

Foreword

The presidential call for the 2003-2005 biennium was “Create the Future Through Renewal.” One of several outcomes I identified for the 2003-2005 biennium was the creation of a resource paper on reflective practice in nursing. These past two years I challenged members to consider the most meaningful activities that support personal and professional renewal. Personally and professionally I believe reflection is a means of renewal. My logic goes something like this: as self is renewed, commitments to service come forward more easily. Renewed commitments to service require attention to mindfulness and reflective practice. Mindful reflective practice begets questions that support inquiry. Such inquiry guides knowledge work and evidence-based care giving. Care giving supports society as knowledge, values, and service intersect. Knowledgeable people and especially knowledgeable nurses provide care that society needs. Creating a caring society is the spirit work of nursing. Creating a caring society starts nurses caring for themselves and becoming, through reflection, more conscious and intentional in their being, thinking, feeling, doing, and acting. Reflection is a form of “inner work” that results in the energy for engaging in “outer service.” Reflection in-and-on action supports meaning-making and purpose management in one’s professional life.

The nursing scholars who have participated in the development of this resource paper are to be commended. They have devoted many long hours to the creation of this document. They have role modeled for all of us the creation and development of a learning community dedicated to enhancing knowledge, learning, and service. They created a global transcendent team and have demonstrated the value and benefits of global cooperation around a very important professional developmental concept and practice for nurses. I admire and appreciate the work and effort this team has put forth and am pleased to introduce their work to the members of the honor society and nurses throughout the world.

I think there are many stimulating and provocative ideas in this resource paper. If reflective practice is new to you, I hope that the ideas and resources you discover will stimulate your curiosity and enable you to see your work in nursing through new ways. If reflective practice is already familiar to you, I hope that you support and encourage others to experiment with the notions, information, and resources gathered together in this paper. As we collectively reflect on the professional purpose of nursing, I am certain the spirit of nursing will be renewed. As members of the Honor Society of Nursing, Sigma Theta Tau International, each of us has a responsibility to enact the virtues of love, honor, and courage that are part of our heritage. As we develop our capacity and commitment for reflection, we will affirm that spirit of nursing and make nursing-care-differences in the lives of people for whom we care.

Daniel J. Pesut, PhD, APRN, BC, FAAN

President, the Honor Society of Nursing,

Sigma Theta Tau International (2003-2005)

Acknowledgements

The development of the Position Paper on the Scholarship of Reflective Practice was itself a process of reflection. Through telecommunications, the task force members were called upon to reflect on their own philosophies surrounding reflective practice and to identify strategies and experiences of their own. As key informants for the paper, task force members explored the worldwide body of nursing literature to gain a global perspective towards reflective practice. In the process, members confronted their own naiveté, biases and assumptions towards reflective applications in advancing nursing knowledge, learning and service.

Using email, fax, and telephone communication, the task force was called upon to shape a new way of accomplishing strategic direction. Members engaged in telephone dialogue of questions posed on their list serve in advance in spite of 18 hour time zone differences, some getting up quite early in Australia and others staying up late (England and Denmark). This paper truly then helps our society in becoming a global organization. Deep gratitude is expressed to Beverly Taylor (Australia), Dawn Freshwater (England), Sara Horton Deutch (USA), Nancy Strijbol (Denmark), and Alyce Shultz (USA). The staff support from Linda Finke, Kathy Wodicka, and Tonna Thomas was a key element in maintaining our organization and focus. We are all indebted to this creative group.

Gwen Sherwood, RN, PhD, FAAN
Chair, Scholarship of Reflective Practice International Task Force
University of North Carolina at Chapel Hill School of Nursing

The Honor Society of Nursing, Sigma Theta Tau International

Title of resource paper: The Scholarship of Reflective Practice

Issue being addressed: This resource paper describes definitions of reflection and reflective practice, and their historical context, methods, processes, applications, benefits, and limitations. Recommendations are made regarding policy and research agenda items for reflective practice worldwide. In the spirit of inquiry and reflection, questions for exercising thought are included throughout this document. Recommendations are made to promote reflective practice in nursing worldwide.

Policy or position developed, recommended, adopted: The task force makes the following recommendations for reflective processes in nursing globally in relation to practice and practice development, clinical supervision, education, research, and leadership:

Recommendation 1

Nursing education incorporate reflective models, theories, processes, and methods when preparing nurses so that they will be able to utilize and integrate reflective practice in their practice and practice development, clinical supervision, research, education, and leadership.

Recommendation 2

Adoption of reflective processes in clinical supervision in nursing to enable nurses to become self reflective in their work, in order to enhance their professional knowledge, skills, and humanity when relating to people in their care, families, communities, other members of the health care team, and themselves.

Recommendation 3

Nursing practice and practice development be augmented by systematic reflective processes that create ongoing improvements in the provision of care and the development of nursing as a professional practice.

Recommendation 4

Reflective models, theories, processes, and methods be used as research approaches, and/or in combination with other research approaches, in order to encourage deeper levels of analysis and interpretation of nursing issues relating to practice and practice development, clinical supervision, education, and leadership.

Recommendation 5

Reflective models, theories, processes, and methods be used to guide and enhance the education, practice, and development of self-reflective nursing leaders, who can act as stabilizers and change agents in the dynamic contexts of nursing and health.

Background: This resource paper is the product of the Scholarship of Reflective Practice Task Force, which was established by President Daniel J. Pesut during the 2003-2005 biennium. He established the task force to support his presidential call, "Create the Future Through Renewal." Specifically, the task force was charged to examine the issue of the scholarship of reflective practice and to create principles, practices, and resources that advance reflective practice in nursing. Additional expected outcomes associated with the charge were recommendations and

guidelines related to reflective practice useful to individual clinicians, health care organizations, institutions, educators, and health care consumers. Descriptions of models or methods that represent excellence in the actualization of the scholarship of reflective practice were encouraged along with a set of principles and practices that support the development of scholarship of reflective practice. The original vision associated with the development of the resource paper included a comprehensive bibliography of resources on the scholarship of reflective practice that provides people with references and tools that they could investigate. Finally, the task force was charged with development of recommendations regarding policy and research agenda items for reflective practice in nursing.

Task force members:

Gwen Sherwood (Chair), RN, PhD, FAAN
Dawn Freshwater, PhD, RN, FRCN, BA (Hons)
Sara Horton-Deutsch, DNSc, RN
Alyce Schultz, (Board liaison)RN, PhD
Nancy Strijbol, BSN, MSSc
Bev Taylor, PhD, Med, RN, RM

Staff:

Linda Finke, PhD, RN
Kathy Wodicka, RN, BSN
Tonna Thomas, BA

Authors of the resource paper:

Dawn Freshwater, PhD, RN, FRCN, BA (Hons)
Professor of Mental Health and Lead for Centre of Excellence in Applied Research
IHCS, Bournemouth University, UK

Sara Horton-Deutsch, DNSc, RN
Associate Professor of Nursing at Indiana University
Director of the Adult Psychiatric Clinical Nurse Specialist Program in the Department of
Environments for Health
Bloomington, Indiana, USA

Gwen Sherwood, RN, PhD, FAAN
Executive Associate Dean
The University of Texas Health Science Center at Houston
School of Nursing
Houston, Texas, USA

Bev Taylor, PhD, Med, RN, RM
Foundation Chair in Nursing and Research Director
Nursing and Health Care Practices, Southern Cross University, Australia

The resource paper on The Scholarship of Reflective Practice was submitted it to the Sigma Theta Tau International board of directors for approval.

