

Interview Questions & Model Answers

Nursing Associate - (Surgical & Vascular)

This document contains 15 comprehensive interview questions with model answers structured using STAR (Situation, Task, Action, Result) and SOAR (Situation, Obstacle, Action, Result) frameworks. The questions are categorized into:

- Behavioral-Based Questions (5 questions)
- Situational-Based Questions (4 questions)
- Technical Questions (4 questions)
- General Questions (2 questions)

SECTION 1: BEHAVIORAL-BASED QUESTIONS

Question 1: Tell me about a time when you had to care for a patient with complex needs on a busy surgical ward.

Model Answer (STAR Method):

Situation: While working as a healthcare assistant on a general surgical ward, I was assigned to care for an 82-year-old post-operative patient who had undergone emergency bowel surgery. The patient had multiple comorbidities including diabetes, mobility issues, and early-stage dementia, requiring comprehensive care during a particularly busy shift with staff shortages.

Task: I needed to provide safe, dignified care that addressed all aspects of the patient's needs while managing my other patients and supporting the registered nurses during the busy period. It was crucial to monitor post-operative observations, maintain comfort, prevent complications, and ensure the patient's emotional wellbeing.

Action: I prioritized my tasks by assessing which needs were most urgent. I performed regular observations and immediately escalated when I noted the patient's temperature was elevated. I worked closely with the registered nurse to administer prescribed analgesia and ensure fluid balance was monitored accurately. Recognizing the patient's confusion, I used clear, simple communication and maintained a calm, reassuring presence. I assisted with personal care, ensuring dignity was maintained, and helped with mobilization as per the physiotherapy plan to prevent DVT and chest infections. I also took time to engage the patient's family, explaining what we were doing and how they could support their relative, which helped reduce the patient's anxiety.

Result: The patient recovered well without developing any post-operative complications. My early escalation of the elevated temperature led to prompt antibiotic treatment that prevented a more serious infection. The patient's family expressed gratitude for the compassionate care provided, and my registered nurse colleague commended my organizational skills and patient-centered approach. This experience

reinforced the importance of holistic care and effective communication in managing complex patient needs.

Question 2: Describe a situation where you had to work as part of a multidisciplinary team to achieve a positive patient outcome.

Model Answer (STAR Method):

Situation: I was involved in the care of a 65-year-old patient who had undergone vascular surgery for peripheral arterial disease. The patient was experiencing significant pain, difficulty mobilizing, and was becoming increasingly withdrawn and low in mood, which was affecting their recovery and discharge planning.

Task: As part of the ward team, I needed to collaborate with various healthcare professionals to address the multifaceted challenges affecting this patient's recovery and ensure a safe, timely discharge with appropriate support in place.

Action: I attended the multidisciplinary team meeting where I shared my observations about the patient's pain levels, mobility concerns, and emotional state based on my daily interactions during personal care. I worked closely with the physiotherapist to encourage the patient during mobility exercises and reinforced the techniques taught. I liaised with the occupational therapist regarding the patient's home environment and communicated concerns about stairs. I supported the pain management plan developed by the medical team by monitoring effectiveness and reporting back. When I noticed the patient seemed depressed, I discussed this with the registered nurse, which led to a mental health referral. I also facilitated communication between the patient's family and the discharge coordinator to ensure appropriate home care packages were arranged.

Result: Through effective multidisciplinary collaboration, the patient's pain was better controlled, mobility improved significantly, and mental health support was initiated. The patient was discharged with confidence to their home with a care package, mobility aids, and follow-up appointments in place. The MDT team leader praised the valuable contribution of nursing associates in providing continuity of care and patient-centered observations. This experience demonstrated how each team member's unique perspective contributes to comprehensive patient care.

Question 3: Can you give an example of when you identified a patient safety concern and how you addressed it?

