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Aims: This article seeks to explore why critical reflection is difficult for some, sharing personal stories of a practice developer's experiences of wrestling with reflective models and learning to critically reflect in a meaningful way.

Questions for practice:

- How can practice developers earnestly engage in reflection?
- Is it necessary to be bound by historical models of reflection?
- How does critical companionship foster and encourage engagement in critical reflection?

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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Critical reflection: the struggle of a practice developer

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Keywords: Reflection, reflective models, practice development, engagement, critical creativity, critical companionship

Introduction

Critical reflection is intimately entwined in the person-centred nursing framework (McCormack and McCance, 2010) and in emancipatory and transformational practice development, stemming as they do from critical social theory (Fay, 1987). Knowing 'self' represents a key prerequisite of being an effective person-centred facilitator; it is the way we make sense of our 'knowing, being and becoming as a person-centred practitioner through reflection, self-awareness, and engagement with others' (McCormack and McCance, 2017, p 45). This attribute of the practitioner, the facilitator, is essential for personal growth and for helping create the conditions that enable others to grow. So why is critical reflection so difficult for some but less so for others?

Almost every healthcare practitioner advocates the notion of reflection on practice (de Vries and Timmins, 2016). But focusing on critical reflection in practice can become a struggle, particularly when it moves away from empirical issues to those related to professional, legal and ethical matters (Joyce-McCoach and Smith, 2016). With healthcare aspiring to bridge the theory-practice gap, critical reflection is required in all these domains so that healthcare professionals are empowered and have the capacity for change. Then they are able to contribute to improving health outcomes.

Are models of reflection effective?

There are numerous models to assist critical reflection for the individual practice developer. These incorporate technical and practical reflection, as well as extending healthcare practitioners through a consideration of the moral, ethical and socio-historical contexts of their practice (Joyce-McCoach and Smith, 2016). Initially developed from the work of John Dewey (1916), reflection was presented as experience – that is, thinking critically about one's own choices and actions, and making sense of them in the context of the experience. Dewey promoted reflection as an active process where thought was required about the underlying rationales and choices behind action to promote change (Dewey, 1916). As an educationalist, he saw reflection as contributing to 'doing something overtly to bring about the anticipated result and thereby testing the hypothesis' (Dewey, 1916). Schön developed this concept further, suggesting 'reflection in action' was required for healthcare practitioners to make decisions in the process of their work, thereby continually having interplay between thought and action and consequently moving away from reactive to proactive practice (Schön, 1987).

Although the work of Schön developed the process of reflection, it has been criticised for ignoring the essential features of context, and for being unreflexive (Finlay, 2008). Ekeburgh (2007) argues that it is not possible to distance self from the lived situation and reflect in the moment, so reflection must be retrospective. There are many ideas, notions and theories surrounding what reflection is and what it entails, leading to a 'proliferation of different versions and models to operationalise reflective practice' (Finlay, 2008, p 7). Examples of these developed models and ways of approaching reflection include those of Gibbs (1988), Rolfe (2001) and Johns (2002).

There are always criticisms about particular models. For example, Gibbs (1988) – commonly used in the nursing field – offers a clear structure but does not enable reflexive and critical approaches in this simple format. The model does not offer the opportunity to move beyond practice to explore values and have practice 'lead to change, commitment to quality and respect for difference' (Finlay, 2008, p 8). Another example, Johns' model (2006), encourages reflexivity but can be prescriptive and so restrict the ability to allow individual values, priorities and evaluations to be examined critically (Quinn, 2000). This way of practising reflection can be alienating for some, particularly when the significance of reflection is questioned.

I have been asking myself, what value do these models have for the practice developer? Are they used effectively to help enhance the facilitation of practice development processes? Do they actually facilitate critical reflection in everyday practice, or are they simply something used when necessary as part of continuing professional development or registration requirements? A key reminder for the practice developer, when considering models for reflection, is that they are tools rather than rules.

When reflection does occur its effectiveness can be questioned – particularly personal reflection, which tends to focus on feelings. Introspection is the dominant approach to personal reflective practice, with individual and personal thoughts, feelings and behaviours at the forefront. While this is often seen as adequate and appropriate reflective practice, I wonder if it is purely naval gazing rather than critical reflection leading to change, development and growth.

