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NURSE TEACHERS' CONSTRUCTIONS OF REFLECTION AND REFLECTIVE PRACTICE

ABSTRACT

This article concerns the meanings that a sample of nurse teachers ascribed to the concepts of reflection and reflective practice as aspects of an undergraduate nursing curriculum. It represents one of the major findings in a qualitative study that set out to explore nurse teachers' perceptions and experiences of using reflection with diploma nursing students in the Republic of Ireland. Eleven nurse teachers were interviewed intensively, and data were analysed using a strategy resembling grounded theory. Two major themes were identified: reflection and reflective practice as a way of reviewing clinical experiences, and reflection and reflective practice as a way of valuing, developing and professionalising nursing practice knowledge. There was evidence that reflective practice was compartmentalised on nursing curricula, and some participants reported having limited knowledge of reflection. A number of participants alluded to the potential for reflective practice to uncover the hidden wealth of knowledge in everyday nursing practice. There appeared, however, to be a risk that this perceived wealth may be a conceptualisation of the teachers, rather than the students. Reflective learning through the affective domain was perceived as central to caring.

INTRODUCTION

The large body of nursing literature on the topic of reflection in Europe and especially in Britain, clearly attests to its popularity within nursing, although the volume of literature has greatly diminished in recent years. Reflective learning is offered as way of empowering nurses to adopt a more critical and thoughtful approach to the practice of nursing (Street, 1991; Driscoll, 1994). Reflection is also perceived as a way of helping nurses to legitimize the utilization of artistic knowledge so that 'soft' approaches to nursing knowledge can take their place alongside 'hard' empirical knowledge (Rich and Parker, 1995). Additionally, emancipatory knowledge developed through self-reflection has become a focus of interest to nurses in empowering them to throw off the shackles of their oppressed history (Harden, 1996). Such knowledge, pursued through the critical social sciences, has been heralded as part of the solution in addressing the restraining conditions evoked by domination, repression and ideological constraints in relation to thought and action (Habermas, 1971).

This article is based on a study that set out to explore nurse teachers' perceptions and experiences of using reflection with diploma nursing students in an Irish context. One of the central themes to emerge, upon which this article is based, is the meanings that reflection and reflective practice hold for these nurse teachers.

The pace of change in nurse education in the Republic of Ireland in the last ten years has been remarkable. In 1994, the demise of the apprenticeship model of nurse education and

training was heralded by the commencement of formalised links with third level institutions in the delivery of pre-registration nursing diploma programmes. In July 1999, An Bord Altranais (The Irish Nursing Board) included reflective practice as one of its learning outcomes for pre-registration diploma programmes in its document "Requirements and Standards for Nurse Registration Programmes" (An Bord Altranais, 1999). As nurse education developments continued a pace towards the commencement of a pre-registration degree programme for nurses in September 2002, the document designed to provide a strategic framework entitled "A Strategy for Pre-Registration Nursing Education Degree Programme" (Government of Ireland, 2000) also emphasised the need to develop the student nurse's reflective ability. Clearly much certitude abounds about the value of reflection as a learning tool in nursing, despite limited empirical evidence to support its use (Page and Meerabeau, 2000; Teekman, 2000). An exploration of nurse tutors' perceptions and experiences of using reflection with diploma nursing students may help to contribute towards our understanding of what is being done 'in the name of' reflection within nurse education in Ireland.

PURPOSE OF THE STUDY

The purpose of this study was to explore nurse teachers' perceptions and experiences of using reflection with diploma nursing students in an Irish context. This article focuses on one of the central themes to emerge in findings - nurse teachers' constructions of reflection and reflective practice.

METHOD

The methodological strategy employed in this study took the form of a qualitative analysis resembling Glaser and Strauss' grounded theory (Glaser and Strauss, 1967; Glaser 1992). The sample consisting of eleven nurse teachers was selected at two schools of nursing that were involved in delivering pre-registration general nursing programmes and where the concept of reflection was included in a formal way in the curriculum. Sampling size in grounded theory is determined by the data generated and their analysis but time constraints and the scope of the study limited the size of the sample. Permission to undertake the study was granted from the Directors of Nurse Education who managed the two Schools of Nursing. Inclusion criteria were that participants be qualified as teachers for at least two years, and hold current responsibility for utilising the process of reflection with student nurses. This ensured that the participants' experiences were current and relevant and that such experiences related to some form of structured approach to reflection. Informed consent was obtained from the participants, and anonymity ensured.