Model Answer (SOAR Method):

Situation: During a night shift on the surgical ward, I was conducting routine observations when I noticed that a post-operative patient appeared more drowsy than usual. The patient had received opiate analgesia earlier in the evening, and their respiratory rate was 10 breaths per minute, which was concerning.

Obstacle: The ward was busy with several post-operative patients requiring attention, and the registered nurse was dealing with an emergency admission. I was concerned about potential opiate-induced respiratory depression but needed to act quickly while

ensuring I followed the correct escalation procedures and didn't cause unnecessary alarm to the patient or other staff.

Action: I immediately informed the registered nurse of my concerns, providing specific observations: respiratory rate, oxygen saturations, and the patient's level of consciousness using AVPU scale. I remained with the patient, monitoring continuously and attempting to rouse them gently while the registered nurse contacted the doctor. I positioned the patient safely, ensuring their airway was clear and prepared the emergency equipment as a precaution. I documented my observations accurately with exact times. When the doctor arrived, I was able to provide a clear, concise handover including the timeline of deterioration and the patient's pain management history. I supported the registered nurse in administering the prescribed naloxone and monitoring the patient's response.

Result: The patient's respiratory rate improved following the intervention, and they made a full recovery without any complications. The incident was documented and discussed at the ward safety meeting, leading to a review of pain management protocols for elderly patients. My actions were recognized for early identification and appropriate escalation, which prevented a potentially serious adverse event. I learned the critical importance of vigilance, knowing normal parameters, and having the confidence to speak up when something doesn't seem right, even as a junior team member.

Question 4: Tell me about a time when you had to communicate difficult or sensitive information to a patient or their family.

Model Answer (STAR Method):

Situation: A patient's family member approached me asking about their mother's condition and why she wasn't eating. The patient had developed post-operative complications, and while I knew the situation was concerning, detailed medical information needed to come from the medical team, not from me as a nursing associate.

Task: I needed to respond compassionately to the family's concerns while working within my scope of practice, ensuring I didn't give information beyond my competence or role, but also ensuring the family felt heard and supported.

Action: I found a quiet, private space to speak with the family member and listened attentively to their concerns without interruption, showing empathy through my body language and verbal acknowledgment. I validated their feelings by saying, 'I can understand how worrying this must be for you.' I explained what I could share within my scope - that I had noticed their mother was eating less and that we were monitoring her closely, encouraging fluids, and providing mouth care for comfort. I was honest about the limitations of what information I could provide, explaining that detailed medical updates needed to come from the doctor or senior nurse. I immediately arranged for the registered nurse to speak with them and ensured the doctor was aware the family wanted an update. I documented the conversation and followed up later to ensure the family had received the information they needed.

Result: The family member thanked me for listening and for arranging the meeting with the medical team promptly. They appreciated my honesty about what I could and couldn't discuss. The registered nurse commended my professional approach to managing a sensitive situation within my scope of practice while ensuring the family's needs were met. This experience taught me the importance of knowing professional boundaries while still providing compassionate, person-centered care to both patients and their families.

Question 5: Describe a situation where you had to manage your time effectively during a particularly busy shift.

Model Answer (SOAR Method):

Situation: I was working an early shift on a 28-bed surgical ward with responsibility for 8 patients. Two colleagues called in sick, meaning we were working with reduced staffing. I had patients requiring pre-operative preparation, post-operative care including wound care, observations every 2-4 hours for different patients, assistance with meals, and personal care needs throughout the day.

Obstacle: With reduced staff, I knew I couldn't complete all tasks in my usual way. I needed to prioritize effectively while ensuring patient safety wasn't compromised, and I had to be flexible when unexpected situations arose, such as patients requiring additional support or clinical situations changing.

