

# Chapter 1



## WHAT IS REFLECTION?



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### LEARNING OUTCOMES

By the end of this chapter, you should have a working knowledge of the different types of reflection and how the process of reflection can enhance our nursing practice and learning.

Training in healthcare, you will find the skill of using reflection deeply embedded in the learning process of nurse education and practice.

When I began my nursing career (no, not alongside the pioneers of nursing, Mary Seacole and Florence Nightingale – cheeky!), the concept of ‘reflection’ as a learning aid was still considered quite new and in its infancy. I can remember some of my colleagues stating that reflection was ‘a flash in the pan’ and would be replaced by the ‘next new thing’: it was obvious that they had not yet fully understood the value and importance of reflection as an aid to enhance their learning and their nursing practice.

Reflection has been used in nursing and midwifery for many decades in many different guises – nurses with many years of experience under their belts all remember the SWOT (Strength, Weakness, Opportunities, Threats) analysis, still used today in many appraisals (we will look at a SWOT analysis and appraisals in Chapter 4). Reflection is also a process that we all engage in naturally to some extent; we may encounter a patient and wonder to ourselves, ‘Why did he respond that way to me?’

Today, reflection in nursing and many other professions (such as teaching) is recognised for its benefits in helping us to learn and in professional development.

### DID YOU KNOW?

Reflection is not just to do with the subject matter of **what** we are thinking about or learning but **how** we think about it and how we learn.

As a student nurse/midwife, and even after we have qualified in the nursing profession, we may be asked to produce the following, all containing one or more elements of **reflection**:



## DEFINITION OF REFLECTION

So what exactly is reflection? A definition of 'reflection' may mean different things to different people, but it can be said to describe learning from experience or even thinking with a purpose.

Today, nurses engaging in the revalidation process (which we will explore in Chapter 3) understand how the reflective practice can be an aid in learning and promoting good practice.

Research (Clarke 2014) tells us that there are 10 essential ingredients for successful reflection:

- 1 Academic skills
- 2 Knowledge
- 3 Attitudinal qualities
- 4 Self-awareness
- 5 Being person-centred

- 6 Being empathic
- 7 Communication
- 8 Mindfulness
- 9 Being process-orientated
- 10 Being strategic

## TYPES OF REFLECTION

Reflection may be said to be informal or formal.

### Informal Reflection



This provides recognition that learning has taken place. It could take the form of spending a little time at the end of each day to write in a log and consider what you have learned, identifying further learning you want to undertake, or considering how you want to understand or think about how you may improve your practice. **No one else ever needs to see this personal account unless you wish to share it with someone you trust to gain another perspective.**

As informal learning may be unstructured, it may be a good idea to bring some structure to the process. This is often achieved by asking yourself

- What went well today?
- What did not go so well?
- What would you do differently next time?

Informal learning is a valuable learning aid even if it often results in superficial learning. More meaningful reflection and learning can be undertaken by the formal approach to reflection.

### Formal Reflection



Formal reflection may be used during the capability process, perhaps after making a mistake in the workplace, to establish your learning from this mistake. Examples of these can be seen in Chapters 9–14.

Formal reflection is also the approach we need to undertake during revalidation (Chapter 4): as part of the revalidation process (every three years), it is mandatory that we produce five reflective accounts and demonstrate that we have learned from events. **These reflections will be seen by and discussed with your confirmer** so that we are able to develop our practice. The Nursing and Midwifery Council (NMC) reflective account must be based on one or more of the following:

- An instance of your continuing professional development (CPD)
- A piece of practice-related feedback you have received
- An event or experience in your own professional practice and how this relates to the code

We will look at the process of revalidation more closely in Chapter 4, but it should be understood that revalidation only applies once you have qualified.

The five pieces of reflection can contain what is good about your practice. Following is a reflective piece used in my own revalidation some time ago; it concerns receiving feedback (praise) from a group of first-year student nurses who attended a calculations master class I was delivering.