The intensive interview was used to collect data, and interviews were conducted in a private room at each of the nursing colleges. An interview guide was used and the interviews audiotaped. The interview guide facilitated 'the guided conversation' of the intensive interview. The loose structure of the interview guide afforded optimal flexibility to the interviewer and helped retain the character and contour of participants'

accounts. Interviews were tape-recorded and transcribed verbatim.

Analysis began as soon as the first interview was completed. Data analysis involved the examination of the data, line by line, to identify key words in the data which denoted empirical indicators of a conceptual code. Codes assigned units of meaning to the data. All codes were compared and similar codes were clustered together to form categories. Index cards were used for the purpose of theoretical notes/memos. Cards which contained the same code/category were grouped together. Throughout the coding process, a continual internal dialogue with the data was sustained. The interview guide needed to be amended to incorporate new themes or topics arising from the analysis, as issues raised in one interview provided a focus for further exploration in the next interview. The coding process associated with the qualitative approach involved a series of transformations during which the raw data were transformed across several levels of abstractions. It was deemed imperative that the label assigned to the category fitted the phenomenon described in the data, as 'fit' is an essential criterion for grounded theory. The varying characteristics within the category represented the properties of the category. Categories were compared with other categories to ensure that they were mutually exclusive. Four categories were created, which accounted for most of the variation in the data.

Clear explanations of the researcher's role and status during the study illuminated the decision trail, thus ensuring auditability of the findings (Lincoln and Guba, 1985). Credibility was maintained by supporting interpretations of data with excerpts from

participants, and by consulting with experienced academics for constructive criticism on the evolving analysis (Denzin and Lincoln, 1994). In ensuring that any theoretical insights were developed in close relationship with data, we were confident that participants would feel satisfied that their perspectives were represented accurately.

As has been the case in other studies that draw on grounded theory (Robrecht, 1995, Hyde 1996), integration of the various theoretical themes occurred without identifying a core category. At the end of the research process, the four categories were related to one another which was essential to developing a central argument that captured nurse teachers' perceptions and experiences of using reflection with diploma nursing students. As indicated, for dissemination purposes, this article focuses on one of these categories – participants' constructions of reflections and reflective practice.

FINDINGS

Most nurse teachers used the terms 'reflection' and 'reflective practice' synonymously. Two principal constructions of these terms emerged from the data: (1) Reflection and reflective practice as a way of reviewing clinical experiences and (2) Reflection and reflective practice as a way of valuing, developing and professionalising nursing practice knowledge.

Reflection and reflective practice as a way of reviewing clinical experiences

The commonest conceptualisation was that of reflection/reflective practice as a way of reviewing clinical experiences.

> PARTICIPANT 7: [Reflective practice as]. . . when they come back into block to review their experiences on the ward and to select an experience from practice that they wish to discuss.

Since such reviews only occurred two or three times a year in line with the number of post clinical blocks, reflective practice tended to be seen as an occasional activity rather than a way of thinking that mediated students' more generalised experiences of learning across the programme. In this sense, it was sequestered from the hub of nurse learning.

> PARTICIPANT 3: We gave them two sessions in May and two more in September when they come back again into block.

> PARTICIPANT 2: That's how it is represented in this particular institution - 'reflective practice' written on the timetable.

This construction of reflective practice as a separate and distinct component within the curriculum was problematised by the following participant.

> PARTICIPANT 4: . . . it's compartmentalised but I see it as a continuum of experience . . . It can't sit in a box, it has to permeate everything we do, all the subjects. . . I have a concern that reflection is seen as taught, done and ticked off.

The reflective review appeared to be seen as a process which explored the nature of clinical interactions and students' feelings within those interactions, how clinical situations were handled, as well as the changes that might be made in future situations.

PARTICIPANT 3:   To me, reflection is an opportunity for people to consider and examine aspects of care, interactions with patients, situations that occurred on the ward and to consider whether they could be improved or whether they were disappointed with their part in the interaction or whether they felt very worthwhile about what happened.