Introduction

A. Definitions of Reflection and Reflective Practice

Reflection is a way in which professionals bridge the theory-practice gap. Reflection enables one to uncover knowledge in and on action (Schön, 1983). Practitioners develop practical knowledge and working intelligence as they make sense of their work in theoretical ways (Schon, 1983).

Through reflection, tacit knowledge (or knowing-in-action) can be made explicit. Reflection raises awareness that enlivens and changes practice (Schön, 1987). Schön noted differences between reflection-on-action happening after practice and reflection-in-action happening in the moment of practice.

Reflective learning is the process of internally examining and exploring an issue of concern, triggered by an experience, which reacts and clarifies meaning in terms of self and which results in a changed conceptual perspective (Boyd & Fales, 1983). In the context of learning, reflection is a generic term for intellectual and affective activities, in which individuals engage their experience to create and clarify meaning in terms of self, and which results in a changed conceptual perspective (Boud et al., 1985).

Jarvis (1992, p. 180) distinguishes reflective practice from thoughtful practice and suggests a reflective practitioner is one who is able to “problematise many situations of professional performance so they can become potential learning.” Pierson (1998) considered reflection to be thoughtful, innovative, and critical practice, and similarly, Kuiper and Pesut (2004) defined reflection as a metacognitive process that supports thinking about one’s own thinking related to an experience within a conceptual framework.

Taylor (2000, p. 3) defined reflection as “the throwing back of thoughts and memories, in cognitive acts such as thinking, contemplation, meditation and any other form of attentive consideration, in order to make sense of them, and to make contextually appropriate changes if they are required”. This definition allows for a wide variety of thinking as the basis for reflection, and it is similar to many other explanations (Mezirow, 1981; Boyd & Fales, 1983; Boud et al., 1985; Street, 1992) by suggesting that reflective thinking is a rational and intuitive process, which potentiates positive change.

Freshwater (2001) examined the lack of consensus in defining reflective practice and reflexivity, especially as applications have been developed in all fields of nursing. Reflexivity is a “turning back on itself” as a “kind of meta-reflection” (p. 529) and emphasises its critical nature of unsettling previously held assumptions to gain new awareness.

Reflective exercise

What is your definition of reflection?

To what degree do you think about your being, thinking, feeling, and acting in intentional ways?

How has reflection affected your life and work?

How have you used reflection to support personal and professional renewal?

Discuss with a colleague the potential for reflection to raise awareness and change.

B. The Historical Context of Reflection in Nursing

Reflection is an essential skill implicit in professional nursing practice. For example, the work of Benner (1984) has provided a foundation for reflecting on nursing practice worldwide, in terms of the developing expertise of nurses in action. The ability to make clinical judgments and intervene in nursing care contexts requires reflection. Effective nursing practice, education, research, and leadership are grounded in the complexity of human relationships and therefore require systematic and careful thinking in order to achieve successful outcomes. Reflection has been linked to the cognitive behavioral skills of self-monitoring, self-evaluating, and self-reinforcing goal-oriented behaviors that are aspects of metacognition. Metacognition is reflective thinking or a level of consciousness that exists through executive cognitive control and self-communication

experiences (Flavel, 1979; Mezirow, 1981; Kuiper & Pesut, 2004). Critical thinking pre-supposes a reflective stance (Facione & Facione, 1996).

Reflective practice is more widely applied as a scholarly approach in Australia, New Zealand, and the United Kingdom. It transcends mere “doing” and is often emphasised with a concentration on “being.” Scholarship in reflective practice in the southern hemisphere originated with the discipline of education at Deakin University, Australia, using the work of Donald Schön. Influential scholars who influenced the spread to nursing in 1988 include Stephen Kemmis, John Smyth, and Annette Street. Now, reflective practice is fundamental to Australian clinical nursing practice. Given the relatively long life of Australian reflective practice in nursing, the current challenge relates to maintaining enthusiasm and depth of engagement in reflective processes so that it is not just assumed.

In the United Kingdom (UK), reflection is a tool for learning that integrates theory and practice; a means to both develop and research practice that is essential to effective learning and caring. Grounded in theory and research from a variety of disciplines and sources (Dewey, 1933; Schön, 1987; Palmer et al., 1994, Burnard, 1995; Johns, 1995; Johns & Freshwater, 1998; Freshwater & Rolfe, 2001; Freshwater, 2002; 2005) the growing wealth of literature and educational resources around reflection and reflective practice in the early 1980s led the Department of Health (DoH) to implement reflective practice as essential for the continuing professional development of nurses (DoH, 1999). Reflective capacities were cited as a level of learning along with critical thinking and problem solving for qualified nursing staff to promote informed, knowledgeable, and safe practice. Key proponents of reflection, critical reflection, and reflexivity in the UK continue to work hard to establish a systematic and rigorous utilization of reflective practice based on local and contingent knowledge, highly relevant to practitioners, educators and researchers in their everyday practice (Freshwater, 2002; Johns and Freshwater, 2005). Reflective practice is an integral element of clinical supervision in the UK with the two concepts inextricably linked (Fowler & Chevannes, 1998; Rolfe et al., 2001).

Reflective exercise

Reflect on nurse authors who have introduced and inspired major developments in nursing’s heritage. In what ways have they supported reflective approaches to nursing knowledge, learning, service, and leadership worldwide?

Methods and Processes of Reflective Practice

The methods and processes of reflective practice are varied. Discussion includes models, frameworks, theories, the purposes of reflective practice, the processes of reflection, strategies and processes to promote the development of reflection, and processes for reflecting-on-action and reflecting-in-action.

A. Models, Frameworks, Theories

Explanatory models that suggest reflection are best described and defined as phases and transitions between phases include Kolb (1984), Atkins and Murphy (1993), and Boud (1995). Other models offer probing questions that stimulate reflection to elicit thinking, feelings, behaviors, and theories that may implicitly guide thinking, feeling, and doing (Burrows, 1995; Johns, 2000a). Reflection also includes various levels of dialogue and discussion of events as a

means to develop understanding of values and beliefs and the effects on personal and professional practice (Wong et al., 1997).

Mezirow (1990) defined three levels of reflectivity. Level one, non-reflection, is the absence of reflective thought. Level two, lower level reflection, involves the awareness of judgments, observations and descriptions, evaluations of planning, and assessment of decisions. Level three, critical reflection, is the process of reflection and includes assessment of the need for further learning, and awareness that routines are not adequate and change in perspective is needed.

Greenwood (1998) identifies the role of reflection in single-loop and double-loop learning. In single-loop learning, the level of response is to simply change the actions intended to lead to the same outcomes. In double-loop learning the person does not merely search for alternative actions to achieve the same outcome, but examines the appropriateness and correctness of the chosen end. It involves reflection on values and norms. Greenwood (1998) identifies single-loop frameworks such as Smith and Russel (1991), Burrows (1995), and Johns (1995). Smyth's (1992) framework is explicitly double-loop. Greenwood asserts that the former frameworks may be most suited for young learners with limited experience whereas the latter is recommended for advanced reflective practice that incorporates the norms, values, and social relationships that underpin human action.

Greenwood (1993) views Schön's model of reflection-on-action and reflection-in-action as flawed because it fails to recognize the importance of reflection-before-action. Reflection-before-action involves thinking through what one wants to do and how one intends to do it before one actually does it. This relates closely to mindfulness where one opens oneself to the moment by clearing out unwanted distractions and eliciting presence and openness before interacting with others.

