

Is there a place for reflective practice in the nursing curriculum?

Margaret Carroll, Liz Curtis, Agnes Higgins, Honor Nicholl,
Richard Redmond and Fiona Timmins

Within this paper a review of the literature on the area of reflection and reflective practice is presented. Lecturers at Trinity College Dublin currently face a dilemma with regard to including these concepts in the nursing curricula. They are faced on the one hand with national recommendations for the use of reflection and reflective practice, and on the other with personal and professional concerns about the practical, legal, ethical and moral implications raised in teaching and assessing this subject. The literature reveals that there is little consensus of opinion regarding the exact nature of reflection. There is also little empirical evidence to support the benefits of teaching and assessing of reflection or reflective practice from either an educational or clinical perspective. This, together with the practical difficulties of teaching and assessing reflection, may negate against the incorporation of reflection and reflective practice into the nursing curriculum. It is suggested that, rather than isolate reflection as a distinct topic, that the skills of critical thinking, problem solving, self-awareness and analysis be developed within the curriculum. © 2002, Elsevier Science Ltd. All rights reserved.

Margaret Carroll, Liz Curtis, Agnes Higgins, Honor Nicholl, Richard Redmond and Fiona Timmins, Lecturers/Course Leaders, School of Nursing and Midwifery Studies, Trinity College Dublin, Trinity Centre for Health Sciences, St James's Street, Dublin 8, Ireland.

(Requests for offprints to FT. Tel.: +3531 6083699/608 2692; E-mail: timminsf@tcd.ie)

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Introduction

Nurse education has undergone significant changes in the last decades. In Ireland the introduction of a diploma programme for nurse education nationally resulted in the development of closer links with third level institutes. In 2002, nursing will face a further challenge with the introduction of a 4-year undergraduate degree programme and full integration into the third level sector. The Commission on Nursing (Government of Ireland 1998) indicated that graduate education for nurses would contain both education and reflective practice.

In order to meet the challenges of the delivery of an all-graduate profession, An Bord Altranais (the regulatory body for nursing in Ireland) identified the need for new partnerships and alliances to be developed at both local and national level to strengthen ties

between the profession and third level institutes. To guide the transition of nurse education towards third level, An Bord Altranais (1999) published *Requirements and Standards for Nurse Registration Education Programmes* which clearly outlines the requirement for undergraduate programmes to have curricula that are dynamic, flexible and responsive. It also suggests that the curriculum be based on a wide range of teaching strategies to equip the knowledgeable practitioner with the life-long skills of problem-solving and self-directed learning (An Bord Altranais 1999, p. 25).

Further recently published nursing documentation have emphasized the need for the development of competent practitioners who are flexible, adaptable and reflective. *The Scope of Nursing and Midwifery in Ireland* (An Bord Altranais 2000) highlights competence as

an important consideration for determining scope of practice. A competent practitioner is deemed to have many attributes including critical thinking skills and the ability to problem solve (An Bord Altranais 2000), which some would argue are sub skills of reflective practice. It is suggested that continued professional development is essential in nursing, and reflective practice is suggested as one method of achieving this (An Bord Altranais 2000, p. 31). Reflective practice is also referred to in the *Report of the Nursing Education Forum* (Government of Ireland 2000) which indicates that nurse graduates should be prepared to be flexible, adaptable and reflective.

Given this increased focus on reflective practice, it is intended within this article to review the implications of these directives.

There is agreement that the nurse needs to be competent in many skills including reflection, critical thinking and problem solving, and reflective practice is cited as a suitable teaching methodology to achieve these. However, the teaching of reflection poses a challenge for nurse educators. Within the literature on curricula, reflection is either identified as a discrete module (Heath 1998), or integrated within modules on personal and professional development or developing nursing practice. This situation is reflected in the School of Nursing and Midwifery Studies, Trinity College, where reflection is integrated into personal and professional development modules contained in Access, Degree and Diploma in Midwifery programmes. Theory and models of reflection are taught to students undertaking the post graduate programmes and they are incorporated as a discrete module in the MSc in Nursing/Midwifery.

