation have a profound impact on the cooperation and cooperation between them [5]. In clinical work, doctors and nurses are relatively independent, but they need to cooperate closely. Every treatment of the patient needs the doctor to give the doctor's order, and then the nurse will review and implement it. Therefore, good communication between doctors and nurses is very important in the work. Good communication is the foundation of establishing unity and cooperation between doctors and nurses. And then realize a working relationship of equality and mutual respect. It can not only improve the quality of work but also improve work efficiency [6].

Through a case in the operating room and Taylor's Reflection Model, this paper could guide readers to further understand the mutual communication between cooperative partners and promote equal and effective communication.

2. Method

In this paper, through the introduction of the author in the operating room encountered in the case of medical communication. This paper uses Taylor's model, hegemony, social criticism theory, and communicative behavior theory to reflect. To explore the existing problems of medical communication. Find the root of the contradiction. Research in the future work, on how to better communicate, is more conducive to the effective completion of the work. The following will be based on Taylor's model [7] four steps, namely, constructing, deconstructing, confronting, reconstructing, combined with the relevant theory analysis.

"I live in China with traditional Confucian culture. In my values, respect, cooperation, and mutual help are very important for everyone. In daily work, the nurses and I in the Department have been inheriting such values. They respect and help each other. However, it is worth thinking about working with doctors."

"At the time of the incident, I was a nurse working in the operating room for six years. In our department, the rotation will be carried out in different subspecialties within five years. The nurses who have worked for more than five years will fix the subspecialty. As a senior nurse, I was assigned to the hepatobiliary professional group and assumed the role of team leader. I am familiar with the operation cooperation, operation materials, and doctor's habits of the professional group. Once, the head nurse arranged for Mary, a new nurse, to learn to cooperate with liver surgery, and I conducted teaching and demonstration. The chief surgeon of the operation is the director of hepatobiliary surgery. Liver surgery is a large operation, and the operation time is longer. During the operation, it is easy to have massive bleeding or other emergencies. It is a test of the surgeon's reaction and technique. A perfect operation is inseparable from the cooperation of a doctor assistant and surgical nurse."

"At that time, there was a sudden bleeding point during the operation. The chief surgeon dictated that he needed hemostatic forceps but did not specify the model. Because it was an open operation, the visual field was small. Unlike laparoscopic surgery, the specific surgical site cannot be seen through the screen. According to my experience, in this process, doctors needed large hemostatic forceps. When I passed it on to the doctor, he found it was a large hemostatic forceps. He felt very angry and dropped the forceps heavily on the ground. He said angrily that he needed a small hemostatic forceps. I immediately handed back the small hemostatic forceps. The operation continued."

"I was very angry and wanted to argue with the director immediately. I thought it was his fault that he did not express clearly so that the incident happened. If I asked him again because I was not sure about the model, it would also delay the operation time. And he needed only a little bit of clarity to avoid today's unhappiness. Similar events often occur, especially among nurses who have not yet identified a sub-professional group. They were often criticized by doctors for various unreasonable reasons. I felt even more aggrieved at the thought. But my sanity forced me to calm down, and I reminded myself that patient safety was the first. Therefore, he tried to endure the grievance and completed the operation."

3. Discussion

In traditional values, doctors are more important than nurses. Doctors are more educated and have higher education, so their status is naturally higher. Doctors are decision-makers in the whole clinical work [5]. Affected by the hierarchy, doctors cannot treat others equally when dealing with problems they encounter, especially nurses [8]. In the eyes of doctors, nurses are not a job of professional value, it is just a supplement to doctors, playing a supplementary role. At work, doctors focus on treatment while nurses focus on nursing, such as intravenous infusion oral care, and skincare [9]. So, whatever the cause of the event, whatever the process, the mistake must not have been his own in this case. The director leading the team to complete major liver surgery is an honor. He would not allow anyone to spoil the honor for any reason.

