

**The lived experience of final year student  
nurses of learning through reflective  
processes**

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Philosophy

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Bournemouth University

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## **Abstract**

**Karen Lesley Rees**

### **The lived experience of final year student nurses of learning through reflective processes**

This scientific phenomenological study aims to explore and better understand the lived experience of learning through reflective processes, the nature, meaning and purpose of reflective learning, what is learned and the triggers and processes that enable meaningful reflective activity. Ten final year nursing students who felt that they had experienced learning through reflective processes were invited to describe their lived experiences of the phenomenon during taped phenomenological interviews. The rich and contextualised data was analysed using the four steps for descriptive phenomenological analysis proposed by Giorgi (1985).

The findings essentially differentiate between authentic reflective learning which enables the emergence of 'own knowing', and the academically driven activities often perceived as 'doing reflection'. Authentic and significant personal 'own knowing' is derived from reflective activity prompted by unpredictable, arbitrary occurrences experienced in everyday encounters in the professional and personal worlds of the participants, which stimulate meaningful existential questions that, in turn, demand attention and drive the commitment to ongoing reflection. Engagement with authentic reflective activity is often triggered by an insistent and personal 'felt' sense of a need to understand and know 'something more for the self', and this activity demands far more privacy than the contemporary literature acknowledges.

On the cusp of registered practice, the participants described how the maturation of reflective activity had enabled them to engage with the struggle to locate themselves personally and professionally in the context of care, to establish and refine personal and professional values and beliefs and to consider the realities of their nursing practice. Reflection enabled the participants to recognise and affirm that they had become nurses and could fulfil the role to their own and others expectations. Their reflective knowing and understanding was active and embodied in the way they lived their nursing practice.

Analysis of the lived experience of learning through reflective processes has raised a number of issues for nurse education, in particular how student nurses may be supported in coming to know themselves and to become reflective, the importance of supportive mentorship and the significance of role modelling in professional development, the psychological safety of the 'practicum' and the need for privacy for authentic reflective learning.



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Mum, thank you for spotting the inconsistencies and the typos. At least you can now truthfully say that you have read all of it!

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**Author's declaration**

**Karen Lesley Rees**

**Award for which thesis submitted**

**PhD**

1. **Statement of any advanced studies undertaken in connection with the programme of research.**

None

2. **Concurrent registration for two or more academic awards**

I declare that while registered as a candidate for the University's research award, I have not been a registered candidate or enrolled as a student for an award of any other academic or professional institution.

3. **Material submitted for another award**

I declare that no material contained in this thesis has been used in any other submission for an academic award.

**Signed: Karen Rees**

**Date: 4<sup>th</sup> June 2007**

## **Introduction and overview of the study**

### **The lived experience of final year nursing students of learning through reflective processes**

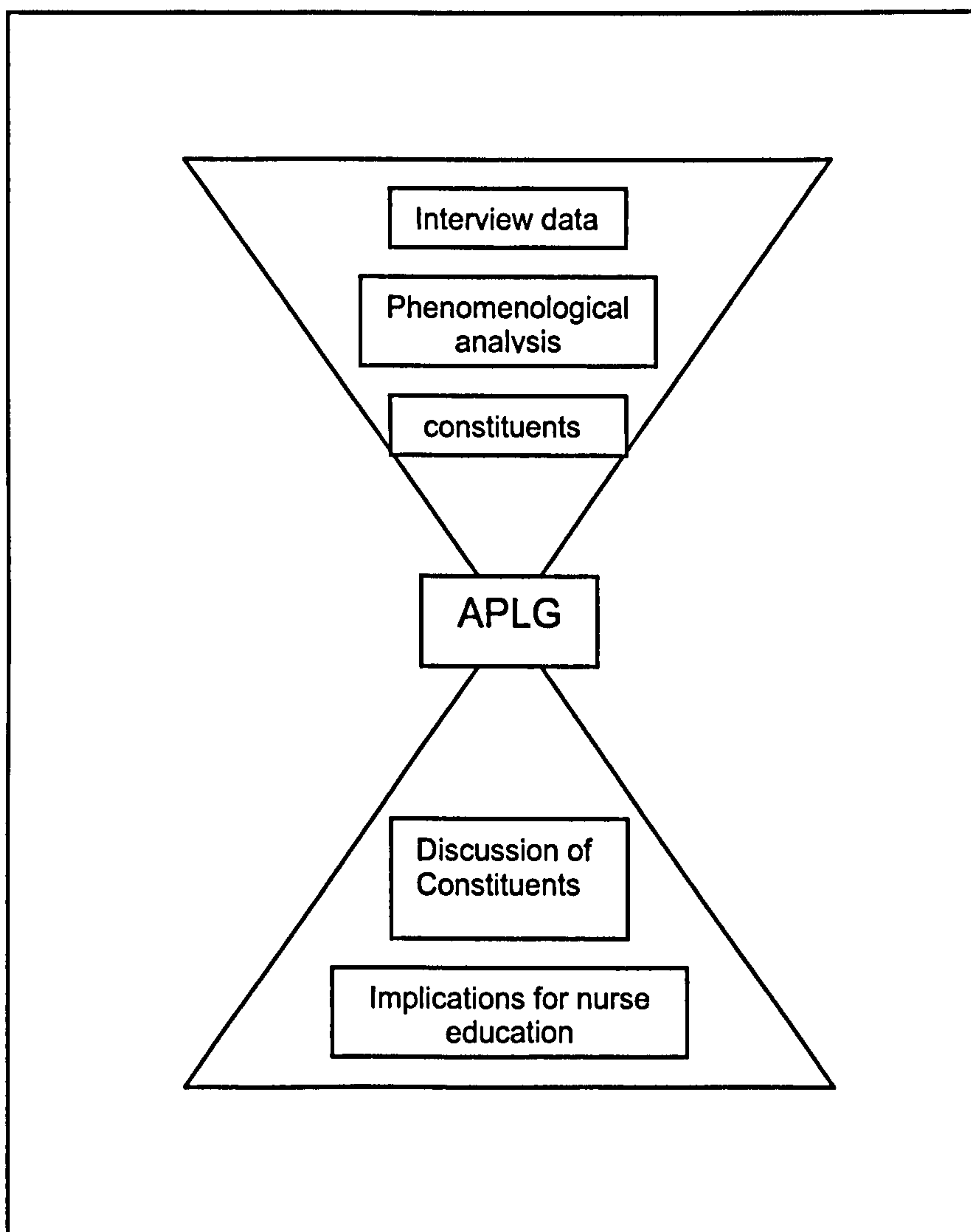
This phenomenological study aims to explore and better understand the lived experience of final year nursing students of learning through reflective processes. My interest in the phenomenon of reflection is derived from my own reflective learning, and from my role as a University Lecturer through which I aim to facilitate an appreciation of reflective learning strategies to support student learning and the development of nursing practice. This study aims to understand something more about:

- The lived experience of learning through reflective processes
- The nature of reflective learning
- The meaning and purpose of reflective learning
- The sort of things that are learned through reflective activity
- The triggers for reflection
- The processes that enable and facilitate reflective learning,

for those who feel they have had the experience of learning through reflective processes.

Phenomenological analysis using Giorgi's method (1985) of the large data derived from ten interviews with final semester nursing students undertaking a three year nurse preparation programme at a British University, led to the articulation of an Authentic Productive Linguistic Gathering (Todres and Holloway (2004) or a '*careful description of the essence*' (Giorgi 2003a:241) of the phenomenon of learning through reflective processes. The analysis identified five invariant constituents of the phenomenon which, informed by the contemporary literature, form the basis of the discussion. Whilst I have been thinking about the research process presented in this report, it struck

me that the process could be represented visually as the shape of an egg timer. The descriptions of the lived experience of learning through reflective processes produced a large data which was distilled into the Authentic Productive Linguistic Gathering through the phenomenological analysis. The discussion regarding the five invariant constituents expands out again, drawing on the related literature from a variety of disciplines.



The discussion of the five invariant constituents remains 'within the things themselves'. I have resisted the temptation to revise them as the writing up progressed, particularly in the light of the literature review, which was undertaken after the data analysis phase in order to reduce the influence of



the contemporary literature on that process. There is an inevitable overlap between the constituents, and some of the participants' stories will seem familiar when reading the text, but different facets of the phenomenon of learning through reflective processes and its variations are illuminated in each constituent and new understandings emerge. The participants were all female, so I have chosen to present the discussion as a female account when referring to the experiences of the participants. This does not attempt to denigrate the male perspective in nursing or in the lived experience of reflective learning, but is merely a pragmatic means of avoiding the somewhat clumsy 'he/she' in the text.

Taking a more interpretive stance, the implications for nurse education are then presented and explored, and the final chapter offers a reflective and reflexive personal account of the development and progress of the study. With the exception of the review of the literature, which is presented as the first chapter for ease of reading, this report faithfully represents the progression of the research process.

Chapter one focuses on a review of the reflection literature related to the development of the concept, philosophies of reflection in nursing and education, and frameworks for reflective activity. The review tracks and describes the development of the major concepts of reflection through the works of Dewey (1933, 1938), Kolb (1984), and Schön (1983, 1987). The publication of Schön's text 'The Reflective Practitioner' in 1983 renewed interest in the concept of reflective learning at a time when nurse education was seeking a means of integrating the theory and practice of nursing in a meaningful way. The contribution of Boyd and Fales (1983) is significant in the context of this study because it presented a reflective process as described by learners who felt that they had experienced reflective learning. These stepping stones into the world of reflective learning have enabled a number of writers to develop theories of reflective learning relevant to nursing

and frameworks which aim to facilitate reflection and reflective learning (Boud et al 1985; Atkins and Murphy 1993; Palmer et al 1994; Stephenson 1994; Johns 1994, 1998, 2000, 2002, 2004, 2006; Rolfe et al 2001). The chapter concludes with a brief review of the literature related to reflexivity and reflexive research methods, a theme returned to in the final chapter of this study.

The reflective philosophies, concepts and frameworks are presented and critiqued as a background to the study, as is the discussion about Husserlian philosophy within Chapter two. The Methodology chapter outlines the distinction between the philosophy of Husserl and the scientific phenomenological research method explicated by Giorgi (1985) which is consistent with the foundational principles of phenomenology. Giorgi's method of data analysis was utilised within the framework offered by Todres and Holloway (2004) for undertaking empirical-phenomenological research which structures this study. The methodology chapter aims to present the story of the research, the challenges and dilemmas that occurred along the way, and the audit trail of decision making at important junctures in the process.

The phenomenological data analysis identified five invariant constituents of the phenomenon of learning through reflective processes which were initially presented as one chapter. With a view to the communicative concern (Todres and Holloway 2004) and in order to improve the lived experience of reading such a large body of text, each of the constituents is now presented within a separate chapter. It is important to recognise that this approach does not aim to present each of the constituents as a distinct or separate entity as they interweave, and should be read as integral to each other and to the Authentic Productive Linguistic Gathering of the phenomenon.

The five constituents of the phenomenon were found to be:



- The maturation of reflective learning – ‘doing learning’ to authentic reflective learning that facilitates meaningful and personal ‘own knowing’
- Trying to make sense of the personal affective response to the emotional challenges of nursing work – the role of reflective processes
- Real life encounters – learning from reflection on the reality of situations the participants had been prepared for
- The establishment and refinement of professional values and beliefs – the role of reflective learning processes
- ‘I am a nurse’ – the embodiment of professional identity.

Each of the constituents stands alone but there is, necessarily, overlap between them. The constituents are re-peopled with the voices of the participants and discussed in relation to the relevant literature.

The Authentic Productive Linguistic Gathering or General/ Essential Structure (Todres and Holloway 2004; Giorgi 1985, 1997) of the lived experience of the phenomenon of learning through reflective processes is presented in Chapter eight. This is presented as the product of the phenomenological research process, and it aims to capture the ‘essence’ of the lived experience of the phenomenon.

Having articulated the Authentic Productive Linguistic Gathering of the phenomenon and its constituents, I became aware that many of the words and concepts I had used to describe the lived experience of reflective learning drew on the existential and humanistic traditions. At the start of Chapter nine these traditions are revisited in relation to learning and reflection. This leads on to a discussion in Chapter ten of the limitations of the study and its implications for nursing and nurse education. The triggers for reflection appear to be broader than the contemporary literature acknowledges, and this is explored in relation to the lived experience of the participants. Having presented the findings of the study earlier in the



research report, Chapter eleven concludes with a reflective and reflexive account of my personal journey through the research process, 'the lived experience of undertaking a lifeworld study'.

*Strange how things in the offing, once they're sensed,  
Convert to things foreknown;  
And how what's come upon is manifest  
Only in the light of what has been gone through.  
( Squarings: xlviii. Seamus Heaney 1991).*

## **Chapter 1**

### **Reflection – a review of the literature**

In a study that considers the lived experience of learning through reflective processes, it is pertinent to offer some description and explanation of the major concepts of reflection and their potential contribution to learning. As this research adopted a phenomenological methodology the literature was not extensively reviewed at the start of the research process other than to situate and contextualise the study. The initial literature review is reproduced within Appendix 1 (p.262) and it is interesting to observe how the contemporary authors have developed the concepts of reflection and reflective learning over the six years of this study.

Perusal of the breadth of the literature across disciplines such as education, philosophy and psychology demonstrates the prevalence of the concept of reflection and its relevance to practice based professions such as nursing, social work and teaching. As Moon (1999) observes, the generally isolated development of the concepts within each of the disciplines and professions has led to a proliferation of terms and vocabulary related to reflection, reflective practice, reflective judgement, critical thinking and reflexivity. This proliferation of discipline specific language to describe reflection leads critics such as Mackintosh (1998) to contend that it is an ill defined and flawed concept; however, there do seem to be some commonsense and discipline specific understandings that underpin the term reflection (Ghaye 2000).

As this study is situated in both the education and nursing worlds this review of the literature draws from both disciplines. Given the breadth of the literature available this review will be necessarily selective, focusing on seminal texts, those which are particularly influential in nursing and nurse education and those that have influenced me and the development of this

study. I intend to focus on the philosophy of reflection, the development of the concept within nursing and frameworks for reflection, as I am anxious not to duplicate the contemporary literature used within the discussion of the constituents of the phenomenon of learning through reflective processes.

### **The contribution of John Dewey**

Most writers preface their work on reflection with reference to at least one of the major contributors to the field; John Dewey, Donald Schön or David Kolb. The publication of Donald Schön's 'The Reflective Practitioner' in 1983 renewed interest in the concept of reflection and its role in professional practice, but the concept of reflection in education has a much longer history. John Dewey (1859-1952) first wrote about the nature of reflection and how it occurs in his text 'How we Learn' in 1933. Polkinghorne (2004) proposes that Dewey offered a theory of inquiry that supplemented Aristotle's description of *phronesis*. *Phronesis* is often translated as 'practical wisdom' or 'prudence', a kind of knowledge that *'varies with situations, is receptive to particulars, and has a quality of improvisation'* (Polkinghorne 2004:115). Aristotle described phronetic deliberation as a means of choosing between the various actions that could be instigated in a given situation. This deliberation draws on the practitioner's ability to discern the complex features of a unique situation and determine the most beneficial action. Excellence in phronetic deliberation and reasoning is developed through experience.

Polkinghorne points out that Aristotle described initial phronetic deliberation and the subsequent actions, rather than the ongoing decision making process that practitioners of care engage in the midst of unique and ever changing care giving situations. Where Aristotle was concerned with initial decision making, Dewey was concerned with what happens after an action has been carried out and particularly interested in what happens when a planned action does not have the intended outcome. Triggered by a state of perplexity or doubt, his method of inquiry or learning involved reflecting on the negative



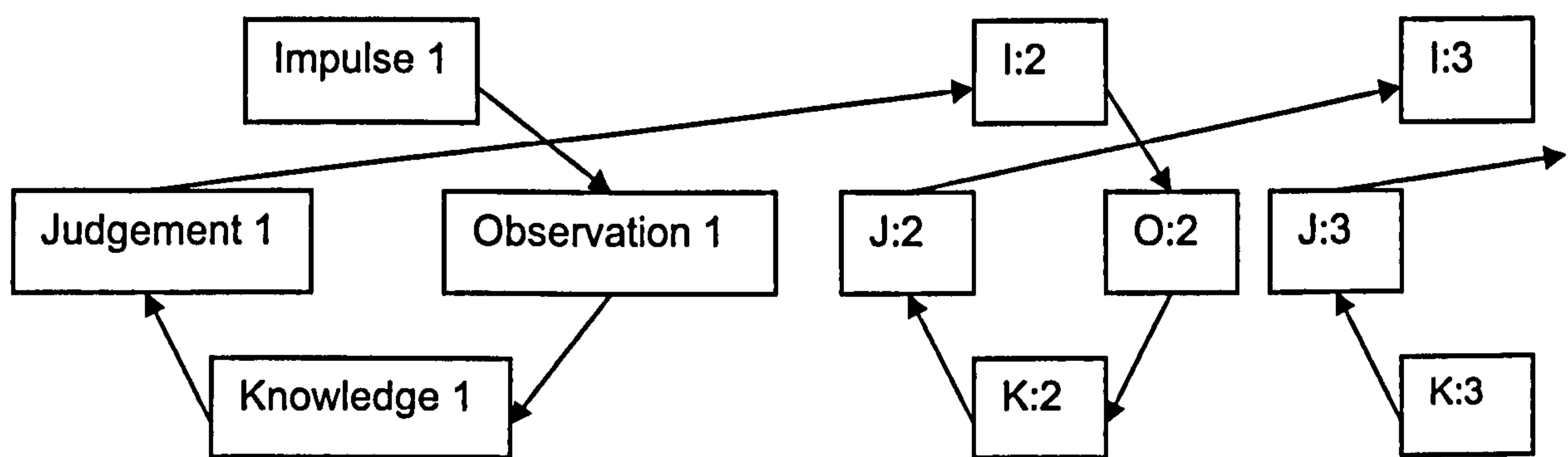
results to reform the assumptions on which the original plan had been based and to generate new knowledge. The assumptions continue to be revised through experimentation or imagination until a successful outcome is achieved. Dewey variously described reflective thought as

*Active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it, and the further conclusions to which it tends;*

*To turn the thing over in mind, to reflect;*

*Reflective thinking, in short, means judgement suspended during further inquiry* (1933, 2004:6,12,13).

Reflection is a purposeful activity driven by a need to solve the '*perplexity, hesitation (or) doubt*' (1933, 2004:9) that initiates active consideration and a search for new information or insights; '*reflection is aimed at the discovery of facts that will serve this purpose*' (1933, 2004:10). In his later text, 'Experience and Education', Dewey contends that '*a genuine purpose always starts with an impulse*' (1938:1963:67); for reflective thinking this is the sense of perplexity or doubt created by experience. The purposeful response to the impulse demands observation of the objective conditions and circumstances, knowledge drawn from past experiences or newly acquired information and judgement; '*which puts together what is observed and what is recalled to see what they signify*' (1938, 1963:698). The next phronetic deliberation will draw on this new knowledge to shape more successful or different action. Kolb (1984:23) represents Dewey's reflective method for inquiry diagrammatically:



**Figure 1.** *Dewey's model of inquiry/learning (Kolb, 1984:23).*

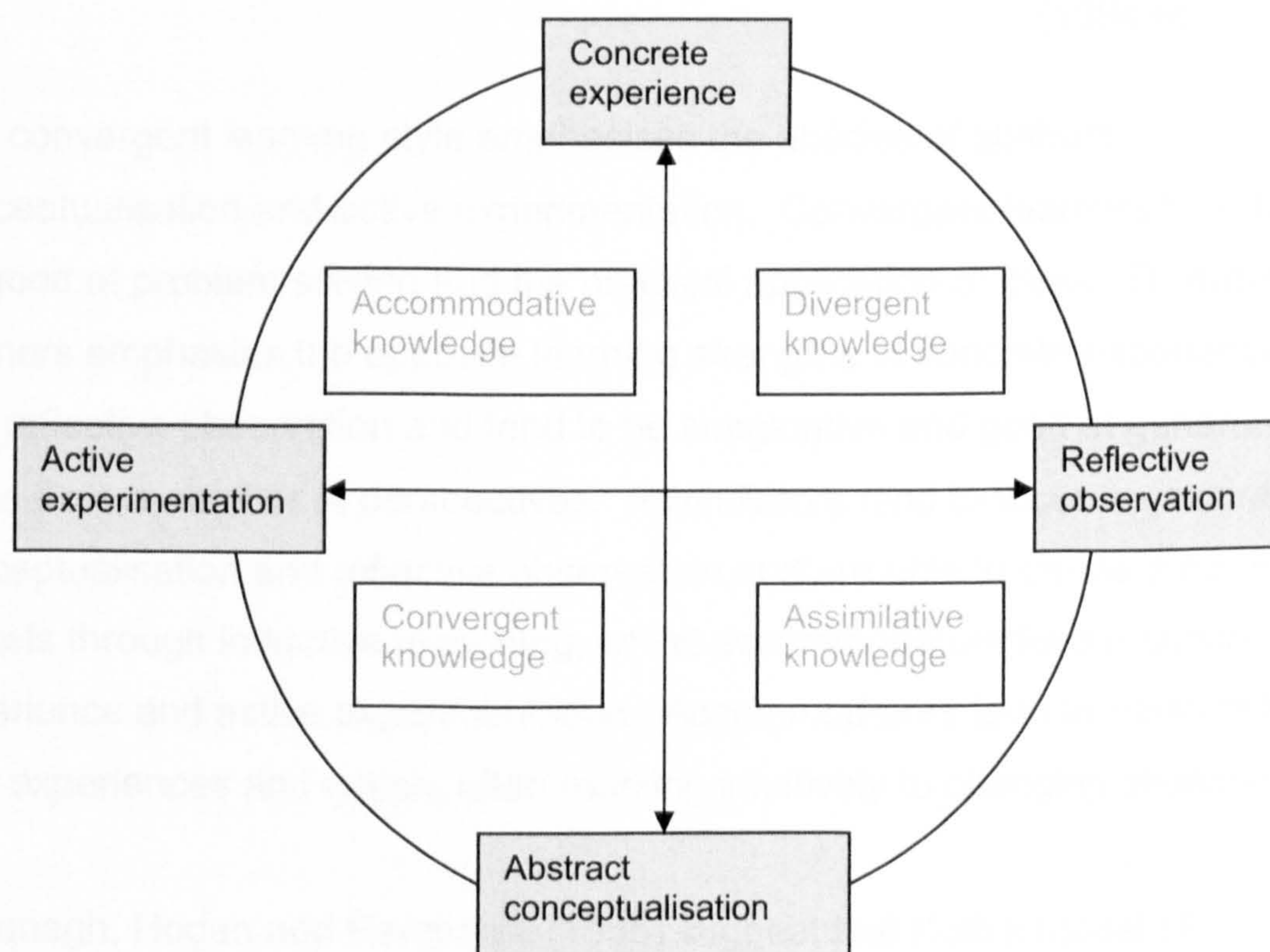
### **Learning from Experience – the Contribution of David Kolb**

David Kolb acknowledged that the intellectual origins of his work on experiential learning lay in the work of Dewey, Lewin and Piaget (1984:20). Kolb defines learning as '*the process whereby knowledge is created through the transformation of experience*' (1984:38). As Boud et al (1985) and Moon (1999) note, Kolb said little about the process of reflection, but he sets the activity of reflection within the context of learning. Kolb characterises experiential learning as a continuous process grounded in experience, where learning is conceived as a process rather than in terms of outcomes. The purpose of education is not, therefore, to memorise a body of information but to stimulate inquiry and the ability to generate and seek new knowledge. Kolb (1984:30) argues that effective learners need four kinds of abilities:

- The ability to immerse themselves in new experiences (*concrete experiences*)
- The ability to reflect on their experiences from a variety of perspectives (*reflective observation*)
- The ability to create concepts that integrate their observations into logically sound theories (*abstract conceptualisation*)
- The ability to use these theories to make decisions and problem solve (*active experimentation*).



Reflection is essential for the progression of learning within experiential learning theory with the implication that we learn by reflecting on what we have been doing. Kolb links the ability to reflect with the Piagetian cognitive developmental stage of formal operations. At this adolescent stage of development engagement with hypothetic-deductive reasoning enables the possible implications of theories to be considered and experimentally tested for credibility. The Piagetian concepts of assimilation; the intake of information from the environment, and accommodation; the modification of what is already known by the learner, underpin the process of learning described by Kolb.



**Figure 2.** Kolb's experiential learning cycle (1984:42).

The north – south axis is concerned with perception, how we feel and think about an experience, and the east - west axis with how we approach a task, primarily through either doing or watching. The learning cycle can begin at



any one of the four points, but it is acknowledged that the learning process most often begins with a particular action, followed by reflective consideration of the effect of that action. Jarvis suggests that this offers the possibility of two distinct modes of experience and further, that concrete experience may be something that is sensed externally or indirectly through linguistic communication (2004).

Effective learners require all four of the essential abilities but Kolb suggests that most learners tend to emphasise specific abilities as their preferred learning style. Kolb developed the Learning Style Inventory (LSI, 1976) to

*measure a person's relative emphasis on each of the four modes of the learning process – concrete experience, reflective observation, abstract conceptualisation, and active experimentation*  
(1984:68).

The convergent learning style emphasises the abilities of abstract conceptualisation and active experimentation. Convergent learners tend to be good at problem solving and the practical application of ideas. Divergent learners emphasise the opposite learning strengths of concrete experience and reflective observation and tend to be imaginative and good at generating ideas from a number of perspectives. Assimilators tend to focus on abstract conceptualisation and reflective observation and are able to create theoretical models through inductive reasoning, whilst accommodators favour concrete experience and active experimentation. Accommodators tend to relish risky new experiences and action, often reacting intuitively to changing situations.

Cavanagh, Hogan and Rampogal (1995) suggest that Kolb's model of experiential learning is of particular interest to nursing as it reflects the blend of action, experience and cognition demonstrated in professional practice. Although the study of Cavanagh et al did not demonstrate an obvious predominance of learning styles amongst students entering a nurse preparation programme, the divergent style of learning occurred most often.

Kolb and Wolfe (1981) suggested that there is a relationship between membership of professions and learning style. They contend that professions tend to develop teaching styles that respond to the specific learning demands of the discipline, thus the learning competencies of the professions shape the learning styles of the members. For example, Kolb and Wolfe found that social workers tend to have a divergent style and work in an environment with a concrete and affective requirement. This is an interesting point given the discussion regarding the development of reflective learning skills in Chapter three of this study.

Although influential in practice based professions, Kolb's model of experiential learning does have a number of critics. Boud et al (1985) note that Kolb does not explicate the process of reflection that is central to the transformation of experience into learning within the cycle. Dewey (1938) acknowledged that a reflective mode of learning can engage a number of processes at once, so a staged and sequential approach, such as Kolb's may not be realistic, and Jarvis (2004) contends that evidence to support the model is weak. Although the learning styles fit neatly with the dimensions of the experiential learning model, this does not necessarily validate them. Further, Jarvis contends that the model over-simplifies the complexity of human learning and the notion of experience (2004).

Whilst Kolb's work on experiential learning does not explicate the process of reflective learning, other writers have focused on the role and processes of reflection in experiential learning, notably, Boyd and Fales (1983), Boud, Keogh and Walker (1985) and Atkins and Murphy (1993). Boyd and Fales published in 1983, the year that Schön published 'The Reflective Practitioner: How professionals think in action' and it is salient to consider his work before progressing on to the literature on reflective processes.



## **Donald Schön – how practitioners think in action**

Donald Schön was particularly concerned with the context of reflection in professional development. Schön sought to analyse the '*distinctive structure of reflection-in-action*' (1983:ix) based on the close examination of what a selection of professionals – '*architects, psychotherapists, engineers, planners and managers – actually do*' (1983:viii). Schön began with the assumption that competent practitioners know more than they can say having developed a largely tacit 'knowing-in-action'. He had observed that practitioners have the capacity to reflect on this intuitive knowing in the midst of action, thus changing practice midflow. Schön differentiated this type of reflection-in-action from reflection-on-action after the event. He suggested that

*Practitioners do reflect on their knowing in practice. Sometimes, in the relative tranquillity of a post-mortem, they think back on a project they have undertaken, a situation they have lived through, and they explore the understandings they have brought to the handling of the case. They may do this in a mood of idle speculation, or in a deliberate effort to prepare themselves for future cases*  
(original emphasis; 1983:61).

In response to the attacks upon, and an apparent crisis of confidence in, the professions, Schön sought to understand and illuminate the 'artistry' and competence of professional practice that was evident in practice but poorly articulated. Schön suggested that the 'major' professions of medicine and law prided themselves on the development of a systematic knowledge base that is '*specialised, firmly bounded, scientific and standardised*' (1983:23). Within this model of Technical Rationality which Schön describes as the Positivist epistemology of practice, problems could be solved through the application of scientific theory and technique. The 'minor' professions such as nursing, social work and town planning suffer from ambiguous, shifting and unstable contexts of practice which preclude them from developing systematic and scientific professional knowledge. Practitioners in these professions often practice in the '*swampy lowlands*' of confusing human '*messes*' that are not amenable to technical solutions (1983:42).



Schön acknowledged that a positivistic, technical rational stance is suited to solving relatively simple problems, but the complex, urgent and often unexpected problems that emerge in practice require a more flexible and responsive intellectual agility. He suggests that knowledge is embedded in, and demonstrated through, the 'artistry' of everyday practice, '*the kinds of competence practitioners sometimes display in unique, uncertain and conflicted situations of practice*' (1987:22). Professional 'know how' is inherent in publicly observable intuitive and intelligent action (1983:50) which he called '*knowing-in-action*'. Schön suggests that when something unexpected or surprising occurs that challenges the professional 'know how' we engage with the activity of reflection-in-action in order to consider alternative actions and responses without interrupting the flow of the interaction. Reflection on the consequences of one action leads to the design of the next, and also generates new personal knowing and enhances the repertoire of ways of acting.

It is important to remember that Schön was primarily interested in reflection-in-action and how to facilitate the development of reflective practitioners, rather than reflection-on-action. He was curious to understand how professionals think in action (1983) and later how professional education programmes could develop reflective practitioners with this ability (1987). He did not set out to describe the process of reflection, but to demonstrate that some aspects of professional practice may draw on reflectivity. The perceived failure to describe processes for reflection is a common criticism of Schöns' work in the literature, but not one made by Moon (1999), who critically considered the contribution of his work to the professions, educators of the professions and those interested in the field of reflection.

Moon suggests it may be appropriate to view Schöns work as theoretical writing designed to stimulate thought and debate rather than as a theoretical

construct ready to be tested through research. Schön's work has been hugely influential, and although he focussed primarily on the concept of reflection-in-action, most subsequent texts on reflection focus on reflection-on-action as a means to transform experience into learning within practice based professions. Schön has, however, been criticised for the lack of precision and consistency in his terminology (Greenwood 1993), in particular the apparent interchangeability of the terms knowing-in-action and reflection-in-action (Moon 1999). Furthermore, Greenwood criticises Schön for undervaluing the notion of '*reflection-before-action*' (1993:1186) which challenges practitioners to stop and think before acting.

Eraut (1995) also questions whether the term reflection-in-action adequately explains the creative and complex processes Schön sought to describe. Schön's extensive use of metaphor and example opens up the possibility of multiple and ambiguous interpretations of his meaning. Although in the 1983 text Schön did refer to the notion of reflection-on-action, in the 1987 text he contends that what we might consider to be retrospective reflective activity is reflection in the action of now. Therefore a reflective conversation between a coach and a learner '*takes the form of reciprocal reflection-in-action*' (1987:163). This type of reflection-in-action requires the coach to consider his own performance, his knowing-in-action, and his awareness of the learner's difficulties, whilst the student considers the reality of her own enactment in practice and her spontaneous performance, in order to understand what she already knows that helps or hinders her learning (Schön 1987).

Moon (1999) contends that Schön does not make a reliable case for the existence of reflection-in-action. Indeed Husserl's phenomenological theory of intentionality suggests that in order to achieve authentic reflection one has to distance oneself from the situation, deliberately turn the consciousness back towards itself and purposefully adopt a reflective attitude. When a person is



in action she is intentional but also immersed and completely absorbed in the task, which makes it impossible to create distance from the lived experience in which to reflect in the midst of action (Husserl 1970). As van Manen (1990) noted,

*A person cannot reflect on lived experience while living through the experience. For example, if one tries to reflect on one's anger while being angry, one finds the anger has already changed or dissipated. Thus, phenomenological reflection is not introspective but retrospective. Reflection on lived experience is always recollective; it is reflection on experience that is already passed or lived through*  
(original emphasis, 1990:182).

However, Polkinghorne's recent work revisits the notion of a dialogic engagement with background (the history and unique resources that are derived from personal experience) as a situation unfolds that enables practitioners to make practice judgements in the midst of action (2004). Engagement is often unconscious whilst the activity is ongoing and this type of reflection in action is reflexive; it changes the nature of the experience as it is occurring (Rolfe 1998).

### **Boyd and Fales – reflective learning: the key to learning from experience**

Most subsequent writers have separated out the notion of reflection-in-action from reflection-on-action, the retrospective consideration of experiences and events which offer the possibility of the transformation of experience into learning. In one of the few pieces of work about reflective learning that was uninfluenced by Schön's 1983 text, Boyd and Fales sought to understand how individuals learn and grow through their experiences. They concluded that reflective learning is the key element to learning from experience. Drawing on the lived experiences of reflection described by their participants they defined the essential nature of reflection as

*the process of creating and clarifying the meaning of experience (past or present) in terms of self (self in relation to self and self in relation to the world)*  
(1983:101).



Reflective learning was defined as the

*process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective (1983:100).*

Interestingly in the context of this study, Boyd and Fales described the beginning of a reflective episode as an awareness

*that something does not fit, or does not sit right within them or of unfinished business. This sense of discomfort, the itch that wants scratching, is not a willed or intended state of mind; it occurs (1983:106).*

Reflection is triggered by this sense of inner discomfort which requires a response that is not yet available to the consciousness of the person. This sense of inner discomfort has been interpreted by several writers as being associated with negative feelings (Johns 2006, Atkins and Murphy 1993), however this is not what Boyd and Fales say; they allude to a felt sense of something more, of 'unfinished business' that demands attention.

Boyd and Fales suggest that the second stage of the reflective process is a more complete identification of the problem as it is experienced by the self, followed by an openness to new information from a variety of sources and perspectives. This openness may enable past experiences to be reviewed, the suspension of a need for immediate solution, allowing the problem to incubate for a while, or self challenge. They suggest that the

*essence of this openness stage appears to be a trust of self to discover and recognise relevant information (1983:109).*

The fourth stage of resolution is the insight or relief stage where people perceive that something has changed and learning has occurred. A sense of adequacy or rightness about the outcome prevails, and the individual trusts themselves enough to accept the solution as representing their own reality. The changed perspective is often self affirming, and the final stages of the

process enable the individual to internalise and accept the new learning in relation to their past, present and potential future self and decide if they wish to act upon the outcome of the reflective process.

- |   |
|---|
| <ol style="list-style-type: none"><li>1. A sense of inner discomfort;</li><li>2. Identification or clarification of the concern;</li><li>3. Openness to new information from internal and external sources, with ability to observe and take in from a variety of perspectives;</li><li>4. Resolution expressed as integration, coming together, acceptance of self reality and creative synthesis;</li><li>5. Establishing continuity of self with past present and future;</li><li>6. Deciding whether to act on the outcome of the reflective process.</li></ol> |
|---|

**Figure 3.** *The process for reflective learning - Boyd and Fales (1983:106).*

Boyd and Fales suggest that intervention from educationalists and counsellors may be most useful during stage three when individuals are open to new information and perspectives, as learners often need support to capture or fix the wealth of new information available to them. This study is important as it precedes the debate about reflection in, and on, action and it is a phenomenological study which sought to faithfully re-present the lived experience of learning through reflection described by the participants.

### **Articulating the reflective process – Boud, Keogh and Walker**

The contribution made by Boud, Keogh and Walker (1985) was also uninfluenced by Schön's notions of reflection in, and on, action. Boud, Keogh and Walker came together as a university lecturer, a curriculum advisor and a priest

*convinced that it is important to draw on learners' prior experience and to provide opportunities to be engaged actively in what they are learning*  
(1985:7).

They understood that experience alone was not the key to learning and that the reflective phase of experiential learning had been largely ignored in the literature of the time. Their deliberations about the nature of reflection led them to suggest that learning is an individual and self-initiated act; 'Only



*learners themselves can learn and only they can reflect on their own experiences'* (1985:11). As teachers and facilitators of reflective learning, we only have access to what the learner chooses to reveal. This is an interesting comment in the context of this study.

Boud et al went on to suggest that reflection is an intentional and purposive activity directed towards a goal, and that the reflective process is a complex one in which feelings and cognition are closely related and interactive. They contend that those learners who feel positive about themselves are more likely to engage and persist with reflective activities than those who feel negative about themselves, and that the affective domain is important and often neglected in learning activity. This acknowledgement of the affective domain has been influential in subsequent texts as has the assertion that positive feedback and external validation of reflective learning may be necessary and desirable. Boud et al proposed that reflection does not have to be a solitary task; it could be facilitated through debriefing sessions in groups or in a one-to-one session with an attentive listener.

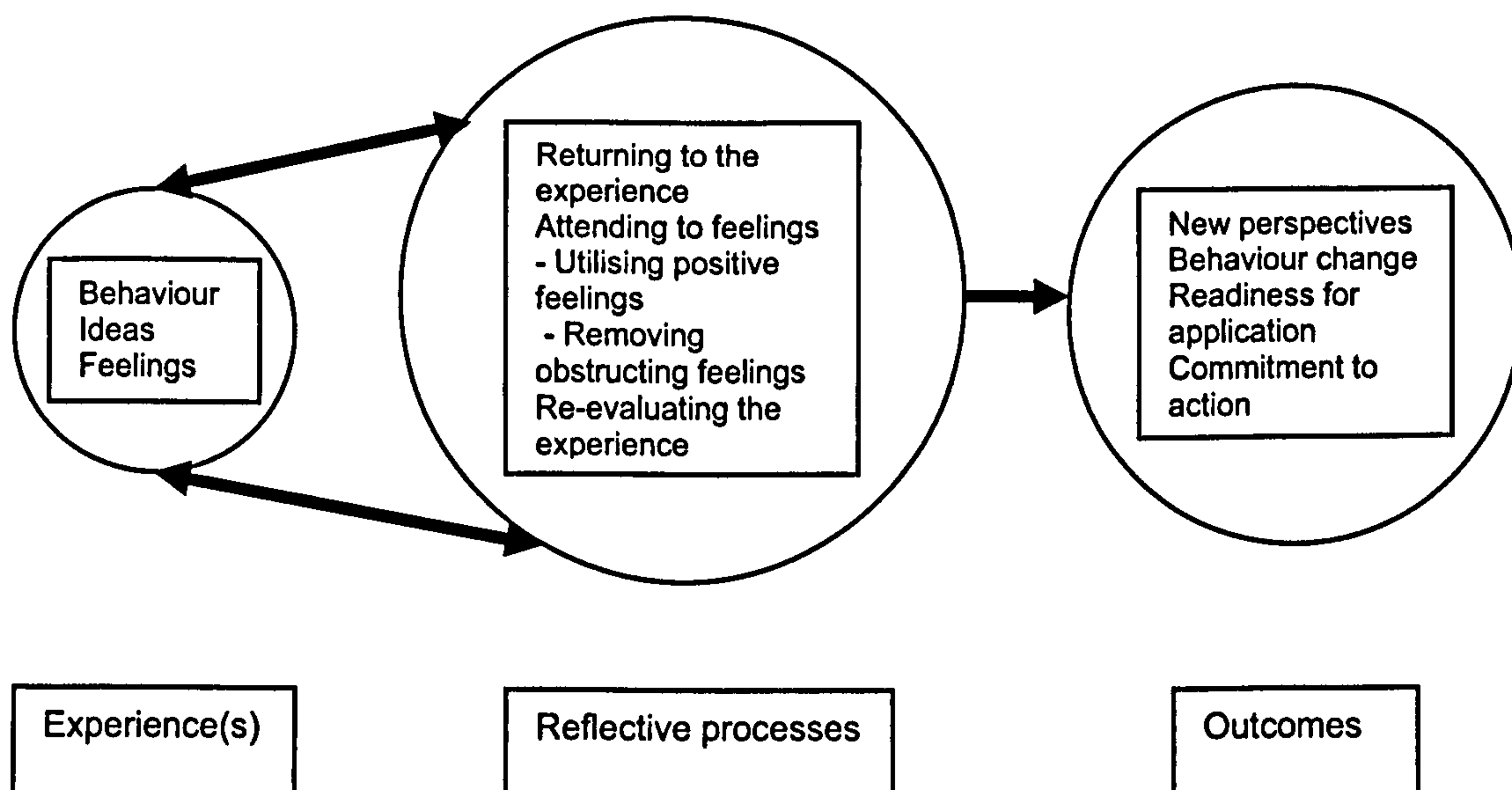
Boud et al describe reflection as

*An important human activity in which people recapture their experience, think about it, mull it over and evaluate it*  
(1985:19).

This exploration of experience leads to new appreciations and understandings. The triggers for reflective activity are described as arising from the normal occurrences of life, and although they state that positive experiences may prompt reflection they focus on experiences that engender a sense of disillusionment or loss of confidence as primary precipitative prompts. They align this sense of dissatisfaction with Boyd and Fales sense of inner discomfort (1983) and Dewey's sense of doubt or perplexity (1933).



Reflection has three main components; the experience, the reflective processes based on that experience and the outcomes. The starting point for their model of reflection in the learning process is the totality of the experience; the behaviours of the learner, the feelings they experienced and the ideas that the learner is already aware of.



**Figure 4.** *Components of Reflection - Boud, Keogh and Walker (1985:27).*

Boud et al describe the central reflective process as comprising of three elements: a return to the experience, attending to feelings and a re-evaluation of the experience. The return to the experience involves replaying the experience either in the mind's eye, or describing it to an attentive other either verbally or in writing. They contend that part of this description should capture and acknowledge the feelings evoked by the experience. The second stage of the process is to pay attention to the feelings that were present during the experience. Boud et al are particularly concerned with the role that emotion plays in facilitating or blocking reflective processes. The authors describe using positive feelings to focus on what went well and to

affirm self worth as a way of establishing a positive affective state conducive to further cognitive and emotional development. If something went well you just acknowledge that and use that positive drive to seek out new learning opportunities not necessarily related to the positive experience. They do not seem to recognise the potential benefits of reflection on the experiences that evoked positive feelings themselves, which also have the capacity to develop and affirm personal knowing and self confidence. Negative feelings such as embarrassment or anxiety are viewed as potential blocks to a thorough examination of the experience, and they need to be '*discharged*' to free the learner to respond '*flexibly and creatively*' (1985:30).

Having attended to the description of the experience and mediated the feelings evoked by it, the learner is ready to re-evaluate the experience through the four stages of reflective analysis:

- Association – relating new data to what is already known
- Integration – seeking new relationships between the data
- Validation – to determine the authenticity of the new ideas and feelings
- Appropriation – making knowledge one's own

(from Boud et al 1985:30).

Articulation of a reflective process is largely absent from the other literature reviewed, although Moon (1999) contends that this process is similar to Kolb's notion of abstract conceptualisation. Boud et al leave open the opportunity for further action, possible action or inaction shaped by new perspectives and knowing as potential outcomes of the reflective process.

The contribution and influence of this oft quoted text has been significant. Boud et al developed Boyd and Fales idea that reflective learning could be facilitated and supported. Boud et al suggest that facilitative strategies such as debriefing, peer assisted learning and professional support groups may enable reflective activity but assert that, regardless of the context, or setting attentive listening is the most important factor. I recently heard Christopher



Johns state that the best way to facilitate reflection was to listen to another. Boud et al also highlighted the importance and influence of the affective domain within reflective and experiential learning, a theme taken up by almost all subsequent writers. Articulation of a potential process for reflective learning prompted the generation of a number of models that aim to facilitate the development of new perspectives and personal knowing.

### Gibbs Reflective Cycle

One of the most commonly cited models for facilitating reflection on action offered in nursing related texts is Gibbs Reflective Cycle (1988). Gibbs, an educationalist, proposed the model for structured reflection as an elaboration of the reflective stage of Kolb's experiential learning cycle.

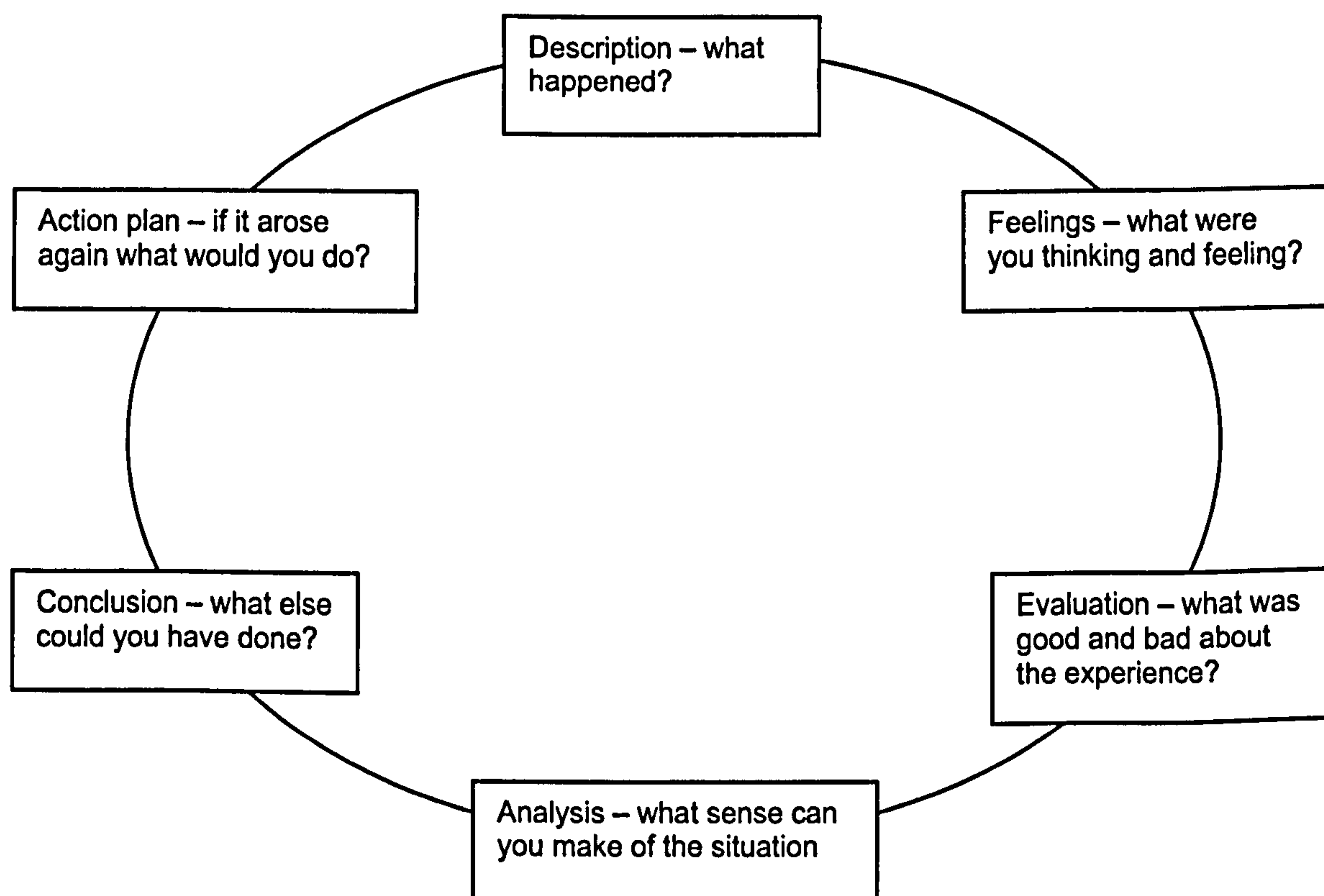


Figure 5. Gibbs' Reflective cycle (after Gibbs 1988).



Originally conceived as a 'de-briefing sequence' (1998:46) this model is frequently cited as a framework for facilitating reflection within many of the curriculum documents at the University at which this study took place. Two significant criticisms of the model are made by Rolfe et al (2001), firstly that although the model appears to be cyclical, it does not have a reflexive path back to the current situation; it asks the practitioner to plan for future actions, 'if the situation arose again'. This raises two further issues; how does this model help the practitioner to resolve a current issue in practice, and will the practitioner ever have the same experience again? As the Greek philosopher Heraclitus is attributed with saying

*'you could not step twice in the same river; for the waters are ever flowing on to you'* (Heraclitus, 540-480 BC; On the Universe).

Secondly, the cues are described by Rolfe et al as 'general and unspecific' leading them to suggest that the model may not offer novice reflective practitioners enough direction to deepen their understanding. Interestingly, in the taught unit which aims to support academic and professional development throughout the three years of the pre-registration nursing programme at the University in which this study was undertaken, Gibbs model is introduced in the first year leading up to more structured models such as Johns (2002, 2004, 2006) in the third year.

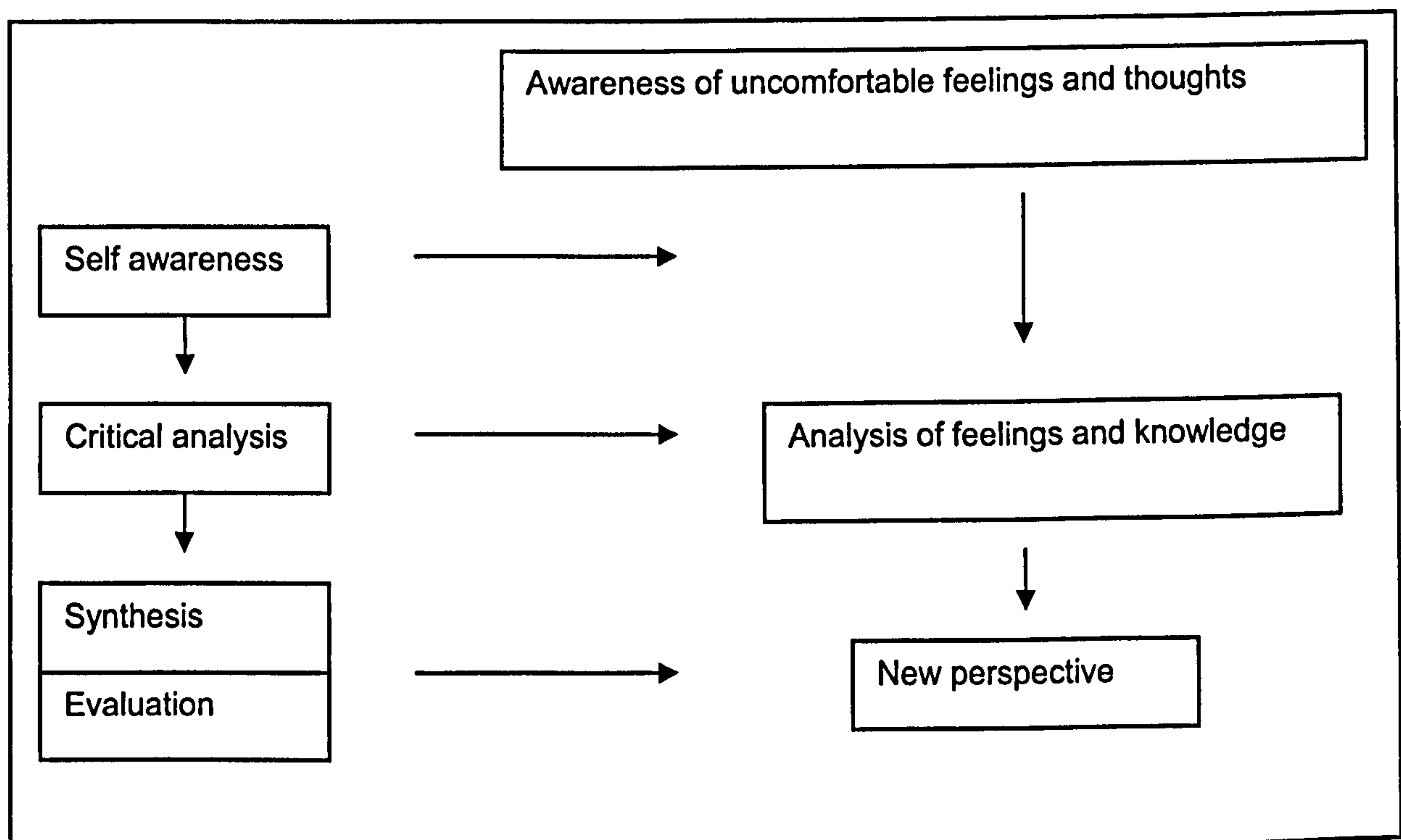
### **The impact of reflection in nurse education**

Written within the context of nurse education, Atkins and Murphy (1993) aimed to analyse the important aspects of reflection and identify the skills required to be reflective from the available literature. They proposed a model of reflection that drew out the cognitive and affective skills necessary for reflection which they felt were implicit and embedded in the writing of Schön, Boyd and Fales and Boud et al, and linked these to the processes and definitions available. The model suggests that reflection is triggered by uncomfortable feelings and thoughts which arise from a realisation that

*the knowledge one was applying was not sufficient in itself to explain what was happening in that unique situation (1993:1189).*

Atkins and Murphy align this to Schöns' trigger of surprise and Boyd and Fales sense of 'inner discomfort'.

The second stage involves critical analysis of the situation involving consideration of existing knowledge and the affective domain, and the third stage involves the development of new perspectives and the outcome of learning.



**Figure 6.** *Reflective processes: a model including the skills required for reflection. Atkins and Murphy (1993:1191).*

Atkins and Murphy suggested that analysis of the stages in the process of reflection demonstrated that key cognitive and affective skills were prerequisites for reflection. They felt that self awareness enables a person to analyse their feelings and this is an essential feature. The ability to accurately recollect and describe events, critically analyse the components of a situation and the ability to synthesise existing knowledge, new perspectives and alternatives in creative ways that lead to changed personal perspectives



were also essential skills. The ability to evaluate the significance of the learning was also important, and Atkins and Murphy proposed that the best way to facilitate reflective practitioners was to develop the skills required to reflect within practice settings, an issue that Atkins expanded on as nursing began to move towards 'practice led curricula' (Atkins and Murphy 1994, Atkins 2000).

The introduction of the Project 2000 Diploma in Higher Education programme for nursing preparation in 1988 had seen nurse education move from NHS provision into Higher Education ending the apprenticeship style of nurse training. 'Project 2000: A New Preparation for Practice' (UKCC 1986) had recommended that nurse preparation needed to be more theoretical and nurses needed to become 'knowledgeable doers' with the critical, analytical and academic skills to advance practice in the increasingly technological world of healthcare. The Project 2000 report highlighted that the opportunities to learn in, and from, practice were not being capitalised upon and that student nurses were largely used as pairs of hands to staff the wards. Given the interest in the work of Schön, Kolb and Boyd and Fales around the same time, the reflection and reflective learning literature offered attractive strategies for facilitating the integration of the theory and practice of nursing and professional development. Rich and Parker (1995) asserted that reflective practice was implicit or explicit within all Project 2000 curricula.

By the mid 1990's concern was being raised about the Project 2000 prepared practitioners fitness for practice and skills on qualification. Several studies demonstrated that the perceived gap between theory and practice was increasing and that some programmes were failing to prepare nurses for the reality of practice (Ehrenfeld and Tabakl 1997, Fulbrook et al 2000). The 'Fitness for Practice' report (UKCC 1999) recommended a stronger focus on practice based learning where at least fifty percent of the nurse preparation



programme should be based in clinical practice with the support of expert mentors and a competency based framework leading to registration.

Much of the literature pertaining to reflection in nurse education has emerged since the mid 1990's and mirrors the shifting emphasis in where and how nursing should be learned and the changing competencies and skills demanded of a contemporary nursing workforce. In his introduction to 'Reflective Practice in Nursing', Palmer acknowledges the difficulty of thoughtfully considering personal practice

*in the 1990's which appears to be more akin to competing in a race than providing client centred, holistic health care*  
(Palmer, in Palmer, Burns and Bulman 1994:1).

He suggests that reflective practice has the potential to address the sense of alienation brought about by 'high-speed' care and as a means of improving that care. The text, one of the first textbooks on reflection in nursing, offered contributions from nurses, student nurses, lecturer practitioners and nurse lecturers, all of whom engaged in reflective activity to improve their professional practice. Palmer proposed that

*Whereas in the past nurse educators have arguably not prepared students adequately for the rigours they face ahead as registered practitioners, reflection when integrated into the nursing curriculum and fully supported in practice may possibly prove to be the missing link to ensuring what they learn in clinical practice is meaningful and valid to everyday practice*  
(1994:3).