Action: At the start of the shift, I reviewed each patient's care plan and identified priorities based on clinical need and time-sensitive tasks. I created a structured schedule: completing all urgent observations first, preparing the pre-operative patient (NBM status, consent checks, pre-med), then addressing other observations due within specific timeframes. I communicated with the registered nurse about my planned schedule and flagged any concerns about workload. I used 'care clusters' - when in a patient's room, I completed multiple tasks together (observations, comfort checks, medication administration assistance, hydration) to maximize efficiency. I delegated appropriately, asking a healthcare assistant to help with meal assistance while I focused on clinical observations and wound care. When an urgent situation arose with a patient experiencing post-operative nausea, I quickly re-prioritized, addressing the immediate need while informing the team that non-urgent tasks would be delayed. I maintained clear documentation throughout, using moments between tasks to record accurately.

Result: Despite the staffing challenges, all essential patient care was delivered safely and on time. The pre-operative patient went to theater as scheduled with all necessary preparations completed. No clinical deteriorations were missed, and all observations were completed within appropriate timeframes. The registered nurse praised my organizational skills and ability to adapt under pressure. I received positive feedback from patients about the care they received. This experience enhanced my time management skills and taught me the importance of systematic prioritization, clear communication, and teamwork when resources are stretched.

SECTION 2: SITUATIONAL-BASED QUESTIONS

Question 6: A patient refuses to take their prescribed medication. How would you handle this situation?

Model Answer:

I would approach this situation calmly and professionally, recognizing that patients have the right to refuse treatment while ensuring I've done everything within my scope to understand their concerns and encourage compliance.

First, I would speak with the patient privately to understand their reasons for refusing. There could be many valid concerns - side effects they're experiencing, difficulty swallowing, misunderstanding about the medication's purpose, cultural or religious beliefs, or fear. I would listen without judgment and acknowledge their feelings.

Second, within my scope of practice, I would provide information about why the medication has been prescribed and what might happen if they don't take it, using clear, non-technical language. For example, 'This medication helps prevent blood clots after your surgery, which is very important for your recovery.' However, I would be careful not to coerce or pressure the patient.

Third, I would immediately inform the registered nurse and document the refusal accurately, including the patient's stated reasons and my conversation with them. I would never force medication or document it as given if it was refused.

Fourth, I would support the registered nurse or prescriber in having a more detailed conversation with the patient about their concerns. Sometimes patients need to hear information from different team members, or there might be alternative formulations or timings that would be more acceptable.

Throughout this process, I would maintain the patient's dignity, respect their autonomy, and ensure they have capacity to make an informed decision. If I had concerns about their capacity, I would raise this with the registered nurse. Patient safety and rights are paramount, and medication refusal must be handled sensitively while ensuring proper escalation and documentation.

Question 7: You notice a colleague not following proper infection control procedures. What would you do?

Model Answer:

This is a serious situation that requires immediate action because infection control breaches can put vulnerable surgical patients at significant risk. I would handle it professionally and in line with Trust policy.

Immediate action: If the situation posed immediate risk to patient safety - for example, if a colleague was about to perform a procedure without proper hand hygiene or wasn't wearing appropriate PPE when dealing with a patient with an infection - I would politely but firmly intervene immediately. I might say, 'Excuse me, I notice you haven't put gloves on - this patient is on contact precautions.' Patient safety must come first, even if it feels uncomfortable to challenge a colleague.

Speaking with the colleague: After addressing the immediate situation, I would speak with the colleague privately and professionally. I would approach it as a learning conversation rather than accusatory. Perhaps they were unaware, forgot, or are new and need support. I might say, 'I noticed you didn't follow the hand hygiene protocol before that procedure. Is there something I can help you with or clarify?'

Escalation: If the colleague was dismissive, if this was a repeated pattern, or if I felt unable to address it directly, I would escalate to the nurse in charge or ward manager. Infection control is too important to ignore, and speaking up is part of my professional responsibility. I would document what I observed factually.

Supporting improvement: I would also consider whether the colleague needs additional training or support. Perhaps there are systemic issues - like PPE not being readily available in the right locations - that should be addressed to prevent future breaches.

