REFLECTIVE PRACTICE AND THE NOVICE NURSE

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Submitted in partial fulfillment of the requirements for the degree of
Master of Education
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© August 2005
Abstract

The importance of reflective practice to the novice nurse was explored in this study. The novice nurse, for the purpose of this study, was defined as a Registered Nurse who graduated from an accredited nursing program within a 12-month period prior to the data collection date and who had no prior experience as a Registered Nurse before graduation. All of the nurses enrolled in this study were female. This study explored the perceived link between transformational learning and reflective practice, and whether there may be a need to standardize a conceptual framework and definition for reflective practice in nursing academia.

The literature that was reviewed for this study indicated that there were inconsistencies in the application of reflective practice within academic curriculums. The literature did identify that the majority of academic scholars have agreed that reflection is paramount in the development of critical thinking skills, self-awareness, and self-direction. And, while all of these skills drive professional practice and effect excellent patient care, institutional health care has been reticent to support the value of reflective practice because of a lack of empirical data sets.

The 4 novice Registered Nurses who participated in this study were asked 4 open-ended questions that provided a foundation for comparing the novice nurses’ experiences, interpretations, and perceptions of reflective practice. These nurses participated in individual audiotaped interviews with the researcher. The study was based upon Heath’s (1998) model of “Theory Integration via Reflective Practice.”

The results demonstrated that reflective practice was significant to the novice nurse and was used as a tool to identify further learning needs. Transformational learning through reflection was described by the study participants. The findings within this study are consistent with previous work done in the area of reflection and the novice nurse.
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CHAPTER ONE: THE PROBLEM

Academia within nursing has increasingly focused on the importance of reflective practice as a learning tool that promotes professional practice. Nursing, as a discipline, supports the belief that reflection promotes critical thinking and evidence-based practice by way of its analytical soliloquies and personal journeys through theories, science, and experience. Nursing theories, particularly that of Parse (1998), promote the mobilization of transcendence that comes through the experiences of “human becoming” (pg. 1).

Despite the value of reflective practice within the body of nursing there has been little attempt to standardize the process from the perspective of both definition and framework. To that end, academic institutions have the freedom to select a definition and framework that best meets their culture (i.e., mission, vision, values) and professional philosophies. Within Ontario, the institutional definitions and frameworks around reflection should mirror the reflective practice requirements that have been mandated by the College of Nurses of Ontario (1997).

The study that is contained within this text is qualitative in nature and explored the importance of reflective practice to the novice nurse. For the purposes of this study, the novice nurse is defined as a Registered Nurse who graduated from an accredited nursing program after May 2004 and who had no prior experience as a Registered Nurse before graduation. This text critically reviewed the nursing literature surrounding reflective practice, and ultimately proposed a study design within the context of qualitative research. The study included a discussion of a variety of conceptual frameworks for reflective practice. The study participants consisted of 4 novice nurses who are currently employed by one hospital in central Ontario; the nurses were not simultaneously employed by any other health care agency during the data collection period. The participants individually took part in taped interviews where each subject was asked four open-ended questions. All of the participants in the study were female. A link was made between the academic learning and the newly acquired professional
perspective on the utility of reflective practice. This link was addressed through the practice stories of four novice nurses.

**Background of the Problem**

The use of reflective practice in advancing professionalism and professional practice was evidenced in the work of Freire (cited in Warelow, 1997) and Dewey (cited in Schmieding, 1999). It was not until 1983 when Donald Schon detailed the “reflection-in-action” approach that the concept really gained a larger and much more critical audience (Heath, 1998; Schon, 1983, p. 21). Patricia Benner (1984) followed with her work entitled: *From Novice to Expert*. In her work, Benner specifically focused on the importance of reflective practice in assisting nurses in their transformation from a beginning nurse to an expert nurse. Her work was viewed by many nursing scholars and administrators as ground-breaking in better understanding the fluctuating, and nonlinear, continuum of professional practice within nursing. Benner’s work is, in fact, cited in most of the literature used for this particular study.

Nursing education has been supporting reflective practice for decades but without formal structure or, arguably I believe, consciousness. Nursing students have been required to maintain a journal around their clinical practice and experiences which were to be shared with their instructor; this practice has been in existence since at least the early 1980s. Journals are to be completed according to an institutionally defined template where entries are catalogued and referenced. The instructor would respond to the journal entries and dialogue in a reflective manner with the student. Further reflective processes were instituted in the form of postclinical conferences which have occurred in nursing education for decades. These postclinical conferences were largely opportunities for the students to have open dialogue with peers and instructors regarding their experiences and learnings in the clinical setting. Pierson (1998) states that “the notion of reflection as a significant concept in nursing education has been influenced by a developing awareness on the part of nurse educators of the need to encourage their students to become
thoughtful individuals, capable of critical and innovative thinking” (p. 165).

To date, nursing research evaluating reflective practice has been overwhelmingly phenomenological and qualitative. Johnson and Christensen (2000) define phenomenology as a “description of one or more individuals’ consciousness and experience of a phenomenon” (p. 315). Each study, without exception, has proclaimed the importance of reflective practice as a learning tool. Yet, corporate health care has not embraced the practice and is critical of the fiscal demands that such a tool would place on an already burdened system. Despite such corporate skepticism, the College of Nurses of Ontario endorsed the practice of reflection in 1997 and mandated all licensed nurses within the province to participate in a formal process of reflective practice. The College (Fact Sheet, 2004, p. 1) believes that “nurses reflect on their practice almost every day. Reviewing aspects of their practice and determining what worked and what could have been done differently is how nurses maintain their ability to provide high-quality care to their clients.”

During the mid-1990s, the nursing literature began to explode with philosophies, definitions, and frameworks that espoused the use of reflective practice within nursing. It has been described as “ways of knowing” (Heath, 1998), “learning through stories” (Leight, 2002), “reflection” (Kuiper, 2004), “reflective learning” (Liimatainen, Poiskiparta, Paivi and Sjogren, 2001), “critical reflection” (Chambers, 1999), and “reflective practice” (Schon, 1983). In 1997, the College of Nurses of Ontario instituted a new Quality Assurance Program that contained a reflective practice component. Reflective practice became a mandatory declaration for all nurses renewing their Ontario license. The College (Taggar, 2001, p. 11) believes that the reflective practice process “helps nurses stay abreast of changes in their practice, allowing them to provide safe, ethical and effective care to their clients”. To assist the College members in completing the reflective practice requirement, a five-step process was strategically designed to guide
nurses in identifying their strengths and, ultimately, to have each member create a learning plan. The five-step process includes: self-assessment, peer feedback, learning plan, implementing the learning plan, and evaluation. The self assessment and peer feedback tools affiliated with the quality assurance process at the College of Nurses of Ontario have been created in a Likert-style format. These two tools mimic each other and are divided into six evaluative categories related to the nursing professional standards that have been defined by the College. The evaluative categories within the tools are titled as follows: professional service to the public, knowledge, application of knowledge, ethics, continued competence, and professional behaviour, which encompasses accountability and responsibility. Within each of these evaluative categories are numerous statements by which the nurse and peer separately determine the level of expertise of the nurse as depicted through his/her demonstration of the statements over a 12-month period. Determining the level of expertise is not a random assignment. The nurse and peer are guided in their responses through a Likert-style scale where they may select one of the following: not applicable, developing, refining, highly developed, and, expert (http://www.cno.org/qa/faq.html).

While the College of Nurses of Ontario has outlined the value that it places on reflective practice, it has neither mandated a definition nor a framework for the process. And, thus the educational trends within Ontario regarding reflective practice in nursing academia vary amongst each institution and are largely dependent upon the perceived value of reflection within the institution’s faculty. Despite an apparently universal agreement in the literature that reflection is connected to critical thinking, the “essence of reflection remains an elusive idea” (Pierson, 1998, p. 166). “Views on the nature of reflective practice appear to differ” (Greenwood, 1998, p. 1049), which allows academic institutions to implement the reflective process in a manner that best suits its values and philosophies around the practice. This, then, may have the result of inconsistently presenting reflective practice to a singular professional body.
The inconsistencies, in part, are a result of a lack of academic consensus around a definition of reflective practice and an associated framework (Andrews, Gidman, & Humphries, 1998; Scanlon & Chernomas, 1997). Several definitions exist and each nursing program has the option of selecting the most appropriate definition and framework that best meets the vision and, arguably, the value of reflection within a particular academic milieu. Consequently, the professional mandate surrounding reflective practice is achieved, at best, to varying degrees and based upon the beliefs of individual nursing programs. Scanlon and Chernomas (1997) note that

Many nurse educators are products of education programmes in which reflective strategies have not been identified explicitly. As a result, their understanding of reflection is likely to be based on their experiences with students and their reading of the literature rather than their own conscious experiences with reflection.