After five years of professional study, a nurse obtained a bachelor's degree before working in a hospital who also wants to be treated as an accessory by others. Naturally, it is not understandable to treat with such an unequal and disrespectful attitude. However, in this case, the senior nurse mainly undertook the duty of an itinerant nurse in the daily work. When the incident happened, the new nurse might think that his teacher needed to be taught by the doctor, which was a negation of the senior nurse's work and a blow to her enthusiasm. On the other hand, it would also affect the senior nurse's impression of students as a teacher. In people's minds, it would hurt the relationship between medical care and medical treatment.

In my opinion, emotions and communication of team members are particularly important in medical activities [10]. Especially in the process of surgery, the more important the step, the more need for good communication. Doctors when asking for surgical instruments should clearly express what they need, rather than vague, so that hand-washing nurses can more effectively do a good job of surgical cooperation.

Habermas J. [11] pointed out in the theory of communicative behavior that strategic action was a utilitarian rationale action-oriented by the behavior of purpose [12]. The premise of the theory of communicative action is dialogue, knowledge, communication, and rationality. Moral consciousness and action, communication, rationality, and dialogue require mutual respect among participants, and both parties have the right to express their ideas. Ideas expressed by oneself should not be imposed, but opinions from the heart [13].

This is also true in medical activities. For the team to effectively complete clinical work, it is necessary to fully communicate in the process of work [14]. Team members can

express their opinions to minimize unexpected events during the process or cooperate effectively to minimize the loss when confronted with uncontrollable factors [10]. First of all, from the perspective of history and culture, in the traditional view of people, doctors are the dominant person in clinical work, while nurses are the coordinators. Doctors do not want their rights to be taken up by nurses [15]. Doctors have always had a higher status than nurses in hospitals. One reason is that the entry threshold for former nurses is low, and they can work in tertiary hospitals right after graduation. The knowledge framework of new nurses is acquired by senior nurses in work practice and then given to them. Doctors with a bachelor's degree or above have acquired more theoretical knowledge in school. Therefore, doctors may think that nurses do not have enough professional knowledge, which leads to their disapproval in the heart. As a result, their communication attitude is not correct, and they think that it is a waste of time to talk to nurses too much. However, nurses today are no longer satisfied with merely carrying out doctors' orders [16]. It also puts pressure on doctors at certain angles.

Then, from the social aspect. Generally speaking, patients who come to see a doctor will believe the doctor's point of view and implement it carefully. Nurses were identified as supporting roles in the medical team [9]. They think that nurses do not know professional knowledge and are just an assistant of doctors. Because doctors do not consult nurses when making medical decisions for patients. In the long run, the identity and image of nurses have been disillusioned and become dispensable. One of the reasons why nurses are dissatisfied with their work and lack motivation is that doctors treat nurses with professional value [17]. To improve nurses' professional identity and sense of value, their work partners must recognize their professional autonomy [9]. Nurses are not satisfied with the status quo, and actively increasing knowledge will become the source of medical conflicts. To improve their educational background, many nursing masters and doctors have appeared in clinical practice. This poses a threat to doctors, whose dominant position has always been stable.

Fay [18] put forward that human beings are active self-beings in the theory of social criticism. He hopes that people can understand their oppressive role and resist those who are blinded by wrong social values [19, 20]. Hope to transform the contradictory society into a harmonious society. Social critical theory shows that the social environment distorts an individual's self-cognition and power. Patients blindly trust the rights and status of doctors and deny the power of the team [21]. It is the doctor's credit to believe in the healing of the disease. The nurses only did some unimportant work under the arrangement of doctors. This negates the value of the team and ascribes all the credit to the doctor. Secondly, from the political point of view, doctors are deeply influenced by bureaucratic attention. As chief surgeons, most of them are department directors. The director has to face all kinds of meetings with the hospital leaders and trivial matters in the Department every day. So, for some small things, he is not willing to communicate too much. On the other hand, most of the handwashing nurses are new young nurses, and they cannot face these problems calmly and explain them. This has led to the accumulation of some prejudices among doctors.