Teekman (2000) proposes a model of reflective thinking that reflects the different levels of reflective thought as well as the dynamic aspects inherent in the process, presented as a spiral of reflective thinking. Taylor (2000) offers three types of reflection that can be used separately, or in any combination, according to the requirements of the practice or personal situation. These types of reflection are technical, practical, and emancipatory. Technical reflection acknowledges the influence of the scientific model on empirical knowledge in daily nursing practice, improving clinical policies and procedures by devising reasoned approaches to work, using critical thinking processes. Practical reflection offers a means of making sense of human interaction, offering the potential for change based on nurses' raised awareness of the nature of a wide range of communicative matters pertaining to their practice. Emancipatory reflection provides a systematic means of critiquing the status quo in the power relationships in the work place, and it offers nurses raised awareness and a new sense of informed consciousness to bring about positive social and political change. Taylor (2000) emphasises that no form of reflection is better than the other; each one has its own value for different purposes.

Reflective exercise

Which of these models, frameworks, and/or theories applies best to your work?

What about the models appeal to you?

How do these models assist in the logical application of professional nursing practice?

If you were to develop your own model of reflection, what elements would it contain and how specifically would you use it?

B. Purposes of Reflective Practice

Argyris and Schön (1974) defined the purpose of reflective practice as the creation of a world that more faithfully reflects the values and beliefs of the people in it, through the construction or revision of people's action theories. Greenwood (1998, p. 2) provides a comprehensive summary of other scholars' views on the purposes of reflective practice in nursing:

- Develop individual theories of nursing to influence practice and generate nursing knowledge (Emden, 1991; Reid, 1993);
- Advance theory at a conceptual level to lead to changes at professional, social, and political levels (Emden, 1991; Smyth, 1992, 1993);
- Facilitate integration of theory and practice (McCougherty, 1991; Wong et al., 1995; Landeen et al., 1995);
- Allow the correction of distortions and errors in beliefs related to discrete activities, and the values and norms that underpin them (Mezirow, 1990; Saylor, 1990);
- Encourage a holistic, individualized and flexible approach to care (Chinn & Jacobs, 1987);
- Allow the identification, description, and resolution of practical problems through deliberative rationalization (Powell, 1989);
- Enhance self-esteem through learning (Keegan, 1988; Johns, 1994, 1995);
- Heighten the visibility of the therapeutic work of nurses (Johns, 1994, 1995);
- Enable the monitoring of increasing effectiveness over time (Johns, 1995; Landeen et al., 1995);
- Enable nurses to explore and come to understand the nature and boundaries of their own role and that of other health professionals (Johns, 1994, 1995; Freshwater, 2002);
- Lead to an understanding of the condition under which practitioners practice and, in particular, the barriers that limit practitioners' therapeutic value (Emden, 1991; Johns, 1994, 1995);
- Lead to an acceptance of professional responsibility (Johns, 1994, 1995);
- Allow a shift in the social control of work. Less direct, overt surveillance over work and much more indirect forms of control through, teamwork, partnerships, collaboration, etc. (Smyth, 1992, 1993);
- Provide the opportunity to shift the power to determine what counts as knowledge from an elite individual or group, distant from the workplace, to practitioners in the workplace (Smyth, 1992, 1993);
- Allow the generation of a knowledge base that is more comprehensive because it is directly tuned into what practitioners know about practice (Smyth, 1992, 1993); and
- Provide the opportunity for a rapid and progressive refocusing of work activity (Smyth, 1992, 1993).

However, the purposes of reflective practice go beyond a list, to cater to any and all purposes to which nurses may enlist reflection. Sherwood (1997; 2000) applied reflection for creating spiritual awareness to address spiritual needs for self and assisting the patient. Freshwater (2004) demonstrated reflection to develop emotional intelligence (self-discovery, self-awareness, self-management, motivation, and empathy) for self-transformation. Sherwood and Freshwater (2005) discuss reflection to expand leadership capacity as a transformative change agent. The goal of reflective practice is always in a positive direction for the growth and discovery of self and one's knowledge, increasing the ability to integrate into one's deepening and expanded

practice. Thus, the list of purposes grows as each new venture into reflective practice provides evidence of the usefulness of it, for a wide range of uses in every field of nursing.

Reflective exercise

For what purposes have you used reflection in your life and work?

C. Strategies to Promote Reflection

The processes of reflection are usually discussed in stages or levels (Mezirow, 1981; Boyd & Fales, 1983; Goodman, 1984; Boud, 1995; Schön, 1991), with some relation to intuition (Goodman, 1984), Schön, 1991). Differences are mainly in terminology, detail, and the extent the processes are arranged in hierarchy. (poor wording) Literature synthesis reveals three stages in the reflective processes: awareness of uncomfortable feelings and thoughts, critical analysis of feelings and knowledge, and new perspective. They describe the skills that are required to be reflective: self-awareness, description, critical analysis, synthesis, and evaluation.

Evidence suggests that reflection benefits learning by integrating theory and practice (Astor et al., 1998). It promotes intellectual growth because it is cyclical rather than linear (Davies, 1995; Landeen et al., 1995), develops skills that make practitioners more confident (Davies, 1995), and fosters responsibility and accountability (Wong et al., 1997; Astor et al., 1998).

Reflection-on-action is retrospective and allows practitioners to recount an event in order to discover the knowledge used by analyzing and interpreting the information recalled. Strategies are more limited that promote the development of reflection-in-action, a more complex activity that requires practitioners to be conscious of what they are doing and how they are doing it in that moment of practice.

1. Reflecting-On-Action

Processes for reflecting-on-action are limited only by the imagination and contribute to processes for improving the outcomes of reflection. Used singly or in combination, creative strategies include audiotaping, clinical studies assignments, clinical supervision, critical incident technique, discussion, journaling, learning diaries, literature/vignettes, montage, painting, poetry, reading books that help develop self-awareness and reflective thinking, role playing, and videotaping.

Audiotaping

Recording practice stories on an audiotape is an alternative to writing in a journal. The recorded words are left unedited; nurses should resist the temptation to rewind and tape over certain sections. Nurses may keep written notes, or review what was said previously to make verbal remarks on successive recordings. This allows a progressive record of the insights they have gained to make connections to what is yet to become apparent through the reflective process (Taylor, 2000).

Clinical Studies Assignments

Essays are useful to assess students' abilities and to help them develop study skills. Reed and Procter (1993) developed an assignment that allows students to choose their own topic for

discussion with a structure and guidelines about what type of content they should address and how it should be evaluated. Students learn by linking theory with practice.

Clinical Supervision

Clinical supervision is one way to acquire the skills of critical reflection. Clinical supervision is a relatively new concept in nursing but has long been used in such disciplines as counseling, psychotherapy, social work, and midwifery. Interest in supervision in the UK was spurred by two publications, the *Vision for the Future* (DoH (1993) and the position paper on clinical supervision commissioned by the Department of Health (Faugier & Butterworth, 1994). The UKCC (United Kingdom Central Council for Nursing, Midwifery and Health Visiting) (1996) responded to these publications by highlighting the importance of adequate standards of supervision (Rolfe et al., 2001).

Clinical supervision has been defined as an exchange between professionals to enable the development of professional skills (Butterworth, 1998; Rolfe et al., 2001). It involves the meeting of two or more people who examine a piece of work. According to Wright (1989), the work is presented and together the people think about what is happening and why, what was done or said, how it was handled, could it have been handled better or differently, and if so, how? In other words, in the context of supervision, reflections are externalized as dialogue (Clouder & Sellars, 2004), using a structured framework such as reflective practice. The emphasis in clinical supervision is educative, normative, and restorative. Modes of supervision include one-to-one or group, whilst models may derive from psychoanalytic, humanistic, and cognitive behavioural schools of thought (Rolfe et al., 2001). Fowler and Chevannes (1998) caution reflective practice may be a part of clinical supervision, but it need not be the main focus, because clinical supervision needs to be structured to meet individual needs, rather than imposing a model or structure on the individual.