I understand that challenging colleagues can be difficult, but as a nursing associate, I have a duty of candor and a responsibility to maintain standards that protect patients. I would approach it with professionalism, respect, and a focus on patient safety and learning, not blame.

Question 8: A patient's family member is very anxious and keeps asking you questions about the surgery scheduled for tomorrow. How would you respond?

Model Answer:

I would respond with empathy and professionalism, while being mindful of my scope of practice and ensuring the family receives accurate information from the appropriate team members.

Show empathy and create space: I would find a quiet, private area to talk with the family member and give them my full attention. I would acknowledge their anxiety: 'I can see you're worried about your mother's surgery tomorrow - that's completely understandable. Surgery can be a stressful time for families.' This validates their feelings and builds trust.

Listen actively: I would ask them to tell me specifically what they're concerned about and listen carefully. Sometimes people just need to voice their fears to someone who will listen. Their questions might reveal gaps in understanding that need to be addressed by the medical team.

Provide information within my scope: I would share factual information within my competence, such as: the general pre-operative process (fasting times, when the patient will go to theater, what to expect when they return to the ward), where they can wait during surgery, and how they'll be contacted. I would not attempt to explain the surgical procedure itself, risks, or prognosis - this must come from the surgical team.

Be honest about limits: If they ask questions beyond my knowledge or scope, I would be honest: 'That's a really important question about the surgical approach, and you

need to speak with the surgeon about that. Let me arrange for someone from the surgical team to speak with you.'

Facilitate access to the right people: I would ensure they know how to contact the ward, when the surgeon typically does rounds, and arrange for the registered nurse or surgeon to speak with them if they haven't already had a pre-operative consultation. I would document their concerns and ensure the team is aware.

Provide reassurance through action: I would reassure them by explaining how the patient is being cared for now and what monitoring will happen post-operatively. Sometimes practical information about the care process helps reduce anxiety.

The key is balancing compassion with professional boundaries - being a supportive presence while ensuring the family gets accurate, comprehensive information from the right healthcare professionals.

Question 9: You're assigned to care for a patient who has developed post-operative complications and their condition is deteriorating. What steps would you take?

Model Answer:

This is a critical situation requiring immediate, systematic action following established deteriorating patient protocols. I would follow the ABCDE approach and escalation procedures.

Immediate assessment: I would stay with the patient and quickly assess their condition using ABCDE approach: Airway (is it clear?), Breathing (respiratory rate, oxygen saturations, chest movement), Circulation (pulse, blood pressure, capillary refill, skin color), Disability (level of consciousness using AVPU - Alert, Voice, Pain, Unresponsive), Exposure (checking surgical site, drains, any bleeding). I would take a full set of observations immediately.

Call for help: I would immediately alert the registered nurse in charge and inform them that I have a deteriorating patient, providing specific clinical information. If the patient meets criteria for emergency response (e.g., respiratory rate <8 or >30 , unconscious, severe bleeding), I would not delay - I would call for emergency help while beginning basic interventions.

Initial interventions within scope: While waiting for senior help, I would take actions within my competence: positioning the patient appropriately (if breathing difficulty, sit upright; if hypotensive and no breathing issues, lie flat with legs elevated), ensuring IV access is patent, applying oxygen if trained and prescribed, preparing emergency equipment. I would never leave a deteriorating patient alone.

Calculate early warning score: I would calculate the NEWS2 (National Early Warning Score) based on the observations and communicate this to the responding team - this helps determine the urgency and level of response needed.

Clear communication: When the registered nurse and doctor arrive, I would give a clear, structured handover using SBAR format: Situation (what's happening),

Background (relevant history - post-op day, procedure performed, previous complications), Assessment (vital signs, what I've observed), Recommendation (what I think they need). For example: 'This is Mr. Smith, day 2 post laparotomy, I'm concerned about deterioration - RR 28, BP 90/50, HR 120, Temp 38.5, abdominal distension noted. I think he needs urgent medical review for possible post-operative complication.'