Drawing on the experience of using reflection in an undergraduate nursing programme, he suggested that it had the potential to develop the competent, self-aware and analytical practitioner required by the regulatory bodies. Indeed, Dearmun reported that by the year 2000 nearly all pre-registration nursing programmes validated by the English National Board had '*reflection as a key curricula theme*' (2000:158).

## Models for Reflection in Nursing

Bulman, another of the editors of 'Reflective Practice in Nursing', suggested that Gibbs' reflective cycle offered a potential framework for reflection, as did Johns' model for structured reflection (MSR 1992) and Stephenson's model, first published in this text. Holm and Stephenson co-authored the chapter on the student's perspective of reflection, their experiences of writing reflective journals and of assessment through their ability to write reflectively about their learning and practice. The students had not been directed towards any particular reflective model/frameworks and Stephenson devised a series of questions that helped her to focus her reflective thinking about a situation;

Choose a situation from your placement. Ask yourself...

- What was my role in this situation?
- Did I feel comfortable or uncomfortable? Why?
- What actions did I take?
- How did I and others act?
- Was it appropriate?
- How could I have improved the situation for myself, the patient, my mentor?
- What can I change in future?
- Do I feel as if I have learnt anything new about myself?
- Did I expect anything different to happen? What and why?
- Has it changed my way of thinking in any way?
- What knowledge from theory and research can I apply to this situation?
- What broader issues, for example ethical, political or social arise from this situation?
- What do I think about these broader issues?

**Figure 7.** *Model for reflection - Stephenson (1994:137).*

Anecdotal evidence from my own work with student nurses and the mentor preparation programme suggests that this model is accessible and useful for unpicking practice based experiences, particularly with first year students trying to make sense of, and ground, their understanding of the apparent chaos of practice. It is interesting to note that the prompts acknowledge that reflection could be triggered by comfortable or uncomfortable feelings.



## **Christopher Johns – Becoming a reflective practitioner**

In the 1994 text Christopher Johns also felt there should be a balance between reflecting on both problematic and satisfying experiences, but acknowledged that practitioners tend to focus on stressful experiences. Drawing on Marshall's (1980) work on stress in nursing, Johns suggests that nurses are expected to 'cope' with strong emotions, and that they generally cope by avoiding situations that cause them anxiety. Hence if a situation causes a nurse anxiety she is unlikely to choose to reflect upon it, although reflection may help to ameliorate that anxiety. This sense of contradiction and the personal conflict it creates is described as *'the driving force for learning through reflection'* in Johns later works (2000:39, 2002, 2004, 2006). Mirroring Palmer's view that nurses were becoming alienated from holistic care, Johns drew on Schön to suggest that reflection was one route back to valuing and affirming personal knowledge in a world that increasingly valued research based and scientific practice. He acknowledged that to *'face the effort of curiosity, reflection and commitment'* rather than continue in a *'blinkered, dogmatic and defended world'* could be a challenging journey and one that *'should always be supervised or coached'* (1994:119).

Johns proposed a model for structured and guided reflection which emerged as a natural sequence during supervision sessions between himself and nursing staff at the Burford Nursing Development Unit (Johns 1991). The model was originally devised as a model for the facilitation of reflection by a coach or supervisor rather than as a practitioners model (Rolfe et al 2001). Although wary of the *'prescriptive attraction'* of a model or framework for practice, its potential to shatter human experience into pieces and the possibility that it may encourage users to make their experiences 'fit the boxes', he suggested that this model could help nurses to clarify new perspectives and horizons. Clearly influenced by Schön, and drawing on the affective domains proposed by Boud et al and developed by Gibbs within an experiential learning model similar to Kolb's, it is interesting to observe that



the early model places the practitioner at the centre of the experience *before* the patient and their family. This is amended in subsequent versions.

<b>Core question – what information do I need to access in order to learn through this experience?</b>	
<b>Cue questions –</b>	
1.0	Description of the experience
.1	Phenomenon - Describe the 'here and now' experience
.2	Causal - What essential factors contributed to this experience?
.3	Context - What are the significant background actors to this experience?
.4	Clarifying - What are the key processes (for reflection) in this experience?
2.0	Reflection
.1	What was I trying to achieve?
.2	Why did I intervene as I did?
.3	What were the consequences of my actions for:
	- Myself?
	- The patient/family?
	- For the people I work for?
.4	How did I feel about this experience as it was happening?
.5	How did the patient feel about it?
.6	How did I know how the patient felt about it?
3.0	Influencing factors
.1	What internal factors influenced my decision making?
.2	What external factors influenced my decision making?
.3	What sources of knowledge did/should have influenced my decision making?
4.0	Could I have dealt better with the situation?
.1	What other choices did I have?
.2	What would be the consequences of these choices
5.0	Learning
.1	How do I feel <i>now</i> about this experience?
.2	How have I made sense of this experience in light of past experiences and future practice?
.3	How has this experience changed my ways of knowing:
	- empirics?
	- aesthetics?
	- ethics?
	- personal?

**Figure 8. Model for structured reflection - Johns 1992 and Carper 1978 (Cited Johns 1994:112).**

John's derived his cue questions from systematic observation of guided reflection sessions using Strauss and Corbin's Grounded Theory

methodology (1990) which influenced the decision to split the description of the phenomenon into four parts. Over time Johns found that this fractured the story and interfered with its telling, so this was later discarded.

Subsequent versions of the framework have seen the epistemological basis of Carper's (1978) fundamental patterns of knowing in nursing become more explicit (see figure 8). Johns reorganised Version 10 (1988) to focus on Carper's fundamental ways of knowing, arguing that

*these ways of knowing offer a comprehensive and valid framework for viewing learning through reflection* (1998:7).

Carper (1987) proposed four patterns of nursing knowledge

*'distinguished according to logical type of meaning and designated as: (1) empirics, the science of nursing; (2) aesthetics, the art of nursing; (3) the component of a personal knowledge in nursing and (4) ethics, the component of moral knowledge in nursing* (1978:14).

Carper considered that each interrelated and interdependent pattern was necessary for the mastery of the discipline and that no one of the patterns should be privileged above another in practice or in educational curricula. Johns added a fifth way of knowing which he called 'reflexivity' acknowledging that knowing is always contextualised in a historic and cultural way, making sense of the present in the light of the past and with a view to the future. Johns specifically highlights this point as a response to the criticism of reflection being retrospective (Greenwood 1993), distorted by hindsight bias (Reece Jones 1995) or contaminated by the 'fallibility of memory' (Newell 1992:1330). Drawing on the work of Gadamer (1975) Johns suggests that we interpret and understand ourselves in the context of our worlds and in the light of our foreknowledge which constantly changes in the light of our experiences. Furthermore, Rolfe (2005) has recently deconstructed Newell's argument and contends that all of the evidence on which we base our practice is necessarily contaminated by memory; it is what we draw on to shape everyday practice.



Both Munhall (1993) and Heath (1998) added 'unknowing' as a further pattern of knowing in nursing. This unknowing is an awareness that the nurse cannot fully know or understand the client when they first meet, an ongoing openness to the client's perspective that avoids subjective assumptions that could adversely affect the patient-nurse relationship. Heath suggests that Johns' proposal that all experience, not just critical or significant experiences could be open to reflection opens up the possibility of developing the art of unknowing.

Johns now holds back from offering a definition of reflection, preferring to *describe* reflection as:

*Being mindful of self, either within or after experience, as if a window through which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand and move toward resolving contradiction between one's vision and actual practice. Through the conflict of contradiction, the commitment to realise one's vision, and understanding why things are as they are, the practitioner can gain new insights into self and be empowered to respond more congruently in future situations within a reflexive spiral towards developing practical wisdom and realising one's vision as a lived reality. The practitioner may require guidance to overcome resistance or to be empowered to act on understanding*  
(2004:3).

In my experience, students and practitioners find Johns' language difficult and somewhat inaccessible. Reference to Carper's fundamental patterns of knowing in nursing is off putting for many students, particularly those unfamiliar with what is becoming an elderly and increasingly difficult text to access in the original. Indeed, explicit reference to Carper's work disappeared in Version 13 (2002) of the model (but has since reappeared) and this version appears to be much more accessible to students. Smith (1992) has expressed concerns that the interdependent and overlapping nature of the patterns of knowing could be lost within Johns' separation into discrete components in the model. Practitioners may be unable to restore the unity of the whole, turning experience into something dissected as an

academic requirement. Heath (1998) shares Smith's concerns suggesting that unless a practitioner has considerable nursing expertise and reflective ability which enables them to appreciate the complexity and diversity of their practice, reflection using Johns' model could become

*'an examination and categorisation of their knowledge as a mere academic exercise'* (1998:1056).

Fourteen years of ongoing revision and development has led Johns to offer Version 15 of the Model for Structured Reflection:

Bring the mind home	
Focus on a description of an experience that seems significant in some way	aesthetics
What particular issues seem significant to pay attention to?	aesthetics
How were others feeling and why did they feel that way?	aesthetics
How was I feeling and why did I feel that way?	personal
What was I trying to achieve and did I respond effectively?	aesthetics
What were the consequences of my actions on the patient, others and myself?	aesthetics
What factors influenced the way I was feeling, thinking and responding to this situation? (personal, organisational, professional, cultural)	personal
What knowledge did or might have informed me?	empirics
To what extent did I act for the best and in tune with my values?	ethics
How does this situation connect with previous experiences?	reflexivity
Given the situation again, how might I respond differently?	reflexivity
What would be the consequences of responding in new ways for the patient, others and myself?	reflexivity
What factors might constrain me from responding in new ways?	personal
How do I NOW feel about this experience?	reflexivity
Am I able to support myself and others better as a consequence?	reflexivity
What insights have I gained?	reflexivity
Am I more able to realise desirable practice?	
What have I learned through reflecting?	

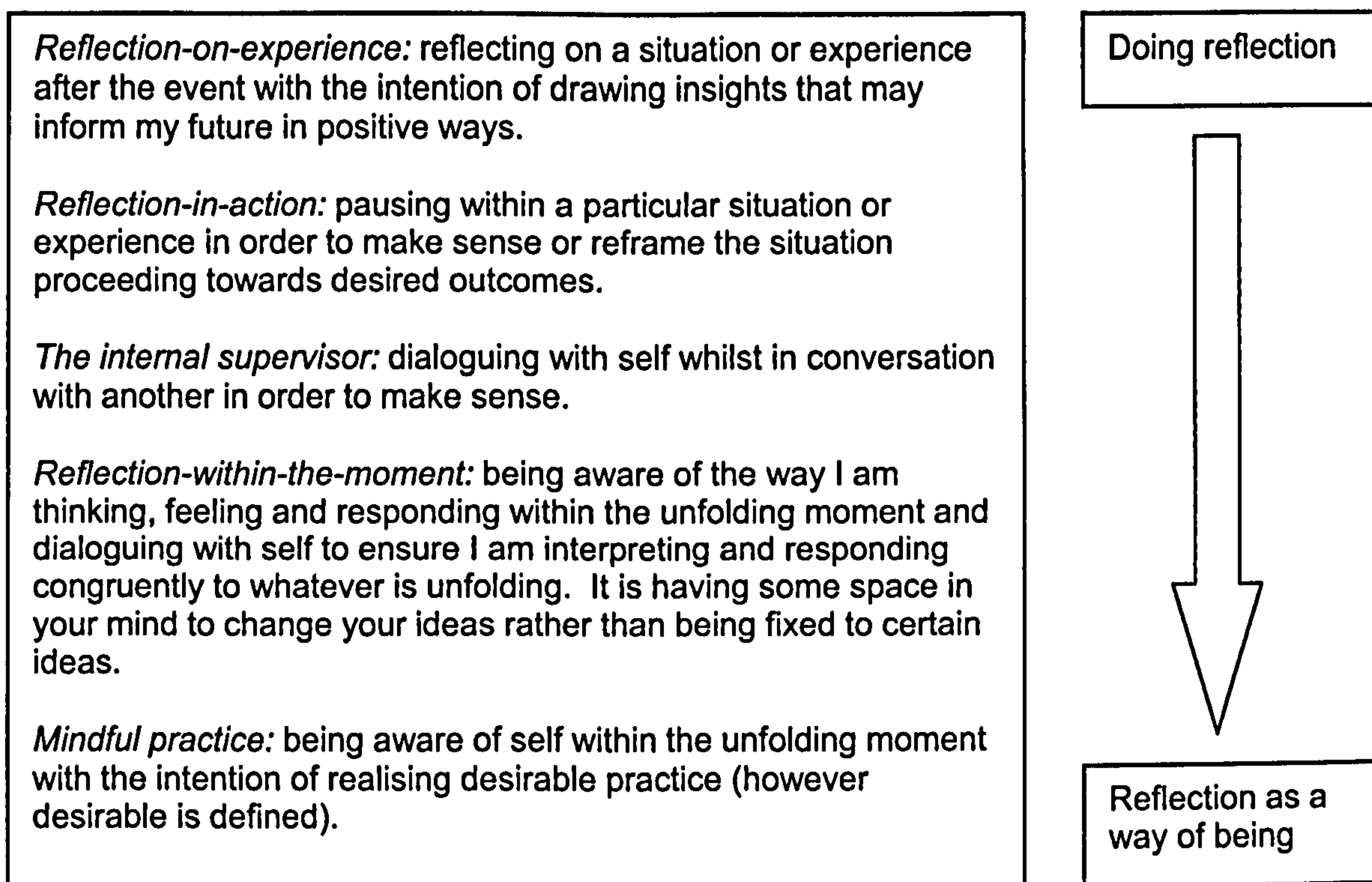
**Figure 9.** *Johns' Model for Structured Reflection (MSR Version 15 2006:42).*

Perhaps in response to the criticism of Rolfe et al (2001) this most recent version appears to link reflexivity to the possibility of making changes to a current situation as well as future practices. This is the first version of the model that explicitly challenges the person who is reflecting to consider what they have learned from the process, one of the questions posed during this study.



Johns (2004) asserts that the impetus for engaging with reflection is the contradiction between the practitioner's vision for, and the reality of, practice. It is usually triggered by the uncomfortable feelings associated with a sense of contradiction, anger, frustration, anxiety and distress etc. Johns attributes this list of triggers to Boyd and Fales (1983) as an apparent misinterpretation of their sense of inner discomfort. Johns suggests that the practitioner may not be conscious of any obvious contradiction but that it causes a deep gnawing of anxiety which brings the feelings to consciousness and triggers reflection to ameliorate the anxiety. Acknowledging that the underlying contradiction associated with the trigger of positive feelings may be less apparent, Johns suggests that we are less likely to reflect on positive feelings such as satisfaction, joy and love anyway because we take them for granted and accept them. This is an important issue in the context of this study.

Most recently Johns has commented that *'that being reflective is nurtured through the discipline of reflection-on-experience'* (Johns 2006:5), suggesting that retrospective reflection on action is merely the starting point on the journey towards realising reflective, mindful practice. Johns proposes a typology of increasingly sophisticated reflective practices that moves from 'doing' retrospective reflection-on-experience towards mindful practice, typified by a conscious intent to realise a vision of practice that encompasses the three other layers of reflection (2004, 2006). Reflection-in-action, dialoguing between self and the internal supervisor and reflection-within-the-moment, which is an awareness of self in the unfolding moment, form the intermediate levels.



**Figure 10.** Johns layers of reflection (2004:2).

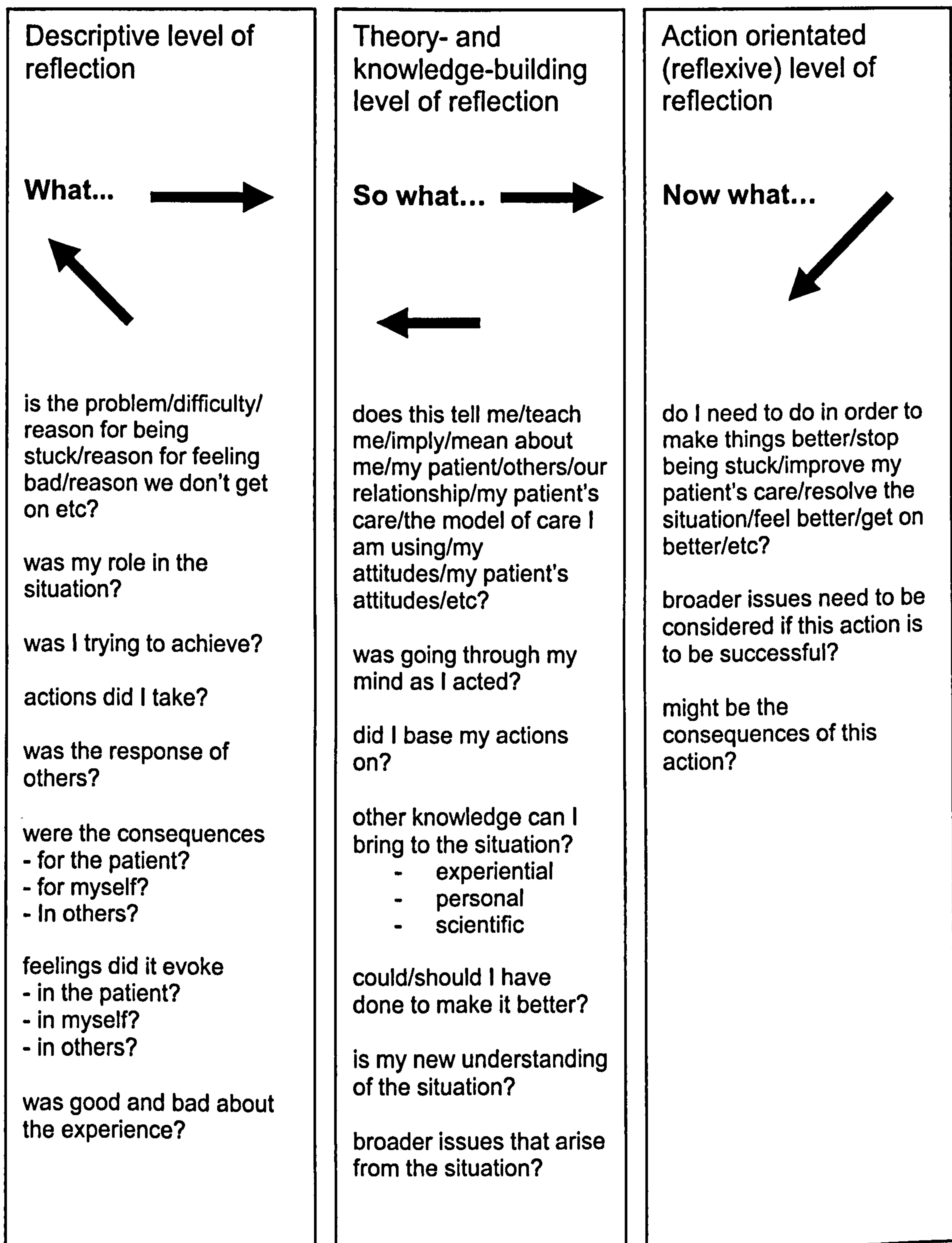
Much of Johns work seeks to understand what it means to be a reflective practitioner and he presents reflection as a means of achieving desirable practice and developing insights into self. The notion of moving from doing reflection to becoming reflective is important in this study.

**Rolfe, Freshwater and Jasper – a framework for reflexive practice**

Rolfe et al (2001) describe reflection-on-action as an essential developmental tool for all practitioners that produces knowledge about our practice. They suggest that in a knowledge acquisition model of practice, the ability to reflect-in-action becomes a vital part of the professional repertoire of the advanced practitioner. Rather than suggest a model for reflection on experience, they propose a framework rather than a model for *reflexive* practice that considers not only what has been learned but how it may help a current situation. Drawing on the ‘What’ model proposed by Borton (1970) and elements of Johns, Gibbs and Stephenson’s models, they offer an



sequence of cues that may help a practitioner to order her reflective thoughts and reflect on action. Rolfe et al state clearly that they do not seek to represent or describe a process of reflection, but to offer a sequential and cyclical framework which brings the last stage reflexively back to the first. The first level requires the practitioner to reflect on the experience in order to describe it and the second, to reflect more deeply to understand and construct personal knowing. The third level incorporates action planning to improve the situation and consider the implications. If the planned actions bring about change it leads back to the first stage and ongoing progression through the framework.



**Figure 11.** *A framework for reflexive practice - Rolfe, Freshwater and Jasper (2001:35).*



The authors acknowledge that some practitioners may never progress beyond the level of concrete thinking required for descriptive reflection, but they will still benefit from consciously considering their experience. The second level of the framework encourages practitioners to consider the how and why of the experience and the underlying processes and dynamics, and the final level offers a reflexive path back to the situation with the possibility of improving it or future practice. Rolfe et al contend that this third level of reflection offers the best opportunity for reflection to contribute to the improvement of practice.

Having explored a number of frameworks for reflective and reflexive practice, the authors go on to consider how best to facilitate reflection and suggest that writing, one-to-one supervision and group supervision may all have a part to play. Exposure to a variety of methods may help novice reflective practitioners to ultimately engage with a reflective strategy that suits them as an individual. This is an important issue in the context of this study.

The most recent edition of 'Reflective Practice in Nursing' (Bulman and Schutz 2004) highlights that the body of nursing research in reflection is growing, but in their view *'needs to be viewed tentatively'* (2004:11). Taking a positivistic stance they are largely dismissive of small scale studies that they feel lack generalisability and interestingly, they are wary of studies undertaken by educationalists of their students which they feel may be subject to bias. Much of this recent research literature is reviewed alongside the discussion of the constituents of the essence of the phenomenon of learning through reflective processes identified within this study.

I am also aware of a developing literature regarding reflexivity as a research method (Rolfe et al 2001; Freshwater 2002; Finlay 2002, 2005, 2006; Finlay and Gough 2003; Etherington 2004). The understanding of reflexivity as a research method is different to that of reflexivity within a reflective learning

process. Johns (2006) views reflexivity within reflective learning as a process of self review over time which enables the consideration of how insight has developed and how it influences ongoing actions and behaviours, whereas, Rolfe et al (2001) view it as a path back to changing a current or ongoing situation within a continuous cycle of reflection-in-action. Reflexive research methodologies aim to facilitate the *'self-aware analysis of the intersubjective dynamics between researcher and the researched'* (Finlay and Gough 2003:ix) thus enabling researcher subjectivity to become an opportunity rather than a problem. As a methodology, reflexivity offers the opportunity to acknowledge the impact of the researcher's own individuality, experiences and beliefs on the process, outcomes and presentation of the inquiry. This concept of reflexivity is returned to in Chapter seven where I consider my lived experience of undertaking the study.

Mindful of the wealth of influences, literature and understandings of what reflection, reflective practice, reflexivity and reflective frameworks could or may be, I have chosen to refer to reflective practices as 'reflective processes', 'reflective activities' or 'reflective consideration' within the study. These phrases do not seek to privilege any of the theories of reflection or reflective frameworks discussed in this review and acknowledge that the participants own reflective processes will be influenced by any number of considerations, some referred to in this review and many, not.

Reflection enables me to examine experience 'as it was' or 'as it is' to seek personal understanding and meaning. My own interest in reflection and reflective learning coupled with an emergent curiosity about phenomenological research led to the proposal to undertake this study to understand something more about the lived experience of student nurses of learning through reflective processes.



## Chapter 2

### Methodology

#### **Descriptive phenomenological methodology – origins and underpinning philosophy**

The concern of this study is to deepen and enhance the understanding of the meaning of learning through reflective processes for third year student nurses who feel that they have experienced this type of learning. Developed from the discipline of phenomenological philosophy, the research methodology of descriptive phenomenology aims to use the life-world as evidence in order to *'describe and articulate the 'whatness' of a phenomenon as it 'comes to appear' in experienced happenings'* (Todres and Holloway 2004:82).

Phenomenological philosophy itself

*emphasises the attempt to get to the truth of matters, to describe phenomena, in the broadest sense as whatever appears in the manner in which it appears, that is as it manifests itself to consciousness, to the experiencer* (original emphasis, Moran 2000:4),

and the associated methods of phenomenological inquiry seek to articulate the meaning of experienced phenomena, 'to go to the things themselves', rather than measure them.

#### **Husserlian phenomenological philosophy**

During the early part of the twentieth century, and amongst the competing European philosophical schools of *Neo-Kantianism, idealism, hermeneutics and positivism*, phenomenology was proposed as a new way of doing philosophy. Widely acknowledged as the founder of phenomenology, Edward Husserl (1859-1938) published the first edition of 'Logical Investigations' in 1900-1901 in which he discusses the need for a broad theory of knowledge and the *'phenomenology of the experiences of thinking and knowing'* (Husserl in Moran 2000:1). European phenomenological philosophy was elaborated by Husserl, transformed by one of his students, Martin Heidegger, and further

developed by thinkers such as Hans-Georg Gadamer, Emmanuel Levinas, John-Paul Sartre, Maurice Merleau-Ponty and Eugene Gendlin.

Husserl thought that our own concrete, lived, human experience in all its richness should provide the basis of philosophical reflection. According to Dahlberg et al (2001) he sought to reinstate the everyday human world as the foundation of science and that by 'going to the things themselves' he sought to do justice to everyday, lived experience. 'Things' are things of experience that can show themselves to us and be understood as a phenomenon, a part of the world as it is lived by, and presented to, the experiencer.

Husserl felt that explanation should not be imposed before a phenomenon has been understood from within and that description was a better starting point than explanation as explanation reveals only what we already understand rather than what is yet to be illuminated by the 'more' of the 'lifeworld'. The lifeworld has been described variously as *'the whole in which we live as historic creatures'* (Gadamer 1995:247), *'the complex, qualitative and lived reality that is there for us whatever we do'* (Dahlberg et al 2001:48), and as *'the experiential happenings or occurrences that we live before we know'* (Todres and Holloway 2004:81). Being and experiencing occurs in context and within the lifeworld, the rich and complex source of tacit or implicit meaning that shapes our experiencing and understanding. Experiencing occurs in relation to the world in which we are engaged and much of that engagement is taken for granted, we become absorbed by and immersed in just being in a stream of happenings which we understand implicitly without critical reflection or conscious response. Husserl described this as 'the natural attitude',

*the everyday immersion in one's existence and experience in which we take for granted that the world is as we perceive it*  
(Dahlberg et al 2001:45).



Husserl further proposed that we are '*Intentional*' in the world, that when we experience something it is experienced as something that has meaning for us, something that has an '*aboutness*';

*Every act of loving is a loving of something, every act of seeing is about a seeing of something* (Moran 2000:16).

The object of the act may not concretely exist, but it has meaning and a way of being in our consciousness that is part of our experiencing and understanding within our unique lifeworld. Our experiencing of the world may not be brought to language or presented to consciousness, but nevertheless that experiencing exists in our consciousness and enables our implicit understanding of the things we see and use in the world around us. Reflective acts may bring some parts of this consciousness to language. Phenomenological philosophy aims to understand the meaning of phenomena in the manner in which they appear to consciousness.

In order to 'go to the things themselves' within phenomenological philosophy and understand experience as it appears Husserl believed that we have to suspend or 'bracket' the natural attitude (the phenomenological epoché), and put aside our everyday, philosophical, cultural and scientific assumptions about the phenomenon under investigation (Moran 2000). According to Husserl, bracketing enables the inquirer to transcend their own subjective experience in order to observe the phenomenon from an objective perspective (Dahlberg et al 2001) and identify the 'essence' or invariant characteristics of the phenomenon. Husserl revised the notion of 'transcendental phenomenological reduction' several times, but insisted that it was an essential feature of phenomenological philosophical inquiry.

Descriptions of the life-world therefore aim to capture not just the description of how the phenomenon was experienced in isolation, but with all of the associated nuances of context, circumstances, history, actions, feelings and relationships with others. Rich descriptions of our own experience of

phenomena in the lifeworld are the subject matter of Husserlian phenomenological inquiry, and phenomenological analysis of these descriptions enables the inquirer to illuminate the tacit meanings of our everyday understandings. The descriptions become a source of evidence beyond our existing understanding. Phenomena that stand out from the lifeworld and become puzzling because we cannot attribute explanation and meaning to them, demand attention to understand what they are and what makes them what they are. This concern for 'whatness' or 'aboutness' helps to articulate the essential qualities or essence of the phenomenon, of what appears, in relation to context. Todres and Holloway suggest that this is a *'meditation on sameness and difference and on 'good ways' to say this 'sameness' and 'difference'* (2004:82) as the 'essence' of 'whatness' will have a number of variations that contribute to a larger, distinct, and cohesive meaning but remain important nuances and differentiated parts within the whole.

In order to clarify the essence of an experience or 'given' object, Husserl thought it useful to perform 'free imaginative variation' a process that varies specific dimensions of the 'given' experience to determine if the experience changes. The aim of free imaginative variation is to open up new aspects of the experience and illuminate what is invariant; if the imagined variation causes the experience or given object to change then the varied dimension is essential (Moran 2000; Giorgi 2003a). Adherence to these methodological principles would lead the researcher to doing philosophy rather than undertaking phenomenological research, but Husserlian phenomenological philosophy has influenced the development of a method of inquiry that is sensitive to the *'special qualities of human experience as subject matter'* (Churchill and Wertz 2001:248) and the fidelity of the phenomenon.

Amedeo Giorgi has played a key role in articulating an empirical research methodology derived from, and largely true to, Husserl's philosophical



phenomenology. Giorgi has made a clear distinction between Husserl's philosophy and the development of a meaningful scientific research methodology;

*phenomenological philosophy is a foundation for scientific work; it is not the model for scientific practice. The insights of the philosophy have to be mediated so that the scientific practices can be performed*  
(Giorgi 2000:4).

### **Scientific phenomenological research**

Literal interpretations of the philosophical practices of Husserl would lead the inquirer to undertake philosophy whereas Giorgi has developed a scientific phenomenological method consistent with the foundational principles of phenomenology (2000a). Scientific phenomenological research '*aims to clarify situations lived through by persons in everyday life*' and to remain '*faithful*' to the phenomenon and '*to the context in which it appears in the world*' (2003:26). The significant difference that Giorgi proposes from Husserlian phenomenology is that descriptions of experiences are gathered from a number of others and not just from oneself. Rich, descriptive, first hand accounts of the phenomenon are gathered from participants and scientific phenomenological analysis attempts to intuit and express the essence of the phenomenon in a disciplined way. Giorgi acknowledges that pure Husserlian philosophical scholarship draws exclusively on the personal reflections of the lone philosopher but defends the use of experiential descriptions gathered from others in scientific phenomenology.

Giorgi (1997, 2002a) contends that the descriptions are gathered from the perspective of the participants natural attitude, that description

*gives linguistic expression to the object of any given act precisely as it appears within that act*  
(Giorgi 1997:241).

The researcher then analyses the descriptions from within the phenomenological reduction having bracketed out their own presuppositions and engaged in imaginative variation. Giorgi (1985, 2003a 2003b) proposes four steps for descriptive phenomenological analysis;

- To read for a sense of the whole
- Determination of parts: establishing meaning units
- Transformation of meaning units
- Determination of the Structure.

Each of the four stages is described in detail in the data analysis section (pp.71 - 81).

### **Research process and methodology**

This study aims to understand better, and more, about the experience of learning through reflective processes. The study focuses on the lived experience of final year nursing students as their nurse education curriculum was underpinned by reflective learning theory, and aims to understand what the phenomenon of reflective learning meant to the students who felt that they had experienced this type of learning. I aim to present a faithful and authentic account of the experience of learning through reflective processes and what new meanings those experiences elucidate.

This study utilises Giorgi's steps for phenomenological analysis within stage three of the framework suggested by Todres and Holloway for undertaking empirical-phenomenological research which modifies the frameworks offered by Giorgi (1997) and Churchill and Wertz (2001);

- Articulating an experiential phenomenon of interest for study
- Gathering descriptions of others' experiences that are concrete occasions of this phenomenon
- Intuiting and 'testing' the meanings of the experience
- Writing a digested understanding that cares for different readers and purposes (2004:83).

This framework for phenomenological research challenges and enables the researcher to say something more about how a phenomenon came to be



interesting and how the descriptions of experienced happenings of the phenomenon are sought and gathered.

### **Articulating an experiential phenomenon of interest for study**

I became interested in reflection and reflective learning and teaching processes when my first Higher Education Lecturer Practitioner role challenged me to deliver a post-qualified nursing programme which enabled Community Practice Teaching students to develop their reflective learning and teaching styles. Reflection is *'favoured and accepted as a dominant discourse in many schools of nursing'* (FitzGerald and Chapman 2000:1) and most English National Board validated pre-registration programmes cited reflection as a key curricula theme (Dearmun 2000). Indeed, within the nursing department in which I work, many of the programmes including the pre-registration nursing curricula utilise the Action Learning Group (ALG) format described by Graham (1995). The aim of ALG's is to provide a timetabled reflective forum where students can present their learning experiences and explore and understand their self development through reflective processes. In addition, many of the written assessments require reflective accounts of practice based experience. As a Lecturer Practitioner I was not only facilitating the development of practice teachers reflective teaching and learning skills, but also utilising these strategies to facilitate student learning in my own practice arena.

As my lecturer role expanded to encompass teaching across the pre and post registration curricula, I felt the need to understand and engage with the wealth of literature and perspectives surrounding the concepts of reflection, reflective practice and reflexivity (Schön 1983, 1987; Johns and Freshwater 1998; Johns 1992, 1994; Palmer et al 1994; Atkins and Murphy 1993; Stephenson 1994; Gibbs 1988). Analysis of my own learning style has established that I prefer to learn through experiential and reflective processes (Kolb 1976; Honey and Mumford 1982). I value and utilise reflective

processes such as keeping a journal and clinical supervision to enhance my personal understanding and knowing.

In the original proposal for this project I noted that although much had been written about reflection and reflective learning processes, reflective teaching and facilitation and levels of reflexivity, little had been written about the nature of reflective practice, its educative potency or the lived experience of reflection (Ghaye 2000, cited Halliwell 2000). Acknowledging that *'our beginning understandings about an area of interest are intimately formed by significances of which we are part'* (Todres and Holloway 2004:84), I became curious to better understand;

- The lived experience of learning through reflective processes
- The nature of reflective learning
- The meaning and purpose of reflective learning
- The sorts of things students have learned
- The triggers for reflective learning
- The processes that enable and facilitate reflective learning.

A better understanding of the lived experience of learning through reflective processes may enable educators and students to enhance the facilitation of reflective learning and help learners to make sense of, and learn from, their experience, particularly in vocational programmes.

### **Gathering descriptions of others' experiences that are concrete occasions of this phenomenon**

Description of others' experience is most commonly gathered through an interview which aims to elicit a faithful and detailed description of the phenomenon as experienced by the participant (Giorgi and Giorgi 2003a). It is possible to seek retrospective written descriptions, descriptions from participants as they talk through their experience of a phenomenon as it is happening and non technical descriptions of others behaviours (Giorgi and Giorgi 2003b), but this study utilised one-to-one interviews to gather



retrospective descriptions of the phenomenon of learning through reflective processes.

### ***Articulating an 'experience near' research question***

In order to gather descriptions of student experiences that are concrete examples of the phenomenon of learning through reflective processes it was necessary to formulate an experience near question that invited the recounting of that experience. Phenomenological questions are those that ask about the meaning or essence of something that people live through, that is its basic constituents and types, and how it unfolds and evolves over time (Churchill and Wertz 2001). Giorgi contends that there are three essential phenomenological questions:

- Can you tell me about a time you experienced this phenomena?
- Can you tell me more?
- Can you give me a concrete example of that?

(Giorgi 2000a).

I commenced my quest to identify an experience near question by trying out prompts based on Giorgis' questions in a pilot interview with a colleague. Analysis of the transcript of this interview demonstrated that the questions worked but were not specific enough. I noted that in addition to asking for a description of the experience of reflective learning, I also asked the respondent to engage in some interpretation of her experience, moving away from what Giorgi described as gathering a 'presuppositionless description' (1976; cited Churchill and Wertz 2001) which avoids scientific explanation and rubric. I understand that I had not 'bracketed' or 'disciplined my preconceptions' about the phenomenon sufficiently (Giorgi 1997). Although LeVasseur (2003) suggests that we instinctively bracket prior understanding when we become curious as we no longer assume that we understand the phenomenon and are therefore open to new insights, Dahlberg et al (2001) contend that it is impossible to bracket all the pre-understanding that there is in the lifeworld. Whilst seeking to be more 'discovery orientated' (Giorgi

1997) I found that open ended phenomenological questions better enabled me to stand back from my personal knowing about, and my engagement with, the phenomenon. However, as Lowes and Prowse (2001) point out most research is generated by an enthusiasm for, and interest in, the topic which inevitably brings with it some personal understandings and presuppositions and I am aware that some of the questions I asked during the pilot and early research interviews were shaped by my own agenda.

In order to improve my interview technique, to understand the experience of being the subject of a phenomenological interview, and to further clarify the experience near question, my supervisor interviewed me about my experiences of learning through reflective processes. This was an extremely valuable learning experience. Not only was I able to identify experience near questions, I also understand how it feels to respond to those questions and to be interviewed for the purpose of phenomenological inquiry. This process enabled me to discipline my preconceptions better, to stand back and to find an 'open ended, experience-near' question (Todres and Holloway 2004) that invited the participants to describe the happenings of learning through reflective processes with all of the feelings, meanings and context of those experiences. Interestingly, a Husserlian philosophical approach would have solely utilised my own experience as the basis of inquiry, but a useful benefit of the experience of being interviewed was that my own presuppositions about, and experience of, the phenomenon of learning through reflective processes were articulated and made explicit. A naïve attempt to muddle methods and analyse my own descriptions using Giorgi's method was abandoned as I found it difficult to engage with the imaginative variation of my own words.

### ***The research questions***

The study was retrospective, seeking to elicit verbal descriptions of the participants' contemporary experience. The primary aim of this study was to



understand the lived experience of final year nursing students of learning through reflective processes. The initial interview question sought to confirm that participants felt that they had experienced the phenomenon:

*As you know I am interested in understanding your experience of learning through reflection. Is that an experience you feel you have had?*

Dependent on the nature of the participant's reply they were then asked to describe their experience(s) of learning through reflective processes in as much detail as possible, an example being:

*Have you got examples that you could describe to me?*

Having clarified the context and detail of the experience, the participants' were then asked to describe what was learned and how it was learned. These questions sought to specifically capture the '*meaning of lived experiences, what they are and how they are lived in concrete ways*' (Todres 2005:108, original emphasis). Lowes and Prowse (2001:475) approached their phenomenological interviews as '*deliberately created opportunities to talk about something particular*', in which some respondents welcomed prompts and probes to deepen the description of the phenomenon. I sought to clarify the participants' meaning and my understanding of that, but as the respondents got caught up in the narrative and the vividness and depth of the experience it was often unnecessary to use much prompting. Having described one experience, all of the participants were invited to describe further experiences of learning through reflective processes, and it is interesting to note that generally the second and subsequent descriptions were richer and more detailed than the first. I also asked some of the participants to retell parts of the story and they often added new and salient details to the original description, a technique described as the '*recapitulation probe*' by Gordon (1980 cited by Sorrell and Redmond 1995)

### ***Ethical considerations***

Ethical issues are inherent in every research study. In addition to the four major principles of ethical behaviour, autonomy, non-maleficence, beneficence and justice described by Beauchamp and Childress (2001), the principles of privacy, confidentiality, veracity and fidelity offer a framework for the consideration of ethical issues that can be applied to research. These principles underpin the University Research Ethics Policy and Procedures (2000, 2003, 2004) which set out the regulatory and ethical framework for research undertaken within the University.

Although National Health Service Ethics Committee approval was not required for this study, the University Code of Practice, Ethical Issues and Postgraduate Research does require

*Individuals who undertake research with student groups to gain approval from the appropriate programme leader (2000:5).*

Approval to seek student participation in this project was sought from, and granted by, the Head of Programmes for Pre-registration Nursing (Adult branch), and by the Head of the Nursing Academic Group (see appendix 2, pp.275 - 279). The tutors who facilitated adult branch Action Learning Groups (ALG) were also approached to seek permission to access students during ALG time.

In order to protect the autonomy of the participants, informed, voluntary and competent consent was sought from potential participants. Initial personal contact with groups of final year students was sought and an explanation of the purpose and nature of the study, data collection method and time commitment for participation was given along with an information sheet (Appendix 3, p.280). It was made clear that all of the students approached retained their right to refuse to participate, participation was entirely voluntary and they were able to withdraw at any time during the research process. The



potential participants were assured that any decision to participate or not would not prejudice their academic progress in any way. Students were asked to send a form back to me if they were interested in taking part and a second information sheet and invitation to interview at their convenience was sent to those who volunteered (appendix 4, p.283). The information sheets and proforma for informed consent (Appendix 5, p.285) conform to the current University requirements (2003:22).

A primary concern of all researchers should be to ensure that no harm is done to participants in the research process (Beauchamp and Childress 1994). Although this study was not directly exploring sensitive issues, the exploration of the lived experience and the context in which learning occurred through reflective processes had the potential to relive/revisit experiences that caused distress. Whilst exploring the feelings and thoughts of the participants, I sought to act with sensitivity and diplomacy, and recognised the need to debrief participants and provide emotional support where necessary (May 1991). The potential benefits of undertaking this study appear to outweigh any potential risks for the participants. All of the participants were treated justly and with respect and honesty.

I have undertaken to ensure that the confidentiality and security of the data, both in the form of audiotapes and interview transcripts, has been maintained. The University Code of Practice (2000) stated that audiotapes should be destroyed following transcription, but more recent policy states that tapes and transcripts need to be stored securely for five years after completion of the study (2003). The original proposal stated that the tapes would be erased following the completion of the study and this has been amended in the light of recent procedural guidance. Interestingly, it has been necessary to return to the tapes to clarify some non verbal information such as silences which have implied phenomenological meaning (van Manen 1990). As the presentation of qualitative research relies on the use of quotes, written

permission to use the participants' words was sought, and any data presented preserves the participant's anonymity, confidentiality and privacy through the use of pseudonyms. The data has been stored securely and in accordance with the Data Protection Act 1998 and the University research data protection guidelines (2003).

### ***Sampling strategies***

Patton challenges researchers to

*Ensure that sampling procedures are fully described, explained and justified, so that information users and peer reviewers have the appropriate context for judging the sample* (2002:246)

The project utilised a purposive sampling strategy that focused on seeking out and selecting participants who had experienced the phenomenon of learning through reflective processes and who could provide rich data.

Participants were sought from two cohorts of pre-registration nursing students due to complete their preparation programmes during September 2002 and September 2003. Final semester students were approached as the curriculum they had followed aimed to help them develop the ability to reflect on action and learn from their practice based experiences (Graham 1995). At the end of each year of the programme the students had been required to complete an assignment which chronicled their personal and professional development over the preceding year, appended by three reflective accounts of experiences that contributed to that development. I hoped that students who were working towards submission of the final reflective assignment would share their experiences of learning through reflective processes with me.

Both Patton (2002) and Morse (2000) assert that there are no rules to determine the sample size in qualitative research. Morse contends that the number of participants required depends on a number of factors including, the quality of data, the nature of topic, the qualitative method and study design,



and the amount of information derived from each participant. She suggests that a phenomenological study is likely to elicit a large amount of useable data from each participant and that six to eight informants may be sufficient. At a recent masterclass, Giorgi suggested that eight to ten interviews are usually sufficient to identify the essential/invariant structure of the phenomenon under investigation (Giorgi 2000a).

### ***The participants***

The sample consists of ten female participants, two who qualified as nurses in 2002, and eight who qualified in 2003. Participants were drawn from seven ALG's facilitated by six different ALG tutors. All of the participants were final semester student nurses. None of the volunteers were male, and as such the sample is not representative of student nurses in general terms as the ratio of female to male nurses registered with the Nursing and Midwifery Council is approximately nine to one (10.73% male; NMC 2007). If I had been operating within quantitative sampling methods, I would have required at least one male respondent. However, this study aims to understand something more about the phenomenon of learning through reflective processes generally and how it happens, rather than to consider the variance of lived experience between different population groups. Phenomenological studies are interested in variations of experience, but not necessarily concerned with 'traditional' variations, such as gender, race or culture, unless these variations are part of the defined phenomenon of study. Further, descriptive phenomenology aims to articulate and understand the often subtle variations that emerge from within a study rather than to perpetuate preconceived and potentially misleading variations. In the context of this study, for example, the variation of a general preference for privacy for authentic reflective learning may be more important than a traditional comparison between the experience of male and female participants.

The sample may well be representative of the group of final year nursing students who feel they have experienced learning through reflective processes, and the implications of this are discussed more fully within the limitations of the study (p.197). Whilst seeking to articulate an Authentic Productive Linguistic Gathering or a general structure of the phenomenon, individual variances are re-presented and honoured within the discussion of the invariant constituents.

In order to protect the anonymity of the participants and to respect the confidentiality and privacy of their lived experiences, each of the respondents is referred to using a pseudonym within the research report. I chose to rename the respondents, rather than refer to them by number in order to value the humanness and individuality of each of the participants. The confidentiality of the coding system has been maintained, and will be protected during the storage of the audiotapes and transcripts on completion of the study.

The recruitment of the participants took longer and was more complex than I had anticipated. In order to be transparent about the pragmatic and ethical decisions made in the midst of data collection the process of seeking out potentially data rich subjects and encouraging their participation in the study is narrated and reflected upon below.

### ***Encouraging participation***

Direct contact with prospective participants via the Action Learning Groups enabled me to ensure that they had an opportunity to read the first information sheet, ask questions and consider participation. I was able to explain that I was seeking to record descriptions of their experience of learning through reflection and that this did not require any knowledge of reflective models, nor any in depth personal analysis of the experience. Little preparation would therefore be required for the interview. Interviews were



arranged at the student's convenience, preferably on days when the students were attending University premises. This strategy was informed by the work of Sorrell and Redmond (1995) who suggested that it is helpful to provide introductory material before the interview so that the respondents can come prepared with meaningful narratives.

Of those students due to complete their nurse preparation in Sept 2002, three Action Learning Groups were approached and two students expressed an interest in participating. The second information sheet (appendix 3, p.280) was sent to the students and both consented to participate.

A similar process was undertaken with three action learning groups of students due to complete their nursing programme in September 2003. One of the first participants had commented that the transcript of the interview had helped her to articulate the formal reflective accounts required as part of the course assessment, and I passed this information on to prospective participants in addition to the material above. Two participants were ultimately recruited despite a higher level of initial interest.

Having reflected on the recruitment process I can identify a number of factors that may have discouraged student participation;

- I suspect that a number of students did not feel that they had experienced learning through reflective processes
- time pressures for the students juggling clinical practice with academic demands
- Christmas festivities and annual leave
- the practical issue that students in two of the ALG's approached were taught offsite for ten weeks making access to them difficult.

I sought permission to revisit the ALG's when they returned to University premises and recruited one further participant, who commented that

colleagues were reluctant to participate due to competing demands on their time. By August 2003 five interviews had been completed.

### ***Next stages***

Four of the participants offered rich descriptions of the phenomena under investigation, and one offered interesting insight but less rich material. Although the quality of the data appeared to be good, it was unlikely that I had gathered enough of the variance of the multifaceted nature of the phenomenon of learning through reflective processes to confidently articulate the essence of the phenomenon.

In the original research proposal I had stated that in order to reduce any social pressure to participate I would not approach any groups of students whom I had taught during the previous academic year. However, I was aware that several members of the ALG I facilitated noted both verbally, and in assessment work, that they had experienced personal learning through reflective processes. As having a personal, lived experience of the phenomenon is not dependent on the facilitation of the ALG, and several students were potential sources of rich data, I had to consider whether it was appropriate to approach them as prospective participants.

Discussion with my supervisors drew out the ethical issues and sought to minimise their impact. The University Research Ethics Policy states that where students are asked to participate in research informed consent should be sought and every effort made to minimise harm and inconvenience (2003:20). I had discharged all of my personal tutor responsibilities to the group, all assessments, summaries of training and references had been completed and the students were awaiting registration as nurses and confirmation of academic award. The power differential was therefore reduced by a significant degree, but I acknowledge that there was the potential for social coercion in the recruitment of this group of students. In



order to reduce 'undue influence' (Butler 2003) and to depersonalise the approach, I contacted the students in writing only, sending information sheet one with a covering letter (Appendix 6, p.286). I acknowledge that some students may have felt obliged to participate for a variety of reasons, some may have wanted to participate, and some didn't, their choice was not prejudicial in any way, and nor was it personalised. I did not follow up any of the group who did not respond. The interviews were undertaken before the students became NHS employees, and were not conducted on NHS premises in accordance with the University Code of Practice (2003). A further five participants were recruited.

### ***The interview process***

All ten of the interviews started by reiterating the consent to participate, the voluntary nature of participation, the right to withdraw from the study, perceived risks and benefits and the protection of the participants privacy through anonymity and confidentiality. Eight of the interviews were conducted on University premises, one took place in the participant's home, and one was undertaken in my home.

The purpose of the phenomenological interview is

*not to explain, predict or generate theory, but to understand shared meanings by drawing from the respondent a vivid picture of the lived experience, complete with the richness of detail and context that shape the experience* (Sorrell and Redmond 1995:1120).

Drawing on the work of Gadamer (1995), Dahlberg et al (2001) contend that the interviewer's role is to 'be with' the participant whilst facilitating the telling of the story of their experience of the phenomenon. The aim of the interview is to capture the

*where, when, with whom and the feelings, meanings and all of the narrative context that is the stream of experiencing from which a phenomenon stands out* (Todres and Holloway 2004:86).

The interview sequence generally followed the suggestions made by Kvale (1996) and Dahlberg et al (2001). The participants were invited to describe their experiences using the experience near questions articulated previously, which introduced the topic in a standardised way. Participants were interrupted as little as possible whilst recounting their stories, and follow up questions sought to expand and probe, to clarify understanding and meaning and to invite the recollection of further experiences.

Sorrell and Redmond (1995) suggest that phenomenological interviews are not conducted, but they are *participated in* by the interviewer and the interviewee. This co-production should enable both participants to understand the phenomenon better as a result of the interview:

*Lifeworld interviews are the means of listening to the voice of the lifeworld and at the same time strengthening it*  
(Dahlberg et al 2001:155).

It was interesting to note that two of the participants directly commented that their understanding had been enhanced through the interview process,

*You've really made me think just talking to you* (Dawn:86);

*Some things can be based upon your personal knowledge, that's good to remember* (Emma:129).

I transcribed all of the interviews, primarily to maintain the participants confidentiality, but also to ensure consistent transcription decisions and style (Kvale 1996) and to preserve more of the entirety of the lived experience of the research interview (Dahlberg et al 2001). Forbat and Henderson (2005) contend that the process of transcription is a critical part of research and one that frames both the analysis and interpretation of the data. They comment that researchers frequently gloss over the complexities of making transcription decisions and they challenge researchers to be more transparent about how they choose to re-produce the words of participants. I



attempted to annotate all of the pauses and laughter alongside the words and maintain all of the 'ums', 'ers', 'sort ofs' and 'you knows' within the transcript. Langdridge (2007) recommends the capture of 'ums' and 'ers' in the transcript as a method of staying as close to the participants speech as possible. This relatively simple level of transcription is sufficient within phenomenological methods as the focus of analysis is on the lived experience and its meaning for the participants rather than directly on the intricacies of language. The detailed transcription methods used within discourse or conversation analysis are therefore unnecessary in phenomenology. A transcribed account can *'never catch up with the totality of what was lived through'* (Giorgi 2000b:30), and this type of limitation is acknowledged in this type of study.

I offered all the respondents a copy of their transcript but only one of them took up the offer. Interestingly, she commented that the transcript had helped her to frame her final reflective academic essay. Forbat and Henderson (2005) found that returning transcripts to participants frequently caused embarrassment and surprise at the ungrammatical and inarticulate way in which we frame much of our spoken communication, and they caution the researcher to be clear about the purpose of sharing academically styled transcripts with participants. They suggest that this may ultimately disempower participants rather than achieving the intention to empower and this is something I will be mindful of in future studies.

The ten interviews generated a significant and rich descriptive data of the experience of learning through reflective processes from which deeper understanding of the phenomenon could be derived through phenomenological analysis.

### **The Analysis: Intuiting and testing the meanings of the experience**

Descriptive phenomenologists contend that the possible depth and meaning of a descriptive account of an experience can go beyond what is articulated

by the participant (Todres and Holloway 2004). Descriptive phenomenological analysis aims to elucidate the 'more' of what is said, the 'thereness' of the experience which moves beyond the expressions of the participants to articulate possible meanings in a more general and transferable way. Giorgi (1985; 1997; Giorgi and Giorgi 2003a; 2003b) recommends four '*stages of analysis which assist in intuiting and expressing general meanings in a disciplined way*', that attempt to remain '*faithful to the detail and 'evidences' of particular descriptive accounts*' (Todres and Holloway 2004:87).

The four stages proposed by Giorgi (2003a) and utilised within this study are;

- To read for a sense of the whole
- Determination of parts: establishing meaning units
- Transformation of meaning units
- Determination of the Structure.

### ***Read for a sense of the whole***

In order to be open to what is present in the data, Giorgi (1985, 1997; and Giorgi and Giorgi 2003a; 2003b) contends that an attitude of phenomenological reduction must be adopted. This means that the researcher must bracket existing knowledge about the phenomenon of interest and withhold all existential claims for the descriptions offered by the participants. Giorgi proposes that the task of bracketing in scientific phenomenological methodology is to temporarily put aside what is known by the researcher about the object of interest so that it has a chance to present itself afresh, avoiding the imposition of personal views, so that other perspectives and questions can emerge. This type of bracketing required me, as the researcher, to temporarily suspend my personal judgements about the phenomenon of learning through reflective processes in order to be open to, and to accept, honour and respect the experience as it appeared to the



consciousness of the participants. This process enabled me to suspend existing theories and to discipline professional jargon, language and understanding in order to view the data naively. The scientific phenomenological reduction also challenged me, as the researcher, to adopt an attitude that enabled me to *'take whatever is given to be a phenomenon'* (Giorgi and Giorgi 2003a:249), to be open to how things present themselves whilst recognising that they could exist in other ways. The reduction aims to avoid the human bias of asserting that things are the way we experience them without engaging in critical evaluation; it opens up other possibilities.

Having attempted to bracket out my own sense of understanding and knowing, existing theories, discipline specific jargon and language about the phenomenon of learning through reflective processes and having attempted to assume an attitude of scientific phenomenological reduction, the first stage of the analysis is to read the whole of the transcript. As Giorgi points out, this may seem like an obvious step but it is not explicit in other methodologies. Phenomenology is a holistic approach, and reading the entirety gives a global sense of the whole and how it ends, without any attempt to thematise or do anything about what has been read.

Having personally conducted each of the interviews and transcribed each of the tapes, I felt that I had a good grasp of the content of the transcripts, but attending to the whole highlighted and connected much more than I had grasped during the interview or transcription process. I gained a sense of how the parts I remembered from interview, or that had been isolated during transcription, constituted the whole.

### ***Determination of parts: establishing meaning units***

The ultimate outcome of phenomenological analysis is to determine the meaning of experiences (Giorgi and Giorgi 2003a). Most verbal descriptive accounts become many pages of transcript which are unwieldy and difficult to

manage as a whole. Determining the parts enables a more thorough analysis as

*one can clarify implicit matters to an extent far beyond what would have been possible from a holistic perspective*  
(Giorgi and Giorgi 2003b:33).

The parts are referred to as meaning units, constituted by transitions of meaning in the transcript. In order to determine the meaning units, and in accordance with Giorgi's method, I reread the description while engaging bracketing and an attitude of phenomenological reduction, and each time I identified a shift in meaning relevant to the phenomenon of learning through reflective processes I marked the transcript and delineated each part. Meaning units do not aim to be 'objective' units of meaning, they were correlated with my attitude and perspective, and are just a pragmatic way of aiding the next stage of the analysis. As another researcher is likely to identify different meaning units, no attempt to claim validity is made at this stage.