Critical Incident Technique

The critical incident technique involves the identification of behaviours deemed to have been either particularly helpful, or particularly unhelpful, in a given situation (Reed & Procter, 1993; Smith & Russell, 1993; Hannigan, 2001). Parker et al. (1995) and Ghaye and Lillyman (1997) advanced analysis of critical incidents for developing a reflective approach to practice. Research by Cormack (1983) and Normann et al. (1992) used this technique to examine a culture of learning that equips students to cope with challenges and uncertainties within the practice of nursing. A systematic and detailed evaluation is needed to determine the overall effectiveness of this technique.

Discussion

To facilitate reflective learning, teachers must allocate time for students to engage in discussion about a clinical situation, to identify and challenge assumptions, beliefs, values, and ideologies that underlie nursing practice. Durgahee (1997) recommends scheduling 1-to 2-hour sessions for reflection-on-action. Teachers must create a balance between listening, supporting, and confronting to facilitate the reasoning process and create grounded conceptual frameworks in nursing practice. Teachers need skill in creating a forum for open dialogue of shared experiences with non-judgmental responses to help guide the participants to new ways of examining a situation.

Drawing

Drawing “what is in one’s head and heart” or systematic doodling can be a means of reflecting. Drawings represent whatever the person says they represent and do not need to be realistic or fulfill artistic criterion to be effective as an aid to reflection. Drawings can be combined with interpretations that document the sense nurses have been able to make of their clinical experiences. The responses to, or reasons for, the drawings are recorded in relation to issues nurses are experiencing at work, recorded systematically in an enduring form so they can be revisited, or perhaps compiled in a book (Taylor, 2000).

Journaling and Learning Diaries

The self-reflective journal can assist students in reflecting on their clinical experiences and provide an avenue for addressing the theory practice gap (Landeem et al., 1995, Hancock, 1999). It also helps develop narrative skills; integrate theory, research, and practice; release feelings about clinical experiences; see different truths in a clinical situation; and increase observational skills (Callister, 1993). Refern (1995) recommends writing for four reasons: 1) thoughts can be transferred onto paper for examination and analysis in a less personal, more objective way; 2) the process of constructing words and sentences in one’s head before being committed to paper enables thoughts and recollections of events to be given a certain degree of structure; 3) it provides a permanent record of professional practice, which can be used to gain further insights at a later date; and 4) writing shortly after the event provides a more accurate account of the event.

Holly (1989) defines differences between a log, diary, and journal. A log is a record of information that is a highly structured, factual account maintained over time. A diary is a daily record of personal experiences and observations in which thoughts, feelings, and ideas are expressed. Bennett and Kingham (1993) provide a framework for student nurses to systematically keep diaries as a part of nursing education as a medium to their record experiences and reflect upon these experiences with coaching from their clinical supervisor. A journal combines the objective aspect of the log with the personal aspect of the diary.

The distinction between learning to write and writing to learn shifts the emphasis to process rather than product (Rolfe et al., 2001). Writing increases awareness of the importance of word choice, of the metaphoric and symbolic meanings of words, of things that are important to attend to, and how to tailor what words to choose for communication to a particular audience, such as the patient, the patient’s family, or another member of the health care team.

Journaling helps nurses to sustain themselves emotionally in the work they do. It gives nurses the opportunity to tell their own story about what it is like to be a nurse, and what it is like to witness patients’ experiences of illness. Writing about experiences is a useful tool for reflection, because it enables nurses to make explicit the knowledge that is implicit in their actions (Schön, 1991). Journaling as an activity of reflection-on-action helps nurses illuminate their reflection-in-action, and Taylor (2000) provides helpful hints to write more effectively.

Literature/Vignettes

Through reading and discussing works of literature, students can improve their skills in listening to and interpreting complex texts. Patients are like complex texts within the stories of their illnesses. Literary theory teaches students to learn to listen for the silences, for what is

not said (Jones, 2004). Literary stories also engage students affectively as well as cognitively in discussions about complex health care situations and ethical issues. Reading stories also helps students to develop vicarious understanding of what it is like to be ill. It helps students to be more conscious about cultural and ethnic diversity. Reading about someone who is quite different, in a way that the student can understand and identify with, helps students to imagine how those from other cultures might feel. Examples of literature used in psychiatric mental health nursing include: *The Bell Jar* (Plath, 1963), *Darkness Visible* (Styron, 1990), and *Prozac Nation* (Wurtzel, 1994)

Montage

A montage is a collection of images, often created from pictures, words, and symbols cut from old magazines and newspapers. As nurses search for images to express their thoughts and feelings about clinical issues, they reflect more fully, so that the emergent montage is a comprehensive representation of the sense they are making of practice events. Nurses may gain a glimpse of where further reflection may take them, making connections later when the montage is reviewed. Nurses need to record their successive interpretations so that they are open to deeper reflection, connecting ideas and themes in other montages as nurses progress as reflective practitioners (Taylor, 2000).

Painting

Various media can be used to paint a picture of a nurse's practice, either abstract or realistic. As nurses are painting, they can notice the colours they choose and how they apply the paint, and can tune in to what they are thinking and feeling as they paint each stroke. Nurses can paint spontaneously in response to their emotions and thoughts, or they can make deliberate strokes to structure their thinking into an image of their reflections. The painting is what the painter says it is. Keeping all paintings and a commentary about them on tape or in a journal allows nurses to see changes in perception over time (Taylor, 2000).

Poetry

Anyone can write with personal style and meaning regardless of any rules of poetry. Poetry happens when the words come. Any inspiration or issue can be the basis of a poem. Practice experiences and hectic schedules can stir up a lot of emotions and thoughts, which put into words, create a poem. Nurses should systematically record their responses to their poetry, explaining how and why they wrote it, and for whom, and the meaning in relation to their practice reflections (Taylor, 2000).

Reading books

Reading books can be a useful strategy for learning and to deepen one's insights into reflection. For example, self-awareness makes it possible to analyze feelings. A vital component of reflection, mindfulness, and self-awareness can lead to discovery of one's unique patterns and the source of their strengths, detailed in John Kabat-Zinn's (1994) book *Wherever You Go, There You Are*. Another resource is *Now, Discover Your Strengths*, by Buckingham and Clifton (2001) which helps readers discover their unique patterns and the source of their strengths. It further provides an Internet-based profile that identifies participants' most powerful themes as readers begin to formulate thoughts and ideas about themselves.

Role Playing

Role playing provides a place for the student to act out a particular event, problem, or situation in a safe environment. It functions to increase the student's insight into human relations and deepen her/his ability to see a situation from another point of view. Attention can be given to voice tone, use of assertive language, identification of feelings, emotion expressed, and non-verbal behavior exhibited. Experiential activities, such as role play, can also aid in the accessing of embedded theories (Hannigan, 2001).

Videotaping

Videotaping allows nurses to review taping directly with visual and audio cues with attention to non-verbal cues. For example, in telling clinical stories, nurses may find that there is a substantial emotional component of which they were not fully aware. Posture or pitch of voice may have something to tell nurses about themselves. To make sense of their reflections, nurses need to develop a method for amassing progressive insights, questions, and connections in their practice relating to the videos (Taylor, 2000).

Reflective exercise

Which of these strategies and processes to promote reflection-on-action appeal to you? It may be useful to try new creative means and reflect on how they work. For example, use two novel strategies from the above list and reflect on a recent situation at work in which you made a positive difference to someone in your care.