(p. 1138)

This is likely no more pronounced than when the student nurse is in final praxis and mentored by a senior staff nurse of the affiliated praxis placement agency. Typically, these staff nurses have not received any formal training in a definition and/or framework for reflective practice other than that of journalling. Thus, the cross-pollination of the value of reflection in professional practice may stunt the growth, or thwart it altogether, of the reflective practice process in the budding professional.

The academic inconsistencies surrounding reflective practice ultimately have led to its practice divergence within the profession. As a result of the spectrum of values, philosophies, frameworks, and definitions, regarding reflection within nursing education, one may question the utility of the practice not only in education but within institutional health care. "Although nurses know about the need to reflect on their practice, they do not know how to do it" (Wilkinson, 1999, p. 36), or know how to do it well. It is difficult to evaluate the utility of a practice that has not been academically standardized. Appropriate benchmarks become obscured and arduous to define.
Statement of the Problem

Academic consensus within the literature acknowledges a lack of clarity regarding a definition and framework for reflective practice (Scanlon & Chernomas, 1997). This lack of distinction around fundamental building blocks has led academic institutions to implement the reflective process in ways that best meet the needs of the organization and faculty. This may be a problem in the uptake of reflective practice over the long-term because of potential conflicts in the infrastructure surrounding reflective practice. For example, while most nursing programs use journalling as a venue for the promotion and development of reflection within its student population, the techniques by which the process is implemented indeed vary depending upon each institution and faculty (Hancock, 1998; Riley-Doucet & Wilson, 1997; Rooda & Nardi, 1999; Scanlon & Chernomas, 1997; Wilkinson, 1999). Based upon the variety of interpretations and beliefs around reflective practice, coupled with the divergence in implementation, it is perhaps not surprising to recognize that reflection has not been consciously incorporated into the daily practice of bedside clinicians (Hancock, 1998). The problem, then, is the overall utility of reflective practice within nursing professional practice.

Purpose of the Study

The purpose of this study was to design a qualitative research tool which would begin to identify themes around the utility of reflective practice as viewed by the novice nurse. The study was qualitative using an interview method to explore experiences and provide insight into the novice nurse’s perceptions on how reflective practice has benefited her practice. It was expected that themes would emerge from the study. Four female novice nurses from the staff of a central Ontario hospital were recruited for the study. Audio-taped interviews with open-ended questions were used for data collection.

Objectives and Questions

The questions asked in this study were largely focused around the use, or lack of use, of a standard definition and framework for reflective practice in nursing education.
and how that has impacted on the utility of reflection. The study identified a link between initial student learnings and novice professional values around reflective practice. The data were captured through audiotaped interviews of study participants. Implementation of the research design in the study environment subsequently led to answering the following questions for discussion and analysis:

(1) Do the data, that are the perceptions and expressed experiences of the participants, provide indicators of transformational learning that might be linked to the use of reflective practice?

(2) Do the data suggest that there might be benefit to standardizing a conceptual framework and definition for reflective practice?

(3) What is the perceived long-term utility of reflective practice as a professional practice tool?

The study objectives guided the questions that were asked of the volunteer study participants. The intent of the study was to explore the perceived link between transformational learning and reflective practice, and to identify that there might be a need to standardize a conceptual framework and definition for reflective practice in nursing academia.

Rationale

As a practicing nurse I have been aware that the use of reflective practice is sporadic. I have noticed that nurses speak about it in educational settings but do not use it in practice. Ultimately, this study explored the link between reflective practice and transformational learning, and considered the possible utility of reflection within the clinical setting. The intent of the study was to begin to identify themes that might support the use of reflective practice in the development and advancement of nursing professional practice (Scanlon & Chernomas, 1997).

Importance of the Study

This study should be important to nursing educators who, by understanding how
novice nurses define reflective practice, can better explain and teach it. It permits the educators to start where the learners are and expand the theory of reflective practice and its use. The study may also be important to the College of Nurses of Ontario who demand compliance in the completion of reflective practice, but do not always monitor it. My intent was to explore the possibility of a reexamination of a standardized conceptual framework and definition for reflective practice in an academic milieu. The study might also illuminate the utility of reflection in a clinical setting.

Scope and Limitations

This study focused on 4 novice nurses who were currently, and exclusively, employed at a hospital in central Ontario. The study population is small in this case and therefore, as in all qualitative research, the results cannot be generalized. Jennifer Mason aptly explains that qualitative research is not necessarily about generalizing research findings to a specific population, but rather about “generating data to explore processes, similarities and differences, to test and develop theory and explanation to account for those similarities and differences in particular contexts” (p. 135).

The study participants were female. They were volunteers recruited through a series of research advertisements strategically located throughout the hospital. Each novice nurse participated in an audiotaped interview comprised of four open-ended questions, which had been piloted amongst expert professional nurses. Expert professional nurses, versus novice nurses, were selected as the pilot group because of their previous experiences in developing qualitative research methodology using an interview design.

A qualitative interview design was chosen for this research because I was interested in the perceptions of a small group of novice nurses related to the reflective practice process (Mason, 2002).

Gender, years of learning within a nursing program, and place of employment, were all limited within this research.
Operational Definitions

For the purposes of this inquiry, reflective practice has been defined by the College of Nurses of Ontario (2004) as a process in which nurses look back on “aspects of their practice and [determine] what worked and what could have been done differently...to provide high quality care to their clients” (p. 1). The term novice nurse is defined here as a Registered Nurse who graduated from an accredited nursing program after May 2004 and who had no previous experience as a Registered Nurse prior to graduation. Evidence-based practice is defined as “the systematic use of the best available evidence” (National Forum on Health, 1997). I defined the clinical setting for this study as the front line, patient-care environment that was located in a central Ontario hospital. Critical reflection, in this exploration, was viewed as a divergence between what emerges from self-reflection and the learning that occurs from new information, knowledge, understanding, or insight that is typically garnered from interaction with an expert practitioner and/or educator (Cranton, 1994, as cited in Williams, 2001; Kim, 1999; Mezirow, 1990, as cited in Williams, 2001; Williams, 2001).

Summary

In summary, this study explored the perceptions of 4 novice nurses as it related to reflective practice and their learning. The possibility of standardizing a conceptual framework and definition for reflective practice was examined. Finally, the study was an inquiry into the possible long-term utility of reflective practice in the professional clinical setting; this was based upon relevant literature and the interpretation of the participants' perceptions.

Chapter 2 provides a review of the literature, which explores transformational learning and reflective practice. Definitions and frameworks for reflection are critically discussed in conjunction with nursing theories and professional practice.

Chapter 3 defines and outlines the research methodology and provides background information about the participants in the study. Ethical considerations and
the attention to participant privacy are discussed. The research design is also presented along with the instrumentation and field procedures.

Chapter 4 presents the final interpretation for the study in relation to the responses and experiences of the four participants. Emerging themes from the interviews are summarized.

Chapter 5 provides a summary of the overall results and sets out the conclusions of the study, including recommendations emerging from the findings. It also discusses the implications for a standardized definition and framework of reflective practice in both academia and professional practice.
CHAPTER TWO: REVIEW OF RELATED LITERATURE

This chapter provides an overview of literature pertaining to reflective practice. I was unable to find literature that disagreed with the importance of reflective practice in the evolution and reinforcement of critical thinking and learning. For the purpose of this particular study, much of the reviewed literature has a predominantly nursing focus which demonstrates how the nursing profession sustains and promotes reflection as a premier tool for lifelong learning. Nursing theory, transformational learning, and a discussion surrounding existing definitions and frameworks as they pertain to reflection are found within this chapter.

Reflective practice has been heralded within nursing as the educational tool that can best build the essential skills of critical thinking and self-direction. Over the past 10 years, the art of reflection and its professional value has been widely endorsed by nursing scholars and others. I was not able to find any literature that disagreed with this endorsement. Several conceptual frameworks and devices have been identified to assist educators in their facilitation of students. Educators have conducted qualitative studies on the implementation of reflective practice within their student population, and, while many students have clearly struggled with the concept, the educators have rather consistently espoused the premise. The literature is very persuasive in its recognition of reflective practice as: a vehicle for the development of critical thinking skills; a method from which nursing theory can be channelled into the clinical and political arenas; a procedure that would enhance the development of new theories of nursing; a flexible method to problem-solve; a process by which nurses can realize value in their excellent work, thus enhancing self-esteem; and a process by which self-awareness is achieved through critical analysis and evaluation. (Andrews, Gidman, & Humphreys, 1998; Greenwood, 1998; Haddock & Bassett, 1997; Heath, 1998; Pierson, 1998; Rooda & Nardi, 1999; Scanlon & Chernomas, 1997; Schmieding, 1999)
Transformational Learning and Reflective Practice

Jack Mezirow introduced the emergence of the transformational learning phenomenon (Cooper, 2001). Transformational learning is defined as learning that induces more far-reaching change in the learner than other kinds of learning, especially learning experiences that shape the learner and produce a significant impact, or paradigm shift, which affects the learner's subsequent experiences (Clark 1993, cited in Cooper, 2001). Mezirow (1990/1998, cited in Williams, 2001) believes that adults have either unconscious or conscious meaning perspectives based upon their own life experiences, which ultimately interpret the meaning of current experiences. This interpretation may lead to a distortion of assumptions that have remained unquestioned and unexamined, and are consequently limiting the learner's professional development and growth (Cranton, 1994, cited in Williams, 2001).

