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Introduction

In the previous three decades, treatment procedures have been created for treatment and recovery of patients that have been appeared to uniquely decrease the clinical, social and carer bleakness and enhance the proficiency of psychological health resources. A few audits of the clinical trials have inferred that each individual ought to be furnished with the mix of an) ideal measurement antipsychotics, b) methodologies to teach himself or herself and carers, typically relatives, to adapt all the more proficiently to natural hassles, and c) confident home-based administration to counteract and resolve significant social needs and emergencies, including scenes of manifestations (National Institute for Clinical Excellence, 2002; Thornicroft&Susser, 2001; Bustillo et al., 2001). In the course of this discussion a case study of the patient BC (BC is the pseudonym given to the patient so that the real identity of the patient is not revealed) is reviewed.

Overview of the Case Study

BC is a 50 years old man with mild learning disabilities and Paranoid Schizophrenia. He has also been diagnosed with type 2 diabetes and is currently taking medication (Metformin) and injects himself with insulin to manage the symptoms. BC has been advised by his practitioner and Diabetes Specialist nurse to ensure that he eats a healthy diet and takes regular exercise in addition to taking his medication.

However, BC loves to eat biscuits and sweets and sugary soft drinks. He also does not like vegetables, and continues to eat a diet which is very high in sugar and fats. BC does not like to exercise, and gets the bus or taxi whenever he leaves the house, even though he has been advised to try and walk where possible.

Social Circumstances

The patient, BC, was born in London and brought up by his Caribbean parents. As a teenager, BC started taking illicit drugs such as Cannabis sativa and was mostly arrested by the police due to his various behavioural issues. BC dropped from school when he was a young boy. BC used to have many friends but has now lost contact with all of them. He says he does not have friends in the community apart from his family.

BC is an outspoken patient who can express his needs effectively but may lack insight in some of the things. He is friendly when he is in good mood. However, when he is agitated, he tends to speak faster and sometimes people may not understand what he is saying. This forms a barrier to communication.

Barriers in Communication, or simply interference, are obstacles that may come to distort or prevent, partially or totally, the message and are between the transmitter and the receiver when the communication process is brewing. BC had Physiological and psychological barriers of Communication. Physiological barrier prevents him to transmit or receive clearly and precisely a message due to physiological defects of transmitter or receiver (Bruinessen et al., 2013). On the other hand, Psychological barriers represent the particular psychological situation of the sender or receiver of information, sometimes caused by liking or rejection of the receiver or transmitter, as appropriate, or even the message being communicated; deficiency or deformation can also be caused by emotional states (fear, sadness, joy) or prejudices to approve or disapprove what he says, do not read what is written (Philip et al., 2015), does not understand or believe what he hears or reads.

BC needs a person to be sensitive and have good listening skills to overcome the barrier. BC is mobile and maintains close contact with his family and other patients in the unit. When he is in bad mood, he refuses to talk to staff and sometimes refuse to take his medication. BC visits his family regularly. He loves music and goes to a night club every Friday, where he enjoys dancing.

Past and Present Medical History

In his late 20s, BC was arrested and detained under section 2 of mental health Act 1983 due to his escalating behaviours in the community. He was diagnosed with paranoid schizophrenia and mild learning disabilities at a mental health hospital. Mental Health Act 1983 Section 2 allows a person to be detained or sectioned, assessed and treated of mental health problems for the safety of him/herself and for the protection of other people. BC' was staying with his family when his mother died. He was unable to cope up with the loss and relapsed. He was admitted to a mental hospital and later discharged under section 117 of Mental Health Act (Rethink Mental Illness, 2014).

The Care Programme Approach (CPA) is the system that is used to organise care from secondary mental health services (Rethink Mental Illness, 2014). The service user is entitled to a care plan and is allocated a care coordinator who coordinates patient's care. After few months of treatment in hospital, BC was referred to our placement by the social services.

Assessment of the Patient

Nursing assessment is the first phase of the nursing process and includes the collection, organization and data validation. It is a continuous process that takes place during all phases of

the nursing process which depend on the accuracy and complete data collection. It has three phases, i.e. 1) Collection of data; 2) Validation of information and 3) Registration of information.