2. Reflecting-In-Action

Processes for reflecting-in-action are those creative strategies that can be used in the moment of practice, when nurses are "being, thinking, and doing" simultaneously. Processes include mindfulness, meditation, singing or listening to music, and yoga/dance/movement.

Mindfulness

Mindfulness, sometimes referred to as awareness or insight, is a state of being purposefully attentive to one's moment-to-moment experience (O'Haver Day & Horton-Deutsch, 2004). It is closely associated to "reflection-in-action," as it involves purposefully paying attention to one's own thoughts, feelings, bodily sensations, and judgments (Kabat-Zinn, 1994). Using these metacognitive processes helps nurses to be more aware of themselves in their interactions with others, develop insight into how their perceptions shape their actions, identify and understand where others are coming from, and make use of this information to respond effectively.

Mindfulness requires that individuals take the stance of a detached observer to examine and accept their various states of mind implicitly. Individuals must be fully aware of their perceptual experiences and create a sense of balance and tolerance for one's conscious experience (O'Haver Day & Horton-Deutsch, 2004). This detached stance enables one to respond to, rather than react to, one's habitual ways of thinking, moving, and doing using skills such as meditation of the breath and relaxation practices for responding calmly and purposefully (Santorelli, 1992). Horton-Deutsch & Horton (2003) examined "reflection-in-action" through observation of conflicts and identified effective communication 'in the

moment” with others when conflicts appeared intractable. A grounded theory study found mindfulness to be the basic social process that leads to working through seemingly intractable situations.

Mindful approaches to care place emphasis on sharing experiences, modeling compassionate care to nurses, and teaching methods of stress relief. Mindfulness helps keep one nurse centered and focused in communicating care to the patient. Mindfulness gives nurses the permission to be compassionate without hardening themselves to patients’ suffering. Mindfulness used in the workplace, whether counseling an employee, interviewing a candidate, presenting a case, or sitting in a meeting, improves personal and professional effectiveness.

Meditation

Meditation is one way to practice mindfulness. It requires the belief that knowing oneself can foster compassion (Nhat Hahn, 1992). Meditation is intuitive learning and feedback practised in private, daily, for approximately 20 minutes. These intuitive lessons are then transferable to clinical practice and teaching. Pausing before entering a patient’s room allows nurses to “take a mindful moment” and to induce a momentary state of rest and stillness to help calm their minds and bring themselves into the present. The gift of presence allows nurses to give patients their fullest attention so they are less easily distracted and are more able to attend to the patient in an open and genuine way that conveys concern. This contributes to the patient’s feeling of being heard as well as the nurse’s own feeling of satisfaction from the unique gift they can bring to their practice.

Yoga/Dance/Movement

Yoga is a vast collection of spiritual techniques and practices aimed at integrating mind, body, and spirit to achieve a state of enlightenment or oneness with the universe. There are different paths of yoga with varied approaches and techniques that lead to the same goal of unification and enlightenment. Yoga encourages self-care and self-awareness through attention to mind, body, and spirit. These processes create a strong base from which to draw in the immediacy of practice in highly truncated forms in split second moments to create a sense of presence and grounding in interpersonal communication. For example, while walking toward a patient’s room, it may be possible to do simple stretching exercises or other calming yoga movements.

Singing or Listening to Music

The soothing sounds of music have a place in clinical contexts, once the situational constraints and benefits have been defined. Quiet music can have a calming and sedating effect on patients, relatives, and personnel. Singing appropriate to the context can offer peace to nurses and patients in well-timed moments of genuine sharing. As a private practice, singing or listening to music can contribute to inner calm and emotional catharsis as a stress management technique.

Reflective exercise

What is your reaction to the possibilities of reflecting-in-action?
Discuss with a friend a practice story on how you were able to reflect-in-action.

Which of these strategies and processes to promote reflection-in-action appeal to you? What are new strategies you may employ to deepen reflective meaning?

Applications of Reflective Practice

Reflective thinking is integral to curriculum theory (Dewey, 1933), empowering processes in education (Freire, 1972), human interests and forms of knowledge (Habermas, 1972), and adult education (Mezirow, 1981). Nursing has applied many of these ideas to the disciplinary areas of practice, education, research, and leadership. Nursing has used reflective processes for some time to improve:

- Practice and practice development (Thorpe & Barsky, 2001; Stickley & Freshwater, 2002; Taylor, 2000, 2002a, b; Johns, 2003)
- Clinical supervision (Todd & Freshwater, 1999; Heath & Freshwater, 2000; Gilbert, 2001)
- Leadership and management (Freshwater et al., 2001; Freshwater, 2002; Freshwater, 2004; Johns, 2004; Sherwood & Freshwater, 2005)
- Education (Cruickshank, 1996; Freshwater, 1999; Kim, 1999; Anderson & Branch, 2000; Clegg, 2000; Platzer, Blake & Ashford, 2000a, b)
- Research and scholarship (Freshwater, 2001; Taylor, 2001, 2002a, b)

A. Practice and Practice Development

Much of the literature is focused on the work of nursing, as practised in clinical contexts (e.g., Freshwater, 1998, 2002; Glaze, 1999; Heath, 1998a, b; Johns, 2000, 2003; Taylor, 2002a, b, 2003a, b, 2004; Wilkin, 2002). Freshwater (1998) provided an integrative review of reflection and caring to emphasise the role of reflection in nurses' personal and professional development:

Reflective practice can be viewed as the call to awake. It is also a process of becoming, being with the unfolding moment. Reflective practice helps us to explore what is just beyond the line of vision, it encourages not to stare straight ahead, but to turn around. Reflective practice can be seen as a way of viewing the unfolding drama of the nurse becoming (Freshwater, 2002, p.16).

Heath (1998a) offered practical guidance to clinicians in keeping reflective journals of their practice. John's (1994) model of guided reflection integrated Carper's (1978) patterns of knowing (empirical, personal, ethical, and aesthetic). Heath (1998b) went beyond to include two further patterns of unknowing and sociopolitical knowing. Heath (1998b) suggested that nurses may have difficulty applying knowledge forms to their practice, seeing it as an academic exercise not immediately urgent in their busy work settings. Hence, the extension of knowledge into the unknown and sociopolitical categories creates room for movement in practice that captures clinical concerns.

Glaze (1999, p. 30) described reflection, clinical judgment, and staff development "to encourage perioperative nurses to reflect on their practice" using exemplars of expert practice "to illustrate how knowledge is used and developed in the practice setting." The outcomes of reflection include practical advice and insights into how perioperative nurses may improve their practice. Johns (2000a, p. 199) demonstrated through case study of his own practice reflection to draw "out key issues of practice and reflection that enabled (him) to gain insight and apply to future practice within a reflexive learning spiral."

Freshwater (2002) describes the therapeutic use of self in nursing as a means of improving patient care through self-awareness and reflection. Freshwater connects a nurse's deeper sense of self to healing outcomes of a therapeutic nature for patients, and contends that the "practice of reflection is a central skill in developing an awareness of self" (p. 5). In creating possibilities for therapeutic nursing, nurses examine self as workers, learners, and researchers, to transform self-awareness into a process through which patients feel cared for and acknowledged within "the context of a therapeutic alliance" (p. 10).

Reflective exercise

Have you had instances in your practice in which your deeper sense of self led to therapeutic outcomes for the people in your care? Describe those instances to a friend and explain why you interpreted these encounters as therapeutic.