Nursing education strives to prepare students for practice in a very fluid and open system that must meet the cultural diversity of the Canadian mosaic. To meet this goal, nursing education focuses on the development of critical thinking skills that are typically taught through the lens of reflective practice (Heath, 1998; Riley-Doucet & Wilson, 1997; Scanlon & Chernomas, 1997; Wilkinson, 1999; Williams, 2001). Nursing students must reflect upon both their actions and reactions in situations that have presented them with personal and/or professional challenges either at a functional, cognitive, social, or spiritual level. After reflecting upon the already experienced situation and the most appropriate theory to interpret the situation, the nurse will ideally be able to transcend the situation, and move his/her practice to a fundamentally higher level. Benner, Hooper-Kyriakidis, and Stannard (1999) specifically note that it is this "stepping back or being outside the situation" (p. 9) that may be more helpful for novice or less expert practitioners. Transcendence "in the midst of ambiguity" (Parse, 1981, as cited in Wesley, p. 119, 1992) will ultimately provide cause for greater professional advancement. The "stepping back" is imperative in the transformation for the novice
nurse because, as Benner (1984) states, "novices and advanced beginners can take in little of the situation" (p. 24) when they are actually in the midst of it. They are too focused on remembering the rules or guidelines of practice to have the capability to think-in-action (Benner 1984).

**Definition and Framework**

A precise and standard definition of reflection continues to elude scholars. Heidegger suggested that reflection comes from the integration of calculative and contemplative thinking (Pierson, 1998). Schon (1983) divides reflection into two distinct fields: reflection-in-practice, and, reflection-on-practice. Freire (cited in Warelow, 1997) believes that intellectual, cognitive, and/or behavioural transformation is a product of reflection. Benner (1984) aptly weaves reflection and thinking into a professional practice model, and Price (2004) notes that reflection and critical thinking, while different, are beneficially combined in practice. Ultimately, while the definitions of reflection may be somewhat varied, the theme is constant: Reflection is an aspect of thinking and a way of knowing.

As much as the definitions of reflection are varied, so too are the frameworks. From Dewey (cited in Schmieding, 1999), to Smith and Russell (cited in Greenwood, 1998), to Burrows (cited in Heath, 1998), to Johns (cited in Heath, 1998), and to Smyth (cited in Greenwood, 1998), there is variety in the selection of a framework. The various frameworks for reflective inquiry each lead out of one of the major definitions surrounding this practice. However, Smyth's framework (cited in Greenwood, 1998) is arguably more user-friendly for a novice in the reflective practice venue. It stems from Schon's (1983) influential work around reflection-on-action and is, to that end, a framework for double-loop learning (Greenwood, 1998).

Double-loop learning occurs as an individual searches for alternative actions to achieve an end goal (Greenwood, 1998). While searching for the alternative action, however, the individual "also examines the appropriateness and propriety of her chosen
ends” (Greenwood, 1998, p. 1049). Thus, the double-loop in the learning process which “involves reflection on values and norms and, by implication, the social structures which were instrumental in their development and which render them meaningful” (Greenwood, 1998, p. 1049).

Smyth’s conceptual framework supports the double-loop learning philosophy and is a framework for reflection-on-action (Greenwood, 1998). The framework is best illustrated as follows:

- Describe -- what did I do?
- Inform -- what does this mean?
- Confront -- how did I come to be like this?
- Reconstruct -- how might I do things differently

or

- What do my practices say about my assumptions, values, and beliefs about (nursing)?
- Where did these ideas come from?
- What social practices are expressed in these ideas?
- What is it that causes me to maintain my theories?
- What views of power do they embody?
- Whose interests seem to be served by my practices?
- What is it that acts to constrain my views of what is possible in (nursing)?


Price (2004) states that “reflective practice is an approach to learning and practice development which is patient-centred and which acknowledges the untidiness and confusion of the practice environment” (p. 46). This view may be more useful to an expert practitioner, but more distressing to a novice who must focus on the science and the tasks of nursing versus the “untidiness and confusion” (p. 46). Price promotes an adapted framework from Johns (2000) that includes: description of the situation, goals of
the clinician, actions of the clinician, how the clinician thinks the situation seemed to others.

While this framework is in no way divergent from Smyth's (cited in Greenwood, 1998), it arguably relies more on the instinctive or intuitiveness of the clinician. This perspective is further supported by the characteristics of reflective practice and critical thinking that has been developed by Price (2004, p. 47) and is illustrated in Table 1.

**Reflective Practice and Professional Development**

Encumbering the lack of clarity around the definition of reflection, and the lack of consistency in conceptualizing the process, is the absence of research correlating improved clinical outcomes directly to reflective practice. Further, "the relationship between reflective teaching strategies, students' learning and subsequent use in practice needs to be examined empirically" (Scanlon & Chernomas, 1997, p. 1142). Promoting lifelong reflective practitioners may begin in nursing education, but is either continued or ended in the health care institutions which are driven by fiscal efficiencies and cost containment. Therefore, empirically demonstrating that reflective practice will have a positive impact on clinical outcomes will undoubtedly advance the promotion of reflection within the clinical institutions. Despite these issues, there is an abundance of nursing literature subjectively supporting the use of reflection from a phenomenological perspective.

While definitions and frameworks assist all learners in understanding a process or theory in a much more tangible way, there are some scholars who believe that presenting structure to the process of reflection could hinder the spontaneous results of insight. Brown and Gillis (1999) state that "the exercise of writing and re-writing seems to facilitate the skills needed for true reflection" (p. 173). The desire to improve the metacognitive abilities of students through reflective practice has been lost in this circumstance. This interpretation of reflection and double-loop learning will only
Table 1

Characteristics of Reflective Practice and Critical Thinking

<table>
<thead>
<tr>
<th>Reflective Practice</th>
<th>Critical Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasizes the instinctive or intuitive</td>
<td>Emphasizes explicit reasoning and debate</td>
</tr>
<tr>
<td>Is expressive and inquisitive and explores nursing as an art or craft</td>
<td>Is analytical and strategic, linking knowledge bases to practice strategies</td>
</tr>
<tr>
<td>Emphasizes learning through practice episode experience</td>
<td>Emphasizes deconstructing practice examining processes, strategies and supporting information</td>
</tr>
<tr>
<td>Appreciates the world as a place of constructed meanings that practitioners need to understand as the basis of behaviour</td>
<td>Understands the difference between empirical information (fact) and attributed meanings (perceptions)</td>
</tr>
<tr>
<td>The classic challenge: seeming sensitive to patient care</td>
<td>The classic challenge: defending practice when decisions or expertise are questioned</td>
</tr>
</tbody>
</table>
engender fear of self-expression, thus limiting the development of new and innovative nursing ideas through the reflective process.

It is clear that, in Canada, nursing education has incorporated reflective practice into its curriculum. In Ontario, this has occurred because of mandates from the College of Nurses of Ontario. Perhaps the most significant challenge to that mandate is the lack of personal experience that many of the instructors have in the reflection genre (Scanlon & Chernomas, 1997). Consequently, it may be the instructors’ interpretation of the literature, versus their personal experience with reflective practice, which has led the programming in this area. This may create inconsistencies in the teaching and philosophies surrounding reflection with nursing education.

**Nursing Theories and Reflective Practice**

Despite varying degrees of experienced reflective teachers, there are a variety of methods that can be used to develop a lifelong reflective practitioner. For the novice nursing student, Benner’s work (1984) demonstrates the importance of science and theory in nursing for their role in defining rules and direction. The novice nursing student, and similarly the novice nurse, “can be overwhelmed by a stream of new impressions and experiences which probably deny focusing on specific situations” (Heath, 1998, p. 1055) and this limits the possibility of extensive exploration of events. Despite these limitations, novice nursing students can, and should, be introduced to the reflective process through a dialogic approach. Typically, this does occur in some form in all academic nursing settings through the structure of a clinical conference. Students, who have progressed beyond the novice phase of learning to that of the advanced beginner, may be able to focus on specific situations and thus may be able to embark on a written reflective process.

It may be assumed that because the expert is not overwhelmed by the clinical situation or the experiences within the situation that reflection, as part of thought, should come naturally. This is not the case. Benner (1984) describes how expert nurses
function largely on intuition and the experience that they have acquired in different, yet similar, circumstances of clinical practice. Experts who have not had the experience of learning the true conscious act of reflection are likely to find it difficult to return to a less intuitive, and more deliberate approach to synthesizing and evaluating practice (Heath, 1998). And, while reflective practice is said to develop critical thinking skills, it is important to recognize that experts have already developed this skill, which may be more closely linked to intuitive thought at this stage. Schon (1983), Benner (1984), and Price (2004) all clearly articulate the link between intuition from experience and reflective practice.

