Exploring the clinical nurse educator's ability to foster student reflection

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EXPLORING THE CLINICAL NURSE EDUCATOR'S ABILITY TO
FOSTER STUDENT REFLECTION

by

Jessie May Johnson

A Thesis Submitted in Partial Fulfillment of the
Requirements for the Award of
Master of Nursing.

At the Faculty of Computing, Health and Science, Edith Cowan University,
Churchlands Campus.

Date of Submission: February 27th, 2004
USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.
Abstract

The purpose of this study is to understand how Clinical Nurse Educators use reflective practices with students. While the value of reflective practice has been vigorously discussed in both nursing and educational literature, studies to support its benefits remain strangely elusive. The appeal of reflective practice has arisen out of a sustained conviction that life experience offers a legitimate and rich form of knowledge. If captured, it may narrow the gap between the non practical nature of theories and the complexities of everyday practice problems. The research question for this study is: "How do Clinical Nurse Educators foster student reflection?"

The primary source of data for this qualitative study was generated from in-depth interviews with five clinical nurse educators at the University College of the Cariboo school of nursing. Participants were selected on the basis of their interest in reflective practice which was in part determined by their attendance at a seminar presentation on this topic.

The data collected from the interviews were categorized into predominant emergent themes outlined below and explored within the context of current literature. As a result of the findings, practice recommendations follow. These were further developed to offer suggestions for fostering reflective thinking in students.

The themes outlined in this study are as follows:

- Reflection is deliberate and purposeful
- Reflection triggers a critical response to any situation whether good or bad
- Affect and reflective practice are strongly linked
- Reflection occurs on a continuum
- Reflection provides increased awareness of problems and issues
- Fostering reflection with students requires time and an open and caring environment
DECLARATION

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education; and that to the best of my knowledge and belief it does not contain any materials previously written by another person except where due reference is made in the text.
ACKNOWLEDGMENTS

I would like to express my gratitude to my research supervisors, Miriam Langridge and Claudette Kelly, for without them this would not be possible. A special thanks also goes to the volunteers who participated in the study, their experience and knowledge was so very vast. I would like to express my appreciation to my very dear friend Lori Thomas, for all the patience and hard work that she has put forth in helping me to type this thesis. A very special thanks goes out to my very dear recently departed friend and work supervisor, Anne Collier, for her encouragement at those forks in the road in which I did not know where to turn, may god bless you. You were an angel when I met you, and now you are God’s angel, thank you. I would also like to give a special thanks to my family who encouraged me to tread this arduous, but thankful mile in my educational journey and pushed me when I got side tracked.
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CHAPTER ONE

Introduction to the Study

My interest in the reflective thought process came about when I completed a course on self-directed inquiry. This course led to a curiosity in an adult education setting in which the students were encouraged to take responsibility for formulating learning goals and evaluating learning outcomes. As a clinical nurse educator, I had frequent contact with students and new graduate nurses, so I asked about their learning experiences during the course of their nursing program. Students I contacted were assigned journals as part of their learning. I questioned them about the purpose and expectations of these journals. Some students thought journals about their critical practices were great opportunities to reflect on what they had learned that day and were pleased at the feedback they received; others thought that the journals were a waste of time and would write up whatever was required of them the night before. I considered this problematic owing to the use of reflective journaling as an effective teaching/learning tool for all nursing students.

Journaling has become common in academic work in the recent years and nursing has moved towards using this technique with nursing students. Learning through reflection is a laborious and deliberate process (Schon, 1987). It does not just occur, nor is it something that is done in one's head on the way home. Thoughts on actions need to be articulated, either verbally, or in writing. In supporting a learner to develop and manage reflection, the educator must have a sound grasp not only of clinical practice, but also of reflection and what it means to be a reflective learner and practitioner. As Schon (1983) suggests, reflection is a process of reviewing an experience of practice in order to describe, analyze, evaluate and thereby inform learning about practice.

Schon's techniques for learning practical skills and coaching students enable them to achieve competence in certain prescribed areas necessary to guarantee minimum standards of professional work. The critical aspect of reflection
incorporates a healthy skeptical view (so necessary for critical thinking) of phenomena encountered in the educational process and encourages intellectual consideration of other options. It encourages and fosters a broader perspective that incorporates the students’ search for an understanding of the social world and the ways in which this broader context affects them. It is only fair to help students understand the differences between these two approaches to learning, in order that they can understand their role and objectives in the educational process when using reflection for learning.

Reflection can appear easy and something which the students can be sent off to do. However, I feel that reflection is founded on a process of gradual self-awareness, critical appraisal of the social world, and transformation of one’s own actions. These are not particularly comfortable processes, which may lead students to personal distress and conflict. In assisting with this process, reflective practitioners need handy encouragement and professional help. Many students work with preceptors, who should understand the process of reflective learning and have been educationally prepared for the role of helping nursing undergraduates. Students who only share reflection with faculty members miss important input from practicing nurses who bring a practical balance to the sometimes openly ideological views supported by the academy. Students and mentors should be guided and supported by lecturers who have appreciative experience of the clinical area in question. It is comfortable to imagine that all nurses are the ingenious carers as described by Benner (1984), however, it should be remembered that she investigated “expert practice” from the experiences gleaned from nurses. As such, there would be doubtful benefits if reflection on action gave some nurses the excuse to validate their current practice and ignore theory of continuing education altogether. For example, some nurses have cruised through their careers picking up knowledge in an effortless and haphazard way and they may incorrectly relate this process to reflection. While some of the knowledge they gain will be practical, their lack of self-critique means that in their work they probably propound some myths, unchallenged attitudes and outdated practices. As I see it, the purpose of reflection
is hard work and involves a commitment of both time and intellectual effort in order for the practitioner to progress. It is not something done unintentionally or effortlessly. It requires introspection as well as review of the research literature that purports to guide nurses in their current practices.

**Research Question**

My interest in reflection and ways of being a reflective practitioner, including in my professional and personal life, has led me to research this area. My exploration of the topic has expanded my knowledge through reading the academic and nursing literature, which in turn, has led to the following research question: “How do clinical nurse educators foster student reflection?”

This study explores in-depth, responses from five clinical nurse educators who were required to foster some form of reflection with students. The strategies that they used as well as what they feel might have helped or hindered them were examined to gain in-depth knowledge of the phenomenon of interest. The participants’ responses were explored within the context of the nursing and education literature that focused on reflective practices. Recommendations suggest how nurse educators may foster reflective thinking in students. As ideas are continuously constructed and reconstructed, they become a source of new knowledge.

**Why Teach Reflective Skills?**

There is a school of thought that nurse education is a system of indoctrination or socialization and that the educational program, which the students undertake plays a significant role in this process (Bassett, 1993; Holloway & Penson, 1987; Lamond, 1974; Simpson, 1979). According to Kerr and Lowe (1998), when individuals first embark on their nursing career they have few insights into their role. They gain knowledge and skills required for practice and assimilate the norms, values and attitude of those around them during their academic work and practice experience. They have a tendency to emulate the behavior expected by the
profession. This is all instrumental in helping to shape their future practice and leaves them with the particular attributes and characteristics of lifelong learning and an overall professional identity. It has been suggested by Dewey (1933) that this learning can take place in two ways; either by trial and error or by engaging in reflective activity. Prior to 1986, traditional nurse training was based upon an apprenticeship system and tended to support the former approach. However, perhaps as a result of the impetus to equip practitioners with critical and analytical skills, learning by reflection seems to have gathered momentum during the last decade. The belief is that reflection has several lasting benefits (Burns & Bulman, 2000) including:

- May reduce the reality shock experienced by newly qualified nurses, by offering them a tool to be used to make sense of their world of practice.

- Can be used to integrate theory and practice.

- May increase self-awareness and insight to behavior and responses in relation to particular situations. This can be used as a strategy for self-management and self-improvement.

In these ways it can be seen that reflection could be used extensively by educators as a means of integrating theory and practice and encouraging students to learn from their experiences. Furthermore, it could have a wider appeal beyond the initial training period.

**Background and Significance**

The growth of ideas around learning from reflection can be traced to the writings of Dewey (1933), Freire (1972) and Mezirow (1981). Schon (1983, 1987) and experiential theorist such as Kolb (1984) have added fresh ideas to debates about how reflective practice can come to life in the work of students and educators alike. Their contribution to the shift in how people think about teaching is a belief...
that knowledge can be extended beyond the objectively discoverable world. Johns (1996) maintains that it is only through developing multiple ways of knowing and reflection on experience that research based theories can be meaningfully assimilated with theories of practice.

Developing expertise in clinical teaching is a process of relearning and, as Kolb (1984) suggests, the nature of life includes relearning because of the unpredictability of circumstances, miscommunication and challenges to our expectations of certainty. It can be argued that the nature of present day health care reflects these very uncertainties. Some of these uncertainties call for understanding of the social, political and economic impact of a burgeoning aging population and the advances of a biotechnical age. These impose challenges requiring more reflective thought and resourcefulness than ever before.

Mezirow (1991) claims that our ability to be resourceful in our world is limited by approved ways of seeing and understanding bounded by our culture, language and personal experience. Our beliefs, attitudes and emotional reactions serve as unreflective interpretations of life’s events that become essentially, “habits of expectation” (p. 4). He also suggests that because we tend to accept and integrate experiences that fit our comfortable frame of reference, we are less likely to entertain alternative ways of addressing life’s complexities or inequalities. The legitimacy of learning from experience then rests in the view that reflection on our assumptions about the world will either confirm, refocus, extend or disarm our interpretations and expectations, equipping us with new perspectives and ways to act.

**Purpose of the Study**

The purpose of this study is to explore and describe the experience of clinical nurse educators who help students understand, influence, and perhaps even transform the present nature of health care which then evokes a nursing student’s commitment to personal growth through reflection. An additional claim to the
benefits of reflective practice is that it will foster professional development within the individual nurse (Danai & Ghaye, 1996; James & Clarke, 1996). The reflective practitioner is armed with thinking skills necessary to approach complex dilemmas as they occur throughout a career. With the unrelenting pace of change in medical knowledge, Crandell (1993) asserted that reflective practice “acknowledges and legitimizes the ubiquitous nature of uncertainty, [making] uncertainty, uniqueness and surprise a positive part of practice, instead of something to dread” (p. 97).

This study began with a process of data collection about the use of reflective practice. Through the voices and experiences of five clinical nurse educators their perception associated with reflective experiences, was generalized within the context of nursing and educational research literature. A phenomenological approach was chosen in order to study the nature of clinical reflection on practice undertaken by nurse educators. The specific objectives of this study were:

- To capture the experience of the reflective thinking processes of nursing educators currently working with students in the clinical setting.
- To contribute to the nursing literature by documenting the experiences of nursing instructors who use reflective practice to guide student learning.
- To outline recommendations for using reflection as an instructional tool in the clinical settings with nursing students.
- To capture the way that the nurse educator uses reflective practice as a teaching tool with the nursing student.