### ***Transformation of meaning units***

The third step of the method requires each of the meaning units to be transformed through the process of 'free imaginative variation' (Giorgi 1997; Giorgi and Giorgi 2003a), the second part of the phenomenological reduction. The descriptions of learning through reflective processes were collected from an everyday perspective, in language that is full of everyday expressions and references to the participants' world. Giorgi contends that these everyday and idiosyncratic descriptions are laden with distinct, contextualised meaning which the phenomenological researcher needs to make explicit in relation to the phenomenon. The primary goal of this transformatory process is to make explicit the meaning implicit in the description, meaning that is lived but not clearly articulated or in full awareness. The second aim is to '*generalise somewhat so that the analyses are not so situation specific*' (Giorgi and Giorgi 2003b:34), a process that requires the researcher to move from the concrete



lived experience as an example of something and clarify what it is an example of in disciplinary language. The language moves from the personal account of the participant to language that is more general which enables potential clusters of meaning to be seen more readily. The third purpose of transformation is to create meaning units that are more *'descriptively articulate and better able to be the bearers of...meaning'* (Giorgi and Giorgi 2003b:44) whilst remaining faithful to the lived experience and the implicit meaning embedded in the description given by the participant. This process enables the researcher to intuit and express general meanings in a disciplined way.

The first transcript I analysed using this method is reproduced in appendix seven as integral part of this study (pp.287 - 317). This research report focuses on the presentation of the general structure (Authentic Productive Linguistic Gathering) and the invariant constituents of the phenomenon, so the transcript one is appended as an example, in order to illustrate the determination and transformation of the meaning units and to inform the audit trail within the study.

The transcript of the interview is presented on the left of the page, the generalised account in the middle column and the transformed meaning is presented on the right. The only difference between the middle and right hand column is synthesis and as I became more proficient in the method I tended to move from the participants words to transformed meaning in one step. This was a time consuming process which demanded careful consideration of context, meaning and the appropriate use of language that captured and did justice to the participants' experience. The most useful tool was a comprehensive thesaurus which is now well thumbed. A three month teaching sabbatical enabled me to immerse myself in the analysis, 'dwell' with and 'digest' the data which was invaluable at that time and progressed the study significantly.

As I experienced the emergence of meaning from the data I found myself struggling to give words for the felt sense of what was implicit. I was challenged to find just the right word, a new way of saying. I had to learn to discard words that weren't quite right and wait for alternatives to come. When the right words did eventually come they felt right, I found what Gendlin described as 'THIS' (2004:132), a bodily felt sense of the 'coming' of words, words that 'carry forward' what was implicit in the data.

### ***Determination of the structure***

In this study, the essential structure seeks to represent the lived experience of all of the participants in a general way. Using the transformations of the meaning units I sought to determine what constituents of meaning were typically essential in order to account for the concrete experiences described by all of the participants. For Giorgi, this synthesis of typically essential' or 'invariant' themes constitutes the 'structure'.

The structure aims to establish what is typical about the phenomenon, the key constituents and the relationships between the parts. A phenomenological researcher generally aims to articulate a single structure, but if constituents are not intrastructural and do not fit well together, more than one structure will be required. Analysis of the transformed transcripts exposed a number of variations of the experience of learning through reflective processes, and these are honoured and acknowledged as individual variances within the discussion of the constituents.

Whilst developing the structure of this study I moved back and forth between detail and emerging themes, refining and testing seemingly transferable qualities to ensure that they were supported by descriptive evidence. As the researcher I held a sense of the whole of each of the accounts as well as the transformed meaning units in order to intuit and articulate the typical themes that arise from the lifeworld experience of learning through reflective practice.



*Such intuition and articulation of meanings involves a kind of disciplined imagination in which we are open to the meaning coming to us but with the requirement that it is not just poetic flight, in that it can be justified by the details of the actual descriptions*

(Todres and Holloway 2004:88).

Having articulated the structure Giorgi proposes that the clusters of variation should also be made clear, so that the outcome of scientific phenomenological analysis is not just the essential structure but rather *'the structure in relation to the varied manifestations of an essential identity'* (1997:249). Remaining faithful to Giorgi's method, the structure and the original constituents were intuited and articulated from within the phenomenological reduction, and as such they were not influenced by, or determined in the context of, the contemporary literature. Although in practice the determination of the structure is not a linear process, there is an expectation that the structure of the phenomenon and research report is presented in a sequential and logical manner.

In his recent writing Giorgi has proposed that the structure is best presented before a discussion of the key constituents and their individual variations (Giorgi and Giorgi 2003a, 2003b). However, given the complexity of the phenomenon and having read the whole research report with the general structure both before, and then after, the constituents, a pragmatic and presentational decision was made to present the constituents first to enhance the fluency of the research report and to aid understanding of the structure.

The five invariant constituents are therefore presented in Chapters three to seven as narrative accounts illustrated with the original words of the participants and with explicit links to the contemporary literature. This strategy enabled me to re-people the constituents and in a further departure from Giorgi's method, place them in the context of relevant theoretical frameworks. This was a pragmatic and presentational decision which aims to communicate a digested understanding of the phenomenon which ensures

descriptive adequacy and pays attention to the aesthetic dimensions of the participants' experiences in a way that enhances the understanding of the reader. Further, this is a strategy recommended by Todres (2000) as a way of retaining the richness and texture of individual experiences within a description that applies generally and typically, and indeed the credibility of the essential structure cannot be

*'clarified without showing how it's invariant themes 'live out' in variant possible ways'* (Todres and Holloway 2004:90).

I have chosen to present the general structure as an *'authentic productive linguistic gathering'* (Todres and Holloway 2004:94) of the phenomenon of learning through reflective processes, and this is presented in Chapter four after the discussion of the invariant constituents. The authentic productive linguistic gathering is best understood after the detail of each of the constituents has been considered.

Gendlin (1973) and latterly Todres and Holloway (2004) have expressed concern that the articulation of the essence is often seen as an end point, a static and final statement about the meaning of the phenomenon of interest. Gendlin was concerned that we can never say that what appears to be most general was the final thing that could be said about a phenomenon as there is always something more than a 'linguistic summation' can offer. Todres and Holloway therefore propose a reframing of the notion of an 'essence' as an 'authentic productive linguistic gathering';

- *'authentic' in that the enquiry is based on life-world descriptions*
- *'productive' in that the findings are expressed in a way that allows readers themselves to engage in dialogue with the 'aliveness' of the phenomenon that the words point to and to take the understandings further in multiple ways*
- *'linguistic' in that the presentation in descriptive phenomenology is in the form of explicit language...*
- *'gathering' in that the expression of findings is not considered to be absolute nor merely arbitrary. Instead the findings are relevant and*



*truthful offerings...which carry transferable insights as potential  
'platforms' for others. (Todres and Holloway 2004:94).*

### **Writing a 'digested' understanding that cares for different readers and purposes**

Although Giorgi briefly refers to the importance of communicating findings (Giorgi and Giorgi 2003b) he has left the elaboration of this issue to others (Ashworth 2000; Halling 2002, Todres 2000; 2004; Todres and Holloway 2004). The final phase of the method described by Todres and Holloway for undertaking empirical-phenomenological research is attentive to both the scientific concern and the communicative concern of how the phenomenology is presented. The scientific concern cares for the phenomenon and the participants' experiences, whilst the communicative concern cares for the readers of the research paper and the purposes to which the research may be put.

The scientific concern relates to the validity and credibility of the findings of the research, of how the participants experiences were used, transformed and represented in the writing. The credibility of phenomenological research is therefore enhanced when each of the invariant themes is elaborated and attention paid to the variance of the experiences of individual participants. Validity in phenomenological research is judged by the reader who considers whether the meanings adequately capture the sense of the details and whether they have been presented in a helpful and clear way. It is therefore essential that the reader has enough context rich detail to make those judgements. As a researcher I had to make judgements about what was generalisable in the expression of the essence and then ensure that the variations and nuances were presented in a coherent way that fully represented the lifeworld evidence. Ashworth (2000) described this type of validity as 'descriptive adequacy' and challenges the researcher to demonstrate that the essence has been intimately informed by the lifeworld

descriptions and not just by the researchers presuppositions and prejudices (which should have been bracketed) that were brought to the start of the research.

Essences are never context free, and this elaboration enables rich and textural context, diversity and fluidity to be reintroduced to the narrative thus attending to the aesthetic dimensions of experience (Todres 2000). Paying attention to the richness or 'texture' of experience in balance with the articulation of the structure enables the communicative concern to be partially addressed. The reader has access to not just the findings of the research but also to

*a range of implications about the phenomenon that serve as a rich personal reference when acting in relation to the phenomenon...(which) grants the possibility of intuitive empowerment*

within the reader (Todres 2000:42). Halling (2002) concurs, suggesting that however insightful the analysis of phenomena, without well chosen quotes and examples, the reader is unlikely to engage in a close relationship with the material.

In order to articulate an authentic productive linguistic gathering of the experience of learning through reflective processes I dwelt with the transformed meanings for some time, moving backwards and forwards between the parts and the wholes of the descriptions whilst seeking to understand and generalise meaning. On occasion I re-listened to the original audiotapes as some of the silences were meaningful and difficult to capture in written transcription. As clusters of meaning began to emerge I moved between the details and the original descriptions to ensure that what I understood to be invariant was faithfully evidenced in, and from, the lifeworld descriptions.



Initial analysis of meaning suggested eight potential constituents of the phenomenon which were mapped out on flipchart sheets with all of the variations and detailed examples of how and where they appeared. This visual mapping and the constant movement between the parts and the whole highlighted where three of the initial constituents overlapped others and they were ultimately incorporated as variations in other clusters of meaning. Seemingly small details were often important variations that could not be generalised and they are preserved as significant nuances in the elaboration of the invariant themes.

The process of intuiting and articulating meaning required me to make disciplined judgements about what was generalisable and therefore expressed in the authentic productive linguistic gathering of the experience of learning through reflective processes. In order to ensure that the reader can consider if the authentic productive linguistic gathering represents the detail and variance of the participants experience, each of the constituents/themes are elaborated in subsequent chapters and illustrated with the participants' words and examples. The process of 're-peopling' the constituents enabled me to introduce the rich detail of context and the aesthetic dimensions of individual experience. The backwards and forwards movement between the parts and whole continued as the 're-peopling' led to further revision of the authentic productive linguistic gathering.

Halling addressed further communicative concerns when discussing possible strategies to make phenomenological writing more accessible to readers without compromising the integrity of the scholarship. He proposed that the creative use of language and examples could assist with writing different versions for different audiences, communicating effectively on an intellectual and personal level. Noting that research reports are often tedious to read and that the lifeworld of the researcher is rarely evident, Halling suggests that the researcher tells the story of the research process and shares the sense of

discovery with the reader. I have attempted to adopt this strategy, to tell my story about the participants stories, to avoid being another '*disembodied author*' writing '*about no one in particular*' (Halling 2002:28). The research process has been a unique journey of discovery and personal growth. I hope that the research report does justice to the lifeworld experiences of learning through reflective processes shared by the participants and my lifeworld experience of having conducted it.

### **Establishing rigour in phenomenological research - issues and discussion**

Given the ongoing debate about the trustworthiness and authenticity of qualitative research, I feel that it is necessary to review the contemporary literature in order to provide the contextual framework for enhancing rigour that influenced some of the decision making during the development of this study. Very little has been written about reliability and validity in phenomenological research specifically. What literature is available is largely theoretical and there is little emphasis on how strategies which strengthen the truth claims of other naturalistic enquiries apply to empirical phenomenological research. I have engaged with this debate in order to identify the criteria by which the rigour of this study could be evaluated. Phenomenological research does not attempt to make a reality claim for the participants description and

*restricts the epistemological claim to affirming the way that the subject reported the experience is the way it presented itself to the experiencer'*  
(Giorgi 2000a:5).

As a researcher using phenomenological method I aim to refrain from claiming that the given *is* what it appears to be and attempt to bracket out what I know about the phenomenon so that I am open to what appears. Giorgi's method for phenomenological inquiry which employs reduction, imaginative variation and bracketing aims to aid the development of a strong



knowledge claim of possibilities based on accurate description. It is possible that the claims can be wrong, as in any other form of empirical work.

The drive to demonstrate credibility and trustworthiness in naturalistic empirical work has fuelled ongoing debate in the literature about the use of the terms reliability and validity, established in quantitative research, within the qualitative paradigm. There appears to be some consensus that reliability and validity as understood in quantitative research are inappropriate measures of rigour in qualitative inquiry.

Kvale suggests that the concepts of validity, reliability and generalisability have obtained the status of a 'scientific holy trinity' (1995:20), and that although the criteria may be useful in qualitative research the meaning of the terms cannot be directly translated from one research paradigm to another. It is clear that the readers of qualitative research do need criteria with which to judge 'truth value' and credibility, but that *'a simple application of the quantitative researchers' criteria of reliability and validity is not desirable'* (Bryman 2001:276).

A number of researchers advocate the use of the terms with clear guidance as to how to apply them within the qualitative paradigm (Kvale 1996; Hammersley 1998; Silverman 2001). Giorgi contends that if we are to use the terms reliability and validity in phenomenological research we must be clear about the terms and that *'the least we should do is put phenomenological before each of the terms'* (1988:175). Giorgi suggests that regardless of what terms are used both quantitative and qualitative researchers seek to provide sufficient evidence to support the knowledge claims made. He states that in phenomenological inquiry validity is achieved if the essential description truly captures the intuited essence. Phenomenological reliability will be achieved if the essential description can be used consistently (1988:173). Giorgi cautions that an essential description which presents a strong knowledge claim can

only be accurate if all of the precautions such as the phenomenological reduction, bracketing of presuppositions, and the use of imaginative variation have been fully utilised.

The phenomenological reduction enables the researcher to distinguish between the presence of a phenomenon or object and how it exists for the experiencer. Giorgi (1988) contends that the reduction implies two things; the successful engagement of bracketing, which requires the researcher to hold back from what they 'know about' the phenomenon and the theories and professional jargon related to it, and a suspension of existential status which refrains from saying that the given *is* what it appears to be. Both components of the reduction aim to reduce the possibility of error and enhance credibility and trustworthiness, or phenomenological reliability and validity.

The aim of descriptive phenomenology is to produce an exhaustive description of the phenomenon being explored which unravels and presents the essential structure of the 'thing itself'. In order to be open to 'the thing itself' it is essential to bracket out or suspend presuppositions so that the '*phenomenon is not distorted and can be described 'in its appearing'*' (Ashworth 1996:2). The scientific phenomenological method requires an existential bracketing rather than the transcendental bracketing described by Husserl which demanded the suspension of the natural attitude (Giorgi 1997). Dahlberg et al, drawing on the work of Merleau-Ponty, contend that we cannot give up living in the things that we explore,

*It is impossible to bracket all pre-understanding that there is in the lifeworld. Being in the world, and therefore being human, is a limitation from which we can never be free* (2001:61).

Giorgi (1985; 1997) and Ashworth (1996), suggest that it is possible to suspend presuppositions whilst nurturing the investigators sensitive awareness to the phenomena as experienced by another via a holding back from scientific explanation and avoiding the imposition of personal views; a



temporary suspension of prior beliefs so that other perspectives and questions can emerge. This type of bracketing challenges the researcher to hold in abeyance research propositions and theories but acknowledges that it is difficult, if not impossible, to entirely bracket out personal assumptions and knowing because we are immersed in, and engaged with, the world.

Existential bracketing rejects the Husserlian notion of the suspension of the natural attitude. Taking a more pragmatic stance enables the researcher to stand back from what is known about the phenomenon and to attend to the phenomenon as it is experienced. This enables the phenomenon to come into view without distortion and to be described from its essences (Giorgi 1997; Ashworth 2000), a measure aimed at enhancing phenomenological validity.

Imaginative variation enables the researcher to transform the respondent's everyday language into more general and transferable expressions of meaning for the phenomenon of study. This process enables the researcher to lift the general and essential meaning of the phenomenon from the contextualised personal experience of the participants whilst maintaining the relevant disciplinary context.

Giorgi cautions that these precautions are fallible as it is still possible to present inaccurate descriptions. Interestingly, these measures appear to be designed to establish phenomenological objectivity during the data analysis, and do not appear to be measures which could establish the trustworthiness and authenticity of the whole inquiry process, hence the use of the framework for empirical-phenomenological research proposed by Todres and Holloway (2004) in this study.

Lincoln and Guba (1985,1989) propose that the methodological soundness of naturalistic inquiry can be demonstrated by establishing 'trustworthiness' and that 'authenticity' can be established through techniques which ensure that

the multiple realities of the respondents have been represented. In their 1985 text Guba and Lincoln contend that the trustworthiness of naturalistic inquiry can be established if credibility, transferability, dependability and confirmability can be determined.

A naturalistic study is said to be credible if it presents faithful and vivid descriptions of the phenomenon which resonate with both the respondents and other readers (Guba and Lincoln 1985, 1989; Beck 1993, Koch 1994). Guba and Lincoln (1985, 1989) suggest that the probability of the findings being credible is enhanced by undertaking a variety of activities such as prolonged engagement with the respondents and their culture, triangulation of methods and data sources, peer debriefing and member checking. Some of these methods are contentious and inappropriate in phenomenology, which demands different evidence and criteria because of its different assumptions and underpinning philosophy.

Credibility appears to be differently understood within phenomenology which is an understanding science. Phenomenology applies the reduction process in order to better understand experience from another's perspective. All of the strategies that enhance descriptive phenomenological credibility need to ensure that the invariant structure or essence of the phenomenon is faithfully identified and articulated in a way that remains faithful to the original descriptions. The intuitive or imaginative variation processes which lead the researcher to insight about the phenomenon are not linear and cannot be determined or public. It is important to engage with participants sufficiently to ensure that enough variations of the phenomenon are gathered in order to identify what is invariant or essential. In this study ten interviews were undertaken. Triangulation of data is not required in phenomenological research as we have no reason to doubt the veracity of the participants' descriptions of everyday experience (Giorgi 2003a).



Whilst Beck (1993) suggests that credibility is enhanced when the findings are validated by the respondents, Giorgi (2000) has argued that such validation is a false step. Giorgi recently stated that the process of phenomenological reduction should allow the researcher to understand and present material beyond that which the respondent originally described, making the respondent an inappropriate validator of the research product. Phenomenological credibility will be established if the reader is able to relate to the research product in a way that deepens their own understanding of the phenomenon.

In this phenomenological study member checking took the form of meaning checking which was undertaken during the interview process. I checked my understanding of what the respondents meant by summarising and reflecting back concepts and ideas. Several authors recommend asking respondents to check the transcripts for accuracy (Seale 1999, Guba and Lincoln 1985). However; Koch and Harrington (1998) question the perceived benefits of member checking in this way, suggesting that if interviews were tape recorded and directly transcribed, verbal accuracy should be guaranteed. In addition, both authors suggest that returning to the respondents following data analysis may be counterproductive because individual statements may no longer be identifiable.

Naturalistic inquiry does not seek to generalise but the original context must be described accurately so that the reader can make a judgement about transferability. Giorgi concurs, stating that '*while universality is the highest form of generalisation, it is not demanded of all inquiry*' (1998:200). He goes on to say that results can be considered to be 'general' if '*the knowledge has application beyond the situation in which it was obtained*' (1997:200).

Drawing on the work of Guba and Lincoln (1985), Erlandson et al suggest that the transferability of

*an inquiry is judged in terms of the extent to which its findings can be applied in other contexts or with other respondents (1993:31).*

In order to help the reader identify typicality within context, Giorgi contends that detailed and faithful description of the context is necessary in order to relativise findings and enhance phenomenological reliability.

Todres (2000) suggests that the phenomenological researcher should strive to present the aesthetic beauty and depth of the respondent's experience, striking a balance between 'texture' and 'structure'. A clear exposition of the texture of the experience has the potential to enable the reader to be close to the phenomenon and open to '*a range of implications about the phenomenon that serve as rich, personal reference*' (Todres 2000:42).

The exploration and interrogation of the phenomena that leads to the discrimination of the invariant structure facilitates the articulation of the '*inner relationships and some of the interdependent boundaries of the phenomenon*' (Todres, 2000:43). The invariant structure should, at least implicitly, capture all of the meanings revealed during phenomenological data analysis. A reflexive balance between 'texture' and 'structure' has the potential to enable better understanding of human experience for the readers of phenomenological research. Attention to the texture and structure of phenomenological description will allow the original context to be seen clearly so that the reader can make a decision about the extent to which the findings are applicable in other contexts.

Koch suggests that auditability should be the criteria of rigour when dealing with the dependability of data stating that,

*Leaving a decision trail entails discussing explicitly decisions taken about the theoretical, methodological and analytical choices throughout the study (Koch 1994:978).*



Supervision notes, my own research journal and clear discussion which articulates the steps and decisions taken during the research process form part of this final research product. These strategies will enable an external examiner to trace data to its original sources and make judgements about the research findings.

Having established methodological trustworthiness, the criteria which establish authenticity also need to be considered. Authenticity is achieved when the multiple realities of the respondents have been faithfully represented (Guba and Lincoln 1989; Erlandson et al 1993).

The first of the authenticity criteria is fairness (Guba and Lincoln 1989:245). In order to achieve this criterion it is vital to ensure that informed consent, which can be withdrawn at any time, is sought from the respondents and that all of the constructions and values of the respondents are represented fully. Attention to the balance of texture and structure in the phenomenological descriptions will ensure that all of the variations offered by the participants are faithfully represented.

If the respondents own emic constructions are enhanced as a result of the study, ontological authenticity, is said to have been achieved. In phenomenology ontological authenticity can only be established by the reader. I aim to offer the essence of this study in a way that adds to, and resonates with, my own human understanding for others to consider. I am concerned with creating new language that seeks to contribute to the understanding of the human order and the experience of learning through reflective processes.

### **The invariant constituents**

As the phenomenological analysis of the data progressed five invariant constituents of the phenomenon of learning through reflective processes emerged. The description of these key constituents and the relationships between them form the authentic productive linguistic gathering or essential/general structure of the phenomenon which is presented after the constituents in Chapter eight. All five constituents were originally articulated within the phenomenological reduction (Giorgi 2003a), but are presented here as narrative accounts, re-peopled and illustrated with the original words of the participants and with explicit links to the contemporary literature. This presentation of the outcomes of the study remains faithful to the progression of the research and the authentic productive linguistic gathering is best understood after the detail of each of the constituents has been considered.

The dilemma of how best to present this research report and pay attention to both the scientific and communicative concern (Todres and Holloway 2004) has been ongoing throughout the study. Had I chosen to favour the scientific concern and remained entirely faithful to Giorgi's method (2003a) I would have presented the essential structure first followed by the post structural analysis of the invariant constituents, their interrelationships and the individual variances. However, paying attention to the communicative concern highlighted that the Authentic Productive Linguistic Gathering, or structure, may be best understood after the discussion of the constituents, and that the constituents of the phenomenon may themselves be best presented as separate chapters to enhance readability. I recognise that this is not entirely faithful to the nature of the methodology, and although separated, it is important that the constituents should be read as interwoven and integral to each other rather than as distinct entities. The constituents do not merely describe various elements, or extract and highlight seemingly significant features, they are parts that function constitutively and which form the unity of the whole experience.



This empirical phenomenological study has sought to understand something of the meaning of the phenomenon of learning through reflective processes and the meanings have been discriminated, explored, synthesised, transformed and clustered from the interview data in a rigorous way. Scientific phenomenological research aims to describe the deeper underlying meaning of data and to show readers how the conclusions held as assumptions about the phenomenon in the structure have been explicated. Hence the constituents have been 're-peopled' with the descriptions offered by the participants to enhance the clarity, transparency and validity of the analysis process.

The epistemological status of the constituents and the authentic productive linguistic gathering (or structure) offered here is not definite, nor definitive; it is open whilst not arbitrary (Dahlberg 2002). The presented structure is not complete (nor ever likely to be) and it leaves open possibilities for further exploration, analysis and understandings.

Phenomenological research acknowledges that every researcher has a lifeworld that is active and present within the research process. Within a phenomenological world view the essential structure is an interaction between meanings that are beyond myself as the researcher, and what I have contributed is a way of bringing the meaning of the phenomenon to language. As Dahlberg has stated

*'It is not the researcher who gives a phenomenon its meaning. It is not either the object that presents a meaning ready to describe. Instead the meaning is disclosed in the researching act that takes place between the researcher and the phenomenon.'* (2002:4).

The process of coming to an articulation of the constituents and structure has been described in the methodology section and it encompassed the back and forth motion between emergent meaning and the apparent supporting descriptive evidence, an expression of meaning as it appeared to be given.

As the researcher, I have offered a description that I believe explicates the phenomenon in the best way I can, and the constituents that follow are offered to the reader to support transferable insights, phenomenological generalisability and nuanced variations. For the sake of clarity I have expressed these insights as succinctly and as essentially as I can. The phenomenon of learning through reflective processes is presented as it appeared to me, and as such the insights or findings are tentative and open.

This style of presentation forges a middle way between the polarised positions of relativism and objectivism and offers the possibility of the reader inhabiting and sharing an engaged perspective of the phenomenon which may lead to active and shared understandings (Todres 1999). Although seeking to be objective within the research process, this study does not seek to present the absolute truth of the phenomenon as an object that can be observed as an isolated entity 'out there' (objectivism). Nor does it subscribe to the view that truth is always relative so some particular frame of reference such as language or culture, that there are no absolute truths (relativism). The truth value of this study lies in the possibility of a shared understanding of the apparent meaning and the assumptions I have made in the structure about the participants descriptions of the lived experience of the phenomenon of learning through reflective processes.

I invite you to share the experience.



## **Chapter 3**

### **The maturation of reflective learning – ‘doing learning’ to authentic reflective learning that facilitates meaningful and personal ‘own knowing’**

Towards the end of their nursing programme all of the participants described lived experiences of learning through reflective processes. This type of learning was progressive, developmental and it matured over time. The nature of reflective activity changed from being an academic structure that enabled learning to be ‘done’ and demonstrated at the beginning of the programme, to a valued learning tool which enabled the participants to become more self directed and committed as learners. All of the participants described how their most significant personal learning emerged from private and individualised reflective activity making a distinction between ‘doing public reflection’ and ‘private personal reflection’. The participants had been encouraged to engage with reflective activity in group settings and had been required to write reflective accounts for assessment purposes, but they all described how their most significant and authentic personal learning emerged primarily from private and personal reflection. The participants described a progression through different types of engagement with reflective processes which elicited distinct types of learning:

- **Doing learning**
  - An artificial learning process
  - Detrimental learning
- **Becoming reflective**
  - Doing public reflection
    - Facilitated activity in the clinical setting
    - Academic activity to meet assessment criteria
    - Facilitated activity in group settings
  - Meaningful engagement with reflective processes

- Acknowledging professional development and capability
- Private and personal reflection
- Lifelong learning strategy

Learning was derived from all four types of reflective activity, but the participants described meaningful reflective activity, from which they felt that they had learned something significant, as that which they engaged in away from their mentors and the clinical environment, usually on their own, and often some time after the significant event occurred. Meaningful and authentic reflection is a private, personal and internalised activity which demands time, space and distance from the event and the environment it occurred in.

## **Doing learning**

### ***An artificial learning process***

Although all of the participants felt that they had experienced learning through reflective processes, several described a sense of artificiality about reflection as a personal learning strategy. At the start of the nursing programme the concept of reflection was new or newly named, for most of the participants, and the majority, at least initially, viewed reflection as merely an academic activity which had little relevance to their personal learning. Reflective academic writing and engagement with reflective learning groups was something the participants were obliged to do in order to achieve the programme requirements. Several participants described 'doing learning' that meant little to their personal development at this time.

The participants variously described reflective activity early in the nursing programme as time consuming, arduous, boring and tiresome academic work. Several described reflection as a difficult concept which they were required to grasp in order to achieve the assessment requirements of the programme. With particular candour, Penny commented that,



*when we first started the course, I thought 'this is a load of old waffle' sorry! (61).*

Jane described reflective activity as 'obtrusive' (24),

*This reflection, I think it was a difficult concept to get to grips with, it was really, do we have to do this, it's a bit boring (117,118).*

In a study exploring experienced nurses' perceptions of the value of written reflection, Jasper (1999) reported similar initial negative views about reflection. Whilst experienced nurses felt that verbal reflection occurred spontaneously, written reflection was a less *natural* process (p. 459) which had to be learnt and practiced. The student nurses in this study clearly demonstrated that the ability to use and articulate reflective processes was not spontaneous and that reflective skills and processes had to be learnt at the beginning of the programme and reinforced and supported throughout. The timetabled Action Learning Groups (ALG) aimed to facilitate and support reflective discussion and skills (Graham 1995) but the participants reported variable experiences of the facilitation of the groups;

*I think as we got on, the group they didn't seem that interested (Penny: 66);*

*some of my friends sort of groan at the thought of reflection you know, it's even though it's impressed upon us from year one to reflect (Lesley: 70).*

An open facilitation and modelling of reflective skills and processes appears to be an important factor in the development of a reflective attitude (Loughran 1996). Russell reports that students undertaking teacher training are expected to demonstrate reflective practice but that

*no-one either helps them develop specific skills or provides a personal model of reflective practice (2005:200).*

Russell supports Ward and McCotter's view that '*students do not automatically know what we mean by reflection*' (2004:255) and he advocates that reflection '*can and should be taught – explicitly, directly, thoughtfully and*

*patiently'* (2005:203). Whilst Russell advocates electronic journaling shaped by specific cue questions to develop reflective skills, action learning groups appear to support skills development for those open to the experience,

*I think it has been extremely valuable for me, and I think the other thing that motivates me is the fact that a lot of people don't necessarily rate reflection, they don't see the value of it, and I'd love to find ways to make it more appealing and successful for people (Kate: 98).*

The lived experience of the participants in this study highlights that reflection and reflective practice may not be inherent skills that naturally shape learning for student nurses, but a learning strategy that feels, at least initially, false and artificial, and which has to be learned by many students. Indeed, Cavanagh et al (1995) reported that only 46.3% of student nurses demonstrated a predominantly reflective learning style (using the Kolb Learning Style Inventory, 1976) at the commencement of their nursing programmes. Interestingly, Kolb and Wolfe (1981) suggested that the learning styles of practitioners are shaped by the professional development programme and this would appear to be supported by this study.

Whilst verbal reflective skills were developing in ALG's, the students were also expected to submit written reflective accounts drawing on practice experience. Within the nursing programme the students were required to analyse their professional development at the end of each year and evidence that progress with reflective accounts of three incidents drawn from practice, to which end the students were encouraged to keep a reflective journal.

Dawn described keeping her reflective diary as,

*tiresome activity...I'm not doing that, more paperwork...to be honest the main reason I write it down is I know every year I'm going to have a big reflective assignment at the end (61).*

Most of the participants who kept some kind of journal did so because it eased recall of the detail of important experiences which formed the basis of reflective academic writing. This is encouraging to note as both Russell (2005) and Cox (2002) have articulated concern about students inventing experiences or writing a mixture of truth and fiction in order to provide tutors



with something interesting to read and designed to meet the assignment criteria. Cox suggests that this alleged fabrication of experience is tantamount to cheating, but in his deconstruction of Cox's argument, Rolfe (2005) reminds us that fiction is merely the act of creating something. Fiction, or writing that is at least partly fictional, can also '*induce the effects of truth*' and '*fiction can be a valuable source of knowledge, of truth*' (Foucault 1980:193 cited Rolfe 2005:22,23). Cotton suggests that within an interpretive paradigm, the differing reflective horizons of the student, teacher and clinician '*fuse into an enhanced view*' where there are '*no definitive interpretations only dynamic ones*', therefore '*multiple (aesthetically true) interpretations are possible*' (2001:516).

Jane acknowledged that her academic reflective writing was partly fictional as she edited and manipulated the description of her experiences in order to present work that would meet the academic requirements,

*reflection for academic outcomes...you're aware that you've got to pass that assignment, reflection for self is about developing you*  
(104, 105).

Whilst alluding to the intensely private nature of personal reflective learning, Jane described how she felt the need to 'sanitise' her reflective accounts in order to protect her own vulnerabilities and to prevent the exposure of colleagues' poor practice. Several of the participants were acutely aware of the nurse tutors responsibility to act upon reports of poor care, and Jane identified a tension between honesty and openness and the need to be protective of self and others in reflective work that is scrutinised and assessed by academic staff,

*you can empty the soul out onto this piece of paper, which is fine if it's only you that's going to read it...but if it's going to be policed by someone else that it defeats the purpose of it* (28, 29),

*the confidentiality bit is a big issue...if you're aware that they (the audience) know who you are talking about...therefore you wouldn't be honest with the reflections, so there's no point doing the reflection in the first place unless you can be honest about it* (126,127).

Jane was the only participant who explicitly acknowledged the sense of artificiality inherent in academically assessed reflective accounts, but it was implicit in a number of other participants' descriptions of the lived experience of learning through reflective processes.

Jane also highlights a distinction between the reflective skills required to meet academic outcomes and 'something different' required for personal learning and development. Jasper (1999) noted that many of the experienced nurses she worked with kept part of their journals private and away from public scrutiny. Reflective academic activities require students to expose their private thoughts and thinking to public scrutiny where they are subject to interpretation and judgement (Cotton 2001). The participants, in Jasper's study and this, appear to have adopted a tactical stance which makes invisible and protects personally sensitive material. Authentic reflective activity which leads to meaningful personal learning tends to seek to understand these deeply personal and private experiences and is discussed in depth later in this chapter.

Although all of the participants felt they valued and had learned through reflective processes, few of the participants stated that they would continue to use them as personal learning strategies once the academic imperative was removed at the end of the programme. For several of the participants reflective learning processes and frameworks were viewed as academic structures by which learning could be 'done', demonstrated and structured within assignments, rather than a personal learning strategy. There was a sense of 'academic game playing'. This type of learning was artificial and burdensome, at least initially, for several participants. Of the eighty students approached to participate in this study, only ten volunteered to describe their lived experience of learning through reflective processes. It is probable that many of the potential sample did not move beyond using reflective processes



as a means of 'doing learning' that demonstrated achievement of the programme outcomes akin to the Level one reflection described by Rolfe et al (2001).

### ***Detrimental outcomes***

Several participants commented that reflective activity often focused on the negative aspects of practice. Although this was valuable in identifying attributes of their own and others practice, several found this type of learning demoralising and detrimental to their self confidence and professional development. Rich and Parker (1995) highlighted the ethical dilemmas evoked by reflective learning strategies, in particular the professional responsibility of nurse teachers not to cause harm and to act upon information about poor care. The participants' perceived overlap and interchangeability between Critical Incident Analysis and reflective activity appeared to nurture a reflective culture which focused on understanding 'what went wrong', rather than celebrating 'what went right'. Jane commented that most of the experiences discussed in reflective groups early in the programme had negative connotations, they rarely considered the storytellers own practice but usually commented on the observed practice of others,

*everyone reflected on something the staff nurse had done or this HCA had done, and it wasn't about what you'd done (110).*

Jane found her initial attempts to utilise reflective processes for her own learning, demoralising,

*all it did was make me feel more inadequate than I already felt...the whole thing was a bit of a nightmare that actually knocked my self confidence more than anything (88, 90),*

an experience shared by Lesley and Helen. All three participants felt that reflection on a situation that had not gone well early in the programme highlighted all of the other skills and knowing that they needed to develop to become nurses. They found this demoralising as the task ahead appeared enormous.

Two issues arise from Jane's comments; issues of safety within reflective groups and the potential detrimental effect of reflective activity. At the beginning of the programme it is unlikely that the students felt entirely 'safe' or comfortable exposing their own neophyte practice to the scrutiny of others they did not know well, making it easier to present issues observed in another's practice. Kate observed that,

*I think from our experience in class at the Uni, I think you have to have an element of trust and commitment to the group (95).*

Secondly; it seems that neophyte practitioners are well able to identify when something has not gone well and respond to the 'felt disjuncture' but may not have the knowledge or strategies to develop understanding or resolution. That insight is, in itself, potentially detrimental to personal and professional development at that time. This personalised response to reflective activity occurred whether the reflection was public and facilitated or private and personal.

Dearmun (2000) reported that '*nearly all pre-registration programmes...have reflection as a key theme within the curriculum*' (p.158). It is possible that the emphasis on reflective learning processes in nursing curricula, that tends to focus on the negative aspects of both own and others' practice and which highlights huge gaps in personal knowing, may contribute to the high attrition rate in pre-registration nursing programmes.

A cultural sense of reserve may further inhibit discussion and celebration of what went well, making consideration of experiences that expose the professional and personal weaknesses of self and others more acceptable. Alternatively, Johns (2004) proposes that practitioners tend to reflect on situations which trigger negative responses because such feelings create anxiety that has to be ameliorated, whereas reflection on experiences which



create positive feelings such as joy and satisfaction is less likely as these feelings are taken for granted and accepted.

It is probable that part of the lived experience of learning through reflective processes is the maturation of a reflective attitude that moves through a sense of artificiality engendered by the introduction of a new learning strategy, through the reflective consideration of 'is there something more I need to know?', triggered by a sense of felt disjuncture, to 'I did that well' and 'I want to understand that better'; a process that moves from doing reflection to becoming a reflective learner/practitioner.

### **Becoming reflective – 'doing' public reflection**

Despite the initial feelings of artificiality and the experience of detrimental outcomes for some, all of the participants described lived experiences of the phenomenon of learning through reflective processes. All of the participants described experiences where they had considered their professional actions and performance reflectively, actively seeking to learn from that reflection. Many of the participants described how reflective learning became more personally meaningful and valued as the programme progressed.

The nursing preparation programme aimed to encourage the development of reflective skills through a variety of strategies. Timetabled, facilitated 'reflective space' was offered during University time and practice mentors were encouraged to facilitate and support reflective learning in practice settings. The students were required to present written reflective accounts drawn from practice experience for academic assessment.

### ***Facilitated activity in the clinical setting***

The facilitation of reflective activity by mentors within practice settings was rare. Time constraints, a shortage of mentors, poor access to named mentors, and the perceived pressures of busy clinical environments inhibited

the opportunities for creating reflective space. An exception to this was described by one participant in her community placement, where she experienced an exclusive relationship with her mentor who encouraged reflective consideration of the social issues and the nursing interventions for each client as they travelled between patient's homes,

*Because we're driving from place to place we do reflect on every patient...you don't get that on the wards at all because they haven't got time, you don't get to reflect on anything really on the wards  
(Dawn: 81, 82).*

Several participants described discussion about significant events as more of a debriefing than an opportunity for reflection,

*afterwards the staff nurse was good, she said 'do you want me to go through it?'. I don't think she thought much of it, she's quite experienced, she wasn't my mentor, so I didn't know her that well...she talked me through it basically  
(Emma: 15).*

Most of the participants would have welcomed the opportunity to discuss events with the other practitioners involved. Following an abandoned resuscitation attempt, Jane commented that,

*afterwards there wasn't a lot of follow-up from the staff and I was just left to get on with the rest of the day, and I found it quite distressing...it would have helped if I had had someone to talk it through  
(9,11),*

a sentiment shared by Dawn,

*I'd like to be able to sit and talk to people about events after they've happened but sometimes it's difficult  
(56).*

On the rare occasion that reflection was facilitated in ward settings,

*it was great to have someone to talk to...who was objective, and I reflected with her because she was able to give me a sounding board to bat other ideas and to present the devil's advocate point of view  
(Kate: 41).*

The facilitation of reflection in the clinical environment was unusual even though the mentors are encouraged to utilise reflective activities to enhance



student learning (Royal College of Nursing 2002; English National Board/ Department of Health 2001; Price 2004; Collis Pellatt 2006). Although several participants commented that they would have welcomed the opportunity to reflect on events within the context that they had occurred and with the other people involved, most described the constraints to reflective activity they had experienced in clinical settings. Interestingly, some participants felt that immediate reflective activity would be unhelpful as they described how meaningful learning often emerged, for them, from reflection over time, which will be considered later in this chapter.

### ***Academic activity to meet assessment criteria***

The imperative to present academically credible reflective accounts of the events which shaped significant professional development encouraged all of the participants to engage with reflective processes, if only to structure their academic writing. This highlighted two issues; firstly, the public nature of reflective work presented for assessment, and secondly, the private, personal nature of the reflective consideration that underpinned that work and the personal learning that emerged.

At the start of each of the interviews the participants were asked if they felt they had experienced learning through reflective processes. Several responded in terms of achieving the academic requirements of the programme;

*yes because....every year so far we've had to do a portfolio assignment...which you have to put three reflections in*  
(Lesley: 2);

*yes, I've felt that I have,...we have to do three for our portfolio each year*  
(Jane: 1);

*mainly because of the academic work that we've been doing*  
(Kate: 1).

Dawn acknowledged that the main incentive for her to keep a reflective journal was so that she would have good examples to draw on for her portfolio assignment. Penny, like several other participants, acknowledged that much of her learning through reflective processes was driven by the need to produce academic work for assessment,

*that wasn't actually until I did the portfolio assignment...you sit there and think about it, that's when you pull out what you've learnt, you understand why you felt like that, it comes into more perspective really (50 - 53).*

Several participants were mindful of the content of their written reflective accounts. Jane articulated this explicitly, stating that she was wary of exposing too much of her own practice until she felt confident about the expectations and reactions of her audience,

*I've got a good personal tutor, and I've a good rapport with her, but I didn't have initially,....so I would have been a little bit guarded....I would be cagey about what I was writing (100, 102).*

Jane also made a clear distinction between academic and personal reflective learning,

*Reflection for academic outcomes you're getting a mark...reflection for self is about developing you, that's very much understanding who you are because unless you understand who you are...and what you are capable of, how can you possibly expect to...be accountable for what you are doing? (105, 106).*

The academic imperative to submit reflective accounts of significant practice based experiences required all of the participants to engage with reflective frameworks and models which, in turn, enabled them to demonstrate deeper analysis and understanding of their practice. All of the participants described how significant personal learning emerged from this activity, and several went on to say that private reflective work enabled them to consider the issues they did not feel able to acknowledge or consider publicly. The most meaningful learning emerged from this private and personal reflective activity.



### ***Facilitated activity in group settings***

Within the University based part of the course, reflective seminar space was timetabled for all of the participants. The experience of the facilitation of reflective processes varied from group to group and although several of the participants described the reflective activities facilitated in Action Learning Groups (ALG) as useful, several described this as 'doing reflections'. Most of the participants felt that timetabled and facilitated reflective space was useful for sharing experiences and acknowledging that others experienced similar events and anxieties, for problem solving and for exposure to a range of different perspectives,

*in ALG someone would come in with something and that sounds quite trivial but when you pick it all apart, all the processes, and the things that can affect that...sometimes you've got a one track mind...it's helped to broaden (that)...people would suggest stuff in ALG and I'd be 'oh, I didn't think of that'*  
(Penny: 63, 64);

*How we used to do reflections and things? I think they were really good because they helped us all, they helped us deal with problems that were actually happening*  
(Helen: 95);

*I think the principles were really good, People all have their thoughts and can bring a lot to it – especially with...(the tutor), I don't think we'd have got very far if we didn't have somebody giving us a few cues*  
(Penny: 69).

Jo felt that the opportunity to present issues to the group enhanced her confidence,

*when you're talking about your own experience, I think it increases your own confidence as well. I think I found that and having everybody else helping to try and solve your little problems...that helps as well*  
(62).

Reflective seminar groups undoubtedly enabled the participants to familiarise themselves with reflective models and frameworks, to work with them and to consider the value of the broader perspectives and alternative solutions that were offered by peers. This type of learning activity may enable students to value and recognise reflective learning processes, and in turn integrate them into their personal repertoire, but several participants were intimidated by the

public nature of this reflective work. Participants in Platzer et al's (2000) study also described a sense of fear and vulnerability associated with the open discussion of practice in a critical manner.

### ***Meaningful engagement with reflective processes***

Alongside the progressive development of academic writing and critical analysis skills, reflective consideration of practice based experience became increasingly important for the participants,

*I didn't realise the importance of reflection until I came to the middle of the second year...I think in the second year or the third year people will look back and think I wish I'd done more reflection in the first year (Dawn: 92, 94).*

As reflective activity became more important, several of the participants commented that they began to use reflective frameworks and models which prompted deeper analysis. Jane described how reflective processes enabled her to 'peel off the layers' and not to accept events at face value (94). She found that the reflective models which had more probing cue questions enabled her to analyse more deeply and meaningfully,

*Gibbs is very easy...there's only three questions or six at the most...whereas if you go with the more long winded ones it does actually make you go sort of a little bit deeper each time and analyse (95, 96).*

Johns cautions against the use of reflective models which present reflection as a 'technical linear task' (2004:19), suggesting that their use creates the risk that practitioners will make their experience fit the model rather than encourage creative self development. Interestingly, Lesley commented that she found Johns' model,

*quite structured, you've got to try and think around the subject and sort of slot it in with the headings instead of just going through it (3)*

Jane went on to say that although she was "as much of a quickie merchant as anybody else...I'm learning a little more" (96) through utilising the more



challenging reflective models. Lesley also described the more probing models as *'longwinded'* but *'beneficial'*,

*but really it has got a function...if you work through a difficult situation on paper in a structured way, if you deal with it and reflect on it, then you can improve your practice hopefully (71, 72)*

Jasper (1999) also reported how the academic imperative to produce reflective writing for assessment helped students to adopt more structured reflective approaches. The deepening of reflective skills enabled the participants to recognise the personal value of this type of learning and the personal attitude *'that is needed towards reflection if it is to be productive'* (Jasper 1999:459). Reflection is a conscious, intentional act of turning back towards an experience in order to understand something more about it (Husserl 1970). As the participants came to understand that something that was important to them, or for their practice, could be derived from reflective activity, they chose to adopt a more reflective attitude.

Several of the participants described how the requirement to present reflective accounts of their practice helped them to discover the significance of the personal learning that could emerge from such activity;

*I used to hate doing reflections but the one I did last year really did help me*  
(Jane: 73);

*you sit there and think about it...that's when you draw out what you learnt...you can understand why you're doing the things you did*  
(Penny: 52, 54);

*your personal knowledge does count for a lot doesn't it, you can't measure it...I've been really worrying about everything you've got to do's got to be evidence based, but some things can be based upon your personal knowledge, that's good to remember*  
(Emma: 12, 129).

As Emma and Dawn 'became reflective learners' they were able to start looking beyond the 'evidence' and start questioning the basis of their practice,

*I don't think people question things as much now...because I think we've got it drummed into us that everything is evidence based so it is*

*right. I don't think people question it and I think they should by reflecting on it*  
*(Dawn: 69).*

### ***Acknowledging professional development and capability***

As the participants progressed through the programme, reflection on their emergent practice enabled them to acknowledge and affirm their developing professional capability. Reflective activity shifted from 'what I can't do' to acknowledging and understanding 'what I can do' and 'what I do know'. All of the participants described experiencing this type of reflective learning. The acknowledgement of accomplished professional practice contributed to the embodiment of professional identity which is discussed in Chapter Six as a distinct form of reflective learning.

On the brink of registered nurse practice all of the participants described personal learning derived from the use of reflective processes which helped them to understand and celebrate their positive contribution to patient care and their emergent professional identity in a way that enhanced their professional confidence. Johns (2004) suggests that as practitioners become more 'mindful of self' (p.22) through reflective activity they tend to reflect more on self affirming experiences. Johns conceptualises 'being mindful' as a higher order and sophisticated reflective capability that moves well beyond reflection-on-experience to '*an awareness of self in the unfolding moment with the intention of realising desirable practice*' (2004:2). The participants in this study did not articulate this kind of lived experience, but a rather more concrete and practical experience of recognising and affirming their own skills, knowledge, personal knowing and their own resources for professional judgement through reflection-on-action. It was often reflective consideration of a positive experience that helped participants to personally value reflective activities as useful learning strategies.



This shift from doing reflective learning work to becoming a reflective learner appeared to occur when the participants used reflective processes to consider and acknowledge their positive and unique contribution to patient care. Participants described their sense of recognising that they had 'acted like a nurse' and they sought to understand that experience. Helen commented that;

*the learning didn't just come from this incident. I think it was there already, but it sealed it for me, it just made me realise that I did know more than I gave myself credit for* (61);

*it's a very simple thing really, but you need to spend time thinking about it...and you realise how far you have come as well in your training...I'm always learning, I'm always going on one step...I'm getting there, I think that's what reflection helps you do* (Jo: 44, 46).

Reflective processes enabled the participants to consider the holistic nature of their practice once they had moved beyond the perceived need to acquire and master skills. Reflection enabled Helen and Jo to make explicit their embodied understanding of nursing that functions below the level of conscious awareness (Gendlin 1997), and to acknowledge the background resources that shape their emergent professional judgement (Polkinghorne 2004).

As they became learners, the participants sought to understand and learn from practice based experiences in order to enhance and develop that practice. The participants came to personally value reflective styles of learning and became committed to knowing and understanding more about themselves and their practice. Reflection enabled the participants to acknowledge the resources which underpinned and shaped their professional judgement which they had developed through the programme in order to nurse and be a 'nurse'.

## **Private, personal reflection**

All of the participants stated that they considered significant events and experiences away from the clinical environment. Privacy, space and distance, both in time and proximity, from the event appear to be important factors in personal reflective learning.

Private reflection enabled the participants to consider issues they could, or would not, want to share publicly with their mentors, colleagues, peers, family or friends. Kate acknowledged that family and friends may not be able to help,

*you need the opportunity to reflect on your experiences because you take them home and if your spouse or partner or flatmate or parents... don't have the understanding, whether it's the clinical or the academic understanding, or even the ability to empathise generally, how do you set that (the experience) aside, how do you move on from it and how do you take things from it...learn from it (100).*

Several participants were also mindful of the confidentiality issues involved in discussing patient related scenarios away from the workplace, and so felt unable to share the details of significant events. Reflective activity seemed to isolate some participants whilst others chose to create a private reflective space.

During the interviews two participants described the learning that had emerged from solitary reflection on experiences that they had not shared with anyone before. Both participants described how they had felt ashamed and embarrassed by their actions in practice, and how private reflection had enabled them to better understand why they had acted in that way and to plan to act differently in prospective situations,

*obviously I did reflect on it, I did think about it. I didn't talk to anyone about it, I probably should have done, but I didn't (Emma: 95);*

*I didn't actually tell anyone about that, which I should have done really, but I just couldn't (Lesley: 43).*



The sense of powerlessness of the student nurse role prevented several of the participants from questioning or challenging the practice of others as the situations unfolded. The nuances of this type of reflective learning have been described in relation to mediating the affective response to nursing work (p. 132), and in the context of what can be challenged and how that could be achieved (p.153), but several participants described being unable to discuss issues that concerned them in the ward setting or with the people involved. Private reflection enabled them to consider the implications of the event, establish and refine their own professional values and beliefs, and consider what could and should be challenged in future scenarios.

The perceived need to maintain a stoic and detached professional persona in the workplace also prevented several participants from discussing events which caused them distress. Jane described how she felt she had to deal with her distress privately,

*I was upset inside...it was sort of bubbling away and I dealt with it when I got home...that's what I need to do in those situations, if things are upsetting or distressing then I have to put it on hold for now, and perhaps go home and...reflect later (77, 78).*

All of the participants described the need to spend time reflecting on practice based experiences privately away from the clinical setting. Some of this private reflection involved discussion with others, but rarely with people involved in the event. This privacy encompassed physical distance from the clinical setting and necessitated the creation of a reflective space,

*it's a very simple thing really, but you need to spend time thinking about it, you know, when you're away from work, in a quiet moment I think (Jo: 44).*

Private reflective activity re-establishes the closeness of the experience at a safe distance from the reality,

*I went home that night and I wrote it up in my reflective diary that I keep and I left it, I didn't look at it again for a few weeks because then we had to do a reflective assignment. And so I went back to it and*

*when I looked freshly at it...six weeks later...it made me realise how much I had learned from that experience...looking back on it did do a lot for me*  
(Dawn: 19, 20).

For Dawn, as for many of the participants, the distance from the event was not just physical but distant in terms of time. Several participants felt more ready to consider uncomfortable aspects of their practice when they came to write reflective accounts at the end of the academic year, or like Helen, needed time to process their thoughts,

*there's always some things that I go home and think about, and it sometimes takes me days before I realise why we've done it or why that's happened*  
(75).

Kate was the only participant explicitly concerned with a fear of complacency in private and personal reflective activity,

*it's really difficult to reflect on your own, it doesn't open things up so much, you never get that huge range of perspectives and I think that's really valuable*  
(101).

Most of the participants demonstrated a rhythm between closeness and distance in their personal reflective activity, a need to be close to the experience whilst at a distance of both time and physical proximity. Also evident was a rhythm between a requirement to publicly demonstrate reflective activity, and an emergent sense of freedom to act reflexively as reflective learning became embodied as a personal learning strategy,

*I do it in all different areas of my life as well as nursing (Sarah: 100).*

Although learning was derived from both public and private reflective activity, the most meaningful and significant learning emerged from private, personal reflective work. The ownership of reflection as a strategy to facilitate deep and authentic learning requires far more privacy than acknowledged in the contemporary literature.



## **Lifelong learners**

The final variation of this type of reflective learning demonstrates that reflective processes may become part of a practitioner's repertoire of lifelong learning skills. Three of the participants stated that they intended to continue using reflective learning processes in both their personal and professional worlds following the end of the programme. Two explicitly stated;

*reflection's something that I never would have thought of or even known that I was doing, yet now, three years down the line I think I am such a reflector, I really am, I reflect about everything*  
(Sarah: 92);

*I feel I'm definitely going to use reflective practice and I'll think about things, and I'll discuss them with my colleagues*  
(Dawn: 74).

All three felt that they had become reflective learners; they had embodied the processes as part of their preferred learning style. Other participants recognised that they would utilise those skills effectively in further academic learning, but felt that they were less likely to use them in everyday practice settings. Further, several affirmed Jasper's (1999) assertion that nursing has an unstructured, largely verbal culture and they expected to continue to reflect informally with colleagues and peers, for example, during handover;

*I think we do it now on the ward, during handover a lot of things will come up and you sort of sit there and talk about it* (Penny: 70).

All of the participants volunteered to be interviewed as they felt that they had experienced the phenomenon of learning through reflective processes. Their descriptions of that experience demonstrate a maturation of reflective skills and attitude through the programme and over time. Reflective activity changed from being an academic instrument which enabled learning to be done, to a personally valued learning instrument which contributed to the participants becoming reflective learners.

Whilst describing the lived experience of learning through reflection the participants articulated a need to learn, practise and support the skills of reflection. As the concept of reflection was new to most of the students there was little of the culture of verbal reflective conversation identified amongst experienced nurses (Jasper 1999). The opportunity and requirement to engage with reflective writing and facilitated discussion appears to help nursing students to engage with reflective strategies which in turn may be adopted as personal learning strategies. It is apparent that care should be taken when encouraging reflective activity to ensure that outcomes detrimental to the students' wellbeing and self confidence are minimised. All of the participants in this study described their lived experience of learning through reflective processes as a means of seeking understanding of experiences and situations that created a felt sense of disjuncture and a commitment to knowing or understanding more about themselves or their practice. Gendlin (2006) contends that understanding is active and inherent in how we live in our worlds: we seek to understand ourselves in the context of the world as we experience it, particularly where a sense of disjuncture is felt between our experience and our understanding. The participants appear to confirm that reflection is an active process that leads to a felt sense of understanding, what Husserl (1970) would describe as an intentional act of awareness that turns consciousness away from the natural attitude and back onto itself to adopt a reflective attitude.

Several major issues related to the maturation and adoption of reflective learning strategies appear to arise from this descriptive phenomenological analysis (Giorgi and Giorgi 2003a) of the lived experience of learning through reflective processes. Issues that appear to support contemporary literature:

- Reflection appears to enable the participants to acknowledge, examine and affirm the development of the background resources that underpinned their emergent personal and professional judgement which may affirm the view of Polkinghorne (2004)



- The professional competencies of the professions do appear to shape the learning styles of the members (Kolb and Wolfe, 1981)
- It appears that only part of a cohort of student nurses will move beyond the use of reflective strategies as an academic structure or requirement. The model for reflexive practice proposed by Rolfe et al (2001) acknowledges this.

More interestingly:

- Reflective learning strategies are often appear to be viewed as artificial or, at best, a framework to structure academic work
- It appears that only part of a cohort of student nurses will move beyond the use of reflective strategies as an academic structure or requirement. The maturation of reflective learning appears to require a commitment to want to know or understand more about self
- Reflective skills are not inherent but appear to need to be learned, practised and supported. The drive to present public reflective accounts in Action Learning Groups and academic writing appears to facilitate skills development
- A sense of personal vulnerability and potential exposure of others' practice may lead to the sanitisation of public accounts
- Reflective strategies have the potential to be detrimental to neophyte confidence and self esteem. I postulate that the drive to examine and analyse often negative events may contribute to student nurse attrition
- The facilitation of reflection in practice settings is rare
- When exposed to a variety of reflective learning strategies, the potential for learning appeared to become meaningful and personal as the participants acknowledged that new insights and understanding about themselves and their professional practice could emerge from the process

- Reflection appeared to enable the participants to acknowledge, explore and understand what was described as a felt sense of disjuncture in a context that was personally meaningful
- Reflection appeared to enable practitioners to privately consider aspects of their practice they felt unable to share with others
- The most authentic and meaningful learning appeared to emerge from private, personal reflective work. Ownership of deep, personal learning may require more privacy than acknowledged in the literature
- As reflective skills matured and became embodied, reflection appeared to become a personally meaningful learning strategy.