However, as barriers in implementation existed with the novice student, the barriers with expert practitioners who become novice students, through either a change in clinical practice setting or a return to the classroom environment, can also be overcome. The expert clinician functions independently and at a conceptual level. Dialogic groups allow the expert practitioner to develop an individualized, yet structured, mental framework for reflection through a supportive peer-based educational environment. Reflective teachers who are appreciative of the variety of learning styles within any educational setting will recognize that not all experts will be able to make the transition from the group process to written reflection. In this circumstance, the facilitator may choose to present a variety of reflective frameworks to more tangibly illustrate the process of reflection.

The notion of expert clinicians learning the art of reflective practice should not be lost in the long corridors of graduate education. While some graduate students arrive with minimal professional experience, others come with years of clinical maturity. Many would fit Benner’s (1984) expert practitioner definition. And, the struggle to develop a reflective voice at this level does not so much bring about self-awareness as it does frustration. To reflect upon theoretical conceptualizations is not as difficult as values-based reflections. The difficulty to conceptually move toward a more personal and less
objective focus creates significant discomfort that is typically a more difficult sphere to articulate. Yet, it is the values-based reflections that will ultimately bring forward the new and innovative approaches to the nursing profession. Concentrating on a framework of reflection allows the expert clinician to form subjective thought from a more concrete theoretical approach. This introductory process combines the comfortable with the uncomfortable and eases the transition of learning.

Parse's (1998) “Human Becoming” nursing theory is rooted in the work of Martin Heidegger and others. Parse's theory states that “man and the environment are inseparable, yet each participates in creating the other [because] man assigns meaning to interactions [within the environment] that reflect his personal values” (cited in Wesley, 1992, p. 118). Parse believes that “man’s reality is given meaning through his lived experiences [and these] meanings change or take on different possibilities according to the lived experiences” (cited in Wesley, 1992, p. 118). While Parse's initial theory was not as explicitly drawn from the work of Schon (1983), the similarities between her theory and the work of Schon's is unmistakable.

Summary

In summary, several themes emerge from the literature within the domain of reflective practice. Inconsistencies in the application of reflection are, arguably, the most significant. However, these inconsistencies will not resolve until academic acceptance of both a universal definition and framework emerge on the topic. The majority of academic authors have agreed that reflection is paramount in the development of critical thinking skills, self-awareness, and self-direction. While all of these skills drive professional practice and affect the end-product of excellent patient care, institutional health care has been reticent to support the value of reflective practice because of a lack of empirical data sets. Thus, without the empirical research one must wonder whether reflective practice will, in the end, require advanced life support to continue its existence at any level.
CHAPTER THREE: RESEARCH DESIGN

This chapter describes the methodology of the study being undertaken, including: the research design, selection of the participants, instrumentation, data collection and recording, data analysis and interpretation, and ethical considerations. The study was designed around a qualitative interview method and described the utility of reflective practice to the novice nurse. The study engaged four volunteer participants who were Registered Nurses and exclusively employed at a hospital in central Ontario. The possibility of a link was explored between standardization of a definition and framework for reflective practice, the link between transformational learning and reflective practice, and, the utility of reflection in the clinical setting.

According to Mason (2002), qualitative research seeks to interpret, understand, or experience a set phenomenon. With this study, the qualitative interview method was implemented to capture participant knowledge, perceptions, experiences, and interpretations, of reflective practice.

Description of Research Methodology

This study explored the relationship between the learning of reflective practice in the absence of a standardized definition and framework, and the perceived long-term use of the reflective process in the clinical setting. This relationship was explored through a qualitative interview approach with four novice Registered Nurses. These nurses participated in individual audio-taped interviews with me. The novice nurses were asked four open-ended questions that provided a foundation for identification of themes related to their experiences, interpretation, and perceptions of reflective practice.

Research Design

The study used a qualitative interview technique based upon Heath’s (1998) model of “Theory Integration via Reflective Practice” which is reflected in Figure 1.
Figure 1
Heath's (1998) model of "Theory Integration via Reflective Practice"
Based upon Heath’s model, the novice Registered Nurse has the theory and clinical experience that provide for reflection upon her practice. While the nurse was neither a proficient nor expert clinician, she was competent to reflect upon her knowledge and experience as an emerging nurse. Collecting information on reflection at this level of practice could provide a glimmer of its perceived utility as the competent practitioner advances to an expert level of professional practice.

Novice Registered Nurses were recruited from existing employees at a central Ontario hospital. The nurses were female and had to have graduated from an accredited academic program since June 2004. They were exclusively employed by the same central Ontario hospital.

Prior to initiating the interviews, the study received approval from the Research Ethics Boards of both Brock University and the research site, which was a hospital in central Ontario. Each volunteer participant was recruited using advertisement fliers approved by the Research Ethics Board at the research site (Appendix A). These fliers were strategically located throughout the hospital to elicit optimal study interest of potential participants. Upon an expressed interest from potential study participants, a recruitment letter was sent via hospital e-mail to the interested party.

When the nurse scheduled an interview with me, a Research Information Letter and Consent Form (Appendix B) was sent to the nurse at least 24 hours prior to the slated interview. The form contained the study questions to be asked in the research interview as well as information about how the participant data would remain private and confidential. The consent was signed and witnessed immediately prior to the interview but only after the study participants felt informed of the study proceedings.

Pilot Study

The research design and instrumentation were piloted by four senior nursing administrators and/or clinicians. Expert professional nurses, versus novice nurses, were selected as the pilot group because of their previous experiences in developing qualitative
research methodology using an interview design. The pilot consisted of evaluation of the wording and/or order of the study questions to ensure that the questions were not leading to the participant or the study in general. The expert nurses did not participate in a mock interview as part of their evaluation of the interview questions. I believed that the expert nurses would have provided expert responses in the mock interview scenarios which consequently would have impacted on the wording, phrasing, and structure of the interview questions.

Selection of Participants

In her discussion on *The Logic of Qualitative Sampling and Selection*, Mason (2002) contends that "you are probably not interested in the 'census' view, or trying to conduct a broad sweep of everything, so much as focusing in on specific issues, processes, phenomena, and so on. Qualitative research is very often about depth, nuance, and complexity" (p. 121). To best achieve this "depth, nuance, and complexity," this research focused on providing an illustration of how four novice nurses at one hospital in central Ontario, either reinforced existing theories about the utility of reflective practice and its transference from academia to a professional milieu, or served to refute existing work on this topic.

Participants for this qualitative study were exclusively female. This bias was predetermined to eliminate data variability based upon gender differences. There were a total of 4 study participants from one hospital in central Ontario. These participants were exclusively employed at the hospital and had to have graduated from an accredited nursing program since June 2004 with no prior professional experience as a Registered Nurse.

Instrumentation

Four identical interview questions were asked of each Registered Nurse who participated in this qualitative study. Each of the interview questions were strategically designed to answer the larger research questions. Table 2 depicts the research questions
Table 2
Depiction of Research Questions and Corresponding Interview Questions

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Interview Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do the data suggest that there might be benefit to standardizing a conceptual framework and definition for reflective practice?</td>
<td>What does reflective practice mean to you?</td>
</tr>
<tr>
<td>Do the data, that are the perceptions and expressed experiences of the participants, provide indicators of transformational learning that might be linked to the use of reflective practice?</td>
<td>Can you tell me about some changes to your practice that you have made in the last six months?</td>
</tr>
<tr>
<td></td>
<td>What motivated those changes?</td>
</tr>
<tr>
<td>What is the perceived long-term utility of reflective practice as a professional practice tool?</td>
<td>How do you see yourself using reflective practice 3 years from now?</td>
</tr>
</tbody>
</table>
with their corresponding interview questions. The interview questions were given to the study participants prior to the interview.

**Field Procedures**

I met the participants in a predetermined room at the research site. The interviews were booked at the convenience of the study subject. Each nurse was interviewed separately and the length of each interview varied. Each participant received a copy of the interview questions at least 24 hours in advance of the interview. I selected not to return to the participants for clarification or follow-up of their responses to the interview questions. I felt that they answered the questions in the original interview to their level of performance as a novice nurse. And, because their perspectives were limited based upon their limited practical and professional experience I did not want to lead them to respond in a way that may not have been their actual perspective, but rather a perspective that they believed I wanted them to articulate.

**Data Collection and Interpretation**

The study data consisted of the text of the four audiotaped interviews. The participant data were transcribed by me and subsequently grouped into themes. I used this field data exclusively, without returning to the participants for further interviews. An ensuing link was made between the emerging themes and the theory surrounding reflective practice.