In summary this study explored ways that reflective practice could possibly illuminate the very heart of the world of quality health care work such as nursing. The following chapter, therefore, discusses in more detail the need for close examination of this phenomenon, highlights the gaps in knowledge in the literature, and justifies the use of using a qualitative paradigm, in particular phenomenology to add to the body of nursing knowledge.
CHAPTER TWO

Literature Review

Reflection is the central dynamic in intentional learning, problem solving and validity testing through rational discourse (Reid, 1993). Intentional learning centrally involves either the explication of the meaning of the experience, reinterpretation of that meaning, or application of it in thoughtful action. Most theoretical work and research on learning has focused on problem solving and the roles of perception, recognition, recall and memory in this process. There has been an egregious disregard for the function of reflection (Carper, 1978), which makes enlightened action and reinterpretation possible, and especially for the crucial role that reflection plays in validating what has been learned.

Developing nursing expertise in clinical teaching is actually a process of self-discovery. The need for clinical nurse educators to help students to understand, influence, even transform the present nature of health care then evokes this commitment to personal growth through reflection (Reid, 1993). One’s ideas about the world are revised and reframed as experience continually intervenes to modify and refine them. Reflective practice leads to expertise in nursing because it provides a means for this knowledge to be continually tested. Not only does reflective practice help nursing confront the changing face of health care, it offers a solution to the need for more autonomous and independent thinkers (Reid).

Critical Enquiry

Philosophically critical enquiry predominantly stems from the work of Habermas (1977) and other members of the Frankfurt school, although Carr and Kemmis (1986) refer back as far as Aristotle when making their epistemological introduction to critical enquiry. According to the authors, Aristotle’s notion of appropriateness of knowledge acquisition depends on the purpose that it serves. In a similar vein, Habermas (1977) describes three areas of human interest from which knowledge may arise. These areas are:
Technical interests: that result in instrumental work guided by empirical knowledge

Practical interests: that are concerned with communication and intersubjectivity, guided by knowledge that provides understanding; and lastly

Emancipatory interests: that are concerned with social equity, freedom and justice guided by knowledge discovered through a process of conscientisation.

Friere (1972) explains conscientisation as a dawning awareness, of competing human interests and power structures that in effect, manufacture and perpetuate social situations. Relating emancipatory interest to nursing, nurses develop competence through a process of critical reflection on experiences, they examine their work and the contribution their nursing, and that of other nurses generally, make socially. Then in turn they also consider the effect social forces have upon themselves and their work. The notion of informed action on praxis is an important concept to critical theorists, one that is developed through the reciprocal relationships between action and critical reflection. The power to contribute equitably is achieved by those who learn how a situation is established, and perpetuated. Critical reflection involves Schon's (1987, p. 93) notion of the student extraordinary re-experiencing the ordinary.

According to Mezirow (1991) reflection is the process of critically assessing the contents, process, or premise(s) of our efforts to interpret and give meaning to an experience. So much of our learning is cast in the form of problem solving. Similarly, Dewey (1933) dealt with reflection in the context of hypothetical deductive problem solving, the logic followed with such success by the natural sciences. He was correct that we reflect on the content or description of a problem. However, we also reflect on the strategies and the procedures of problem solving, sometimes in the course of taking action and sometimes afterward to check the decisions we have made. This is what we do when we ‘stop and think’ about what we do or have done. Furthermore, as we attempt to solve a problem, we reflect to
find similarities and differences between what we are currently experiencing and in prior learning, to identify principles, make generalizations, identify patterns within data, select appropriate ways of expressing our concepts, create metaphors for extending meaning beyond the data as given, and decide on the next steps in problem solving.

Reflective practice has been variously defined as “a dialogue of thinking and doing through which you become more skillful” (Schon, 1983, p. 31), as “a means by which practitioners can develop a greater level of self-awareness about the nature and impact of their performance” (Osterman & Kottkamp, 1993, p. 19), and as an approach in which “actions are carefully planned in relation to the theory known to the professional and consciously monitored, so that outcomes on the action will be beneficial to the patient” (Jarvis, 1992, p. 177).

The relationship of reflection to experience and knowledge was noted long ago. Kant (1965) wrote in his critique of pure reason in 1781, that there can be no doubt that all our knowledge begins with experiences. In the 1930s educational philosopher John Dewey drew attention to the link between learning and experience. Dewey (1933) believed that “all genuine education comes through experiences” (p.25) and that “every experience lives on in further experience” (p. 27). From Dewey’s perspective, clinical nurse educators can think about the experiences that s/he has in practice as resources for genuine learning and that learning lives on and has implications for future practice experiences. Kolb (1984) extended this notion by proposing that learning from experience occurs in a cyclical fashion and in what he called an experiential learning cycle. From this perspective, we begin with a concrete experience, we reflect on it, we conceptualize and theorize about the meaning of the experience, and we test out our new understandings in the world of practice through our actions. In this way our experiences become avenues for new learning, and for the development of our professional expertise.
A focus on learning from experience suggests that there are many ways in which we come to know, and that different kinds of knowledge are important for practice. However, though we may not be aware of it we are constantly engaged (to a greater or lesser extent) in this process of learning from our experiences (Kolb, 1984).

Transformative Learning

Transformative learning as proposed by Mezirow (1990) elaborates on the work of Habermas and is based on constructivist assumptions. According to Mezirow (1990; 1998) people interpret their experiences in their own way and the way they understand the world is a result of their perceptions of their experiences. Individuals have a frame of reference for interpreting their experiences based on what happens to them, whether it impacts on them emotionally, and what they hear and read. This frame of reference originates in how one is raised, the culture in which one lives and what one has previously learned. The person’s experience is filtered through meaning perspectives and for most people, their perspective is critically assimilated in ways of knowing, believing and feeling (Cranton, 1994; Mezirow, 1990; 1998). Therefore, meaning perspectives may include a lack of knowledge and attention to context, distortion, prejudice and stereotypes. Individuals find it safe to remain within a meaning perspective because, although awareness may be decreased, anxiety and a loss of self-confidence are usually avoided. Nevertheless, learning in general only occurs as we challenge meaning presuppositions of prior learning and then act on these insights.

Meaning Perspectives

Mezirow (1990; 1998) describes adults as having meaning perspectives comprised of sets of habitual expectations, which he calls meaning schemes. Meaning schemes are the specific knowledge, beliefs, value judgments, feelings and assumptions that one holds.
It is viewed that a meaning perspective is a frame of reference or set of expectations based on past experiences that are used to interpret the meaning of a current experience. Three types of meaning perspectives have been identified (Cranton, 1994; Mezirow, 1990; 1998). Firstly, epistemic meaning is related to knowledge and the way to use knowledge. Secondly, sociolinguistic care is based on social norms, cultural expectations, socialization and language. Thirdly, psychological meaning perspectives refer to self concept, needs, inhibitions, anxieties and personality based preferences. Most people have not examined their meaning perspectives critically and as a result meaning perspective and subsequently meaning schemes can be distorted (Cranton, 1994).

**Distortions in meaning perspectives**

A distortion is an unquestioned, unexamined, may be even unconscious assumption that limits the learner's openness to change, and growth in personal and professional development (Cranton, 1994). Mezirow (1990; 1998) related distorted assumptions in epistemic meaning perspectives to stages on the development of reflective judgement. According to Kitchener and King (1990), reflective thinking or questioning of assumptions simply does not occur in earlier stages of cognitive development. An individual may accept information as true because it was printed in a book or because someone in authority affirmed it. However, individuals perceive knowledge to be the product of inquiry and reflection.

Each type of reflection can occur in each of the learning domains and in relation to each of the meaning perspectives. When individuals engage in content and process reflection, their meaning schemes may be questioned. When they engage in premise reflection their meaning perspectives may be transformed. As soon as a learner asks 'why', reflection begins to take the place on the level of a meaning perspective rather than on a meaning scheme. Asking these questions acknowledges the larger context within which an assumption exists and begins questioning underlying premises.
In the past, emphasis in health care has been on technical, rational and scientific knowledge, however, there is currently a growing recognition that professionals from all walks of life need to develop knowledge that is broad and multifaceted (Schon, 1983, 1987). It was suggested that professionals need to develop practical knowledge, social, political and economic knowledge, and self-knowledge (Clarke, James & Kelly, 1996). One way of fostering these other ways of knowing is through reflection (individual and collaborative). Furthermore, professionals possess explicit knowledge - that which we can say, as well as implicit knowledge - that which we cannot say, but which is revealed in our actions (Argyris & Schon, 1992). Reflective approaches suggest that it is important to examine our actions as nurses in practice in order to discover the implicit knowledge, which influences what we actually do in practice. We can begin to rethink and reform the traditions that may prevent us from becoming active reflective practitioners (Giroux, 1998). It is argued, therefore, that reflection on practice leads us to a closer examination of the contexts of our clients' lives, the contexts of our practices and the systematic factors that influence our practice.

In discussing the processes of reflection, stages or levels of reflection are identified by most authors (Boud, & Walker, 1985; Boyd & Fales, 1983; Goodman, 1984; Mezirow, 1981; Schon, 1991; Van Manen, 1977). A few authors also argue that intuition plays a central role in reflection (Goodman, 1984; Schon, 1991). Intuition has been identified by Benner, Tanner and Chelsea (1978, p. 34) as "understanding without a rationale". However, intuitive knowledge is not overly discussed by most authors. Reference to intuitive knowledge from the participants in this study may emerge to tell a similar or different story.

Understanding about praxis in nursing also needs to be reviewed owing to its relationship to reflection. Praxis is the place where reflection and action meet within the individual (Friere, 1972). It is also the place and time where theory and practice meet. Reflective practitioners think about their experiences in practice and view them as opportunities to learn. According to Friere, they examine their definitions
of knowledge, seek to develop broad and multifaceted types of knowledge and recognize that their knowledge is never complete. They reflect on themselves, including their assumptions and their theories of practice, and take action grounded in self-awareness. Finally, reflective practitioners are purported to recognize and seek to act from a place of praxis, a balance coming together through action and reflection. Once again, such an experience may emerge from the findings of the study.

From an initial review of the literature it may appear that the accounts of reflective processes are very different. For example, Mezirow (1981) identifies seven levels of reflectivity in hierarchy, ranging from reflectivity, which is an awareness of thoughts and feelings, to theoretical reflectivity, which involves challenging one's identifying assumptions resulting in a changed perspective. In contrast, Schon (1991) only identifies three stages: those of conscious reflection, criticism and action.