Freshwater (2002, in Johns, 2002, p. 225) describes the importance of "guided reflection in the context of post-modern practice." Self-awareness "is deemed central to the process of successful reflection, with the 'self' being the main instrument of both the practice and guidance of reflection." In a post-modern description of the process of guided reflection, Freshwater (2002, p. 225) explores "some of the reflections that took place in the pauses between the lines of the text in the act of looking up from the reading" in order to "bring light to bear in certain elements of the text, whilst recognizing that this casts a shadow on other aspects of the dialogue." Freshwater (2002) deftly captures the post-modern conundrum of partialities, gaps, silences and shifts in meaning, while resting on the assurance that an exploration of self is a reflective exercise that offers some insights into local truths.

Wilkin (2002) explored expert practice through reflection, by focusing on a clinical experience of caring for a 12-year-old boy diagnosed with brain death, and her experience of remaining on duty in the unit to facilitate the parent's wishes concerning his care. Wilkin (2002, p. 88) used "the unusual experience ... to enable self-criticism and expansion of personal knowledge," in order to explore the complexity of expert practice and to facilitate holistic care.

Taylor (2004) offers advice for technical, practical, and emancipatory reflection for practising holistically. Emancipatory reflective practice is overcoming complexities and constraints in holistic health care (Taylor, 2003a, b), giving guidance in technical reflection for improving nursing procedures using critical thinking in evidence based practice (Taylor, 2002b), and on becoming a reflective nurse or midwife, using complementary therapies while practising holistically (Taylor 2000).

B. Clinical Supervision

Reflective practice has been applied effectively to clinical supervision (Todd & Freshwater, 1999; Heath & Freshwater, 2000; Gilbert, 2001; Clouder & Sellars, 2004). Rolfe et al. (2001) provides an in-depth exploration of reflection in clinical supervision.

Todd and Freshwater (1999, p.1383) examined a model of reflection, particularly the parallels and processes, in individual clinical supervision with ways to guided discovery. In clinical supervision, reflective practice provides a safe space that facilitates a relationship that both collaborates and empowers the practitioner in experiencing the discovery found in everyday practice.

Heath and Freshwater (2000, p. 1298) demonstrated application of John's (1996) intent-emphasis axis as a method to explore detractions to the supervisory process derived from technical interest, misunderstanding of expert practice, and confusion of self awareness with counseling. Clinical supervision within reflective practice is especially effective when supervisors are reflective about their roles, so the clinical supervision is a guided reflection that enables deeper insights for both supervisee and supervisor.

Gilbert (2001, p. 199) focused on potential for reflective practice and clinical supervision to be confessionals, acting as a mode of surveillance to discipline professionals. Gilbert argued that, like governments, health settings act as "forms of moral regulation" in which professionals exercise power through "the complex web of discourses and social practices that characterize their work" (p. 199). In critiquing the discourses of empowerment (Gilbert, 2001, p. 205) that underlie the emancipatory intent of reflective practice and clinical supervision, he identifies the tendency of empowerment discourses to assume "the existence of a damaged subject-traditional and rule bound (who) requires remedial work ... to achieve forms of subjectivity consistent with modern forms of rule."

Clouder and Sellars (2004, p. 262) wrote from the perspective of a physiotherapist, using research conducted with undergraduate occupational therapy and physiotherapist students, to "contribute to the debate about the functions of clinical supervision and reflective practice in nursing and other health care professions." The authors responded to Gilbert's (2001) criticism of the sterility of debates about reflection and clinical supervision, and the potential for moral regulation and surveillance. They concluded that although both strategies make individuals more visible within the gaze of the workplace, Gilbert "overlooked the possibility of resistance and the scope for personal agency within systems of surveillance that create tensions between personal and professional accountability".

C. Leadership and Management

The emerging links between effective clinical and academic leadership and reflective practice can help eliminate the gaps in contemporary nursing leadership (Freshwater et al., 2001; Freshwater, 2002; Freshwater, 2004; Johns, 2004; Sherwood & Freshwater, 2005). McCormack (1995) explored the issue of clinical leadership through a model of collegiality that integrates spheres of clinical leadership and incorporates elements of reflection throughout. Freshwater (2004) links reflective practice and transformational leadership and emotional intelligence, yet reflection can facilitate the challenge of institutional attitudes and provide opportunities to confront organizational and professional cultures of coping and knowing.

In a study involving prison nurses, Freshwater et al. (2001) and Freshwater (2002) implemented reflective practice through clinical supervision groups and evaluated the development of clinical leadership skills as a direct outcome of the interventions. Findings suggest that not only does reflective practice enhance clinical leadership abilities, but also that it is a crucial element of any leadership and management programme.

Reflective exercise

What are issues in nursing leadership and management that could benefit from reflective processes? Describe reflective processes and strategies for exploring these issues. Use the process and strategy selected to reflect on a practice story relating to a nursing leadership and management issue in which you were actively involved.

D. Education

Reflective practice in nurse education is integral to effective outcomes (Cruickshank, 1996; Freshwater, 1999; Kim, 1999; Anderson & Branch, 2000; Clegg, 2000; Platzer, Blake, & Ashford, 2000a, b; Lian, 2001; Kenny, 2003). Various literature sources describe a variety of strategies for educators presented in the following references.

Cruickshank (1996, p. 127) used the medium of drawing to allow students working in small groups to express clinical learning that occurred on their clinical placement. The themes that emerged from the process were representative of the technical, practical, and emancipatory forms of knowledge they observed within nursing practice and experienced within their curriculum.

Kim (1999, p. 1205) presented “a method of inquiry which uses nurses’ situated, individual instances of nursing practice as the basis for developing knowledge for nursing and improving practice.” Using ideas from action science, critical philosophy, and reflective practice, she described a critical reflective inquiry method and process that allows nurses to raise awareness of their work constraints to free themselves toward more informed and liberating insights about their work.

Freshwater (1999, p. 28) guided a research project to explore the lived experience of student nurses on how their personal stories interfaced with those of the patient. The students and tutor kept a reflective journal pertaining to their experiences of moving from perceived levels of novice to expert nurse and demonstrated how self-awareness through reflective practice, clinical supervision, and experiential learning can enhance personal and professional development.

Anderson and Branch (2000, p. 1) endorsed storytelling to promote critical reflection to enable RN students talking about past actions and outcomes to give voice to experiences. Revisiting the past is thus used to shape the future.

Clegg (2000, p. 451) explored reflective practice statements as data sources to provide insight into the subcontext of organisations, especially in light of “reflective practice taking on the veneer of educational orthodoxy.” In spite of suspicion that advocates of reflective practice in nursing, social work, and teacher training may have inflated the positive claims of reflective practice, Clegg (2000, p. 467) supports reflective practice as a useful and insightful method for knowledge production in higher education.

Platzer, Blake, and Ashford (2000a, b) established reflective practice groups in a post-registration nursing course so that students could reflect on and learn from their experiences evaluated through in-depth interviews. Students did identify barriers to their learning, yet some students significantly advanced their critical thinking with transformations in perspectives that led to changes in attitudes and behaviors.

Problem-based learning (PBL) can help develop reflection and critical reflection as professional practice skills (Williams, 2001). Learners who participate in PBL are more reflective and critically reflective in their learning experiences derived from professional practice encounters. Critical questioning in the PBL scenario propels the learners’ ability to be both reflective and critically reflective during situational analysis, determining learning needs, knowledge application, critiquing resources, and problem-solving, and summarizing what was learned.

Kenny (2003, p. 105) described a creative thinking game used to stimulate critical thinking and reflection. Edward de Bono's six hats game was used with qualified health professionals undertaking palliative care education because many reflective practice models did not fit practice; they were either too simple or too complex. Students used a variety of thinking techniques that unleashed their creative and critical thinking processes to be more effective in reflection.