The principal methods used for assessment are observation, interviews and exploration. In fact, the nurse uses the three methods to evaluate patients. For example, during the interview the patient, the nurse observes, listens and asks questions and mentally retains information when making physical examination.

The purpose of nursing assessment is to know the actual health status of the person at a determined time, the manner in which this situation and their response. It is the first phase of the nursing process and probably the most important as the information collection and analysis and synthesis of this action plan is derived. It can be said that a good assessment depend good care, which clearly indicates the great importance of this first phase.

Diabetes is an ailment described by the attentiveness of its physical indications, making it troublesome for the patient mindfulness and responsibility for sickness. Diabetes, accordingly, brings about fewer opportunities and forces numerous anxieties that can bring about a sentiment foreswearing of the ailment (Ginter&Simko, 2013).

BC being diabetic and with mental health problem is significantly at a very high risk of developing body complications that could affects his general wellbeing. A comprehensive assessment and good care coordination between health and social care professionals are essential to ensure BC's mental health and wellbeing.

Mandatory Risk Assessment

The risk assessment is the procedure of identify hazards, evaluation of the associated risks and the ways to cope up with these risks by determining what measures to adopt in order to prevent damage to materialize.

An assessment ordinarily includes a clinical examination of the working and prosperity of the customer and incorporates various tests and composed oral activities. Mandatory Risk Assessment of BC is a continuous procedure that ought to be rehashed after some time to catch the changing way his status(Breckenridge et al., 2012).

Risk should not be underestimated by the clinicians on the grounds that BC is utilizing substances effectively. For instance, in spite of the fact that individuals who are inebriated may just appear to make risks of self-harm, all announcements about hurting oneself or others must be considered important (Huang et al., 2013). BC who has self-destructive or forceful motivations when inebriated may follow up on those driving forces.

Assessing health contemplations in emotional well-being settings includes direct addressing of BC in regards to current substance use and/or late cessation of overwhelming use, alongside at various times encounters of withdrawal. BC is fairly stable in the past couple of years in regards to his mental health and diabetes management. Although his blood glucose levels are still high due to his eating habit and lifestyle, he has not been re-admitted to hospital. His last hospital admission was when his mother died about six years ago.

The assessment of BC depicts that there are times when BC's psychotic symptoms are more prominent, for example, he hears voices and often responds to these voices. BC talks about being controlled by an old man. He attributes some of his action to this "old man" and finds it

difficult to take responsibility for some of his negative behaviours. BC also lacks insight in relation to medication and does not believe taking medication helps his mental health problems.

The assessment of BC by nurses has shown that he has an unstable mood which fluctuates from being happy to being emotional or hyper. His emotional mood is mostly triggered when he remember his deceased mother. Nurses also observe that when BC refuses to take his medication for a long time, he relapses and becomes verbally abusive to staff members, delusional and sometimes hallucinate.

Evidence Based Practice

Evidence Based Practice (EBP) is characterized as the honest and reasonable utilization of the most current confirmation in settling on choices on individual patient consideration. As such, the thought is to pick a treatment that works, since one has shown that it is (Buysse et al., 2012).

In case of BC, Educational dimension is foremost. It permits BC to get aptitudes and information fundamental for good control of diabetes as well as Paranoid Schizophrenia. In the wake of starting treatment, set of measures are set up. The Nurse will need to create abilities, perception, observing and adjustment in various circumstances which the patient might be stood up to in his life.

On account of BC, the issue of restorative training can be avoided. With regards to home care, nature must be especially delicate for the education force built up via parental figures. Relatives have intends to chip away at the way of life, additionally the psychology of the patient (Schellenberg et al., 2013).