However, an analysis of the literature revealed that the differences between authors' accounts of the reflective processes are largely based in terminology, and detailed to the extent which the processes are arranged in a hierarchy. It is possible, therefore, to identify three key stages from the literature in the reflective processes shared by authors.

**Stages of Reflection**

The first stage of the reflective processes is triggered by an awareness of uncomfortable feelings and thoughts. This arises from a realization that, in a situation, the knowledge that one is applying is not sufficient in itself to explain what is happening in that unique situation. Schon (1991) refers to this as the experience of surprise, whereas Boyd and Fales (1983) describe this stage as a sense of inner discomfort.
The second stage involves a critical analysis of the situation, which is constructive and involves an examination of feelings and knowledge. The outcome being that an explanation of that unique situation may be possible. However, the analysis also may involve the examination, or generation of new knowledge. Boud et al. (1985) describe in detail the analysis of feelings and knowledge, emphasizing the importance of utilizing positive feelings and removing obstructive feelings. The authors use four terms to describe these critical thought processes: association, integration, validation and appropriation. Mezirow (1981), however, uses the term conceptual, psychic and theoretical reflectivity to describe these processes of analysis.

The third stage involves the development of a new perspective on the situation. The outcome of the reflection, therefore, is learning. Mezirow (1981) describes this stage as perspective transformation. Boud et al. (1985) discuss in more detail the outcome of reflection, suggesting that there are both affective and cognitive changes which may or may not lead to behavioural changes.

While identifying the processes involved in reflection is important, in order to use reflection as a learning tool, it is necessary to identify the skills required. Some authors move from an examination of reflective process to discussions of skills required of educators to promote reflection in learners, without explicitly identifying the skills required to be reflective (Boud, et al. 1985; Saylor, 1990; Schon, 1991). The identification of key stages in the process of reflection demonstrates that self-awareness, an analysis of feelings and knowledge, and the development of a new perspective are crucial to reflection. There is, therefore, implicit in the literature an assumption that certain cognitive and affective skills are necessary to engage in reflection. These skills are identified as self-awareness, description, critical analysis, synthesis and evaluation.
Self-awareness: enables a person to analyze feelings and is an essential component of reflection. It involves an honest examination of how the situation has affected the individual and how the individual has affected the situation.

Description: involves the ability to recognize and recollect accurately salient events and key features of an experience and to give a comprehensive account of the situation, identifying existing knowledge, challenging assumptions, and imagining and exploring alternatives (Bloom, Engelhart, Furst, Hill & Krathwohl, 1956; Burnard, 1989).

Synthesis: is the integration of new knowledge with previous knowledge. Stephenson (1994) considers that synthesis involves using this knowledge in a creative way to solve problems and to predict likely consequences of actions.

Evaluation: is defined by Bloom et al. (1956) as the making of judgment about the value of something. It involves the use of criteria and standards. Mezirow (1981) argues that both synthesis and evaluation are crucial to the development of a new perspective.

This review indicates that description, self awareness and evaluation are important skills for reflection. It suggests, therefore, that sufficient attention needs to be given to the development of reflective abilities. It is, however, recognized that there may be other skills not addressed in this review that will enhance a practitioner’s ability to be reflective.

From the review of the literature, it is conceivable to suggest that students may respond differently to the use of reflection and demonstrate different levels of reflective abilities and skills. As evidence from my own experience, the tendency for some to reflect may be an inherent characteristic which they already possess. This is merely stirred by the introduction of reflection as a methodological approach to learning. For others it is something that is quite novel and they accept it
enthusiastically and have little difficulty incorporating it into their practice. Unfortunately, there are a number of students who do not feel comfortable with reflection and never really grasp the approach. Consequently, my interpretation is that they feel coerced into thinking in this way in order to fulfill the requirements of the course and may be more likely to reject it as soon as they qualify.

The challenge in nursing education and for nursing educators, therefore, is to identify students who feel coerced or are fixed at the lower levels of reflection, to help them towards a personal and reflective growing process. It is evident that reflection, as a learning tool, is a necessary process in professional education. Practice is central to nursing education. If learning is to occur from practice, then reflection is vital (Benner, 1984; Clarke, James & Kelley, 1996). An understanding of the process of reflection is important, and sufficient attention must be given to developing the skills required to engage reflection.

Scholars often agree that specialized knowledge is clearly essential for practice. However, they also suggest that self-consciousness (reflection) and continual self critique (critical reflection) are critical to competence (Harris, 1993; Schon, 1995). This has implications for nurse educators and nursing practice.

Several studies (Astor, 1998; Atkins & Murphy, 1993; Jarvis, 1992; Poskiparta, Limatainen & Kettunen, 1999) have indicated that it is important to ensure that the pre-registration curriculum offers student nurses a chance to acquire reflective skills throughout their education. This is important because reflecting upon one's own actions is difficult without support by another, such as a mentor or educator. Jarvis (1992) defines reflection as an essential phase of the learning process, where people consciously explore their experiences in order to arrive at new understandings and behaviours.
Reflection in Nursing Practice

Mezirow (1990) argues that a professional practice comprised largely of routine and habitual action is non-reflective. Routine practice is guided by impulses, tradition or authority. The routine practitioner accepts the realities of daily practice and concentrates on discovering the most effective and efficient way of solving problems, often missing opportunities for reflection (Dewey, 1933; Schon, 1995; Ferry & Gordon, 1998) in order to improve on their practice. In another type of non-reflective practice, prior learning is reviewed but not necessarily appraised (Mezirow, 1990).

Reflection is necessary to make sense of professional experiences including the everyday events of practice (Clarke, et al. 1996). It enables professionals to access the vast array of knowledge that each possesses (James & Clark, 1994). Reflection involves making inferences, associating and discriminating among relationships, and undertaking critical reflection, resulting in transformation of meaning and action.

The situations professional nurses find themselves in everyday practice usually are so complex that the notion of routine practice should be precluded. To engage in competent nursing practice, nurses need to consider the contextual variable in each interaction, mindful that each interpersonal encounter is to some extent unique and that there is usually more than one desired outcome. Nurses must review their experience and knowledge before they can even suggest appropriate actions. They might need to question the routine, explore alternatives and transform previous ways of understanding.

Reflective thinking is seen as closely related to experience by many authors. Brown, Gillis and Posner (1996) state that the key to learning is not the experience itself but the reflection related to that experience. Boud et al. (1985) see reflection as the total response of the learner: "what he or she thinks, feels, does, and concludes at the time and immediately after" (p.18). Schon (1983) discussed two types of
reflection in the reflective practitioner: how professionals think in action: reflection in action and reflection on action. The former refers to reflection at that moment of the situation or event (the experience) and the latter to reflection after the moment. Killion and Todnem (1991) extend Schon’s idea with reflection for action, or reflection before an anticipated experience occurs. Such reflection is proactive rather than reactive like the other two and would seem to be what a truly reflective practitioner must do. All three types of reflection are needed daily by practitioners to unite theory and practice.

Benner (1984) has noted that there is a wealth of untapped knowledge embedded in the practices and the ‘know how’ of expert nurse clinicians. At the same time, this knowledge will not expand or fully develop unless nurses systematically record what they learn from their own experiences. Writing is one way of reflecting and has always been used in human history to record events of all kinds. However, we also find more personal uses of writing in which individuals recorded their insights into life. An important contribution of writing is that it provides objectivity in relation to the initial experience by removing it from the clouds of subjective feelings that can obscure it. It is a way of distancing oneself from the experience, which has the effect of clarifying it and fostering the ability to work with it, so that the learners can draw out potential learning. It can focus the learner’s attention on what actually happened. It is assumed, therefore, that nursing as a science has much to gain from nurses who compare their graded qualitative judgments and who describe and document their observations, paradigm cases, maxims and their changing practices.

Darbyshire (1991) introduced a series of narrative writings called “Nursing reflections” (p. 27) by stating that when reflective writing is combined with interpretation it can encourage deeper understanding and will sometimes result in a change of perspective for the individual. Some nurses find the process of writing a catharsis to personally work through problems or difficult situations. According to Burns and Bulman (2000), diaries are usually owned by the individual and are
private, however, difficulties can arise if the individual's reflection highlights poor practice. While this may be beneficial for learning, the idea of the clinical educator assessing reflective diaries becomes problematic. It is critical, therefore, that students are aware that their writings will be based on their assumptions from the outset.

Richardson and Maltby (1995) utilized a study and framework by Powell (1989) for the measurement of reflectivity arising from reflective diaries and focus group interviews. They noted that some students found the assessment of their diaries to be a barrier. They also found, as Powell did, that the majority of students did not use the higher levels of reflection. These higher levels are those that result in critical inquiry and problem solving. If reflective diaries are used at all for assessment purposes, it may be beneficial to keep the assessment as simple as possible. Wong, Kember, Chung and Yan (1995) carried out a small survey of student journal writing. They graded the students into one of three categories: non-reflector, reflector and critical reflector. Although the results appeared promising for evaluating and facilitating reflection, numbers involved were small. Nevertheless, their findings were similar to these of Richardson and Maltby (1995).

There are many uses of writings currently being proposed for reflective practitioners. The different names applied to them captivate something of their diversity. There are diaries, record books, portfolios, and journals. The common link between all is that they are using writing in the service of learning. The areas of application are as diverse as the names, though they do give us better insight into their uses. Writing is being applied in a whole host of areas. For example, in counselling (Eldridge, 1983), psychology (Hettich, 1976; Progoff, 1975) sociology (Miller & Sieden, 1975), management (Leary, 1981; Pedler, Bourgoyne & Boydell, 1978) administration (Wolf, 1980) and epidemiology (Bawden & McKinnon, 1980). From the authors identified, there were examples of professional people exploring how journals and portfolios can be effectively used in their areas of competence.
Issues for Students

The readiness of students to engage in reflective process is very important. Qualities of open-mindedness, willingness and commitment were found to be particularly useful (Wong, Loke, Wong, TSE, Kan, & Kemper, 1997, p. 481). Discomfort and unfamiliarity with journal writing for critical thinking is overcome by nurses with knowledge of the critical thinking process. Few nurses are able to focus on thinking processes in their first journal writing; instead they report what happened in their clinical situation (Degazon & Lunney, 1995). When clinical journals require feedback, that focus should be on the thinking process not the clinical or nursing content per se. Second the readers’ response to what is written should be supportive, facilitating and guiding the writer, not evaluative. Third, confidentiality should be assumed. The key concept in clinical journals is genuine interaction between the student and someone who is trusted. If students are not permitted to express their beliefs and ideas freely without wish of negative consequence in clinical journals, they will write to impress the teacher, not to learn from the reflective exercise (Paterson, 1995). The journals should be placed where students are free to be creative, where personal, intuitive and aesthetic knowledge are as legitimate as rational reasoning. Students have a right to expect that the teacher on the educational program does not have a predetermined agenda for what to write in clinical journals. Journal writing should be a place to “test one’s wing” (p. 216). Students are much clearer and more objective when they are able to find and create their own thoughts from their inner chaos and confusion. Creativity and authentic thoughts arise out of introspection and reflection that are uninhibited by direction and conformity (Holmes, 1997). Although many nurse educators use reflection as a teaching strategy, most have not engaged in planned and or orderly reflective practice themselves; their understanding of reflection is derived either from the literature or their work with students (Care, et al. 2002, p.137).