However, student learning that related to the affective domain appeared to pose particular difficulties for a few nurse tutors.

PARTICIPANT 2:   I actually know that these sessions are about exploring feelings . . . I think that would be my main reason for anxiety.

For some of the nurse tutors, reviewing clinical experience focused on the *process* of reflection. Gibbs' model[1] was used to supportively guide the student through discussion and questioning towards a reconstruction and exploration of the clinical experience, as seen below.

PARTICIPANT 9: I would gently and supportively lead it through using Gibbs's cycle . . . I would ask some prompting questions . . . How do you feel about it? Is there a sense of anger, hurt, feeling good? . . . always acknowledging the value of the contribution . . . We'd then analyse it . . . What do you think are the issues here? Yeah, and why do you think that sister was like that now, away from it, now, when you're not threatened and you have your PAF [Proficiency Assessment Form]? . . . and then somebody else might come in and saying something . . .

PARTICIPANT 5:   It gets them all thinking back on their practice . . . looking at the rationales, why they are doing things? . . . Constantly questioning the routines

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[1] Gibbs (1988) offers a structured debriefing model used in the aftermath of experience which guides the user to   *describe* the experience including the feelings/reactions followed by *evaluation* and *analysis* of the experience and then *conclusions* are drawn and *personal action plans* made with regard to how future situations will be handled.

. . . and whether or not there is a more appropriate practice. What is the research showing?

In contrast, for other nurse tutors, the reflective review of clinical experience was conceptualised as a problem-solving mechanism.   A principal focus appeared to be on the outcome of reflection and directing the student nurses towards arriving at solutions to problems and identifying what change had occurred. This approach is indicated in the following extract.

> PARTICIPANT 5: I found they favoured Gibbs's more than Johns's[2] . . . I listened in to their discussion . . . they gave very good descriptions, they discussed their feelings, what was good and bad about the experience…I was stressing the fact that it was a problem-solving approach, that the aim of the reflection was that they must go through all the steps but ultimately they must have solved the problem and have some kind of change or some kind of end product out of it. . . . Change and problem-solving is the way I see it and [these] go across all the domains…its not something that's confined to psychomotor or cognitive…change could be suddenly becoming aware that you were being aggressive towards somebody.

The focus upon the 'end product', as seen in the latter excerpt, was shared by others.
> PARTICIPANT 3: For reflection to be of any value at all, it must have some change element to it.

The emphasis on outcome suggests a tendency to drive the process in order to reach an outcome, thereby limiting the potential of the exploratory nature of reflective enquiry. One nurse teacher, however, was emphatic that development through reflection should be

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[2] Johns (1994) forwarded a model of structured reflection as a guide to assist reflection on experience. The model consists of several cue questions which are directed towards five key areas of the learning experience.

contextualised within a caring context rather than a problem-solving one.

> PARTICIPANT 4: There is a school of thought that will stop there and see the value in the ability to analyse and…and problem-solve…To me if you stop there you have missed the point…it is to help people value their feelings, their thinking and their attitudes and change those for themselves so that they are more comfortable within the process of caring.

Perhaps, the most serious risk of the outcome-orietated approach is the inclination of the 'teacher' to provide the answers, rather than helping the students to search for the questions. This is clearly highlighted in the following excerpt.

> PARTICIPANT 2:   I would say to them. . . . 'You have to keep going back to the staff nurse, I know you're uncomfortable but it's the patients best interest you are representing rather than your own views'.

Thus, reflection may become a vehicle for the nurse tutor to 'instruct' the student rather than engage the student in reflective inquiry. Such an approach would appear to indicate a requirement for nurse tutors to examine their own philosophical approaches to reflection as a way of learning. It is of interest that the prescriptive approach adopted by Informant 2 (above) seemed congruent with her espoused philosophical approach to education as seen below.

> PARTICIPANT 2:   I feel from my perspective that student nurses do need that clarity . . . because a lot of their anxieties are in relation to the opposite, lack of clarity . . . you know, mixed messages . . . It's sort of like a clear set of guidelines as opposed to - well, I'm not too sure . . . it gives them permission to go along with what they feel is right . . . That's my personal philosophy.

However, the philosophy as outlined also needs to be set within a context of her limited experience of the reflective sessions, the occasional nature of their occurrence, and limited preparation as well as lack of structures for appraisal.