I transcribed and recorded the data in a way that maintained subject anonymity. For clarity in the presentation of the data, I assigned pseudonyms for the participant responses to the study questions. The pseudonyms chosen for this purpose were: Carole, Iris, Mary, and Jane.
CHAPTER FOUR: INTERPRETATION

"The use of reflecting on experience as a means of enhancing professional practice stems from the work of Schon (1983) who highlighted the weakness of the theory application approach that had dominated professions and those claiming professional status." (Heath, 1998, p. 1054) For many years "nursing had been one of those professions seeking recognition, with theory and research dominated by the abstract scientific approach seen as the pathway to academic and professional credibility" (Heath, 1998, p. 1054). However, Heath (1998), Schon (1983), and Benner (1984) have articulated and demonstrated that the theoretical component, on its own, is simply not adequate to produce higher levels of skilled professional performance. The findings of this qualitative research that are presented in this chapter support the work that has been done by these authors.

Interpretation of Interview Responses

Four novice nurses, who had within the past 12 months graduated from an accredited nursing program, and, with no prior work experience as a Registered Nurse, participated in the qualitative interview phase of this research process. Three of the 4 female nurses that were interviewed graduated from the same central Ontario university nursing program in June 2004. The 4th female nurse graduated from a northern Ontario university program in June 2004. All participants had received formal education through their academic programs about reflective practice and therefore did enter the research process with an understanding of reflection. Each participant was required to maintain a reflective journal during her 4-year academic program.

The nurses that participated in the study currently work in the following clinical specialties at a hospital in central Ontario: mental health, obstetrics, and palliative care. At the time of the interviews, none of the participants worked at any other health care agency. All interviews were conducted on-site at the hospital in a mutually agreeable location within the facility. For clarity in the presentation of the data, I have assigned
pseudonyms for the participant responses to the study questions. The pseudonyms chosen for this purpose are: Carole, Iris, Mary, and Jane.

**Question 1: What does reflective practice mean to you?**

Each study participant used her own words to describe reflective practice. The following definitions were provided.

Carole explained it this way: “Any time we are doing something and can improve upon it, we are to look at that situation.”

Iris said,

When you sent out the e-mail about this study, I looked through some of my own reflections and it was interesting to see the changes. It means learning through lived experience, something you’ve already lived through and looking back on it. I use the LEARN acronym and that’s something I learned the first year in school. Look back, Elaborate, Analyze the outcomes, Revise, New trial. I had a teacher in the first year who really hammered it into our heads. She was really good and taught us how to do it comfortably.

Mary stated,

I think it just means that you’re thoughtful of your practice. It means to me that I’m constantly reflecting on my practice and that I’m constantly considering how I could strengthen and improve my weaknesses. Like new skills. And, it also helps me see how I’ve progressed and feel positive about my practice. So, it’s kind of an internal tally of things...like an internal review process. I use it when I’m critically thinking, but I’m a fairly critical thinker. When you have some time you need to see where you’ve come from. Anyway, it’s just really being thoughtful about your practice.

Jane articulated this definition:

Reflective practice is basically when you experience something during your shift whether positive or negative and you take time to look back at how the day went.
Could you have done something better? If you had something terribly go wrong what could you have done to maybe change the outcome which is something that I usually do every day after my shift whether I’m driving home or we have something serious go wrong with a patient; how can I change my practice to become a better nurse?

**Question 2: Can you tell me about some changes to your practice that you have made in the last six months?**

Carole explained some of the changes to her practice in this way: “I work with a lot of pain management issues on the floor so I took a pain management course. I just didn’t know enough about the medications that I was giving and wanted to improve on that for my patients.”

Iris articulated her practice changes as follows: “I haven’t used reflection a lot. After I graduated I took a deep breath and thought I’m going to take a little bit of a break and leave work at work. But, of course nursing you can’t do that, right? You’re always learning. And I would think I have to learn to this, I have to read about that. But, reflecting I found helps me focus on what I need to learn so that’s how it’s helped me.”

Mary described her practice changes in this way: “I’ve taken [four courses]. One is in progress right now, but I’ve just completed two. And, then there’s the orientation to [another part of my role].”

Jane detailed her changes as follows:

I would say the major change is that I’m constantly now trying to increase my knowledge base so the biggest thing is that I’m taking courses. I know that a lot of other people are glad to be finished, but as soon as I finished my degree I thought, this isn’t enough, you need to be always upgrading yourself. I immediately got two other certificates. I did the NRP, I took the newborn assessment course as well as a post-anaesthetic course, and right now I’m taking Coronary Care 1. I think all of these courses will help me achieve a higher goal.
So, I’m constantly trying to keep myself in education. I think that all of these things better equip me to do my job. I think that the more knowledge base you have the better you are able to handle complicated situations. I did have to deal with a hemorrhage on the floor two months after graduation. I didn’t pick up the signs right away, which was scary to me. [As I was noticing all the blood], I thought “that’s an awful lot of blood.” So I went and got someone else and then realized that [the patient] was hemorrhaging. I was quite upset afterward because I felt that I didn’t tend to [the patient] properly. I shouldn’t have been so worried about the bleeding as much as the [patient] status afterward. So, everyone else was very positive, like you did the right thing. But, looking back I don’t ever want that to happen again where I feel so unprepared; so taking courses and inservices will keep me updated and aware of what to do. After this I can recognize the signs for hemorrhage because you think about it for days. So, now I know about monitoring bleeding. It’s good to have those experiences because I feel more prepared if it happens again, but I’m a lot more conscious about the bleeding.

Question 3: What motivated the changes?

Carole described her motivation as follows:

Basically having a lot of patients with similar [care] issues. I really felt that if I wanted to treat my patients with the best care, then I needed to know a little bit more about what I was doing and the decisions that doctors were making about what analgesic works best and that sort of thing. I really wasn’t a hundred percent with my level of knowledge in that area and I knew that I needed to upgrade that if I wanted to really understand some of what I was doing and some of the medications that I was giving.

Iris stated: “I would say emotions and wanting to learn the right way to do something. Reflecting on it really helps me realize what happened, what could have
happened, and how I could have done something better.”

Mary described her motivation for changes as follows: “First of all, it was the opportunity. If I didn’t have the opportunity I would be in a different place. I’m enjoying [the area where I work]. I’m challenged. It’s hard to predict where you’ll be in 5 years but I’m definitely on my learning curve. It’s a positive thing.”

Jane stated:
I always said to myself I don’t want to be just a nurse. If I’m going to do something I want to do it well. I don’t want to be a lame nurse...just do your job and go home. I want to be someone who uses my degree and my knowledge to always be on top of the heap. I always think education is the best thing. Even though I don’t have the experience, I think that the education is very helpful. That’s probably the hardest part of the job...I’m limited because I want to take on more but I don’t have the experience. I want to do my Master’s. Actually doing hands-on nursing has helped me realize how hard it is to be a nurse...what’s good about it, and what’s bad about it. And that’s definitely what keeps me motivated is always keeping on top of things.

**Question 4: How do you see yourself using reflective practice 3 years from now?**

Carole sees herself using reflective practice in this way:
I think as far as how they teach us to use it I can’t honestly say that is not a benefit to me. I think as a nurse you are reflecting every day on what you do. That doesn’t mean that I’m going to go home at night and write a note about every situation or that I’m going to catalogue it and put references on it and make a reflective note in that sense. I think that for me, every day you go home and there is one thing that you think you could have improved on. So, if it’s looking up that diagnosis or looking up more medications, I think you do that on a daily basis as a nurse, so I don’t know the way they teach us to use it in school is how I will apply it.
Iris said, “In everything I do. We have situations with patients sometimes and I reflect on that and that it’ll still happen… I will be reflecting on medications, health teaching, how we deal with patients and families.”

Mary stated, “Well, I think I’m growing so you would continue to use it. You can’t ever think that you know everything and you’re always going to be faced with different experiences and different cases. I will continue to reflect so that I’m up to date and competent. It’s not just about the skills but your attitude.”;

Jane sees herself using reflective practice in this way:

...I think you always use reflective practice every day. I will use reflective practice to help me move on in my education because it will be about 3 years before I go into my Master’s. It was interesting to look back at my portfolio and see how far I’ve come. I feel I use reflective practice every day, but as far as writing things down that’s not something I do well. As a 4th-year nursing student, they always talked about the portfolio and upgrading it. I sometimes think that it’s hard to do, it’s not unrealistic, but it’s hard to keep it updated all the time. It’s the time involved in keeping it upgraded. You are constantly reflecting on what you did on a shift and if you’ve had a really bad shift you talk about it with your family members and that helps you release. I would use reflective practice as a stepping stone for future educational opportunities. Reflective practice has been a learning tool and a guide to keep track of my experiences as a nurse.”

Are there any other points about reflective practice that you would like to raise at this point in our interview?

Carole added,

When I read that you were doing this research I just wondered how these portfolios [mandated by the College of Nurses] are beneficial? The portfolios don’t prove that you’re learning or upgrading your knowledge. I think that we
need to get points for taking courses and that way you know that we’re getting the education that we need to stay current. I think that when they teach you in school it’s a great foundation for having you critically think of different scenarios of a situation that you’ve had, but I could professionally sit stagnant for several years but do a scenario in my journal. So, I don’t think that is the best way to stay current.

