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Implementing reflection: Insights from pre-registration mental health students

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Accepted 14 September 2006

KEYWORDS

Reflection;
Mental health nursing;
Nursing education

Summary Reflection and reflective practice continues to be contentious issues in nursing. The focus of this article is the use of reflection by pre-registration mental health students. The broad aim of this preliminary study was to discover student mental health nurses' perceptions of reflection as a learning strategy during clinical placement. Using a constructivist grounded theory methodology [Charmaz, K., 2000. Grounded theory: Objectivist and Constructivist Methods. In: Denzin, N., Lincoln, Y. (Eds.), *Handbook of Qualitative Research*, second ed. Sage, Thousand Oaks, California], five students were interviewed individually in their clinical placements. Data analysis revealed three major categories: understanding the process of reflection, using reflection in clinical practice, and needing support and guidance. Findings indicated that students were primarily using reflection-on-action, but to varying extents. Overall, students felt that reflection facilitated their learning. Factors were discovered that both helped and hindered students' use of reflection. These included level of preparation to reflect, a limited culture of reflection and the level of support from preceptors, clinical staff, clinical placement co-ordinators, and lecturers. In conclusion, it appears that a collaborative approach between students, Health Service Providers and institutes of nursing is vital for the successful development and implementation of reflective learning strategies in clinical placement. Suggestions are made as to how a collaborative approach may be developed to enhance this process.

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Introduction and background

Burnard (2005) has reignited the debate regarding the value of reflection. Issues in the debate include a lack of clarity on the concept, ethical issues, whether or not to assess it, the methods used to

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reflect, and little empirical evidence regarding outcomes (Hargreaves, 2003; Hannigan, 2001; Burton, 2000; Teekman, 2000; Ixer, 1999; Mackintosh, 1998; Atkins and Murphy, 1993). This has led to difficulties regarding its implementation in nursing curricula. There does seem to be agreement that reflection can aid the development of experiential knowledge and thereby enhance professional learning (Burton, 2000; Teekman, 2000; Eraut, 1995). Yet, according to the definition of Boyd and Fales (1983), reflection is a learning strategy that can aid development of the cognitive and affective domains of learning.

Reflective learning is the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in changed conceptual perspective. (Boyd and Fales, 1983, p. 103)

In Irish nurse education, both An Bord Altranais (2000) and the report of the Nursing Education Forum (2000) recommends that reflection should be used as a strategy to facilitate the development of pre-registration students' competencies. In relation to mental health nursing, several authors propose that reflection is a very useful way to enhance learning and skill development in clinical practice (Wilkin, 2003; Gijbels and Burnard, 1996). The Sainsbury Centre for Mental Health (2001) recommends that reflecting on practice is an essential requisite of the capable mental health practitioner.

Since 2001, third year student mental health nurses in one School of Mental Health Nursing in the Republic of Ireland have been using reflection as an aid to developing their competencies whilst on clinical placements. Students are required to write up reflections, in their competency booklet, as evidence of how and why they think they are competent. Students' reflections are not assessed; rather they are seen as an aid to learning, a professional and personal developmental tool. This preliminary study reports the views of these students' experiences of using reflection and may offer some insights into how and when students reflect, and whether or not reflection is indeed a useful learning strategy for pre-registration mental health students during clinical placement. Prior to exploring these views previous studies involving pre-registration students are examined.

Pre-registration students' views on reflection

Much of the literature concerning reflection is theoretical in nature. It is only in recent years that

nursing research has emerged involving pre-registration nursing students. Findings from two qualitative studies indicated that adult branch, Project 2000, students found reflection aided the integration of theory and practice, increased self-awareness and led to a more questioning approach to the delivery of care (Smith, 1998; Shields, 1995).

Two anecdotal reports describe the use of reflection in the context of group clinical supervision for Project 2000 mental health nursing students (Ashmore and Carver, 2000; Markham and Turner, 1998). It is not clear to what extent reflection was used within this process. In a classroom study, Minghella and Benson (1995) describe learning through reflection using critical incident analysis (CIA) with eight Mental Health branch Project 2000 students. Students received a questionnaire to ascertain their perceptions of what were useful teaching processes for this strategy. In a Canadian study, Landeen et al. (1995) undertook a qualitative study of what eighteen generic students on a 13-week mental health nursing clinical placement actually learn when using reflective journals. Findings in both of these studies indicate that reflection resulted in a development of the students' skills, and similar to Smith (1998) and Shields (1995), it helped to integrate theory and practice and increased self-awareness. However, it appears that since the study by Minghella and Benson (1995) there is a paucity of literature regarding the use of reflection with full time pre-registration mental health nursing students.