## **Chapter 4**

### **Trying to make sense of the personal affective response to the emotional challenges of nursing work – the role of reflective processes**

The participants described how reflective consideration of events and situations was often triggered by the recognition and acknowledgement of, their personal affective response to the emotional challenges and rewards of nursing work. The participants variously described experiences which made them feel empathy, sympathy and personal resonance with patients' stories; anxiety and fear for the patient and/or for themselves; anger, directed at themselves or towards others; embarrassment, shame or disquiet about their own professional performance; or personal distress, upset or sadness. More positively, several described experiences that engendered a sense of joy, relief, pride and satisfaction, which enabled them to celebrate their skilful performance, and acknowledge and affirm their progression towards becoming a nurse. This kind of reflective learning contributed to the development of professional identity and confidence and is described in detail in the section on the embodiment of a nursing identity (pp.163 -179).

This constituent of the phenomenon of learning through reflective processes overlaps with several of the other constituents as the trigger for reflective activity that leads to learning and own knowing, the ability to make sense of the reality of nursing practice, the refinement of values and beliefs and the affirmation of self as nurse. However, this constituent stands alone and invariant as more than just a primary trigger for reflective activity. It encompasses how reflective activity enabled the participants to learn how to manage the emotional challenges of nursing work. Having tuned into the affective trigger, the participants described a number of facets of reflective learning related to the emotional challenges they felt and encountered. Reflective activity enabled the participants to make sense of the personal

emotional challenges they encountered in practice and helped them to acknowledge the emotional labour of nursing and establish, for themselves, how engaged they wished to be in it. Several of the participants described how they had come to acknowledge their own suffering in care giving through reflection triggered by their emotional response to that care.

Acknowledgement of the emotional challenges inherent in care giving enabled the participants to consider their personal level of engagement with care, and how to mediate or accept personal distress and entanglement.

Uncomfortable feelings such as anger, guilt, frustration and sadness are often acknowledged as the primary triggers for reflective activity (Boud et al, 1985; Gibbs, 1988, Atkins and Murphy 1993, Johns, 2002, 2004). Reflective consideration of the experiences that caused disquiet or distress helped the participants to understand their personal affective response, to disperse some of the emotional load, and to consider what they had learned about themselves and their practice. The participants were challenged to understand the uniqueness of each situation and 'self' within that. All of the participants described the experience of learning through reflection prompted by their affective response to significant events. These types of affective triggers alerted the participants to their need to make sense of something that mattered to them on a personal level, and reflection helped the students to develop background resources and strategies to manage the emotional challenges inherent in caring work.

Reflective consideration was frequently initiated by the participants' human response to the personal stories and circumstances of those whom they were caring for. As a practising Catholic, Dawn was distressed to find herself caring for a patient following a termination of pregnancy. Circumstances dictated that Dawn was unable to withdraw from the care, but as she listened to the patients' story she realised how difficult the decision to terminate had been for the patient,



*she was really upset...she explained her whole situation, about how she was in her thirties and her boyfriend...left her as soon as she got pregnant, and she was trying to set up a business...she had very strong religious views....and she was saying that 'I'm going to go to hell* (7, 9).

Dawn said that she felt 'terrible' that she had judged the patient before she had spoken to her, and that she'd 'learnt a lot from that girl',

*I thought about it a lot afterwards, for a long time afterwards...I was pleased that it had happened to me...I'm able now, I think, to be a little more understanding towards people rather than negative attitudes when I really don't know the circumstances* (15).

Through reflection Dawn had started to understand how to 'unknow' (Munhall 1993:125); to hold herself open to others' unique situations and to resist the 'premature closure of... intersubjective encounters' with patients (Godkin 2001:9). Reflective consideration prompted by the direct challenge to Dawn's personal values and beliefs enabled her to consider how she could be more receptive to, and understanding of, others' experience and less judgemental in her care. In her exploration of the development of moral meaning Maeve suggested that nurses use

*the dilemmas of their patients' lives to inform their own personal and professional lives through a process of 'weaving a fabric of moral meaning'* (1998:1136),

a concept that resonates with Dawns' experience. Whilst seeking to engage with the patient, Dawn became an embodied nurse, one that can 'recognise and associate, wholly, with the experience of the other' (Maeve 1998:1137).

Likewise, Jo described feeling 'really upset' for a lady who had miscarried. Jo was frustrated with herself that she had been unable to find the words to express her sympathy to the patient,

*I've never come across something like that that has really hit me, it's not something that's happened to me...I really didn't want to be there...it was going away and thinking, having to think about it again* (29, 40).

Dawn and Jo used reflective processes to try and understand their emotional reactions, and the felt sense of disjuncture provoked by the situations, and to identify what those reactions meant for their future practice,

*I think that's the good thing about reflecting on it. I can pick out 'these things' and identify 'those things' and 'they' are the things I need to work on* (Jo: 40).

Lesley; however, struggled with the tension between personal empathy and sympathy whilst trying to maintain a professional approach,

*I just think 'if that was me', I just try and put myself in their position and try and understand what they go through, but I can't really.* (50).

Although reflective activity helped several of the participants to understand how they reacted to events, Lesley, in particular, observed that she could not always make personal sense of another's experience. Lesley became disembodied, a tactic frequently used by nurses who do not want to suffer themselves whilst their patients are distressed (Schroeder 1992).

Disassociation or disembodiment does reduce the ability of the practitioner to be present to the suffering of another but may still enable an empathetic response to the patient (Maeve 1998). Spouse proposed that the student nurses in her study learned to create a '*professional membrane*' around themselves (2003:176); the ability to be present to patients in their distress but not to become entangled with that distress and therefore hurt by it.

Reflective activity enabled Lesley to understand where the boundaries of her personal involvement in care lay and how much she would allow herself to suffer with her patients.

All of the participants in this study suffered with their patients, but they sought to understand that suffering and decide whether they would manage it through the development or rejection of the notion of professional distance or detachment. Graham et al (2005) include bewildering experience, the hiding of issues and the non-exposure of feelings amongst the core characteristics of the concept of 'mutual suffering' between nurses and patients. They



propose that a sense of mutual suffering, particularly noted in situations where care has disintegrated in some way, can trigger a reflective and transformatory process which may lead to the clarification of professional and personal values and beliefs. Reflection enabled the participants to acknowledge and understand their sense of disjuncture/suffering. Jane commented that within a nursing role she absorbed her patients emotional trauma *'like a sponge, I absorb the lot'* (83). Reflection enabled her to squeeze out the sponge,

*I don't think it's a good idea to keep absorbing all the time, you've got to be able to sort of think about it afterwards, and reflect on it afterwards, decide how to deal with it next time it arises* (85).

Jane used reflection to acknowledge and consider her emotional burden and discover personal strategies and boundaries to deal with the emotional challenges such as the fear she frequently felt in practice.

Several participants described the fear they felt in practice, often when faced with new situations or those in which they felt they should know what to do. The use of reflective processes enabled the participants to acknowledge and understand that fear and their reactions to it. Jane described being 'terrified' during a resuscitation attempt. Jane felt compelled to conceal her personal distress and fear as the event unfolded, *"I just bit my lip and got on"* (65), but at home she reflectively considered and wrote about the event, and her emotional reactions to it,

*I was upset inside...it was sort of bubbling away and I dealt with it when I got home...that's what I need to do in those situations, if things are upsetting or distressing then I have to put it on hold for now, and perhaps go home and...reflect later* (77, 78).

Jane recognised her need to deal with her emotional responses to nursing work,

*I think I would say, if it's emotional, that I realise that this is something that's a problem...I will set some time, because it's important to deal with* (80).

Spouse (2003) also observed that the student nurses in her study learned to suppress their own distress until they found a suitable moment to go through their own grieving, an essential skill of undertaking emotional labour (Hothschild 1983). Emotional labour involves

*the induction or suppression of feeling in order to sustain an outward appearance that produces in others a sense of being cared for in a convivial safe place* (Smith and Gray 2001; Hothschild 1983).

Smith and Gray note that talking about emotions is an important aspect of understanding what nurses do and that the nurses in their 2001 study viewed reflective learning itself as emotional labour. In her 1992 study of 'The Emotional Labour of Nursing', Smith concluded that

*Nurses have to work emotionally on themselves in order to appear to care, irrespective of how they personally feel about themselves, individual patients, their conditions and circumstances. They can also be taught how to manage their feelings more effectively* (p. 136).

Reflective processes have been used by the participants in this study as a conduit to ameliorate the anguish felt in some clinical situations where the participants felt it would not be appropriate to visibly acknowledge their personal distress. Most of the participants felt compelled to hide any visible signs of their distress, perhaps socialised to maintain a stoic, professional distance/detachment from the situation and people involved. The inherent emotional labour of nursing work remains largely unrecognised and undervalued in practice settings (Smith 1992; Smith and Gray 2001), and indeed few of the participants described the facilitation of reflective activity in practice settings.

Several of the participants described their pride at being able to hide their emotions in the clinical setting but recognised a need to disperse that emotional load at the end of the shift. Private reflective activity was the instrument that enabled the participants to address and understand the facets of emotional labour in their caring work. Reflective activities appear to be



useful as a means to give space to explore feelings and facilitate a deeper understanding of the participants' reactions to significant and professionally developmental events;

*I think it (reflection) is worthwhile. I phone my sister who's a nurse and we talk about things...if I've had a bad shift, I'll say to H\*\*\*\*, and she'll do the same to me* (Penny: 7);.

*I tend to go with how I feel relative to the patient, you tend to think, how would I feel in that situation?* (Sarah: 82).

Reflection enabled some of the participants to defend their professional distance, the hardened, dispassionate face of nursing expected by the public (Spouse 2003) whilst others rejected the notion of emotional or professional detachment as a desirable element of practice. Ellen described how awkward and embarrassed she felt when the father of a young patient who had just died immediately hugged her rather than one of his family.

Reflection on the experience enabled Ellen to feel at ease with the situation and more able to respond prospectively in a more human and embodied way,

*now I know it was the right thing to do...I would actually...put my arms around him and comfort him, and then lead him gently to his wife* (Ellen: 43, 44)

Johns (2005) noted how he had learned during his nurse preparation that one of the cardinal rules of practice was not to get involved with the patients. He now feels that he has rehabilitated self back into his nursing practice and that paying reflective attention to the movement of the '*internal compass*' of feelings and emotions enables practitioners to '*navigate their way through the daily challenges of clinical practice*' (101). Indeed most reflective learning models/frameworks utilise the personal affective response as the starting point of reflective activity (Gibbs, 1988; Johns, 1995, 1998, 1999, 2002, 2004; Driscoll, 2000, Stephenson 1994). Understanding this movement and rhythm between attachment and detachment within care was an important feature of the learning derived from reflective activity.

The participants in this study were open to a felt sense of disjuncture which caused them distress, anxiety, anger or fear, and they used reflective activities to make sense of what had caused that disquiet. Reflection enabled the participants to understand the individual nature of the emotional challenge of nursing and what it meant to them personally to be a nurse. They used reflective processes to try to locate themselves in the context of care and to understand how to provide the most authentic and embodied care within the context of themselves in that care. Ellen and her colleagues demonstrated the development of their emotional intelligence through the use of reflective learning processes. The personal learning that emerged from reflective activity enabled them to move towards becoming emotionally intelligent practitioners,

*one for whom theory, practice and research are inextricably bound up with tacit and experiential knowledge*

(Freshwater and Stickley 2003:91).

Reflective activity enabled Sarah to ameliorate much of the fear engendered by practice. At the start of the programme, Sarah felt that *'everything frightened me'* (95) and that ongoing reflection has enabled her to confront and understand her fear and acknowledge just how far she has progressed personally,

*when I look back on things now, in the first year...I was frightened of 'that' then, but (now) I think 'that's nothing', everything you've been frightened of*

(94).

At the time of the interview Emma was still engaged in reflective consideration of a recent practice based event. A post operative patient who had asked to go to the toilet rather than use a bed pan, collapsed in the toilet,

*I didn't fall to pieces, but inside I was petrified that I'd killed this lady*

(Emma: 14).

Despite reassurance from the staff nurse, Emma felt culpable for the patient's deterioration. Describing the event in detail during the interview appeared to enable Emma to further consider the rational explanations for the patient's



collapse. Reflection enabled her to diminish her sense of responsibility and fear that by either act, or omission, she had caused suffering to the patient,

*I think it's the more I have thought about it, I've had to go through it a few times to reinforce it in my head I think (104).*

Emma shared her sense of responsibility with several other participants who also described the fear and anxiety engendered by a sudden and unexpected change in a patient's condition. Reflective processes enabled them to understand what had happened and to clarify if any act, or indeed omission, on their part had contributed to the patient's deterioration. Most felt that useful and important learning, which was either new knowing or the affirmation of existing knowing, was derived from this type of reflective consideration.

Several participants recounted experiences in which their own beliefs, assumptions and prejudices were challenged by the patients' behaviours and attitudes, or those of their colleagues. One participant described her need to rationalise the feeling of disquiet caused by her decision to disclose personal information that she felt went beyond the boundaries of a professional relationship. Ultimately she concluded that, on reflection, her disclosure was therapeutic for that patient in that unique situation. This type of reflective learning, prompted by feelings of disquiet or discomfort with personal performance, enabled the participants to consider the values and beliefs that underpinned their emergent practice. This is discussed more fully in the section on the development of values and beliefs (pp.144 - 162).

Angered by challenges to their practice by other practitioners two of the participants described how they utilised reflective processes to understand their own responses and consider if the challenges were appropriate and reasonable. Although hurt and challenged by their peers, both practitioners acknowledged that they did need to consider aspects of their practice more

deeply. Sarah described how a ward sister had approached her personal tutor to discuss an issue that was affecting her development on the ward,

*I was so angry, not with my personal tutor, but with this Sister for not approaching me first (103).*

Reflection enabled Sarah to acknowledge that the ward sister had been seeking more information in order to make a fair judgement, something Sarah intends to learn from and emulate in her own practice.

Participants were able to articulate the personal learning that emerged from their reflective consideration of significant events which challenged them emotionally. Several acknowledged the need to take time to understand situations and the individual and unique perspectives of patients/clients, to stand back and learn to be open to others experiences and beliefs whilst not judging them by their own values and standards. Whilst engaged in unique therapeutic situations the participants described how human trust often exists and how it may be appropriate to move outside of their expectations of professional boundaries and comfort zone to, for example, disclose personal information, something often considered to be inappropriate and professionally undesirable. All of the participants took the time to understand something more about that something that mattered to them personally.

Significantly, many of the participants expressed that they had learned that it is acceptable, but uncomfortable, to acknowledge that they do not always get things right, and that as nurses they should not expect to intuitively know how to deal with new situations,

*so really you learn from your mistakes, which is awful I suppose (Ellen: 82).*

Reflective processes enabled the participants to explore their sense of disquiet when they felt that their contribution to a situation had been lacking in some way, but also to acknowledge and accept that inexplicable events do occur, and that their feelings cannot always be mediated or resolved. For the



participants, reflective processes appeared to be important instruments for processing and understanding their affective responses to the emotional challenges and labour of nursing work.

Several major issues appeared from the phenomenological analysis of the data related to learning from reflective activity triggered by the affective responses to the emotional challenges of nursing work. Some aspects appear to confirm facets of the contemporary literature;

- Reflective activity was often described as being triggered by a commitment to understand the personal affective response to aspects of caring work (Johns 1999, 2004). The participants wanted to know something more about something that mattered to them
- Reflective activity appeared to enable the consideration of emotions and the management of the detritus of the emotional labour inherent in nursing work (Smith and Gray 2001). Reflective activity itself may be perceived as emotional labour
- Reflection enabled some of the participants to acknowledge and value the embodied nature of authentic and genuine care. Conversely reflective activity appeared to enable other participants to consider their personal boundaries and the parameters of their personal disembodiment and disengagement from aspects of care (Spouse 2003)
- Reflective activity appeared to enable some participants to 'unknow', to hold themselves open to others unique situations and experiences and come to a new sense of personal knowing or meaning (Munhall 1993)
- Reflective processes enabled the participants to acknowledge and honour their own suffering and that of their patients, whilst ameliorating and mediating the adverse personal effects (Graham et al 2005)
- Student nurses may suspend their own distress and grieving in practice settings (Spouse 2003) and the emotional labour of nursing

work appears to be under-recognised and undervalued in practice settings (Smith and Gray 2001).

Several themes which are less well represented in the literature also appeared to emerge from the analysis:

- Reflective activity appeared to enable the participants to consider their personal understanding of what the attributes of a good nurse are. Some were proud to describe how reflection had enabled them to develop and justify a traditional emotional detachment from their care, whilst others used reflective activity to justify and reject the notion of professional detachment and came to value a more embodied sense of care
- Reflective activity appeared to be used by the participants as an effective instrument to disperse the emotional load created by caring work
- Rather than just being the starting point for most of the reflective frameworks, paying attention to the affective domain appeared to enable the participants to understand the complex nature of the emotional challenge of nursing and what it meant to them personally to be a nurse
- Reflective activity appeared to enable participants to understand and challenge perceived professional boundaries re-engaging self in their personal care repertoire
- Reflective activity may facilitate the development of emotionally intelligent practitioners
- Such activity may enable the participants to learn to know themselves better as nurses, locate themselves in the context of care and protect their sense of self within that care.



## Chapter 5

### **Real life encounters – learning from reflection on the reality of situations the participants had been prepared for**

All of the participants described experiences where they felt significant learning had been derived from reflection on situations they had been specifically prepared for, but experienced for real, for the first time. During the nurse preparation programme the students were required to engage with simulated clinical experiences such as personal care, cardiopulmonary resuscitation techniques and breaking bad news, in a safe practicum in order to familiarise themselves with procedures and develop skills, with the aim of enhancing confidence. The contemporary literature explicitly links the mastery of skills such as cardiopulmonary resuscitation, dealing with death, last offices, breaking bad news and whistle blowing on poor care in a safe practicum with enhanced self and professional confidence and the ability to transfer and use those skills in practice settings (Hilton 1996; Pfeil 2001; Haskvitz and Koop 2004; Hilton and Pollard 2005; Morgan 2006).

The participants in this study have described the lived experience as subtly different. Many stated that they felt that they had mastered skills in the safe, simulated environment but that such practice had not enhanced their personal knowing or confidence that they would be able to perform competently in real settings. Most of the participants described feeling more anxious in anticipation of the reality of these situations as their perception was that having been specifically prepared they should personally *know what to do* and would be *expected to know* what to do by their peers and colleagues. Several did indeed describe 'knowing what to do' during their engagement with a real situation, but their enhanced confidence and confirmation of personal knowing came from reflection on their performance after the event rather than in anticipation of the event. Despite preparation,

others described not knowing what to do, or rationally 'knowing what to do' but how they chose to disengage or avoid the complexity and chaos of the clinical reality.

Having been specifically prepared for a number of clinical eventualities the participants described two variations of the type of experience that facilitated learning through reflective processes;

- Engagement with real situations
- Disengagement from the situation

### **Engagement with real situations**

The students were prepared with '*knowledge for action*', (Schön 1983:50); a '*technical rational*' model of practice which equips students with a predetermined set of rules or techniques to be applied in specific situations. *Knowledge in action* (Schön 1983) is derived from the experience of actually carrying out the task, and '*is the product of each practitioner's unique history of personal experience*' (Polkinghorne 2004:169). Drawing on Schöns' work, Polkinghorne proposes two types of caregiving practice; technical and judgement practice. The participants clearly delineated between these two types of practice and further articulated a difference between knowing how they were expected to act and what the correct actions were in a safe practicum, and not knowing how they would transfer this knowing, nor how they would react, in the multifaceted reality of a care situation. Several were unsure and anxious about how they would apply and interpret the rules of technical practice in each unique care situation, in situations where the rules did not fit or when they ran out of rules.

Having been specifically prepared for some situations such as the techniques of cardiopulmonary resuscitation, the participants felt that they were expected to know what to do, and they were concerned that they would not achieve those perceived expectations. Sarah described how anxious she was about



having to utilise knowledge for action in the reality of her first experience of resuscitation,

*as a student nurse...you think what would I do if I was in that situation...and I always used to think 'I'll panic', I would just go to pieces not knowing what to do (48).*

Although anxious about how her knowledge for action would translate into knowledge in action, Sarah found that she was able to draw on extensive background knowing and resources in order to engage,

*when it actually happened...I was really shaking...oh I can't believe I have just done that (46);*

*you need experiences, bad and good I think to be able to like take things on in a new career really (44).*

Reflection enabled Sarah to acknowledge and celebrate her professional knowing and actions and to value personal learning through reflection as a unique resource,

*I know now that if I have a patient...and she's poorly, I know what I'm going to do because I have had an experience to help me in dealing with the situation (37).*

Polkinghorne (2004) contends that 'judgement practice' flows from background, the history and unique resources that are derived from personal experience. Background gives meanings to experiences and informs activities. Dialogic engagement with background as a situation unfolds enables practitioners to make practice judgements in the midst of action and engagement with background is often unconscious whilst the activity is ongoing. Jane described being engaged in such practice the first time she was involved in a 'terrifying' resuscitation attempt. The patient arrested as she returned to the ward,

*so I pushed her back...and I remember taking the back of the bed off and I remember drawing the curtains round...and getting the obs machine and I don't even remember why I remembered doing all that, because I had never done it before, so how I knew how to do all that, maybe from the University...or maybe something automatic (52, 53).*

Although Jane had practised the techniques of cardiopulmonary resuscitation through simulations and the use of resuscitation dummies, she had never faced the multifaceted clinical and human reality before,

*I sort of felt in-equipped to deal with the whole situation...I knew the fundamentals but I didn't know anything...I was in a situation I didn't know anything about (69, 70, 71).*

Simulation of resuscitation procedures in a calm, safe practicum had equipped Jane with the necessary technical skills, the knowledge for action, but she felt unprepared for the reality and chaos of an emergency situation and yet she unconsciously knew what to do, she drew on her background resources to shape her judgement based practice.

Jane was not offered any debriefing after this event, and the ward team did not seem attuned to the effect it had upon her. Personal and private reflection enabled Jane to acknowledge and celebrate that she had known what to do, and that she had acted appropriately and with considerable nursing skill. Jane felt that the personal learning derived from reflection on this experience enhanced her personal and professional confidence and enabled her to acknowledge her knowing in action, the development of her background resources and her emergent judgement based practice.

Sarah described a similar experience to Jane, she knew the principles, but had to make judgements appropriate to the unique circumstances,

*When she went into respiratory arrest, I called for a staff nurse, which is what I should be doing. But when I called her I wasn't quite sure, do I shout really loudly, or do I stick my head round the corner? And it's just thinking about the little things like that...so I kind of shouted, no-one heard me, so I stood at the end of the (bed) still seeing the patient and got the staff nurse (38);*

*But when I was dealing with the situation the sister almost panicked....and I pulled the bed out, and I didn't even think, it was just like an adrenaline rush, I just did what I did (40).*



Sarah clearly illustrates the dichotomy between 'technical' and 'judgement practices'. In technical practice correct actions are established before care activity and in judgement practice correct actions are determined in and by the unique situation. In judgement practice the validity of the action cannot be predetermined: validity is established after the event when the effectiveness of the judgement is considered (Polkinghorne 2004). Reflective consideration of their actions enabled both Jane and Sarah to feel satisfaction and relief that when judged by their peers and against their own expectations, they knew what to do. The validity of their judgement practice was established and confirmed. They acknowledged that numerous elements came together as professional nursing practice, enhancing their confidence that 'I can do that'. Their anxiety about how they would perform in that context was allayed, having been tried and tested in practice. Both remained concerned about how transferable those skills were to other settings, but reflective activity triggered by engagement enabled Jane and Sarah to celebrate their professional artistry and capability.

Sarah went on to describe another situation that she would not have chosen to engage with but felt unable to disengage from. A patient had acknowledged that she was close to death,

*and I stood there and I thought I don't want to stay here because I am frightened, I'm really scared, I want to run out of the room, yet I knew I had to stay with the patient because I did not want her to die alone*  
(61).

Graham et al (2005) noted that in nursing being with someone who is dying is often seen as the pinnacle of nursing care, but provision of such care causes personal distress and discomfort. The phenomenon of mutual suffering is typified by the type of uncertainty and discomfort described by Sarah.

Graham et al proposed that mutual suffering

*is a transformational process' leading to professional confusion and personal crisis, but that it also involves new beginnings and clarification of values and beliefs*  
(2005:283).

Sarah went on to describe the experience as incredibly frightening, but on reflection she felt good that she had stayed with the patient,

*I think I gave something to her as a nurse and as a person, on a one to one basis, she wasn't alone (67).*

Reflective consideration of this experience enabled Sarah to recognise that she did have the skills, the background resources, and the knowing and humanity to cope with being with someone who was dying. She was able to acknowledge through reflection that she knew rationally what to do and that she had the personal resources to cope with the emotional burden of end of life care, skills she did not feel able to acknowledge until they had been tested through personal experience. Sarah demonstrated and acknowledged her emergent judgement based practice, clarified her personal ethical position in relation to end of life care and affirmed the personally embodied nature of that care. New understandings of her self as a nurse and her personal capabilities and humanity emerged.

Sarah and Jane both described the learning derived from reflection on their actions and feelings in situations they chose to engage with or felt unable to disengage from. Reflective activity enabled the participants who had engaged in situations they had been prepared for to understand what had occurred and to acknowledge and celebrate their emergent judgement practice. Reflection on such experiences contributed to enhanced self confidence and a sense of becoming a nurse,

*I just think that the learning didn't just come from this incident, I think it was probably there already, but it sealed it for me, it just made me realise that I did know a lot more about nursing than I gave myself credit for (Helen: 61);*

*Because I knew vaguely what it was, what was going on, and I felt quite good about that after. So it gave me more confidence and I actually didn't panic which was strange for me (Lesley: 88).*



Reflection on active engagement enabled the participants to acknowledge their enhanced professional confidence, recognise that 'I know more than I thought I knew' and their emergent professional judgement, enjoy a sense of achievement and affirm their progression towards 'being a nurse'.

### **Disengagement from the situation**

Several of the participants felt that they had derived significant personal learning from reflection on their disengagement from clinical situations. The participants described two types of disengagement, both of which triggered reflective activity in order to understand and learn from their feelings and actions. The first type of disengagement involved some of the participants actively removing themselves from a situation as it was happening, and the second enabled other participants to avoid clinical environments where interventions they did not wish to be engaged with, such as resuscitation, were likely. Reflective processes enabled the participants to understand why they disengaged from certain situations.

Whereas Jane and Sarah 'had known what to do without knowing what to do', Lesley describes how the reality of knowing what to do in theory and through simulation, but not knowing what to do in the clinical situation,

*Although we do resus...on a regular basis, it's a whole different kettle of fish finding someone, in an emergency situation, doing the whole thing*

(96).

Lesley used reflective processes to try and understand her reaction to the first arrest she observed,

*My first crash call...I just went scurrying off and hid basically. The thing is we'd had resus training the day before and I still went and hid, and I felt really bad afterwards and tried to sort of reason with myself, why?*

(6).

Lesley concluded that she 'just hadn't been ready' to engage with that kind of emergency situation at that time, but she had surreptitiously watched the resuscitation procedure and felt more confident that she could contribute to

that type of care in the future. However her perception of having failed when tested meant that she felt even more anxious about how she would perform in prospective situations,

*It's a scary thought but I'm going to have to do it sooner or later (20),* particularly as she felt that as a third year student nurse, her peers and colleagues had expectations of her skills and knowledge that she did not feel she was achieving. In their study of anxiety amongst student nurses caring for dying patients Cooper and Barnett (2005) found that student nurses feel anxious about both engaging with resuscitation because of its significance as a procedure that challenges the boundaries of life and death, and that their actions can make a difference to whether a patient lives or dies.

Reflective activity was destructive for Lesley as it highlighted what she could not do rather than the positive aspects of her emergent practice. Lesley was unable to translate her technical practice/knowing for action into knowing in action but reflective consideration enabled her to better understand her behaviours and develop background resources which she felt would be helpful in future care situations.

Several participants described disengagement from situations as they unfolded, particularly how they disengaged from situations they felt prepared for rationally but ill equipped to deal with emotionally. Emma described her embarrassment that she had said the wrong thing to a patient and felt unable to redeem the situation. Whilst working on an oncology unit Emma had commented on what a lovely morning it was and cheerily asked a patient how she was. The patient had recently been given a very poor prognosis and responded that *'no I'm not alright, how do you think I'm feeling this morning?'* (79). Emma described feeling *"really bad because I didn't know what to say"* (80), and she withdrew from the situation, leaving the patient distressed. Emma was upset and embarrassed by her actions and she chose not to tell the ward staff what had happened. Having simulated sensitive personal



interactions she felt disappointed that she had been unable to respond more empathetically to the patient's cues. She felt unable to draw on knowledge for action and stuck in the constraints of technical knowing Emma found that she did not have personal experiential background resources to draw on. Private, personal reflection and discussion with her Mother enabled Emma to consider how she would plan to act prospectively and to rehearse scenarios for future practice.

Lesley described an incident in which she misjudged a patients' mood and acknowledged that she had been insensitive to his needs,

*I went over being all jolly and really put my foot in it, I didn't actually tell anyone about it which I should have done really, but I just couldn't. We sort of blanked each other for a few weeks after that...I wanted to talk to him about it but I couldn't really".* (39, 42)

Lesley also chose to disengage from the situation as it was happening and despite reflection on her actions she felt unable to re-engage with this patient to redeem the situation, the relationship or any sense of trust between them. Both Emma and Lesley felt that they had learned that they needed to be more open and responsive to the individual needs and moods of their patients, and both were seeking to achieve that. They were both so ashamed of their less than competent practice that they did not wish to share their experiences with colleagues or friends. Reflective activity was driven by their sense of embarrassment at having got it so wrong when they felt they should have known how to respond more appropriately to their patients and by a commitment to want to know how to get it right in prospective situations.

During the nurse preparation programme the students are encouraged to consider and simulate how they would approach situations which require sensitivity and an individual response. Several of the participants described their difficulty in finding words to express what they want to say. Jo described how inadequate she felt in not being able to articulate what she wanted to say to a lady in her care who had just suffered a miscarriage,

*I really didn't know what to say.. I really wanted to say to her I'm really sorry about your loss but I couldn't actually say it...I felt really clumsy.*

*When I went home and thought about it I thought the reason why I couldn't say anything was because I was really upset for this lady  
(Jo: 24,25).*

Having disengaged, Jo was frustrated with herself for not being able to express what she wanted to say to the patient. She was full of admiration for the way in which an experienced nurse confirmed the miscarriage to the couple. Having observed such a positive role model, Jo was anxious about how she would cope with giving bad news,

*I've never actually had to give anyone bad news or anything...that is one thing at the back of my mind I am quite worried about...so I really did admire her and it was really down to earth, kind of excellent communication skills  
(38, 39).*

Reflective consideration of the experience enabled Jo to identify the attributes of good practice and contemplate how she could assimilate these within her own caregiving practice.

Helen sustained a needlestick injury during her first placement. She understood that all needlestick injuries should be reported but did not really appreciate the full implications of why at that stage in her training. She described feeling scared of telling her mentor as she felt intimidated by her,

*It was a silly thing but I pricked my finger on a clean needle, but because she frightened me so much I wouldn't tell her. Now I know that needlestick injuries are really important to report, but I never reported it, and that's a terrible thing  
(82, 83).*

Helen disengaged from this situation and the injury went unreported. Helen knew rationally how she should act in this situation but was constrained by fear and what she described as a childlike inability to admit to what had happened,

*For goodness sake, I was 33 then, I should have been able to say I've pricked my finger  
(84).*



Helen recognised that at that stage of her training she knew the 'rules' but didn't fully understand the rationale that underpinned some of the guidance and policy that shapes practice. Helen understood that the potential implications of such an injury are serious, but she could not overcome her emotional response to the situation and disengaged. She recognised that some of the 'rules' of practice were there to protect her and her patients, and that reflection had helped her to explore and understand why they were in place and the rationale that underpinned them. Helen understood the knowledge for action but had not developed the background resources on which to base sound judgement in this instance.

All of these participants identified personal learning that emerged from their reflective consideration of their disengagement. They were all disappointed by their performance and mindful of their personal desire to act in different ways in prospective situations. The participants all seem to equate being a good nurse with doing the right thing, and part of the drive to understand situations that had not gone well was their commitment to wanting to achieve their aspirations to be a good nurse. Reflective consideration of their disengagement enabled the participants to add to their knowledge for action/technical practice and develop background resources to support future judgement practice.

The second type of disengagement was the active avoidance of clinical environments where particular procedures such as resuscitation were more likely. Attempts to avoid situations which the participants had considered and prepared for, but did not wish to engage with, were described by several participants. Sarah described how she had deliberately left the ward for her break to avoid having to inform a family that their relative had died before they arrived. The staff nurse had encouraged Sarah to break the news to the family but Sarah had not felt confident enough to do it. Unfortunately she met

the relatives coming into the ward and Sarah had felt that she had little choice but to tell them,

*I went to go off on my break, and as I walked down the stairs her relatives walked up the stairs, and they looked at me because I had looked after the patient in the past. So without even telling the staff nurse I just took them in and explained what had happened (70).*

Sarah felt overwhelmed by this experience and her reflection enabled her to acknowledge that she had the resources to deal with this kind of situation and that there are no rules when breaking bad news. As a result of reflection on this experience Sarah stated that she would not actively seek to avoid a similar situation in the future.

Student nurses' images of death on entry to nursing programmes are often powerful and distressing but these images can be mediated through experience and rewarding features identified (Kiger 1994). Ellen had worked as a Health Care Assistant (HCA) in an acute clinical setting for several years before commencing the nursing programme. During that time she had never seen a successful resuscitation,

*as an HCA you see people being resuscitated and I kept thinking well this is what they do to everybody, this is not a nice way to go, this is not what I want to do, and I was frightened of it really (34, 37).*

Having been prepared to contribute to resuscitation attempts Ellen's first placement was a hospice where she felt that she learned that patients could die more peacefully,

*I feel more comfortable with people who are dying, not naturally, but without people jumping up and down on them, I don't like that...I think that's how I know now that is not the way I prefer to look after my patients (61, 62).*

Ellen chose to disengage almost entirely from the possibility of being involved in resuscitation by actively seeking a staff nurse role in palliative care on registration. Ellen felt that reflection on her lived experience had enabled her to understand and articulate the principles she felt were important for her



professional practice, rationalising the reality of practice and helping her to make choices about where she pursued her professional career,

*By reflecting on what I've seen...that's why I've chosen to go into what I've gone into (palliative care), that I can give my best, whereas I know if I went into another area I wouldn't be able to do that and I would not be happy. That's what I've learned through reflection (105).*

In summary, simulation and practice of specific techniques and skills did help some of the participants to respond effectively to real, clinical situations. However, such preparation caused increased anxiety for most of the participants as they felt that they would be expected to know what to do when faced with the clinical reality. Experiencing the reality of such situations precipitated reflective activity for all of the participants. All of the participants were able to measure and assess their practice against some prevailing professional standard, be it their own expectations of self, others perceived expectations of them, the practice modelled by others which they aspired to, or explicit policies and guidance which govern practice. This type of reflective learning enabled the participants to celebrate their professional knowing and artistry in practice demonstrated through professional engagement, or to consider and understand why they chose to disengage, and what that meant for their practice.

The phenomenological analysis of the data that forms this constituent of the phenomena of learning through reflective processes appears to resonate with several facets of the contemporary literature;

- Preparation in a safe practicum does appear to help some nursing students to master skills and transfer those skills competently to practice settings (Schön 1987; Hilton 1996; Pfeil 2001; Haskvitz and Koop 2004; Hilton and Pollard 2005; Morgan 2006). Several participants described being able to transfer their knowing for action into practice

- Knowledge for action does not encompass or represent the complexity, nuances or chaos that characterise the everyday settings in which the knowing will be used (Schön 1987; Polkinghorne 2004)
- Knowledge in action does appear to be the product of personal experience that is grounded in the complexity of reality (Polkinghorne 2004)
- The validity of judgement based practice does appear to be established through reflection on action (Polkinghorne 2004).

More controversially,

- The lived experience of learning specific skills in a safe practicum did not appear to enhance the participants' confidence that they had mastered those skills and would be able to perform them in the reality of practice settings. Many described anticipatory anxiety rather than confidence about how they were likely to perform in real settings.

Participants appeared to describe how personal learning was derived from reflective activity triggered by their response to the realities of situations they had been specifically prepared for:

- Confirmation that important skills had been mastered came from reflection on their actions and behaviours in genuine practice settings rather than following simulation
- Several participants became so anxious, having been specifically prepared they would be expected to know what to do, that they disengaged from, or avoided, the clinical reality. Reflective activity appeared to help them to understand their behaviours and develop engagement or continued avoidance strategies
- Reflective activity appeared to help the participants to acknowledge and affirm the breadth and depth of their professional knowing and resources and that they could competently transfer and apply that knowing in different contexts



- Reflective activity appears to contribute to the development of further background resources which in turn are likely to shape prospective judgement based practice
- Reflective activity appeared to enable participants to identify the attributes of others good practice and contemplate how these attributes could be assimilated into their own practice
- Retrospective reflective activity appeared to enable the participants to celebrate their professional knowing and artistry in practice and acknowledge their ability to act as they expected nurses to act.

## **Chapter 6**

### **The establishment and refinement of professional values and beliefs – the role of reflective learning processes**

All of the participants described experiences which prompted them to consider their professional values and beliefs. When challenged, for example, by discriminatory practice, poor care standards, unusual or unexpected behaviours from clients, anxiety about clinical engagement or a sense of embarrassment regarding their own behaviours, the participants took time to reflectively consider what had struck them about the experience and what had stopped them from challenging or changing the situation whilst it was happening. This process enabled the participants to examine their personal beliefs and values, consider whether any realignment or refinement of their own position or practice was required or desirable, and to make judgements about their own and others behaviours in an objective and analytical way.

Professional values and beliefs were established and refined as the participants progressed through the nurse preparation programme, and reflective consideration of personally significant experiences enabled the participants to consider and articulate the value base on which they based their nursing practice. The participants described how reflective processes influenced the development of a professional value base through four different types of learning experiences:

- Establishing professional values – recognising new possibilities and realities
- Role modelling – what sort of nurse do I want to be...or not want to be?
- Challenging or accepting professional mores, what do they mean for me as a practitioner?
- What can and should be challenged?



## **Establishing professional values – recognising new possibilities and realities**

All of the participants described learning from reflection on experiences that enabled them to consider new possibilities or realities. This type of learning was often triggered by novel experiences, situations which the participants were unprepared for or those that were different from how they had imagined they would be.

Jane described the discontinuation of a resuscitation attempt on one of 'her' patients,

*although I had dealt with people who've died...I hadn't been involved ever in that decision, that you're going to let nature take its course. It was in front of me, and it wasn't something I'd ever really thought about. I'd marked my sheet not for fives but had never really thought in any depth about the implications of what that meant for the person in front of me or those people over there whose mother it was*

*(Jane: 72, 73).*

The realisation that she would contribute to life and death decision making really struck Jane and prompted her to consider and reflect on her stance on euthanasia, the withdrawal of active treatment, the human effect on the patient, the patient's family and how she would want to be treated personally as a relative or patient in a similar situation. She felt that this experience really challenged her thinking about the fundamental ethical and moral principles on which she would base her decision making in prospective situations and accentuated the responsibility to consider all of the implications of such decisions. Reflection on this experience enabled Jane to both establish and realign personal and ethical beliefs and values which would shape her professional practice. Interestingly, van Rooyen et al (2005) reported that registered nurses involved in the decision to withdraw treatment from critically ill patients experienced inner moral conflict related to the ethical aspects of the withdrawal similar to that described by Jane.

Dawn described how she had altered and realigned a number of her personal beliefs as she developed a professional value base. Whilst working in theatres she had been delegated the care of a patient who had undergone a termination of pregnancy. As a practising Catholic, Dawn was distressed to be involved in such care, but she stayed with the patient and listened to her story. It transpired that the patient also had *'very strong religious views'* (8) about termination, and she had struggled to make a practical and moral personal decision.

As Dawn began to understand some of the patient's situation she felt *"terrible because I felt I'd judged her before I'd spoken to her"* (9). Reflection on this experience *'totally changed my views on people who are in that situation'* and helped Dawn to understand that *'you can't prejudge people', 'everybody's individual, everybody's got their own views and I can't judge them'* (22).

Dawn stated that she appreciated the value of the learning that emerged from her reflection on this experience, *'I felt really strongly that I'd learnt a lot from that girl'* (14). Gully (2005:144) contends that our worldview is largely shaped by *'the values and beliefs of our culture, religion, family and life experiences'* and that this worldview is generally unchallenged unless we are open to new experiences and the possibility of new knowing. Munhall (1993) suggested that nurses are capable of 'unknowing' and standing back from their own knowing in coconstituted, intersubjective relationships where both the nurse and the patient contribute authentically. Drawing on the philosophy of Levinas, Todd (2001: 438) suggests that *'the encounter with the Other who is radically distinct from the self'* enables the self to learn and change if self holds open the possibility of receiving something more than it already knows. Reflective activity holds open the possibility of, and commitment to, wanting to know and understand more about self through significant encounter with other.



These types of reflective learning enable consideration of the wider implications of events and experiences and self within that. Reflective learning processes appear to facilitate the consideration of new possibilities and realities which help practitioners to establish or realign the principles and values which underpin their emergent professional practice.

### **Role modelling – what sort of nurse do I want to be...or not want to be?**

A second variation of this type of reflective learning is the consideration of the desirable and undesirable values and beliefs manifested in the attributes of another's professional performance. Reflective processes enabled the participants to consider what attributes of others' practice they wished to emulate and why, what values and beliefs underpinned that practice and what sort of nurse they wanted to be.

Most of the participants described at least one practitioner who had inspired them and acted out their professional values as a positive role model. Emma described how a health care assistant (HCA) had gently performed last offices for a patient, mindful of preserving the patient's dignity, and with great attention to detail,

*I was just sort of really touched by how she did it actually because she was so good, and she was talking to this lady really gently and gave her a nice wash and I thought it was wonderful (Emma: 110).*

Emma describes how they found a photo of the lady before she had become ill, "*she looked lovely, like someone's lovely Gran*" (113), which had further humanised the experience of laying out someone she had not met alive. In comparison with the ways in which other practitioners had performed last offices, Emma identified that a number of fundamental care skills and attributes which she valued were being acted out and modelled by the HCA. In his Social Learning Theory, Bandura (1965) postulated that people are likely to adopt the standards exhibited by good role models and measure their own performance against that standard, therefore reinforcing the behaviour.

Emma commented that *'laying the lady out has stuck with me, that's how I think it should be done'* (121), and went on to say that she had formerly uncritically accepted much of the practice modelled by registered practitioners as the way things should be done,

*as a student I've often tended to follow the staff nurses, not question* (117).

The best role model for this area of practice was an unqualified member of staff who fully engaged in her care and reflection upon this event enabled Emma to affirm the principles and values that she felt were important for her aspirant practice in this area.

Student nurse participants in the study undertaken by Donaldson and Carter (2005) expected to be able to identify a role model of a 'good nurse' in practice settings by whom they would be taught, and from whom they would copy behaviour and attitudes. Jane described how influential and important mentors are as role models,

*I think it's quite important that mentors, that you have someone you can look up to and yes, if I am going to be a nurse I'd quite like to be one like that* (43).

Jane described this mentor as calm and organised, she trusted Jane to manage and organise the care of her patients and she was supportive and constructive in her mentorship role, professional qualities that Jo admired and wished to emulate in her own practice. Savage (1996 cited Savage 1998) found that as students progressed through nursing programmes they wanted more responsibility and less supervision as mentors in practice moved towards the coaching role described by Spouse (2003). Spouse identified four characteristics of good mentoring; *befriending* which encompasses the elements of democracy in the mentor/student relationship, a partnership based on mutual trust which creates the security which enables the student to work independently, and sponsorship which offers social and professional support within the community of nursing, *'planning, confederacy* and



*coaching'* (2003:190). Coaching was typified by the discrete support of independent practice with developmental feedback exemplified by Jane's mentor;

*She...just let me go on my own really...and occasionally she'd say, 'oh you just need to do that a bit differently'* (45).

Jane described the awe she felt for a another staff nurse who actively directed a resuscitation attempt and managed the ward staff whilst talking her through the procedure,

*he was telling me exactly what was happening and what everybody was doing...which was amazing because he was part of the operation...that's wonderful really isn't it, I mean, how good's that?* (57).

Spouse described this mentoring characteristic as *working in confederacy* where the student and practitioner work in tandem and the student assists as the practitioner thinks aloud, sharing knowing that meets the needs of both the patient and the student. For Jane, significant learning emerged from reflection on this type of contextualised experience, not just about her attitudes and beliefs about nursing, but also her attitudes towards her future mentoring role within nursing. Positive role models *'illustrated the excellence that they might be able to achieve in the future'* (Lockwood et al 2004:424) and enabled the participants to identify, through reflection, the attributes of the type of practice they aspired to which, in turn, helped to refine personal professional values.

Conversely poor role models were equally as powerful. Although there is a significant literature on the power of positive role modelling in nursing, there is little related to the impact of negative role models. Donaldson and Carter (2005) refer to work presented by English (1993) and Barr (1980) who warned that negative attitudes and behaviours may be adopted by student nurses in much the same way as positive attributes. The participants in this study clearly rejected what they regarded as the negative attributes of

another's modelled practice. Reflection enabled the participants to really consider what they felt uncomfortable with, or challenged by, in another's practice and what they did not wish to replicate in their own.

Early in the nursing programme, Dawn was working with a staff nurse whilst washing a young patient severely disabled with Multiple Sclerosis. Although the physical care was gentle and caring, Dawn was uncomfortable with the way the nurse spoke to the patient,

*but the tone of voice she was using and she was talking to this lady as though she were a child really, and it was very disrespectful...this lady...she wasn't very happy the way she was being spoken to and she was being told what to do (40.41).*

Dawn's reflection was triggered by the sense of disjuncture she felt whilst being privy to another's care. The attributes of that care did not match with Dawn's personal professional values and she rejected this role model as undesirable and unhelpful for the development of her practice. Dawn affirmed her desire to ensure that she did not patronise the patients she worked with, that she aimed to treat each patient as a unique individual and to seek to empower the patients she worked with. Dawn was also aware that she would need to develop effective and assertive communication skills to challenge colleagues practice.

Dawn viewed the staff nurse's care as unsuccessful and she used the description of the incident as an example of the type of care she would wish to avoid engaging in prospectively. Lockwood et al suggest that

*the unsuccessful other highlights a prevention strategy, the avoidance of failure, and will therefore be motivating for individuals seeking to abstain from deleterious activities (2004:424).*

Reflective consideration of the professional behaviour of negative role models appears to support the rejection of negative attributes and the affirmation of positive personal, professional behaviours and values.



Helen was disappointed to find herself apologising to patients for the lack of care she perceived was being offered by the District Nurse (DN) she was attached to for her Community Placement. She referred a number of patients back to the DN for assessment when there was no improvement in their wounds over several weeks. During subsequent visits the patients reported that the DN had not visited and Helen did not feel able to take this further for fear of her placement report being jeopardised. Having accepted the moral responsibility and obligation to ensure quality of care, Helen's attempts to act as an advocate to improve patient care were ignored by the accountable registered practitioner. Helen felt disempowered from further advocacy work as the practitioner had the power to fail her placement report,

*I know what I should have said...but I was too scared to...because I didn't want a bad mark on my end of placement thing (5, 6).*

Helen chose to *shield* rather than *whistleblow* (Vaartio et al 2006) as she perceived a very real risk of professional reprisal if she pursued her advocacy role. Whilst valuing her patients and trying to act in their best interests Helen also knew that she had to value and protect herself from the personal consequences of pursuing the issue (Baldwin 2003; McDonald and Ahern 2000). Helen acknowledged that protecting herself left the patients in vulnerable positions and this triggered her reflective activity. Reflection enabled Helen to understand the limits of her advocacy role in that unique situation at that time, to consider what she would have preferred to do and how she would plan to act in the future. Helen was very clear about what was unsuccessful about the District Nurse's practice and she planned to actively avoid replicating those attributes in her own caregiving.

Reflective consideration of the practice of both positive and negative role models enabled the participants to identify the attributes they wished to emulate or reject in their own practice. This process enabled them to establish, challenge and refine their personal professional value base.

## **Challenging or accepting professional mores, what do they mean for me as a practitioner?**

The third variation of this type of reflective learning enabled the participants to establish and refine their professional values and beliefs in the context of prevailing professional mores. Mores are the traditions and customs of a community, the ways of behaving in relation to beliefs underpinned by values. Reflective consideration of experiences enabled the participants to personally challenge some of the behaviours and attitudes that they perceived to be expected of nurses. Most of the participants acknowledged the difficulty they felt in maintaining the 'expected emotional detachment' perceived to be expected of nurses when they were humanly and emotionally involved with clients and their families. Whilst struggling to develop a dispassionate professional front and emotional distance, several of the participants found that they wanted to cry with relatives or were surprised by their hugs and need for authentic human contact.

Ellen was present at the death of a young woman whose husband and parents were with her. When the staff nurse confirmed that his daughter had died, Ellen was surprised to find that the father hugged her rather than his family members,

*I felt quite embarrassed and almost pushed him away...you shouldn't be doing this to me really and led him to his wife;*

*Why should he put his arms around me for comfort? But when I thought about it afterwards it's because he felt embarrassed as well, he couldn't deal with his feelings either and it made him feel awkward and I think that's why he came to me rather than going to his wife first (Ellen: 43, 46, 47).*

As a result of her reflection about this event, Ellen largely rejected the notion of professional distance as a desirable professional attribute particularly in palliative care settings. Ellen felt she would want to offer a more authentic human response to the needs of the families she was working with, initiating



and accepting intimate contact with the relatives of those she was caring for when appropriate. Reflection enabled Emma to reconnect with self in the delivery of her care.

Aranda and Street (1999) suggest that the shift from task orientated to patient focused practice in nursing has seen a theoretical repositioning of what constitutes a 'good nurse'. The distant and impersonal nurse, seemingly indifferent to the suffering of those around her, has been replaced by a practitioner who is self aware with well developed communication skills who is able to cope with self disclosure in genuine, authentic, intimate and reciprocal relationships with patients. Several of the participants describe being caught between these two practice models in the way that Ellen described, they were expected to provide care with empathy and engagement but maintain a degree of emotional detachment. Spouse (2003) contends that the public continue to view nurses as hardened to the suffering of others, and the student nurses in her study described similar dilemmas whilst finding their own balance between professional detachment and human compassion.

Two of the participants in this study described the tension between the perceived need to maintain a stoic and dispassionate professional persona whilst struggling with an inner sense of sadness, hurt and confusion,

*I didn't get (visibly) upset because I can control my feelings very well, but I was upset inside (Jane: 76);*

*I just didn't know if I was going to cry, I didn't know if I was going to be OK...I was very emotional but I didn't show it...almost professional, but not so professional that you don't show empathy (Sarah: 79, 80).*

Jo described how inadequate she felt in not being able to articulate what she wanted to say to a lady in her care who had just suffered a miscarriage,

*I really didn't know what to say.. I really wanted to say to her I'm really sorry about your loss but I couldn't actually say it...I felt really clumsy.*

*When I went home and thought about it I thought the reason why I couldn't say anything was because I was really upset for this lady (Jo: 24,25).*

Reflection on these experiences enabled the participants to either feel proud that they had maintained a seemingly desirable professional distance and successfully acted out the prevailing professional values of their placement area, or to reject the notion of emotional or personal detachment as a desirable element of practice. Interestingly, patients in an Australian study clearly identified the characteristics of 'engaged' and 'detached' nurses. Care delivered by nurses who were described by the patients as detached was perceived to be of a lower quality than that delivered by engaged nurses who were characterised by being warm and friendly, compassionate and kind, available, and who anticipated the patients' needs whilst working with them as individuals (Kralik et al 1997). The patients acknowledged and appreciated the humanness of the engaged nurse. Dowling suggests that words like engagement and involvement have replaced the term 'intimacy' to describe close nurse/patient relationships (2006). In a review of the literature Dowling contends that intimacy is characterised by reciprocity, self disclosure and self awareness *'which suggests a closeness coupled with a high degree of intersubjectivity'* (2006:48). The depth of this type of coconstituted intersubjective relationship breaks down the fixed boundaries between nurse and patient and enables a reciprocal exchange in which inferences about the beliefs, intentions and feelings of the other can be 'read' and understood (Coelho and Figueiredo 2003).

Penny described an intimate experience where she chose to disclose personal information well beyond the usual superficial social discussion common in a patient-nurse relationship. Despite expecting patients to disclose very personal information in the context of the nurse-patient relationship, most nurses are reluctant to breach perceived professional boundaries and disclose personal information about themselves. Penny had accompanied a young male patient to theatre where he was due to have both



legs amputated below the knee. The patient was extremely anxious as he had not been sedated before arriving in theatres. On arrival there was a further delay during which time he asked Penny deeply personal questions,

*he just started asking questions about myself, and my husband, children...I'm used to talking about myself in general terms...I didn't want to say the wrong thing (45, 46);*

*I learnt that the nurse patient relationship (is) quite unique for each patient and I think it (self disclosure) did help our relationship because he must of trusted me to tell me what he was feeling and I felt....that I should.....give that back that I trusted him (47, 48).*

Penny went on to say that reflection on this experience enabled her to acknowledge that she would utilise self disclosure again if it might be beneficial to her patient,

*it does just depend on the situation and you've got to assess that to see, you know, if it's appropriate or not appropriate (58).*

Penny expressed a strong sense of reciprocity between herself and the patient, a sense of mutual human trust which she allowed to guide her actions. Reflection on this experience enabled Penny to consider what the prevailing professional values meant for her own practice. Penny acknowledged that the intimate nature of the relationship had developed because she had reciprocated with an authentic, self aware response. This high degree of intersubjectivity fostered a genuinely close and therapeutic relationship. Having been open to the new possibilities of other, she acknowledged that she had learned something which contributed to her sense of self. She was able to reject the notion that it is inappropriate for nurses to disclose information about self within authentic, intersubjective, therapeutic relationships and she established and refined her own professional values and beliefs accordingly.

This type of reflective learning enabled the participants to actively engage with a personal debate about how their emergent and established individual

professional beliefs and values juxtaposed with the prevailing professional mores and expectations.

### **What can and should be challenged?**

The final variation of this type of reflective learning enabled the participants to consider how their beliefs and values stood up to the challenge posed by observation of others practice and their manifested attitudes. The participants had to carefully consider and rationalise their own values and beliefs in order to make judgements about the validity, competence and moral and ethical trustworthiness of others practice. This process enabled the participants to embed and refine their personally shaped professional values and beliefs. Reflection enabled the participants to establish and refine their professional values and beliefs through consideration of 'what is worth challenging?' about another's practice. This type of reflective learning had three components:

- What should be challenged?
- What can't be challenged and why?
- What can be challenged and how?

#### *What should be challenged?*

Dawn described an interaction with a consultant anaesthetist who articulated his discriminatory practice with regard to post-operative analgesia. Dawn reports that the anaesthetist stated that as the patient, a solicitor, had '*done really well, and he's paid all his taxes...I'll give him the best analgesia*' (24) whilst he had decided to give a refugee '*scrounging off the state*' (27) less effective treatment. Dawn found it difficult to believe that she was the only practitioner present who felt that the anaesthetist was expressing discriminatory and inappropriate opinions and she was angry with herself for not challenging his views;

*there must have been about seven other people in the theatre, but nobody, not one person said a word about it, they just sort of ignored*



*it...but I felt angry with myself for not saying anything to him  
(Dawn: 28).*

Dawn described how reflection on this incident enabled her to acknowledge that this type of practice should be challenged and to value her own beliefs, identify other examples of both overt and covert discriminatory practice, and contemplate potential strategies to directly challenge similar practice in prospective situations. The advocacy model most associated with nursing, and enshrined in the Nursing and Midwifery Council Code of Professional Conduct (NMC 2004), is that of the conservator of patients' best interests (Baldwin 2003). Fowler (1989) proposed that advocacy models also include a responsibility to champion social justice in healthcare provision. Reflection on this experience enabled Dawn to acknowledge her sense of social justice and consider how she will challenge inequity and inequality.