Although the value of reflection in nurse education has been debated for some time (Driscoll, 1994; James & Clarke, 1994; Newell, 1994; Palmer, Burns & Bulman, 1994; Burrows, 1995; Hulatt, 1995), these examples and other resources conclude reflection is a valuable aid in teaching and learning (e.g., Posner, 1989; Atkins, 1995; Johns, 1995; Smith, 1998; Hannigan, 2001; Noveletsky-Rosenthal & Solomon, 2001; Freshwater, 2002; Lau, 2002; Evans, 2003; Kuiper, 2004).

Reflective exercise

What issues in nursing education could benefit from reflective processes? Identify reflective processes and strategies to explore these issues by reflecting on a practice story relating to a nursing education issue in which you were involved actively.

E. Research

Knowledge derived from reflection has only recently been formally recognized as a pragmatic methodology for evaluating and inquiring into clinical nursing practice (Rolfe et al., 2001). Traditional models of research tend to separate research and practice into discreet domains, thus expanding the already substantial split between theorists and practitioners. Some nursing authors argue for the notion of a practicum, fostering an integral approach to research, building on researcher-practitioner models by way of managing this false dichotomy (Rolfe et al., 2001; Taylor, 2001; Freshwater & Rolfe, 2001; 2004).

Reflective methods and processes not only guide practice, practice development, education and leadership, they can also provide research evidence for supporting changes in these areas. Reflective processes may be used solely as the research approach, or they may be integrated into other research approaches. This section describes these options, to open up the potential for creative reflective processes in research.

The Reflective Research Approach

The eight basic steps in a reflective research approach are to:

1. Identify the issue/problem/phenomenon for reflection;
2. Decide on the reflective method, clarify its intent,
3. Plan the stages in a research proposal,
4. Follow the method and use the process,
5. Generate insights,
6. Institute changes and improvements and continue to reflect on outcomes,
7. Report on outcomes; and
8. Use the outcomes in practice as evidence (Taylor, 2000).

Reflective exercise

Choose some reflective processes and strategies to reflect on a practice story in which you were involved actively, the outcomes of which gave you cause for concern. Reflect on how this issue can become the focus of a reflective research project. Use the basic eight steps listed above in a reflective research approach, to generate a research proposal to explore this issue in depth.

Reflective Processes in Other Research Approaches

Reflective processes can be used in conjunction with other research approaches, for example, quantitative, qualitative, or mixed methods of quantitative and qualitative research. There is no prescription as to how these approaches might be used, as it is up to the researcher to make those choices, based on the fit of the approach to the research aims and objectives. A quantitative project using a survey or questionnaire might also use the technical reflection process in a focus group to develop scientific reasoning to support or oppose the continuation of a clinical policy or procedure. A qualitative interpretive research approach using ethnography might also include participants' journals, in which descriptions of the research context are written for later analysis and interpretation, thus adding richness to the description of the culture being studied. The practical reflection process may also be used to explore communicative aspects of the culture of interest. A qualitative critical research approach using action research based on critical theory may use the action research cycles, with a special emphasis on reflection. The emancipatory research process could be used in any form of critical research that intends to question the status quo and to bring about change in people and organisations.

Reflection is more than a research method in its own right (called reflexivity); a number of research studies have explored the value of reflection in various forms and forums. Landeen et al. (1995) and Davies (1995) examined student reflections through the use of self-reflective journals. Landeen and colleagues' (1995) phenomenological study found that students wrote about meaning learning, issue of novice, relationships control, self-reflection, and identification with clients. Davies (1995) examined the use of journaling and clinical debriefing and found that these reflective processes do impact the environment, process, and focus of learning. Anxiety was reduced through peer support. Students moved from passive to more active modes of learning and over time, reflective processes resulted in the emergence of the client as the central focus of care.

In other research, Richardson and Maltby (1995) studied the use of reflective diaries in undergraduate nursing students in Australia and found that the highest number of reflections occur at the lower levels of reflectivity based on Mezirow's levels of reflectivity. Jones (1995) studied hindsight bias and its consequences on the reflective practice process. Findings indicated that nurses are susceptible to hindsight bias, which questions the validity of reflection as a way to enhance patient care.

Reflective processes in research approaches have been admirably demonstrated (Freshwater, 1999; Hancock, 1999; Johns, 2000, 2003; Glaze, 2001). Researchers may use reflective journaling in any project, they are undertaking, as a means of demonstrating rigor or trustworthiness, through documenting the detailed life of the project, and the researcher's and target audience's responses to the process and the findings. Students enrolled in research

programmes may use reflective processes in the design of their projects. They may also keep a reflective account of their experience as a research student, of the project itself, of the learning that comes about through supervisory meetings, of their reactions to literature, and of any insights along the way that add richness to the research.

Research Involving Reflection and Action Research

Reflection and action research combine well to create an effective collaborative qualitative research approach for identifying and transforming clinical issues, because reflection is part of the action research method. Action research involves a four-stage phase of collectively planning, acting, observing, and reflecting (Dick, 1995; Stringer, 1996). Each phase leads to another cycle of action, in which the plan is revised, and further acting, observing, and reflecting is undertaken systematically to work toward solutions to problems of a technical, practical, or emancipatory nature (Kemmis & McTaggart, 1988; Taylor, 2000). The planning and acting phases may include any appropriate methods of gathering and analyzing data, such as participant observation, reflective journaling, surveys, focus groups, and interviews. Cycles of action research lead to further foci and co-researchers can keep an action research approach to their work for as long as they choose, to find solutions to their practice problems.

Nurses have been using action research successfully in a variety of settings with differing thematic concerns (e.g., Chenoweth & Kilstoff, 1998; Keatinge, Scarfe, Bellchambers, McGee, Oakham, Probert, Stewart, & Stokes, 2000; Koch, Kralik, & Kelly, 2000). Taylor (2001) and Taylor et al. (2002) used action research and reflection to work on thematic concerns common to the nurses' research group. Both projects gave nurses a regular forum in which to discuss their reflections on practice and to generate an action plan to bring about change. The benefits of action research and reflection are that there are immediate, practical outcomes for participants, because they can share their experiences with peers, work together on thematic concerns, and bring about local changes in their practice. Thus, co-researchers experience participatory research, while developing their reflective skills, and in this sense the research offers them personal and professional gains in lifelong appreciation for their participation.

Taylor (2001) aimed to facilitate reflective practice processes in experienced registered nurses in order to: raise critical awareness of practice problems, work systematically through problem-solving processes to uncover constraints, and improve the quality of care given by nurses in light of the identified constraints and possibilities. Twelve experienced female registered nurses (rns) working in a large Australian rural hospital shared their experiences of nursing during three action research cycles. A thematic concern of dysfunctional nurse-nurse relationships was identified, as evidenced in bullying and horizontal violence. The negotiated action plan was put into place and co-researchers reported varying degrees of success in attempting to improve nurse-nurse relationships. This project confirmed the necessity for reflective practice and continued collaborative research processes in the workplace to bring about cultural change within nursing.

Taylor et al. (2002) used a combination of action research and reflective practice processes to explore idealism in palliative nursing care. Six experienced registered nurses identified their tendency toward idealism in their palliative nursing practice, defined as the tendency to expect 100% effectiveness all the time in their work. Participants collaborated in generating and evaluating an action plan to recognise and manage the negative effects of idealism in their work expectations and behaviours. Participants expressed positive changes in their

practice, based on adjusting their responses to their idealistic tendencies toward perfectionism.