There are following objectives which take the instructive project of a diabetic and schizophrenic patient (Schellenberg et al., 2013):

- Feeding conduct: these dietary standards to be received to forestall hyperglycaemia and thusly the entanglements identified with diabetes;
- Lifestyle: tobacco utilization, the acquaintance of adjusted physical movement with the patient's physical condition;
- The routine of self-observing of blood-glucose;
- Due to his diabetes, BC needs to change his lifestyle in regards to his diet and activities. BC is encouraged to use more healthy food. He is also encouraged to take part in physical activities and self-care;
- Set achievable goals and targets for BC isto ensure that his independence is promoted by doing the things he can do by himself. To be able to offer BC with person-centred care, the goals are set using MACROS criteria-Measurable, Achievable, Client-centred, Realistic, Outcome –written and Short (Hogston& Marjoram 2006);
- BC claims to hear voices ordering him to do things. He suffers from mood fluctuations and sometimes poses challenging behaviours. BC is at a risk of mental health relapse because he sometimes refuses to take his medication. His challenging behaviour makes him vulnerable to abuse by other people in the community. He is supported to arrange for and attend his CPA meetings with his care coordinator and other professionals involved in his care and his family;
- Adherence to prescription taken or the explanations behind resistance;
- Membership in the observing arrangement or the explanations behind not checking

In this manner, I must improve my communication skills so as to pass information and aptitudes to BC. On account of BC, it is solely a resistance with the guidelines of way of life changes (Inzucchi et al., 2015). BC rejected to embrace a way of life adjusted to its diabetes, wanting to keep his energy and style denying requirements.

Planning and Implementation of Care

The planning normally begins when BC first contacted with the medical attendant and continues until the attendant patient relationship closes. Nursing intervention must be based upon effective clinical judgment, moral qualities, capable obligation and affirmation based discovering that redesigns relentless result, diminishes mending focus stay and neutralize readmission. The medical staff is requested to work with the patient to ensure fitting referral pathways are set up. The patient will be extensively assessed and all master concern will be accounted for (Walsh et al 2005). This will consequently require convincing communication (Glen 2004) to viably fuse the prosperity and social consideration framework.

Some authors (Vaartio et al., 2008; Ylinen et al., 2007) were concerned about the self-governing part of the medical attendant in the administration of illness. They talked with medical attendants in various consideration settings furthermore considered from the perspective of patients contrasted with their representation of part of the medical attendant in the treatment. The investigation of Ylinen et al (2007) was keen on aptitudes and learning that medical attendants used to oversee illnesses experienced by patients.

In this specific case, BC is inclined to disintegrate further, if appropriate similarity and specific disease organization traditions are not joined into his thought plan (DH, 2005). Consequently, a referral to the Occupational Treatment (OT) will engage home assessment to

check whether the house is flexible for him. Likewise, the acquisition of formal carers by the social organization is frequently fundamental to engage BC to stay in his home. Williams et al (2008) thought that a family member can provide a better care at home.

Keeping in mind the end goal to meet BC's mental requirements, he is urged to take his drugs as recommended. BC is endorsed insane solution three times each day. He is provoked to get up for his morning drug and to have his blood glucose level tried and to have his breakfast. BC would at some point joke and put on a show to rest particularly when he is in a decent state of mind. This turns into a hindrance to communication. It is right now communication technics gets to be vital. Staff keeps on conversing with him verbally and in the end, he would get up.

BC would wake up chuckling insanely and say that he might want to take his medicine and do different things said to him when he was not reacting. BC would likewise apologize for his conduct. Working with individuals with emotional well-being issues will require learning of consideration, sympathy, capability, great relational abilities fearlessness and duty. In any case, fitness is not about abilities but rather it is additionally about wellbeing and social consideration of professionals setting aside their very own advantage and feeling and put others first. In addition, wellbeing and social consideration experts are morally, professionally and lawfully responsible of their activity.

At the point when BC is in a low mindset, he is supported by staff through talking, offering to take him out for different helpful exercises to help his state of mind. BC adores music and goes to a dance club each Friday night. Subsequently, welcoming him in the workplace to talk about his night out experience truly helps his inclination. Staff additionally utilizes the media like "YouTube" to listen to music together and talk about his most loved music. Amid the

time BC has been in my consideration, I have learnt that he is an exceptionally eager individual and can get to be fomented and disappointed by long holds up. As BC goes for his station infusion fortnightly at the group Mental Health Team's premises, staff guarantees his taxi has been reserved ahead of time for him to take care of his meeting with his watch over the stop infusion.