### **Reflective Account: Calculations Master Class (Evaluation Form Feedback)**

**What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?**

*I delivered a Calculations Master Class to year 1 student nurses and am aware that mathematics is often a problem to participants with a 'fear of maths' for many individuals. I therefore try to add humour to diffuse the teaching sessions in order to relax them and aid their learning.*

**What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?**

*Good to know that some of these nervous learners found my training event to be 'useful' and in some instances, even 'enjoyable'. I will therefore continue to*

*incorporate this technique to all my teaching sessions, where appropriate. I will however need to be mindful when using humour as humour is very subjective.*

### **How did you change or improve your practice as a result?**

*I read articles, during my Certificate of Education course, about using humour in the learning environment, and how beneficial this can be, especially in topics not best liked by participants i.e. calculations.*

### **How is this relevant to the Code?**

- *Practice effectively – 6, 7, 8, and 9*
- *Always practise in line with the best available evidence – 6*
- *Communicate clearly – 7*
- *Work co-operatively – 8*
- *Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues - 9*

To be quite honest, this was a poor attempt, as it was far too brief and needed more ‘meat on the bones’ – in other words, it required much more information. Gibbs (1988) stated that ‘It is not sufficient to have an experience in order to learn. Without reflecting on this experience, it may quickly be forgotten, or its learning potential lost’. Very little learning has taken place in the previous example, so I discarded this account and wrote a more-in-depth piece – but you can see the beginnings of reflective writing.

## **GIVING PRAISE**

Did you notice how the earlier reflection concerned ‘praise’? We will now look at a Nursing Associate’s first attempt to use the reflective process without the structure of a nursing model:

*I had a difficult shift and was very late going home. On my way down to the hospital lobby, I saw a newly qualified nurse I knew, and she was crying. When I went up to her to ask what the matter was, she told me that she had ‘had the shift from hell’. We went to a quiet corner, out of the way, and I listened to the*

*nurse's account. I was able to steer the conversation to finding resolutions to the issues that she raised. I was careful not to give my opinions, but let her come to her own conclusions. By the end of the discussion, she had stopped crying and even laughed about the situation.*

*Next shift, I received a 'thank you' card from this nurse, which made my day. It said how kind and empathetic I had been and what a lovely, caring nurse I am. I realised what receiving positive feedback means to individuals and how much difference this can make to people. Everyone loves praise, and I make sure I use positive praise in my daily working life and can see the impact of this on the morale of a team.*

This is an excellent start in using the reflective process, but it would have been enhanced by using evidence to back up the claims that 'everyone loves praise'. This Nursing Associate could have stated, 'Research has shown that the power of praise creates a positive response that extends to enhancing the feeling of competence, improved motor skills performance, and increased motivation' and then cited this piece of evidence.

### DID YOU KNOW?

'There are two things people want more than sex and money: Recognition and Praise'

—Mary Kay Ash,  
founder of Mary Kay Cosmetics

## REFLECTIVE TERMINOLOGY

Beginning your journey into the world of reflection, you will no doubt hear many similar-sounding terms. This can lead to confusion. To aid your understanding, some of the terminology related to reflection can be seen in Table 1.1.

Table 1.1 Reflective terminology.

Term	Meaning
Reflection	Thinking with a purpose
Reflective practitioner	Healthcare professional who uses what they have learnt from experience to develop their knowledge and deliver the best care possible
Reflective practice	Thinking about a situation or experience and learning from it
Reflective processes	Structured methods/models that enable new actions to be based on learning gained from experience
Reflexive (or reflective)	Purposefully thoughtful; mindful
Writing reflectively	The process of writing a reflection
Reflective discussion	The process of talking with another person about a verbal or written reflection
Reflexivity	Using experiences to learn more about yourself
Critical reflection	Looking back on claims or assumptions and exploring, examining, and critiquing them
Reflection-on-practice	Looking back on an experience and learning from it
Reflection-in-practice	Reflection that happens while you are practicing, such as in an emergency situation
Anticipatory reflection	Action planning before an event occurs

## WHY DO WE NEED TO REFLECT IN NURSING?

In short, to enhance our practice and our own professional development. In the nursing profession, we need to reflect due to

- Professional body requirements**  
 The NMC requires all nurses and midwives to maintain and develop their practice throughout their career.