Limitations of Reflective Practice

The benefits of reflective practice have been highlighted previously in each section of this resource paper, relating to the positive applications in all fields of nursing. Critics have perceived limitations in reflective practice, even as reflective practice has become more accepted and commonplace in nursing. The nursing profession has been criticized for actively embracing reflection (Jarvis, 1992). Greenwood (1993) argued that the underpinning of Schön's model of reflection is founded on theories that are difficult to articulate, as they are embedded in the activity itself. Thus, Greenwood saw the attempt to access these imbedded theories through verbal means as inconsistent.

Newell (1994) and Burnard (1995) observed the lack of empirical studies to demonstrate the value of reflective practice to nursing. Jones (1995) argued that reflection is colored by hindsight bias. Heath (1998b) stated that initial blocks to knowing occur as expertise grows in the denial of not knowing and satisfaction with current performance. Hancock (1999) suggested that certainty creates premature closure on situations and blocks further development toward expertise. Rich and Parker (1995) warned that reflection on negative situations can lead to helplessness, hopelessness, a loss of self-confidence, and damage to self-esteem. Further, they maintain there is little guidance on what to do when critical incident analysis or narratives demonstrate unsafe care, the telling of lies, and inter-professional conflict. Mackintosh (1998) also criticized reflection on ethical grounds related to confidentiality and questioned whether students write what they actually thought and did, or what they perceive their teachers wanted to read.

Some view reflection as a fundamentally flawed strategy citing concerns and criticisms (Mackintosh, 1998). There may be a high degree of personal investment required by nurses with minimal successful practice outcomes (Taylor, 1997). Effective reflection requires participants to overcome barriers to learning (Platzer, Blake & Ashford, 2000b). Nurses need to beware of producing dogma (Heath, 1998c). There may be cultural barriers to empowerment through reflection (Johns, 1999). Negative consequences may ensue when practitioners are pressured to reflect (Hulatt, 1995). Other concerns include the potential dangers of promoting "private thoughts in public spheres" (Cotton, 2001), the failure of reflective processes to "address the postmodern, cultural contexts of reflection" (Pryce, 2002), and the lack of research evidence to support the mandate to reflect (Burton, 2000).

Ghaye and Lillyman (2000) critically reviewed the foundations and criticisms of reflective practice to question whether reflective practitioners were simply following a trend, concluding that reflective practice has a place in the postmodern world because of its ability to explore micro levels of human interaction and personal knowledge. In contrast, Taylor (2003, p. 244) states that "reflective practice tends to adopt a naïve or romantic realist position and fails to acknowledge the ways in which reflective accounts construct the world of practice."

Scholarly critiques are signs of healthy discourses and maturity in nursing developments and help point out areas needing attention and/or well reasoned defense. Markham (2002), Rolfe (2003), and Sargent (2001) respond to the critics with conviction that although reflective practice has its limitations, and it requires time, effort, and ongoing commitment, it is nevertheless worth the effort to bring about deeper insights and changes in practice, leadership, clinical supervision, and education. In counterpoint, perhaps its most important contribution is the potential for personal

transformation of the individual nurse to achieve maximum potential (Sherwood & Freshwater, 2005).

Reflective exercise

What responses do you give to the criticisms of reflective practice? Is reflective practice an effective developmental strategy in spite of limitations? Why?

Summary

The purpose of this resource paper is to examine the scholarship of reflective practice and synthesize principles, practices, and resources that advance reflective practice globally. Key definitions of reflection and reflective practice derive from the early work of educationalists such as Schön (1983), Boyd and Fales (1983), and Boud et al. (1985) and nursing authors Pierson (1998), Taylor (2000), Freshwater (2001), and Kuiper and Pesut (2004). The historical context of reflection in nursing was traced through Australia, New Zealand, the United Kingdom, Europe, and the United States. Methods and processes of reflective practice included a selection of models, frameworks, and theories. The purposes, strategies, and processes to promote the development of reflection were described, including processes for reflecting-on-action and reflecting-in-action. The methods, processes, and purposes of reflective practice are as extensive as the human imagination, as each new venture into reflective practice provides evidence of its usefulness in every field of nursing.

Nursing has applied reflective practice ideas to the disciplinary areas of practice, clinical supervision, education, research, and leadership. Examples were highlighted of research and scholarship related to reflective practice and practice development (e.g., Freshwater, 1998, 2002; Heath, 1998a, b; Glaze, 1999; Johns, 2000, 2003; Wilkin, 2002; Taylor, 2002a, b, 2003a, b, 2004) and clinical supervision (e.g., Todd & Freshwater, 1999; Heath and Freshwater, 2000; Gilbert, 2001; Rolfe et al., 2001; Clouder and Sellars, 2004).

Emerging links between effective clinical and academic leadership and reflective practice are postulated as producing new leadership models (McCormack, 1995; Freshwater et al., 2001; Freshwater, 2002; Freshwater, 2004; Johns, 2004; Sherwood and Freshwater, 2005).

Reflective practice in nurse education is integral to effective practice, education, and leadership outcomes (Cruickshank, 1996; Freshwater, 1999; Kim, 1999; Anderson & Branch, 2000; Clegg, 2000; Platzer, Blake & Ashford, 2000a, b; Lian, 2001; Kenny, 2003).

The debate over the value of reflection in nurse education was presented (Driscoll, 1994; James & Clarke, 1994; Newell, 1994; Palmer, Burns, and Bulman, 1994; Burrows, 1995; Hulatt, 1995), with the conclusion that it is a significant tool for teaching and learning (e.g., Posner, 1989; Atkins, 1995; Johns, 1995; Smith, 1998; Hannigan, 2001; Noveletsky-Rosenthal & Solomon, 2001; Freshwater, 2002; ; Lau, 2002; Evans, 2003; Kuiper, 2004).

Research focusing on and/or using reflective practice as its methodology is being recognized increasingly for evaluating and inquiring into clinical nursing practice (Rolfe et al., 2001). Some examples of reflective nursing research were described (Davies, 1995; Jones, 1995; Landeen et al., 1995; Nicholl & Higgins, 2004; Richardson & Maltby, 1995; Wong et al., 1995).

Reflective practice requires time, effort, and ongoing commitment. The value comes from personal investment in practice development usually with a qualified coach. The many methods and processes of reflection give utility to application in all settings, helping move from novice to expert as nurses gain deeper insights and changes in practice, clinical supervision, leadership, education, and research.

Reader response

We invite your feedback to this resource paper. What is the usefulness of this document for your purposes? Reflect on the reflection exercises in the document

- What ideas, concepts, methods, and processes do you find useful?
- How might you apply or use the information?
- Why is the information important to you and/or your work organisation?
- How can Sigma Theta Tau International be of further help to you and/or your work organisation in developing reflective practice?

Key Resources

Taylor's (2000) book *Reflective Practice: A Guide for Nurses and Midwives* is a practical approach to the theory and practice of reflective practice to move beyond token attention to reflection through entries in journals. For some, reflective practice may have become so familiar that it has been taken for granted without ever having been treated seriously by many nurses, who have tried to use it without adequate preparation for effective reflection.

Freshwater (2002) text, *Therapeutic Nursing*, sees the practice of reflection as a central skill in developing self-awareness. Reflection on self helps practitioners to reform their identity through being in relation with themselves, the patients, and others in contrast to having an identity that is formed by their surroundings. She looks at the ways in which self-awareness can be used as a practical tool for professional development. Freshwater and Rolfe (2004), in *Deconstructing Evidence Based Practice*, discuss the relationship between writing and reading from a postmodern position, arguing that the reader also writes in the act of looking up from the text.

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