Support the team: I would assist the registered nurse and medical team with interventions - preparing equipment, fetching medications, taking further observations, documenting in real-time if asked, or reassuring the patient.

Documentation: After the situation is stabilized, I would ensure accurate documentation of observations, timeline of deterioration, interventions performed, and who was notified.

The key principles are: early recognition, immediate escalation, staying with the patient, clear communication, and working within my scope while supporting senior clinicians. Time is critical with deteriorating patients, and I must not delay seeking help.

SECTION 3: TECHNICAL QUESTIONS

Question 10: What observations and assessments would you perform for a patient on their first day post-operatively following major vascular surgery?

Model Answer:

For a patient in the immediate post-operative period following major vascular surgery, comprehensive monitoring is essential to detect early complications. I would perform systematic assessments:

Vital signs (frequency as per protocol, typically hourly initially):

- Blood pressure - monitoring for hypertension (increased bleeding risk) or hypotension (hemorrhage or shock)
- Heart rate and rhythm - watching for tachycardia (pain, hypovolemia, anxiety) or arrhythmias
- Respiratory rate and oxygen saturations - monitoring for respiratory complications
- Temperature - detecting infection or hypothermia
- Level of consciousness (AVPU scale) - assessing sedation levels and neurological status
- Pain score - ensuring adequate analgesia using appropriate pain scale

Surgical site and wound assessment:

- Wound inspection for signs of bleeding, hematoma, or infection
- Checking dressings for strike-through bleeding
- Drain monitoring - recording type, amount, and color of drainage

Vascular-specific assessments:

- Peripheral pulses - palpating pulses distal to the surgical site to ensure graft patency
- Limb color, temperature, and capillary refill - comparing affected limb with the other limb
- Sensation and movement in affected limb - detecting neurovascular compromise
- Limb circumference if indicated - monitoring for compartment syndrome

Fluid balance:

- Monitoring IV fluids - checking rate, type, and site
- Urine output - catheter monitoring for adequate renal perfusion (aim >0.5ml/kg/hour)
- Recording all input and output accurately

Other assessments:

- Nausea and vomiting - anti-emetic requirements
- Mobility and VTE prophylaxis - ensuring compression stockings fitted, encouraging leg exercises
- Nutritional status - NBM status review, when oral intake permitted

I would calculate NEWS2 scores and escalate any concerning findings immediately. All observations and assessments would be accurately documented with time, date, and my signature. Any deviation from expected post-operative recovery would be reported to the registered nurse without delay.

Question 11: Explain the key principles of infection prevention and control that you would apply when caring for surgical patients.

Model Answer:

Infection prevention and control is critical on a surgical ward where patients are immunocompromised and have surgical wounds. I would apply several key principles:

1. Hand Hygiene - The Single Most Important Measure:

- Following the '5 Moments for Hand Hygiene': before patient contact, before aseptic procedures, after body fluid exposure, after patient contact, and after contact with patient surroundings
- Using proper hand washing technique for at least 20 seconds with soap and water, or alcohol hand rub when hands are not visibly soiled
- Ensuring 'bare below the elbows' - no watches, rings, or long sleeves that could harbor bacteria

2. Personal Protective Equipment (PPE):

- Selecting appropriate PPE based on risk assessment - gloves for body fluid contact, aprons for direct patient care, masks/eye protection for splash risk
- Putting on PPE in correct sequence (apron, then gloves) and removing carefully to avoid contamination
- Changing gloves between patients and between clean and dirty procedures

3. Aseptic Non-Touch Technique (ANTT):

- Using ANTT for all invasive procedures - wound dressings, catheter care, IV line management
- Identifying and protecting 'key parts' (parts that must remain sterile) and 'key sites' (where key parts come into contact)
- Never touching key parts directly, using sterile gloves or non-touch technique