Background

While critical thinking and problem solving have been described in some detail in the literature, agreement on what constitutes reflection and reflective practice is less clear. Additionally, assessing students' ability in reflection may be fraught with difficulty. Given these concerns, an exploration of the value of teaching and assessing reflection and reflective practice within the nursing curricula of the School of Nursing Studies was undertaken. The initial impetus for this work emanated

from lecturers' experience of teaching and assessing reflection on one particular programme. Evaluations revealed that students held negative views on the reflective diaries used and the volume of work generated for the students was of particular concern. Additionally, for lecturers, the use of these diaries in practice and assessing them raised ethical, legal and professional concerns. Lecturers also had some concerns about the time involved in supporting diary submission and about the overall benefit of diaries for improving clinical care.

The subject of teaching reflective practice stimulated much debate among the lecturers, many of who are committed to the notion of reflection and reflective practice. Concerns emerged with teaching a concept where there is little agreement upon definition, and where there is sparse empirical evidence to support its use in practice. Particular concerns were raised about the assessment of reflective skills through the use of diaries completed by students. Other issues that emerged in discussions pertained to the ethical, legal and professional issues in assessing academic submissions of diaries.

As a result of these discussions and the concerns raised, a working group was established to undertake a review of the subject and to make recommendations about the teaching of reflective practice in the school. The group consisted of six lecturers, and all specialties within the school were represented. In order to progress the work, the issues raised in discussions were divided into four main categories: defining, teaching, assessing, legal/ethical/moral implications of reflection and reflective practice. These categories were also reflective of the emerging themes from the literature.

An overview of the current literature in each of these categories provides an insight into the issues that emerge in teaching and assessing reflective practice.

Defining the concept of reflection and reflective practice

Reflection on and in action

Learning by thinking about experience is not a new concept (Burns & Bulman 2000), and is

commonly focused on the work of Dewey (1933) who is deemed to be the first educationalist to write on the topic of reflection on experience. Nurses became interested in reflection during the development of nursing education in the UK (Burns & Bulman 2000). Schön (1983 & 1987) described reflection in and on action. Reflection in action is the process whereby the practitioner recognizes a new situation and thinks it out while still acting. It is believed that it is possible to improve an individual's ability to reflect in action. Reflection on action is the retrospective contemplation of practice taken to uncover the knowledge used in a particular situation. The reflective practitioner may speculate how the situation might have been handled differently and what other knowledge would have been helpful (Schön 1987).

Further work on reflection and reflective practice emerged in nursing literature in the late 1980s and early 1990s (Benner 1984, Kolb 1984, Clarke 1986, Powell 1989, Johns 1995, Reed & Proctor 1993, Street 1992). Much of this work is based on the seminal writings of Dewey (1933) and Schön (1983). Effective reflection on practice is thought to generate nursing theory and answer questions that emerge regarding the nature of nursing (Schön 1983 & 1987, Boud et al. 1985). The usefulness of reflection has become embedded not only in professional nursing literature but also in guidelines for the profession. The English National Board (1994), for example, advocate that student nurses should use reflection to learn from experience (Jarvis 1992). For registered nurses, the National Health Services Management Executive (1993) and United Kingdom Central Council for Nursing Midwifery and Health Visiting (1996a,b) advocate the use of reflection to support professional practice. In Ireland, the concept is supported in the *Report of the Nursing Education Forum: A Strategy for the Pre-registration Nursing Education Degree Programme* (Government of Ireland 2000).