Issues for Teachers

Paterson (1995) lists four major factors, which impact upon an individual’s willingness and ability to reflect:
a) the individual's developmental level of reflection
b) the individual's perception of the trustworthiness of the teacher
c) the clarity and nature of expectation associated with the journal writings
d) the quantity and quality of teacher's feedback.

Reflective skills may be influenced by cultural and gender factors, as well as the availability of reflective role models (Paterson, 1995). The implication of this for teachers is that they should not expect all journal entries to be of equal length and quality. Reflective skills are developmental. Research shows that the students who prefer to function in the initial stages of reflective development will experience difficulty when asked to reflect on their clinical experience. Reflection entails constructing knowledge by means of perceiving dilemmas, synthesizing diverse perspectives, integrating both personal and received knowledge and imagining new alternatives. These skills are beyond the level of students who prefer to accept knowledge received from the teacher as absolute and to negate their personal knowledge. If a learning strategy such as journal writing requires a level of reflective skill beyond that of a student, the student's response may be anger, frustration and withdrawal. The perspective of students in the initial phase of reflective development, like all differences among individual students, requires respect and understanding. Paterson (1995) also notes that students who do not value the self in learning require sensitive, gentle challenge from the teacher to support them in the process of self discovery which is entailed in reflective journal writing. These students make the journey to more advanced stages of reflective skill in a myriad of confusion, excitement, discomfort and terror. Such a process requires a balance in which the teacher gives confirmation because the student requires it in order to feel secure, but withholds advice and guidance when the student is ready to be nudged from entrenched ways of thinking to consider other perspectives. If the journal is to be truly a dialogue, the teacher must be willing to participate as a partner, not an evaluator.
Reflective Practice and Clinical Supervision

It is important to define what is meant by reflection in relation to nursing. Reflective practice is a multidimensional process that seeks to problematize a broad range of professional situations encountered by the practitioner in order that they can become potential learning situations. This enables the continuation of learning, growth, and development, both cognitively and emotionally, in and through practice. Reflection is, therefore, viewed as a developmental process by which an individual explores everyday aspects of practice with a critical eye while simultaneously engaging in self-evaluation and the evaluation of the experience (Johns, 1995). It has been suggested that reflection on practice is only relevant to complex situations (Saylor, 1990). Arguably these types of situations contribute to a minute part of a nurse's practice, and to exclude the everyday practice of caring from reflection would be a missed opportunity to learn. Kohner (1994) identifies the main purpose of clinical supervision is that of facilitating reflective practice within a patient-centered focus. This view is supported by Johns (1993) who proposes that clinical supervision offers an ideal milieu for the guidance of reflective practice which in turn offers an ideal method to structure what takes place within clinical supervision.

The goals of reflective practice are clearly ambitious with the aim of helping the practitioner to develop therapeutic competence in order to maintain quality patient care. The process and structure of reflective practice have been heavily influenced by Carper (1978) who described four patterns of "knowing" in nursing: a) empirical, which focuses on drawing relevant theory and evidence for practice; b) personal, which is holistic in philosophy, enabling one to analyze and understand distress; c) ethical, which involves responding with the appropriate skills and actions in a given situation; and, d) aesthetic, which involves understanding oneself within the context of practice. Within this framework the reflective practitioner can develop in promoting the realization of caring with a deeper awareness of the human encounter and experiences. Hence, reflective practice could be termed a process of guided discovery with both reflective practice and guided discovery aiming to increase awareness of experience within the caring context.
When I think about teaching I usually think about learning as well. And learning always suggests the process of coming to know. Dewey's (1933) notion of reflective teaching and teaching as learning emphasizes the intellectual demands or work, which is action based on thought. According to Dewey, teachers determine the purpose and consequences of their work so that what they do represents what they believe and know. In the process of reflective practice teachers become 'students of education' who can act with intent as they responsibly examine the many complex aspects of their classroom or clinical practice. As teachers examine their practice and thus learn about themselves and their work, they construct knowledge about teaching and their work as teachers. It is anticipated that this aspect of the nurse educators' approaches to reflective teaching and learning with their students will be analyzed in this study.

In supporting a learner to develop and manage reflection, the mentor must have a grasp not only of clinical practice but also of reflection. Reflection is a process of reviewing an experience of practice in order to describe, analyze, evaluate and so inform learning about practice. Smyth (1987) noted that "most of us unless we feel uncomfortable, shaken or forced to look at our selves and our circumstances, are unlikely to change. It is far easier to accept our current conditions and adopt the line of least resistance" (p. 40). Smyth also suggests that we expect to face these constraints as we begin to work with other teachers. These constraints, which may lead to considerable resistance to change, can be roughly grouped into two categories; those emanating from personal sources, our own thoughts and beliefs, and those deriving from situational or institutional factors such as physical, social, and political fibers that knit each clinical area together, influencing the nature of the questions that educators ask of each other and the risks they are willing to take.

Many practitioners and commentators view teaching as the transmission of knowledge as encapsulated in metaphors such as the 'learner as a sponge' or the 'learner as an empty vessel'. While these are rather clichéd characterizations of teaching and learning which incidentally, have been the subject of attack by earlier
critiques of our educational system (Holt, 1964; Illich, 1971; Reimer, 1971), we must unfortunately report that these metaphors are still alive and well in the thinking of preservice teachers. This is an important dynamic to understand because it cannot be expected that reflection can actually change practice when inserted into an unsympathetic culture. Indeed it is likely that guided reflection and clinical supervision in nursing will be accommodated to fit existing cultures. If this happens then its transformative potential will be nullified. Reflection will simply become technique focused.

Providing Reflective Thinking Opportunities

Two Elmira College instructors, one in nursing and the other in education, teach introductory courses in their fields. Both courses are taught prior to any practicum experience by the students. An important assignment in each course is the writing of a personal philosophy paper including beliefs about the profession. Both instructors use a process approach with reflective thinking. To focus on various aspects of the profession, both employ questioning based on textual readings, professional resources, and students' own experiences.

The instructors in both courses also use actual case studies to bring the real world into the college classroom. Students are expected to share personal experiences and respond to each other's positions. Through discussion and dialogues, students' thinking often is reframed or seen in a new light (Schon, 1983; 1987). The reframing helps modify and expand initial positions. Throughout the term, students work on articulating their own viewpoints in oral and written form. Not only does this exercise help define their field of study, but it also helps clarify their written views.

Although both instructors have as a final product some form of written personal philosophy, the process they use to guide the students are different. In the nursing course, topics such as nursing as a profession in health care, and educational requirements are discussed at separate times during the term. The information
highlighted by the instructor during these classes serves as a guide for the individual written reflections. For example, regarding health care, the instructor reminds the students to examine the mental, spiritual, emotional, social, and cultural aspects as well as the obvious physical component. The students then must define health care; they describe the nature of nursing as a profession. Within this framework, characteristics and qualities are stated as well as how nurses actually practice. The following excerpts exemplify the naiveté of beginning nursing students as well as the difficulty they have in articulating their beliefs:

_The provider must maintain an intimate and physical relationship with the patient._

_The profession of nursing has turned into a science and is no longer a profession for women with good moral upbringings and character._

_A nurse should be friendly, nice, have good people skills, and love their [sic] job. They are going to have to like and want to help people in order to succeed as a nurse...Nurses should have good skills in management, motherhood, technology, socializing, and counseling...In order to be a successful nurse one has to enjoy caring for others, and cannot let personal problems get in the way. Many people can nurse but only a few can be a nurse._

Students may submit a rough draft, receive instructor feedback, and revise the draft before submitting their final paper. The students were encouraged to take the opportunity to take what they were learning and truly make it their own, in their own unique way. This was their opportunity to modify others' ideas and develop their own. Often the very act of writing or otherwise consciously and intentionally reflecting on new ideas will reveal deeper insights that would otherwise go untapped. The exercise of writing and rewriting seems to facilitate the skills needed for true reflection (Richardson & Maltby, 1995). The hope is that through this process, and with time, students will express more integrated personal philosophies such as:
Nurses should be physically and emotionally able to care for patients' needs before their own. Nurses are also responsible to care for their own health and provide a good example for patients.

There is creativity beyond the skills; skills provide the springboard. I will consider it a privilege to call myself a nurse.

The main case study used by the nursing instructor is that of a 35 year old woman who has just had a mastectomy. The specific details about this real individual, provided on a fact sheet, challenge the college students' value system in a number of ways. For example, the woman has five children whom she home-schools, primarily because of her beliefs. Because many of the woman's beliefs contradict those of most nursing students, the students have to face their own unexamined assumptions regarding an appropriate family size, breastfeeding, the role of religion in one's life, the qualifications of a parent for home-schooling, and other pertinent issues.

When the case study is first presented, many students verbalize erroneous assumptions, especially that any woman having a mastectomy is essentially an individual incapable of functioning. Initial students' comments such as those following are made in a matter-of-fact fashion:

She can no longer function as a mother.

She is unable to educate her kids.
She would have less stress by being away from her children.

She is afraid her husband will leave her.

Students at this stage still see issues through their own eyes and have not yet learned to take another individual's perspective. In fact, when questioned, the
patient said the students’ comments all were inaccurate. The discrepancies between the students and the patient’s perceptions demonstrate what may be found in a real clinical situation and emphasize the necessity for instructors to use the reflective thinking process.

Debriefing, in both oral and written forms, seems to be very important for reflective thinking, especially when emotions and beliefs are involved (Davies, 1995). Oral debriefing seems to be the most powerful part because the verbal dialogue creates forces so that students re-examine their viewpoints. Instant input from other students and the instructor prevents individuals from continuing with misconception. The written work occurs after the oral debriefing. Thus, from the one case study and reflective work related to it, the nursing students then generalize about the importance of addressing issues related to health and nursing from the patient’s viewpoint (Davies, 1995). Combining the practical case study with the more theoretical topic discussion helps students formulate and clarify their own professional philosophies over the term. As Davies (1995) stated, “engagement in debriefing led to clarification, validation, reformulation, and analysis of client-related problems” (p. 171).