Hegemonic theory, which is to use its authority and advantages to rule and exert pressure on the organizations it dominates and demands unconditional obedience. The hegemony of doctors is reflected in the fact that, as the leader of medical activities, they inhibit and contradict choices and potential substitutes [22]. The patient's unconditional obedience consolidated the doctor's hegemonic habit. Nurses receiving modern education began to think about the disadvantages of hegemony and were eager to resist hegemony [16]. However, the implementers of hegemony are not willing to proceed in this way.

Finally, in terms of the economy, doctors are also greater leaders. The income of the hospital comes from the number of patients and diseases admitted by doctors. Therefore, in a direct view, doctors have a greater impact on the overall income. For the nurse, she gets income from hospitals. As a result, the benefits of doctors also directly affect nurses' income. On the other hand, the income of nurses in China is much lower than that of doctors, but the workload is very large [17]. Nurses not only need to complete the work related to patients but also need to complete all kinds of training and assessment during their off-duty time. In terms of time and energy, nurses are reluctant to spend time in theory school. On the other hand, nurses believe that even if they learn knowledge and improve their education, there is still a big income gap between them and doctors. This unchangeable fact makes them more willing to spend their rare rest time with their families [23].

Why does the nurse continue to support the doctor? It is her job. Education in school says that no matter what happens at work, patients need to be put first. The nurse could not risk a patient's life because of problems with doctors [24]. Realistically speaking, if the patient is affected by the individual, the hospital would also face punishment afterward.

Cultural background difference is one of the factors hindering the communication between doctors and nurses. Only when both doctors and nurses have good quality can they communicate with each other. This is closely related to the cultural knowledge reserve and own experience [8]. When communicating with doctors, nurses should pay more attention to thinking about deeper problems rather than reporting superficial problems. Pay attention to your emotional control and pay attention to the other person's feelings [25]. I think I should take the initiative to communicate with the doctor after the operation to clarify the situation at that time. I am familiar with the operation process, but because the operation vision is too small and the distance is too far, I cannot see the surgical site clearly, so I could only judge by the conventional situation. To save operation time, it was not confirmed by language. I hope to be able to cooperate with surgery more effectively and get the approval of doctors. Therefore, in case of a similar situation in the future, effective communication should be carried out instead of guessing the surgical site of the doctor. And take the initiative to understand

the surgical procedures with the doctor, can be more familiar with the doctor's habits. On the one hand, medical cooperation can provide better services for patients, on the other hand, it can also help nurses to deepen their understanding of the profession, which is conducive to the construction of the nursing discipline. But doctors should also affirm the work of nurses. Nurses convey all kinds of relevant information about patients to doctors. Because nurses spend more time with patients and have a better understanding of their health information [9].

4. Conclusion

In general, effective communication between doctors and nurses is an essential element of effective work. In the process of communication, any impatient external emotions and attitudes of both sides will affect the smooth progress of communication. Respect, patience, serious listening, and timely reply are the essential elements of effective communication. Effective communication between doctors and nurses can not only improve the satisfaction of both sides, strengthen unity and cooperation, but also produce favorable results for patients. It has an obvious effect on improving the quality of nursing, effectively assisting patients to make decisions, and improving the experience of patients. It can also effectively reduce doctor-patient conflicts and nurse-patient conflicts [9].

People might choose to complain or doubt themselves when suffering communication problems with colleagues in the past. However, difficulties could be solved happily using Taylor's critical liberation reflection model. It is hoped that the reflection of the case could help improve junior nurses' communication ability and build a harmonious relationship between doctors and nurses.

In the work with a doctor, friction prompted nurses to carry out this reflection. Through deconstruction, people could see the inner essence of things through surface factors. The process of facing makes people not only analyze themselves but also the other party and related factors. From different angles, this paper could deeply reflect on the root causes of the current situation. Through reconstruction, people could find the direction of the future. It could have a profound understanding of history, society, politics, and the economy through the use of the Taylor model for reflection, combined with relevant theories for analysis. The method, goal, and significance of future work are more clearly defined.

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