> PARTICIPANT 2: I would have had only three reflective group sessions, of two hours each. The reading was very limited, it was sort of a wing and a prayer . . . It's difficult to actually assess the effectiveness of it . . . whether we are going about it the right way, I'm not sure . . .there's no real appraisal of it . . . it would have to be on the timetable more regularly . . . they call it 'reflective practice' but really it is a reflective practice exercise.

Participants reported that reviewing clinical experiences through reflection required a safe and secure atmosphere within a relationship of trust because this enabled students to take risks. Trust was identified as an important element by seven out of ten nurse tutors.

> PARTICIPANT 3: A lot of the situations may involve other personnel in the hospital and they have to be able to trust us before they will describe the incident. They don't know what my relationship is with the people over in the hospital.

> PARTICIPANT 8: Some people need a bit of trust to say what they didn't do well . . . I think I've established a climate of trust, I think that's very important.

Creating safety and trust was deemed by one tutor to evolve over time and required a consistency in student-tutor group formation, a consistency which was not present within the participant's establishment, as highlighted in the next excerpt.

> PARTICIPANT 4: It's not the safety of that moment of expression . . . I should reflect with the same student . . . for their whole three years . . . .so that we can make that journey with them…whereas, if you do reflection with me for

community [nursing] and Joe and Mary for X, Y and Z . . . There isn't that consistency here.

A minority of nurse teachers emphasised the need for educators themselves to have a questioning and critical approach themselves. It may be the case, however, that this was influenced by how the concept of reflection was introduced to them.

> PARTICIPANT 4:   My British experience was central, those are my foundations of reflection . . . the way I learned about reflection and gained whatever springs I have is because it was introduced to me in the right way . . . my experience was totally questioning and totally critical both from myself and the people I was working with.

Informant Number 4's experience seemed to be unique and other teachers had a different experience.

> PARTICIPANT 1: I felt like it was something I was handed.

> PARTICIPANT 2:   I was asked to get involved to make up numbers.

Indeed some participants freely expressed a sense of limited knowledge on the topic of reflection.

> PARTICIPANT 3:   My knowledge would be limited on reflection . . . I did a bit of reading.

> PARTICIPANT 7:   I was nervous going into something that I had no previous knowledge of . . . this was very much in at the deep end.

The kind of limited knowledge described above is likely to impact on how nurse teachers constructed the concept of reflective practice.

Reflection associated with valuing, developing and professionalising nursing practice knowledge

A minority of nurse teachers perceived reflection/ reflective practice in terms of valuing, developing and professionalising nursing practice knowledge.

> PARTICIPANT 6:   What I see reflective practice doing is that it begins its base in practice and what it is trying to do is develop a knowledge base of the discipline from practice….

Articulating and developing practice knowledge through reflection may, however, be hampered by the devaluing of what nurses do within the clinical area as well as the non-identification of nursing practice as a source of generating knowledge.

> PARTICIPANT 10: Reflective practice is a way of really valuing what we do behind curtains on a day to day basis,…it's giving nurses an opportunity to consider what they're doing and to learn again to value it…. what I feel is we can bath patients and consider it as something very basic, whereas in fact, reflection will make you see and make you consider all of those various skills that you're using….

Considerable attention appeared to focus on artistic and intuitive knowledge, much of which is tacit and implicit.

> PARTICIPANT 6:   The most significant thing I get coming back from it is students articulating what it is they do and taking things that are passive and making them explicit ……words like 'caring' … 'reassuring' … 'presence' being mentioned…

Nurse teachers' own belief in the potential of such knowledge, as well as student nurses' propensity towards devaluing their experiences, appeared to influence such a focus.

PARTICIPANT 4:   I firmly believe in intuitive knowledge and I think nurses…are not able very often to justify their intuitive knowledge and I think reflection is one way of doing that…it was something that you weren't ever able to make explicit but yet it had become intertwined in your new knowledge base.

The meaning constructed by teachers, however, may not always be echoed by students. It was noted under the first category that the particular use of 'reflective practice' by some students posed a risk that the 'teacher' might be seen to provide the answers, rather than facilitating students in searching for questions. Similarly, in considering the value of nursing practice, there was a sense that teachers were prescribing rather than exploring the meaning of the student's experience, as indicated in the next excerpt.