Evaluation

The medical attendants must assess the state of BC to discover that the treatment has been legitimately embraced. There are five noteworthy exercises embraced by Nurses to guarantee the viability of treatment:

- Analyse: this intercession included everything concerning knowledge on adapting styles of every patient;
- Advise: this intercession was to give data to the patient and his escort;
- Reply: this intercession is to coordinate the consideration arrangement comments the patient contrasted with offer the satisfactory mediations;
- Protect: this intercession considered the conceivable elements that would disturb the circumstance;
- Negotiate: this intercession is specifically identified with patient rights and its needs to build up a fitting treatment

For patients such as BC, who have the refinement of being practically zero side effects, tend not to take after thorough treatment and the way of life and related proposals. So for diabetes adherence is somewhere around 50 and 70% (Inzucchi et al., 2015). This might be a variable identified with the individual himself, a treatment would risk his day by day life, his life

decisions, personal satisfaction and so forth (Schellenberg et al., 2013). Consistence with nourishment directions may demonstrate oppressive for patients. In fact, to take after a specific service, confine the amounts can be seen as a disadvantage to patients and cause resistance. The Food conduct uncovers the mental report of every sustenance and whose advancement must consider.

Social isolation confronted by BC and lower subjective and utilitarian resources unmistakably show up as an impediment to great remedial consistence. To be sure, this kind of patient may get to be bothered to apply great suggestions identified with way of life, for example, physical action. Ethnicity, convictions regarding wellbeing and the patient's way of life can likewise be instrumental in the promotion of a patient to treatment. Some practices among other social qualities decide the way of sustenance, the minute they are introduced, the number and recurrence of meals. In this manner, diabetic patients may have solid connection to clean sustenance traditions of their way of life. On account of this circumstance, BC frequently brought to expend generous suppers and caloric amid certain religious occasions.

BC is entitled for Care Program Approach under Mental Health Act 1983 in light of the fact that he was kept under section 2 and is on section 117 of after consideration. This meeting is ordinarily following 6 months which is gone to by his staff support keyworker, care facilitator, specialist, his family and whatever other individual BC might want to welcome. The specialist audits the endorsed insane solution in the wake of gathering information from me and BC.

BC clarifies about his solution's symptoms and how he is adapting to them and I clarify any worries I may have seen amid his consideration concerning his prescription and prosperity.

BC likewise have a chance to examine with the group of what has worked for him and what hasn't and whether he might want any progressions to his consideration arrangement.

The Extent to which Care Worked

In BC's case, he is in this phase of the pseudo-acknowledgment. To be sure, it is flawlessly seeing on the medication treatment and for checking his glucose. Just the way of life and dietary standards stay imperceptibly. He obviously shows his refusal on concessions to make in his everyday life, brought about by diabetes, and afterward lose him as a piece of his personality. The way of the relationship that ties the patient with the caregiver is likewise a component for participation preparing. Along these lines, the idea of a remedial relationship quality is conclusive. The accessibility of caregivers, their sympathy, their capacity to tune in, their inclusion with patients directly affect the great adherence to treatment and way of life and related suggestions.

The relationship between the patients to caregiver will be a deciding variable for good adherence. The medical attendant should in this way build up a remedial relationship when stood up to with a patient declining to watch a restorative conduct. The nursing help relationship is an approach to help the patient to experience his ailment and its results on individual, family, social, and conceivably proficient conduct change (Ceriello et al., 2012). The patient in his association with the medical caretaker began listening and gives consideration and acknowledgment to his disease. This prompts the idea of sympathy, primordial idea with regards to the guide relationship. It is the capacity to see the world from each other inside, feeling the feelings of the other without relating to the next.