- **Knowledge and Skills Framework (KSF)**  
This framework is applied in your practice and followed up in development reviews and personal development plans.
- **Course requirements**  
Healthcare professional training includes assignments and case studies that are reflective in nature, whereby theory is applied to practice, thereby beginning the process of becoming a healthcare lifelong learner.
- **Self-development**  
Reflection in practice is aimed at enhancing professional practice.

### DID YOU KNOW?

**Knowledge and Skills Framework (KSF):** The NHS KSF was developed as part of the Agenda for Change (AfC) process for updating the way NHS staff posts are defined and developed.

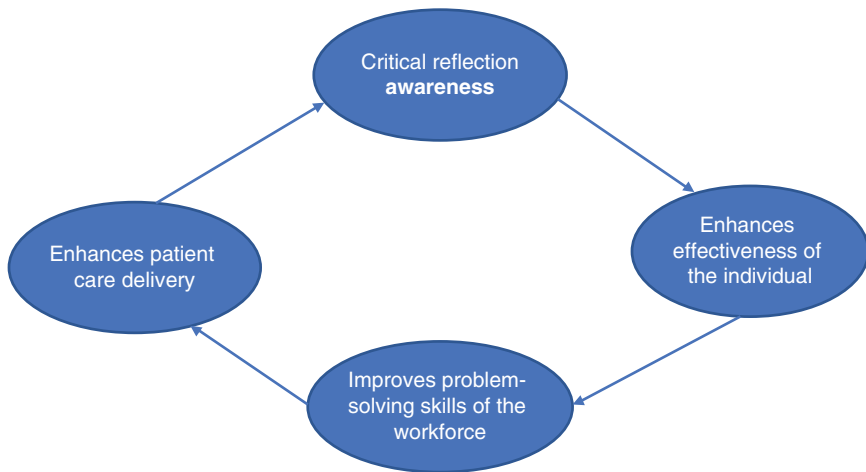
The KSF defines and describes the knowledge and skills NHS staff need to apply in their work in order to deliver quality services.

## WHY DO WE USE REFLECTION IN NURSING?

Reflection benefits not just the individual but also the patient and the organisation; see Figure 1.1.

### The Reflective Process

We will look at tools, frameworks, or models (whatever you want to call them!) of reflection in Chapter 4, but we can



**Figure 1.1** Some of the benefits of reflection.

start with the premise that the act of reflection, in a professional sense, should contain these six essential elements:

- Incident/experience (positive or negative)
- A description
- An analysis
- An interpretation
- A perspective
- An action

In short, it is no good reflecting about an incident or experience without taking some learning from it. At a basic level, this is what comes to my mind when using reflection in my nursing practice:

<b>This is what happened</b>
<b>How do I feel?</b>
<b>Could I have done anything differently?</b>
<b>Planning a course of action (analysing and exploration)</b>
<b>What I have learnt – acquiring knowledge and skills (life-long)</b>

As you can see, reflection does not have to be some convoluted, high-brow process; this is why it is important to find a reflective model that works for you. Personally, I would never use Kolb's experiential learning cycle (Chapter 4) as I find it too complex with its words like 'conceptualisation'. Some of my colleagues do like to use this model of reflection – to each their own!

## BEGINNING OUR ENGAGEMENT WITH THE REFLECTIVE PROCESS

Johns, who has written much about the reflective process, suggests that we can begin our engagement with the reflective process by

- Being open to learning about ourselves
- Being able to acknowledge what our attitudes and perceptions are
- Being open and challenging our current ideologies
- Having the ability to be empathic
- Being able to view the world as others may see it
- Being able to combine evidence-based theory with our 'personal knowing' (in the construction of new knowledge)

## ATTITUDINAL QUALITIES AND SELF-AWARENESS

So, in the reflective process, we learn from our experiences and also learn about ourselves. To develop as individuals, we need to get to know ourselves.