Reflection itself is said to be a process of deep thought that includes looking backwards to the situation being pondered upon and projecting forward to the future. It involves the skills of recall and reasoning (Jarvis 1992). However, while reflection is a natural human thinking process, the deliberate and systematic

use of reflection as a learning tool in professional practice is a complex activity (Burns & Bulman 2000). Several definitions of reflection and reflective practice emerge with no consensus of opinion. Within professional education, Boud et al. (1985, p. 10) suggest that reflection has a specific meaning 'relating to a complex and deliberate process of thinking about and interpreting experience in order to learn from it'. Reid (1993, p. 305) describes reflection as a 'process' that describes, analyses and evaluates an experience.

Moon (1999) suggests reflection is a set of abilities and skills for problem solving while Kim (1999, p. 4) has indicated that 'reflection is a process of consciously examining what has happened in terms of thoughts, feelings and actions against underlying beliefs, assumptions and knowledge as well as against the backdrop (i.e. the context or the stage) in which specific practice has occurred'.

The lack of a clear definition of reflection and reflective practice, together with the plethora of terms used interchangeably in the literature, make this phenomenon difficult to utilize within nurse education. Teekman (2000, p. 2) supports this view and suggests, 'much of the terminology related to reflective practice is used rather loosely and interchangeably as if there is no difference in the terms'.

Within the literature, there appears to be a dearth of empirical evidence supporting the usefulness of reflective practice in clinical care. *Reflection* is taught in many schools of nursing, however, the literature guards against the wholesale application of reflection as a learning tool (Burns & Bulman 2000). Although there is a growth of nursing literature on the topic, most of this is descriptive and there is little attempt to evaluate the contribution of reflection as a means of learning to nurse (Burns & Bulman 2000).

It is recognized that many valuable theoretical propositions exist, but there is a need for rigorous research that provides evidence regarding the effectiveness of reflection and reflective practice in nursing (Burns & Bulman 2000) and indeed in defining the terms clearly. The lack of empirical evidence remains an issue of concern for us, and it is difficult to justify the inclusion of subjects within the curriculum that appear to have little benefit for student learning or for

improving nursing practice. Indeed, in today's environment of evidence based practice it is difficult for educators to justify the teaching of a subject where little research evidence exists about its benefits.

Teaching reflection and reflective practice

The literature on teaching reflection and reflective practice is sparse in terms of research evidence. Large amounts of descriptive anecdotal literature exist, but conclusive answers to the question of what is reflection and how it is to be taught/learned are not apparent. The literature available focuses on two types of teaching: teaching reflection in the classroom and teaching reflection in the clinical area. Both modalities focus on reflection 'on' action as opposed to reflection 'in' action. The aim of teaching the skills of reflection is to develop reflective practitioners who can critically analyse practice and develop new knowledge in order to change nursing and midwifery practice.

The skills that are necessary to develop reflective practitioners have been identified as description, critical analysis, synthesis, evaluation, self-awareness, clinical reasoning skills and problem solving skills (Atkins & Murphy 1993, Fowler 1997, Schön 1983). However, there is a growing debate on how reflective practice differs from critical thinking. Critical thinking represents a rational, linear, problem solving approach that is grounded in the scientific method, whereas reflection also involves the humanistic concerns of analysis of feelings and attitudes (Burns & Bulman 2000). However, Brookfield (1993) and Wallace (1996) also, include an affective dimension in the area of critical thinking.

Strategies that are commonly used to teach the skills of reflection include both written and verbal processes with individual or groups of students. Reflective journals, learning diaries, emotional diaries, reflective practice groups, mythic journeys and critical incident analyses are some of the ways in which fundamental skills can be developed within students (Bennett & Kingham 1993, Bolton 1999, Platzer et al. 2000a,b, Ghaye & Lillyman 1997). Other teaching methods include action-learning cycles,

group discussions on clinical case scenarios, role-play and problem based learning (Graham 1995, Burns & Bulman 2000). Regardless of the teaching strategy used, the central focus is on the utilization of real experiences from clinical practice.