The use of reflective models can often emphasise feelings. Gibbs model (1988) was intended as a 'de-briefing sequence' (p 46), with attention to thoughts and feelings, but it has become commonly used to facilitate reflection. In models such as this, the broader, mutual and reciprocal sharing of a more critically reflexive approach seems to be lacking. An examination of feelings can occur in isolation and cloud the true learning that can evolve from the associated thoughts and emotions.

Reflection without models: transformation through crisis

Is there another method we can use aside from models? What would we use if we didn't have models? I believe reflection needs to be critical in nature and focus on consistency and inconsistency of compassionate care in alignment with values, standards and regulatory requirements (in any setting or context). It should perhaps also be viewed as a touchstone for our effectiveness in doing our work and for our belief that we are good healthcare practitioners. This is important so learning can be evaluated through the individual's lived experience and then be connected to relevant theory and personal understandings. Ideally this occurs with a critical ally or mentor, who can facilitate new understandings (Hardiman and Dewing, 2014). When models are not used, creativity and multiple intelligences can be employed since there is no forcing of the individual into a particular way of thinking or into reflecting through a certain lens.

Personally I have wrestled with reflective models. I felt they were the only way and had to be used for any effective and real reflection to occur, believing there were no other means to engage in deep learning. This became a real inconsistency for me within my thinking and behaviour. This inconsistency led to discomfort, dissonance and, dare I say it, crisis (Fay, 1987)! Fay espouses in his theories that false consciousness is present in individuals and that crisis is required to allow transformation.

Fay (1987) postures that reflection offers a process of enlightenment, empowerment and emancipation (or transformation). Enlightenment occurs when an understanding of why things are as they are ensues, through deconstruction and peeling away layers to expose reasons for responses. Empowerment is determined by using this knowledge and then having the courage to take appropriate action towards required change. This, says Johns (2002, p 36), is 'the cornerstone of reflection'. This is because reflection can cause crisis in an individual when normal practice is exposed as incongruent with best and most effective practice. Only when this occurs and action is taken can transformation take place.

I realised that I was in a state of false consciousness, thinking things needed to be done a certain way to achieve results. This created significant discomfort/crisis as it did not align with how I lived my values in my everyday working context or how I facilitated and worked with others. I was enlightened to my situation. If I was capable of enabling others and facilitating change within various contexts, then why was I not transferring this to my own learning and development? I needed to move from enlightenment to empowerment before any transformation could occur in my personal learning.

Although I knew I was an active learner and had explored my multiple intelligences, I did not transform these principles into how I might critically reflect in other meaningful ways outside reflective models. I needed to work my way through my own 'crisis' so the learning could be transformative and I would regain consistency within myself. This would then remove the unpleasant feelings and associations, the annoyance, irritation and embarrassment I felt about my inability to reflect critically using models. Critical reflection is avoided when there is inconsistency between practice and values. But without this discomfort, nothing would change. Justifications would be conjured and I would keep convincing myself it wasn't my fault, that I had no time to do it or there was some other reason. Timmins and de Vries (2014, p 3) discuss this in terms of care delivery:

'Once these justifications or excuses have been established by a person, future lapses in care will not lead to the same level of discomfort. As a result, a gradual erosion of the quality of care is likely and a vicious cycle of increasingly deficient care may emerge.'

I did not want this to occur, so with awareness of my attention span and my multiple intelligence strengths, I considered how I could critically reflect. For me, this meant being active, in nature and with others... it all felt like a big ask!

Natural intelligence



Initially I explored myself, revisited my values and recognised my role in educating student nurses with person-centred approaches. For me this was being in nature, touching different textures, feeling the sun on my face, listening to the birds. These sat within my multiple intelligence strength of naturalist intelligence and bodily-kinaesthetic intelligence, where body and mind are coordinated (Gardner, 2006). Gardner outlines that manual dexterity and a connection with nature are associated with these intelligences and are more developed in some people than others. Gardner suggests there are nine intelligences, and highlights that they offer an individual a preference in demonstrating intellectual abilities (Gardner, 2006).