Research undertaken thus far with pre-registration students has occurred in a classroom setting, post clinical placement (Smith, 1998; Shields, 1995; Minghella and Benson, 1995). Furthermore, there was a lack of information on students' views of the support that they received to engage in reflection during their time in clinical placement. Students' views on assessment of reflection were not explored despite its use as an assessment strategy. In addition, this research has been focused on the actual process and outcomes of reflection and did not explore factors in clinical placements that may influence students' use of reflection. Consequently, the broad aim of this study was to discover student mental health nurses' perceptions of reflection as a learning strategy during clinical placement.

Research design

As the research question involved developing an insight into students' perceptions of reflection, a qualitative methodology was indicated, as it facilitates understanding from the perspective of the participants (Grbich, 1999). Grounded theory is

Table 1 Reflection as a learning strategy during clinical placement

Major Category	Subcategories
Understanding the process of reflection	Looking back & thinking what happened; tearing it apart; sitting down and thinking; discussion can be reflection too; sharing experiences; improving practice
Using reflection in clinical placement	Developing self-awareness; focusing on feelings; highlighting your limitations; needing a climate of trust; focusing on client care
Needing support and guidance	Needing a good grounding; reflecting with preceptor; CPC helping to reflect; setting aside time

concerned with social processes and social structures and is the research process of choice when the phenomenon being examined is a dynamic process (Strauss and Corbin, 1998). As reflection is a dynamic process and in this study was taking place in the social context of the clinical placement, a grounded theory approach was appropriate. The study was framed within a constructivist paradigm (Charmaz, 2000) to combat the criticism that grounded theory has close affinities with positivism. Five third year diploma students were interviewed in-depth, individually, in their clinical placements. Due to the in-depth interview process and the rigorous use of the constant comparative method of data analysis, saturation was achieved in the category needing support and guidance.

A written informed consent was sent to all participants prior to interviews and Royal College of Nursing (1993) guidelines were followed throughout the research process. Permission was obtained from the Principal Tutor and relevant Directors of Nursing. To maintain confidentiality participants were given pseudonyms.

The constant comparative method of data analysis combined with Strauss and Corbin's (1998) approach to coding revealed three major categories as outlined in Table 1. Member checks were undertaken which verified these categories.

Findings and discussion

Understanding the process of reflection

Students in this preliminary study perceived the process of reflection to be a deliberative thinking process of looking back, examining oneself and one's

practice in order to improve future practice. They did so to varying degrees and by using various methods but all set time aside to engage in this process. This finding bears relation to Eraut (1995) and Bengtsson's (1995) contention that reflection involves a deliberative thinking process out of the action. Therefore, it seemed that students were principally engaging in reflection-on-action. Josephine captured the process: "what would I do the next time? How would I make sense of it... I kinda tear it apart I suppose... what did I say?"

Findings also indicated that students found using a framework such as Gibbs's (1988) cycle and a diary very helpful. Students also found that engaging in reflective discussions with preceptors, peers, and the clinical placement co-ordinator (CPC) were constructive and easier to do than writing reflections. However, they did not always recognise that they were reflecting upon practice when they were doing so. Some students viewed reflection as a means of integrating theory and practice, others as a way to learn more about themselves, whilst some perceived reflection as relevant for both these purposes. There has been debate about whether pre-registration students have the ability to engage effectively in reflection (Jenkinson, 1997) but it was clear that the students in this study were reflecting purposefully on several aspects of care during their placement.

Using reflection in clinical placement

Students' feelings and their own self-awareness were recurring foci of reflection when they were delivering care. Accounts indicated that reflection heightened students' awareness of their actions, thoughts, attitudes, and feelings. Students spoke about their feelings of anxiety, inadequacy, accomplishment and fear in various situations. For some students reflecting on their performance helped them to reassure themselves that they handled the situation better than they had thought. Two students also discussed how reflecting on their practice also "highlighted your limitations" (Peter) and "it kind of highlights areas sometimes that you don't want to be highlighted" (Georgina). However, Georgina went onto say that "I suppose by writing it down and being honest with yourself, you know it's there and you learn from it".

A central focus of students' reflections was the nurse-client relationship. General issues that they reflected on included maintenance of dignity, ethical aspects of client care, admission procedures, care planning and use of the principles of therapies. Specific interactions they discussed during

interviews ranged from working with a client who was verbally aggressive, to how they might make the admission process more relaxed and mutually beneficial, to reflecting on how best to ask the questions in [Barker's \(2001\)](#) Tidal Model. Overall, there was a consensus that reflection did help them to learn about their practice from a behavioural, cognitive and affective perspective and several gave examples of changing their practice. However, it appeared there were factors that influenced the level and extent of these reflections. As one participant put it "it depends on the situation and it depends on the people you work with". A climate of trust seemed to be essential if students were going to reflect openly and honestly with a preceptor, other staff, peers or clinical placement co-ordinators (CPCs). This was encapsulated in Simon's statement "I think its kind of a private thing. Unless I trusted the person really well I couldn't". In addition to this influencing factor an overwhelming theme to emerge was that all students felt they needed more preparation, support and guidance to reflect.