PARTICIPANT 10:   Many of them [student nurses] would say when they'd be doing reflective practice, it was just a very small thing, and they'd use words like "small", "insignificant", "just", and then what they'd talk about…like… a wonderful encounter in a bathroom…I'd say to them, RTE [Radio Telifis Eireann, the national broadcasting service] could make a documentary on the whole thing….

The student's minimalist language as seen above may be indicative of the real world of practice as he or she experiences it, where encounters in a bathroom are rarely perceived as "wonderful" and making documentaries on such activities may not represent a realistic prospect. Given the unequal power relations, there may be a risk that reflective enquiry aimed at exploring the meaning of the student's experience, may end up uncovering nothing more than the teacher's views and fail to capture the 'real' experiences of the student. Hence, the inherent risk that the students may end up giving nurse teachers what they want to hear as indicated below.

PARTICIPANT 4: …in bringing a prescribed structure…people's attitude of conformity will only allow them to express within those domains, you will get the philosophy that you wanted, which is exactly the problem.

Regardless of how nurse teachers conceptualised reflection and reflective practice, the purpose of such activities appeared to be the personal and professional development of the student nurse through learning from practice experiences. Development within the context of caring was also emphasised.

PARTICIPANT 6: I'm attempting to utilise the process of reflection so that students can learn from their experiences.

INFOIRMANT 5: Reflecting on practice is very much their own personal and professional development.

Informants perceived that part of learning through reflection was about developing student nurses' awareness of self in order to care for others.

PARTICIPANT 7: I think nurses need to be aware of themselves as people before they can care for others.

Learning from the experience through reflection was conceptualised in terms of examining the experience through describing and analysing it. Analysing was perceived as follows:

PARTICIPANT 9: . . . to analyse is the ability to unpack the issues.

PARTICIPANT 10: . . . having time to pick it [the experience] apart.

Learning through the affective domain was particularly emphasised and teachers considered such learning to be central to caring and responding to the needs of patients. The *feeling* dimension of the affective domain was given prominence; learning through

reflection was perceived as a way of addressing the feeling dimension of the experience as well as helping students to relate with patients on an emotional as well as a physical level.

> PARTICIPANT 1: I think that acknowledging feelings helps us to become a more rounded person, if we are a more developed person, then this is going to have an impact on the delivery of our nursing care, because we are able to relate with patients…not just on a physical level…but also on an emotional level.

DISCUSSION

Nurse teachers' understanding of the concept of reflection/reflective practice within this study was found to be congruent with the commonest presentation of reflection within the nursing literature, that of reflection as a way of learning from experiences (Getliffe, 1996; Glen et al., 1995; Prowse, 1996). Nurse teachers perceived reflection/ reflective practice as a way of reviewing students' clinical experiences which involved an active and deliberate process of questioning, examining and exploring issues surrounding practice experiences, in order to learn from them and enhance their personal and professional development. This is generally in line with findings reported by Burnard (1995) who explored nurse educators' perceptions of reflection and reflective practice. He also reported that the concepts of reflection and reflective practice merged into one.

The preceding data suggest that some nurse tutors problematised the manner in which reflective practice was presented to students as an isolated dimension of their learning

rather than a way of thinking that permeated their programme more generally. A number of participants also reported having a limited knowledge themselves on scholarship relating to reflective practice.

It was also noted in data that nurse teachers perceived that the process of reflection involved both cognitive and affective dimensions. Cognitions and affect are both considered part of the reflective process (Boud et al., 1985; Mezirow, 1991). The cognitive dimension was understood by nurse teachers as the process which involved describing, analysing, and problem-solving with regard to their experiences. While some tutors emphasised the *process* of reflection, others constructed it as a problem-solving tool and concentrated on the *outcome* of reflection. A few participants doubted the benefit of reflection if it did not lead to some form of problem-solving or change across the domains of learning. One nurse teacher, however, pointed to the limitations of perceiving reflection as a mere analytical and problem-solving activity and maintained that its real value was in helping nurses to value their feelings, thoughts and attitudes and to consider these in relation to the process of caring. This view concurs with some authors who caution against the overemphasis of reflection as a mere technical problem-solving activity designed towards achieving critical analytical comprehension (Clarke et al., 1996; Johns, 1998a; Nordman et al., 1998).