By using my strengths and intelligences I was able to clear my mind sufficiently to remember what is really important to me as a nurse academic. Questions I asked myself as I walked at times and ran at times included:

- What do different touches represent?
- What emotion does this draw?
- What meaning does this have in facilitation of learning for others?

Appreciating quietness was hard, but valuable. Although we have natural intelligences, I still want to stretch and challenge myself outside my comfort areas so that surprises in learning may occur. The physical experience was great, but it was not enough. I needed then to have a critical conversation with a trusted colleague. Critical companionship (Titchen, 2007), often used in practice development work, facilitates relationships in a highly trusted model. This relationship can take years to develop, and I was fortunate enough to have such a relationship with someone that I regularly met with and spoke to, to grow and develop me as an individual and as a practice developer. Critical dialogues occurred in a 'participatory communicative space for learning and knowledge creation through cognitive and artistic critique' (Trede and Titchen, 2012, p 1).

The value of engaging in a critical dialogue – working in a critical companionship model – (Titchen, 2007) helped me then move to a deeper insight gained from an examination of self. This dialogue helped me move beyond self to consider why and how things have become the way they are. I was

challenged to consider why I hold the beliefs I have around critical reflection and models, around teaching practices, around evidence and its use. Consideration of the social and historical context of my setting and my practice was also necessary. Conversations and exploration of personal paradigms, feelings and beliefs helped to provide clarity about why on some days I skip down corridors, while on others I drag myself around. Although challenging, critical dialogue enabled contemplation as to why I feel energised at times and like a fraud at others. Working in the critical companionship model moved me to examine what social and historical constructs underpin my beliefs, attitudes and feelings. The realisation that my critical reflection practice has a history that is influenced by past politics and practices was necessary. Exploring assumptions, practices and expectations, and understanding these in relation to who I am as a person was required so I could acknowledge and move forward as an effective person-centred facilitator of learning who was able to reflect critically in my own way. If we consider that being critical means to examine social and cultural oppression and power relations, then perhaps it is apposite to move away from a mandate to write structured reflections using rigid models and allow reflection to look as individual as the person. We need to consider how we ensure person-centredness is mirrored in how we engage and 'allow' people in critical reflection.

Practice development principle number one states:

'Practice development aims to achieve person-centred and evidence-based care that is manifested through human-flourishing and a workplace culture of effectiveness in all healthcare settings and situations' (McCormack et al., 2013, p 5).

When considering this principle, I have sought to understand what I need as a practice development facilitator when engaging in critical reflection. This is especially important in terms of how critical reflection impacts on an individual's journey towards human flourishing. The work of Dewing and McCormack (2015) on engagement has also influenced my thoughts, in that perhaps there are alternate methods to reflective models like that of Gibbs (1988), whose use could encourage individuals to invest in themselves and their own learning with the purpose of achieving vitality, learning and transformation. Engaging in critical reflection meaningfully can take many forms, and, I believe, should take multiple forms to avoid the routinisation of reflection and potential disengagement from critical learning effectively and in context.

Critical reflection as a way of being, rather than one-off tasks, is challenging. I have highlighted in this article that a process of personal reflection that brings enlightenment, empowerment and thereby transformation can be confronting and is not an easy charge for anyone. Considering the work of Fay (1987), it seems that critical reflection is successful when discord or 'crisis' is generated so that efforts are made to rectify and restore. Engaging in creative, meaningful ways may be a means of knowing more about self. For me, this involved an awareness of my multiple intelligences to learn critically about myself in ways beyond what I could capture using reflective models. Creativity, however, can be achieved in any form. Each individual can find creative means of actively learning and reflecting in ways that stretch them yet help to empower knowledge and growth, and so facilitate transformation. The use of creativity, in conjunction with a critical companion (Titchen, 2007), can enhance and smooth this bumpy process.

This article is a sharing of my personal learning, particularly in terms of critical reflection being consistent with my values and the context of practice. Is truly critical reflection worth the struggle? I believe it is and it helps move the individual towards flourishing through challenge, connecting and living personal values (Gaffney, 2011).

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