Nurse’s narratives are a valuable approach to understanding nursing practice because they can highlight our nursing knowledge and our caring practices while also eliminating more general or universal issues (Benner, 1984). Our narratives can be transforming. They can touch us, move us or shake us. They can trigger what have been called ‘paradigm shifts’ - those moments when nurses’ thinking and beliefs about nursing undergo a deep and fundamental change.

Benner (1984), Diekelmann and Rathen (1993) argue that it is such paradigm shifts which characterize the development of true expertise and meaningful experience. Narratives develop nurses’ abilities to write meaningfully about their own practice, and when combined with interpretation, they can encourage a deeper self understanding. Narratives can help us to discover and understand the taken for
granted, or tacit knowledge which often remains hidden within nursing practice - the "I can't really explain it, but I just know" knowledge. Our stories or narratives can tell of times when we made a positive difference to someone's life. They can also open up educators thinking to transformative new caring possibilities in nursing.

The work of reflective practice needs to be analyzed critically, interpreted and compared with other perspectives. Schon (1983) describes reflective conversations where ideas are shared and debated, Boud, et al. (1985) describe debriefing after experience, and Holly (1987) details keeping a professional journal. Space for this type of work needs to be built into the learning syllabus.

Narratives in the form of story telling, are a toll for exploring the moral aspects of nursing care (Benner, 1991; Cooper, 1991). In addition to providing an opportunity for greater understanding of the context the narratives have the potential to indicate the role of relationships in moral decision making (Montgomery, 1993). However, the effects of story telling in practice can be much greater than effects of journal articles because nursing is based primarily on an oral culture. Story telling in the form of narratives ought to focus on daily aspects of nurses’ work (Kelly, 2000).

It is hoped in academia that there will come a time when reflection on action will be valued to such an extent that it can be given official time during the working day when nurses can write about or discuss their experiences with the mutual purpose of learning from them. Currently, there is little evidence of the widespread adoption of reflective learning as part of working nurses’ daily schedule. From the literature reviewed, it would seem that reflection is usually done as part of a unit of study and then only if it is tied to assessment.

Donald Schon (1983) coined the term “reflection in-action” to describe the way various professionals dealt with situations of uncertainty, instability, uniqueness and value conflict. They responded to surprise by turning thought back on the
process of knowing implicit in their action. They may have asked themselves, for example:

(a) “what features do I notice when I recognize this thing?” (process reflection)
(b) “what are the criteria by which I make this judgment?” (premise reflection)
(c) “what procedures am I enacting when I perform this skill?” (process reflection)
(d) “how am I framing the problem that I am trying to solve?” (premise reflection)

(p.112-113).

Usually reflection on knowing in action goes together with reflection on the stuff at hand (content reflection). What distinguishes reflection-in-action from other kinds of reflection is its immediate significance for action. In reflection-in-action, the rethinking of some part of our knowing-in-action leads to an on the spot experiment and further thinking that affects what we do in a situation at hand. The distinction between reflection and knowing in action may be subtle. A skilled practitioner adjusts his/her responses to the variations often found in a given situation.

Darbyshire’s (1992) belief is that reflection-in-action is calculative and, that analytic thinking is neither possible nor desirable. Reflecting-in-action from a calculative or technical - rational thinking perspective would involve the stepping back of the practitioner, which Darbyshire suggests is almost always impossible. There is also a very real sense in which reflection-in-action could be detrimental to expert practice. In other words, time must be promoted to nurturing thoughtful nursing practice and education. Darbyshire points out that, reflective practice takes time, resources, and a commitment to shared learning. Furthermore, to create climates of learning and dialogue in nursing, nurses must foster openness and the sharing of stories and practices.

Glen (1995, p. 174) suggests that uncovering new knowledge involves analyzing and interpreting the information recalled. The reflective practitioner may
speculate how the situation might have been handled differently and what other knowledge would have been helpful.

Regardless of reflection-in-action or reflection-as-action, Glen (1995) also suggests that educators should return to the classical values of teaching "how" to think rather than "what" to think. Through practicing reflection, Glen (1995) and Shank (1990) agree that students of nursing will not only learn skills that are useful in today's health care system, but what is essential to enable them to rise to challenges of change related to future health care trends.

Summary

Clinical training forms a major part of nursing studies. In order to support students in reflection, clinical nurse educators and mentors need to be committed to reflective practice and to be sensitive to their students' learning needs. Hence reflective practice could better include a process of guided discovery with both guided discovery and reflective practice increasing awareness of experience within the caring context.
CHAPTER THREE

Method of Investigation

As indicated, the purpose of this study was to explore and describe how clinical nurse educators foster reflection in students. The nature of the research question was to capture as accurately as possible the experience of clinical nurse educators in their reflective role; therefore, a phenomenological analysis appears to be justified. For purposes of qualitative research, however, phenomenology has also been adapted and used as a framework situated within the interpretive tradition. While discussion flourishes around perceived benefits of reflection, those who cast doubt are concerned about the legitimacy of knowledge learned from experience (Schon, 1991). This paradigm was selected because it has at its core, a fundamental assumption that the lived experience is valid. Phenomenology is not only a research method, but it is also a philosophical movement and an approach to inquiry (Beck, 1992; Field & Morse, 1990; Psathus, 1978; Spiegelberg, 1975). It is as free as possible from preconceived notions, expectations and prejudices and does not involve theories about causes or presuppositions about process (Field & Morse, 1990).

Husserl (1967) the father of phenomenology, held unique beliefs about what it means to be human. He introduced two ideas that are central to phenomenology. Life world and intersubjectivity. Phenomenologists believe that whatever is known must appear to consciousness; whatever does not appear to consciousness cannot be known. Consciousness then provides access to the world. Heidegger (1962) advanced the concept of being in the world from the conception of consciousness as intentionality. He believed the nature of being human was concern or awareness of one's own being in the world.

According to Husserl (1967) there is not just one basic starting point of philosophy in any single fundamental principal, but in an entire field of original experiences. His philosophy is a precise phenomenology because it has as its starting point, a field of primordial deduction, and solely regards intuition on the
basis of a very exact analysis and description of the phenomenon. This approach to phenomenology aims at being a descriptive theory in the essence of pure transcendental experiences and like every descriptive discipline neither idealizes nor works at the substructure of things. Hence, it has its own justification. Thus the goal in this study is to describe with rigorous conceptual precision the essence of perception of five clinical nurse educators. All deductive theorizing is excluded from phenomenology. All its knowledge is descriptive and must be adjusted to immanent requirements. It follows that inferences of non-intuitive-ways and means of every description have only the methodological meaning of leading the reader and the observer toward the facts. None of the other scientific methods would be of equal value here, because they have to presuppose something in addition to what is actually given, whereas in phenomenology every original intuition is a legitimate source of knowledge and has to be taken simply as what it presents itself to be.

In examining the reflective practices undertaken by nurse educators, the goal of phenomenology in this work is to capture as accurately as possible the experience of the phenomenon under scrutiny and to describe this reflective experience as fully as possible. In order to achieve this goal, researchers need to rigorously identify their own presuppositions, beliefs and assumptions (Beck, 1992; Crotty, 1996; Field & Morse, 1990; Patton, 1990). This process is called bracketing and helped bring my own experience into sharper focus. Putting my own preconceptions and beliefs about reflective practice to the side as discussed in the previous chapter, allowed me to perceive the participants' world prior to getting to the task of interpretation and explanation of their experience. This gave me as pure a picture as possible of the phenomenon under investigation (Oiler, 1986). Put simply, phenomenology affirms subjective experience, in this case, the subjective world of the nurse educator, and was, therefore, the method best suited to the purpose of this study. Thus I was able to capture the experience of clinical nurse educators as reflective thinkers and how they promote fostering of reflection in their students. This phenomenological approach is within constant continental philosophy, derived from Husserl (1967).
Study Participants

Included here is a list of assumptions I have held throughout this research (see Appendix E). This is a result of my own experiences as a clinical nurse educator and prior knowledge on the topic of reflection.

- The clinical nurse educator's role is that of creating an open and supportive atmosphere
- Thoughts on actions need to be articulated, either verbally or in writing
- Reflection is a process of reviewing an experience in order to describe, analyze, evaluate and inform learning about practice
- Reflective practice helps nurses to confront the changing face of health care and offers a solution to the need for more autonomous and independent thinkers

The study sample consisted of five clinical nurse educators employed in a university/college of nursing in western Canada. These purposively selected educators were chosen based on their years of experience (two years or greater), of being self-professed reflective educators and on being able to have access to the clinical settings in which they were teaching. Their clinical setting included the medical/surgical areas of practice. The five clinical nurse educators taught across the four years of the nursing program, so their experience spanned all levels of the baccalaureate program. Recruitment was conducted during a seminar attended by 11 nurses. During a one hour seminar, I introduced my research topic, explained the data collection process and encouraged discussion and questioning. Participants were then recruited based on their apparent knowledge of reflection and on their willingness to discuss their use of reflective practice in the clinical setting. The baccalaureate nursing program at this local university/college includes reflective journaling as one of the primary teaching-learning strategies across the curriculum.

The selection process for the recruitment of each of the five participants was based on their interest in taking part in this project, as not all who attended were willing to participate in the research. All participants who attended the seminar but
were not selected were thanked for their interest in the information session and attendance. The chosen participants were each given an introductory letter and information sheet (see Appendix C) outlining the purpose of the study, prior to commencing data collection. After two weeks each participant was approached verbally and when verbal consent was given, each participant received a written consent form. Participants were purposively selected from each of the four years of the baccalaureate program. I specifically chose two from first year as this was thought to be when most of the reflective fostering begins, although it continues throughout the program. Participants also had to have at least two years of experience in clinical teaching. This is why it was important to select participants from years 2, 3 and 4, as well as two from the first year.

**Data Collection**

Phenomenology demands a mode of data collection that “will represent the participants’ experience precisely from their perspective” (Beck, 1992; Field & Morse, 1990; Psathas, 1978; Spiegelberg, 1975) i.e., in terms of how they view the reflective process. One on one, semi-structured in-depth interviews were conducted over a period of four months in order to a) ensure that each participant’s account of his/her teaching practices were accurately and fully obtained, and, b) to reduce subjective research bias. The mechanism of bracketing facilitated this as explained earlier. Interviewing was semi structured to create a circular dialogue. Questions were asked to encourage the participants to describe as fully as possible the process of reflection they used in clinical practice and their feelings and attitudes of the same. For example, participants were asked: tell me if there is anything that may have helped or hindered you in teaching reflection with students in the clinical setting (see interview questions in Appendix A).