*What can't be challenged and why?*

Having reflectively considered their own values against those manifested by others, the participants' utilised reflective processes to acknowledge and understand the constraints on their ability to challenge at that time and plan how they would want to act in a similar prospective situation.

Several of the participants identified the powerlessness that they felt as student nurses, often perceiving themselves as unvalued within the team, frequently nameless and referred to as 'the student'. Dawn summed up the powerlessness she felt by saying that she had been advised early in the programme '*don't rock the boat unless you can turn it over*' (75). She felt that reflective consideration of personally significant events had equipped her with the ability to acknowledge the constraints to, or the futility of, challenge at that time. Reflection had enabled her to consider strategies for future intervention and to develop the assertiveness to deal with similar situations differently as a staff nurse, but Dawn remained acutely aware of the power differential between the student and staff nurse role.

Several participants felt disempowered to challenge situations as they were happening. Some, for example Helen, were fearful that their placement

reports would be jeopardised as a result of speaking out, whilst others expressed the need to be liked, be useful and to fit-in in order to survive placement,

*you're so desperate, because you're going from one placement to another very quickly, you want to fit in and you want....them to think 'she's a great help'...and you tend to go straight in there and things that you might not agree with, you don't feel you've got the right to say 'I don't think this is right'*  
(Dawn: 77)

Spouse (2003) reported a similar drive by student nurses to conform to the cultural and social norms of each placement. Likening the students to tourists, Spouse noted that *'adopting local customs enhances relationships'* (2003:140), and that failure to conform to the community's norms can have the types of adverse outcomes highlighted by the participants in this study.

*What can be challenged and how?*

Kate described how she weighed up whether or not to make a suggestion to a medic about how to modify his technique during a procedure that the patient was finding very traumatic. A junior medic was being taught by a Senior House Officer to insert a Central Venous Pressure (CVP) line. Kate had recently read a number of articles about the procedure which recommended tilting the bed to enhance insertion. Mindful of the traditional hierarchy, and reluctant to be perceived as challenging of the medic, Kate described actively considering the potential risk of public personal denigration against the potential reduction in distress and discomfort for the patient,

*you fear having your confidence knocked as well and being brought down in flames...not to challenge him, but to try and offer some solution to the problem...knowing that I am the student nurse and that it was a bit presumptuous of me...led me to come up with 'have you considered' in an as unchallenging tone as possible*  
(Kate: 13, 27)

The medic accepted Kate's' suggestion and it had a successful outcome for the patient. Kate felt that she had learned that medics are not infallible and that her patients' best interests were paramount regardless of the perceived



personal risk to her professional self and confidence. Reflection on the event reinforced Kate's sense of responsibility, ability and belief that she should and could act as a patient advocate despite perceived risk to self. In their study of how nursing advocacy is experienced by patients and nurses, Vaartio et al (2006) report that advocacy strengthens self determination, nursing praxis and patient and professional satisfaction in much the way that Kate describes.

Although Kate did seek reflective space on the ward after this event, the perceived hierarchy within nursing teams which Dawn described, often disempowered the participants from engaging with ward based reflective activity. Reflective consideration of events and experiences is often a private and personal activity as a result.

All of the participants described situations where they were exposed to care delivery which they considered to be inadequate if not poor. Penny had worked as a Health Care Assistant on an Elderly Care Unit before she started the nursing programme which had enabled her to establish and work with some of her personal professional values about what constituted appropriate and good quality care. Having witnessed a consistent lack of respect for patients' dignity, a lack of regard for hospital infection control and manual handling policies, a culture of ignoring confused elderly patients and poor team communication strategies on an acute elderly care ward, Penny felt that she could not collude with, nor change, the prevailing care standards. She and a colleague felt unable to adopt the 'local customs' in order to survive the placement and sought to move environments. In order to move placements she had to be able to justify, articulate and record what the problems were. Penny and her colleague challenged the adequacy of the standards of care demonstrated,

*you don't ever expect to have a bad placement, you think everything's going to be rosy, so when you actually come to a point and you think*

*that is unacceptable, you have to weigh up a lot of you know, what is right and wrong* (Penny: 27).

Penny felt that traumatic as the experience of whistle-blowing had been, she was now clear about the values, beliefs and principles that underpinned and guided her care. Reflective processes enabled her to clearly articulate what the problems were, confirm the importance of the issues against her own value base and understand why challenge would be appropriate. The NMC Code of Professional Conduct (2004) binds nurses to the role of patient advocate and compels them to protect patients from harm; however, the adverse professional consequences of whistleblowing are well documented (McDonald and Ahern 2000).

When the participants own values and beliefs were challenged by the attitudes manifested in others' practice, reflective processes enabled them to consider what was worth challenging. Having made decisions about what should be challenged, reflective activity enabled the participants to carefully consider the constraints to challenge at that time or the factors that facilitated successful interventions. This type of reflective learning enabled the participants to rationalise their own values in order to make judgements about the validity of those manifested by others.

In summary, the participants described how reflective consideration of practice experience enabled them to refine and articulate an emergent professional value base that was humanistic and respected the human experiences of others. Empathetic, veracious care that was negotiated in authentic relationships with clients was important to these practitioners on the cusp of registered, autonomous practice.

The lived experience of learning through reflective processes appears to resonate with several facets of the contemporary literature in relation to the establishment and refinement of professional values and beliefs:



- Reflective activity appears to hold open the possibility of, and a commitment to, wanting to know and understand more about self through significant encounters with Other. Participants appeared to be open to 'unknowing' (Munhall 1993) in order to discover new meaning and understanding
- Reflective activity triggered by a felt sense of inner moral conflict appears to hold open the possibility of new realities that augment or challenge existing personal values and beliefs
- Mentors are a vital component of facilitating learning in clinical settings and the characteristics of effective mentorship identified by Spouse (2003) were important to the participants. A coaching style of mentoring was particularly valued as it enabled the participants to function independently with only distant supervision
- Student nurses expect to meet positive role models (Donaldson and Carter 2005) who illustrate the excellence that might be achieved by self. Reflection on the characteristics of those identified as 'good nurses' appeared to enable the participants to identify the attributes they sought to emulate in their own practice which helped to refine values and beliefs
- Reflection on successful advocacy does appear to strengthen self determination and professional satisfaction (Vaartio et al 2006) which contributes to the practitioners' sense of social justice (Fowler 1989).

The attributes of learning through reflection described by the participants in relation to how professional values and beliefs develop which appear to be less well identified in the contemporary literature seem to be:

- Reflective learning processes appear to facilitate the consideration of new possibilities and realities which, in turn, help practitioners to establish or realign the principles and values that underpin their emergent professional practice

- Reflection appeared to enable the student nurses to identify what they felt uncomfortable with, or challenged by in another's practice and what they did not wish to replicate in their own
- Negative role models appeared to be as powerful as positive ones. Reflective activity appeared to enable the participants to reject what they regarded as the negative aspects of another's practice from their own
- Reflective activity appeared to enable the practitioners to rationalise their own values and principles in order to make judgements about the validity, competence and moral and ethical trustworthiness of those manifested by others
- Reflection appears to enable the participants to consider the boundaries to their engagement in care. Reflection on significant encounters with other seemed to enable them to make personal judgements about the implications of self disclosure, emotional involvement or detachment and patient advocacy which established and refined their personal and professional values and beliefs
- Reflective activity appeared to enable the participants to challenge and rationalise their felt sense of disquiet when they acted outside of professional mores and to establish their own moral boundaries to care
- Reflective activity appears to enable student nurses to consider what should and could be challenged, to understand why they were unable to challenge as a situation unfolded and how they may frame challenge in similar, prospective situations.



## Chapter 7

### **'I am a nurse', the embodiment of professional identity**

Reflective consideration of significant events enabled all of the participants to acknowledge they had come to know themselves as a nurse. The identification and acknowledgement of the adoption of a professional persona, or the integration of a sense of self as nurse, occurred alongside the recognition that 'I can do this' and 'others see me as a nurse'. Reflection enabled the participants to consider the person they were and the person they were becoming; the relationship between the personal and the professional world. Freshwater described reflective practice as a way of observing and *'participating in the unfolding drama of the self in becoming'* (2002: 8), and the participants described three variations of this type of reflective learning:

- I can nurse – personal acknowledgement of accomplished professional acting
- You are a nurse – social recognition by others
- I am a nurse – the relationship between the personal and the professional world.

These three elements interpenetrate, and are only isolated from each other to highlight the nuances of each type of learning and how it contributes to the sense of 'knowing I have become a nurse' articulated by the participants.

#### **I can nurse – personal acknowledgement of accomplished professional acting**

Several of the participants described their relief and satisfaction in recognising that they were able to perform as they would expect other nurses to perform, particularly in emergency situations such as resuscitation or sudden patient collapse. Conversely the participants described experiences in which they felt they had not achieved their own expectations or met the

perceived expectations of others, and these experiences often prompted reflective activity and action planning for prospective situations. Interestingly, in these situations the participants knew what they wanted to achieve, were aware that they had not achieved it, and used reflective processes to understand why there was a gap between the practice they aspired to and how they had acted in reality. They appeared to have a clear perception of what kind of nurse they wished to be and what accomplished professional practice looked like, and they were committed to becoming that practitioner. This is akin to Johns' assertion that reflective activity is driven by the sense of contradiction between one's vision for practice and the reality of that practice. However, the participants did not articulate a sense of contradiction, more a perception, a felt sense of a gap between what they knew and what they became aware that they needed to know. Reflective activity was triggered by the recognition that they had not yet developed the resources to meet some of the challenges posed by nursing and by a personal drive to develop that background knowing and resources. The participants appeared to describe reflective triggers as a broader, felt sense of '*the edge*' (Gendlin 2004), of something more that they needed to articulate and come to know. There was a strong sense that the participants used reflective processes to reconcile their ideal professional selves with their actual professional selves as they developed as nurses, personal work that Ewing and Smith (2001) feel is important for professional development. According to Johns (2004) the commitment to realise one's own vision of practice and to become mindful of self are core characteristics of reflection, and both were demonstrated by participants who felt they had learned through reflective processes.

Reflection enabled the participants to acknowledge that they could act with the capability and skills exhibited and expected by others. Several commented how they could see all of the seemingly disjointed elements of the preparation programme coming together in their skilful practice,



*it's just the things you learn at Uni, when you put them into practice and see how they work it's really, really good. Just communications in the first year and learning...how to observe someone's body language, I probably wouldn't have picked up on....just how frightened she was*  
(Sarah: 29).

*over the three years is when everything builds together, you suddenly see the whole picture, and I think the learning didn't just come from this incident, I think it was probably there already, but it sealed it for me, it just made me realise that I did know a lot more about nursing that I gave myself credit for*  
(Helen: 60, 61).

The acknowledgement that 'I can nurse' was an important professional milestone for the participants, and all of them described at least one experience where they felt they had performed as they would expect a nurse to act. For some it was the experience of 'knowing what to do without knowing what to do', a kind of intuitive practice which they did not have to actively think about in the midst of action. Gendlin (1978:3) described this type of understanding as 'implicit' rather than cognitive: *'it is sensed or felt, rather than thought'*. Knowledge, knowing and meaning had become embodied and felt, which enabled practice to flow in an intuitive and natural way without conscious awareness. Reflection on this type of experience enabled the participants to acknowledge the wealth of background resources and knowledge/personal knowing they had developed over time.

Polkinghorne contends that *'embodied understanding functions below the level of conscious thought and is more intricate than thought carried out in reflection'* (2004:140), and it is interesting that several participants described how significant personal learning and confidence was derived from reflection on their professional performance shaped by embodied understanding; they were able to articulate 'the more'. The participants were gratified to discover that formerly challenging or problematic aspects of nursing practice had become unremarkable, they no longer required conscious consideration, that actions and practice flowed from background and implicit understandings;

*I didn't even think, it was just like an adrenaline rush, I just did what I did* (Sarah: 40);

*I had never done it before. So how I knew how to do all that, maybe from the University...or maybe something automatic.* (Jane: 53).

Polkinghorne contends that background *'is a holistic web of understandings about how to go about and get things done in the world'* (2004:152), a complex and uniquely organised internal understanding rather than a set of logically ordered rules. Gendlin describes this as the *'implicit intricacy'*; a 'more' than we have language to express; a felt sense of complex interrelationships which helps us to grasp wholes, connecting the meanings implicit in a situation (1962, 2004). Reflection on unconscious, intuitive practice enabled the participants to experience a sense of having 'carried forwards' meaning and understanding that augments numerous strands of intricacy (Gendlin 2004). Everyday practice flows from our unique culturally embedded backgrounds/intricacy in an unconscious manner until we are confronted by unusual or complex problems for which background does not have solutions.

When background cannot provide a solution Polkinghorne suggests that we engage in either a reflective mode of understanding to adjust our actions in the midst of practice, or in technical rational deliberation which demands conscious and deductive thought to determine correct actions. Both of these types of learning draw on and potentially contribute to the further development of background. Polkinghorne contends that reflection *'is a dialogic engagement with a situation in which a practice is being carried out'* (2004:163) which results in an increased understanding of the unfolding situation and that *'Reflective-understanding reasoning'* is an active process that enables practitioners to make action choices in the midst of practice, a notion close to Schön's concept of 'reflection-in-action' (1983) where thinking and doing are complementary. Schön and Polkinghorne both conceptualise reflection as an active problem solving process which requires sophisticated



engagement with our own experiential understanding and personal knowing, the success of which is dependent on having a comprehensive background and the ability to adjust practice in the midst of action. What appears to have been overlooked in much of the discussion of Schön's seminal text 'The Reflective Practitioner. How Professionals Think in Action' (1983) is that he was discussing how professional practitioners, those who have been specifically and rigorously prepared for those roles, act intelligently and reflect-in-action to shape their practice rather than neophyte practitioners who are in the process of developing professional resources or knowing. Schön contends that sometimes professionals do reflect on practice,

*in the relative tranquillity of a post-mortem...in a mood of idle speculation or in a deliberate effort to prepare themselves for future cases* (1983:61),

but that a key characteristic of professional practice is the ability to reflect in action and alter practice in the midst of that action. Although Polkinghorne addresses his text to '*graduate students preparing to be practitioners of care*' (2004: x), he also focuses on reflection as an active process engaged in by practitioners with a comprehensive and established background and a wealth of professional and personal knowing. Likewise Johns (2004) suggests that '*reflection within the moment*' is a higher order reflective skill that involves dialoguing with self and being open to changing action within the unfolding moment. Schön did attempt to explicate a method of educating practitioners who could reflect-in-action, but he did not offer a process for reflective learning (1987).

This study aimed to explore the lived experience of learning through reflective processes by student nurses who were establishing their specific professional background resources and working towards professional responsibility and practice. Although the participants came into caring with established personal experiential knowing, caring beliefs and a sense of self (Freshwater

1999), these attributes were challenged and developed by the educational processes that supported their specific development as nurses.

Interviewed at the end of their nurse preparation programme, the participants described how reflective activity enabled them to acknowledge and celebrate that they had the skills, the personal and professional knowing and the background to nurse intuitively. However, although the participants in this study confirm that reflective modes of learning are often triggered by the failure of background to produce a solution in practice, none of the participants in this study described the lived experience of learning through reflective processes whilst engaged in action; that is not to say that this did not occur, but they did not articulate their experience or understanding of reflective learning in that way.

The participants described learning through reflective processes as an active way to retrospectively understand experiences and situations, a concern with *'experience as it functions in the formation of meaning and logical order'* (Gendlin 1962:3), part of the process of developing background or weaving intricacy. All of the participants described how authentic and meaningful reflective activity was triggered by a bodily felt sense of disjuncture, more than a feeling or emotion, what Gendlin described as *'the edge...an insistent sense of something that demands attention'* (2004:130). Reflective activities enabled the participants to give time and attention to the something, enabling it to be opened and 'spoken-from' and to articulate strands of the intricacy.

Reflective activity enabled several of the participants to acknowledge their background resources and personal knowing after they had been surprised by their own skilful and unconscious performance in practice. They described how their knowing was derived from reflection on action, a retrospective rather than in-action activity. All of the participants described rational and deliberate engagement with reflective activity in order to make sense of things



that mattered to them and to determine correct or different prospective actions. Importantly, reflection on action enabled the participants to acknowledge that they could nurse, their understanding was active and inherent in the way they lived their nursing practice (Gendlin 1978).

Reflection on action enabled all of the participants to actively engage with the development of their own unique background resources and knowing which would underpin their autonomous and professional practice.

Reflection on their actions enabled Helen, Jane and Sarah to acknowledge that they could nurse which, in turn, enhanced their confidence. Lesley had felt that she should have 'known' what to do in an arrest situation, but she felt unprepared for the reality and disengaged from the situation which damaged her confidence. However, when faced by a different type of emergency in the same placement she responded quickly and appropriately to the patients symptoms,

*I knew vaguely what it was, what was going on and I felt quite good about that after. So it gave me more confidence and I actually didn't panic which is quite strange for me (Lesley: 88).*

Lesley had the background resources to deal with this situation, she had the perceptual ability to recognise the pattern of symptoms, and a deep background understanding of the situation, what Benner and Tanner (1987) described as a sense of salience that helps events stand out as more or less important. Lesley demonstrated what Benner (1984) described as an intuitive grasp of the situation where a deep background understanding grounded in a broad base of knowledge and experience exists and guides actions.

Reflection on professional action which flows from background and personal knowing enabled the participants to acknowledge and affirm their sense of being able to act as a nurse and how much they knew.

Kate described weighing up the risk of personal public denigration against the ongoing distress of the patient to suggest to a medic that he modify a

procedure. The medic accepted the suggestion which had a positive outcome for the patient and reflection on the event enabled Kate to acknowledge her unique and skilful nursing intervention,

*I found it quite challenging, I mean there were elements of it that I feel quite proud of, I felt quite elated that something I had brought to the situation had helped in some way (36).*

Finding the assertiveness to suggest a different way of doing something helped several participants to understand that they could nurse. Jo described a seemingly minor situation where she chose to override the decision of a staff nurse and act on her own initiative and judgement,

*it was just a small incident but I think it showed me, when I got home, how much my confidence has increased because I think in the first year I wouldn't have questioned what a nurse had said (51).*

Jo also described an experience that had helped her to understand what nursing is and sort of nurse she wanted to be. A patient due to undergo surgery the following morning simply asked Jo to sit and talk to her. Jo was 'worried' that the patient would want to talk about the technical details of her surgery, but the patient just wanted time with a nurse and "was a lot more relaxed when I left" (7). Reflection enabled Jo to understand that, for her, nursing is more than the mastery of clinical skills, she felt that nursing was about being with people, spending time and valuing them as unique individuals,

*I think that is what makes a good nurse...and that's the kind of nurse I want to be. I want to have time for people, I don't want to have to rush people, or ignore people, and not consider them as a whole person (13).*

Jo was able to acknowledge that she had acted as the nurse she wanted to be, which enhanced her confidence and reinforced her belief that she had progressed towards her goal. Sarah described being terrified of being with a patient as she died, but she overcame her fear and reflective activity enabled her to understand that she too had acted as the nurse she aspired to be,



*I think I gave her something as a nurse and as a person, on a one to one basis, she wasn't alone (67).*

Reflective activity enabled all of the participants to acknowledge that they had acted as nurses, that they could nurse, and to celebrate their accomplished professional acting in clinical settings. The participants described developing and affirming an understanding that they knew more than they thought they did or could articulate. This appeared to be an important milestone in the participants' professional development, one which boosted confidence and enabled the participants to recognise and affirm that they were becoming or had become nurses; to look back at their becoming.

#### **You are a nurse – social recognition by others**

Being seen by others as a nurse also appears to have helped the participants to acknowledge and accept their professional identity. Reflection on praise from a trusted mentor or professional role model endorsed their decision making and clinical skills, enhanced personal professional confidence and was described as having a positive impact on practice. Sarah had not had the opportunity to debrief or reflect after being involved in an emergency situation and had gone home feeling anxious about her actions. She was delighted when,

*the next day the senior staff nurse came in from home and thanked me, and told me how well I'd done in the situation. You need experiences, bad and good I think to be able to take things on in a new career really (43).*

Jane commented that one of her recent mentors had trusted her to manage a bay of patients alone. The mentor gently checked on Jane's progress and then withdrew, placing her trust and professional accountability in Jane to meet the patient's needs. Jane reflected on how the mentor had supported the development of her confidence and enabled her to nurse,

*she didn't praise me, but she didn't criticise me either, then she wasn't saying anything at all, just let me go on my own really, so it was definitely my mentor...who gave me the confidence (44- 46).*

Spouse (2003) described the transition from working directly with a mentor to working independently under the distant supervision of a trusted mentor as being an important milestone in the professional development of the student nurses in her study. She suggests that being trusted to work independently enhanced the students understanding of their role as nurses, supported the development of self confidence and helped them to become excited about their own learning, characteristics mirrored by Jane.

Kate and Ellen both described experiences where their unique nursing contribution was acknowledged and valued by both colleagues and patients. Kate had spent a long time reflecting on her care of an elderly patient who was very depressed and not responding to vocal stimuli. It was thought that she was profoundly deaf and that she chose not to speak, but Kate noticed that the patient anticipated being turned and the routine of washing, and suspected that she could hear but chose not to respond. Whilst talking to the patient, Kate told her that she was leaving the ward the next day and would like to understand why the patient had withdrawn so much,

*I wanted to know what she was thinking and why she was so like a dormouse, all curled up (60).*

As Kate completed her personal care the following day, the patient '*opened her eyes and asked for a cup of tea...it was wonderful*' (63). Kate commented that her colleagues had given up expecting any kind of response, but she felt that her nursing skills and perseverance had been rewarded and acknowledged by the patient. Feedback, both verbal and non verbal or through the impacts and effects of our actions is constant in the public and open world of professional practice (Ewing and Smith 2001). Reflective, critical and open consideration of this feedback was important for many of the participants as they came to acknowledge that others saw them as 'nurse'. Reflection appears to enable the students to weave intricacy from living, being and becoming.



When visiting alone in the community at the start of her third year, Helen was struck that patients always trusted that she was a nurse, she was recognised as a nurse merely because they expected a visit and she wore a uniform,

*they didn't ask for my identity, they were just too trusting the patients and I think they were all vulnerable (14).*

Helen felt uncomfortable with this type of social recognition as she felt that she had to meet the patients' expectations of a registered nurse whilst she was still a student. At that time Helen had not felt like a nurse, she was floundering in an unsupportive placement where she did not feel she had the skills or the confidence to meet the complex needs of the patients independently. When interviewed at the end of the programme, Helen recounted how, on returning to a ward she had previously worked on, a long term patient had been delighted to see her which affirmed her value and sense of self as nurse,

*her face lit up, and she said to me 'I'm so happy to see you, it's nice to have somebody kind', and it's just little things like that make you realise you're also quite a valuable person (76, 77).*

Positive feedback about her professional acting also enabled Sarah to acknowledge that others saw her as a nurse,

*to hang on to the good stuff, I think about the positive things patients and relatives have said to me and positive appraisal I get from mentors (85).*

The social recognition of themselves as nurses appears to reinforce the participant's sense of emergent professional identity. Reflective activity confirmed that

*through the unfolding experience of reflection the nurse is looking backwards to the future, she is becoming whilst being, recognising his or herself as a dynamic and worthy being whose presence makes a difference (Freshwater 1998 in Freshwater 2002; 8).*

Reflection may then be the antidote to the disempowerment and loss of self esteem reported by Randle (2003) amongst student nurses. Randle asserted that student nurses became increasingly disempowered to become the type of nurse they had envisaged that they had wanted to be at the start of their programmes. She stated that students

*at the end of their training programme perceived themselves as undesirable, anxious, depressed and unhappy, with little confidence (2003: 58).*

This was not the experience of the participants in this study who felt that they had experienced personal learning through reflection which had supported their sense of identity as a nurse, their personal knowing, their self esteem and confidence and their ability to recognise themselves as the nurse they wanted to be.

### **I am a nurse – the relationship between the personal and the professional world**

All of the participants acknowledged that they were becoming, or had become, nurses. Sarah commented that reflection had been an important part of her professional development,

*if I hadn't gone through both good and bad experiences it wouldn't make me the nurse I am now...I reflect on everything (90, 92).*

Interestingly, several participants described how they were a nurse at work, but someone different in their everyday world, and how they felt the need to stand back from who they were, other than nurse, when they were working with patients. Sarah tried to capture this concept,

*when I'm a nurse I feel I'm different to how I am as a person. That sounds strange but at home I'm a different person to when I am at work (87).*

Jane said something similar. In the context of being able to disperse some of the emotional load of nursing, she commented that *'luckily I've got a family and everything to go home to, so I'm another person as well'* (85). Both



participants appear to acknowledge that the complex, qualitative and lived realities of their personal worlds were carried into their professional worlds but aspects of the professional worlds do not appear to be fully integrated or absorbed into their personal worlds.

Ruth, one of the students in Spouse's study described feeling like a 'pin on nurse' who wore her nursing uniform in order to perform a nursing role separate from her everyday persona (2003:150). Towards the end of her nursing programme Ruth felt that she had become a nurse, that Ruth and Ruth as 'nurse' had become '*one and the same person*' (155).

For Ruth and the participants in this study there appears to be a tension between the 'person that they are' and the 'person they are becoming'. Dawn observed elements of this in her peers,

*I've noticed loads of my colleagues views completely change on a lot of things. They've become more, perhaps, socialised to the NHS regime without realising they're doing it. They were very anti the socialisation...but they are being socialised into it (68).*

Dawn clearly described a situation in which her personal beliefs and values were challenged by the behaviours and choices made by a client in her care. She felt that reflection on the experience enabled her to recognise a professional need to hold back with personal judgements about others until she understood the circumstances and motivation of the client,

*As a nurse it's really made me feel and made me think that everybody's an individual, everyone's got their own views, and I can't judge them. As a nurse I have to be totally neutral (22).*

Dawn, along with Jane and Sarah, appears to have learned to discipline her personal self out of her professional persona, to *bracket* herself from her nursing self. All three of these participants also felt they had successfully achieved professional distance and detachment in practice, but recognised

the need to deal with the emotional load and the sense of disjuncture felt by self that this created through reflective activity.

Freshwater (2002) suggests that the practice of reflection is a fundamental skill in developing an awareness of self and that self awareness is essential to the practice of therapeutic nursing. Reflection on self helps practitioners to

*reform their identity through being in relation with themselves, the patient and others, instead of having an identity that is forged by their surroundings* (2002:6).

The mutually beneficial relationship between practitioner and patient that characterises therapeutic nursing depends of the practitioner being self aware and therefore inherently reflective.

A number of other participants described learning through reflection on experiences triggered by a sense of being therapeutic in their care. Penny described the therapeutic benefits of disclosing personal information about herself within a trusting patient-nurse relationship; Ellen embraced her need to offer human, physical contact in palliative care settings and Jo wanted to acknowledge her personal response to the patient's unique situation. These participants appear to have allowed their personal selves and lifeworlds more space and credence within their professional persona. Their sense of nursing self encompassed their lifeworld. Ewing and Smith (2001) contend that it is impossible to become without being, our being is embedded in our practice, and as reflective practitioners we continue to become who we are. This resonates with Freshwater's (2002) assertion that reflection on action enables practitioners to look backwards to the future,

*At the beginning I didn't really understand why, whereas over the three years everything builds up together, you suddenly see it as a whole picture...now when I look back...it's just been a very big learning experience that's hard to explain.* (Helen :60-65).

It is interesting to observe how the participants used reflective processes to develop self awareness and knowing, but also to compartmentalise and



rationalise different facets of self within everyday and professional life. Some like Ruth in Spouses' 2002 study found that nurse had become self and others wanted to maintain a sense of division between a personal and a professional self. All of the participants in this study felt that they had become nurses, and that much of their learning and knowing was derived from reflective activity. Reflective learning was a transformatory process (Freshwater 1999; 2002).

The requirement to submit three written reflective accounts based on practice based experiences gave several participants the opportunity to reflect on their personal development during the programme. They could all recognise the development over three years of not just academic writing skills but increasingly sophisticated analysis and decision making processes underpinned with progressively developing knowledge and understanding. At the end of the programme all of the participants could see how the elements of the programme came together in a meaningful way regardless of how disjointed it may have appeared at the time. Reflective academic writing appeared to offer the students, in the privacy of their own reflective space, the opportunity to acknowledge that others saw them as nurse and to offer this insight to the readers of that writing to further validate. At the end of the programme it appeared that the participants wanted to share their stories with a wider audience rather than '*police*' the accounts (*Jane: 29*) as they had described at the beginning.

For some of the participants becoming a nurse was about reconciling and integrating who they were within their professional selves, a balance between self and self as nurse. For other participants the adoption of a professional persona was a way of professionally acting which does not fully fit within their personal lifeworld; a compromise, like a pair of elegant, high heeled shoes which look great, perform as a pair of shoes, but are sometimes uncomfortable to wear. Reflective activity had enabled all of the participants

to rationalise what sort of practitioner they wanted to be and to decide what being a nurse meant to them. All of the participants felt that they had become a nurse and that reflective activities had helped them to know how to practice and who they were. Understanding, knowing and meaning derived from reflective activity contributed to their sense of self as nurse and enabled them to reconcile their personal and professional worlds.

Phenomenological analysis of descriptions of the lived experience of learning through reflective processes appear to support the following aspects of the contemporary literature:

- Reflective activity appears to enable the practitioner to consider the person they are and the person they are becoming, to become mindful of self (Freshwater 2002; Ewing and Smith 2001; Johns 2004)
- A core characteristic of reflection appears to be a commitment to realise a personal vision of practice (Johns 2004; Ewing and Smith 2002)
- Reflection on action appears to enable the participants to understand that they can nurse, others see them as a nurse and that they had become a nurse. Their understanding and knowing appeared to be active and inherent in the way they lived their nursing practice (Gendlin 1978)
- Reflection on action appeared to be triggered by the failure of background to provide a solution in practice (Polkinghorne 2002)
- Reflective processes appear to enable the participants to pay attention to an insistent sense of 'the edge' (Gendlin 2004)
- The practice of reflection appears to be a fundamental skill in developing awareness of self
- The impact of feedback, both verbal and non verbal, was constant (Ewing and Smith 2001) and reflection on this feedback appeared to be important for all of the participants. This has significant implications for mentors supporting students in practice settings.



More controversially;

- At the end of their preparation programme, the participants appeared to be confident of their ability to be the kind of nurse they wanted to be and confident of their personal knowing and capability;
- The felt sense of 'the edge'; the insistent sense of something that demands attention, appears to be the trigger for reflective activity
- Participants did not articulate the lived experience of learning through reflection as something that happened in the midst of action
- Reflective activity appears to have enabled the participants to weave intricacy from their experience of living, being and becoming
- Understanding, knowing and meaning derived from reflective activity appears to contribute to the sense of self as a nurse and facilitated the reconciliation of personal and professional worlds
- Academic reflective writing appears to further validate the sense of self as nurse, the participants were able to articulate their transformation in a concrete way
- Reflective activity appeared to help the participants to understand and speak from what appears to have become embodied and therefore implicit/intuitive in their practice.

Having presented what appeared to be the five invariant constituents and the individual variations of the lived experience of learning through reflective processes alongside the contemporary literature, the following chapter offers the authentic productive linguistic gathering or general structure of the phenomenon. The issues and implications which arise for nursing and nurse education from these new insights and understandings are drawn out in subsequent chapters.

## **Chapter 8**

### **The Authentic Productive Linguistic Gathering of the general structure of the lived experience of learning through reflective processes as described by final year student nurses**

This research seeks to explore and understand the lived experience of learning through reflective processes. The study essentially differentiates between authentic reflective practice which enables the emergence of 'own knowing', and the academically driven reflective activities which demonstrate the achievement of programme outcomes.

Meaningful and significant personal 'own knowing' was derived from authentic reflective activity prompted by a commitment to understand novel, puzzling or challenging facets of care in the context of the unique human relationship established in each caring interaction. The participants engaged with reflective activities in order to make sense of something that mattered to them, in order to replicate or enhance the care they would aim to offer in prospective situations or to seek personal meaning and understanding. The participants were all committed to understanding and providing the most authentic nursing care they could within their own sense of self as nurse, and reflective activity enabled them to engage with the struggle to locate themselves, personally and professionally, in the context of care. Engagement with reflective activity was triggered by a personal and 'felt' sense of a need to understand and know 'something more for self'.

The learning derived from authentic reflective processes appears to be important as the basis of emergent professional judgement based on the participants 'own knowing', something beyond the technical model of care exemplified by theory, policy, procedure and competence in practical tasks. The drive to understand 'something more' about 'something that mattered',



both positive or negative, about their own practice was evident in all of the participants' reflective activity. Reflective learning processes enabled the participants to consider the 'what ifs?' which added breadth and new perspectives to their professional repertoires. The practitioners used reflection as a means of actively seeking understanding of self in the context of the world as they experienced it. An insistent felt sense that something demanded attention, that there was something more that needed to be personally understood, triggered reflective activity.

This 'own knowing' shaped by reflective understanding forms the background resources or professional intricacy that underpins personal professional judgement. As reflective skills matured, reflection also enabled the practitioners to understand and speak from what had become background and embodied/implicit in their practice. The foreground of practice typified by 'rules' and disciplinary theory was challenged and considered by the participants within their unique background and own sense of knowing. The participants wanted to understand something more than espoused theory or the 'rules' that govern practice, they wanted to understand what nursing was for them, how it affected them, and how it embraced them as individuals. Such activity enabled the participants to know themselves better as nurses, locate themselves in the context of care and protect their sense of self within that care.

A distinction was made between authentic and personally meaningful learning derived from private reflective activity and the public demonstrations of reflective skills demanded by the operationalisation of the nursing curriculum, such as seminar work and reflective assignments. Several participants described an initial sense of artificiality about the use of prescribed reflective processes and the academic imperative to publicly demonstrate reflective learning, whilst others described reflective consideration of their neophyte practice as detrimental to their professional development, self esteem and

confidence. However, as reflective skills matured, the participants described how authentic reflective activity enabled them to understand themselves in the context of care and develop a reflective understanding that underpinned practice judgement.

Authentic reflective learning arose from exposure to the chaos of the clinical reality of nursing practice which prompted the participants to reflectively consider their professional limitations and boundaries, to contemplate what they were able to 'give' to nursing and what that meant for their prospective practice. The participants described how engagement with reflective processes enabled them to pay attention to, and ameliorate their personal and emotional responses to the challenges of nursing work. Reflective activity was usually prompted by the participants' affective response to the emotional challenges of nursing work and was often used to disperse the emotional load of joy, relief, satisfaction, sympathy, anxiety, fear, anger, embarrassment, sadness or distress which had little or no conduit within the clinical environment. Whilst enabling the active consideration of a felt sense of personal emotional entanglement and the management of the detritus of the emotional labour inherent in nursing work, reflective activity was itself described as emotional labour. Reflective consideration triggered by an affective response to nursing work enabled the participants to ask themselves, 'how does nursing affect me?', 'why did I feel like that?', 'is there something more that I need to understand?', 'is this how I want to nurse?', 'what does it mean to me to nurse?'

Central to the experience of learning through reflective processes was the participants' motivation and commitment to understanding themselves, their nursing practice, and themselves in the context of their practice. Authentic reflective activity was often triggered by a felt sense of disjuncture caused by the recognition that care could have been better, or different, at that moment



in time, and a commitment to understand, or know more, or capture positive aspects of care for future practice.

As reflective learning strategies became personally valued, reflective activity was driven by a commitment to understand care and be caring in a way that was meaningful within the context of each unique scenario. As they became nurses, the participants wanted to make sense of something that mattered to them and their practice, to respond to a felt sense that there was something more to understand. Reflective processing enabled the participants to understand that caring encompasses and demands much more than technical skills and competencies and was often triggered by the failure of background resources to provide a solution in an unfolding practice situation.

Authentic reflective learning appears to address the participants need to 'know themselves' and 'know for themselves'. The participants described how challenge to their current ways of thinking enabled them to consider new realities and possibilities, particularly the consideration of working outside of their understanding of accepted professional boundaries and mores. Several also described learning that as nurses they will not always get things right; however well prepared, they will not always know what to do in the reality of clinical practice.

Reflective activity enabled all of the participants to consider their professional performance in the reality of situations they had been specifically prepared for through simulation in a safe practicum. As a sense of self as a nurse started to emerge, all of the participants described their reactions to clinical situations which they had been specifically prepared for such as cardiopulmonary resuscitation and breaking bad news.

The participants described feeling anxious in anticipation of being expected to be able to perform these tasks competently in real, clinical situations. Some

of the participants overcame their anticipatory anxiety and 'knew what to do' as they engaged with the situations, whilst others disengaged by avoiding the situation at that time or by planning to do so in the future. Reflection on their actions enabled the first group to celebrate their professional actions and recognise their unique nursing contribution, whilst the second group sought to understand why they had avoided the situation and to plan future engagement or avoidance. Confirmation that important skills had been mastered came from reflection on their actions and behaviours in genuine practice settings rather than following simulation.

Engagement with reflective learning processes during a three year nursing preparation programme was described by the participants as an increasingly private and intimate activity triggered by a commitment to understanding the multifaceted nature of care, and their role in it as a nurse and as an individual. Authentic reflective learning proceeds through a gradual maturation of reflective skills. They all felt that they had experienced learning through reflective processes; and having had that experience, reflective activity became part of their personal learning repertoire. As the participants progressed through the nursing preparation programme the nature of reflective activity changed from being an artificial academic tool which merely operationalised the validated curriculum to a personally valued learning strategy.

All of the participants described a gradual maturation of reflective skills and several had become reflective in their professional attitude, but the lived experience of becoming reflective was not a linear process. All of the participants had come to recognise that meaningful, personal learning, which was important and mattered to them could result from engagement with reflective processing. Private and personal reflective activity, often at a distance from the event, either physically or in terms of time, was described as a far more potent personal learning strategy than the public



demonstrations of reflective skills demanded by seminar based group work, reflective assignments and debriefing in the clinical setting. The participants articulated a clear difference between 'doing reflections' and 'being reflective'. The lived experience of 'doing reflections' was described as meeting the academic and public requirements of the programme. This had seemingly limited impact on professional development, whilst the lived experience of 'being reflective' was described as being about developing self and understanding. The process of 'doing reflections' often led to sanitised accounts which protected the participants own practice or that of others.

Authentic engagement with reflective processes facilitated a number of significant outcomes. The learning that emerged from reflective processing was fundamental to the development of professional background and knowing and to the emergence of professional identity. The participants were able to consider the emergence of themselves as nurses, and the nuances and subtleties of care in each unique interpersonal relationship with patients and clients. Usually prompted by a sense of disquiet or satisfaction about some aspect of their professional performance, reflective processes were valued by the participants as instruments which could aid the development of understanding and the extension of their own knowing and professional judgement. Reflective activity was driven by a commitment to constantly develop, refine and achieve their vision of professional practice.

Towards the end of the preparation programme reflective consideration of significant events enabled the participants to acknowledge that they had come to know themselves as a nurse. The acknowledgement of this transformation and the adoption of a professional persona occurred alongside the recognition that 'I can do this' and 'others see me as a nurse'. The participants described how reflection enabled them to consider the person they were and the person they were becoming; to learn where their personal and professional worlds met, and to balance self and self as nurse.

As part of the process of becoming a nurse, reflection helped the participants to consider their own attitudes, values and beliefs particularly when they were challenged by those of patients and other practitioners. The learning derived from this type of reflective activity enabled the participants to ameliorate the moral distress created in some caring situations and to clearly identify the principles on which they based their care and their personal philosophy of nursing. Reflective activity triggered by a felt sense of inner moral conflict held open the possibility of new realities that augmented or challenged existing personal values and beliefs. Challenge to personal values and beliefs enabled the participants to reflect on the validity and acceptability of their own perspectives in the context of nursing practice, and to recognise and assimilate new possibilities and realities. Moreover, reflection on the professional attributes of both positive and negative role models enabled most of the participants to identify what sort of nurse they aspired to be. Reflective processes appear to be the instruments that enabled the participants to develop and articulate resources and strategies to underpin personally desirable and morally sound prospective practice.

Towards the end of the nursing programme the outcomes of reflective activity were largely positive and affirming of professional and self confidence and knowing, but reflective work early in the programme was often described as detrimental to self esteem and neophyte practice. However; on the cusp of registered and autonomous practice, the participants described how reflective consideration of events had established and refined the professional and personal values and beliefs that underpinned their nursing practice. All of the participants described how private reflective processing enabled them to consider aspects of their care which they would not wish to acknowledge in a public arena, and how reflection became increasingly intimate and personal as their learning style matured.



The participants appeared to be committed to developing a holistic approach to care in which they were mindful of their own personal and professional boundaries and limitations. They came to acknowledge and understand their own values and beliefs whilst remaining open to challenge and potential realignment to become more of, or understand better, the nurse they aspired to be.

At the end of the nursing preparation programme, all of the participants considered themselves to have become nurses. Reflective activity had enabled them to acknowledge that they were socially recognised as nurses by others, and that they could fulfil the role to their own and others expectations. Several participants acknowledged that they had exercised autonomous professional judgement, and were able to celebrate their skilled and accomplished practice. Reflective activity enabled the participants to rationalise and balance their sense of self within their professional persona and to consider where the overlap between their personal and professional worlds lay. Their understanding and knowing was active and inherent in the way they lived their nursing practice.

The journey towards the adoption of personally meaningful reflective learning strategies was not a linear process, but more opportunistic; triggered by arbitrary, unpredictable occurrences in everyday encounters in the participants professional and personal worlds. Often triggered by the failure of personal background resources to provide a solution in practice, or by an insistent felt sense that there was something more to understand, reflection became an important personal and private learning strategy for the participants in this study. Unpredictable encounters and experiences prompted meaningful existential questions that demanded attention which drove the commitment to ongoing reflection. The participants wanted to know or to understand more for themselves, and it is this drive which creates the possibility of intrinsically sustainable learning.

## **Chapter 9**

### **Further theoretical reflection**

#### **Own knowing – re-visiting the humanistic and existential traditions**

On re-reading the previous chapters as a whole, and following a short break from the sense of total immersion in the study, it was interesting to observe what the world of learning through reflective processes appears to be, which issues emerged as those which are least well represented in the literature, and those that are the most interesting on a personal level or have professional implications for nursing or nurse education. The most striking feature of the experience of learning through reflective processes was the discovery of the role of reflection as a tool for developing and enhancing 'own knowing'. The participants chose to engage with reflective processes in order to make sense of something that mattered to them, something that triggered a bodily felt sense of a problem, or an aspect of life or nursing practice that demanded personal exploration to enable deeper understanding and the emergence of personal meaning and knowing.

In chapter two I described the challenge of finding the right words to faithfully articulate my felt sense of what was implicit in the data. When the right word did come I found what Gendlin (2002:132) described as 'THIS', words that feel right and 'carry forwards' what is implicit in the data. Interestingly, several of the words that came to express the 'whatness' of the phenomenon of learning through reflective processes are deeply rooted in the humanistic and existential phenomenological philosophies of learning and authenticity.

#### **Authenticity**

The participants described authentic reflective activity that led to significant and meaningful learning as a deeply personal activity that required far more privacy than the contemporary literature acknowledges. The facilitation of the



development of reflective skills through seminar and written academic work was helpful for most of the participants, but authentic reflective learning usually occurred in private and away from the significant event in terms of time and physical distance. Authentic reflective work was rarely facilitated by another person or within a group, yet much of the recent literature recommends that reflective processes should be guided by another (Johns 2002, 2004, 2006; Driscoll 2000) to avoid self complacency and to widen perspectives.

The use of reflective frameworks within academic work was often viewed as 'doing learning', what Sartre (1905-1980) would describe as an inauthentic act, one that demonstrates 'being-for-others' rather than 'being-for-ourselves' (Olsen 1962:139). According to Moran (2000:362) Sartre felt that the '*only possible meaning a life has is that given by living it*', and therefore the challenge is to live it authentically, exercising the freedom to 'be' for ourselves. In his lecture entitled 'Existentialism and Humanism' delivered during October 1946 Sartre asserted that

*existence precedes essence...man first of all exists, encounters himself, surges up in the world-and defines himself afterwards...Man simply is. Not that he is simply what he conceives himself to be, but he is what he wills, and as he conceives himself after already existing*  
(English translation 1948, 1973:28)

Reflection may well be a tool that enables us to seek and understand the meaning of the life we choose, the essence of our personal and professional existence.

Heidegger suggested that we live most of our lives inauthentically, we do not seek to personalise or consciously integrate everything we experience at a deep level, we accept our fuzzy ambiguous understanding of everydayness. For Heidegger, authenticity was typified as 'ownness', '*a deep, concrete experience of 'mineness', of 'togetherness'*' (Moran 2000:240). In *Being and Time* (English translation 1962) Heidegger stated that

*As modes of being, authenticity and inauthenticity are both grounded in the fact that any Dasein whatsoever is characterised by mineness (1962:68)*

Access to the nature of our Being comes through living our lives, Dasein is the

*entity which each of us is himself and which includes inquiring as one of the possibilities of its Being (English translation 1962, 27)*

According to Moran (2000), Heideggerian authentic moments are those in which we feel most at one with ourselves, whole or unified as a human or as a practitioner. Authentic reflective activities which opened the possibility of inquiry into 'mineness' enabled the participants in this study to develop a sense of 'ownness': their 'own' learning style; their 'own' strategies for responding to the emotional challenges of nursing work; their experiential 'own' knowing about the reality of specific clinical events; their 'own' deeply personal values and beliefs and a sense of togetherness with their professional persona. Reflection enabled the participants to experience authentic moments.

The term authenticity is not being used here to represent the sense of arbitrary choice often associated with interpretations of the work of both Sartre and Heidegger in the contemporary literature, but as the process model proposed by Gendlin (1999). Gendlin suggested that '*we often judge not by **what** someone decided but **how** the decision was made*' (original emphasis; 1999:203) and his sense of authenticity is defined by process rather than outcomes

*An 'authentic' process is the kind that **carries forward** what is implicit so that it is engaged and comes to speech and action (1999:206).*

The participants described a 'felt' sense of wanting to understand something more about something they had experienced, an implicitly complex sense of the situation that demanded attention, the 'edge' that there is something more to come, to understand or to know. Reflective activity relieved the sense of



the edge, ameliorated the nagging, insistent sense that something needed to be addressed or understood. Authentic reflective activity appears to be a process that helps bring what is implicit in the *background* (Polkinghorne 2004) or the *intricacy* (Gendlin 1962) to language and understanding.

Gendlin describes the intricacy as

*an always unfinished order that cannot be represented but has to be taken along as we think...an organic order that always provides implicit functions whether we attend to them or not* (2004:128).

There appears to be a felt sense of the interrelationships between parts which help us to grasp wholes, connecting the meanings implicit in a situation. Like Heidegger and Sartre, Gendlin contends that experiencing precedes knowing. He draws on the Husserlian notion that

*the present occurs into the previous implying and brings it forward as the new implying* (2004:138).

The intricacy is constantly developing, weaving new strands, refining and enriching the mesh of earlier knowing, reformulating and realigning filaments of understanding. A sense of '*understanding is an implicit intricacy*' (Gendlin 2004:141) a complex concept of the present. Understanding enables us to speak about something in numerous ways. Any means of attending to an experience is a means of carrying forward the implicit intricacy.

The participants described learning through reflective processes as an active way to retrospectively understand experiences and situations, a concern with '*experience as it functions in the formation of meaning and logical order*' (Gendlin 1962:3), part of the process of developing background or weaving intricacy, but also of understanding that background and intricacy. Reflective activities enabled the participants to give time and attention to the something, enabling it to be opened, 'spoken-from' and 'carried forwards' to articulate strands of the intricacy and 'own knowing'. The recognition that 'own knowing' did emerge from authentic reflective learning processes, and that reflective activity alleviated the insistent sense of the 'edge' seemed to help

the participants to value and adopt reflective learning strategies for 'self'. This study therefore presents reflective learning as an 'authentic process' (Gendlin 1999).

The participants described authentic reflection in a way that is consistent with an existential act; one in which the individual exercises free will to choose to engage with a process that determines own development. The maturation of reflective learning skills enabled the participants to move away from merely utilising reflective frameworks as a structure in order to achieve academic requirements in assignments and seminar work to something they freely chose to engage with for the development of self, both professionally and personally. Interestingly, in the section entitled 'I can nurse' (p.160) I described the 'emergent sense of freedom to act' that the participants acknowledged as reflective learning strategies became embodied as a valued and personal learning tool that enabled them to 'be-for-ourselves'. All of the participants described reflective learning 'for self' as something they chose to engage with rather than just an academic chore 'for other'. Having come to value reflection as a useful personal learning tool the participants adopted what Husserl would describe as a 'reflective attitude'; an intentional act of awareness that turns consciousness away from the natural attitude and back on itself. According to van Manen, intentionality is only retrospectively available to consciousness and it is therefore '*not possible to experience something while reflecting on that experience*' (1990:182), a notion that discounts the possibility of reflection-in-action (Schön 1983).

### **Rogers' Humanistic Learning theory**

My use of the terms 'significant' and 'meaningful' to describe the quality of the personal learning and 'own knowing' derived from authentic reflective activity also 'felt' right, but it was not until I returned to Roger's Humanistic learning theory that I realised that these words did indeed capture the essence of the participants experience. Roger's described the elements involved in



significant (experiential) learning as personal involvement that involves both feelings and the cognitive aspect, which is initiated by self in an attempt to understand and grasp something from within. The distinct quality of experiential humanistic learning is that it addresses the needs and wants of the learner. It is also existential; the learner self initiates the learning process seeking to achieve their own potential.

Rogers suggested that humans have a natural potentiality for learning and are driven to seek understanding and knowing about something that has personal and significant inner meaning. He suggested that there are broadly two types of learning; the 'neck up' approach that involves the mind only in a futile attempt to learn material that has no personal meaning or relevant context, and the 'whole person' approach that is experiential, initiated by self and therefore personally meaningful and which leads to significant learning that is pervasive and enduring.

Characteristically, significant learning will result in changes in behaviour, attitudes and (potentially) personality, and the evaluation of the learning remains with the learner. Evaluation of learning relates to the learners appraisal of the event,

*she knows whether it is meeting her need, whether it leads toward what she wants to know, whether it illuminates her dark area of ignorance*  
(Rogers 1994:36).

Interestingly, Rogers stated that the essence of significant learning is meaning, and when such learning takes place, the element of meaning to the learner is built into the whole experience. The participants in this study demonstrated that the significant learning that emerged from reflective processes elicited personal meaning and often led to attitudinal and behavioural shifts. The recognition that significant personal learning had occurred was often the pivotal point at which reflective processes became a valued part of the participants' personal learning repertoire.

Humanistic learning theory offers an explanation as to why the experience of exposure to essential skills such as cardiopulmonary resuscitation (CPR) techniques in simulated settings may not have led to meaningful personal learning and confidence that this type of learning would translate successfully into clinical practice. Although undertaken in a simulated ward setting, the Clinical Simulation Laboratory cannot provide a real, contextualised experience, nor is the experience initiated by the learner. The participants described having to engage with perplexing material that had little personal meaning in that context other than a sense that 'they had to know how to do it' and 'others would expect them to know'. The significant, meaningful and enduring learning was derived from self initiated engagement with reflective processes following exposure to the real experience of undertaking a skill like CPR. 'Own knowing' was derived from reflection on real, personally experienced events. Schön (1987:37), the architect of the 'practicum', did, however, propose that they stand in the

*intermediate space between the practice world, the 'lay' world of ordinary life and the esoteric world of the academy,*

with the primary function of enabling the learner to recognise competent practice.

Rogers suggested that learning that involves a re-organisation of self or a change in perspective or attitude tends to be resisted and that learning was most likely to proceed when external threats to the self were perceived to be low. As in this study, Platzer et al (2000) reported that many nurses felt a sense of exposure and vulnerability which prevented them from discussing their practice publicly as they did not wish to be adversely judged or criticised. This perhaps explains why personally meaningful and significant learning tended to occur in private reflective space rather than during public activity.



Central to humanistic learning theory is a sense of trust between the facilitator and the group and between the group members typified by what Rogers described as a '*prizing*' (1994:156) of the learners feelings, opinions and their person. Where the facilitator is able to establish a sense of empathetic understanding with the learner's experience, learning is more likely to occur. Interestingly, in their study of post-qualified nurse experiences of reflective groupwork, Platzer et al (2000) found that even when a facilitator was un-authoritarian, the probing nature of reflective cues was experienced as threatening by participants.

Rogers contends that part of seeking to reach our human potential is the challenge to discover our identity, our 'self' and understand who we are and who we choose to be. This search is more than how we choose to present ourselves, it is about our choice of values, our relationships with others, how we position ourselves in society, our whole philosophy of life. The participants in this study clearly demonstrated the struggle to become what they are capable of becoming. Reflection-on-experience was an important tool in becoming a nurse, challenging, developing and establishing values, beliefs and attitudes, understanding the parameters of professional and personal relationships with others and acknowledging professional and personal development and capability.

*Each of us is the artist or architect of his or her own life. We can copy others, we can live to please others, or we can discover what is unique and precious to us and paint that. It is a task that takes a lifetime.*  
(Rogers 1984:57).

Sartre suggested that being-for-ourselves was an authentic act, whilst being-for-others led to an inauthentic life. Reflective activity appears to be an authentic, existential and humanistic act, one that enables us to be-for-ourselves and discover what is unique and precious to us. The participants in this study demonstrated that learning through reflective processes led to personal understanding and meaning and a feeling of 'ownness' as a human and as a practitioner in the ongoing struggle to understand 'who am I?'. Part

of the effort to situate self, personally and professionally involved the reflective evaluation of self, potential and capability and it fuelled the drive and commitment to fulfil that potential.



## **Chapter 10**

### **Discussion**

Whilst paying close attention to 'the things themselves' in the description and presentation of the lived experience of learning through reflective processes, several issues emerged that have implications for nurse education and nurse educators. The opportunity to think with the data (Steeves 2000) in a more hermeneutic, interpretive way whilst immersed in the associated literature has raised a number of wider issues and implications that arise from new understanding of the nature and value of reflective learning. Some limitations of the study have also become apparent, and it is perhaps, useful to highlight these before I consider the implications for nursing and nurse education in more detail.

### **Limitations of the Study**

The participants were all female and I am unable to comment whether the lived experience of learning through reflection is similar or different for male students, to that of the female participants. There were several male students in each of the Action Learning Groups approached to participate in the study but none volunteered. This may suggest that some of the male students did not feel they had experienced learning through reflective processes, they may have been more reticent about sharing that experience, or they may be more difficult to engage with research generally. It is beyond the scope of this study to speculate, but it may be an area that is worth exploring in future studies. This does, however, suggest that the sample is not representative of student nurses generally, but it was able to generate some potentially generalisable and transferable insights about learning through reflective processes.

Secondly, I have not been able to consider if ethnicity and culture has an impact on the development of reflective skills and the potential for reflective learning. The participants were studying at British University which attracts very few nursing students from minority ethnic backgrounds. This may also be an area which could be explored further.

The study may also have been limited by my own neophyte phenomenological research skills. I can see that my phenomenological interview skills improved during the data collection period, but the first interviews still captured rich data and descriptions. Fortunately, the teaching sabbatical during the data analysis enabled me to ensure that the analysis process was consistent. I aimed to offer a faithful and credible account of the lived experience of learning through reflective processes, and credibility will be judged by the audience who engage with this study.

Mindful of the limitations of the study, I would like to suggest that it raises a number of issues and implications for nursing and nurse education related to the role of reflection in developing self awareness and self as a nurse, facilitating the process of reflection, the importance of privacy for authentic reflective learning and the development of self esteem and confidence. The participants raised issues of psychological safety related to the simulated practicum which are important to highlight. In the practice arena, the significance of both positive and negative role models and importance of supportive mentorship was reiterated in a way that confirms other authors work and potentially illuminates innovative ways to support the professional development of mentors.



## Implications for nurse education

### Knowing the self

The participants' descriptions of learning through reflective processes illuminated how useful these activities were in achieving the essential work of coming to know and understand the self, and the self as a nurse, in new and creative ways. It is important to acknowledge the reality of this lived experience for the participants, as the recognition of self through self-awareness and self-consciousness is viewed as fundamental to the development of a therapeutic caring relationship (Freshwater 2002, Boykin 1998). All of the participants described how own knowing that shaped and realigned their self concept and that of themselves as a nurse, emerged from reflective processes which enabled consideration of themselves in relation to others. Much of the reflective learning described by the participants related to the development of self-awareness, and indeed Freshwater contends that

*the practice of reflection is a central skill in developing an awareness of the self* (2002:5).