Iris stated, “Actually, I’m part of the Nursing Quality Council on our floor and I think that reflection would be a good thing to bring up and ask because I don’t know if a lot of people use it and I think it’s really important. People take things for granted and think that they know everything...particularly older nurses. I think you can always learn something.”

Mary added, “Through my program at [university] we definitely were encouraged through the whole time we were there to use reflective practice. We used reflective journals. The postclinical conference was also a time for reflective practice. With the journals we needed to be much more thoughtful. They were wanting us to use resources in the journal. You used your experiences, but backed it up with data.”

**Summary of the Interpretation of the Interview Responses**

This research study, which focused on Reflective Practice and the Novice Nurse, demonstrated that the participants’ perspectives on the reflective practice process did not vastly differ, and were not overly unique from, the qualitative studies that have preceded this one. Price (2004) identifies and differentiates the characteristics of reflective practice and critical thinking in Table 3.

These characteristics permeate the three recurring themes that have emerged through this research:

(i) Learning through practice and experience,

(ii) Learning through evidence and formally structured knowledge acquisition,

(iii) Professional practice enhancement.
Table 3

Characteristics of Reflective Practice and Critical Thinking

<table>
<thead>
<tr>
<th>Reflective Practice</th>
<th>Critical Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasizes the instinctive or intuitive</td>
<td>Emphasizes explicit reasoning and debate</td>
</tr>
<tr>
<td>Is expressive and inquisitive and explores nursing as an art or craft</td>
<td>Is analytical and strategic, linking knowledge bases to practice strategies</td>
</tr>
<tr>
<td>Emphasizes learning through practice episode experience</td>
<td>Emphasizes deconstructing practice examining processes, strategies and supporting information</td>
</tr>
<tr>
<td>Appreciates the world as a place of constructed meanings that practitioners need to understand as the basis of behaviour</td>
<td>Understands the difference between empirical information (fact) and attributed meanings (perceptions)</td>
</tr>
<tr>
<td>The classic challenge: seeming sensitive to patient care</td>
<td>The classic challenge: defending practice when decisions or expertise are questioned</td>
</tr>
</tbody>
</table>
The preponderant belief that learning and knowledge acquisition were not only worthwhile and valued, but were intrinsic in the reflective act, played a key role in the subjects’ responses.

Learning Through Practice and Experience

It was interesting to hear the participants indicate that “reflective practice is basically when you experience something during your shift whether positive or negative and you take time to look back at how the day went. Could you have done something better?” To do “something better,” however, means that you would have to first understand the situation or circumstance, and then have the knowledge to determine whether you could have done “something better.” Perhaps this was an articulated understanding that reflective practice is an “instinctive or intuitive” (Price, 2004, p. 47) process that is framed from a past similar experience. However, because each nurse was still a novice she was unable to draw on her experience as part of her reflection since she had not had the prior experience which would have catalogued appropriate behaviours in specific circumstances. Consequently, increasing her knowledge was the best way to gain simulated experiences which would then allow a semblance of intuitive reflection in very specific circumstances. Hollis (2005) recognizes that “learning to be reflective while history is happening is very difficult indeed” (p. 93).

Learning Through Evidence and Formally Structured Knowledge Acquisition

What was lacking in the data from this research was the intuitive relationship that is so frequently associated with reflective practice. As is evidenced by the interview data, the nurses were using reflective practice as an evaluative exploration of their behaviours, emotions, responses, and actions within an unfamiliar situation or circumstance. For these novice nurses, reflection “helps me realize what happened, what could have happened, and how I could have done something better” so that when the situation reoccurs, a frame of reference will have been established. In each interview, reflection was never associated with intuition or instinct, but rather with a process that returned one
to textbooks or classrooms.

Clearly, upon completion of formal undergraduate education in nursing, these nurses did find an association between evidence-based practice and reflective practice. For the purpose of this study, evidence-based practice is defined as "the systematic use of the best available evidence" (National Forum on Health, 1997). The nurses, however, were not able to clearly articulate that the method by which they had chosen to reflect was one aspect of evidence-based practice. In fact, they overwhelmingly denounced the practice of cataloguing their reflections and associated references. Regardless, their described behaviours and actions in the professional setting did demonstrate both a link and an unrecognized value between the cataloguing and referencing of reflections, and their participation in classroom educational opportunities, textbook readings, and journal investigations as a Registered Nurse. Participating in these academic pursuits as a Registered Nurse helped them to understand "a bit more about what I was doing and the decisions that doctors were making about what [medication] works best" for their clients. In other words, it helped to put an evidence-based frame of reference on their professional decisions and behaviours. Further, a return to classroom and textbooks allowed them to once again experience a situation and/or milieu that was comfortable to them and where they were perceived (either personally or academically) as an expert. Heath (1998) states that "Benner’s (1984) description of novices and advanced beginners [indicates that] they value the scientific approach for the rules and direction it supplies" (p. 1055). Jane reflected Heath’s statement in her interview as follows: "I think that the more knowledge base you have the better you are able to handle complicated situations....So I’m constantly trying to keep myself in education."

Schon recognized that "in order to convert a problematic situation to a problem, a practitioner...must make sense of an uncertain situation that initially makes no sense" (p. 40). However, to make sense of an uncertain situation a practitioner must first frame the situation from either an experiential perspective or from a "basic science" (Schon, 1983).
perspective. It is the “basic science” or theoretical perspective that Schon, Benner (1984), and Heath (1998) all indicate to be singularly “insufficient to produce higher levels of performance” (Heath, p. 1055). “Nursing actions can rarely be simply right or wrong and qualified nurses may perform at different levels with both formal theory and experience contributing to their decisions” (p. 1055).

**Professional Practice Enhancement**

So, how are these 4 novice nurses, who have aptly articulated the theory-in-reflection perspective, to advance their professional practice through reflective practice? The “rules and directions” (Heath, 1998, p. 1056) associated with the academia behind nursing are providing these novice nurses with the ability “to really understand some of what I was doing and some of the medications that I was giving.” “I wanted to learn the right way to do something” and that path inevitably led to a classroom or a textbook. But, the recognition that “if you’ve had a really bad shift you talk about it” was beginning to emerge.

Each research participant was able to identify that the biggest barrier to reflective practice is the time that is involved in the process of reflection. As Heath (1998) indicated in her work, “perhaps the major issue [is not the limited skills but] is the time to reflect” (p. 1058). The notion of expanding our concept of reflection as something that happens naturally within our daily lives can take us to a new understanding of how we learn. In essence, when we talk about not having time to reflect it is an indicator that we have not yet come to understand ourselves as reflective beings. It is more than assessing what we need to know; it is an act of knowing what we know, and what we do not know.
CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The objectives of this study were to explore on the possibility that the use of a standard definition and framework for reflective practice in nursing education might lead to a better understanding of how reflection can have an impact on the learning of novice nurses. The perceptions of 4 novice nurses, and their descriptions of their experiences with reflective practice, indicated that, for them, there might be a link between student learnings of reflective practice and the subsequent values of the novice nurse that persist around the utility of reflection in the clinical environment.

I chose to interview a small group of recently graduated Registered Nurses. The intent was to inquire into their experiences with, and perceptions about, reflective practice and its use in a clinical environment. The Registered Nurses who participated in the study were all staff members at a hospital in central Ontario. The study interviews were taped and ultimately transcribed with all participant identifiers removed. I asked the following questions of each participant:

(i) What does reflective practice mean to you?
(ii) Can you tell me about some changes to your practice that you have made in the last 6 months?
(iii) What motivated those changes?
(iv) How do you see yourself using reflective practice 3 years from now?

In an attempt to mitigate bias, the participants were volunteers from one health care institution in central Ontario that draws nursing graduates from a variety of central and northern Ontario universities. The novice nurses were included in the study if they were female and if they had graduated from an accredited nursing program since June 2004. Potential participants were excluded if they had been functioning as a Registered Nurse prior to June 2004. For the purposes of this study the participants needed to be novice nurses as defined on page 9 of this text.

Through interview exploration and the strategically designed interview questions,
the following themes emerged: learning through practice and experience, learning through evidence and formally structured knowledge acquisition, and professional practice enhancement. The three themes led to further discussion about the importance of standardizing a conceptual framework and definition for reflective practice, what transformational learning through reflective practice might look like, and an exploration of the long-term utility of reflective practice in the professional clinical setting.

Nursing education literature has proclaimed reflective practice as the vehicle that will build the essential skills of critical thinking and self-direction. The literature has also identified a variety of conceptual frameworks and devices to assist educators in facilitating the process of reflective practice. However, a precise and standardized definition of reflection remains somewhat elusive. The literature consistently recognizes reflective practice as: a technique to be used for the development of critical thinking skills; a method from which nursing theory can be channeled into the clinical and political arenas; a procedure which would enhance the development of new theories of nursing; a flexible method to problem-solve; a process by which nurses can realize value in their excellent work thus enhancing self-esteem; a process by which self-awareness is achieved through critical analysis and evaluation (Andrews, Gidman, & Humphreys, 1998; Greenwood, 1998; Haddock & Basset, 1997; Heath, 1998; Pierson, 1998, Rooda & Nardi, 1999; Scanlon & Chernomas, 1997; Schmieding, 1999).