Needing support and guidance

As students discussed their perceptions, it became clear that a number of factors both hindered and aided reflection during their clinical placement. These factors related to both their academic preparation and the clinical learning environment.

Students universally agreed that reflection was difficult to "get the hang of it". However, they also expressed the opinion that more practical guidance would help them to learn to reflect and that they would become more proficient at reflection over time. As Peter put it: "So to get a good grounding in it at the start will make it easier ... the longer you're doing it, the easier it'll get.." It appeared that the introduction of reflection into the curriculum and clinical placement was not uniform for all students with some being introduced to it during clinical placement on an informal basis in the first and second years by CPCs and a link lecturer. All received formal theoretical input in the classroom at the start of third year but all felt this was too little, too late. In fact all suggested that it should be introduced prior to their very first placement. These findings indicate that there needs to be a more coherent approach to the introduction and development of reflection within the curriculum.

A major point of current debate is whether students' reflections should be assessed or not ([Burnard, 2005](#); [Hargreaves, 2003](#)). Students in this study expressed mixed views. The majority suggested that making reflection a formal requirement

by submitting reflective diaries or critical incidents, rather than assessing it, might emphasise its usefulness as a learning strategy. Those who agreed with assessing reflection perceived benefits such as receiving more guidance, putting more work into reflection, becoming more structured at doing it, and increasing self-awareness. The reason given by two students against the assessment of reflection was that it "was a personal thing". This latter viewpoint resonates with [Hargreaves \(2003\)](#) belief that assessment of reflection is a potential barrier to personal growth.

Another clinical learning environment factor was that students felt that they needed to make time in order to reflect; again reiterating that reflection was for these students a deliberative thinking process. The majority thought that they did not have enough time to do so but for some this was a question of not being able to make the time. Students had a weekly self-directed learning day during their clinical placement but reflected in the evening after finishing a shift. Some students believed that they had more opportunity to reflect within their working day in a day centre or day hospital setting rather than an acute admission unit, because it was part of the routine within these facilities. The time issue was also raised in [Shields \(1995\)](#) study.

Several authors suggest that reflection is a key aspect of the preceptor's role ([Burns and Bulman, 2000](#); [Reid, 2000](#); [Gijbels and Burnard, 1996](#)). Accounts of participants in this present study also echoed this and suggested that preceptors played a key role in how and to what extent they used reflection during clinical placement. Findings suggested that preceptors' involvement in reflection with students ranged from minimal to enthusiastic participation. Two major factors appeared to influence this level of participation.

Firstly, there appeared to be a lack of awareness and a lack of a culture of reflection amongst preceptors and other nursing staff in some clinical placements. Possible reasons offered by students for this were that "reflection is a relatively new concept in nursing anyhow" and that "many staff had trained under an older system". As a consequence some students expressed a reluctance to bring up reflection with their preceptors. In contrast, when preceptors were aware of reflection, students indicated that they used it more readily with their preceptors in discussions and found it beneficial. Students suggested that there should be more practical and widespread workshops on reflection for clinical staff.

Secondly, the quality of the student-preceptor relationship was an important factor. When preceptors were interested in student learning stu-

dents indicated that they felt more comfortable raising reflection with preceptors. As Georgina said: "...It depends on your precepting and the relationship. You mightn't always (reflect). As long as the books are filled they might be happy you know." This finding concerning the influence of the student-preceptor relationship shares similarities with Spouse's (1996) findings that learning works best when preceptors develop a caring and trusting relationship with students. As previously discussed students in the current study highlighted the relevance of trust between preceptor and student when using reflection. Shortness of clinical placement was also seen as a barrier to developing this trust. Another dimension to trust was the writing up of the reflective component of the competency booklet. No student felt comfortable with others reading it. One student expressed how she kept it at a superficial level because she did not feel comfortable about writing down her true feelings and other people reading it. However, all students felt much more comfortable about engaging in reflective discussions with preceptors and CPCs.