Drawing on the work of Spinelli (1989), Freshwater suggests that the focus on 'doing' and repetition prevalent in nursing work leads to a loss of 'I' or the self and that reflection helps the practitioner to reform their identity '*through being in relation with themselves, the patient and others*' (2002:6). Although this sense of knowing self was not explicitly articulated by the participants, it is evident in the constituents of the general essence of the phenomenon of learning through reflective processes.

Importantly, the participants described how they used reflection to process, understand, and ameliorate the emotional burden of nursing work, re-find themselves in their personal worlds and decide how engaged they wished their self to be in nursing. The participants were able to place their own boundaries around their personal engagement with care, and to understand why they chose to do that. When those boundaries were challenged by

unexpected events, new knowing or confidence, they often fell away as the participants came to understand more about themselves and their capabilities and potential. In addition, reflection enabled the participants to 'unknow' (Munhall 1993, Heath 1998), to be open to what could be learned from an encounter with '*Other who is radically distinct from the self*' (Todd 2001), and to refine or establish personal and professional values and beliefs. The work of understanding self is important because '*one can only understand in another what is understood in oneself*' (Boykin 1998:44), a concept clearly grasped and articulated by several participants. Self awareness and self evaluation are prerequisites for autonomous, accountable therapeutic nursing.

The participants demonstrated the value of reflection as a means to develop self aware practitioners who knew themselves in different ways, who came to know themselves as nurses, were able to locate themselves in the context of care and protect their sense of self within that care. All of the participants used reflective processes to consider how much of themselves they would commit to nursing and care and what nursing meant for them.

Some students will engage with these activities in a meaningful way if, and when, something significant occurs for them or when they are open to the 'nag' and alleviation of the edge. It is possible that those open to reflective learning strategies will be more self aware than those who are unwilling or unable to engage with them, but it is beyond the scope of this study to speculate further. It would seem that if the nursing profession and the public now expect nurses to be self aware and able to engage in genuine, authentic and intimate relationships with patients that nurse education programmes need to help the students to develop strategies to understand themselves and the self in the context of care. Reflection would seem to be such a strategy for those who are open to the experience, and the challenge is to support and enable more students to experience this type of authentic personal learning.



### **Becoming reflective: developing 'own knowing'**

The lived experience of learning through reflection for these practitioners was not just about 'knowing themselves' but also about developing and articulating a sense and tangible body of 'own knowing'; significant, personally meaningful and enduring personal knowledge which would shape the self and practice.

The descriptions of the lived experience of learning through reflective processes highlighted a huge range of situations that prompted personal reflection. Interestingly, most of the participants described the public facilitation of reflection in seminars, clinical settings and in academic writing as 'doing reflection', and this seemingly had little meaningful impact on personal learning. However, as Rolfe et al (2001) and Johns (2006) suggest, it does seem likely that 'doing reflections' and the facilitation of reflection-on-action nurtured the participant's ability to adopt a more reflective personal learning style.

Several participants came to realise that personal knowing had emerged from reflective work – often in the third year of their nurse education programme and prompted by the need to present written work. Several participants regretted not having engaged with the reflective processes earlier in the programme. This lived experience raises two major issues for nurse educators; the possibility that meaningful reflective learning could be facilitated earlier in programmes, balanced by the need to acknowledge that there is an essential maturation of reflective skills for those who may become open to the experience of reflective learning.

The development of reflective skills and a reflective attitude was not a linear process; it was often an arbitrary, random and unpredictable reflective episode that led to the recognition that something significant and personally meaningful had been learned. It is probable that the insistent sense of the

edge was alleviated and the personal value of reflection as a learning tool was felt and acknowledged. The prompt of the felt sense of the edge was triggered by a myriad of events, experiences, feelings and observations that excited curiosity or a demand to know or understand something more. There was a strong commitment to developing authentic (Heidegger 1962; Gendlin 1999) 'own knowing' amongst the participants who described their experiences of learning through reflective processes. This own knowing was important, it went beyond the influence of espoused theory, procedure, policy or simulation; it was recognised when something was understood for the self in a unique practical and cognitive sense that had significant personal meaning, and it was important for the development of nursing and caregiving practice. Something was carried forward into the intricacy which became more enriched and more complex as a result (Gendlin 2004).

Not all student nurses will experience authentic reflective learning during their journey towards registered practice. The implications for nurse education are interesting. It would seem that there is value in attempting to facilitate reflective work in seminars, clinical practice and through written assignments as a method of nurturing reflective skills and developing familiarity with reflective frameworks and models. Given the investment in strategies such as clinical supervision, Action Learning Groups and mentor preparation programmes to support reflective learning in nursing curricula and clinical practice, it is interesting to note that most of the meaningful reflective learning was not facilitated by others or nurtured through the academic imperative, but undertaken privately and in personal space.

### **Privacy**

Authentic reflective learning requires much more privacy than is acknowledged in the contemporary literature. The privacy and isolation of authentic reflective activity was a striking constituent of the phenomenon of learning through reflective processes. Several participants would have



welcomed the opportunity to reflect with professional colleagues involved in significant events who understood the context, environment and relationships involved, but such reflective activity was rare. In pressurised and busy clinical environments the participants frequently described suppressing their felt need to process and understand the event for themselves until they got home, something Spouse also highlighted in her study (2003). Despite the encouragement of the Nursing and Midwifery Council (ENB/DoH 2001; NMC 2006) and professional bodies such as the Royal College of Nursing (RCN 2002), mentors in clinical practice rarely facilitated reflective learning activities with the students who participated in this study. I suspect that many mentors themselves struggle with the notion of reflective learning for themselves and find it challenging to support the reflective activities of others. Anecdotal evidence gathered from my involvement with the facilitation of the mentorship preparation programme would support this view. The challenge for nurse education then is to support mentors to enable them to facilitate reflective activity in others even if they do not personally value the strategy for their own learning.

Conversely several participants did not want to engage in reflection in the immediate aftermath of the experience and described choosing to reflect privately at a physical distance from the event and often some time after it. Issues of confidentiality and a lack of professional understanding from housemates, partners and friends may have forced some of the participants into private reflection. Others described deliberately seeking privacy and a quiet reflective space in order to pay attention to the something because it felt important to do so.

Privacy was an essential feature of reflection on less than desirable personal practice that was associated with shame, embarrassment or the potential or actual harm to a patient. Several participants described how meaningful and enduring personal learning emerged from private reflection on experiences

they could not have acknowledged publicly. This seems to me to be another positive reason to facilitate the development of reflective learning skills within a curriculum, whilst acknowledging that the really significant learning is most likely to occur privately for those open to the experience.

Only one of the participants highlighted her fear of complacency within self reflection. Johns contends that the ability to see and challenge self is limited by '*false consciousness*' (2006:5) and recommends the use of a facilitator in reflective work to encourage the process, listen to the practitioner, reveal any self distortion, suggest new possibilities, co-construct new meaning, and support the practitioner to act upon new insights (2004:74). However, the lived experience of reflective learning described by the participants in this study revealed that genuine and radical new insights into their selves, which successfully realigned values and beliefs, emerged from private unguided reflection.

Several participants wrote reflective journals which acted as a prompt for the accurate recall of the freshness and detail of the event and their feelings and responses at the time. Most of them kept the journals to aid recall for academic writing, but all of them said that they were a useful prompt for private, authentic reflective work after the event. These journals also became an informal record of the personal journey towards becoming a nurse and a permanent testament of their development and progression. They became tools to aid reflexivity – the ability to look back and review development over time. Used as a basis for crafting academic work, much of this reflective journal work remained private, something Jasper also observed in her study of the development of reflective writing skills in experienced nurses (1999). Jasper noted that the experienced nurses she worked with viewed the process of reflective writing as central to learning about, and from, their practice. This raises the possibility that a journal becomes a 'significant other' with whom to dialogue in the reflective process and that nurse educators



should do more to encourage students to engage with this form of reflective writing.

However, the participants in this study articulated lots of reasons why journaling was hard work; extra paperwork at the end of a long day, a culture of oral rather than written reflection during handover, breaks etc, couldn't see the point or value, which mirror the observations in the contemporary literature. Interestingly, I recently asked volunteers from my current third year personal tutor group to talk to my first year group about their experiences of being a student nurse and to share any advice that they thought might help the first years. One of the strongest recommendations the third years offered was to invest time and effort in maintaining a reflective journal throughout the programme. Recent conversations with a number of the first year students revealed that several have taken up the advice, perhaps highlighting the power of drawing learning derived from lived experience into the classroom.

### **The significance of role models**

Although this study sought to understand the meaning of learning through reflective processes, one of the interesting issues that emerged was the significance of other practitioners as role models for personal and professional practice. Reflection on the actions of others, or the attitudes manifest in those behaviours, was often triggered by a sense of disquiet about another's practice or by an appreciation of another's practice and a desire to understand and emulate it. Both positive and poor role models appeared to be equally powerful in helping the students to identify the attributes they wished to replicate or reject in their own practice. Nursing students expect to identify a role model of a 'good nurse' in practice by whom they will be taught and from whom they will copy attitudes and behaviours (Donaldson and Carter 2005). Most of the participants described positive role models who inspired them and informally set the 'gold standard' for the

delivery and evaluation of their personal nursing care in much the same way as Bandura suggested in his Social Learning Theory (1965).

In acknowledging that 'something didn't feel right about another's practice' the students used reflection to clearly articulate what was unsuccessful in another's care which enabled them to actively seek to avoid replicating that attribute in their care. There is a dearth of literature related to the impact of negative role models generally, and virtually none in nursing, but most of the participants in this study described encounters with powerful, negative professional role models. Significant personal learning and meaning was derived from reflection on these encounters, and the participants clearly articulated what was unsuccessful and what they would actively seek to avoid in their own practice; however, the anguish and anxiety felt by the participants as they tried to deal with the implications of recognising another's poor care or attitudes was significant, and for some, overwhelming. Negative role models would appear to have a significant influence on personal learning but at a potentially high emotional cost to the student. This is an area that is not well understood and is currently under-researched in nursing and nurse education.

### **Supportive mentorship**

Many of the descriptions of practice events described the pivotal role of the mentor in supporting learning in practice settings. This study confirmed the four characteristics of good mentoring described by Spouse (2003) and reiterated the importance of supportive mentorship. Where mentors were able to move through befriending, planning, confederacy towards a coaching style of mentorship where they gave the student more responsibility and less supervision, the participants in this study thrived and grew in confidence and competence. Having become aware of the significant impact lived experience research can have in supporting learning, I intend to seek to use this aspect of the study and the work of Spouse described in chapter four



within my teaching on mentor preparation programmes to enable those preparing to become mentors to access and understand what it is like to be mentored. Spouse's characteristics of good mentoring offer a framework for understanding the changing role of the mentor as the student matures and grows through the preparation programme, whilst my own study offers lived experience examples to illuminate the issues as does Chesser-Smyth's phenomenological study of first clinical placement (2005). According to my current students, Chesser-Smyth offered an authentic representation of the lived experience of first placement which resonated with their own experiences. It would be interesting to see if these types of lived experience studies offer a way for mentors to access the world of the learner and positively impact on the mentors understanding of the students learning needs within practice settings.

### **The safe practicum?**

A really unexpected finding that emerged from the data was that the specific preparation to perform particular skills such as cardiopulmonary resuscitation in the Clinical Simulation Laboratory caused significant anticipatory anxiety about real life performance for several participants. Although several of the participants performed competently and without conscious thought in an emergency situation, all of them commented on how anxious they had been about being able to meet their own and the perceived expectations of others in anticipation of a real situation. Reflection on actual performance enabled the participants to acknowledge, affirm and celebrate their accomplished practice or consider and understand why they chose to disengage or withdraw from the care situation and future personal management strategies. The participants derived knowledge for action (Schön 1983) in the clinical skill laboratory, but it was reflection on the reality of care that wove the intricacy of 'own knowing', the unique practical and cognitive sense of knowing that had significant personal meaning.

Acknowledgement of the lived experience of anticipatory anxiety is not evident in the literature which largely asserts that clinical simulation enhances confidence and clinical competence. Given the ongoing debate in nurse education about increasing the use of simulated learning environments and the suggestion that time spent in simulation could replace time spent in the reality of practice, this unexpected finding is worthy of further exploration and explication.

### **Self esteem and confidence**

At the end of their three year nurse preparation programme all of the participants felt they had become a nurse. Most of them described feeling anxious about the transition to a staff nurse role but confident that they had most of the skills, personal knowing, and background/implicit intricacy to register and function as an autonomous practitioner of nursing. All of the participants acknowledged that largely private reflective activities had helped them to understand that 'I can nurse' and 'I am a nurse' and that others saw them as nurses. The acknowledgement that they could nurse enhanced self esteem and confidence and reinforced their ability to see themselves as the nurse they wanted to be.

Where a sense of psychological safety and a sense of trust existed in a reflective group, public reflection could have a positive effect on self confidence; however; several of the participants described how reflective activity early in the programme had a deleterious and damaging effect on self esteem and confidence which has significant implications for nurse education.

Several participants commented that most early reflective activity tended to focus on the negative or underdeveloped aspects of personal practice or that of others, the 'what went wrong' or 'what should have been better' often associated with Critical Incident Analysis. It was often less personally threatening to describe another's practice than it was to describe your own.



As Cotton (2001) pointed out, facilitated reflection or reflective academic writing places previously private thoughts into public spheres where they are subject to scrutiny and judgement by others. This was a challenging ordeal for many of the participants who often chose to avoid exposing themselves by discussing another's practice.

Platzer et al (2000) also found that students found it difficult to discuss issues that exposed them to potential criticism and judgement by others. They found that student nurses found it particularly challenging to discuss aspects of their practice that they were unsure about, the very areas that would perhaps benefit from reflective consideration. I have recently noticed that several of my current third year students still choose to discuss others' practice publicly and are only likely to discuss their own in written work with a much smaller audience of readers. Some of this written work is also sanitised to protect themselves or others. Platzer et al (2000) found that even an un-authoritarian facilitation style was perceived as threatening and probing by some of their participants.

There is no doubt that it can also be difficult and emotionally painful to recount events that are largely self-critical when alone. It seems that neophyte practitioners are well able to identify the edge of something more that needs to be understood, but that the something more may well be enormous and multi-faceted and the task may just seem too big. I suspect that a focus on reflective learning may contribute to the significant level of attrition from nursing programmes.

Several issues arise for nurse educators: we need consider how to make groups safe for public and meaningful disclosure, and to help students to move away from considering what went wrong to understanding and appreciating what went well. Further, nurse educators need to consider if we have a moral or indeed ethical right to encourage students to publicly expose

their vulnerabilities in writing or in groups and potentially compound their sense of failure or heighten distress. Whilst I have been writing this section I have also been working with third year student nurses in a reflective forum. One felt so anxious about exposing her practice to public scrutiny that she vomited in anticipation and chose not to attend the session. This has really highlighted the potential for psychological harm in public reflective work.

Rich and Parker (1995) questioned the morality of encouraging students to expose their vulnerabilities particularly when we do not know the students past experiences and potentially unresolved personal conflicts. Such practices may cause psychological harm, and as such could be deemed to be unethical. The Nursing and Midwifery Council (2004) *Code of Professional Conduct* requires nurse educators to act upon reports of poor care, an issue that the participants in this study were very aware of. Rich and Parker suggest that this may prevent disclosure of information and ultimately cause the student further distress. The students in this study were wary of disclosure that could constitute whistle blowing and several protected themselves and others by 'sanitising' the accounts. In their study of dissertation supervision, Snowball et al (1994) noted the need to find a balance between self-disclosure and self-enhancement during public reflective activity. They felt that considerable trust had to exist within a group in order for potentially devaluing self images to become constructive outcomes, and that this took time and energy.

The participants in this study described psychological safety issues in established groups of approximately fifteen students. At the University where the study was undertaken the size of nursing seminar groups has risen to around thirty students who spend approximately one hour a week with the personal tutor for between fifteen and eighteen weeks a year. Scanlan et al (2002) have noted that the ability to facilitate reflection diminished with increasing class size. Although reflective activity is facilitated across the



curriculum, the overt value of timetabled reflective space has been significantly diminished and establishing safety and trust in such large groups is challenging.

Johns suggests that we are more likely to reflect on experiences that engender negative feelings such as anger, guilt and frustration because these feelings create anxiety. Anxiety brings the experience to consciousness for examination so that it can be relieved and harmony be restored. He feels that we are less likely to reflect on positive feelings such as satisfaction, joy and love because we are more likely to accept these feelings (2004). However, the lived experience of the participants in this study suggests otherwise. The bodily felt sense of the 'edge' was triggered by positive and negative experiences and equally alerted the participants to their need to pay attention to understanding something more about something that mattered. This included the important work of acknowledging and affirming positive performance, satisfaction, joy and surprise and opens up the opportunity for all experiences to be available for reflection. Whilst facilitating reflective groups it may be useful to explicitly support the celebration of successful practice as a positive developmental issue within reflective frameworks and models, as well as supporting an understanding of how poor practice or knowledge can be improved.

### **Triggers for reflection – issues arising from the contemporary literature**

The purpose of this study was to describe the lived experience of learning through reflective processes as it appeared to third year student nurses who felt that they had experienced this type of learning. Although there is a large literature related to the facilitation of reflective processes, frameworks and models for reflection, how guided reflection can advance practice, the ongoing literature review undertaken throughout this study has failed to highlight any explicit examples of published work that seek to illuminate the meanings of the lived experience of the phenomenon of learning through

reflective processes. There are examples of reflective narratives and discourse which present powerful practice based stories of how practice and knowing of self was enriched by the reflective consideration of a significant event, for instance, Freshwater (1998), Ghaye and Lillyman (2000) and Johns (2002, 2004, 2006). Freshwater explored how student nurses learned to communicate with self through reflection on caring via reflective journals that examined how their story interfaced with their patients stories (1998). Christopher Johns' most recent text (2006) presents parts of his reflective journal as an exemplar of his personal view of reflection as a way of being within mindful practice and as a tool to help the practitioner to realise desirable practice. Johns describes this work as an autoethnographical/autobiographical form of self inquiry that places his own developmental story at the centre of the narrative.

Johns clearly states *'that being reflective is nurtured through the discipline of reflection-on-experience'* (Johns 2006:5), suggesting that retrospective reflection-on-action is merely the starting point on the journey towards realising reflective, mindful practice. Johns proposes a typology of increasingly sophisticated reflective practices that moves from 'doing' retrospective reflection-on-experience towards mindful practice, typified by a conscious intent to realise a vision of practice that encompasses the three other layers of reflection (2004, 2005). Reflection-in-action', dialoguing between self and the internal supervisor and reflection-within-the-moment, which is an awareness of self in the unfolding moment, form the intermediate levels.

Much of Johns' work seeks to understand what it means to be a reflective practitioner and he presents reflection as a means of achieving desirable practice and developing insights into self. Both reflection-on-experience and reflection-in-action are typified as cognitive approaches to reflection that someone engages with in order to *'reduce experience to rational*



*understanding*'. The higher levels of reflection conceptualise it as '*a mindful, holistic and intuitive lens to view self within the unfolding moment*' (Johns 2005:7). Johns does not explicitly link higher levels of reflection with advanced or expert practice but the notion of a maturation of skills and experience does seem to be implicit in the journey towards 'mindful practice'. Rolfe et al (2001) suggest that in a knowledge acquisition model of practice, reflection-on-action is an essential developmental tool whilst reflection-in-action characterises more advanced practice, a notion also postulated by Schön (1983) and Polkinghorne (2004).

The student nurse participants in this study described the lived experience of 'being reflective' as the self-initiated, private and personal reflection-on-experience that contributed to 'own knowing' which may be something more than a reduction of experience to 'rational understanding'. The higher order skills required by Johns' reflective and mindful practitioner were not associated with the lived experience of learning through reflective processes described by the respondents. However, it is important to remember that the participants in this study were on the cusp of registered autonomous practice where they still characterised themselves as learners and as competent rather than proficient or expert practitioners in the professional field who were largely surprised by their ability to act 'intuitively' (Benner 1984), and be acknowledged as nurses. The participants appear to have used reflective processes to actively seek understanding or personal meaning from experiences just because it became personally important to do so.

Johns (2006) asserts that the impetus for engaging with reflection is the contradiction between the practitioner's vision for, and the reality of, practice. He contends that reflection is usually triggered by the negative feelings associated with a sense of contradiction: anger, frustration, anxiety, resentment and distress etc (Johns 2004, 2006). In the 2006 text, Johns interprets and attributes these 'uncomfortable' feelings as the 'inner

discomfort' described by Boyd and Fales (1983:106) as the trigger for reflection. However, Boyd and Fales described the triggers for reflective learning as unique to the person doing the reflecting and as

*an awareness that something does not fit, or does not sit right within them, or of unfinished business* (1983:106).

This awareness requires a response that is not yet available to the consciousness of the person who is engaging with reflection. They leave open the possibility of the awareness having positive or negative connotations.

Johns suggests that the practitioner may not be conscious of any obvious contradiction but that it causes a deep gnawing of anxiety which brings the feelings to consciousness and triggers reflection to ameliorate the anxiety. Acknowledging that the underlying contradiction associated with the trigger of positive feelings may be less apparent, Johns suggests that we are less likely to reflect on positive feelings such as satisfaction, joy and love anyway because we take them for granted and accept them. According to his most recent text, Johns asserts that a reliance on feelings as a trigger for reflection reflects a lack of mindfulness, the higher order of reflective skills that involves '*being aware of self within the unfolding moment with the intention of realising desirable practice*' (2006:2) and which enables all experiences, however mundane, to be available for reflection. Although still a '*mindful*' activity that pays attention to self, Johns asserts that reflection-on-experience is '*doing reflection*' (2006:4), the least sophisticated level of reflective practice.

The participants in this study did not consistently describe a sense of contradiction between their practice and their vision for practice as the main trigger for reflection. It did trigger reflection for some, as did the emotional response to events, but reflection was most commonly triggered by a 'felt bodily sense' that there was something more to know or understand, the insistent sense of 'the edge' (Gendlin 2004), that something demanded



attention. The 'edge' was sometimes associated with feelings such as anxiety, anger, frustration, shame and fear, but also with achievement, satisfaction, joy and a sense of becoming, the recognition that their vision for practice had become, or was becoming, the reality of their practice. The felt sense of the edge prompted the drive to understand 'something more' about 'something that mattered', and several participants felt that this drive extended into their personal worlds as they sought authentic personal knowing. Gendlin suggest that there is no established word for the 'bodily felt sense of the edge';

*The words 'perception,' 'idea,' 'emotion,' 'feeling,' 'affective,' 'kinesthetic,' 'proprioceptive' all mean something else (2004:133).*

He cautions against using an old word and suggests waiting for a new word or phrase to come to describe *'the felt meaning, a felt sense, the direct referent, the implicit demanding'* inherent in our knowing of 'the edge'. The personal and experiential understanding that the 'insistent sense of the something more' would be relieved by reflective contemplation may contribute to an ongoing commitment to reflective learning activity. This felt sense of 'the edge' is much more akin to 'the awareness of inner discomfort' described by Boyd and Fales (1983) as the trigger for reflective activity.

A commitment to reflective activity as a response to 'the edge' enables all experiences that trigger a sense that there is something more to understand or know, to become available for reflection. This understanding of 'the edge' as a trigger for reflective activity appears to offer an alternative explanation for the reflective drive that moves away from Johns' assertion that anxiety or unease emanating from contradiction in practice or uncomfortable feelings are the primary triggers for reflection. The lived experience of learning through reflective processes, largely reflection-on-experience, described by the participants clearly demonstrated their ability and drive to seek personal understanding and 'own knowing'. Paying attention to the edge enables all experiences, positive or negative to become available for reflective

consideration to those open to the experience. Reflective activity became an existential and humanistic concern for the participants, a conscious act to determine own development to satisfy the insistent sense of something more that typified the participants commitment to 'becoming'.

Drawing on the Authentic Productive Linguistic Gathering or general structure and the invariant constituents of the phenomenon of learning through reflective processes a number of implications for nursing and nurse education have become apparent:

- Self awareness is essential to the establishment of genuine therapeutic relationships. Reflection is a potent tool in helping student nurses to know themselves and understand self in the context of care. The challenge to nurse education is to support students to experience this type of authentic personal learning
- Reflective skills mature over time, and nurse educationalists need to consider how best to facilitate those skills in those who may become open to the experience of reflective personal learning
- Meaningful and authentic reflective learning appears to require far more privacy than the literature acknowledges. Facilitators of reflective activity may have to acknowledge and accept that some of the public strategies enable little more than academic game playing to meet course outcomes and expectations
- Not all student nurses will experience authentic reflective learning; however, there is value in facilitating the potential development of private reflective skills through public and academic reflective activities
- Professional role models, both positive and negative, appeared to be powerful in helping students to identify the attributes they wished to emulate or reject in their own practice. Nurse educators (including mentors) need to understand how their behaviour impacts on student learning



- Mentors may not choose to engage with, or value, reflective activity for their own learning; the challenge for nurse education is to encourage and enable them to support opportunities for reflective learning with others in practice settings
- Nurse educationalists need to consider the psychological safety issues related to skills development and performance expectations in the 'safe practicum' of the Clinical Simulation Laboratory
- In addition, nurse teachers need to consider how to mediate the potential detrimental and distressing outcomes of reflective activity, both public and private
- Increasing group size reduces psychological safety and the ability to facilitate reflective work. The optimum size of reflective seminar groups needs further exploration
- Reflective activity was most commonly triggered by a 'felt sense' that there was something more to know or understand, the insistent sense of 'the edge'. Nurse educationalists need to consider how we enable student nurses to become aware of, and open to, that sense of 'the edge'
- Access to the lived experience of others facilitates understanding and opens up the possibility of new perspectives. Consideration should be given to the more widespread utilisation of credible phenomenological studies within nursing curricula
- The characteristics of supportive mentorship and the students lived experience of having being well supported in practice needs to be emphasised in mentor preparation programmes
- The maintenance of a reflective journal was perceived as useful by the participants and should be encouraged
- There is little discipline specific literature on the impact of negative role models on student learning. This is an area that merits further investigation

- It was not possible to consider if there were any important differences between the lived experiences of male and female students of learning through reflective processes. This may be a fruitful avenue for further investigation as would the impact of culture on reflective learning.



## Chapter 11

### **The lived experience of undertaking a lifeworld study: my stories about their stories**

There has been an ongoing debate during the development of this study about how best to present the research report. I am aware that a more 'traditional' research report would conclude with the main findings, implications and conclusions. However, the product of a phenomenological study is a general structure (or Authentic Productive Linguistic Gathering), and I chose to present this earlier in the research report after the discussion of the invariant constituents of the phenomenon and followed by a more general discussion of terms and the implications of the study. This structure has enabled me to present a seemingly logical report which faithfully reproduces the research process. I have therefore chosen to conclude with the last part of the process; my reflective account of the development of the study and my 'own knowing'.

The development and progression of this type of research project is not a linear, logical process. Producing a narrative account makes the research process appear to be ordered and sequential, but the lived experience of undertaking this study was often 'messy' and unpredictable. As a novice phenomenologist I had to grapple with both phenomenological method and philosophy, the research process itself, a demanding work agenda and a personal world that demanded attention. This chapter considers my 'own knowing', what I have come to understand of 'the more' gleaned through 'doing reflection' and 'being reflective'. I aim to present some of my 'ownness' as it appears now, as I remain open to the possibility that there will always be *more*. Indeed, it has been suggested to me that it is really only after the viva that you really come to know and understand your thesis.

Whilst encouraging researchers to make phenomenological studies more accessible to a variety of readers by telling the story as a process of discovery, Halling also challenges researchers to '*tell our stories about their stories*' (2002:27), to share our lifeworld of discovery. Sandelowski suggested that phenomenologists (and researchers using other methodologies) have developed a 'literary consciousness' in recent years which demands the

*story in the study, the tale of the theory, the parable in the principle  
and the drama in the life* (1991:161).

The impulse to story and produce narrative enables the ordering of events and facilitates the search for meaning. Having attempted to understand and authentically re-present the participants' stories of the lived experience of reflective learning it is, perhaps, pertinent to consider my own reflective learning and identify the pivotal and reflexive points encountered during the research process.

Given the discipline specific language particularly related to the term reflexivity in the literature, it is necessary to clarify the concept as it is used here. Johns describes reflexivity as

*a looking back to discern the unfolding pattern as one part flows into another, just as one experience inevitably leads to the next in an unbroken series of experience that makes up human life*  
(2006:57).

This looking back enables review of self development over time, consideration of the ways in which insight developed and how it influenced ongoing actions and behaviours. Rolfe et al differ in their view of reflexivity suggesting that it is a path back to changing a current or ongoing situation, a '*cycle of continuous conscious reflection-in action*' (2001:162). Warning that

*Embarking on reflexivity is akin to entering uncertain terrain where solid ground can all too easily give way to swamp and mire*  
(2002:212),



Finlay (2002, 2003) suggests a typology of five types of research reflexivity as research processes, the first two being introspection and intersubjective reflection. Finlay states that introspective reflexivity draws on either the researchers own reflection, intuition and thinking about their own experiences as the primary source of evidence in much the way that Moustakas (1994) described, or on the insights from personal reflection that form the basis of more generalised understandings and interpretations. Finlay challenges researchers to use introspection to achieve the latter and to become more explicit about the link between knowledge claims, the social context and the personal experiences of the participants and the researcher.

Scientific phenomenological research is inherently introspectively reflexive as demonstrated in this study. Sustained self-reflection was necessary to reveal personal experiences and understanding of the phenomenon of learning through reflective processes and I kept a journal about the progression of the study. The phenomenological interview of my own experiences of reflective learning which initially sought to articulate an 'experience near question' also helped me to reflect on, articulate and reveal, my personal understandings of the phenomenon at that stage. Notes about decision making at particular pivotal moments and my personal reactions have informed the research report in a reflexive way.

Intersubjective reflexivity aims to consider the mutual meanings emerging from the research relationship and the effects of these complex relationships on the research process enabling consideration of self-in-relation-to-others. Both Johns' and Finlays' concepts of reflexivity have influenced the form and content of this reflexive and reflective account of the progression and conduct of the research project.

Acknowledging that reflexivity as described by Rolfe et al was utilised throughout the study as an influence on the decisions made during the

journey, this chapter aims to consider the pivotal moments of decision making and insights that shaped the project and moved it on. The intentional decision to adopt a reflective attitude (Husserl 1970) has enabled me to stand back and consider my own development and self-insights and how I, as the researcher, influenced and constructed the study and the relationships with the participants. Mindful that reflexivity has to negotiate the potential '*swamp of interminable analysis and self-disclosure*' (Finlay 2002:212) and to avoid undue repetition I intend to focus on pivotal moments rather than recount the detail of the whole journey.

As I start on this final part of the research project, I too have come to value the parts of my reflective journal that I gave time and attention to, and rue the missing detail of some parts when it was all too much hard work to maintain it! I can empathise with the participants in this study who found themselves in a similar situation and I regret that I did not learn from their lived experience of the value of regularly and faithfully maintaining a journal to ease the recall of detail. I did however, write about most of the seemingly important decisions and dilemmas and I also have the supervision contracts that chronicle the progression of the study and the supervisory input to draw upon. Experiential and reflective personal learning has occurred in relation to journaling that will influence future projects. In addition, in future projects I will change to names of the participants to their pseudonyms earlier in the process than I did during this study. Whilst not wanting to lose sight of the unique individuals who contributed so much of themselves to this study, I still think of them as their real names rather than their pseudonyms and that has made remembering who says what within the research report difficult.

As I have described in the methodology chapter, the interest in reflection and the drive to understand more about its processes and meaning initially stemmed from my work as a Lecturer Practitioner with post-qualified nurses undertaking the Practice Teacher Programme. I had first been exposed to



the notion of reflection as a potential teaching and learning strategy during the Masters in Education programme I undertook between 1994 and 1996. Interestingly, the programme I supported students from as a Community Practice Teacher did not emphasise reflection as a learning tool, so it was not until I was required to teach a programme myself that I really started to consider the implications of the concept. I had three major tasks in relation to reflection; firstly, what did reflection and reflective learning mean to me; secondly, how could I facilitate an understanding of, and an engagement in, reflection for the practice teacher students; and thirdly, how could I facilitate them to enable reflective learning with their students in practice? Reflection is a complex concept, one that I continue to strive to understand better for myself and in order to attempt to facilitate others reflective development.

Consideration of the literature led me to some commonsense understandings of the term reflection and to the prominent models available at the time (Schön 1983, 1987; Johns and Freshwater 1998; Johns 1992, 1994; Palmer et al 1994; Atkins and Murphy 1993; Stephenson 1994; Gibbs 1988), which I utilised with some success in my teaching. Attendance at the first International Carfax Conference on Reflective Practice in July 2000 enabled me to recognise that others were also struggling to understand the nature of reflection, its potential and its possibilities. In the editorial of the first edition of *'Reflective Practice'* (2000) Tony Ghaye wondered what the lived experience of reflection might be. At the time I had been challenged by my would-be supervisors to consider the area of my research interest and frame research questions within the differing methodologies. Phenomenological research methods offered me the possibility of understanding something more about the lived experience of learning through reflective processes. This was an attractive proposition as it would potentially enable me to understand something more about what reflective learning appears to be and how it was experienced by others. Having clarified the focus and methodology for the study I was able to articulate my aims as being to better understand:

- The lived experience of learning through reflective processes
- The nature of reflective learning
- The meaning and purpose of reflective learning
- The sorts of things the students learned
- The triggers for reflective learning
- The processes that enable and facilitate reflective learning.

Phenomenological philosophy and scientific phenomenological research methodologies were, however, completely new to me and establishing a rudimentary understanding of some of the philosophy and a grasp of the research methods has been an ongoing and challenging task throughout the study. In the midst of my wading around in the unfamiliar language of the phenomenological research texts Amedeo Giorgi presented a Master class on his scientific phenomenological research methodology at the University. Several 'aha' moments of personal learning occurred particularly regarding the variance of what is understood to be invariant and essential, the phenomenological reduction and imaginative variation. I could now see a way to proceed with the study and the formal research proposal was submitted. One of the biggest personal challenges posed by this study has been getting to grips with phenomenological research methods and making the distinction between philosophy and research method. I experienced a strong sense of 'own knowing' when I finally came to understand the distinction between the two, a sense of clarity, connectedness, wholeness which somehow 'settled' in my understanding.

Issues arising from the review of the literature in the research proposal were presented in a paper entitled 'Reflecting on reflection – issues for nurse education' at the International Reflective Practice conference held during June 2001 in Amsterdam (Appendix 8, p. 318). The paper challenged the audience to consider if nursing had been guilty of the largely uncritical acceptance of reflection as a dominant teaching and learning tool, and



whether reflection was fundamentally any better than other learning strategies, or one that had become fashionable and which would soon be replaced. The debate after the paper was lively and useful particularly as Gary Rolfe, Dawn Freshwater and Della Fish were in the audience. Gary Rolfe responded to a number of the issues in his recent deconstructive validation of reflective practice (2005). This was the first time I had presented a paper at an academic conference and although I was rather 'starstruck' in the presence of most of the people whose work I read and used in my teaching, it was reassuring to understand that this study was deemed to be potentially useful by the reflective community.

The quest for an 'experience-near question' (Todres and Holloway 2004) is chronicled in chapter two. The experience of being interviewed for the purpose of phenomenological enquiry was significant and pivotal in a number of ways. Analysis of the transcripts of both the pilot interviews enabled me to identify the experience-near questions that ultimately elicited good descriptions of the lived experience of learning through reflective processes. The experience also highlighted how intense and tiring being interviewed could be and I was mindful of this in the interviews I later conducted. The experience of being the subject of a phenomenological interview enabled me to consider my own experiences of reflective learning and my presuppositions and constructions of reflection which was useful prior to the phenomenological reduction and analysis phases of the project.

It was useful to make explicit the sorts of experiences that I felt the need to reflect upon and to consider the triggers for my own reflective activity. As a result of undertaking this study I now understand that I also respond to 'the nag', the insistent sense that there is something more to be understood about something that matters to me personally, and that resolution of the nag may not occur until sometime after, or at a distance from the experience. I can feel the insistence now as I write that there is always something more to

grasp and understand, an 'edge'. As in yoga, there is always an edge, the point at which you can push slightly further, a curiosity to try and see what happens.

Introspective reflexivity (Finlay 2002) of the type that Moustakas (1984) describes would have enabled me to use my own reflection, thinking and intuition about the phenomenon as a primary source of evidence. Although I had no intention of using this data in the study I felt that it would be useful for my own learning to trial the data analysis process. Accordingly, I make a naïve attempt to analyse the data using Giorgi's method, but found it very difficult to imaginatively vary my own words. When I came to understand why it is difficult to vary your own words, I felt foolish that I had even tried, but reflection on the process helped me to come to a better understanding of Giorgi's method of analysis and the distinction between Husserlian philosophy and phenomenological research.

This interview was undertaken with the specific purpose of identifying an experience-near question and the transcript was duly filed, unread, until I came to write this chapter. What has struck me is how my own reflective understanding of the significant event I described during the interview has matured over time, but also how similar my lived experience of learning through reflection is to that of the participants in this study. I described how a patient who I had known for sometime asked me to confirm that his treatment for throat cancer had failed and that he would die soon. It was the first time that a patient had ever asked me this directly and as I write this now I can still feel the sense that I knew what I had to do that diminished my urgent and immediate sense of fear and anxiety.

The experience remains a significant one in terms of my own knowing about my self and self as a nurse. It confirmed some of my fundamental beliefs about truth and authenticity in patient-nurse relationships and it helped me to



understand that I could nurse and had a contribution to make 'that made a difference'. Engagement with this type of introspective reflexivity has enabled me to make connections between my experience and that of the participants. Re-reading the transcript now highlights how far I have come in my understanding and use of reflection and reflective processes and how my own reflective skills have matured over time. I also noted with some disquiet just how ungrammatical some of my spoken description is and am mindful of the concerns expressed by Forbat and Henderson (2005) about returning transcripts to participants. Being confronted with my own muddled, largely unformed and relatively recent ideas about reflection has prompted me to reconsider and lower my expectations of my current pre-registration students' reflective work. It has been useful to be reminded that reflection is a complex concept that has an individual and personal meaning that may change or mature over time.

The descriptions of the lived experience of learning through reflective processes were gathered from third year student nurses during the summers of 2002 and 2003. The process of encouraging participation is recounted in chapter two. The decision to approach my own personal tutee group to participate was particularly challenging and stands out as an important phase in the research process. The ethical issues, in particular the potential for social coercion to participate were discussed carefully with my supervisors, and I believe that these issues were successfully mediated. Having been exposed to some of the lived experiences in other forms such as writing and group sessions, I learned during the first interview with one of my personal tutees that I would have to ensure that the description was rich and fully detailed as she tended to assume that I already 'knew' and understood some aspects of the experience. Fortunately it became apparent at the start of the interview, so I was able to ask her to backtrack and fill in the detail of the experience from the beginning, and I remained mindful of this with subsequent interviews. I was careful to ensure that I worked with what was in

the descriptions from these participants and not to embellish their description with what I thought I knew.

The focus for the 2003 Reflective Practice Conference was 'Mindful Inquiry' and I co-authored a paper entitled 'The lived experience of facilitating mindfulness and reflective learning in pre-registration nursing programmes' with one of my personal tutees, Emma. The paper drew on my impressions of some of the issues arising from the first five interviews and Emma's lived experience of learning through reflective processes. Influenced by the 2001 article from Cotton we were particularly interested in the potential vulnerability created by public reflective work and the sanitisation of reflective accounts. Interestingly the vulnerability issues are well represented in the analysis of lived experience offered in this study, but the sanitisation became a less dominant issue when all of the data was analysed. The paper was well received as part of a symposium on facilitating mindfulness in students and the post presentation discussions moved my thinking and understanding on. The experience of presenting a paper with a student added a layer of responsibility-for-other, the impact of which I had not entirely predicted, but it was a worthwhile and fruitful experience for both of us (Appendix 8, p.323). I have now come to understand that I laboured emotionally in order to care for and support Emma during the conference. Although anxious about my own performance and credibility, my priority was to reassure and support Emma. She was surprised to learn afterwards that I had also been extremely nervous about the paper and its presentation.

Transcription of the interviews was ongoing during this period. A recent discussion about the process of transcription led me to consider whether I had been explicit about the process I adopted and about how I chose to represent the participants' words in the research report. I transcribed all of the interviews myself so that transcription decisions were consistent and aimed to stay as close to the participants speech as possible and therefore captured



the 'umms', 'errs' and 'you knows'. Langdridge (2007) supports this relatively simple level of transcription in phenomenology as the focus of analysis is on the lived experience and its meaning for the participants rather than on the intricacies and construction of the language itself. As I found it difficult to type fast enough to transcribe directly into the computer, I transcribed by hand and then typed the interviews up. To ensure accuracy I then read the transcripts as I listened to the tapes.

Whilst re-producing the participants' original words in the text I have marked where I have taken some parts of the sentence out with '...'. This is merely a strategy that enables meaning to be articulated and illustrated clearly, and is a convention apparent in the writing of Johns (2004, 2006); Finlay and Gough (2003), and Spouse (2003) where direct quotes are utilised. The first interview and the transformation of the meaning units is presented in Appendix seven, and I trust that consideration of the original words and their re-presentation does demonstrate that participants words have been used faithfully and accurately.

Transcription of the interviews was completed by December 2003 when I was invited to the first meeting of a potential collaboration between Vaxjo and Bournemouth University around Lifeworld led care and education. Although much of the philosophical discussion between Les Todres, Karin Dahlberg and Don Polkinghorne was beyond my grasp and comprehension at the time, this group has enhanced my understanding of phenomenological methods and philosophy and significantly influenced my professional development. Ongoing discussion with the Swedish doctoral students involved in the group has been invaluable and joint papers and articles (and friendships) are now emerging from the partnership.

Just before we left the first meeting in Sweden several of the experienced supervisors were discussing the significant number of marriages and

relationships that fail during PhD studies. Mine was the next to go and I suspended the study for six months during my divorce. The pivotal moment came as I considered recommencing the study.

I had initially started the study because I was curious to know and understand something more about something that mattered to me. It was also a personal challenge, to understand something more about myself. Having supported me through a Masters programme my (now ex) husband had been unhappy about my undertaking further study and throughout 2003 I had only been able to work on the study during weekday evenings. I had however, successfully completed the interviews and transcription process during the year, and as I considered recommencing the study I acknowledged that I now had less constraints on my personal time. In some respects the enforced break had come at a 'good' time, the interviews had been completed and all the material was transcribed, but the task ahead looked enormous and I questioned my motivation and commitment to continue. I felt that I was too far in to give up but I was not far enough in to be able to see the end. I am indebted to my supervisors, friends and family who supported me during that time, reminded me why I had started the project in the first place, and helped to restore my sense of purpose.

Progress with the establishment of meaning units and their transformation was slow during the 2004 - 2005 academic year as I co-ordinated the re-write and validation of the pre-registration nursing curricula. Balancing two major projects is not easy and the re-write ultimately overwhelmed this study and significantly slowed its progress. This was a very difficult time in the research process, I had made the decision to continue but my time, energy and commitment was being hijacked by other demands which were important to the organisation, I felt like I was being-for-others (Sartre, 1948) rather than being-for-self. I wish I had been able to marshal the self discipline and confidence to better protect designated study time, but others saw it as luxury



time that could be used in other ways. I have since learned to be more assertive about protecting time but it does seem to be a constant tension.

Another of the frustrations of undertaking this type of research study are the 'lost weekends'. Having made the decision to recommence the study I had resigned myself to the anticipated workload and the loss of evenings and weekend until I finished it. As I lived alone this seemed to be less of a problem than it had been previously. I work best if I can work for two or three days on something, so weekends were important and I expected myself to achieve something useful in these spaces. It was incredibly frustrating on the occasions when nothing useful seemed to occur, but I came to know and understand that often these 'stuck places' were really important and I was striving to understand something more that had just not appeared yet. I eventually learned to step back and wait or do something else. The dogs had a number of extra walks during these stages and often the fog cleared when I came back to something. The need to feel that I had achieved something useful meant that the reference list was kept up to date as I went along, a strategy that I would recommend to other researchers.

Early analysis highlighted that many of the descriptions of reflective learning processes were situated in the context of palliative and end of life care and I presented a paper reflecting on the growth of professional values in this context to the 2005 Reflective Practice conference which was hosted by the Icelandic Palliative Nursing Group (Appendix 8, p.329).

A ten week teaching sabbatical during the early months of 2006 significantly progressed the data analysis and enabled the articulation of the general essence/authentic productive linguistic gathering and its constituents during the summer. Although this was an intense and tiring period, the opportunity to 'dwell' with the data was invaluable and I felt that I came to 'know' the participants and their descriptions intimately whilst being immersed in, and

engrossed by, the data. Finlay (2006) suggests that the research encounter between researcher and participant possesses dance like qualities. The dance is often initiated and initially led by the researcher but it soon becomes difficult to see who is leading who as interactions synchronise in the shared intersubjective space that is the research encounter. I noticed during my pilot interview that I wanted to lead the interview, probably a hangover from my previous research experiences of semi structured interviewing and the nature of nursing and health visiting interviewing and health assessment. Having found experience near questions it was unnecessary to do much more than lead the participants into the descriptions of their experiences and clarify some aspects. Generally, once the participants started, rich and detailed descriptions of their lifeworld were offered and both myself and the participants got caught up in the intricacy and intensity of the description and the research encounter.

Dancing alone during the data analysis, the researcher moves in and out of experience and reflection as multiple meanings emerge from the data and different dance steps or interpretations of meaning are tried out. Eventually the researcher settles on the steps that seem to work and new possibilities of meaning are revealed. Finlay suggests that the

*success of the dance rests largely on the researcher's attitude and preparedness to be openly present to his or her 'partner' (2006:1).*

This openness involves being open to what is being communicated and the ability to empathise

*'being with' rather than a 'doing to'; it involves becoming fascinated with and immersed in the other (2006:2).*

An openness to 'being with' also helped me to understand the parts that did not seem to fit or which were discordant in some way. I had a strong sense that I needed to pay attention to these parts as I came to understand that they were usually important. As Boyd and Fales pointed out, reflective thinking is often triggered by a sense of discomfort *'that something does not fit'*



(1983:106). I now clearly understand for myself that I need to respond to that felt sense of wanting to know more about something that matters. An example of this was the development of the distinction between personal knowing which is characterised in the literature as 'knowing self' and the development of self awareness and 'own knowing'. Although knowing self was a really important facet of reflective learning in this study, there was also something more, a wider sense of how authentic reflective activity appeared to enable knowing for self or own knowing, the embodied, self validated, internalised and personal sense of knowing and understanding which the participants described.

Both the researcher and participant are engaged in a complex process of experiencing and reflecting on and in the research encounter itself and the phenomenon being investigated. Drawing on Rogers (1975) description of empathy, Finlay suggests that it involves an openness and sensitivity to the other where it is possible to suspend personal judgements (not dissimilar to phenomenological bracketing), and to imaginatively 'step into their world'. Empathy is described as a '*felt, embodied, intersubjective experience*' (2005:272) that enables researchers to understand their participants and feel their way into the participant's world. Reflexive embodied empathy is therefore described as a research process that

*Involves engaging, reflexively with the participants lived body, the researchers own body, and the researchers embodied intersubjective relationship with the participant (2005:272).*

Differing levels of empathetic engagement are possible. Similarity between the personal experience of the participant and researcher may anchor a degree of empathy (*connecting-of*) or there might be a strong sense of '*merging with*' the participant. A third possibility of '*acting-into*' the Other's bodily experience through imaginative re-enactment or re-experiencing is also presented (Finlay 2005; 2006). All three levels of empathy coexist and

interpermeate in a fluid way offering different '*possibilities of experience*' (2006:8).

I have found the notion of reflexive embodied empathy useful as a possible way of understanding and explaining my own experiences during the data analysis. I am not sure that I '*merged-with*' any of the participants experiences to the extent that I lost sight of my own, but I certainly have a sense of having 'connected with' and 'acted into' some of the participants experiences.

Drawing on Stein's work (1916, 1989), Finlay suggests that in order to understand something in another, we need to link it to something familiar to ourselves and that the world discloses itself through our own bodily subjectivity. Empathetic understanding of the participant's embodiment was connected to, and by, my own embodied and lived experience of training to be a nurse and reflective learning however much I attempted to stand back from those experiences and suspend my presuppositions. This does raise the possibility that I would not have been able to understand the experiences of the participants had I not been able to empathise with them, in which case it would be very easy to claim that I understood their experiences because they felt familiar. However, it was the very sense of attempting to stand back from my own understanding that enabled me to see how the experience appeared to the participants, and it is that process that has enabled me to add to my own intricacy and own knowing.

I think I understand now that part of the bracketing process was to acknowledge my remembering and the embodied responses engendered by the intersubjective experiencing of the participant's story and then to attempt to stand back from my own experience in order to be open to that of the participants. My own reflection suggests that it is possible that an openness



to a felt sense of connected reflexive empathy enables phenomenological bracketing, being reflective, rather than doing reflection.

I also experienced something akin to Finlay's sense of acting-into the participants' stories. Whilst immersed in the descriptions I could imagine how it might have been to be *in* the experience, particularly those that were rich in detail and context. Like Finlay (2005:282) I do wonder if this is a 'genuine identification' or a 'projective distortion'. I suspect that for me, this felt sense of 'being with' the participants was perhaps closer to being 'connected' through a strong contextual and embodied resonance between their lived experiences and my own. Having the time to dwell in, and be with, the descriptions of others lived experience enabled me to stand back from my own experiences and grasp a sense of the whole and the constituent parts of each.

A constant movement between the parts and the whole of each of the descriptions of the lived experience of learning through reflective processes eventually enabled me to articulate an authentic productive linguistic gathering or essential structure of the phenomenon. This was not a linear and disciplined process, the lived experience of seeking to understand the meaning of the participants' experiences was often random and unpredictable. An understanding of the significance of the reality of situations the participants had prepared for such as CPR came to me on a chair lift heading to the very top of the ski hill. Such was my hurry to get down and record this insight that I skied terrain that I don't normally choose to ski; on another occasion I was in the dog food aisle in Sainsburys. Once engaged in the process, my lived experience of phenomenological research is that it cannot be disciplined into discreet study days and weekends, new understandings and meanings just happen as tentative strands of interconnected intricacy are accepted or rejected in an ongoing process excited by a sense of purpose and curiosity.

I had initially identified eight constituents, but three of these proved to be additional variances and they were collapsed into the remaining five. This process demanded that I held a 'digested' sense of the wholes of the descriptions and the transformed meanings and that I moved between the two to ensure that the parts of the emergent constituents were supported by descriptive evidence. I felt that it was important to ensure that all of the variations and nuances of the participants' lived experiences were valued and represented, and I particularly enjoyed the creativity and intensity of this phase of the project.

The discussion of the constituents enabled me to re-engage with the reflection literature across the disciplines. I had refrained from doing this during the analysis phase in order to be open to what was in the descriptions and to avoid influencing the general structure and its constituents. I was relieved to find that although this study resonates with some parts of the literature it challenges other parts and potentially presents new ways of understanding the experience of learning through reflective processes. Phenomenological analysis of the lived experience of learning through reflection has revealed a strong commitment to the development of 'own knowing' through authentic reflective learning, the need for privacy to undertake authentic reflective activity, the potential for early deleterious outcomes and the 'felt sense of something more' as the trigger for reflective activity related to both positive and negative experiences.

As I am not, by nature, a 'completer finisher' (Belbin 1993), it took a determined effort to move from the data analysis and discussion phase to complete the task of putting the whole project together. I understand this about myself and just have to be disciplined and focused.



Whilst writing the methodology chapter I finally came to understand the distinction between Phenomenological Philosophy and Phenomenological Research. This was a significant breakthrough in terms of my own learning and understanding. Several years ago I learned that I do not learn in order to write but that writing facilitates my learning. However much I read and make notes it is primarily the creative process of my own writing that helps me to transform and distinguish meaning and establish own knowing and understanding. I also experience moments of personal learning when I am preparing and working with material I have researched and transformed into teaching materials. Interestingly, Rolfe et al describe this notion of '*writing-to-learn*' as at the heart of reflective writing (2001:43). I suspect that my supervisors recognised this as they were keen for me to develop written work throughout the project. The process of writing the methodology chapter forced me to engage with phenomenological philosophy in a meaningful way and I found Moran's (2000) text an invaluable resource for signposting access to Husserl, Heidegger, and Sartre in the original. The post-PhD reading pile includes further phenomenological philosophy, an unexpected outcome of the study. This is driven by a strong felt sense that there is more I need, and want, to know, intricacy that is yet to be woven.

Prior to writing this reflective chapter, the whole study was read by a close friend and colleague. This was the first time that the study was presented and read as a whole and by someone outside of the supervisory team. Handing over the file was an important but surprisingly daunting and uncomfortable experience. I felt vulnerable and exposed as I sought the critical appraisal of the study from someone who I respect and admire. The feedback was constructive, pragmatic and largely positive. Most importantly, the reader recognised the lived experiences of learning through reflection as authentic, she felt that it helped her to understand her own reflective learning in new ways and it raised issues about academically assessed and public reflective work and its facilitation in her own teaching.

Interestingly, this colleague was reduced to tears as she came to a new understanding of an event that occurred during her nurse training, and whilst I have been reviewing the research report I suddenly came to a new understanding of an event I had experienced when newly qualified. I had never understood why the relatives of a patient who I had disliked intensely had been very connected to me and had sent me flowers on the day of his funeral. I now understand that I had been successful in my emotional labour and had created the impression that I genuinely cared for this patient and with this new understanding, the 'nag' long associated with this experience has finally settled. I appear to have learned something, for myself as a nurse, from reading the whole of this thesis, as has my colleague. This opens up the possibility that phenomenological studies of this type may offer a kind of catalytic learning opportunity for other readers. With this in mind, it will be interesting to see what other feedback I get from readers.

Recent discussion of the findings and their implications for nurse education amongst the members of the Vaxjo/Bournemouth collaboration was also daunting but helpful. Their questioning challenged me to support and justify the outcomes of the study in a robust and clear way – probably a useful rehearsal for my viva. Feedback suggests that I am presenting some new understandings of the nature and processes of reflective learning and such discussion has enhanced my confidence in placing this study in the public domain.

On a personal level, the opportunity to understand something more about how others appear to experience reflective learning has helped me to come to new understandings of my own reflective learning. There was some apparent parallel processing occurring, as I studied the phenomenon of 'own knowing' as it appeared for the participants. It was happening for me too. I understood myself to be reflective in my learning style because assessment using Honey and Mumford's (1982) scale assured me I was. I too learned to



do reflections' for academic work and how to play the academic game, but I also got something more personal and meaningful from reflective work when I took the time to understand something more because it mattered to me personally. The very real, insistent and felt sense that I couldn't let go of something until I understood it better now has a name, 'the edge', and this feels like own knowing. When I respond to the edge I actively seek to understand something more or new. When that understanding appears, the insistence of the edge is alleviated and I have a sense of having learnt something for myself, something important and personally meaningful which endures in my intricacy because it is my own knowing. I have come to understand something more about myself whilst understanding something more about the lived experience of student nurses of learning through reflective processes.

While recounting the 'story of the study' I hope I have been successful in avoiding the 'mire and swamp' of interminable self disclosure and that I found a balance between recounting my personal journey alongside the development of the project and myself as a researcher. There is always more to understand, and we constantly re-evaluate what we think we know. There is never a final statement if we are open to new possibilities and understandings,

*There is, it seems to us,  
At best, only a limited value  
In the knowledge derived from experience.  
The knowledge imposes a pattern, and falsifies,  
For the pattern is new in every moment  
And every moment is a new and shocking  
Valuation of all we have been.*

*(T.S. Eliot, 1944. East Coker, part II, Four Quartets:15).*

## References

Aranda, S. and Street, A. 1999. Being Authentic and being a chameleon: nurse-patient interaction revisited. *Nursing Inquiry*. 6, 75-82

Ashworth, P. 2000. The Descriptive Adequacy of Qualitative Findings. *The Humanistic Psychologist*. 28 (1-3), 138-152

Atkins, S. 2000. 'Developing Underlying Skills in the Move towards Reflective Practice', *In*: Burns, S. and Bulman, C. 2000. (Eds). *Reflective Practice in Nursing. The Growth of the Professional Practitioner*. 2<sup>nd</sup> edition. Oxford, Blackwell Science, 28-51

Atkins, S. and Murphy, K. 1993. Reflection: a review of the literature. *Journal of Advanced Nursing*. 18, 118-1192

Baldwin, M. 2003. Patient advocacy: a concept analysis. *Nursing Standard*. 17 (21), 33-39

Bandura, A. 1965. Influence of models reinforcement contingencies on the acquisition of imitative responses. *Journal of Personality and Social Psychology*. 1 (6), 589-595

Barr, F. 1980. Are your students positive about their experience in the clinical area? *The Canadian Nurse*. Oct, 45-48, cited by Donaldson, J. and Carter, D. 2005. The value of role modelling: Perceptions of undergraduate and diploma nursing (adult) students. *Nurse Education in Practice*. 5, 353-359

Beauchamp, T. and Childress, J. 2001. *Principles of Biomedical Ethics*. 5th Edition. Oxford, Oxford University Press.