Prior to conducting interviews the five participants were given a consent form (see Appendix B), which outlined the following procedure. Each of the participants were told to expect one to three audio taped interviews lasting from 45 minutes to one hour. They were invited to have the interviews conducted at a place
which was comfortable for them. The participants were also made aware that their names would not be included in the research data and that audio tapes would be coded so that no identifiable information would be present on transcripts. They were assured that the audio tapes would be transcribed by a typist who had also signed a confidentiality agreement (see Appendix C) and that audio tapes and transcripts would remain in a locked drawer in my home until the end of the study. Upon completion of the study all data are being destroyed. The five participants were also given a copy of a demographic questionnaire and a copy of interview questions (see Appendix D).

At the beginning of in-depth interviews, participants were asked a series of questions about their understanding of the reflective process. One of the first questions about their understanding of their reflective experiences was, “tell me when and how you learned about the process of reflection.” I used reflective silences, both verbal and non-verbal and active listening responses to develop rapport and to facilitate comfort and involvement of each participant. All of the interviews took place in the participant's office and lasted approximately 45 minutes in length. One audio taped interview was held with each of the five participants, and two subsequent telephone calls were made to two of the participants to clarify interview information.

Data analysis took place during, between and immediately following each interview in order to add field notes. At the same time, two of the participants were later prompted to expand on, or extend any developing themes from their previous interviews. Focus was given to both implicit and explicit meanings in descriptions and explanations given by each participant.

**Data Analysis**

Consistent with data analysis in phenomenological enquiry, I aimed to uncover and produce a description of the participants lived experiences. Therefore, each participant’s interview was transcribed and each participant’s description of the
reflective processes used was analyzed using Colaizzi's (1978) phenomenological method to derive thematic understanding of the phenomenon.

Each of the following steps as described by Beck (1992) and Crotty (1996), were employed in data collection and analysis:

- Each of the transcripts were read several times in order to get a sense and understand what the participants had said.
- Significant statements and phrases were extracted as they directly related to the reflective process.
- From these statements, meanings were formulated.
- These formulated meanings were then organized into clusters of themes.
- The results of the data analysis were synthesized by exhaustively describing what participants meant by reflection and how this was fostered in students.
- These exhaustive descriptions were validated using member checks, i.e. these descriptions were e-mailed back to the participants to verify their content.

A demographic questionnaire (see Appendix D) was given to each of the participants, prior to the interview, in order to obtain detailed descriptions of all five participants. Participants were asked: How many years have you been a Registered Nurse? How many years have you been a clinical nurse educator? What is your clinical specialty? What level of student do you teach? This became an important part of making sense of the raw data, as these were significant factors that impacted on the way that educators fostered student reflection.

Themes from each interview were later taken back to each participant and cross checked for validity prior to their inclusion in the thesis. Extensive inclusion of participants direct quotes have been included in the results section of this study in order to further ensure rigor in the interpretation of data. As the sole researcher, I have maintained an audit trial of events in a journal, outlining dates, times and
places of each interview as well as the length of each interview. My journal also includes a list of my assumptions as outlined in Chapter two. Thank you letters (see Appendix F) were also sent to the participants, once interviews and member checks were concluded.

In summary, chapter three discussed the research method and an explanation of phenomenology as an appropriate approach for enquiry as well as, the rationale for using this approach. Bracketing, the sampling process and a short introduction to the data analysis were also included in this chapter. Discussion related to themes that have emerged from the data, which are included in chapter four.
CHAPTER FOUR

Introduction

Chapter four includes a brief discussion related to each of the six themes that have emerged from the data, these are: reflection is deliberate and purposeful; reflection triggers a critical response to any situation whether good or bad; affect and reflective practice are linked strongly; reflection occurs on a continuum; reflection provides increased awareness of problems and issues; fostering reflection with students requires time and an open and caring environment.

Pseudonyms were used for each participant in order to guard his or her identity.

Presentation of Findings

Theme 1
Reflection is deliberate and purposeful

Overall, four of the five participants stated that as nurse educators, we must build upon existing research. We ought to begin to uncover, describe and value clinical knowledge, skills and excellence in our everyday practice. Yet this cannot be learned only from individual study. It takes time, resources and a commitment to achieve shared learning. Nor is reflective practice resource-free education. To create climates of learning and dialogue it is necessary for the nurse educator to foster openness and the sharing of students’ stories and practices. True expertise can never be a selfishly guarded private possession. As one participant described it, “my relationship with reflection is a central part of the new curriculum, especially clinical learning.” Katie

Another described her introduction to reflection as “a critical thinking movement, instead of learning to write, it evolved into writing to learn” and that reflective practice “became less intuitive and more intentional.” Angela

A third nurse educator stated, “There is always so much that comes out of one situation and I guess I just learned that reflecting even on one situation can be so
powerful for learning in a whole lot of areas. Learning that reflection really, really can transform practice.” Jamie

She also stated that “Usually we have eight students but as little as six and it’s like night and day, it’s like having two different worlds to work in.” Jamie

As a final example Sarah stated “If I feel disempowered or oppressed, the reflection part of me shuts down and I go into a doing mode, it’s kind of a survival thing to me. So if I do not feel free to think or reflect I do not feel my values are supported.” Sarah

Reflection provides a means to growth and transformation, however, if this is not nurtured, growth can become retarded.

Theme 2
Reflection triggers a critical response to any situation whether good or bad

According to three of the five participants, reflection triggers a different level of response depending on the degree of personal crisis experienced in the moment. The closer the personal crisis the greater the effect and need for change. For example from Katie’s perspective, “sometimes difficult situations are discussed in conference. Also I discuss difficult dilemma’s with faculty and peers and I also encourage students to discuss difficult dilemmas with their peers.” Sarah described a critical response to any situation as:

“well I guess it means that you’re consciously thinking back on an aspect or situation or an issue and really intentionally thinking about what went on in that situation and kind of analyzing it and looking at what options might have been available, what choices might have been available, what you did, what was lacking and what you can learn from that, and what you need to learn from that.”

As stated by Angela “reflection is possibility seeking looking at your own practice or friendships reflecting on how my practice can transform including my educational instruction.”
Reflection when looked at positively has the power to create new ways of seeing and new ways of feeling for an educator.

Theme 3
Affect and reflective practice are strongly linked

Journaling to be effective, requires the student to engage in the act of reflection which is a processing phase following an event in which the experience is recaptured, analysed, and evaluated (Boud, Keogh & Walker, 1985). Reflection within the context of learning comprises activities which encourage exploration of experiences in order to come to a new understanding. Reflection is a primary factor in learning from experience and a vital process in changing one’s perspective (Boyd & Fales, 1983). According to participants in this study, true reflective practice actively impacts on both educator and student affect (emotion/feelings/perceptions). Sarah believes that “reflective dialogue with other people helps us to identify our strengths and our weaknesses and helps us to become more aware of ourselves in a situation.”

Katie, on the other hand, believes that:

“journaling does promote clarity of thought, writing things down just helps to bring ideas and circumstances and so forth a lot clearer, as things can be very muddled in our heads, but when we begin to write it down, we begin to think a lot more clearer about situations or about happenings.”

Reflection creates a pattern of organization in our minds when we begin to journal and need to become a part of our everyday lives.

Theme 4
Reflection occurs on a continuum

Jamie stated that “reflection can transform practice because it forces you to look at your practice, whether in class or clinical and create change if need be.”

There appears to be a different developmental quality to this. According to the participants you begin to shift from novice to expert staff.
Katie believes "you get better in your practice and you continually get a deeper understanding of what reflection is all about."

Jamie believes that "reflection helps you understand better, you feel better, you see it better. You get better in your practice and you continually get a deeper and deeper understanding of things past and present."

While Katie stated that "students are not all at the same level of reflection, they are busy and it is unrealistic to expect more or deep thinking things from them, so when we have their journals we can really look at them and respond back with different ideas and different ways of knowing."

Reflection creates a shift in practice as we move up on a continuum. It creates increased enlightenment to each and every situation. Journal writing is a common component of clinical experience within most nursing curriculae. Although designed to facilitate student learning and growth, journaling assignments do not always result in these intended outcomes. One of the most problematic issues is the lack of substance and superficiality in thinking that is evident in student writing. In order to move students to deeper levels of thinking and knowledge acquisition, journaling and the environment needs to be designed to provide structure and support to achieve positive learning outcomes.

**Theme 5**

Reflection provides increased awareness of problems and issues

Noel stated that "the best metaphor I've heard for reflection is that it's like turning over a rock and just looking underneath and seeing what is there."

Angela believes that "reflection bridges theory, action and experience."

She also stated that "If I give the students a choice whether to talk over the phone, verbalize personally or write, it allows the student to continually engage in the process of reflection."

Also Jamie stated that "With the oral form of reflection it is richer, there is something about the language and being able to converse, that you get a lot more
words in there that you do writing it out, you can challenge their thinking and get them to think more.”

Students and teachers are partners in the promotion of reflective learning. Engaging in dialogue can enhance one’s ability to gain a number of perspectives surrounding an issue. It “serves to strengthen the linkage between theory and practice, develop insights and validate assumptions” (Wong, et al., 1997, p. 477). While reflection may bridge the gaps between theory, action and experience, it requires fostering no matter in what milieu.

Theme 6
Fostering reflection with students requires time and an open and caring environment

Sarah believes “students feel like they are being evaluated all the time so they need to be shown that they can trust the educator and thus not be judged on their journaling.” Sarah also stated that “it’s hard to separate evaluation from the students’ journal and sometimes students complain, because of this it’s a real dilemma, you need to be able to separate what is dialogue from what is helping practice grow, it can be a hard call.”

Angela stated “reflective journaling aids the student because if they want to discuss something with the educator they may get caught up with the educators’ ideas and not get to talk about why they came to the instructor in the first place.”

As clinical nurse educators we need to be able to allow students the freedom to think out aloud as well as journaling. We also need to create an open environment free from judgment. Journaling assignments need to be structured within a reflective process which promotes ways of knowing in nursing practice, and be supported by a learning climate which encourages mutual trust, collaboration, and openness to new ways of knowing.
Summary

This chapter identified six common themes that arose from the interviews that are in keeping with what is already present in the literature. These themes will be further discussed in the next chapter within the context of existing literature on reflective nursing practice.
CHAPTER 5

Discussion of the Findings

Data synthesis as presented in the previous chapter, explains how six common themes emerged: reflection is deliberate and purposeful; reflection triggers a critical response to the situation at hand; affect and reflective practice are strongly linked; reflection occurs on a continuum; reflection provides increased awareness of problems and issues; and fostering reflection with students requires time and an open and caring environment. These themes are discussed in greater depth in this chapter within the context of existing knowledge on reflection in clinical teaching.