Important considerations for the teaching of this concept include clear aims and objectives, the use of structured frameworks (Johns 1996, Gibbs 1988), allowing time for discussion, adequate support structures for students and preparation of teachers. Scanlan (1997) also suggests that many educators have participated in educational programmes where reflection was not necessarily part of the curriculum; hence their teaching is based on literature as opposed to experiences. In order to teach reflection, it is argued that teachers need to practise reflection in a planned and systematic manner and model reflective thinking. Burns and Bulman (2000) question the extent to which the literature can provide advice on teaching methodologies for such a personal type of learning, although several imaginative examples exist. They also highlight potential difficulties as highlighted by educationalists; students need a high degree of support from teachers, who need to be prepared for this role. Given the lack of clarity that emerges from the literature about the specific teaching methodologies that may be used to facilitate the development of reflective practice skills, we feel that there needs to be greater evaluation and discussion of the methodologies to be used.

Assessment of reflection and reflective practice

Assessment and evaluation of reflection are emerging as crucial activities for generating evidence to confirm or refute the link between reflection and improvement in nursing practice. While reflection has become widely accepted in nurse education as an important method of developing practice, there appears to be a lack of empirical evidence to support the belief that actually engaging in reflection improves patient care (Burns & Bulman 2000). At a more fundamental but important level are the comments by Sumsion and Fleet (1996),

who suggest that there is little evidence to indicate that a reflective professional is more effective than a non-reflective professional or that programmes promoting reflection lead to better outcomes.

While there is some general agreement in the literature on the importance of reflection and the methods of engaging in reflective practice within nursing, there is less agreement on how it can or should be assessed (Moon 1999, Platzer et al. 2000a). From a review of the literature, it was found that evidence does exist on the assessment of reflective practice. This is principally achieved through the media of diaries, journals or logs (Mountford & Rogers 1996), but there is little empirical research on how this is operationalized. Moreover there is a conspicuous absence of implementation studies dealing with how students' journals are assessed or the assessment processes involved (Platzer et al. 2000a).

The assessment of reflective practice submissions, which include journals and diaries, and assigning grades to them, is carried out sporadically in nurse education (Burns & Bulman 2000). One of the difficulties to emerge in relation to the assessment is identifying whether it is the 'process' or the 'end product' that is the focus of assessment (Moon 1999). Other difficulties in assessing reflective practice include differentiating between formal and informal assessment (Platzer et al. 2000), and the lack of clarity regarding the purpose of assessment and the nature of criteria used (Moon 1999). Other issues that emerge in the literature are the validity, reliability, accuracy and honesty of diary/journal entries (Rich & Parker 1995, Paterson 1995, Richardson & Maltby 1995). Experienced nurse lecturers would also question the authenticity of submission, and question whether there is a value to giving academic credit when authenticity and accuracy may be an issue.

Burns and Bulman (2000) outlined a strategy for the assessment of what was primarily a learning contract, which the students found difficult and cumbersome to use. In addition, clinical staff and mentors expressed concern about the intensity of support required for learners during this process. A pilot study in which students and mentors were interviewed,

involved obtaining their views about reflective learning contracts. The students felt that the contract actually deflected their energy away from practice, indicating that the volume of writing involved was a particular concern for them.

These experiences of assessment of reflection are similar to the experiences of the lecturers in school where reflective diaries are used to collect critical incidents that occur while in clinical practice. Students found these diaries cumbersome and expressed much difficulty with their use. In addition, lecturers found assigning a grade difficult and expressed academic concerns about subjectivity, reliability, validity and authenticity within academic submissions and their assessment.

Legal/ethical and moral implications for reflection and reflective practice

In the literature on reflective practice and assessment of reflective skills, several legal, ethical moral and professional issues emerge. The use of diaries or any other methodology that commits the student's views to paper when engaging in reflective processes is a cause of concern to many nurse educators because of the potential professional, legal, moral and ethical issues that may arise (Burns & Bulman 2000). The use of diaries, journals and critical incident analyses may encourage students to subjectively and possibly inaccurately report information on patients, clinical staff and their activities, poor practices and other incidents that place an onerous responsibility on the lecturer who may have a professional responsibility to act on this information. Unless systems are in place for the management of this, the lecturer may be left in the position of either condoning or colluding with reported behaviour. Advice related to patient and staff confidentiality is provided for students in submission guidelines, however the understanding of these by the students, particularly at a junior level, is often lacking in the experience of some lecturers.