4. Environmental Cleaning:

- Ensuring bed spaces, commodes, equipment are cleaned according to protocols
- Decontaminating equipment between patients
- Following enhanced cleaning for patients with infections

5. Safe Waste Disposal:

- Segregating waste correctly - clinical waste, sharps bins, domestic waste
- Never overfilling sharps bins, closing when three-quarters full
- Safe handling of contaminated linen

6. Isolation Precautions:

- Implementing appropriate precautions for patients with infectious conditions (MRSA, C. difficile, etc.)
- Using side rooms when indicated, clear signage, dedicated equipment
- Following contact, droplet, or airborne precautions as appropriate

7. Antimicrobial Stewardship:

- Ensuring antibiotics are given on time as prescribed
- Never administering leftover or borrowed antibiotics
- Educating patients about completing courses

I would also participate in infection control audits, report any breaches or outbreaks, and maintain my own health (staying home if unwell, ensuring immunizations are current). Every action in patient care should be viewed through an infection control lens.

Question 12: What is your understanding of the Nursing Associate role and scope of practice, particularly on a surgical ward?

Model Answer:

The Nursing Associate is a registered healthcare professional on the NMC register, working at Band 4, bridging the gap between healthcare assistants and registered nurses. I understand this role has specific responsibilities and limitations that I must work within.

Core responsibilities within my scope:

- Delivering fundamental nursing care under the supervision of a registered nurse
- Monitoring vital signs and recognizing deteriorating patients, calculating NEWS2 scores, and escalating appropriately

- Assisting with activities of daily living - personal hygiene, nutrition, mobility, elimination
- Medicine administration following Trust protocols (oral, topical, subcutaneous injections once competency assessed)
- Wound care and dressing changes using aseptic technique
- Catheter care, but not insertion or removal without additional training
- Basic venepuncture and cannulation if trained and assessed as competent
- Accurate documentation and record-keeping
- Supporting patients and families, providing information within my scope
- Contributing to care planning based on my assessments

Limitations of my scope:

- I cannot take charge of a ward or supervise registered nurses
- I cannot independently assess acutely unwell patients or make independent clinical decisions about care
- I cannot administer IV medications or blood products without additional training
- I cannot perform certain advanced procedures without supervision (e.g., NG tube insertion, tracheostomy care)
- I cannot provide complex clinical information beyond my knowledge - this must come from the registered nurse or medical team

On a surgical ward specifically:

I would work as part of the nursing team supporting pre-operative, peri-operative, and post-operative care. This includes preparing patients for theater (checking NBM status, consent, completing checklists), post-operative observations and monitoring for complications, wound and drain care, pain management support, encouraging early mobilization to prevent DVT, and supporting discharge planning.

Professional accountability:

I am accountable to the NMC and must follow their Code - prioritizing people, practicing effectively, preserving safety, and promoting professionalism and trust. I must only work within my competence, recognize my limitations, and seek help when needed. I would maintain my professional development through revalidation, supervision, and training.

I see the Nursing Associate role as vital in providing continuity of care, supporting registered nurses to work at the top of their license, and delivering compassionate, safe patient care as part of a multidisciplinary team.

Question 13: How would you support a patient with mobility issues following surgery while ensuring their safety?

Model Answer:

Supporting post-operative mobility safely is essential for preventing complications like DVT, chest infections, and pressure ulcers, while avoiding falls and injury. I would take a systematic approach:

1. Risk Assessment:

- Review the patient's mobility assessment and falls risk score
- Identify specific factors affecting mobility - pain, surgical site (abdominal, vascular, orthopedic), sedation, medical history, age, pre-existing conditions
- Check for any mobility restrictions ordered by the surgical team
- Assess environmental hazards - wet floors, clutter, poor lighting

2. Preparation:

- Ensure adequate pain relief before mobilizing - pain inhibits movement
- Check vital signs are stable - avoid mobilizing if patient is hypotensive or tachycardic
- Ensure patient has appropriate footwear (non-slip, well-fitting)
- Position mobility aids within easy reach - walking frame, stick, zimmer
- Ensure call bell is accessible so patient doesn't attempt to mobilize alone