It is essential for BC to feel that the caregiver and attendant perceive his passionate experience and recognition he may have his disease. He should be seen as a particular subject, portrayed by his history, infection and identity. Accordingly, in a malady, for example, diabetes this empathic relationship will permit the patient a superior osmosis and acknowledgment of his disease; which is a key stride in the period of acknowledgment. The idea of compassion includes the thought of separation that the parental figure needs to have with the patient; along these lines it recognized from sensitivity, which would include an excessive amount of speculation of guardian to the debilitated. This helpful separation of parental figure permits him to sincerely ensure the patient. BC is confronting with his most profound presence, society, life propensities, his surroundings and his social setting. The medical attendant should hence embrace a state of mind not meddling to face quiet protection.

Communication

Communication skill is one of the most important skills for health professionals. It is impossible to establish verbal formulas for each data to be transmitted, since it has to be appropriate at the time, the circumstances, the person and place among other reasons.

For me achieving communicative competence is needed for emotional awareness of the interpersonal relationship with BC, the development of favourable attitudes, the formation of moral qualities, stimulation of flexible thinking and creativity. On the issue of communicative competence two commonly used terms that are assertive and facilitation. Sometimes they are handled as skills, although it is rather acting styles in the communicative situation, since they are included in many of the skills (Arnold & Boggs, 2015).

My relationship with BC is based on a system of attitudes that are the foundation of a successful interpersonal relationship, highlighting the congruence, empathy, emotional identification with the other and acceptance are determined. We have good communication but it, however, sometimes hinders by physiological and psychological barriers.

In order to establish better communication with BC and to achieve communication competence, I have to improve the following skills (McCabe & Timmins, 2013):

- Establish first contact and collect data: This ability is of great importance because it from the first face to face contact with BC is performed. Its effectiveness depends largely on the achievement of good communication. It also allows the nurse collection, data management and information that provide identifying needs and problems of the patient;
- Report: This ability to inform the BC or his family about the disease, care and treatment; also it provides a space for the realization of questions;
- Negotiate: This term allows an approach to conflict management by contrasting opinions, but also convinces agrees to be convinced, agree to conduct, in short, it is the best for both agree
- Breaking bad news: The bad news represents one of the most frequent and inevitable stressful situations in nursing practice in emergency departments, which are depending on the sensitivity and ability to communicate. This includes how to give bad news, covers a broad spectrum of dilemmatic situations, from announcing the patient to have to amputate a limb, to raise another that is necessary to perform a heart transplant, or decide who and when to give the news

Conclusion

The planning and assessment of care has shown that BC has reasonably good daily living skills but still requires a lot of prompting and encouragement to do his chores in the house and improve his self-care skills such as bathing, oral care and cleaning.

There is a dire need to for me to become a reflective practitioner and develop relevant care delivery skills because these skills provide me the ability to understand the problems faced by BC. BC feels it is staff's responsibility to carry out his cleaning and other household chores. This attitude is managed sensitively as he can respond to any challenges negatively.

The review of this case study has also highlighted the importance of delivery of care and encourages me to have an understanding of BC care so he will get the best possible care which ultimately improves his overall health condition. The review of the case study has revealed that since giving BC care, he has improved in many areas of his care. However, he continues to receive treatment to prevent relapse of his psychotic condition.

BC paranoid schizophrenia, especially when he hears voices becomes a major communication barrier as he is central to his care. He refuses to talk and comply with his medication. Staff in this instance, develops good rapport with him and try to engage him in different activities to overcome the barrier. Staff also needs to develop good communications skills like, listening, appropriate tone, signs and gestures and body language in a bid to overcome any communication difficulties with BC. As discussed above, in order to understand BC more properly, I need to improve my communication skills by establishing first contact and collect data, ability to inform the patient (BC) and his family about the disease and the treatment, negotiating in case of a conflict and be able to break the bad news effectively.

The review of BC case study also tells that he requires periodic review of his mental state by the psychiatrist consultant involved in his care. The support BC receives from his care coordinator is under the Care Programme Approach procedure and fulfils responsibility under Mental Health Act on both the health service and the local authority to prevent future need for admission to psychiatric hospital.

More effective care would have been improved if all staff are fully trained about diabetes and administration of medicine such using intravenous method. I feel this should have been useful as staff would not have relied on diabetes nurses to come to the unit to administer his insulin.

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