Theme 1

Reflection is deliberate and purposeful

The participants felt that reflection is possibility seeking enabling you to look at your own practice and looking for transformation. Clinical nurse educators have a great potential to facilitate new ways of knowing through discursive praxis—such as the act of reflecting upon the power structures which have shaped our world. Discursive praxis is based on the notion that our world is socially constructed and that constraining cultural practices can be replaced with emancipatory strategies through critical analysis and change (Wilson-Thomas, 1995). Nurse educators have the opportunity to promote greater understanding of personal beliefs and practices by enabling nurses to learn from their experience rather than by experience (Warelow, 1997). Warelow cautions, however, that because nurses no longer accept the way things are, they are more likely to become aware of oppressive forces within their lives.

Two pedagogical strategies associated with discursive praxis have been suggested as tools for promoting the moral education of nurses—that is, the use of journals and narratives. Narratives, in the form of story telling, are a tool for exploring the moral aspects of nursing care (Benner, 1991, Cooper, 1991). Reflecting on mundane as well as critical incidents is crucial to the moral
development of nurses because “it is probably within the mundane that habitual routinized practice is most likely to occur” (Heath, 1998). Heath suggests that reflecting on what is taken for granted in nursing practice will increase nurses’ socio-political knowing. Having greater socio-political awareness through understanding how decisions are shaped by their context is the first step toward emancipation. The views of the participants were that they had an understanding of the health care bureaucracy and the limitations set by the health budget.

At a time when reflective practice is in danger of becoming the latest fashion victim, Darbyshire (1992) suggests it is important that nurses consider the importance of shaping their own professional development.

**Theme 2**

Reflection triggers a critical response to any situation whether good or bad.

The participants felt that reflection could potentially be haphazard if students were just thinking about practice. Good critical thinkers and mentors that give feedback can make it intentional and purposeful. Students learning during clinical education mostly occurs when they analyze and act upon a situation. Without reflection as non reflective thoughtful action (Mezirow 1991, p.106) students do not evaluate or question their methods or reasons toward what they are doing. Mezirow (1981, 1991) divides reflection and reflective learning into seven hierarchical levels. He refers to the first four levels of reflection as consciousness and to the last three as critical consciousness. Critical consciousness entails becoming aware of one’s own awareness, criticizing it and challenging one’s underlying assumptions, which result in a changed perspective. Only reflection on the premise of nursing at the level of critical consciousness can lead to transformations in meaning perspectives and transformative learning. According to Mezirow, to make meaning means to make sense of an experience; we make an interpretation of it. When we subsequently use this interpretation to guide decision making or action, then making meaning becomes learning. We learn differently when we are learning to perform than when we are learning to understand what is being communicated to us. Reflection enables
us to correct distortions in our beliefs and errors in problem solving. Learning may be defined as the process of making a new or revised interpretation of the meaning of an experience, which guides subsequent understanding, appreciation and action.

Reflection-in-action is the process where the practitioner recognizes a new situation or a problem and thinks about it while still acting. Schön (1991) and Boud and Walker (1991) believe it is possible to encourage reflection-in-action and improve the practitioner’s ability to identify problems in the social milieu and attend to the relevant surrounding stimuli in order to deal with these problems immediately. While problems are not usually exactly the same as on previous occasions, the skilled practitioner is able to select, remix or recast responses from previous experiences when deciding how to solve a problem in practice. Reflection-on-action on the other hand is the retrospective contemplation of practice undertaken in order to uncover the knowledge used in a particular situation, by analyzing and interpreting the information recalled.

Theme 3
Affect and reflective practice are strongly linked

The participants also felt that journaling helps in terms of their educational and personal lives. What affects them on a personal level may affect their practice and visa versa. Educators outside of nursing believe that writing skills are thinking skills. They say that journal writing not only improves students’ reading and writing skills but organizes thought and thereby facilitates analysis and synthesis. Journal writing can deepen students’ ability to reflect on their lives and help them develop an understanding of perspective and the importance of context in the creation of knowledge. The literature indicates that journal writing actively engages students in learning to transfer facts from one context to another; linking classroom work with clinical experiences; articulating how personal or clinical experience, reading or lecture material changes the meaning of a situation for them; and developing skills in introspection, reflection, self conversation and dialogue. Journals can be used in
many ways; to strengthen students' self understanding while increasing teachers' understanding of students.

Leahy (1985) states that the journal is a wonderful place for students to make sense of and to learn from their mistakes and also increase a students' self esteem. Journal writing is a powerful technique that allows students to give word to their inner dialogue, to share their precious memories, reflections and insights. This supportive, intimate dialogue can empower some students to give voice to their emerging ideas in the broader arena of the classroom.

Reflection is a multifaceted concept. It consists of the intellectual and affective dimensions of a person's thinking. The central point of reflection is experience, but the trigger point of the process is often the arousal of the affective response. It can involve a notion of surprise, a positive or obstructing feeling or an inner discomfort. Reflection occurs when the individual acts on the feeling, recaptures the experience and makes inferences, generalizations and evaluations. According to several authors (Wong, et al. 1997) reflection helps turn each experience into a learning experience.

Theme 4
Reflection is on a continuum

The participants felt that effective practice is not really possible without reflection, as things are always changing and we are always learning. What do you usually imagine when you think of "reflection"? In the physical sense you might think about mirrors and reflected images, of looking and seeing a parallel version of the world. From a human view you may imagine thinking quietly, mulling over events in our mind or making sense of experiences we have had. It seems that when you recognize the importance of these activities in our lives, it may mean that we need time to catch up with ourselves, to take stock or to share other people's ideas on an experience. These events are so common place that we regard them almost as natural as breathing. You know intuitively that you need to do these things in order
to learn from experiences and to deal with expectations. While reflection is itself an experience (More, 1974) it is not, of course, an end in itself. It has the objective of making you ready for new experiences. The outcomes of reflection may include a new way of doing something, the clarification of an issue, the development of a skill or the resolution of a problem. A new cognitive map may emerge, or a new set of ideas may be identified. The changes may be quite small or they may be large. They could involve the development of new perspectives on experience or changes in behaviour. The synthesis, validation and appropriation of knowledge are outcomes as well as being part of the reflective process. New links may be formed between previously isolated themes and the relative strengths of relationships may be assessed.

Reflection is an inherent process and enables one to summarize an event or situation as an important contribution to writing, that it provides objectivity in relation to the learning experience by removing it from the clouds of subjective feeling that can obscure it. It is a way of distancing oneself from the experience, which has the effect of clarifying it and fostering the ability to work with it, so that the learner can draw out potential learning (Benner, 1984).

Students may respond differently to the use of reflection and demonstrate different levels of reflective abilities and skills. Undoubtedly, for some the tendency to reflect may be an inherent characteristic, which they already possess and this is merely stirred by the introduction of this methodological approach to learning. For others, it is something quite novel, and they accept it enthusiastically and have little difficulty incorporating it into their practice (Burns & Bulman 2000).

Theme 5
Reflection provides increased awareness of problems and issues
The participants felt that reflection on experience was a pathway worth pursuing as it leads to heightened awareness where nurses learn to understand the meaning of their own experiences. Dewey (1933) provided one of the first
definitions for reflection as the “stepping back from a perplexing experience (to halt
impulsive thought) which allows one to think and generate a more comprehensive
plan of activity” (p. 64). He also described the process of learning as being
continuous and grounded in the experience of an individual. Schon (1983) identified
reflection as a tool required for promoting professional development. He proposed
that professional practice could be enhanced if novices were provided with
opportunities to reflect on their professional actions rather than relying solely on
their acquired technical knowledge. Reflective practice entails using the tools of
reflection to look back on an experience to analyze and contemplate its meaning in
relation to the self. Many authors maintain that reflection promotes self directed
personal growth and innovative thinking and encourages this thinking in novices.
Reflective practitioners are the creator of the world. By becoming sensitive to self
within the context of everyday practice, they strive to be therapeutically available.
This position assumes that reflection is always consciously motivated towards
therapeutic intentions, particularly in nursing practice. It can be seen that reflection
is described as a liberating and empowering process. It is about developing self
awareness and self knowledge.

Boud and Walker (1991) believe that people need to be able to learn from
their experience in order to accept positions of responsibility. The process of
learning to learn from experience is as important as the end product of learning,
namely an ability to view a phenomenon from a different perspective and translate
new knowledge into action. This process is important because it equips the
professional to meet various practical problems and deal with them intelligently – a
necessary requirement for all nurses. This is especially so as nurses change to meet
the demands of evidence based practice. No longer are nurses training to work in
hospitals alone; they work in varied community or specialty areas and it is hoped
that their critical thinking ability will enable them to appraise new work and identify
what needs to be learned, challenged, altered and further investigated in any nursing
context.
Theme 6
Fostering reflection with students requires time and an open and caring environment

The participants in this study felt that students' reflection was beneficial if the student was in a trusting environment. The journal should be a place where students are free to be creative; where personal, intuitive and aesthetic knowledge are as legitimate as rational reasoning. This requires students' time, and more time. Students have a right to expect that the educator or the educational program do not have a predetermined agenda and are able to provide extra time for some students to respond to what they write in clinical journals. Journal writing should be a place to "test ones wings" (Paterson, 1995, p. 216).

Journal writing is a powerful technique that allows students to give words to their inner dialogue, to share their precious memories, reflections and insights with one other person—the clinical nurse educator. Through writing journal entries, students learn that writing can help organize ideas, practice can improve writing skills and non-critical feedback from teachers can help them deepen their understanding of ideas and thoughts. This supportive, intimate dialogue can empower some students to give voice to their emerging ideas in the broader arena of the classroom. The effectiveness of the dialogue in journals depends to a large extent on the educator. Evaluation issues can raise dilemmas for educators and students.

