**Fear of Blood**

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110007510

December 1, 2020

NURS-2522 Section 14

Professor Katie Campeau

University of Windsor

**Student statement:** By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

Student Name: Reem Boudali Student Number: 110007510 Date: December 1, 2020

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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back**  **(L)** | * Identifies **ONE** relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences. * Describes this **ONE** clinical event so that the reader can gain an understanding of what occurred. * Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience. | * Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity. * Does not provide own feelings related to the clinical experience. * Identified event, experience, or learning opportunity is not relevant to clinical practice. | Upon entering the nursing program, I developed a fear of blood. I get queasy and faint when discussing descriptive processes such as dialysis or arterial spray. On November 24, I had to take a blood glucose test on a patient and felt nervous beforehand. I was able to complete the accucheck and did not feel faint at all. This experience is important because suddenly fainting in clinicals can cause severe injury. |
| **Examine Experience**  **(E)** | * Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article). * Briefly summarizes key ideas/findings of the article. * Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation. | * Does not incorporate a scholarly article. * Summary of the key ideas/findings of the article are not included.      * No explanation of the author’s ideas/thoughts compared/contrasted with own. | The article I found discusses the fear of fainting during blood donations. France and France (2018) studied this fear of fainting and blood among 1019 participants and found that people overestimated their risks from donation over 20 times the actual risk causing excessive fear.  I agree that misunderstandings about procedures can cause inflated fears. In my case, my mind creates a graphic image of blood spray and pain which causes my bodily reaction. When I pricked the patient, however, I realized how simple the process was which is why I did not feel faint. |
| **Appraise**  **and**  **Analyse**  **(A)** | * Discusses at least **two** other people’s ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.).   **\*\***A reflection graded as ***excellent would also include the following:***   * Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians). * Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things). * Poses questions that should be considered due to their significance to nursing practice. | * No other perspectives are discussed. * Only one other perspective is discussed | In the view of the patient, the fear is the main concern. When they are anticipating a certain outcome, like fainting, they can not think about anything. This can cause actual problems because the body has an anxiety reaction which creates separate problems.  From a healthcare provider perspective, it can be frustrating when a patient is anxious about a procedure. For example, if a nurse is trying to draw blood from a child who is scared, they might miss the location they need and be emotionally drained trying to control the child. This is why patient education is important and display empathy towards the patient to calm their nerves before a procedure (France & France, 2018).  This event has taught me that sometimes I have to experience a situation to realize that my expectations were fear-ridden. It is also important to educate myself on processes that scare me like dialysis. Being more informed can reduce my fear instead of trying to avoid dealing with the situation.  Some questions that should still be considered are the best techniques to reduce fear in different ages. Some physicians use distraction and humour when giving injections, but I believe this can cause more harm than good because the child never learns to cope with their fear and it reliant on not addressing it. |
| **Research**  **and**  **Revision**  **(R)** | * Provides summary of learning from this clinical experience and from the article findings. * Identifies what they could have done differently in this clinical experience. | * Summary not provided * Does not identify what they could have changed about their own role/actions/performance in this clinical experience. | In conclusion, we shouldn’t let our fears stop us from getting medical procedures. Proper education on the topic feared can reduce misconceptions that lead to elevated fears.  One thing I could’ve done differently was to watch someone do an accucheck before I performed it myself. In the past, I looked away when it was being done but it could have prepared me in advance. |
| **New Perspective**  **(N)** | * Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse. * Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.). | * No specific examples for implementation into future practice are incorporated. * Does not identify a nursing resource to assist with learning | In the future when working with a patient who has a fear of blood and I can use this information to understand their fears and tell them about my experience. Together we can set a plan that addresses their fear with the goal of becoming more comfortable about the topic  A nursing resource that may provide ideas to help patient’s with their fears is the RNAO’s BPG. Psychology resources may have more information on dealing with medical fears. |
| **Concept Identification** | * Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year)   (critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection. | Teaching & learning – patient education about procedures  Critical thinking – determining cause of fears |
| **References and APA Format** | * Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format. * Title page in correct APA format * Reference in correct APA format | * Incorrect APA format throughout reflection * Incorrect APA format on title page * Incorrect APA format for article(s) and/or other sources. | **Student Reference(s) in APA Format:**  France, C. R., & France, J. L. (2018). Fear of blood draw is associated with inflated expectations of faint and prefaint reactions to blood donation. *Transfusion*, *58*(10), 2360–2364. https://doi.org/10.1111/trf.14934 |
| **Grade:** | **□ Satisfactory □ Excellent** | **□ Unsatisfactory** |  |
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