Attitudinal qualities help with our ability to reflect and gain deeper levels of self-awareness, and how this self-awareness supports and enhances reflection.



### **Attitude**

A settled way of thinking or feeling about something; i.e. a frame of mind.

### **Awareness**

Knowledge or perception of a situation or fact.

Attitude encompasses components that are

- Cognitive (thoughts)
- Affective (emotions)
- Motivational (enthusiasm)
- Behavioural (action)

### STUDENT TIP

To reflect properly, you will need to be brave and honest with yourself.

Later on, in Chapter 8, we will see how brave Amber is when confronting her colleagues by calling out bad practice. Amber chooses to take not the easy option (and say nothing) but the professional pathway instead.

Self-awareness is the thoughtful consideration of oneself: i.e. making a conscious effort to understand and know your own

- Identity
- Beliefs
- Thoughts
- Traits
- Motivations
- Feelings
- Behaviours

We need to know how these can impact us and those around us.

It has been suggested that self-awareness is the foundation skill upon which reflection and reflective practice are built. In short, to be able to reflect, you need to know yourself. This will enable you to see yourself in a particular situation and honestly observe how you have affected the situation and how the situation has affected you. This will help you to analyse your feelings. Self-awareness is central to the ability to be:

- **Self-critical** – Critical of oneself or one's actions
- **Self-directing** – Acting freely and independently
- **Self-motivated** – Without needing pressure from others due to interest or enthusiasm

**Tutor:** 'In one word, how did you feel after this situation?'

**Student:** 'Fine'.

**Tutor:** 'Now, in two words'.

**Student:** 'Not fine'.

So, we require a level of self-awareness to be able to reflect, but do you understand how to achieve self-awareness? Two psychologists (Luft and Ingham 1955) devised a model for us to gain a better understanding; it illustrates the concept of self-awareness. This consisted of four quadrants (see Figure 1.2).

<b>OPEN</b>	<b>BLIND</b>
Known to self and to others	Not known to self but known to others
<b>HIDDEN</b>	<b>UNKNOWN</b>
Known to self but not to others	Not known to self or others

**KEY:**

The open quadrant signifies what you know about yourself and is also known to those around you.

The Blind quadrant signifies what other people know about you that perhaps you do not know about yourself

The Hidden quadrant signifies that there are things you know better about yourself that others do not

The Unknown quadrant signifies things that neither yourself or other people know about you.

**Figure 1.2** Johari window.



### Activity 1.1

Let's see how self-aware you are. Complete the Johari window for yourself.

## LEARNING AND REFLECTION

During our training in healthcare, we may have been bombarded with reams of facts and numbers during certain lectures or training sessions. To transform what we learnt, we need to be able to make **connections** to our nursing practice. This can be achieved by reflecting on the learning contents. This will then enable us to utilise this knowledge in our nursing case studies and assignments – in short, **reflecting on what we have learned.**

Acquiring knowledge does not have to take place only through formal learning events (i.e. in the classroom), as learning is a life-wide, life-deep, life-long process. Table 1.2 shows these learning process and gives examples of each.

Another classic example of life-wide learning that all healthcare personnel adhere to, possibly without ever being taught that they are the core value and expectations of all nursing, is the 6 C's (as drawn up by NHS England):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

**Table 1.2** Life-wide, life-deep, and life-long learning.

<b>Life-wide learning</b>	This teaching strategy and approach to learning and personal development involves real contexts and authentic settings. The goal is to address different kinds of learning not covered in a traditional classroom.	Example: A paediatric student nurse having difficulty getting a small child to take their medicine and asking a more experienced nurse how they manage these situations. The more experienced nurse shares her knowledge to get the child to comply.
<b>Life-deep learning</b>	This learning strategy refers to the social, cultural, moral, spiritual, communicational, and ethical values that lead people to act, learn, believe, and think in a particular way.	Example: A student nurse informing their tutor that they 'hate maths' whilst attending a calculations session. This is due to the student's past negative experience of learning maths whilst at school.
<b>Life-long learning</b>	Knowledge can be acquired and skill sets developed anywhere – learning is unavoidable and happens all the time. It is also about creating and maintaining a positive attitude to learning for both personal and professional development.	A 42-year-old hospital domestic going to evening class to obtain higher level GCSEs in order to go to university to undertake her nursing degree.