Beck, C. 1993. Qualitative Research: The Evaluation of Its Credibility, Fittingness and Auditability. *Western Journal of Nursing Research*. 15 (2), 263-266



Belbin, R. 1993. *Team Roles at Work: A Strategy for Human Resource Management*. Oxford, Butterworth Heinemann.

Benner, P. 1984. *From Novice to Expert, Excellence and Power in Clinical Nursing Practice*. California, Addison-Wesley.

Benner, P. and Tanner, C. 1987. How Expert Nurses use Intuition. *American Journal of Nursing*. 87 (1), 23-31

Borton, T. 1970. *Reach, Touch and Teach*. London, McGraw-Hill.

Boud, F; Keogh, R. and Walker, D. 1985. (Eds) *Reflection; Turning experience into learning*. London, Kogan Page.

Bournemouth University, Institute of Health and Community Studies. 2000. *Code of Practice; Ethical Issues and Postgraduate Research*. Bournemouth, BU.

Bournemouth University, Institute of Health and Community Studies. 2003. *Research Ethics Policy and Procedures*. Bournemouth, BU.

Bournemouth University. 2004. *Code of Practice. Research Governance and Ethics in Postgraduate Research*. Bournemouth, BU.

Boyd, E. and Fales, A. 1983. Reflective learning: key to learning from experience. *Journal of Humanistic Psychology*. 23 (2), 99-117

Boykin, A. 1998. 'Nursing as Caring through the Reflective Lens', *In: Johns, C. and Freshwater, D. (Eds) 1998. Transforming Nursing Through Reflective Practice*. Oxford, Blackwell, 43-50

Bryman, A. 2001. *Social Research Methods*. Oxford, Oxford University Press.

Bulman, C. 1994. 'Exemplars of Reflection: Other People Can Do It, Why Not You Too?', *In: Palmer, A; Burns, S. and Bulmer, C.1994. Reflective Practice*

*in Nursing. The Growth of the Professional Practitioner.* Oxford, Blackwell Science, 131-154

Bulman, C. 2004. 'An Introduction to reflection', *In:* Bulman, C and Schutz, S. 2004. (Eds). *Reflective Practice in Nursing* 3<sup>rd</sup> edition. Oxford, Blackwell Science, 1-24

Carper, B. 1978. Fundamental Patterns of Knowing in Nursing. *Advances in Nursing Science.* 1 (1), 13-23

Cavanagh, S; Hogan, K. and Ramgopal, T. 1995. The assessment of student nurse learning styles using the Kolb Learning Styles Inventory. *Nurse Education Today.* 15, 177-183

Chesser – Smyth, P. 2005. The lived experience of general student nurses on their first clinical placement: a phenomenological study. *Nurse Education in Practice.* 5 (6), 320-327

Churchill, S. and Wertz, F. 2001. 'An introduction to phenomenological research in psychology', *In:* Schneider, K; Bugental, F. and Pierson, J. 2001. (Eds). *The Handbook of Humanistic Psychology: Leading Edges in Theory, Research and Practice.* London, Sage Publications, 247-262

Coelho, N. and Figueiredo, L. 2003. Patterns of Intersubjectivity in the Constitution of Subjectivity: Dimensions of Otherness. *Culture and Psychology.* 9 (3), 193-208

Collis Pellatt, G. 2006. The role of mentors in supporting pre-registration nursing students. *British Journal of Nursing.* 13 (6), 336-340

Cooper, J. and Barnett, M. 2005. Aspects of caring for dying patients which cause anxiety to first year student nurses. *International Journal of Palliative Nursing.* 11(8), 423-430

Cotton, A. 2001. Private thoughts in public spheres: issues in reflection and reflective practices in nursing. *Journal of Advanced Nursing.* 36 (4), 512-519



Cox, C. 2002. Telling lies: faking the story. *In*: Cox, C. 2002. (Eds) *Enhancing the patient experience*. Bournemouth, Nursing Praxis International, 108-116

Dahlberg, K. 2002. *The essence of essences*. Working paper, Vaxjo University, Sweden.

Dahlberg, K; Drew, N. and Nyström, M. 2001. *Reflective Lifeworld Research*. Lund. Studentlitteratur.

Dearmun, N. 2000. 'The Legacy of Reflective Practice', *In*: Burns, S. and Bulman, C. 2000. *Reflective Practice in Nursing*. Oxford, Blackwell Science, 156-172

Department of Health/ English National Board. 2001. *Placements in Focus. Guidance for education in practice in health care professions*. London, HMSO.

Dewey, J. 1933, 2004. *How we think*. New Delhi, Cosmo Classics.

Dewey, J. 1938, 1963. *Experience and Education*. London, Collier-Macmillan.

Donaldson, J. and Carter, D. 2005. The value of role modelling: Perceptions of undergraduate and diploma nursing (adult) students. *Nurse Education in Practice*. 5, 353-359

Dowling, M. 2006. The sociology of intimacy in the nurse-patient relationship. *Nursing Standard*. 20 (23), 48-54

Driscoll, J. 2000. *Practising Clinical Supervision. A Reflective Approach*. London, Balliere Tindall.

Ehrenfeld, M. and Tabak, N. 1997. Value of Admission Interviews in Selecting Undergraduate Nursing Students. *Journal of Nursing Management*. 8, 101-106

Eliot, T.S. 1944. *Four Quartets*. Faber and Faber, London.

English National Board for Nursing, Midwifery and Health Visiting and Department of Health. 2001. *Preparation of Mentors and Teachers*. London, ENB.

English, I. 1993. Intuition as a function of the expert nurse: a critique of Benner's novice to expert model. *Journal of Advanced Nursing*. 18, 387-393

Eraut, M. 1994. *Developing Professional Knowledge and Competence*. London, Falmer Press.

Erlandson, D; Harris, E; Skipper, B. and Allen, S. 1993. *Doing Naturalistic Inquiry. A Guide to Methods*. London, Sage Publications.

Etherington, K. 2004. *Becoming a reflexive researcher: using ourselves in research*. London, Jessica Kingsley.

Ewing, R. and Smith, D. 2001. 'Doing, Knowing, Being and Becoming: the Nature of Professional Practice', *In*: Higgs, J. and Titchen, A. 2001. *Professional Practice in Health, Education and the Creative Arts*. Oxford, Blackwell, 16-28

Finlay, L. 2002. Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*. 2, 209-230

Finlay, L. 2005. 'Reflexive Embodied Empathy'; A Phenomenology of Participant- Researcher Intersubjectivity. *The Humanistic Psychologist*. 33 (4), 271-292

Finlay, L. 2006. Dancing Between Embodied Empathy and Phenomenological reflection. *The Indo-Pacific Journal of Phenomenology*. 6, 1-11

Finlay, L. and Gough, B. 2003. *Reflexivity. A Practical Guide for Researchers in Health and Social Sciences*. Oxford, Blackwell Publishing.



Forbat, L. and Henderson, J. 2005. Theoretical and Practical Reflections on Sharing Transcripts With Participants. *Qualitative Health Research*. 15 (8), 1114-1128

Foucault, M. 1980. *Power/Knowledge, Selected Interviews and Other Writings 1972-1977*. Brighton, Harvester Press, *cited by* Rolfe, G. 2005. 'Evidence, Memory and Truth: Towards a Deconstructive Validation of Reflective Practice', *In*: Johns, C. and Freshwater, D. (Eds) 2005. *Transforming Nursing Through Reflective Practice*. 2<sup>nd</sup> Edition. Oxford, Blackwell, 13-26

Fowler, D. 1989. Social advocacy. *Heart and Lung*. 18 (1), 97-99

Freshwater, D. 1998. Transformatory Learning in Nurse Education. Unpublished PhD Thesis, *cited by*: Freshwater, D. 2002. (Eds). *Therapeutic Nursing. Improving Patient Care through Self Awareness and Reflection*. London, Sage.

Freshwater, D. 2002. (Eds). *Therapeutic Nursing. Improving Patient Care through Self Awareness and Reflection*. London, Sage.

Freshwater, D. and Stickley, T. 2004. The heart of the art: emotional intelligence in nurse education. *Nursing Inquiry*. 11 (2), 91-98

Fulbrook, P; Rolfe,G; Albarran, J. and Boxall, F. 2000. Fit for practice: Project 2000 Students Nurses' views on how well the Curriculum prepares them for Clinical Practice. *Nurse Education Today*. 20 (5), 350-357

Gadamer, H.-G. 1975, 1995. *Truth and Method*. New York, Seabury Press.

Gendlin, E. 1962. *Experiencing and the creation of meaning*. Illinois, Northwestern University Press.

Gendlin, E. 1973. 'Experiential Phenomenology', *In*: Natanson, M. 1973. (Eds). *Phenomenology and the Social Sciences*. Illinois, Northwestern University Press,

Gendlin, E. 1978. Befindlichkeit: Heidegger and the Philosophy of Psychology. *Review of Existential Psychology and Psychiatry: Heidegger and Psychology*. Vol XVI, Nos 1,2 and 3, accessed online at [http://www.focusing.org/gendlin\\_befindlichkeit.html](http://www.focusing.org/gendlin_befindlichkeit.html). [accessed 13.04.06]

Gendlin, E. 1999. Authenticity after Postmodernism. *Changes: An International Journal of Psychology and Psychotherapy*. 17 (3), 203-212

Gendlin, E. 2004. The new phenomenology of carrying forward. *Continental Philosophy Review*. 37,127-251

Ghaye, T. 2000. Into the Reflective Mode: Bridging the Stagnant Moat. *Reflective Practice*. 1 (1), 5-9

Ghaye, T and Lillyman, S. 2000. *Caring Moments. The discourse of reflective practice*. Salisbury, Mark Allan.

Gibbs, G. 1998. *Learning by Doing. A Guide to Teaching and Learning Methods*. Oxford, Further Education Unit, Oxford Polytechnic.

Giorgi, A. 1985. *Phenomenology and Psychological Research*. Pittsburgh, Duquense University Press.

Giorgi, A. 1997. The theory, practice and evaluation of phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*. 28 (2), 235-260

Giorgi, A. 1998. 'Validity and reliability from a phenomenological perspective', *In: Baker, W. Mos, L. Reppard, H, Stam, H. 1998. Recent Trends in Theoretical Psychology*. London, Springer – Verlag,167-176

Giorgi, A. 2000a. Phenomenology Master class. 16<sup>th</sup> and 17<sup>th</sup> November 2000.



Giorgi, A. 2000b. The Status of Husserlian Phenomenology in Caring Research. *Scandinavian Journal of Caring Science*. 14, 3-10  
Giorgi, A. and Giorgi, B. 2003a. 'The Descriptive Phenomenological Psychological Method', *In*: Camic, P; Rhodes, J. and Yardley, L. 2003. *Qualitative Research in Psychology. Expanding Perspectives in Methodology and Design*. Washington, American Psychological Association, 243-273

Giorgi, A. and Giorgi, B. 2003b. 'Phenomenology', *In*: Smith, J. 2003 (Eds). *Qualitative Psychology. A practical guide to research*. London, Sage, 25-50

Godkin, J. 2001. Healing Presence. *Journal of Holistic Nursing*. 19 (1), 5-21

Gordon, R. 1989. *Interviewing Strategy, Techniques and Tactics*. Illinois, Dorset Press.

Graham, I. 1995. Reflective practice: using the action learning group mechanism. *Nurse Education Today*. 15 (1), 28-32

Graham, I; Andrewes, T. and Clark, L. 2005. Mutual suffering: A nurse's story of caring for the living as they are dying. *International Journal of Nursing Practice*. 11, 277-285

Greenwood, J. 1993. Reflective practice: a critique of the work of Argyris and Schön. *Journal of Advanced Nursing*. 18, 1183-1187

Guba, E. and Lincoln, Y. 1989. *Fourth Generation Evaluation*. London, Sage Publications.

Gully, E. 2005. 'Creating the Sacred Space: A Journey into the Soul', *In*: Johns, C. and Freshwater, D. (Eds) 2005. *Transforming Nursing Through Reflective Practice*. 2<sup>nd</sup> Eds. Oxford. Blackwell Publishing, 142-161

Halling, S. 2002. Making Phenomenology Accessible to a Wider Audience. *Journal of Phenomenological Psychology*. 33 (1), 19-38

Halliwell, K. 2000. *Learning through the utilisation of reflective processes: a phenomenological study to explore the lived experience of final year nursing students*. Unpublished Research proposal.

Hammersley, M. 1998. *Reading Ethnographic Research: A Critical Guide*. 2<sup>nd</sup> Edition. London, Longman.

Haskvitz, L. and Koop, E. 2004. Students struggling in clinical? A new role for the patient simulator. *Journal of Nursing Education*. 43, 181-184

Heaney, S. 1991. *Seeing Things*. Faber and Faber, London.

Heath, H. 1998. Reflection and patterns of knowing in nursing. *Journal of Advanced Nursing*. 27, 1054-1059

Heidegger, M. 1962. *Being and Time*. (Trans: Macquarrie, J and Robinson, E.) Oxford, Blackwell.

Heraclitus. (?540-480 BC) *On the Universe*. Oxford Concise Dictionary of Quotations. 5th Edition. Oxford, Oxford University Press.

Hilton, P. 1996. Clinical skills laboratories: teaching practical nursing. *Nursing Standard*. 10 (37), 44-47

Hilton, P. and Pollard, C. 2005. Enhancing the effectiveness of the teaching and learning of core skills. *Nurse Education in Practice*. 5, 280-295

Hochschild, A. 2003. *The Managed Heart. Commercialisation of Human Feeling*. London, University of California Press.

Honey, P. and Mumford, A. 1982. *The Manual of Learning Styles*. Maidenhead, Peter Honey.

Husserl, E. 1900, 1970. *Logical Investigations*. (Trans: J. Findlay). New York, Humanities Press.



Jarvis, P. 2004. *Adult Education and Lifelong Learning: Theory and Practice*. London, Falmer Press.

Jasper, M. 1999. Nurses' perceptions of the value of written reflection. *Nurse Education Today*. 9, 452-463

Johns, C. 1991. The Burford Nursing Development Unit holistic model for nursing practice. *Journal of Advanced Nursing*. 16, 1090-1098

Johns, C. 1994. 'Guided Reflection', *In*: Palmer, A; Burns, S .and Bulmer, C. 1994. *Reflective Practice in Nursing. The Growth of the Professional Practitioner*. Oxford, Blackwell Science, 110-130

Johns, C. 2000. *Becoming a Reflective Practitioner*. Oxford, Blackwell Science.

Johns, C. 2002. *Guided Reflection. Advancing Practice*. Oxford, Blackwell Publishing.

Johns, C. 2004. *Becoming a Reflective Practitioner*. 2<sup>nd</sup> Ed. Oxford, Blackwell Publishing.

Johns, C. 2006. *Engaging reflection in practice. A narrative approach*. Oxford, Blackwell Publishing.

Johns, C. and Freshwater, D. 1998. (Eds). *Transforming Nursing Through Reflective Practice*. Oxford, Blackwell.

Johns, C. and Freshwater, D. 2005. (Eds) *Transforming Nursing Through Reflective Practice*. 2<sup>nd</sup> Edition. Oxford, Blackwell.

Kiger, A. 1994. Student nurses' involvement with death: the image and the experience. *Journal of Advanced Nursing*. 20, 679-686

Koch, T. 1994. Establishing rigour in qualitative research: the decision trail. *Journal of Advanced Nursing*. 19, 976-986

Koch, T. and Harrington, A. 1998. Reconceptualising rigour: the case for reflexivity. *Journal of Advanced Nursing*. 28 (4), 882-890

Kolb, D. 1976. *The Learning Style Inventory: Technical Manual*. Boston, McBer and Company.

Kolb, D. and Wolfe, D. 1981. *Professional education and career development: a cross sectional study of adaptive competencies in experiential learning*. Case Western Reserve University. Dept of Organisational Behavior, Cleveland Ohio.

Kolb, D. 1984. *Experiential Learning. Experience as the Source of Learning and Development*. London, Prentice Hall.

Kralik, D; Koch, T. and Wotton, K. 1997. Engagement and detachment: understanding patients' experiences with nursing. *Journal of Advanced Nursing*. 26, 399-407

Kvale, S. 1995. The Social Construction of Validity. *Qualitative Inquiry*. 1 (1), 19-40

Kvale, S. 1996. *Interviews: An Introduction to Qualitative Research Interviewing*. London, Sage Publications.

Langdrige, D. 2007. *Phenomenological Psychology. Theory, Research and Method*. Harlow, Pearson Education Limited.

LeVasseur, J. 2003. The Problem of Bracketing in Phenomenology. *Qualitative Health Research*. 13 (3), 408-420

Lincoln, Y. and Guba, E. 1985. *Naturalistic Inquiry*. London, Sage Publications.



Lockwood, P; Sadler, P; Fyman, K. and Tuck, S. 2004. To do or not to do: Using positive and negative role models to harness motivation. *Social Cognition*. 22 (4), 422-450

Loughran, J. 1996. *Developing Reflective Practice: Learning about Teaching and Learning through Modelling*. London, Falmer Press.

Lowes, L. and Prowse, M. 2001. Standing outside to interview process? The illusion of objectivity in phenomenological data generation. *International Journal of Nursing Studies*. 38, 471-480

Mackintosh, C. 1998. Reflection: a flawed strategy for the nursing profession. *Nurse Education Today*. 18, 553-557

Maeve, M. 1998. Weaving a fabric of moral meaning: how nurses live with suffering and death. *Journal of Advanced Nursing*. 27, 1136-1142

Marshall, J. 1980. 'Stress amongst nurses', *cited by*: Johns, C. 2000. *Becoming a Reflective Practitioner*. Oxford, Blackwell Science.

May, K. 1991. 'Interview Techniques in Qualitative Research: Concerns and Challenges', *In*: Morse, J. 1989. (Eds). *Qualitative Nursing Research. A Contemporary Dialogue*. London, Sage, 188-201

McDonald, S. and Ahern, K. 2000. The Professional Consequences of Whistleblowing by Nurses. *Journal of Professional Nursing*. 16 (6), 313 – 321

Moon, J. 1999. *Reflection in Learning and Professional Development. Theory and Practice*. London, Kogan Page.

Moran, D. 2000. *Introduction to Phenomenology*. London, Routledge.

Morgan, R. 2006. Using clinical skills laboratories to promote theory-practice integration during first placement: an Irish perspective. *Journal of Clinical Nursing*. 15, 155-161

Morse, J. 2000. Determining Sample Size. *Qualitative Health Research*. 10 (1), 3-5

Moustakas, C. 1994. *Phenomenological Research Methods*. Newbury Park, Sage.

Munhall, P. 1993. 'Unknowing': Toward another pattern of knowing in nursing. *Nursing Outlook*, 41, 125-128

Newell, R. 1992. Anxiety, accuracy and reflection: the limits of professional development. *Journal of Advanced Nursing*. 17, 1326-1333

Nursing and Midwifery Council. 2004. *The NMC code of professional conduct: standards for conduct, performance and ethics*. London, NMC.

Nursing and Midwifery Council. 2006. *Standards to support learning and assessment in practice*. London, NMC.

Nursing and Midwifery Council. 2007. *Statistical analysis of the register, 1 April 2005 – 31 March 2006*. London, NMC.

Olsen, R. 1962. *An Introduction to Existentialism*. New York, Dover Publications.

Palmer, A. 1994. 'Introduction', *In*: Palmer, A; Burns, S. and Bulmer, C.1994. (Eds). *Reflective Practice in Nursing. The Growth of the Professional Practitioner*. Oxford, Blackwell Science, 1-9

Palmer, A; Burns, S. and Bulmer, C.1994. (Eds). *Reflective Practice in Nursing. The Growth of the Professional Practitioner*. Oxford, Blackwell Science.



Patton, M. 1990. *Qualitative Evaluation and Research Methods*. 2nd Edition. London, Sage publications.

Pfeil, M. 2001. Re-introducing skills teaching to nurse education: an action research project. *Nurse Education Today*. 21, 616-623

Platzer, H; Blake, D. and Ashworth, D. 2000. Barriers to learning from reflection: a study of the use of groupwork with post-registration nurses. *Journal of Advanced Nursing*. 31 (5), 1001-1008

Polkinghorne, D. 2004. *Practice and the Human Sciences. The case for judgment-based practice of care*. New York, State University of New York Press.

Price, A. 2004. Encouraging reflection and critical thinking in practice. *Nursing Standard*. 18 (47), 46-52

Randle, J. 2002. 'Transformative Learning: Enabling Therapeutic Nursing', *In: Freshwater, D. 2002. (Eds). Therapeutic Nursing. Improving Patient Care through Self Awareness and Reflection*. London, Sage, 87-99

Reece Jones, P. 1995. Hindsight bias in reflective practice: an empirical investigation. *Journal of Advanced Nursing*. 21, 783-788

Rich, A. and Parker, D. 1995. Reflection and critical incident analysis: ethical and moral implications of their use within nursing and midwifery education. *Journal of Advanced Nursing*. 27, 1050-1057

Rogers, C. 1983, 1994. *Freedom to Learn*. 3<sup>rd</sup> Edition. Oxford, Macmillan Maxwell.

Rolfe, G. 1998. 'Beyond Expertise :Reflective and Reflexive Nursing Practice', *In: Johns, C. and Freshwater, D. 1998. (Eds). Transforming Nursing Through Reflective Practice*. Oxford, Blackwell, 21-31

Rolfe, G. 2005. 'Evidence, Memory and Truth: Towards a Deconstructive Validation of Reflective Practice', *In: Johns, C. and Freshwater, D. 1998. (Eds). Transforming Nursing Through Reflective Practice. Oxford, Blackwell, 13-26*

Rolfe, G; Freshwater, D. and Jasper, M. 2001. *Critical Reflection for Nursing and the Helping Professions. A user's guide. Basingstoke, Palgrave.*

Royal College of Nursing. 2002. *RCN toolkit: Helping students to get the best from their practice placements. London, RCN.*

Russell, T. 2005. Can reflective practice be taught? *Reflective Practice. 6 (2), 199-204*

Sandelowski, M. 1991. Telling Stories: Narrative Approaches in Qualitative Research. *Journal of Nursing Scholarship. 23 (3), 161-166*

Sartre, J. 1948, 1973. *Existentialism and Humanism. London, Methuen.*

Savage, E. 1996. Student nurses reported views on the influence of staff nurses in creating a ward learning environment. Unpublished Med research project *cited by: Savage, E. 1998. Student nurses on the ward: Making the most of clinical placements. World of Irish Nursing. 6 (3), 19-20*

Scanlan, J; Dean Care, W. and Udod, S. 2002. *Unravelling the unknowns of reflection in classroom teaching. Journal of Advanced Nursing. 38 (2), 136-143*

Schön, D. 1983. *The Reflective Practitioner. How professionals think in action. Aldershot, Ashgate.*

Schön, D. 1987. *Educating the Reflective Practitioner. San Francisco, Jossey-Bass.*



Schroeder, C. 1992. 'The process of inflicting pain in nursing: caring relationship or torture?' *In: Gaut, D. 1992. (Eds). The Presence of Caring in Nursing.* New York, National League of Nursing, 211-218

Seale, C. 1999. *The Quality of Qualitative Research.* London, Sage Publications.

Silverman, D. 2001. *Interpreting Qualitative Data.* 2<sup>nd</sup> Edition. London, Sage.

Smith, M. 1992. Is all knowing personal knowing? *Nursing Science Quarterly.* 5 (1), 2-3

Smith, P. 1992. *The Emotional Labour of Nursing. How Nurses Care.* Basingstoke, Macmillan Press Ltd.

Smith, P. and Gray, B. 2001. Reassessing the concept of emotional labour in student nurse education: role of link lecturers and mentors in a time of change. *Nurse Education Today.* 21, 230- 237

Snowball, J; Ross, K. and Murphy, K. 1994. Illuminating dissertation supervision through reflection. *Journal of Advanced Nursing.* 19, 1234-1240

Sorrell, J. and Redmond, G. 1995. Interviews in qualitative nursing research: differing approaches for ethnographic and phenomenological studies. *Journal of Advanced Nursing.* 21 (6), 1117-1122.

Spinelli, E. 1989. *The Interpreted World. An introduction to phenomenological psychology.* London, Sage.

Spouse, J. 2003. *Professional Learning in Nursing.* Oxford, Blackwell Publishing.

Steeves, R. 2000. ' Writing the Results', *In: Cohen, M; Kahn, D. and Steeves, R. 2000. Hermeneutic Phenomenological research. A Practical Guide for Nurse Researchers.* London, Sage, 93-99

Stein, E. 1916, 1989. 'The problem of empathy', *cited by* Finlay, L. 2006. Dancing Between Embodied Empathy and Phenomenological Reflection. *The Indo-Pacific Journal of Phenomenology*. 6, 1-11

Stephenson, S. 1994. 'Reflection - a students perspective'. *In:* Palmer, A; Burns, S. and Bulmer, C.1994. *Reflective Practice in Nursing. The Growth of the Professional Practitioner*. Oxford, Blackwell Science, 53-62

Todd, S. 2001. 'Bringing more than I contain': ethics, curriculum and the pedagogical demand for altered egos. *Journal of Curriculum Studies*. 33 (4), 431-450

Todres, L.1999. The Bodily Complexity of Truth-Telling in Qualitative Research: Some Implications of Gendlin's Theory. *The Humanistic Psychologist*. 27 (3), 283-300

Todres, L. 2000. Writing phenomenological-psychological descriptions: an illustration attempting to balance texture and structure. *Auto/Biography*. 3 (1 and 2), 41-48

Todres, L. 2004. The meaning of understanding and the open body: some implications for qualitative research. *Existential Analysis*. 15 (1), 38-55

Todres, L. 2005. 'Clarifying the life-world: descriptive phenomenology', *In:* Holloway, I. 2005. (Eds). *Qualitative Research in Health Care*. Maidenhead, Open University Press, 104-124

Todres, L. and Holloway, I. 2004. Descriptive phenomenology: lifeworld as evidence. *In:* Rapport, F. 2004. (Eds). *New Qualitative Methodologies in Health and Social Care Research*. London, Routledge, 79-98

United Kingdom Central Council for Nursing, Midwifery and Health Visiting. 1986. *Project 2000: A New Preparation for Practice*. London, UKCC.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting.1999. *Fitness for Practice*. London, UKCC.



Vaartio, H; Leino-Kilpi, H; Salanterä, S. and Suominen, T. 2006. Nursing advocacy: how is it defined by patients and nurses, what does it involve and how is it experienced? *Scandinavian Journal of Caring Science*. 20, 282-292

Van Manen, M. 1990. *Researching Lived Experience. Human Science for an Action Sensitive Pedagogy*. Ontario, The Althouse Press.

Van Rooyen, D; Elfić, M. and Strumpher, J. 2005. Registered nurses' experiences of the withdrawal of treatment from the critically ill patient in an intensive care unit. *Curationis*. 28 (1), 42-51

Ward, J. and McCotter, S. 2004. Reflection as a visible outcome for pre-service teachers. *Teaching and Teacher Education*. 20, 243-257



**Proposed research study:**

**Learning through the utilisation of reflective processes:  
a phenomenological study to explore the lived experience of  
final year nursing students.**

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## **Proposed research study:**

**Learning through the utilisation of reflective processes: a phenomenological study to explore the lived experience of final year nursing students.**

### **Abstract.**

The aim of this proposed study is to explore and present the lived experience of third year student nurses of learning through the utilisation of reflective processes. The nursing profession has firmly embraced reflection and reflective processes as key learning and teaching strategies, and the majority of pre-registration nursing preparation programmes utilise theories of reflection to underpin course philosophies.

Although much has been written about reflection/reflective processes, reflective teaching and facilitation, levels of student reflexivity and staff and student perspectives, there is little published material which probes the nature of reflective practice, its educative potency or reflection as a lived experience.

This phenomenological study seeks to describe and understand the lived experience of the phenomenon of learning through reflective processes. Purposive sampling will be adopted to identify participants likely to provide rich descriptive data. The procedural steps proposed by Giorgi (1985) will be used to analyse the descriptive data generated from face-to-face interviews with the participants.

Enhanced understanding of the nature of learning through the utilisation of reflective processes will potentially help nurse educators to further support reflective learning and the development of professional nursing practice.

## **Introduction**

There is clear evidence that the nursing profession has embraced reflection as a teaching and learning strategy (Durgahee 1996, Johns and Freshwater 1998, Burns and Bulman 2000). Reflection has developed as a key theme in nursing curricula, with most of the ENB validated pre-registration nursing programmes at diploma and degree level utilising theories of reflection to underpin course philosophies (Dearmun 2000).

The many theories of reflection (Dewey 1933, Argyris and Schon 1974, Mezirow 1981, Schon 1983, 1987, Gibbs 1988, Boud et al 1985, Palmer et al 1994, Burns and Bulman 2000) include an analysis of practice situations in order to identify what has been learnt, an appraisal of the knowledge and skills used and those required to address future situations more effectively and with new insights (Dearmun 2000). Schon (1991) contends that personalising and reflecting upon experiences should enable the student to transfer professional knowledge into the real world enabling the student to progress through levels of proficiency. Reflection is therefore an attractive teaching and learning strategy for nurse education as it may be the tool which can facilitate learning through the analysis of practice (Schon 1991, Johns and Freshwater 1998). A primary function of Action Learning Groups utilised within the pre-registration nursing curriculum at Bournemouth University is to facilitate learning through reflective processes and to support students through the notions of reflection-on-practice towards reflection-in-practice (Schon 1987, Graham 1995). Although much has been written about reflection, reflective teaching and facilitative processes (Wallace 1996, Durgahee 1998), student and staff perspectives (Burnard 1995, Durgahee 1998) and assessing students levels of reflexivity (Richardson and Maltby 1995, Wong et al 1995), it has been acknowledged that there has been little evaluation of the effectiveness of critical reflection as a learning strategy in nursing, or whether the development of reflective skills enhances the outcomes for patients or the students ability to nurse (Burns and Bulman 2000).

## **Aim**

The aim of this study is to explore the lived experience of third year student nurses of learning through the utilisation of reflective processes.



## **Objectives**

- ◆ To obtain descriptions of nursing students experiences of learning through reflective processes.
- ◆ To analyse and present these descriptions using descriptive phenomenological method (Giorgi 1985).
- ◆ To elucidate the essential structure of the experience of learning through reflection: are there some invariant themes and how best to formulate these?
- ◆ To make recommendations for further work in this area.

## **Literature review**

As this project will adopt a phenomenological approach, the literature will not be extensively reviewed prior to data collection as this may influence the transformation of the data through the process of phenomenological reduction. However, an initial review of the literature concerning reflection reveals why this study is significant.

There is clear evidence that reflective learning methods are “favoured and accepted as a dominant discourse in many schools of nursing” (Burns and Bulman 2000:1). In recent years nurse education has been challenged to produce practitioners who are able to think critically, adapt to changing situations and environments, and be creative and innovative in their professional practice (UKCC 1986, DoH 1999, UKCC 1999).

Alongside traditional types of teaching and learning, reflective learning methods which aim to facilitate learning from reflection in and on practice (Schon 1983) appear to be attractive to nurses as the approaches focus upon practice and attempts to extrapolate new learning from practice based experience (Schon 1983, 1987, Johns 1992 and Carper 1978, Gibbs 1988). The process of reflection is believed to encourage problem solving and critical thinking and may be the tool which can facilitate the integration of theory and practice (Clarke 1986).

Boud et al (1985) argue that the process of reflection enables practitioners to turn experience into learning. The concept of reflection is infrequently defined in the literature, but reflection has been described as “a process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform about practice” (Boyd and Fales 1983 cited Reese Jones 1995:783).

Although reflective processes have been described by a number of educationalists and philosophers (Dewey 1933, Habermas 1972, Mezirow 1981, Friere 1972), the work of Donald Schon (1983, 1987) appears to have been highly influential in recent years (Jarvis 1992, Jones 1995).



Schon (1983) suggests that learning can emerge from the analysis of practice through the process of reflection. Schon suggested that there are two types of reflection: reflection-in-action when "We may reflect in the midst of action without interrupting it....our thinking serves to reshape what we are doing whilst we are doing it" (Schon 1987: 26); and reflection-on-action, retrospective reflection carried out after the event which aims to generate knowledge by actively processing experiences which occur in the messy swampy lowlands of professional practice.

Schon described professional practice as having a varied topography which consists of high, hard ground where problems can be solved by applying theory and technique derived from systematic scientific knowledge and the "swampy lowlands" of intricate and unique "messes" (1983: 42) which confront the practitioner daily but are not amenable to technical solutions. Schon drew a distinction between technical rationality and the knowledge that emerges from practice. He suggests that most competent practitioners know more than they can say, and exhibit a kind of knowing-in-practice, comprising of largely tacit knowledge which can be explored and made explicit through the process of reflection-on-action. Schon (1983) argued that inappropriate dominance is given to "technical rationality" within professional education. He suggests that technical rationality is best suited to solving simple problems and that this approach does little to help practitioners faced with complex practice based situations. Although Schons' work has been criticised for failing to define what reflective practice is (Jarvis 1992, Mackintosh 1998), it has been highly influential within the practice based professions such as nursing and teaching, and his work is thought to have initiated a new wave of research and learning about reflection (Loughran 1996, Richardson and Maltby 1995).

Reflection has developed as a key theme in nursing curricula, with most of the ENB validated pre-registration nursing programmes at diploma and degree level utilising theories of reflection to underpin course philosophies (Dearmun 2000). The widespread adoption of reflection as a learning and teaching method within nurse education has generated a wealth of discipline specific literature (Palmer et al 1994, Johns and Freshwater 1998, Burns and Bulman 2000, Johns 2000, Ghaye and Lillyman 2000 a and b). Most of these authors contend that reflection has the potential to help nurses to learn from and enhance their practice.

**"Proponents of a reflective orientation to professional preparation assert that learning to reflect on ones practice enhances ones capacity to deal with the complexities, uncertainties and ambiguities that characterise professional roles and responsibilities"**

**(Sumsion 2000:199)**

Whilst reflective processes are being utilised extensively as learning and teaching strategies within nursing curricula, a number of issues and concerns are emerging. To date there has been little evaluation of the method as a



means of learning how to nurse, and there is little evidence to suggest that reflection as a learning method endures past formal courses (Burns and Bulman 2000, Dearmun 2000).

Learning through reflection takes time and commitment, and the processes encourage practitioners to challenge their thoughts, feelings and beliefs. These may be uncomfortable processes which could cause distress for learners and teaching staff. The ethical and moral implications of the use of reflective processes have been discussed by Rich and Parker (1995) who suggest that in order to reduce the potential ethical dilemmas which may arise from reflection, the process should always be supervised or coached by skilled facilitators who can effectively guide and support the journey. Both Schon (1987) and Johns (2000) concur with this view. The situations brought to reflective sessions by practitioners often engender feelings of anger, frustration and distress, and the supervisor needs to be able to help the practitioner find meaning in the event, understand it and learn from it (Johns 2000:51). Until practitioners have honed the skills needed to supervise their own reflection, it may be inappropriate and unethical to expect practitioners to reflect alone and without support.

Burrows (1995) has questioned whether novice student nurses, many of whom are in their late teens and early twenties, have developed the cognitive ability to learn effectively through reflective processes. Garrison (1991 cited Burns and Bulman 2000, page 11) has stated that "learning through reflection is a learning method most suited to adults who have a wealth of past experience and an intellectual maturity to cope with autonomy, differing perspectives and shifting ideas". Interestingly, analysis of reflective diaries found that the majority of second year nursing students lacked the ability to think about what they did other than at a superficial level (Richardson and Maltby 1995).

Despite the increasing use of reflective teaching and learning strategies, Cavanagh et al (1995) found that only 46.3% of student nurses could be classified as having a reflective learning style, the remaining 53.7% being concrete learners. The research team caution that nurse educators must appeal to a variety of learning styles through a diverse range of activities and teaching methods.

Jarvis (1992) contends that there is a lack of clarity about what reflection is and how the process of reflection is facilitated, concerns echoed by Burnard (1995), and Mackintosh (1998). However, Ghaye contends that there are some "commonsense understandings of reflective practice" (2000: 6), and acknowledges that there are many different kinds of reflection undertaken in a variety of practice settings and contexts. Ghaye challenges the professions to probe the nature of reflective practice, to share and extend the understanding of the concepts of reflection and reflective practice, its educative potency, and reflection as a lived experience (2000: 6).



From this initial review of the literature it is clear that there are many aspects of the concept of reflection and reflective practice which require further exploration and research. It is therefore appropriate to undertake a qualitative exploration which aims to understand the phenomena of learning through the utilisation of reflective processes.

### **Theoretical framework and methodology.**

A qualitative methodology will enable me to examine the experiences, feelings and perceptions of the respondents about the phenomenon of learning through reflective processes. Although a number of different qualitative methodologies such as ethnography and grounded theory exist, phenomenology may be the most useful method

“when the task at hand is to understand an experience as it is understood by those who are having it” (Cohen et al 2000:11).

Phenomenology is the study of the meaning of experience and it is therefore an appropriate methodology for the exploration of the experience of learning through the use of reflective processes. Although phenomenology is a philosophical approach and not directly a research method, it has been used as a method to explore the lived experience of respondents in a variety of nursing and education related studies (Benner 1984; Brykczynski 1989; Clarke 1991). Phenomenology has been described as an integral field of inquiry that cuts across philosophical, sociological and psychological disciplines, making it an appropriate method for the study of phenomena important to the practice of nursing and education (Streubert and Carpenter 1995).

The task of phenomenology is to clarify the life-world, the individuals perception of the phenomena, shaped by all of the experiences, feelings and understandings the individual has encountered in everyday life: experiential understandings and feelings accumulated during the “seamless stream of living” (Todres and Wheeler 2001: 3). When the life-world is questioned the taken-for-granted becomes a phenomenon (Todres and Wheeler 2001), but the reality of the phenomena can only be perceived within the meaning of the experience for the individual (Creswell 1998).

The phenomenological methodologies are particularly appropriate if there is a lack of clarity about the phenomenon being investigated, when commencing the study of a new topic, or where a topic has previously been studied but a fresh approach is needed (Cohen et al 2000; Streubert and Carpenter 1995). Although much has been written about the facilitation of reflection, the potential for learning through the utilisation of reflective processes and reflective models, there is currently little understanding of the lived experience of learning through the use of reflective processes.

Spiegelberg (1965 cited Streubert and Carpenter 1995:35) stated that phenomenological method can be used to investigate subjective phenomena



in the belief that essential truths about reality are grounded in the experience. Phenomenological method will enable me to study the lived experience of the phenomena of learning through reflective processes as it presented in the everyday world of nursing practice and education (Streubert and Carpenter 1995). The voice of the student nurses who have experienced learning as a result of using reflective processes will provide rich, descriptive data for phenomenological analysis.

Phenomenological research methods have emerged from continental phenomenological philosophy, which is partly concerned with attempting to explain the ontological question "What is being?" and also the epistemological question of "How we know?" (Ray 1994 cited Holloway and Wheeler 1996:115). Cohen and Omery (1994) suggest that the broad goal of each of the three schools of phenomenological research is to gain knowledge about phenomena: however, each of the three schools have distinct philosophical underpinnings. The Duquesne school of phenomenology is based on the philosophy of Husserl (1970/1900) which focuses on eidetic or descriptive phenomenology. Major proponents of this school include Giorgi (1985) and Colaizzi (1978).

The second school, which seeks to interpret phenomena is underpinned by Heideggers' phenomenology and is referred to as interpretive phenomenology, or Heideggerian hermeneutics. Whilst discussing the phenomenologies as research methodologies for nursing, Lawler (1998) citing the work of Holmes (1996), questions whether Heideggers' philosophy, clearly shaped by his political views, is an appropriate basis on which to conduct nursing based enquiry. The Dutch school of phenomenology aims to combine both description and interpretation: the hermeneutic phenomenological approach (Cohen and Omery 1994; Cohen et al 2000).

Despite the view that "Phenomenology without hermeneutics can become shallow" (Todres and Wheeler 2001:6), I intend to utilise descriptive phenomenological method in order to describe and understand the common lived experience of learning through reflective processes as it is presented by the respondents. The descriptions of the phenomenon will be analysed using the "qualitative, systematic and rigorous" procedural steps proposed by Giorgi (1985:ix). The use of descriptive phenomenological method will ensure that I can present the invariant structure or essence of the lived experience of the phenomena whilst remaining within the certainty and evidence of the data.

### **Data collection and Sample.**

It is proposed that data will be collected via face-to-face interviews with the participants. The interview allows entrance into another persons world and is an excellent source of data for phenomenological research (Streubert and Carpenter 1995). It is envisaged that the participants will be third year student nurses in the final semester of their preparation programme. All of the students should be familiar with reflective processes and models as



reflection is considered to be a key teaching and learning strategy within the Action Learning Group structure adopted by Bournemouth University (Graham 1995).

Approximately 60 (members of approximately 4-5 Action Learning Groups) final semester nursing students will be invited to participate in the proposed study via a personal letter. Purposive sampling of the Action Learning Groups will be considered in order to enhance the identification of potentially information rich cases for in-depth study (Patton 1990). The letter will offer a brief overview of the proposed research and students will be asked to return a reply slip to me if they wish to participate. Permission to audiotape the interviews will be sought from the participants so that verbatim transcripts can be transcribed and analysed. Participants will be offered the opportunity to read the transcript of their own interview. All audiotapes and transcripts will be kept securely and the identities of the respondents will be known only to myself. The confidentiality of the material will be maintained.

Pilot interviews will be undertaken to check that the variance of responses is not too broad, and to ensure that as an interviewer I have the necessary skills to gather appropriate data. Any amendment of the interview structure and questions will be based on the experience of the pilot interviews. During a recent Masterclass given by Giorgi (BU 2000) he suggested that 8-10 interviews were usually sufficient to identify the essential/invariant structure of the phenomenon under investigation.

### **Ethical considerations**

Ethical issues are inherent in every research study. The four major principles of ethical behaviour, autonomy, non-maleficence, beneficence and justice, described by Beauchamp and Childress (1994) offer a framework for the consideration of ethical issues which can be applied to research.

In order to protect the autonomy of the participants, informed, voluntary consent will be sought from potential respondents. The letter inviting nursing students to participate will inform them of the general aims and objectives of the study and invite them to participate via a one-to-one interview with me which may take approximately one hour of their time. In order to reduce any potential social pressure to participate, the members of the Action Learning Groups invited to participate will not have been taught by myself in my other role of University lecturer since the first year of their preparation programme. It will be made clear that all of the students approached will retain their right to refuse to participate and will be able to withdraw at any time during the research process.

The researcher will ensure that the confidentiality and security of the data, both in the form of audiotapes and interview transcripts will be maintained. Tapes will be erased following the completion of the study. As the presentation of qualitative research relies on the use of quotes, permission to



use the participants words will be sought, and any data presented will preserve the participants anonymity and confidentiality.

A primary concern of all researchers should be to ensure that no harm is done to the participants (Beauchamp and Childress 1984). Although this study is not directly exploring sensitive issues, the exploration of the lived experience and the context in which learning occurred through reflective processes may relive/revisit experiences that caused distress. Whilst exploring the feelings and thoughts of the participants, I will seek to act with sensitivity and diplomacy, and recognise that there may be a need to debrief participants and provide emotional support if necessary (May 1991 cited Holloway and Wheeler 1996:49).

It is envisaged that this study will enhance what is known about the experience of learning through reflective processes and that this knowledge will, in turn, help other nursing students to learn and ultimately enhance their professional practice. The potential benefits of undertaking this study appear to outweigh any potential risks for the participants. All of the participants will be treated with respect, honesty and justice. Following completion of the study, and where possible, the findings will be disseminated to the participants and the wider nursing and academic communities. Although this study does not require approval from the local Ethics Committee, agreement to approach nursing students will be sought from the pre-registration course leaders and the Head of the Nursing Academic Group.

### **Data analysis**

The audiotapes of the interviews will be transcribed immediately and any observations or notes made during the interview that may enhance the accuracy of the data will be noted on the transcript. It may be necessary to return to the participants to clarify, expand or verify descriptions of the phenomenon. The descriptions of the lived experience of learning through reflective processes will be analysed using the procedural steps developed by Giorgi (1985).

Each descriptive transcript will be read to grasp a sense of the whole; meaning units will be identified which will be transformed (phenomenological reduction) through the process of imaginative variation and critical reflection, and the descriptive structure of the meaning of the experience will be identified. Although computer programmes are available to assist with the analysis of qualitative data (Lewins 2000), the researcher is mindful that computers cannot replace human judgement, and the data will be analysed manually (Burnard 1994).

### **Issues of rigour and trustworthiness.**

Although Giorgi has recently suggested that the researcher must be subjective in order to understand others subjective experience, 'Bracketing' is employed within phenomenological research in order to maintain "Objectivity"



(Koch and Harrington 1998). As a researcher I will need to examine my own beliefs, attitudes and prejudices about the phenomena under investigation and bracket, or remove them, to prevent them from influencing the research.

I will need to acknowledge my own experiences and be embedded in the phenomena to see and understand what is presented, but will need to stand back from (bracket) my own experience as a means of understanding others.

Whilst searching for criteria by which qualitative research can be evaluated, it is clear that reliability and validity are inappropriate (Wheeler 1992, Guba and Lincoln 1985, Koch 1996). Guba and Lincoln suggests that the term trustworthiness could be used instead of validity. In phenomenological research trustworthiness exists when the research accurately represents the experience of the participants (Streubert and Carpenter 1995). Beck (1993) suggests that in order to evaluate rigour in phenomenological studies it is appropriate to consider the criteria of credibility, fittingness and auditability where;

“‘Credibility’ refers to vividness and faithfulness to the description of the phenomena, ‘fittingness’ is possible when data can fit into a context other than the one in which they were generated and ‘auditability’ refers to the decisions made by the researcher at every stage of the research process”

(Beck 1993 cited Koch and Harrington 1998: 885).

## **Timescale**

It is envisaged that the pilot interviews and data analysis will be undertaken during the summer of 2001. I expect to commence the data collection during October 2001, and aim to undertake each of the ten interviews at approximately monthly intervals, so that transcription and the discrimination of meaning units can be completed before the next interview. Mindful of the observation that “everything about research takes much longer than you originally think” (Holloway and Walker 2000:100), I aim to complete and present this study during the 2004/2005 academic year.



## References

- Argyris, C. and Schon, D. 1974. *Theory in Practice: Increasing Professional Effectiveness*. Reading: Addison Wesley.
- Beauchamp, T. and Childress, J. 1994. *The Principles of Biomedical Ethics*. New York: Oxford University Press.
- Beck, C. 1993. Qualitative research: the evaluation of its credibility, fittingness and auditability. *Western Journal of Nursing Research*. 15(2) 263-266
- Benner, P. 1984. *From Novice to Expert. Excellence and Power in Clinical Nursing Practice*. London: Addison Wesley
- Boud, D; Keogh, R. and Walker, D. 1985. *Reflection: Turning Experience into Learning*. London: Kogan Page.
- Boyd, E. and Fales, A. 1983 Reflective learning: key to learning from experience. *Journal of Humanistic Psychology*. 23(2) 99-117.
- Bulman C. 2000. *Reflective Practice in Nursing*. Oxford: Blackwell Science
- Burnard, P. 1994. Analysing data using a word processor. *Nurse Researcher*, 1 (3):33-42
- Burnard, P. 1995. Nurse educators' perceptions of reflection and reflective practice: a report of a descriptive study. *Journal of Advanced Nursing*.. 1167-1174
- Burns S and Bulman C. 2000. *Reflective Practice in Nursing*. Oxford: Blackwell Science
- Burrows, D. 1995. The nurse teacher's role in the promotion of reflective practice. *Nurse Education Today*. 15, 346-350
- Carper, B. 1978. Fundamental ways of knowing in nursing. *Advances in Nursing Science*. 11, 13-23
- Cavanagh, S; Hogan, K. and Rampogal, T. 1995. The assessment of student nurse learning styles using the Kolb Learning Styles Inventory. *Nurse Education Today*. 15, 117-183.
- Clarke, J. 1991. *A view of the phenomenon of caring in nursing*. Unpublished BSc Study. Bournemouth: Bournemouth University
- Clarke, M. 1986. Action and reflection: practice and theory in nursing. *Journal of Advanced Nursing*. 11, 3-11.

- Cohen, M; Kahn, D. and Steeves, R. 2000. *Hermeneutic Phenomenological Research: A Practical Guide for Nurse Researchers*. London: Sage Publications.
- Cohen, M. and Omery, A. 1994. Schools of phenomenology: Implications for research. In *Critical Issues in Qualitative Research Methods* (Ed Morse, J.), Thousand Oaks: Sage .
- Colaizzi, P. 1978. Psychological research as phenomenologist views it. In Streubert, H. and Carpenter, D. 1995. *Qualitative Research in Nursing. Advancing the Humanistic Imperative*. Pennsylvania: J.P. Lippincott Co.
- Creswell, J. 1998. *Qualitative inquiry and research design: Choosing between five traditions*. Thousand Oaks, Ca: Sage
- Dearmun, N. 2000. The Legacy of Reflective practice. In Burns S and Bulman C. 2000. *Reflective Practice in Nursing*. Oxford: Blackwell Science
- Department of Health. 1999. *Making a Difference*. London: DoH
- Dewey, J. 1933. *How We Think*. Boston: D.C. Heath.
- Durgahee, T. 1996. Promoting reflection in post-graduate nursing: a theoretical model. *Nurse Education Today*. **16**, 419-426.
- Durgahee, T. 1998. Facilitating Reflection: from a sage on the stage to a guide on the side. *Nurse Education Today*. **18**, 158-64.
- Freire, P. 1972. *Pedagogy of the Oppressed*. Harmondsworth: Penguin
- Ghaye, T. and Lillyman, S. 2000. *Reflection: Principles and practice for healthcare professionals*. Salisbury: Mark Allen Publishing.
- Ghaye, T. and Lillyman, S. 2000. *Caring moments. The discourse of reflective practice*. Salisbury: Mark Allen Publishing.
- Ghaye, T. 2000 Into the Reflective Mode: Bridging the Stagnant Moat. *Reflective Practice*. **1** (1) 5-9.
- Gibbs, G. 1988. *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: Further Education Unit, Oxford Polytechnic.
- Giorgi, A. (Eds) 1985. *Phenomenology and Psychological Research*. Pittsburgh: Duquesne University Press.
- Graham, I. 1995. Reflective practice: using the action learning group mechanism. *Nurse Education Today*. **15**, 28-32.



- Guba, E. and Lincoln, Y. 1985. *Effective Evaluation: Improving the Usefulness of Evaluation. Results through Responses to Naturalistic Approaches*. San Francisco: Jossey Bass
- Habermas, J. 1972. *Knowledge and Human Interest*. London; Heinemann.
- Holloway, I. and Walker, J. 2000. *Getting a PhD in Health and Social Care*. Oxford: Blackwell Science.
- Holloway, I. And Wheeler, S. 1996. *Qualitative Research for Nurses*. Blackwell Science: Oxford.
- Husserl, E. 1970. *The idea of phenomenology*. Nijhoff: The Hague
- Jarvis, P. Reflective practice and nursing. *Nurse Education Today*. 12, 174-181.
- Johns, C. 1992. The Burford Nursing Development Unit holistic model of nursing practice. *Journal of Advanced Nursing*. 16,1090-8.
- Johns, C. 2000. *Becoming a Reflective Practitioner*. Oxford: Blackwell Science.
- Johns, C. and Freshwater, D. 1998. *Transforming Nursing Through Reflective Practice*. Oxford: Blackwell Science.
- Koch, T. 1994. Implementation of a hermeneutic inquiry in nursing: philosophy, rigour and representation. *Journal of Advanced Nursing*. 24, 174-184.
- Koch, T. and Harrington, A. 1989. Reconceptualizing rigour: the case for reflexivity. *Journal of Advanced Nursing*. 28 (4), 882-890.
- Lawler, J. 1998. Phenomenologies as research methods for nursing: From philosophy to researching practice. *Nursing Inquiry* 5: 104-111.
- Lewins, A. 2000. *CAQDAS Networking project*. Surrey: University of Surrey
- Loughran, J. 1996. *Developing Reflective Practice: Learning about Teaching and Learning through Modelling*. London: Falmer Press.
- Mackintosh, C. 1998. Reflection: a flawed strategy for the Nursing profession. *Nurse Education Today*. 18, 553-557.
- May, K. 1991. Interview techniques in qualitative Research. In Holloway, I. And Wheeler, S. 1996. *Qualitative Research for Nurses*. Blackwell Science: Oxford.

- Mezirow, J. 1981. A critical theory of adult learning and education. *Adult Education*, 32 (1), 3-24.
- Palmer, A; Burns, S. and Bulman, C. 1994. *Reflective Practice in Nursing. The Growth of the Professional Practitioner*. Oxford: Blackwell Science
- Reese Jones, P. 1995. Hindsight bias in reflective practice: an empirical investigation. *Journal of Advanced Nursing*. 21, 783-788.
- Rich, A. and Parker, D. 1995. Reflection and critical incident analysis: ethical and moral implications for their use within nursing and midwifery education. *Journal of Advanced Nursing*. 22, 1050-1057.
- Richardson, G. and Maltby, H. 1995. Reflection-on-practice: enhancing student learning. *Journal of Advanced Nursing*. 21, 1044-50
- Schon, D. 1983. *The Reflective Practitioner: How Professionals Think in Action*. Aldershot: Ashgate Publishing Ltd.
- Schon, D. 1987. *Educating the Reflective Practitioner*. San Francisco: Jossey Bass.
- Schon, D. 1991. *The Reflective Practitioner*. 2<sup>nd</sup> Eds. San Francisco: Jossey Bass.
- Spiegelberg, H. 1965. *The phenomenological movement: A historical introduction*, Vols 1 & 2, 2<sup>nd</sup> Ed. The Hague:Nijoff. Cited in Streubert, H. and Carpenter, D. 1995. *Qualitative Research in Nursing. Advancing the Humanistic Imperative*. Pennsylvania: J.P. Lippincott Co.
- Streubert, H. and Carpenter, D. 1995. *Qualitative Research in Nursing. Advancing the Humanistic Imperative*. Pennsylvania: J.P. Lippincott Co.
- Sumsion, J. 2000. Facilitating Reflection: a cautionary account. *Reflective practice*.1 (2),199-214.
- Todres, L and Wheeler, S. 2001. The complementarity of phenomenology, hermeneutics and existentialism as a philosophical perspective for nursing research. *International Journal of Nursing Studies*. 38:1-8
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting. 1986. *Project 2000: A New Preparation for Practice*. London: UKCC.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999. *Fitness for Practice*. London: UKCC.
- Wheeler, S. 1992. Perceptions of child abuse. *Health Visitor*. 65, 316-319.



Wong, K; Kember, D.; Chung, L; and Yan, L. 1995. Assessing the levels of student reflection from reflective journals. *Journal of Advanced Nursing*. **22**, 48-57.

11<sup>th</sup> March 2002.

Dear Iain,

Re: Proposed PhD Study entitled 'Learning through the utilisation of reflective processes: a phenomenological study to explore the lived experience of final year nursing students'.

I am writing to formally seek your permission as the Head of the Nursing Academic Group, to approach and interview final year, adult branch nursing students about their experience of learning through reflective processes.

I intend to recruit approximately 8 to 12 IHCS nursing students from Action Learning Groups which I have not taught during the last year, ensuring that I am not involved in the academic nor practice assessment of any of the potential respondents. Interviews and recruitment will be managed within IHCS and will not involve any NHS staff or premises. Interviews will be arranged for a mutually convenient time and venue, and should not take longer than one hour each.