Nurse teachers in this study also believed in the potential of learning through the affective domain within a climate of trust between student and teacher. Such learning was perceived as pivotal to caring and meeting the needs of patients. The emphasis nurse

teachers placed on reflective practice as a means of helping nurses to value and enhance their caring practices is consistent with the views of several authors who emphasise the need to place reflective practice within a caring context (Johns, 1998b; Nordman et al., 1998; Watson, 1998). With regard to nurses teachers' conceptualisations of the affective domain, feelings were the predominant focus. Emphasising feelings more than other elements of affect is a common occurrence within the literature. Models and frameworks for reflection advanced by Boud et al. (1985) and Gibbs (1988) make no explicit reference to other aspects of affect such as beliefs, values and attitudes.

A second though less prominent way in which participants constructed reflective practice was as a way of valuing, developing and professionalising nursing practice knowledge. Artistic and intuitive knowledge were emphasised, as was the importance of helping students to use reflection to uncover the knowledge embedded in the practice of nursing. Participants observed that student nurses tended to devalue their practice experiences. Extracts from participants in this study suggest that students' conceptualisations of reflection/reflective practice were likely to be influenced by nurse teachers' beliefs about the potential of this knowledge. Such conceptualisations of reflection are related to the work of Schön (1983, 1987, 1991). They are also congruent with several nursing authors who extol the virtues of reflective practice as a central component in a search for an epistemology of practice embedded in the artistic, intuitive processes which practitioners bring to situations of uncertainty, uniqueness and value conflict (Street, 1990, 1991; Rich and Parker, 1995; Wilson, 1996; Stoddart et al., 1996).

While the desire of nurse teachers to encourage students to value their practice experience is commendable, Harden (1996) argues that students must learn to construe their own meanings through their own frame of reference and educators must resist the inclination to control, validate or interpret the perceived meaning of the student's experience. Data suggested, however, that some nurse teachers found it difficult to suspend their own meaning structures when their meanings were incongruent with those of the students; hence, the risk of prescribed meaning structures. Prescribed meaning structures threaten the transformational potential of reflective enquiry, as such potential rests on its ability to generate options with regard to the interpretation of meaning (Lauterback and Becker, 1996).

The risk of teachers bringing prescribed conceptual hangers into the reflective sessions again emphasizes the need for self-awareness and self-process in order to monitor the 'self' in the context of exploring the 'other' person's experience. The degree to which prescribed meanings structures may impact on how reflective sessions are conducted is an obvious point of interest.

CONCLUSIONS

Nurse teachers who aspire towards assisting student nurses to reflect on the meaning of their learning experience may be required to negotiate a complex and tortuous pathway bounded on all sides by potential stumbling blocks. They are required to battle with temporality, history and socially constructed meanings, uncover and confront ideology, and search for perceptual aberrations - their own as well as those of the students.

Conquering such a challenge may remain an ideal rather than a reality, but striving

towards these aspirational goals would seem to be a positive pursuit for nursing practice.

REFLECTIVE ENDNOTE

The paper is based on the data collected by, and theoretical ideas developed by Aideen O'Connor for a Master of Medical Science degree. Aideen worked as a Nurse Tutor at the time when the study was conducted, and dialogued with Abbey Hyde and Margaret Treacy, both of whom had supervised the research at various times. As a member of the International Advisory Board for the journal *Nurse Education Today*, Abbey had reviewed many articles on reflective practice in the early nineties and observed a fall off in these as the decade closed. She had an interest in the uneasy relationship between established scientific methods of constructing and evaluating knowledge forms in traditional scholarship and the concept and practice of reflective practice, at a time when nursing was aligning itself to universities and attempting to gain scholarly respectability. As Head of the largest university School of Nursing in the Republic of Ireland during the 1990s, Margaret played a central role in curriculum development of nursing programmes during the period when reflective practice was being taken on board in nursing courses. During the reconstruction of this paper following reviewers' comments we were forced to reflect on how deeply socialised we were into the formal mechanisms of conducting and presenting research. We can only apologise for going only a short distance in breaking with the usual traditions!

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