Time to write is a critical factor in fostering reflection. The quality often seen in a student's journal is due to the hastily written comments done the night before it is handed in. Reflective journaling requires time, time to engage in the reflective thought process, and time to write. Reflective journaling also requires time on the part of the faculty. If faculty expect quality and depth in reflective writing from students, students also deserve quality and depth of feedback from faculty. Evaluative feedback from faculty should be focused on helping students to interpret and find meaning in their writing (Paterson, 1995).
While strategies to facilitate reflection have been outlined in the literature, specific strategies to facilitate the development of critical reflection and implications for nursing education are much less clear. Much of the literature on the theme has focused on this principle purpose, yet there may be other dimensions worthy of consideration. There is a tendency in nursing to view issues in isolation assuming a linear cause and effect relationship between nurse and practice. For example, some believe that as a nurse learns about primary nursing, s/he develops it in practice and care is changed in some way. Like wise, reflective practice is often twinned. Thoughts on actions need to be articulated, either verbally or in writing. The oral and written forms of language must pass back and forth between persons who speak and listen, or read and write - sharing, expanding and reflecting on each others’ experiences. Such interchanges lead to ways of knowing that enable individuals to enter into the social and intellectual life of their community (Benner, 1984). Without them, individuals remain isolated from others, and without the tools for representing their experiences. In such circumstances people also remain isolated from the self.

Acceptance of self and others is achieved when mutual dialogue, not criticism or lecture occurs. The clinical environment offers few opportunities for one-to-one dialogue between students and clinical nurse educators. A journal is one way in which clinical nurse educators and students can engage in one-to-one dialogue. Sommers (1998) pointed out that dialogue should be a flow of ideas, a reciprocal reflection that lacks structure and is a deliberate exercise in expansion. She added that responses to journal entries could create motivation and provide the models of thought and reflection that students need. “Dialogue then can become a mutual elaboration with discovery and perhaps changed perspectives as the result” (Holmes, 1997 p. 48).

Summary

This chapter discussed the literature tied in with the response of the participants in this study and allowed for further expansion on their views. Included
in the next chapter will be conclusions, recommendations, limitations and concluding comments of this study.
CHAPTER 6

Introduction
The purpose of this study was:

- To capture the experiences of the reflective thinking processes of nursing educators and how they foster this working with students in the clinical setting.

- To contribute to the nursing literature by documenting the experiences of nursing educators who use reflective practice with nursing students.

- To outline recommendations for using reflection as an instructional tool in the clinical settings with nursing students.

- To capture the way that the nurse educator uses reflective practice as a teaching tool with the nursing student.

While the need for reflection keeps growing, actual time for this is decreased thereby not allowing time for the student to honestly observe how they affected a situation and how the situation may have effected them. How nursing instructors use reflection varies, although there are some common elements. How reflection is encouraged through dialogue and journal entries is largely dependant on the relationship between the students and the educator. The academic university setting has contributed to the notion that scholarly work requires strict guidelines and criteria and a marking schedule that allows the instructor to quantify or measure the student’s ability to reflect. The type of learning that occurs in reflective journaling is not easily measured and the subjectivity of the experience that each student reflects or writes about is their own. Instructors tend to objectivity journal entries that are subjective. The range of strategies used to promote reflection varies although several authors have developed guidelines. A careful review of the data and the literature has been helpful in designing some practical guidelines for the
fostering of reflection with nursing students. In general, educators and the literature view reflection as valuable and purposeful. The way in which it is done varies and reflective practice is perceived to have variable results.

Conclusions

Educators require more information and resources to enhance their own learning about journaling. Furthermore, turn around time for the response by the educator needs to be lengthened to allow for quality feedback and instructors seem to individualize the journal process based on their own ideas about what is likely to make it work.

Recommendations

A number of recommendations arise from this study and are outlined as follows:

Nursing educators can share knowledge through discussion and presentations at conferences to increase awareness about reflection and journaling as educational tools. As awareness increases, more interest in research is sparked and once again, more knowledge about the practice of using journals is crucial and educators and researchers could benefit from this. A student's perspective is lacking in the literature, which provides a prime opportunity for students, educators and researchers to work collaboratively. Journaling has a place in promoting reflection, although students and educators who are not committed to the time and effort required to make the endeavour a valuable and successful experience will be disappointed in the outcome. Reflection provides increased awareness of issues and is always on a continuum, forcing students to succumb to a process that is not contributing to their learning due to personal preference of learning style that will fail. The student may not be able to reflect and respond in a meaningful way that encourages learning. This same idea applies to educators not knowing how to respond and build trusting relationships with the students through non critical responses to journal entries. This is detrimental to the success of the journal and
further reflection. Turn around time for faculty offering feedback should be built into the curriculum so that evaluative feedback can be constructive which will also offer success to fostering reflection.

Limitations

The number of participants who chose to participate in the study limits the range of data collected. Also a student's perspective is lacking in both the interviews in this study and the literature. The demographic questionnaire could have been better worded, to include question such as: What is student educator ratio in your clinical area? How long do you spend in clinical areas? The participants were all educators at the same university/college and the academic culture of an institution may influence how these educators review reflection and journaling. The implication for practice using journaling as an instructional tool were developed in conjunction with the data collected from the participants.

Concluding Comments

This study has lead to an enhanced understanding about how and why five clinical nurse educators foster reflection in students. Their experiences are instrumental in illustrating the benefits and challenges encountered as a result of using journals and fostering reflection, and contributes to the building of the literature. Continued work on this topic area will further extend the knowledge base of information which may lead to promoting reflection that is comprehensive and effective.
References


Appendix A

PARTICIPANT INTERVIEW QUESTIONNAIRE

1. How did you learn about the process of reflection?

2. What does the process of reflection mean to you?

3. What do you feel has helped this process?

4. What do you feel has hindered this process?

5. How has, if at all, your understanding of reflection changed?

6. What do you reflect about?

7. How do you work through difficult dilemmas in your clinical teaching?

8. Do you find reflective tools such as journaling or auto biography helpful in resolving teaching dilemmas?

9. How do you feel that reflection may help students in the clinical setting?
Appendix B

CONSENT FORM

Project Title: Exploring the Clinical Nurse Educator’s Ability to Foster Student Reflection
Researcher: Jessie Johnson, Phone: [redacted]

THIS IS TO CERTIFY THAT I, ________________________________,
Hereby agree to participate as a volunteer in the above named project and have received information on this research project.

I hereby give permission to be interviewed and for interviews to be audio taped. I understand that only the researcher, her academic supervisors, and the typist, will have access to the data obtained, and that there will be no identifying evidence on disks, cassettes and transcripts. I also understand that when the information is published, it will be in such a way that my identity will be protected.

I understand that I am free to decline to answer any questions. I also understand that I am free to withdraw my consent and terminate my participation at any time, without penalty.

I have been given the opportunity to ask whatever questions I desire, and all such questions have been answered to my satisfaction.

Participant ___________________________ Date ___ / ___ / ___
Witness _______________________________ Date ___ / ___ / ___
Researcher ____________________________ Date ___ / ___ / ___
Witness _______________________________ Date ___ / ___ / ___
Appendix C

**TYPIST CONSENT FORM**

**Project Title:** Exploring the Clinical Nurse Educator's Ability to Foster Student Reflection  
**Researcher:** Jessie Johnson, Phone: [Redacted]

THIS IS TO CERTIFY THAT I, ________________, 
Hereby agree to maintain confidentiality of all information acquired while typing any part of the above named project.

Researcher: ___________________________ Date: __/____/____

Typist: ________________________________ Date: __/____/____

Witness: _______________________________ Date: __/____/____
Appendix D

PARTICIPANT DEMOGRAPHIC QUESTIONNAIRE

1. How many years have you been a Registered Nurse?

   ________________________________

2. How many years have you been a clinical nurse educator?

   ________________________________

3. What is your clinical specialty?

   ________________________________

4. What level of student do you teach?
   □ First year
   □ Second year
   □ Third year
   □ Forth year
Appendix E

ASSUMPTIONS

-The clinical nurse educator’s role is that of creating an open and supportive atmosphere

-Thoughts on actions need to be articulated, either verbally or in writing

-Reflection is a process of reviewing an experience in order to describe, analyze, evaluate and inform learning about practice

-Not only does reflective practice help nursing confront the changing face of health care, it offers a solution to the need for more autonomous and independent thinkers
Appendix F

PARTICIPANT THANK YOU LETTER

Dear Participant

It is with great pleasure that I thank you for your participation in my research.

Your input was both insightful and very valuable to me. As a result of the information obtained from the interview and phone calls, I feel more enlightened in my role as an educator. Consequently I hope this has also sparked some food for thought as we all travel down our career paths.

Sincerely,

Jessie Johnson
INTRODUCTORY LETTER

University College of the Cariboo
Faculty of Health Science

Dear

I am writing to invite you to participate in the research project, which is entitled: “Exploring the Clinical Nurse Educator’s Ability to Foster Student Reflection”.

My name is Jessie Johnson and I am employed at U.C.C. Over the years I have worked as a registered nurse and more recently have been in the role of educator. I have developed a curiosity in the role clinical educators play in the reflective thought process for students. I am currently studying for a Masters degree in Nursing at Edith Cowan University Western Australia.

I am currently working on my thesis and I am very interested in how clinical nurse educators foster student reflection. I am currently looking for five volunteer nurse educators, teaching at various levels of the baccalaureate program. I would like to request three taped interviews of not more than forty-five minutes in length at a location of your choice, in which a series of questions will be asked. If at any time during the process you wish to refuse to participate further, you may do so without prejudice. Any questions regarding the process can be directed to my immediate supervisor Miriam Landridge at Edith Cowan University m.langridge@ecu.edu.au. If you have any concerns about the project or would like to talk to an independent person, you may contact Kate White at Edith Cowan University k.white@ecu.edu.au. I will contact you to see if you are willing to be interviewed and to arrange a convenient time to meet.

Yours Sincerely,

Jessie Johnson
RN BScN
933 Sicamore Dr.
Kamloops, BC
V2B 8B7
INFORMATION SHEET

Project Title: Exploring the Clinical Nurse Educator's Ability to Foster Student Reflection
Researcher: Jessie Johnson, Phone: [Redacted]

The purpose of this study is to better understand how nursing educators use reflective practices with students and to develop guidelines for future practice. I would like to request two or three interviews each between 45 minutes and an hour in length, at a time and location convenient to you. Interviews will be audio taped and the information will be kept in confidence. Each audio tape will be coded as will corresponding transcripts. When the research is completed all audio tapes will be erased. In the final report no names will be mentioned. After each interview is completely and thoroughly checked, I will come back to you with the content for you to verify, prior to insertion for research publication.

Interviews are voluntary and at any time you may feel free to withdraw from this process. In doing so, and information from your interview/s will also be withdrawn from the study. At the completion of this research project a copy of the research paper can be obtained from myself upon request. If there are further questions regarding the interview process or handling of materials, please feel free to contact Miriam Langridge at Edith Cowan University m.langridge@ecu.edu.au or Marilyn Beresford, Administrative Officer for Human Research and Ethics Committee at Edith Cowan University at m.beresford@ecu.edu.au.