When discussing learning it is possible that respondents may disclose individual patient/client information. I will ensure that any patient/client related material is anonymised and that the care or treatment of any clients/patients will not be affected by this study.

I enclose the recruitment and participant information sheets for your perusal, and look forward to a favourable response.

Yours sincerely,

Karen Halliwell  
Lecturer in Primary Care  
R113; ext.4160



# MEMORANDUM

*Institute of Health and Community Studies*

**TO:** To Karen Halliwell  
Lecturer in Primary Care  
R113

**FROM:** Iain Graham  
Professor of Nursing  
Development and Academic  
Head of Nursing and Health  
Visiting

**cc:**

**REF:** IG/SA/6354

**DATE:** 20 March 2002

---

Dear Karen,

**Re: Proposed PhD Study entitled 'Learning through the utilisation of reflective processes: a phenomenological study to explore the lived experience of final year nursing students'.**

Thank you for your letter of 11<sup>th</sup> March 2002. You have my permission to approach and interview final year, adult branch nursing students about their experience of learning through reflective processes.

Please consult with Jane Reid and appropriate Pathway Leaders. I also assume you have necessary ethics approval.

Good luck,

Kind regards,

*S. Andrews*

Professor Iain Graham  
PhD, M.Ed., MSc, BSc, RN  
Professor of Nursing Development  
and Academic Head of Nursing and Health Visiting

18<sup>th</sup> April 2002.

Dear Jane,

Re: Proposed PhD Study entitled 'Learning through the utilisation of reflective processes: a phenomenological study to explore the lived experience of final year nursing students'.

I am writing to formally seek your permission as the September 1999 Advanced Diploma Course Leader to approach and interview final year, adult branch nursing students about their experience of learning through reflective processes.

I intend to recruit approximately 8 to 12 IHCS nursing students from Action Learning Groups which I have not taught during the last year, ensuring that I am not involved in the academic nor practice assessment of any of the potential respondents. Interviews and recruitment will be managed within IHCS and will not involve any NHS staff or premises. Interviews will be arranged for a mutually convenient time and venue, and should not take longer than one hour each.

When discussing learning it is possible that respondents may disclose individual patient/client information. I will ensure that any patient/client related material is anonymised and that the care or treatment of any clients/patients will not be affected by this study.

I enclose the recruitment and participant information sheets for your perusal, and look forward to a favourable response.

Yours sincerely,

Karen Halliwell  
Lecturer in Primary Care  
R113; ext.4160





Karen Halliwell  
Lecturer in Primary Care  
Royal London House  
Bournemouth

18<sup>th</sup> April 2002

Vice-Chancellor:  
Professor Gillian L Slater  
MSc MA DPhil CMath  
FIMA FRSA

**Institute of Health  
& Community  
Studies**

Head  
Angela Schofield

Dear Karen

Thank you for your letter dated 18<sup>th</sup> April outlining your proposed PhD Study entitled 'Learning through the utilisation of reflective processes: a phenomenological study to explore the lived experience of final year nursing students'.

I am happy to grant permission for access to members of the September '99 cohort. I understand that your processes for interviewing and recruitment of students will be managed within IHCS will not involve any NHS staff or premises. I would be grateful if you could confirm if you intend utilising any administrative support to secure access and the means by which you intend recruiting your sample.

I have your information sheet regarding taking part in research and I am happy that you have addressed all the issues relating to student confidentiality and consent.

If I can be of any further support to you please do not hesitate in contacting me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jane Reid', written over a light blue horizontal line.

Jane Reid  
Course Leader September '99  
Head of Adult Nursing Programmes



Jane Reid  
Head of Adult Nursing Programmes  
Bournemouth House  
Bournemouth

1<sup>st</sup> May 2002

Vice-Chancellor:  
Professor Gillian L Slater  
MSc MA DPhil CMath  
FIMA FRSA

**Institute of Health  
& Community  
Studies**

Head of School  
Angela Schofield

**Dear Jane,**

Re PhD study

Thank you for your letter dated 18<sup>th</sup> April in which you grant me permission to access nursing students in the September 1999 cohort. You asked me to clarify if I intend to utilise any administrative support and how I will recruit my sample.

I can confirm that I do not intend to request administrative staff support. for the project.. Purposive sampling of the Action Learning Groups will be undertaken and I intend to seek access to groups of students via the relevant ALG tutors.

Should you require any further clarification, please do contact me.

Yours sincerely

**Karen Halliwell**  
Lecturer in Primary Care



**Information sheet 1**

**Taking part in research**

**Title of project:** Learning through the utilisation of reflective processes: a phenomenological study to explore the lived experience of final year nursing students.

**Name of researcher:** Karen Halliwell

You are being invited to take part in a research interview that will contribute to a PhD project being undertaken at Bournemouth University. I hope that this information will help you decide whether or not to take part. Please take time to read the information carefully and please make contact with me if there is anything that you do not understand or wish to discuss further.

1. You may or may not receive any direct benefit from taking part in the study. However; information obtained during the course of the study may help us to understand better the experience of learning through reflective processes, which will hopefully inform future learning and teaching strategies.
2. It is up to you to decide whether or not to take part. If you do decide to take part you will be given a further information sheet and a consent form. Even if you decide to take part, you are free to withdraw at any time, without giving a reason. This will have no affect on your academic or professional studies.
3. All of the information collected during the course of the study will be kept strictly anonymous. The study report will not identify you.
4. Information for the study will be collected via a one-to-one interview, which will be arranged for a time that suits you. You will be asked to describe experiences you have had of learning through reflection. As reflective learning is often triggered by significant events, every effort will be made to ensure that the interview is managed sensitively and appropriately.

Thank you for reading this information sheet. If you are willing to participate, please return the reply slip below to me via the internal post. Many thanks

Karen Halliwell  
Lecturer in Primary Care  
Room R113  
Extension 4160

To: Karen Halliwell, Room R113

I may be interested in taking part in this study, please make contact with me;

Name:

Contact address

Contact number



Karen Halliwell  
Heron House Room 401b  
Tel: (46) 4756

29.11.02

Dear

Thank you for expressing an initial interest in taking part in my research study. I enclose a second information sheet that I hope will further explain the project and a consent form.

If you are willing to go ahead with an interview, please sign and return the consent form to me in the enclosed envelope and I will contact you to arrange a convenient time and venue. I expect that the interview will take about half an hour to an hour of your time, and will focus on your experiences of learning through reflection. If possible, I would like to arrange to do interviews in December and early in the new year.

If you have any queries or concerns, please do not hesitate to contact me on the number above or via email: [khalliwe@bournemouth.ac.uk](mailto:khalliwe@bournemouth.ac.uk)

I am very grateful for your enthusiasm for potentially participating in this study and I look forward to hearing from you soon.

Yours sincerely

Karen Halliwell

## Information sheet 2

### Taking part in research.

#### *Title of project*

Learning through the utilisation of reflective processes: a phenomenological study to explore the lived experience of final year nursing students.

#### *Purpose of study*

This study aims to explore nursing students experience of learning through reflection. Better understanding of the nature of learning through reflective processes may help nurse educators to further support reflective learning and the development of professional nursing practice.

#### *Why have you been approached?*

As a third year student nurse you are likely to be used to using reflective learning processes. The study seeks to explore the experience of learning through reflection with a randomly selected group of students from final year Adult branch nursing students.

#### *Who is organising the study?*

The study is being undertaken as part of a higher degree (PhD). Karen Halliwell is the sole researcher and project manager. It is envisaged that the interviews will take place between May and July 2002, and that the research report will be completed during the 2004/05 academic year.

#### *What happens if you take part?*

You will be invited for an informal, confidential interview at a convenient time and venue. If you agree to be interviewed, the interview will be recorded and the audiotape transcribed. The interview is likely to take about half an hour, but may be longer. Your interview transcript will be analysed, together with the others, in order to identify themes and issues.

#### *Confidentiality.*

Any information that would identify you or others will be made anonymous. Data will be held in a locked cabinet. Only the researcher (Karen Halliwell) will be able to access or use the data. All of the interview tapes and transcripts will be destroyed at the end of the study.

#### *Disadvantages or risks of taking part*

You will be asked to describe experiences you have had of learning through reflection. As reflective learning is often triggered by significant events, you may decline to discuss particular issues or terminate the interview without reason. Every effort will be made to ensure that the interview is managed sensitively and appropriately.

#### *Possible benefits of taking part*



Reflecting on an experience may enable you to gain new insights or learning about that experience. This study aims to better understand the experience of learning through reflection, and your contribution will provide valuable insight into that phenomenon. Better understanding of the nature of learning through reflective processes may help nurse educators to further support future reflective learning and the development of professional nursing practice.

#### *Results of the study*

The study will be submitted to the Institute of Health and Community Studies, Bournemouth University. It is hoped that the findings will be further disseminated to the wider nursing and academic communities via publication and conference presentations.

#### *Contact details*

If you have any concerns or queries, please do not hesitate to contact me;

Karen Halliwell  
Royal London House (R113)  
Telephone number - 01202 504160  
email - khalliwe@bournemouth.ac.uk

*Thank you for reading this information*

**Consent form**

**Title of project:** Learning through the utilisation of reflective processes: a phenomenological study to explore the lived experience of final year nursing students.

**Name of researcher:** Karen Halliwell

1. I can confirm that I have read and understood the information sheet for the above study.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without my studies or legal rights being affected
3. I am willing for the interview data to be used by the researcher and for the results to be written up and potentially published, but understand that strict anonymity will be maintained.
4. I agree to take part in the above study.

**Name of interviewee:**

**Date:**

**Signature:**

**Researcher:** Karen Halliwell

**Date:**

**Signature:**

**One copy to be retained by the interviewee, one to be retained by the interviewer**



Room 401b  
Heron House  
10 Christchurch Road  
Bournemouth  
BH1 3NN  
01202 464756

1<sup>st</sup> September 2003.

Dear

Having now discharged all of my responsibilities as ALG tutor to the group, and whilst you are still Bournemouth University students, I'd like to ask you to consider participating in my research project.

Many of you stated in your Portfolio Unit assignment that you felt that you had learned through reflective processes over the last few years, so I am asking if you would consider describing these experiences to me in a taped interview. I would ask you to describe your experience of learning through reflective processes, this does not require any in-depth knowledge of reflective models, nor any analysis of the experience. I enclose Information sheets 1 and 2 to explain the study, and if you choose to participate, I will ask you to sign a consent form at the beginning of the interview. Unfortunately interviews cannot be conducted on NHS premises, so I will seek an appropriate room at the University, or another convenient site.

Please do not assume that other members of the group will volunteer. Your unique experiences and insight are really valuable to me and I would like to interview any of you who feel you have experienced learning through reflective processes.

I understand that you all have considerable pressures on your time, but I would really appreciate it if you could spare me approximately an hour of your time to be interviewed over the next few weeks. If you would like to participate (or clarify any issues) please contact me at the University (464756), on my home number (488326), or via email: [khalliwe@bournemouth.ac.uk](mailto:khalliwe@bournemouth.ac.uk) to arrange a convenient interview time.

Regardless of any participation in this study, I'd like to wish you a smooth transition to your staff nurse role, and very best wishes for the future!

Karen Halliwell

## Transcript 1 - 7.8.02

**K** *I really appreciate you coming this afternoon as um we talked about in the letters I sent you I'm interested in your experience of learning through reflection. Is that an experience that you feel you've had?*

**1 S** *Yes, yes I've felt that I have and I've done some,*

**2** *you know we have to do 3 for our portfolio each year. I've done a few extras, um, because its sort of especially in situations, not just bad situations, but good situations at the end of placements,*

**3** *I wanted to evaluate placements, I've included reflections in my portfolio and things.*

**4 K** *So is there something in particular that you'd like to focus on, an experience where you feel you have*

**S** *states that she has had the experience of learning through reflection*

**S** *has used reflective processes more often that formally required for coursework to explore both positive and negative situations which arise in the clinical setting*

**S** *has used reflective processes to evaluate clinical placements in addition to the reflective pieces that are submitted as coursework*

**1-3 S** *feels that she has used reflective processes to learn from both positive and negative experiences through formal academic work and as a personal learning and evaluation tool.*



*learned through reflection?*

5 S Um yes, probably. I mean with one particularly. There was a cardiac arrest and um it was when I first , I was in Semester 5 and I was supposed to manage this bay of patients and it was one of my patients that went into cardiac arrest and although everybody took over, it was quite nice

Early in the third year of her nurse training S was expected to be solely responsible for the care of 6-8 patients. One of these patients arrested and S found it reassuring that other members of the ward team took over the care

5-7 S describes an incident that occurred during the third year of her preparation programme where one of the patients in her care arrested. S found the experience stressful as she was frightened that she would be asked to assist in the resuscitation. The staff nurse enabled S to assist with procedures that were within her competency.

6 but I was very frightened of being asked to do something, so I found the whole thing quite stressful.

S expresses fear that she might be asked to do something outside of her competency and found this experience stressful

7 Um, because I was scared that I was going to be asked to do something I didn't know what to do and um, eventually they did include me in it but only, but obviously the staff nurse was very good and he just sort of gave me as much to do as I needed to do

Although S is expressing fear she does want to be involved and the senior nurse delegates tasks that are within her competency.

8 and then halfway through they sort of decided that this lady wasn't for fives and everything stopped and I found

In the midst of the resuscitation the resus team discontinued the attempt.

8-11 S felt distressed that in the midst of the resuscitation procedure the attempt was discontinued. Unfortunately there was



that....

9 so afterwards there wasn't an awful lot of follow-up from the staff and I was just sort of left to get on with the rest of the day and I found it sort of quite distressing

S acknowledges that she was distressed after this experience and that none of the ward staff discussed the incident during the rest of the shift

no opportunity to reflect on the implications of this experience with her colleagues so S used a variety of reflective processes to unpick and better understand her own emotional reaction to the experience. S identified that her initial fear of being involved in the resuscitation stemmed from her own perceived lack of knowledge and practical skill, but she also felt that as no reflective/debriefing space was offered, that she should have requested some in order to help her understand the situation and her reaction to it.

10 and so that was the one I thought I must really sort of think it but when I actually sat down and wrote it down I sort of realised that it was really my sort of lack of knowledge that terrified me, probably initially

The disquiet S felt led her to formally utilise a reflective model to identify that her principle concern was her perceived lack of knowledge

11 but secondly it would have helped if I had had somebody to talk it through and so maybe I should have just gone and asked and said you know, I was a bit unnerved by all this, you know.

S states that she feels she should have been more proactive expressing her disquiet and requesting a debriefing/reflective session/conversation

12 So yes that was one that I drew on but another one was, the same placement but the end of the placement and I thought that I had done really well and therefore I did a, I thought I'd made quite a step in my own development. I was managing and I was coping very well, and sort of analysing, prioritising, that sort of thing,

S states that she has also formally reflected on positive experiences where she feels she has performed well and demonstrated the skills required by an RN

12-21 S notes that reflective processes are often used to analyse negative experiences but s utilises reflection to analyse positive experiences particularly those when she feels that she has demonstrated skills and ability commensurate with those expected of an RN. Halfway through her final year, S felt that with the exception of one very challenging incident, most of her significant



practice based experiences were positive in nature, and found that reflection on these experiences enhanced her professional confidence.

13      cos I think certainly when I started doing them you tend to look negatively with these things always negative you know, any feedback is  
S states that she has found that reflective processes are often used to analyse negative experiences and

14      always negative and um I just thought, I just wanted to do something a bit positive as well.  
she feels that she wanted to analyse more positive experiences

15      K      *Excellent, so is there one of those you would like to focus on in more detail?*

16      S      One of those, what the negative one or positive?

17      K      *Either, either of those that you just described, started to describe..*

18      S      Um, probably going on the positive one. I had to, the three critical incidents for my year, and everything had been fairly good apart from the one I was terrified through the cardiac arrest, everything had been pretty good, so I thought well I'll do about that and I do feel that I've made a sort of step forwards  
S states that the academic requirements of the course demand the submission of at least 3 reflective analyses of practice based incidents each year, and as S had had a largely positive year with the exception of the critical incident referred to above, she felt it appropriate to analyse some positive experiences.

19 whereas and it did seem that I'd left that placement feeling as though I know what I am doing you know, and I don't know, it wasn't as though I knew what I was doing, just I knew I wasn't going to make a mistake, that would affect anyone seriously you know

20 K yup

21 S the odd sort of hiccup, but nothing that was going to be dramatic

22 and um so I used, I can't remember, Driscolls I think it was because I quite like the longer ones, I know Gibbs is sort of quite popular but the Driscolls and the Johns tend to pull more out of me personally if I sort of work through it, and

23 um you know it helped me to sort of evaluate, concentrates the mind actually,

24 because I think yes, with the reflection thing although it can be quite obtrusive

25 and because you're aware because it's

By the middle of her final year S was confident that she could practice safely and competently as a nurse

S states that she finds the reflective models with more detailed reflective cues elicit more comprehensive and useful reflection on practice

S feels that reflective processes help to analyse situations in some depth

S states that at times reflection can be unduly prominent in the course

22 S states that she finds the reflective models with more detailed reflective cues elicit more comprehensive and useful reflection on practice

23-24 S states that although reflection can be unduly prominent at times during the programme, she has found reflective processes helpful when she has wanted to analyse her experience in some depth

25-26 S states that it is difficult to be



being marked someone else is looking at it so sometimes you think I can't put that you know, but um, so I'm a little bit aware and also I was quite aware that one evaluation I did at the placement if I'd gone for a job interview there or something I'd have to remove it because it was a bit derogatory towards them,

S feels that it is difficult to be entirely honest in academically assessed reflective work as situations and people described might be recognised by the reader

entirely honest in academically assessed reflective work, and that submitted work may be sanitised to protect the personal vulnerabilities and the realities of other practitioners professional practice

26 so in some ways you tend to police them yourself which probably isn't that good. I think some things are better just kept to yourself if that make sense

S suggests that being aware of the readership can mean that students edit/amend the descriptions of incidents or choose not to share incidents where their vulnerabilities may be exposed.

27 K *It does yes. You're picking up quite a lot of issues, it sounds like there's an awful lot going on here*

? sanitised academic submissions of practice based experiences

28 S I find it does empty the soul, you can empty the soul out onto this piece of paper, but then, which is fine if its only you that's going to read it, it does help process those thoughts

S finds that reflective processes are particularly valuable if the analysis remains private

28- 29 S identifies a tension in academic reflective writing between honesty and openness and the need to be self-protective of the personal practice scrutinised by the markers. S suggests that her private reflective analysis tends to be more valuable than potentially sanitised

29 but if its going to be policed by someone else then it defeats the purpose of it

S questions the value of reflective work that is scrutinised academically suggesting that the student may have sanitised the descriptions of the events which devalues their learning potential

public accounts.

30 K Yeah, ok -so if you want to focus on the positive experience?

31 S the positive experience

K and just describe what happened

32 S Oh what happened, yes. Um it was coming towards the end of the placement and I'd had my evaluation and I had this group, it was an acute admissions placement and I had six to eight patients there and I was taking them, managing them, a mixture of cardiac and respiratory and oncology patients, and sort of like the melting pot and then they'd, before they were dispersed and um,

S states that having achieved her placement objectives she was delegated the responsibility to care for a mixed group of acutely ill patients.

32-34 S describes an experience near the end of her training when she was delegated the responsibility for the care of a mixed group of acutely ill patients. S expressed satisfaction that she was able to identify and meet the needs of the patients in an appropriate way. The act of writing an analysis of the event enabled s to acknowledge and celebrate her professional skills and enhanced her professional confidence.

33 I sort of coped with all sorts of eventualities and prioritising who was in more need and the like RSU was it really necessary at this point because

S expresses satisfaction that she was able to meet the patients needs in an appropriate way



that was happening

34 and it was just a feeling of confidence that I got and I just sort of felt that yes, I'll put that down because it was a real learning curve for me that placement and um it was nice to be able to see it in print you know.

Reflective processes enabled S to acknowledge her professional skills and this enhanced her confidence in her professional skills

35 · K *Absolutely, so what was it that you learned from that experience?*

36 S What did I learn. I learned how to manage, and I managed calmly, not into panic mode.

Reflection on the experience enabled S to recognise her ability to act as a responsible nurse

36-39 Reflection on this experience enabled S to confirm her ability to act in an autonomous manner, relying on her own judgement and skills, commensurate with the professional actions of a registered nurse. S acknowledged that this validation of her professional skills was pleasurable and enhanced her confidence.

37 We have this sort of handover sheet don't we. We get this handover sheet and you sort of stick to it like the letter of the law but the placement was so busy that it was the first day that I didn't have time to keep updating this handover sheet so it was in my head,

S recognises that she can rely on her own judgement and skills to manage a group of patients

38 and this first couple of times I thought God I'm going to forget everything and then I realised that I wasn't forgetting anything and that I was managing and then the handover sheet was OK, just to remind me who was who but actually

S recognised that this experience confirmed for her, her ability to act in an autonomous manner commensurate with the professional actions of a registered nurse

what needed to be done was in my head and I didn't forget anything and

39 it was just a really nice experience really, which was really quite good - I knew I could cope with everything

S found this to be a pleasurable and confidence building experience

40 K So there are lots of things in there that you think you've learned, can you identify how you learned them?

41 S How did I learn them - my mentor

42 K *What role did she play in your ...*

41-47 S states that her practice mentor greatly assisted her learning, s perceived her to be a positive role model who enabled s to work independently with minimal guidance offering constructive feedback when required.

43 S She was very calm, she was very quiet, very organised and probably my personality is that I'm quite organised anyway, so we gelled quite well, but I think its quite important that mentors, that you have someone you can look up to and yes if I'm going to be a nurse I'd quite like to be one like that you know, and I think that really helped as well

S recognises that she shares some personality traits with her role model S perceives her mentor to be a positive role model for a professional nurse

44 and she didn't um, over praise me but she didn't criticise me either, you know. I just knew when we were doing things, S states that the mentor offered constructive feedback about her clinical performance



she'd say have you done so and so things and I'd say , I've already done that you know, and it just sort of went,

- 45 then she wasn't saying anything at all, S's mentor enabled her to work just let me go on my own really and that independently with minimal was fine and occasionally she'd say, oh guidance you just need to do this a bit differently.
- 46 So it was definitely my mentor, I think S feels that her mentor supported who gave me the confidence to go, the growth of her professional confidence
- 47 it was probably her personality she was S admired the professional qualities so calm and even if everybody was of her mentor and recognised that flapping around her she was sort of very she wishes to emulate these calm through it all you know and made qualities in her own practice me realise that rushing around and turning blue didn't get the job done any faster
- 48 K Or any better perhaps!  
S No
- 49 K OK thank you for that I have a good understanding of the whole process  
Could you tell me in more detail about the cardiac arrest?

S The cardiac arrest - what happened?

K *Paint the picture?*

50 S The lady had gone down, it was in the afternoon and I was coming on the afternoon shift, my mentor, she actually , she'd been there its a 12 hour, 14 hour shift, so she'd gone off to lunch, I was coming in on the afternoon so that 's the bay , I'll be back in half an hour and this lady has gone done for a CT scan, and I said OK then,

S arrived on the ward as her mentor left for a break and she was delegated the care of a bay of patients, one of whom had left the ward to undergo an investigation

50-51 S describes a second experience that occurred when she was delegated the responsibility for the care of a bay of patients, one of whom was away from the ward undergoing a CT scan. On her return to the ward the patient unexpectedly suffered a cardiac arrest.

51 and um, then as the lady was being brought back into the ward she went into an arrest you see.

As the patient returned to the ward she arrested

52 So I pushed her back, and I think the only thing I remember was I remember taking the back of the bed off, and I remember drawing the curtains around and someone else had gone to get the crash team and I remember getting the obs machine

S states that she remembers doing a number of the tasks that need to be done in this kind of situation

52-53 Retrospective analysis of the event has led S to consider that she acted instinctively, knowing what to do without having to think what to do. She remains unsure about what influenced and shaped her knowing.

53 and I don't even remember why I

S feels that she knew what to do



remembered doing all that, because I had never done it before, so how I knew how to do all that, maybe from the university I don't know or maybe something automatic but it just sort of went in..

without knowing what to do, and is unsure what influenced her knowing

54 and um then there were sort of lots of people around and then the crash trolley arrived,

S recalls a number of people arriving to help

55 and that was my panic mode. Oh God don't let anyone ask me to do anything you know, because this is awful and um,

S was scared that she would be asked to contribute to the care

56 but one of the senior staff nurses, he came over and started putting a line in and it was only like putting the sticky bit on and that sort of thing

S found that the expert practitioner only asked her to undertake procedures that were within her competence, and S found this reassuring

57 but he was telling me exactly what was happening and what every body was doing which was really nice, you know and he was telling me, which was amazing because he was all part of the operation yet he was still managing to tell me, I mean that's wonderful really isn't it I mean, how good's that?

S expressed amazement that the senior nurse was able to coordinate the emergency whilst giving direct care and tell S what was happening as it occurred

54-57 S recalls that a number of experienced staff arrived to help and s remembers feeling a sense of panic that she would be asked to contribute further to the resuscitation procedure. The senior nurse asked S to contribute within her level of competence and S was struck by the advanced skills of the senior nurse who coordinated the emergency whilst giving direct care and explaining to s what was happening.

58 And um but they took this blood from this lady's femoral artery and sent it off for analysis and at the same time they were waiting for the... and they were saying that lets wait for the CT results because I'm not sure if we need to keep going through this,

59 and then eventually the, it must have been 20 minutes, eventually they came back again and they managed to revive the lady,

60 but it was sort of very borderline really and then they just said no, just leave it, the relatives are on their way and someone's gone out to have a word,

61 and then they just said, oh no we're not going to, she's not for 5's now and then they just packed up and everybody left and we moved her to a side room and it was just very strange that everything was sort of mad panic and then everything went

As the patients prognosis and condition was unclear S observed the team further assess the patients condition by taking blood samples

S observed the team continue with a successful resus procedure for a significant length of time until the CT results were available

S observed the team make the decision to discontinue active resuscitation and a team member discussed this with the patients relatives

S states that resus was discontinued the decision was made not to attempt further resuscitation. The resus team left and the patient was moved to a more private part of the ward  
S noted that the attempt to resus stopped immediately, equipment was removed and the sense of urgency diminished

58-61 The resus attempt continued whilst the team assessed the patients condition and gathered the results of recent investigations. Analysis of this data led the team to make the decision to discontinue active resuscitation. S was struck by the abruptness of the discontinuation and how the sense of drama and urgency diminished quickly.



- 62 and although I don't have or didn't think that I had issues with euthanasia and all of a sudden I realised that I did  
 S recognised that she felt uncomfortable that active treatment was being withdrawn and that she was part of the team responsible for that decision. S felt that the decision to withdraw active treatment would ultimately lead to the patients death, and she had to consider the reality of the ethics and morality dilemmas associated with end of life decisions.
- 63 and it was almost like euthanasia through the back door a little bit and that it was just like that decision, I don't know it was a lot of things,  
 S recognised that this experience had many facets, but was struck by the human experience of the patient and her relatives
- 64 a lot of things all went on and I just saw this lady there and her relatives were at her side and everybody was um...  
 S acknowledges that she was upset, but she stoically carried on with nursing other patients
- 65 but I bit my lip and got on.  
 S had an expectation that all of the other patients in the bay would recognise the urgency and seriousness of Pt 1's needs and put these above their own regardless of the other patients ability to do so.
- 66 And then there was this patient next door um behind the curtain and she had this borderline personality disorder, and um she quite liked this attention seeking, negative or otherwise and she dear thing, and all the time this was going on she was saying but I need the commode, but I need the commode, and it was really sort of a strange situation, that she was playing up as  
 S had an expectation that all of the other patients in the bay would recognise the urgency and seriousness of Pt 1's needs and put these above their own regardless of the other patients ability to do so

well, and it , well not playing up as well and it, well not playing up just being herself, but obviously she didn't understand the ramifications, and if she had, probably with her personality, wouldn't have been too bothered anyway.

67 So the whole situation was quite bizarre really, yeah and um it all sort of calmed down and then a bit later just turned into a normal shift, which was very strange.

S found it strange that after all the drama of the morning the rest of the shift settled back into its expected pattern

67 S found it strange that after all the drama of the morning the rest of the shift settled back into its expected pattern

Laughter

68 K *So could we slow this down a bit, can you tell me what you learned from this experience?*

69 S I think that through all of it its just my, probably my whole fear was through lack of knowledge, I didn't, I was in a situation, I didn't know anything about particularly.

S was worried that she didn't know what to do

69-71 Although S had been prepared through simulations and the use of resuscitation dummies, she had never faced the clinical reality and she had been worried that she would not know what to do. On reflection S felt ill-equipped to deal with this situation which was out of her control and experience

70 I knew the fundamentals but I didn't know anything of any...

Although S had been prepared to deal with this type of situation she had never faced the clinical reality

71 and probably overriding that that was

S was concerned that she would not



the sort of things that I sort of felt inequipped to deal with and the whole situation

be able to do what she needed to do

72 and then secondly it was just the fact that this lady was just going, although I had dealt with people who've died and I was in care work before I started my nursing and I had coped with that, I hadn't been involved ever in that decision, that you're going to let nature take its course, you know, and I haven't been involved in that decision

Although S had worked with a number of dying patients, she had never been involved in the decision to withdraw active treatment before.

72-73 S recognised that for the first time she had been part of a team making the decision to discontinue treatment and that decision would hasten a patient's death. She felt she had been exposed to the full human implications of a do not resuscitate decision for both herself as a practitioner and the impact that decision has for the patients and relatives

73 and wasn't involved in that one, but I was aware of it, it was in front of me, and it wasn't something I'd ever really thought about, you know. I'd marked my handover sheet somebody's not for fives but had never really thought in any depth about the implications of what that meant to the person in front of me or those people sitting over there whose mother it was you know, and it was just sort of in my face really

Although S was not directly involved with the decision to withdraw treatment she was very close to the situation, and recognised her need to consider what this meant for herself and the patients relatives

74 K *What does it mean for your future practice in that kind of situation?*

S If I was probably a nurse who

Having had this experience, S

74 S felt that she had learned the need to

- was involved in that situation I'd probably be sensitive to that situation, I'd probably be sensitive, not that I'm saying that I wouldn't be sensitive, but I would be sensitive
- recognises the need to be particularly sensitive to the needs of the individuals involved
- be particularly sensitive to the needs of individuals involved in similar situations in the future
- 75 and I would also be aware that I would be quite emotional and it would probably wouldn't be a good point to be emotional, because we're dealing with other peoples emotions and so perhaps...
- 76 no I didn't get upset because I can control my feelings very well , but I was upset inside.
- 77 I'd probably deal with it the same way as I did, I dealt with it later. I felt emotional when I got home rather than on the ward. I just carried on doing what I was doing for the rest of the afternoon and it was sort of bubbling away and I dealt with it when I got home
- 78 and probably I'm aware that that's what I need to do in those situations if things are upsetting or distressing then I have to put it on hold for now, and perhaps go
- S acknowledges that she will find these situations emotionally challenging but feels that it is inappropriate to express/demonstrate her feelings to others whilst in her professional role
- S appears to be proud that she did not show her emotions outwardly, whilst acknowledging that her inner self felt hurt, sadness and confusion
- S recognises the need to reflect on her feelings and chooses suppress her feelings during the rest of the shift and to delay that consideration until she is out of her professional role
- S recognises a need to analyse uncomfortable experiences, but feels that this has to be done away from the professional environment
- 75-77 Although S appears proud that she did not display her emotions and distress outwardly during the shift, she acknowledged the need to reflect on her feelings of confusion, sadness and hurt away from the ward setting and her professional role.



home and have a little think about it, reflect later on, yes.

(ref a private occupation)

79 K So is that a word you'd use, when you look at how you'd learned from that process?

S Yes

K Can you say something about....

80

S I think I would say again if its emotional that I realise that this is something that's a problem, that now's not the time, but you know I will set some time, because it's important it's deal with, and I'll set some time a bit later, perhaps when there is more time for it. I'll think about that, that would be how I'd deal with that

S recognises that reflection is often stimulated by a personal emotionally charged response to a situation. Recognising this response alerts S to the need to make some time in which to explore those feelings.

80 S has learned that her reflection is often stimulated by a personal emotionally charged response to a situation. Recognising this response alerts S to the need to make some time in which to explore those feelings..

K And how does the learning come out of that experience?

81 S The learning - I'm just aware that somebody else, someone you're not involved with in anyway, and in any form emotionally that their lives can affect your life,

S feels that she has learned how her actions impact on others lives

81-82 S observes that in a short space of time, the client changed from being an unknown patient with whom she had no relationship to being immersed in the emotionally charged decision to withdraw





*the learning that comes from books and here and do you feel that it helps you develop learning from the experience you have in practice?*

- 87 S Yes, because I've used reflection I think in the first year we used reflection, semester 2 as far as doing academic work. We did that research thing that I found exceedingly hard to get to grips with to start with and um you know, how do you reflect on doing research you know.
- 88 All it did was make me feel more inadequate than I already felt and um it wasn't really a very sort of positive...  
and maybe reflection grows with practice,
- 89 actually come to think about it, because I know at first, especially when I was trying to reflect on anything academic I did, because I found the research so hard to get to grips with, and I wasn't computer literate or anything like that, and um the whole thing was sort of a bit of a nightmare, that actually sort of knocked my self confidence, more than
- 87 Early in the programme, S viewed reflection as academic work.  
S feels that ref was introduced as an academic process
- 88-90 S found that early experiences of reflective processes undermined her confidence and were generally negative, but she found that the ability to reflect meaningfully developed with practice.  
S found that this experience undermined her confidence and was therefore a negative experience  
S feels that ref is a skill which can be learned and practised  
S found all of the elements of academic work hard at the beginning of the course which adversely affected her self esteem

anything

91 K *You said something really interesting there - that perhaps reflection comes from practice*

S Yeah

K *Could you expand on that?*

92 S yes, yes the fact that the more you reflect the better you get at it, the better you get at analysing what you're thinking you know.

S acknowledges that reflection is skill based and improves with practice. S is better able to challenge her own thinking now than she was earlier in her prep programme

93 You can think these things but there's layers to it so when you first sort of think about it, if it's the first time again, I'd sort of say um - I found it really difficult to access the BNI because I didn't know what the BNI was. When I got there in front of this machine I still didn't understand this, these appendices that came up and then I couldn't find the articles, and then I got really frustrated and um would have left it and then I would have thought initially because I'm useless., I can't understand it, it's just

When considering how to access relevant information for assignments, S recognised through trial and error that there was a process that she needed to understand and utilise

91-94 S likens learning through reflective processes to unpeeling an onion, seeing one layer and knowing there's another to consider underneath to deepen the analysis



because I don't know how to work this thing,

94 so I would go down another layer so perhaps practising reflection you learn to peel off the layers you don't take it at face value any minute

By thinking the problem through she was able to unpick the process and understand the detail of the problem

95 or maybe its what I mean about Gibbs because Gibbs is very easy and everybody goes lets go and do Gibbs because that's easy there's only three questions or six questions at the most, you can get through it but,

S refers to a commonly used reflective model which she acknowledges looks simple and quick to use

95-97 S prefers to utilise a reflective model with challenging cue/prompt questions recognising that they have the potential to deepen her analysis and understanding, but acknowledging that seeking a deeper understanding demands more time and application.

96 um, whereas if you go with the more long winded one it does actually make you go sort of a little bit deeper each time and analyse that initial feeling cos you know,

S prefers one of the more detailed reflective models as it enables her to analyse the situation in more depth

97 I'm as much of a quickie merchant as anybody else you know, I felt this because but now I tend to sort of think I thought about that, why did I think about that, I'm learning a little bit more,

Although she would like to complete tasks quickly, she recognises that her own learning is important and it takes time to think through situations/actions?

98 but um again you can only do that really if someone else isn't going to read it unless you've got the confidence to let

S comments that she cannot share some of her reflective work unless she is confident that the reader will

98-102 S makes a distinction between personal reflective learning and that shared with others through submitted coursework.

someone else read it, so its not going to affect you in any way

not judge her adversely

S did not wish to be judged adversely so was cautious about the content of her first reflective essays

K Can you say any more about that?

99 S Especially if you, I think if you know someone else is marking your work, doing that it can be, because I'm quite an open person

S is wary of her audience when submitting reflective academic work

100 anyway, its quite a personal thing, quite intimate, my thoughts and reflection,

S feels that much of her reflective work is intensely personal

101 and if someone else is reading it, depending on who it was, I mean I've got a good personal tutor, and I've got a good rapport with her, so I wouldn't mind, but I didn't have initially, I didn't know her well enough at first so I would have been a little bit guarded probably in my first one and certainly in the assignment when I was handing in a reflection for a..and I didn't know who was marking it, you probably wouldn't, yes

Although S has grown to trust her personal tutor, she was wary about what she presented to the potential audience during the early part of her course

102 I would be quite cagey about what I was writing because I would feel maybe it would affect my mark or it would affect

S did not wish to be judged adversely, so was cautious about the content of her first essays



my essay yeah

103 K *It seems as though you are suggesting that there is reflection for self and reflection for academic outcomes, are they different?*

104 S Yes - because reflection for academic outcomes you're getting that mark, you're aware you're getting that mark, aware that you've got to pass that assignment, otherwise you'll be resitting it,

105 um reflection for self is about developing you, that's very much understanding who you are because

106 unless you understand who you are, and also understand what you are capable of, how can you possibly expect to go in there and be accountable for what you are doing?

K *So for you - how do you learn from reflection?*

107 S acknowledge my weaknesses, that's not especially, its not always an easy thing to do, acknowledge your

For S, reflection in academic work is about presenting a piece of work that is likely to meet the required outcomes

104 For S, reflection in academic work is about presenting a piece of work that is likely to meet the required outcomes

Reflection for own learning is about understanding and developing self

105-108 S feels that the skills of learning through reflective processes enhance understanding, self development, recognition of self potential and professional accountability.

S feels that in order to be fully accountable for her professional work it is important to understand self and self potential

Reflection enables S to acknowledge and identify areas for professional development

weaknesses, but as I've learned through my training,

108 I've learned to acknowledge my strengths, I'm not so hard on myself whereas initially I probably was a bit you know.

S also uses ref to celebrate the things she does well

109 Also, its quite, its a terrible thing to say, but when you first start this reflection in the first year, you're told how everything should be done, you know you should be doing this, you should be doing that and then you're put into a nursing home or your first ward whatever,

S makes an interesting comment that in the first year of the course the Uni are presenting the 'correct' way of doing things, and this is often in conflict with the clinical practice witnessed by students.

109 S makes an interesting comment that in the first year of the course the Uni are presenting the 'correct' way of doing things, and this is often in conflict with the clinical practice witnessed by students.

110 and certainly when it first came over to us, this idea of reflection it felt as though you were telling tales, you know, go to your placement, come back and reflect on something, some staff nurse of some HCA had done that they shouldn't have done, you know, and it felt like telling tales out of school and it really wasn't about yourself particularly it was almost like reporting on the place you had been to one day a week or whatever.

S feels that because the students lack confidence in discussing their own direct experiences they tend to consider the performance of others as the topic of their reflective work. S states that this feels like 'telling tales' about the staff in clinical placements

110-112 S feels that because the students lack confidence in discussing their own direct experiences they tend to consider the performance of others as the topic of their reflective work. S states that this feels like 'telling tales' about the staff in clinical placements

Certainly in my tutor group that was what came back, it was sort of everyone reflected on something that the staff



nurse had done or this HCA had done and it wasn't about what you'd done

111 actually there were very few people who said they were happy to turn round and say actually you know I cocked up, I didn't know how to do that or whatever, I shouldn't have done that, you know,

Only a few of S'S colleagues discussed their personal experiences in ALG

112 I probably did it, I did have one experience, I still think I was right doing it on that one, but on the whole initially I really.

S herself also discussed the actions of others initially

*K So if you're reflecting for yourself, how's it different, how do you reflect for yourself?*

113 S If I've done something that I think I've done fine I would say that is what happened, but this went really well and it went really well because of this, you know, because I did this, this and this it went really well because of that and what am I going to do for the future?

When reflecting for personal learning, S explores positive experiences in order to analyse what the positive features were and how she can utilise them again in the future

113-115 When reflecting for personal learning, S uses ref to analyse and understand situations that did not go well in order to identify her learning needs and decide what how to meet those needs.. Reflection can be a tool for lifelong learning.

114 I can carry on the same but I can build on that

Ref can be a tool for lifelong learning

115 and if its a bad reflection I'd say OK this

S uses ref to analyse and

is what happened and this is what went wrong and why did it go wrong, well it went wrong because I didn't have, lack of knowledge, or I didn't have access to the right people or I was in a situation that was new to me um what am I going to do about it? Then I would try and think of all those things that I should do about it , perhaps get it right, yeah OK.

understand situations that did not go well in order to identify her learning needs and decide what how to meet those needs

116 And I think I maybe also the nice thing towards the portfolio assignment, you get your critical incidents out again and its quite nice to read the ones that you did and just have a little look and think oh, am I still doing that or have I done something different?

The formal academic reflective work has enabled S to chart her progress and development

116 Looking back, the formal academic reflective work has enabled S to chart her progress and development through the programme.

*K Excellent - is there anything else you would like to say about that?*

117 S I think when the idea first came through about this reflection I think you know it was a difficult concept to get to grips with,

S found the concept of reflection difficult to grasp

117 Initially S found the concept of reflection difficult to grasp and the requirement to utilise it boring, but now recognises ref to be a useful process to understand her experiences.

118 it was really sort of like do we really have to do this its a bit boring.

Initially S found the requirement to use reflective processes 'boring'

119 But I personally found its been quite

Now, S finds the processes useful



good for me because its as I say concentrates the mind, makes you sit down and sort of think well,

to focus her thinking

120 I still think its very easy to view other people negatively in situations through the process of reflection um, maybe um yes it is, but maybe before like I say, telling tales out of school, coming back and said oh that staff nurse did this and that HCA did that, now you just think that staff nurse did that but there was a reason why she did that, it could be that she's frustrated with the system and therefore she's behaved you know, she hasn't made an excuse for it but you've understood why you know,

Ref enables S to explore other people 's actions more sympathetically and with more understanding than at the start of the course

120 Reflection has enabled S to explore other peoples actions more sympathetically and with more understanding than at the beginning of the course. for example, S understands that it is difficult for some nurses in clinical practice to update their clinical skills, and although this is not desirable it is an understandable situation

121 or maybe she wasn't up to speed on that because you know she's been at that nursing home for years and she hasn't done anything to update her skills and whatever rather than just say she's a rubbish nurse - not that I would ever say that but you know some would you know - so perhaps understanding other people as well as been quite good.

Ref has enabled S to understand that it is difficult for some nurses in clinical practice to update their clinical skills, and although this is not desirable it is an understandable situation

122 I think the other thing that I thing is that mostly that all the reflections I heard in

S comments that group reflection is often focussed on negative

122-125 S noted that many of her colleagues don't utilise reflective learning

groups is always negative and I think it would be quite nice if people patted themselves on the back sometimes

K Quite

123 S and they are sort of quite negative and um certainly if you're reflecting back in a group of people aren't willing to speak up, to talk about it really, just I suppose a confidence thing maybe

124 or maybe they have got nothing to reflect on, most people don't reflect - I don't know

K *That's an interesting statement*

125 S perhaps I just go and do it perhaps its just me that sits there and has a little think about it -

126 but um no I think the confidentiality bit is a big issue, not so much although if somebody else is policing it that you're aware that they know who you are

experiences, and rarely used to celebrate success

S acknowledges that students needs to feel confident enough to share their experience in group settings

S feels that most of her student colleagues don't utilise reflection as a learning method, considering that some may feel that they have nothing to reflect on

S recognises that she may be one of the few students who use reflective processes to extend her own learning

S feels that it is difficult to maintain the anonymity of the participants in an experience that is being recounted in an academic reflective

methods, many are not confident enough to share their experiences in group settings and most of those that do share tend to share negative experiences rather than celebrating their successes. S recognises that she may be one of the few students who use reflective processes to extend her own learning

126-128 Reflection raises a significant issue regarding the anonymity of participants in the experiences recounted in academic reflective work. S questions



talking about and that's a bit of a worry, piece of reflective work how valuable a sanitised account of an experience (that protects the confidentiality and anonymity of the participants) is for personal learning or assessment purposes.

127 and so therefore you wouldn't be honest with the reflections, so there's no point doing the reflection in the first place unless you can be honest about it

*K Quite*

128 and so confidentiality is probably a big issue, the fact that mostly in my experience people reflect on negative rather than positive you know, its just as easy to go in there and say you know, I had this really good shift and everyone worked really well together and the reason they worked you know, we don't reflect on that, but we tend to reflect on it was a really rubbish shift and everyone was really crabby with everybody else and the patients were like this instead of saying because you do get good days where everyone gets on, and everything goes really well and even if its a bad shift everything seems to come out nice at the end and everything gets done. We tend to focus on that, I think we are very negative actually, a very negative profession I've decided, but then I'm in the middle of an

S is concerned about breaches of confidentiality, the negative focus of much reflective work

eight week block!

K That was really helpful, thank  
you.



Reflecting on Reflection -  
issues for nurse education

Karen Halliwell  
Lecturer in Primary Care  
Bournemouth University  
England

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Current Study

- An exploration of the lived experience of learning through reflective processes
- Final year nursing students
- Descriptive phenomenological method
- Currently interviewing participants
- Trying to understand what it is like to *be* reflective rather than do reflection

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Review of the literature

- Undertaken to:-
- Explore the breadth of contemporary ideas about reflection
- Analyse the depth of the existing literature
- Situate my study

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Is the nursing profession guilty of the largely uncritical acceptance of reflection as a dominant learning and teaching tool?

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The perceived lack of clarity about the concepts of reflection

- "Reflection has no clear or universal definition, an uncertain framework for implementation and is of unproven benefit to the professional practice of nurses"  
Mackintosh 1998;553
- Lack of clarity/inter-changeability of terms

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Lack of clarity.....

- Reflective Practice seeks to publish articles which explore the "different kinds of reflection and the purposes they serve"  
Ghaye 2000

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The lack of a substantial body of evidence to guide the profession on the use or the outcomes of reflective learning processes

- Dearth of evidence to demonstrate whether reflection enhances practitioners ability to nurse or improve patient outcomes

Burns and Bulman 2000

Burnard 1995

Durgahee 1998

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Does an emphasis on reflective learning potentially disadvantage some students?

- Do we assume that all nurses can reflect in a meaningful way?
- Cavanagh et al (1995) found that only 46.3% of nursing students could be classified as having a 'predominantly reflective learning style'

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### Cognitive Development

- Do reflective learning approaches best suit adults who have a wealth of past experiences and an intellectual maturity to cope with autonomy, differing perspectives and shifting ideas?

Garrison 1991

- What does this mean for nurse education?

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## Hindsight bias

- Does the phenomena of hindsight bias affect the validity of learning through reflective processes?

Reese Jones 1995

- Does the reconstructive process of reflection on action alter the objective facts?

Newell 1992

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## Resources

- Time
- Skilled facilitation
- Management and staff commitment

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## Ethical and moral implications

- Imposition of dominant learning/teaching methods
- Confidentiality
- Potential for psychological distress

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Has nursing embraced reflection because it is fundamentally better than other learning approaches, or is reflection a passing fad that will soon be replaced by something else?

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The lived experience of facilitating  
mindfulness and reflective learning in  
pre-registration nursing programmes

Karen Halliwell  
Emma Gunter

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Action Learning Groups

Graham 1995

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'Sage on the stage'

'Guide on the side'

Durgahee 1998

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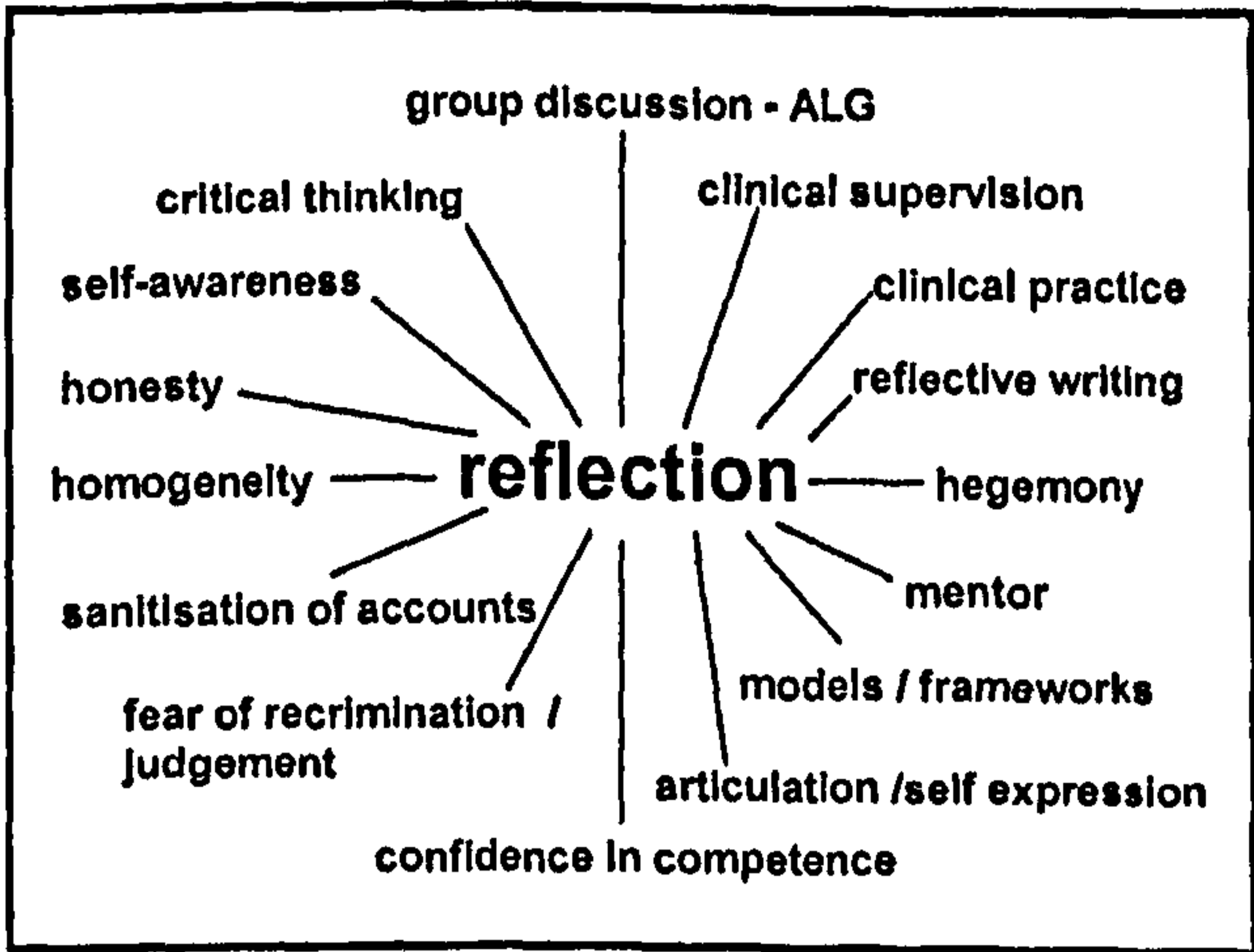
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**Themes**

Personal **VULNERABILITY** within reflective processes

**SANITISATION** of reflective accounts

Role of reflective processes in the **PROFESSIONAL SOCIALISATION** of student nurses

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The reflection thing – can be quite obtrusive (P1)

It actually sort of knocked my self-confidence (P2)

*Vulnerability*

I found (*reflection*) exceedingly hard to get to grips with to start with....all it did was make me feel more inadequate than I already felt (P1)

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Mostly in my experience  
people reflect on negative  
rather than positive (P1)

'It would be  
nice if people  
patted  
themselves  
on the back  
sometimes'  
(P1)

When we started (to  
use reflective  
processes) I think they  
were termed critical  
incidents....they tend  
to be negative things  
(P5)

Vulnerability

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I stood there and thought  
don't want to stay here  
because I'm frightened, I'm  
really scared, I want to run out  
of the room, yet I knew I had  
to stay with the patient  
because I didn't want her to  
die alone (P2)

Vulnerability

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Sense of personal vulnerability diminishes as

**Safety** in the group increases

**Familiarity** with reflective processes  
develops

**Expectations** of group become clearer

**Confidence** in own practice and  
professional values grows

**Insight** into professional values and  
beliefs develops

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'I would be quite cagey about what I was writing because I would feel that maybe it would affect my mark' (P1)

# Sanitisation

'I've a good personal tutor and I've got a good rapport with her so I wouldn't have minded (sharing reflective work) but I didn't know her well enough at first so I would have been a little bit guarded' (P1)

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'You tend to police them yourself....I think some things are better kept to yourself' (P1)

# Sanitisation

'There's no point doing the reflective (writing) in the first place unless you can be honest about it' (P3)

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# Professional Socialisation

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Everything is evidence-based research now. I don't think people question things as much now as possibly they did a while ago, because I think we've got it so drummed into us that everything is evidence based so it is right. I don't think people question it and I think they should through reflecting on things... I think it would be a good thing for future practice" (73:p16)

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'I've been really worrying about everything you've got to do's got to be evidence based, but some things can be based on personal knowledge, that's good to remember' (P5)

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<b>Self awareness</b> Judgements; Morality; Spirituality; Values; Honesty; Emotional Influence/ stability; Openness; Bias; Experiences; Knowledge	<b>Communication</b> Guide/mentor; Trust; Clients; Colleagues; Appropriateness; Significant others; Documentation	<b>Reflection</b> Frameworks; Diary; Colleagues/peers; Clinical supervision; Guide/mentor; ALG
<b>Critical thinking</b> Questioning; Knowledge base; conscientiousness; Experience; Reflecting; Reasoning; self/others	<b>Mindfulness</b> <b>Empathy</b> Self awareness; Clients; Professional role; Significant others; Colleagues	<b>Evidence based practice</b> Theory; Practice; Research; Clinical effectiveness; Critiquing; Types of knowledge

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**Are reflective learning skills a prerequisite for becoming a mindful practitioner?**

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**Reflecting on palliative care; the growth of professional values**

**Karen Rees**

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**It was in front of me; and it wasn't something I'd ever really thought about....I'd marked my handover sheet 'not for fives' but had never really thought in any depth about the implications of what that meant for the person in front of me or those people sitting over there whose mother it was...**

**(p1)**

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**I didn't get upset because I can control my feelings very well, but I was upset inside...I felt emotional when I got home rather than on the ward. I just carried on doing what I was doing for the rest of the afternoon and it was sort of bubbling away and I dealt with it when I got home.**

**If things are upsetting or distressing then I have to put it on hold for now and perhaps go home and have a little think about it, reflect later on... p1**

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**The development of a 'professional membrane'**

**- the process whereby students are able to retain their sensitivity to patients whilst retaining their own integrity. Of being present with them in their distress and yet not becoming enmeshed by it and to suffer as a consequence**

**Spouse 2003:176**

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**And she said to me, 'Emma, I'm dying' and it was horrible ....it frightened me and I've never been frightened like that before in my life...**

**I don't think I could have dealt with it any better than I did at the time, all the learning that I've done at the university and on the wards, something just felt right.... p2**

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**I really wanted to say to her..I'm really sorry about your loss, but I couldn't actually say it...and then the sister came out and said everything I really wanted to say and she was so good, the way she communicated with this lady p10**

**one of the staff nurses was talking to some relatives, and I was sitting there, not knowing them..just sort of listening in, which made me feel (that) I shouldn't be here really, but I needed to be there for the experience, ...its quite difficult knowing when to be there and when not to be p4**

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I obviously did reflect on it, I did think about it, I didn't talk to anyone about it, I probably should have done but I didn't, well, I didn't talk to anyone p5

Working from the inside out. 'It is here we discover experientially the human-to-human connection that unites us for shared healing needs across time and space'

Watson 2005:viii

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When I first started nursing, I hadn't really got over my own fathers death (or) my brother who died a few years before,...as an HCA you see people being resuscitated and I kept thinking they did this to everybody, this is not a nice way to go...and I was frightened really....so I went to (*the hospice*), that was quite an eye opener about coping with death, that people can die nicely.... p9

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She was only a young lady, and in the room was her father, her mother and her husband, and the mother and father were sitting on the chair as she died. The staff nurse said to them 'she's passed away now' and the father got up and instead of going to the wife or son in law he came straight to me and put his arms around me and I felt quite embarrassed and almost pushed him away... and so I led him to his wife p9

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The ritual of contemplative reflection on those sacred experiences in my practice has given me the opportunity to make sense of difficult and painful moments, to see the bigger picture, to change my worldview.

Gully 2005

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