The literature also indicates that a high level of teacher/student support is also required to operationalize the use of diaries. If reflective practice is valued as core nursing skill, then

adequate support structures need to be developed. Lecturers working within current structures face a moral dilemma when unable to devote sufficient time to the development of these skills.

One further issue that emerges with diary use is the ability and right of the teacher to demand student exploration of emotive issues that may be potentially stressful and/or emotionally damaging to the student and the lecturer.

Hargreaves (1997) suggests that any discussion of patient care outside the clinical area for the purpose of reflection requires a 'code of ethics' that is not currently available. In the Irish context, the discussion of patient information within diaries and journals is acceptable where discussions/written entries are for teaching/learning purposes only and patient confidentiality is maintained. However, due consideration must be taken to ensure safe storage of this information, which has both practical and legal implications for the nurse lecturer.

The use of student diaries may also have further legal implications. Although Burns and Bulman (2000) suggest that informed consent from the patient is a prerequisite for use of their personal information within a diary, this is not currently legally required in Ireland if absolute confidentiality can be maintained. Information regarding aspects of patient care and unsafe practice, potentially contained within written submissions, is potentially 'discoverable' through a court order. This highlights the educator's responsibility to take appropriate action if incidences of concern emerge through the use of diaries. In Ireland, failure to act in these cases could result in the educator being found negligent or a party to the act.

In addition, professional nursing codes of conduct require all nurses to identify and report unsafe practices or situations, where practices may put patients and staff at risk.

Conclusion

No clear definition of reflection emerges within the literature, and there appears to be little clarity with regard to its teaching and assessment. There is recognition that the development of skills of critical thinking,

problem solving, self-awareness and analysis are essential to the development of a responsive, dynamic nurse. Perhaps it is these core skills that should be taught and developed within nursing programmes, as opposed to 'reflection' per se. This proposition would prevent reflection becoming what Richardson and Maltby (1995) describe as an elitist subject that can only serve to widen the theory practice gap.

The literature suggests that the skills of reflection need clarification, and caution against its widespread adoption until the concept has been further clarified and investigated. Validity and reliability of this assessment method are difficult to establish. A variety of methodologies are suggested, with little empirical evidence to support their use. The use of written submissions on reflective practice raises many legal, ethical, moral and professional issues for the student, the teacher and the organization.

It appears from the available literature that there is a requirement, for all those involved in teaching nursing, whether clinical or university based, for a focus to be established on the development of the reflective practitioner and the development and enhancement of the skills required to be reflective. Given the lack of clarity of the term and the skills involved in reflection, its widespread adoption must be implemented, in our view with some caution. Reflection is a process that requires professional support both clinically and academically, and is not an easy task for a student to do alone. If students are to be required to be reflective, then the theoretical content, skills involved and processes to evaluate the development of these skills need greater consideration. If reflective practice is to become part of the nursing curriculum then it must be underpinned by a sound theoretical base, and the practical implications that surround its teaching and implementation need greater consideration.

It is recognized as important that nurses develop the skills of flexibility, creativity, self-awareness and problem solving; but these skills should not be lost within this increased focus on reflective practice. We suggest that nurse educators must not be unknowingly or unwittingly swept along on a tide of change

without careful consideration of the theoretical base that underpins that direction.

In conclusion, there may well be a place for reflective practice within nursing curricula. However, until there is greater clarity about the concept, its skills and sub skills, methods of measurement and its benefits to in-patient care delivery, then caution should be used in its implementation. Nurse educators must accept this challenge.

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