## USING REFLECTION IN ASSIGNMENTS/CASE STUDIES

During your training, you will be asked to produce written assignments containing reflective practice experiences, and a more in-depth use of the reflective process will be expected. We will look at reflective assignments in Chapter 8.

## Learning Journals

As a student and as part of a healthcare-related course, you will probably be expected to maintain a log/diary/journal; these are private and confidential records and usually record situations that may have actually happened to you or that you may have observed. From these written accounts, you will have evidence that you may wish to convert into a piece of critical reflection for an essay or to add to your professional portfolio. As with other reflective accounts, you should not include any confidential information in your journal, such as patient or colleague names, etc.

Learning journals usually include

- A summary of the event
- Facts relating to the incident
- Immediate learning points
- Thoughts/feelings at the time

If permitted by the learning facility, learning journals may be recorded using video diaries or audio recordings and so are not always in a written format. Following is an example of a student nurse's journal entry:

*During today's shift, I was speaking to my mentor, who told me about something she had read on the wibbly wobblerly web about the 15 essential skills required to pursue a career in nursing, which are said to be:*

- 1 *Communication*
- 2 *Decision making*
- 3 *Attention to detail*
- 4 *Confidence*
- 5 *Adaptability*
- 6 *Physical and mental stamina*
- 7 *Organisation*
- 8 *Teamwork*
- 9 *Diplomacy*
- 10 *Leadership*
- 11 *Discretion*

- 12 *Work ethic*
- 13 *Interpersonal skills*
- 14 *Conflict resolution*
- 15 *Multitasking*

*This got me thinking about which, if any, of these skills I have. I think I have the majority of them, but I do need to improve/work on others. I have been told that my communication and interpersonal skills are good, which I think is true.*

*Personally, I think I am getting better at my decision-making and multitasking skills, although no mentor has ever pulled me up on these. I do need to work on my confidence skills, as I lack this and can be too hard on myself at times. I don't know about my conflict resolution skills, as I have not yet been in any conflicting situations.*

*This was a good exercise, as I think it really made me think about the skills I have, need to work on, and need to develop. I will keep this information and try to incorporate it in one of my course reflective assignments.*

*Just to note, some of the staff on this clinical placement need to work on quite a few of these essential skills!*

## TEST YOUR KNOWLEDGE

- 1 What are the 10 essential ingredients for successful reflection? Don't say 'eggs, flour', etc. – you know what I mean!
- 2 What are the two main types of reflection?
- 3 What is reflective practice?
- 4 The reflective process should contain six essential elements. What are they?
- 5 Name four benefits of reflection in nursing.
- 6 What are the six C's of nursing?
- 7 What do learning journals usually include?
- 8 Why do we **need** to reflect in nursing?

### KEY POINTS

- Definition of reflection
- Types of reflection
- Reflective account example
- Assignment/case studies
- Reflective terminology
- The reflective process
- Why do we use reflection in nursing?
- Attitudinal qualities and self-awareness
- Learning and reflection
- Reflective assignments/case studies
- Reflective journals

### USEFUL WEB RESOURCES

**The 6 C's of nursing:** <https://nursingnotes.co.uk/resources/the-6cs-of-nursing>

**NMC:** [www.nmc.org.uk](http://www.nmc.org.uk)

**'Reflective practice in nursing':** <https://onlinelibrary.wiley.com/doi/10.1111/2047-3095.12350>

**Essential skills required in nursing:** <https://www.careeraddict.com/nurse-skills#>

**Agenda for Change:** <https://www.rcn.org.uk/get-help/rcn-advice/agenda-for-change>

**Knowledge and Skills Framework:** <https://www.msg.scot.nhs.uk/pay/agenda-for-change/knowledge-skills-framework-ksf>

**NHS England:** <https://www.england.nhs.uk/>

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