This study was designed around Heath’s model (1998) of “Theory Integration via Reflective Practice.” Based upon the model, the novice Registered Nurse would have the theory and some clinical experience that would provide for reflection upon her practice. The nurse would be competent to reflect upon her knowledge and experience as an emerging professional nurse. Ultimately, collecting information on reflection at this level of practice would provide a glimmer of its perceived utility and value as the nurse becomes a competent practitioner.

The research design and instrumentation were piloted by 4 senior nursing
administrators and/or clinicians. The feedback provided by the pilot group was useful in reworking original wording of the qualitative interview questions.

The research project sought, and obtained, Research Ethics Board approval from both Brock University and the research site, a hospital in central Ontario. All study participants were recruited from the current employees at this hospital. The participants were recruited from a research advertisement strategically located throughout the hospital. Participants were exclusively female, had graduated from an accredited nursing education program after June 2004, were working as Registered Nurses at the research site, and had not worked as a Registered Nurse prior to June 2004.

The text of the interviews were contained on audiotapes and ultimately transcribed and grouped into themes. The study participants’ privacy was maintained in the research text through the use of pseudonyms, and by removing all subject identifiers such as the name of the unit where the participant works, and specific practice references that would identify the participant's home clinical unit.

Discussion

The intent of this study was to explore the overall utility of reflective practice within the experiences of 4 novice nurses. Might the lack of clarity regarding a standardized definition and framework for reflective practice have hindered the learning and clinical usefulness of this process? The trends in the responses from this qualitative study suggest that the lack of standardization has indeed not affected the utility of reflective practice for this particular group of novice nurses. However, while formal standardization of both definition and framework have yet to occur within the literature surrounding nursing education and reflective practice, it would appear that these participants from two separate universities expressed common ground in both of these areas. For instance, when asked what reflective practice meant to them, each talked about “looking back” at a situation to garner learning from the experience that evoked the reflection. Each nurse expected that this “looking back” would lead to anticipated
improvements in her responses to the situation when it occurred again in her practice.

Just as a lack of a standard definition for reflective practice did not create confusion within the responses of the 4 participants, the lack of a standardized framework did not appear to hinder their use of the process. Each participant, regardless of her undergraduate facility, was able to discuss how she utilized theory and experience for reflection in both her undergraduate degree and her professional practice as a novice nurse. While none of the nurses articulated a reflective practice framework in connection with a theorist, they all discussed how their academic programs used the reflective technique of journalling within their clinical experiences. As Heath (1998) has identified in her framework, it is this unification of experience and theory that then leads the reflective practice process to become a transformational event in learning.

While data demonstrate that the study participants resoundingly disliked the journalling process that the academic facilities had used as a vehicle for teaching reflective practice. However, each participant articulated that reflection was associated with “learning” and a review of literature. All 4 nurses identified that there were certain events that spurred them on to either take courses or read textbooks in response to an event that initiated reflection. This is an example of how theory can merge with experience in reflective practice so that the practitioner gains a way of knowing (Heath, 1998) for similar situations in the future.

Conclusions

This qualitative study and its emergent themes support the research that has previously been done in reflective practice by such authors as Heath (1998), Benner (1984), and Schon (1983). Originally, I had allotted one hour for each interview believing that I would receive a plethora of information from each study participant. What I discovered was that the interviews lasted, at the very most, for approximately fifteen minutes. As I was reflecting on my interview technique following the meeting with the first participant, I initially focused on my own inexperience as a researcher.
However, what I deduced from my own reflection was that the interviews were short not necessarily because of my technique, but because of the lack of experience of the study participants. According to Heath's model, however, the nurses were indeed competent to reflect upon their knowledge and experiences and because they had limited experiences the information that they could provide for this study was also limited. Consequently, I was able to see the novice nurse in action. As the research process unfolded, I was really jolted by how well these nurses fit the description of “novice” that has been defined so readily in the literature.

The data from this study emphasized that with this particular novice nurse group, intuitiveness and instinct related to reflective practice were not clearly connected by the nurses. In chapter 2, the literature demonstrated that while one standard definition of reflective practice is eluding scholars, themes are emerging from the various definitions. An aggregated definition of reflective practice from the literature would indicate that reflection is an aspect of thinking and a way of knowing. While the concept of “a way of knowing” indicates a sense of prior experience which may thus create intuition or instinct, the aspect of thinking is evident in the nurses' responses to the questions on reflective practice. Iris indicated that she “would think I have to learn about this, I have to read about that.” Jane stated that she was “constantly now trying to increase my knowledge base.” Clearly, to think about a situation does not necessarily mean that you need to have had prior experience with that situation or even one similar; rather, you have to have the ability to think about, and through, the situation. Each nurse was eager to “learn” about aspects of the area(s) in which she worked so that she would have the knowledge to “think” about situations, and ultimately experience the situation safely which would then lead to the development of a repertoire of “knowing” related to her client base. Jane stated: “But, looking back I don't ever want that [hemorrhage] to happen again where I feel so unprepared so taking courses and inservices will keep me updated and aware of what to do.” Thinking and learning worked together for these
novice nurses, which ultimately would lead to a way of knowing that was believed to be safe.

This particular group of novice nurses was not prepared to view nursing as anything but a science with rules and prescripts to be followed for safe and effective practice. For instance, Carole worked “with a lot of pain management issues on the floor so I took a pain management course. I just didn’t know enough about the medications that I was giving and wanted to improve on that for my patients.” Returning to class or textbooks was viewed as the predominant reflective tool; the ability to view nursing as an art or craft, though, could emerge as the novice practitioner moves through Benner’s (1984) stages from novice to expert practitioner. Benner’s five stages include: novice, advanced beginner, competent, proficient, and expert.

Price (2004) differentiates the characteristics of reflective practice and critical thinking. In a comparative review, she states that critical thinking “is analytical and strategic, linking knowledge bases to practice strategies” (p. 47). The nurses in this study supported that statement in their repetitive expressions that they needed to take courses to better understand what it was that they were doing in order to make a difference, through their practice, to the patient.

The participant responses suggest that transformational learning can be linked to reflective practice. In a profession such as nursing, transformational learning does take place during significant events that prompt the reflective process. Jane’s statements about the hemorrhaging patient, her responses to the situation, and her “days” of reflection afterward, which led to an improved awareness of hemorrhage identification, are markers of this apparent linkage. Iris identified that she needed to better understand the medications that she was administering to better plan for her patient’s care; this reflection on her practice led her to take courses on medications that subsequently improved her knowledgebase and thus enhanced her practice. Her progressive learning seems to bear relationship to Mezirow’s (1997) description of changing perspectives.
Such learning is a critically reflective process wherein the learner ultimately assesses previous understandings to determine whether those assumptions still hold in the learner’s present situation” (p. 60). In the nursing profession, it is difficult to either watch someone die or come close to dying and not be transformed by that experience.

The lack of a standardized definition and framework around reflective practice seems to not have hindered the usage of reflection within this group of novice nurses. Each of them aptly espouses the benefits that it has provided to their practice.

The perceived long-term use of reflection was positively identified by the study participants. However, each nurse, without exception, indicated that she did not benefit from the journalling and cataloguing of clinical experiences during their undergraduate education. They viewed this experience as time-consuming, exhausting, and challenging to keep current. “I sometimes think that it’s hard to do [to keep the journal], it’s not unrealistic but it’s hard to keep it updated all the time.” What is interesting about this phenomenon is that the double-loop learning in which they were engaged through the reflective practice experience of journalling, is what has made each of them focus on evidence-based practice to improve client outcomes as a novice nurse. The experience of referencing their student journal reflections not only provided a venue for self-reflection with an unknown expert, but also embedded the importance of using evidence in daily practice. The study participants all indicated that reflective practice was, to them, associated with textbooks, journals, or courses which, to this researcher, demonstrated a link between reflective practice and evidence-based practice.

**Implications for Practice**

The responses of the study participants indicate an association between reflective practice and evidence-based practice. As Iris aptly stated:

I really felt that if I wanted to treat my patients with the best care then I needed to know a little bit more about what I was doing and the decisions that doctors were making about what [medications] work best and that sort of thing. I really
wasn't a hundred percent with my level of knowledge in that area and I knew that I needed to upgrade that if I wanted to really understand some of what I was doing and some of the medications that I was giving.

Through their reflective journeys and the searching of evidence, the nurses experienced transformational learning as defined by Mezirow (1997) with improved practice outcomes. Critical thinking and reflection are still in evolutionary phases with these novice nurses. It is this combination that really holds the practice implications. This study demonstrates that instinct, intuitiveness, and the ability to strategize the incoming and quickly changing clinical scenarios, has yet to be formed in these novice nurses. It will be very important that these nurses are provided with a strong expert nurse with whom they can regularly work to learn the art of nursing.