3. Manual Handling Assessment:

- Use TILE approach - Task, Individual, Load, Environment
- Determine if assistance is needed - never attempt to move patients beyond my capability
- Use equipment if required - hoist, slide sheet, transfer board
- Ensure enough staff available for safe transfer (two-person assist if needed)

4. Communication and Consent:

- Explain what we're doing and why mobilization is important
- Gain consent and encourage patient participation
- Give clear instructions: 'On the count of three, we'll help you stand'
- Encourage patient to tell me if they feel pain, dizzy, or unwell

5. Progressive Mobilization:

- Start gradually - sitting up in bed, then edge of bed, then standing
- Watch for orthostatic hypotension - dizziness on standing
- Build up distance gradually - chair by bed, bathroom, corridor
- Follow physiotherapy mobility plan

6. Monitoring During Mobilization:

- Stay with the patient throughout
- Watch for signs of distress - pallor, sweating, breathlessness, pain
- Monitor surgical drains, catheters, IV lines - prevent pulling or dislodgement
- Be prepared to stop if patient becomes unwell

7. Post-Mobilization:

- Ensure patient is safely positioned and comfortable
- Check vital signs post-mobilization
- Document mobility achieved, patient tolerance, any concerns
- Praise achievements to encourage continued progress

8. Prevention Strategies:

- Ensure anti-embolic stockings are fitted correctly
- Encourage ankle exercises when in bed
- Ensure adequate hydration
- Regular repositioning if bedbound

The key is balancing the need for early mobilization with patient safety, always working within my scope and seeking physiotherapy input for complex mobility needs.

SECTION 4: GENERAL QUESTIONS

Question 14: Why do you want to work as a Nursing Associate at East Lancashire Hospitals NHS Trust, specifically on Ward C18B?

Model Answer:

I am passionate about working as a Nursing Associate at East Lancashire Hospitals NHS Trust for several interconnected reasons:

Professional Development and the Nursing Associate Role:

I am drawn to the Nursing Associate role because it offers the opportunity to deliver hands-on, fundamental patient care while working at a registered professional level. Having completed my Nursing Associate qualification, I am eager to apply my training in a challenging, acute environment where I can continue to develop my clinical skills. The role bridges healthcare support and registered nursing in a way that allows me to make a real difference to patients during their surgical journey while working as part of a skilled multidisciplinary team.

Interest in Surgical and Vascular Nursing:

Ward C18B, with its focus on surgical and vascular patients, particularly appeals to me. Surgical nursing is fast-paced, varied, and requires attention to detail, critical thinking, and excellent assessment skills - all areas I want to strengthen. Vascular surgery is especially interesting given the complexity of patients, the need for meticulous neurovascular observations, and the opportunity to see patients through their entire surgical pathway from admission through recovery. I find the post-operative recovery phase fascinating - supporting patients through pain management, mobilization, wound healing, and preventing complications requires comprehensive nursing care.

East Lancashire Hospitals NHS Trust:

I have researched ELHT and am impressed by its reputation for providing high-quality care to the local population. I appreciate that the Trust has received 'Good' ratings from the CQC with areas of 'Outstanding' practice, which demonstrates a commitment to excellence. The Trust's vision of delivering 'safe, personal and effective care' aligns with my own values as a healthcare professional. I also value that ELHT is a large organization providing comprehensive services, which offers opportunities for professional development, rotation, and specialization as my career progresses.

Local Connection and Service:

I am committed to serving the East Lancashire community. Working at a local hospital where I can contribute to the health and wellbeing of people in my area is meaningful to me. I want to be part of a team that makes a tangible difference to patients and families during some of their most vulnerable moments.