The CPC appeared to play an influential role in students' use of reflection and there appeared to be several different dimensions to this role. Firstly, some CPCs had introduced some students to reflection during clinical placements in first and second year by suggesting the use of reflective diaries and Gibbs's (1988) cycle as a framework to guide reflection on clinical incidents. Secondly, some CPCs actually reflected with students on critical incidents that occurred during their clinical placement. It seemed that when CPCs reflected with students it was beneficial in that they understood the process of reflection better and they thought and felt more positively about incidents. Finally, the data suggested that when CPCs reflected with students they encouraged students to think about what they could change about situations. Thus, it appears that the CPC had major roles in introducing reflection to students and acting as a valuable resource for students when they were attempting to reflect.

With regard to the lecturers' role it seemed that students principally perceived it as that of the disseminator of theory about reflection in the classroom. Only one student was able to recall using reflection with a lecturer during clinical visits. Thus students appeared to perceive preceptors and CPCs as playing a more active role in helping them to use reflection during their clinical placements rather than lecturers.

Therefore, it seems that not only do contextual factors such as inadequate preparation, a lack of a culture of reflection or time appear to have an

influence on how, when and to what extent students reflect but it appears that people have even more of an influence. These people include preceptors, other clinical staff, their student peers, and CPCs. Thus, it would appear that the views expressed by students in this study have some correlation with Boud and Walker's (1998) opinion that the influence of the cultural, social and political context in which reflection takes place is the single most important influence on reflection and learning.

Study limitations

The external validity of this study is limited by the small sample size. Despite the small sample ($n = 5$), a substantial amount of rich data was collected. Whilst saturation was not achieved in all categories, definite themes emerged that may provide further insight into the phenomenon of how students actually undertake reflection during their clinical placement. This data allows some tentative conclusions to be drawn which have implications for practice, education and research.

Conclusions

Overall, it appears that students were engaging purposefully in reflection-on-action to varying extents during their clinical placements and found it a useful learning strategy. Factors that seemed to inhibit students' use of reflection mainly revolved around lack of adequate preparation and support to reflect for both students and clinical staff. Helpful factors that encouraged students to use reflection during clinical placement included: awareness of reflection among staff and preceptors, a preceptor who was enthusiastic about student learning, and CPC support.

Students' strongly expressed need for better preparation and ongoing support to undertake reflection corresponds with several authors' recommendation that students need adequate preparation and ongoing support to engage in reflection (Hannigan, 2001; Davies and Sharp, 2000; Mallik, 1998). In this preliminary study it appeared that three people have a key role to play when students are trying to reflect on their practice during their clinical placements – the preceptor, the CPC and the lecturer. It appears from students' accounts that these roles are inextricably linked. Consequently, some suggestions are offered as to how best to develop these roles to enhance students' use of reflection during clinical placements.

Reid (2000) and Watson (1999) suggest that preceptors need adequate preparation for their role. When the competency booklets with the reflective component were introduced for these third year student psychiatric nurses, it was decided to adopt a bottom up approach to change management (Wright, 1989). Therefore, there was a brief introduction to reflection for preceptors during a preceptorship course. However, more in-service workshops on student learning strategies, especially reflection, and on-going support, are necessary. Perhaps lecturers and CPCs could jointly facilitate these sessions and thereby continue to nurture relationships with preceptors and other clinical staff.

Irish pre-registration nurse education is unique, and fortunate, because students also have the CPC to support them during their clinical placement. The findings in this study reflect Drennan's (2001) finding that part of CPCs role is to facilitate reflection with students. Therefore, it appears that the CPC is an important person in facilitating students to reflect during clinical placement. Therefore, when drawing up the plan on how to operationalise reflection within the curriculum it is vital that CPCs are part of the working group.

With regard to implementing reflection in the curriculum, Carroll et al. (2002) suggest that rather than isolating reflection as a distinct topic, that the skills of problem-solving, critical thinking, self-awareness and analysis should be developed within the curriculum. This was the approach used in this particular school. However, students in this study wanted more practical and explicit guidance in how to reflect from first year. Consequently, it appears that the strategies that lecturers introduce to help students reflect need to be carefully structured, moving from the less complex to the more demanding as Mallik (1998) recommends. Again, CPCs need to be involved in these classroom sessions. In relation to the lecturer's clinical role, Ioannides (1999) suggests that the lecturer should get involved in a regular and planned way in debriefing sessions with students and preceptors in their link placement areas. In this way, the lecturer is also providing support to the preceptor, by acting as a preceptor to the preceptor.

In conclusion, mental health students in this study did find reflection a useful learning strategy during clinical placements but they also voiced the need for a climate of trust and earlier adequate preparation for both themselves and clinical staff. Therefore, an ongoing collaborative approach between students, Health Service Providers and the learning institution regarding the development of a philosophy and reflective strategies is vital if students are to effectively use reflection in clinical

placements. However, it must be remembered that reflection is just one learning strategy, albeit a useful one for accessing the cognitive and affective domains of learning.

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