The experiences and perceptions of 4 novice nurses and the common themes which have emerged indicate implications for clinical instructors and staff development professionals. It is through reflection on their experiences that nurses can gain maturity and confidence in their abilities. It may be that instruction around reflective practice needs to provide a framework such as Smyth’s (cited in Greenwood, 1998):

- What do my practices say about my assumptions, values, and beliefs about nursing?
- Where did these ideas come from?
- What social practices are expressed in these ideas?
- What is it that causes me to maintain my theories?
- What views of power do they embody?
- Whose interests seem to be served by my practices?
- What is it that acts to constrain my views of what is possible in nursing?

As a result of the participants’ collective emphasis on rules and prescripts, it may warrant revisiting Price’s (2004) contention that “reflective practice is an approach to learning and practice development which is patient-centred and which acknowledges the untidiness and confusion of the practice environment” (p. 46). The instruction and use of
reflective practice as a learning strategy may be a way to live comfortably and learn within the confusion.

Implications for Further Research

While this study supports the research that has already been completed in the area of reflective practice, its link to transformational learning, and its importance in the process of critical thinking as well as the experiences of the four novice nurses indicates a link between reflective practice and the promotion of evidence-based practice through journalling. Might this link be consistently evident in the experiences of other novice nurses? And, if so, how will reflective practice assist in embedding the importance of evidence-based practice and vice-versa? It is important to further explore the utility of reflective practice in a clinical environment. The mandate has been in effect now for approximately 8 years and needs further exploration, if not evaluation, from a teaching/learning point of view.

Due to the small participant population for this study, the findings cannot be generalized. While it has already been identified that there might be a benefit to enhancing the participant group for further research, it might also be highly beneficial to conduct the same qualitative interview methodology with a group of expert nurses to determine if similar themes emerge.

Standardization of a reflective practice definition and framework may not be required by novice nurses as demonstrated in the interview responses from this study. However, nurses who graduated prior to the year 1996, and who were unfamiliar with the term “reflective practice”, would benefit from better understanding what reflective practice means to their individual professional practice. This might be accomplished through a standard definition and framework that is supported by the College of Nurses of Ontario. In 1997, the College of Nurses of Ontario introduced reflective practice as an annual practice requirement with the yearly registration renewal yet it neglected to provide a formal definition of reflective practice. At that time, this created a challenge
for me and my colleagues who had not received any education on the topic of reflective practice. In an attempt to assist nurses with the reflective practice requirement, the College did provide a Likert-type scale for practice evaluation but the scale did not, and still does not, encompass fundamental questions around the practitioner’s assumptions, values, and beliefs about nursing practice and professionalism. A standardized framework would not only include the reflective practice tool that the College has developed, but would also include probing questions around values and assumptions that may promote more far reaching professional development than the Likert-type assessment scale may do on its own.

**Recommendations**

The study participants, in this case, articulated significant discontent with the journalling methodology used during their undergraduate nursing education. However, it is precisely this journalling and reference cataloguing that has reinforced the importance of evidence to practice. With evidence-based practice so high on the professional and political agendas, research should be proposed into the utility of reflective practice in embedding evidence-based practice.

The responses of these four novice nurses indicate that staff development and continuing education instructors need to acquire further learning that fosters reflection as an intuitive process. It is the cycle of learning, reflection, and growth, which needs to be nurtured and monitored to assess the novice and expert nurse’s ongoing practice.

And, finally, a standardized framework and definition of reflective practice as a learning strategy would be beneficial to the profession both inside, and outside, formal academic learning environments.

**Epilogue**

My own learning that occurred throughout the process of researching and writing this thesis was an overwhelming surprise. I entered this study believing, as many of my colleagues did, that reflective practice was truly a waste of time for the front-line
clinician. Arguably, my biggest learning was the importance of reflection in the learning cycle. Each of the nurses in this study indicated that they used reflective practice as a way to determine whether they could have “done something better”. Also, each nurse identified that they used reflection as a method to identify what education they needed to improve their practice. It became very clear to me that reflective practice was not as useless as I believed when I embarked upon this learning journey. Consequently, I have enlarged my view of learning and knowledge and what knowledge actually encompasses.
References


Selected Bibliography


Appendix A

Research Recruitment Advertisement

REFLECTIVE PRACTICE AND THE NOVICE NURSE
A Nursing Research Initiative

Volunteers wanted for a nursing research project. It's an interview designed to solicit your thoughts on reflective practice. Volunteers must be female, have graduated from a university nursing program within the past 12 months, and employed by RVH. This research project will take less than one hour of your time. If you are interested in participating in this project, please contact Karen Fleming at extension 4421, or by hospital e-mail. Thanks for considering this great opportunity!!
Appendix B

Research Information Letter and Consent Form
Graduate Research in Education: Brock University

Research Title: Reflective Practice and the Novice Nurse
REB File Number: 02-266

Principal Investigator: Karen Fleming, RN, BA (Hons.), MEd (cand.)
7 Tamarack Trail
Barrie, ON
Phone: (705)-730-7544
E-mail: kfleming@sympatico.ca

Faculty Supervisor: Dr. Milree Latimer
Brock University
St. Catharines, Ontario.
Phone: (905)-688-5550 ext.

Dear Study Participant:

Thank you for considering to participate in this qualitative phenomenologic graduate research project. The study is being conducted to explore the significance of reflective practice to the novice nurse. This project has been reviewed by, and received ethics clearance through the Office of Research Ethics Board at Brock University.

Your participation in this study is expected to take no longer than 60 minutes of your time. If you decide to participate in the study you will be asked four open-ended questions as follows:

1.0 What does reflective practice mean to you?
2.0 Can you tell me about some changes that you have made in your practice in the past 6 months?
3.0 What motivated the changes?
4.0 How do you see yourself using reflective practice 3 years from now?

You may leave unanswered any question that you prefer not to answer.

While you may not benefit personally from your participation in this study, the information obtained from this research may motivate organizational structures to re-examine their beliefs and philosophies around reflective practice.

All information collected from participants in this study will be aggregated. Thus, your name will not appear in any report, publication, or presentation resulting from this study. The data, with identifying information removed, will be retained
indefinitely and will be securely stored in a locked office. In the event that you have any question and/or concern about your participation in this study, please contact the Research Ethics Officer at Brock University (905)-668-5550 extension 3035, OR Research Ethics Chair at Royal Victoria Hospital (705)-728-9090 extension 4320.

You may withdraw from the study at any time by advising the researcher of this decision.

The research will be available in September 2005.

The undersigned research participant: (1) has read and understood the relevant information; (2) understands that he/she may ask questions in the future; (3) indicates free consent to research participation through the signature below. You have been provided with a copy of this form. Please keep it in your records for future reference as required.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigator or involved institutions from their legal and professional responsibilities.

_________________________     ______________________
Signature of Participant          Date

_________________________     ______________________
Signature of Researcher           Date
DATE: January 6, 2005

FROM: Linda Rose-Krasnor, Chair Research Ethics Board (REB)

TO: Milree Latimer, Education FLEMING, Karen

FILE: 02-266 - Fleming

TITLE: Reflective Practice and the Novice Nurse

The Brock University Research Ethics Board has reviewed the above research proposal.

DEcision: Accepted as Clarified

This project has received ethics clearance for the period of March 24, 2004 to May 30, 2005 subject to full REB ratification at the Research Ethics Board's next scheduled meeting. The clearance may be extended upon request. The study may now proceed.

Please note that the Research Ethics Board (REB) requires that you adhere to the protocol as last reviewed and approved by the REB. During the course of research no deviations from, or changes to, the protocol, recruitment, or consent form may be initiated without prior written approval from the REB. The Board must approve any modifications before they can be implemented. If you wish to modify your research project, please refer to http://www.brocku.ca/researchservices/Forms/Forms.html to complete the appropriate form Revision or Modification to an Ongoing Application.

Adverse or unexpected events must be reported to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants and the continuation of the protocol.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and approvals of those facilities or institutions are obtained and filed with the REB prior to the initiation of any research protocols.

The Tri-Council. Policy Statement requires that ongoing research be monitored. A Final Report is required for all projects, with the exception of undergraduate projects, upon completion of the project. Researchers with projects lasting more than one year are required to submit a Continuing Review Report annually. The Office of Research Services will contact you when this form Continuing Review/Final Report is required.

Please quote your REB file number on all future correspondence.
Ms. Karen Fleming  
Professional Practice Leader  
The Royal Victoria Hospital  
201 Georgian Drive  
Barrie, Ontario  
L4M 6M2

Re: Reflective Practice and the Novice Nurse – Approval

February 21, 2005

I confirm receipt of the revised Consent for this Study, on today’s date. All conditions of approval have now been met. From an ethics-perspective, you are free to commence this Study at your earliest convenience.

Sincerely,

Dr. Debra Merrill  
Interim Chair