Team Environment and Learning Culture:

From what I understand about Ward C18B and ELHT more broadly, there is a strong emphasis on teamwork, education, and supporting staff development. As a Nursing Associate, I need an environment where I can learn from experienced registered nurses and other healthcare professionals while contributing my own skills and observations to patient care. I am looking for a workplace that values Nursing Associates as integral team members and supports our professional growth.

Long-term Career Goals:

I see this role as an important step in my nursing career. I am committed to the Nursing Associate profession and may consider progressing to registered nurse status in the future through apprenticeship routes. Working at ELHT would provide excellent experience and potentially opportunities for career advancement within the organization.

Ultimately, I want to work at ELHT because I believe I can provide excellent care to surgical patients, contribute positively to the ward team, and grow as a healthcare professional in an organization that values quality, compassion, and continuous improvement.

Question 15: How do you maintain your own wellbeing and manage stress when working in a demanding healthcare environment?

Model Answer:

I recognize that working in healthcare, particularly in a busy surgical ward, can be physically and emotionally demanding. Maintaining my wellbeing is essential not only for my own health but also to ensure I can provide the best care to patients. I have developed several strategies:

Physical Wellbeing:

- **Prioritizing sleep:** I maintain a regular sleep schedule and practice good sleep hygiene, especially when working shifts. I understand that adequate rest is crucial for concentration, decision-making, and resilience.
- **Nutrition and hydration:** During shifts, I ensure I take proper breaks to eat and drink, even when busy. I prepare healthy meals and snacks to maintain energy levels.
- **Physical activity:** I engage in regular exercise outside of work - walking, swimming, or gym sessions - which helps manage stress and maintains physical fitness needed for the demands of ward work.
- **Attending to physical health:** I maintain my own healthcare appointments and don't ignore signs that I need medical attention.

Emotional and Mental Wellbeing:

- Reflective practice: I regularly reflect on challenging situations, what went well, what I learned, and what I might do differently. This helps me process difficult experiences and grow professionally.
- Debriefing: After particularly difficult shifts or incidents, I talk with colleagues or my supervisor. Sharing experiences with people who understand the context is invaluable.
- Setting boundaries: I've learned the importance of work-life balance. When I'm off duty, I engage in activities I enjoy - spending time with family and friends, hobbies, reading - that are separate from healthcare.
- Mindfulness and relaxation: I practice techniques like deep breathing, meditation, or simply taking a few minutes of quiet time to center myself during or after stressful periods.

Professional Support:

- Clinical supervision: I value regular supervision sessions where I can discuss clinical concerns, my practice, and receive guidance.
- Peer support: I believe in the power of good teamwork. Supporting colleagues and being supported in return creates a positive work environment that helps everyone manage stress.
- Accessing occupational health and wellbeing services: I would not hesitate to use Trust wellbeing resources if needed - counseling, stress management programs, or occupational health support.
- Continuing professional development: Engaging in learning and development gives me confidence and competence, which reduces anxiety about my practice.

Workplace Strategies:

- Time management and organization: Being organized reduces stress. I prioritize tasks, plan my shifts, and don't try to do everything perfectly when under pressure.
- Asking for help: I've learned it's a strength, not weakness, to ask for assistance when overwhelmed. I would communicate with colleagues and the nurse in charge if workload is unmanageable.
- Recognizing warning signs: I monitor myself for signs of burnout - persistent exhaustion, cynicism, feeling ineffective - and would take action if these developed.

Perspective and Purpose:

- Remembering why I do this work: Focusing on the positive impact I have on patients' lives provides meaning and helps me cope with difficult days.
- Celebrating successes: I acknowledge good outcomes and positive feedback rather than only focusing on challenges.
- Accepting that I can't fix everything: I've learned to do my best while recognizing that some situations are beyond my control, and that's okay.

I believe self-care is not selfish - it's essential. A healthcare professional who looks after their own wellbeing is better able to provide compassionate, safe, effective care to others. I am committed to maintaining this balance throughout my career.