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An enquiry into nurse educators' beliefs,  
understandings and approaches to teaching  
the concepts of reflection to adult student  
nurses in UK Higher Education Institutes.

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A thesis submitted in partial fulfilment of the requirements  
for a degree of Doctor of Education awarded by Kingston  
University.

**March 2017**

## ABSTRACT

The approaches taken in teaching reflection to adult student nurses varies across the UK despite national curriculum outcomes from the professional statutory and regulatory body, The Nursing and Midwifery Council (NMC). This study highlights pertinent aspects of the various approaches to teaching, the inclusion of theory and the roles of the student, mentor and nurse lecturers in the utilisation of reflection to develop professional knowledge from experiences.

Ethical approval was gained to conduct the study, utilising a case study approach, including nurse lecturers and curriculum documentation from a range of NMC accredited Higher Education Institutes across the UK. Semi structured interviews were conducted face to face with all participants in their home sites. Curriculum documentation used with students such as lecture notes, slides, module and programme handbooks and practice assessment documents were also collated in order to understand and analyse the approaches taken to teaching reflection. These two main data sources (interviews and curriculum documents) were also complemented by the use of field notes and a researcher journal in order to gain deeper understanding of the detail during data collection. A thematic analysis of the interview data and curriculum documents was undertaken to highlight and explore patterns and assist in the emergence of a theme and subthemes.

Following in depth data analysis, the findings of this study detail an overarching theme of ***safe and caring practices***, alongside three subthemes:

- Personal and Professional Dimensions of Reflection
- Dimensions of Reflection in Nurse Education
- Articulation of Practice

Although the publication of the Francis Inquiry (2013) was unanticipated at the inception of this research, it has shown to be a very important factor in analysing the data. The issue of patient safety that arose during data collection and became evident during analysis align closely to the publication of this significant report.

The findings from this study are timely as the review of standards for nurse education and mentoring are underway. The findings from this study will also contribute to strengthening the student nurse role in assuring the best standards of care in the practice setting are achieved in order to improve patient safety through thoughtful approaches.

## **Acknowledgements**

I have received a lot of support during this journey. The staff of Kingston and Roehampton Universities involved in the Doctor of Education programme, have always encouraged me by stressing the importance of this topic area. To my own colleagues at the University of Surrey, thank you for hearing me out, disagreeing with me and making me think! Special thanks to Alison for enabling me to share my finds, and generally chew the fat; I know this has been a long one for you too! To my study buddy Mil, I would not have survived without you – an inspiration, a critical friend and now a lifelong friend.

To Dr Jean Ashfield and Dr Sue Fergy, your input, feedback and laughter have kept me going whilst also never losing sight of who I am and what matters. Professor Keith Grieves, for spurring me to finish and being that critical friend that I needed.

My best and most dear friend Jo, thank you for listening albeit occasionally yawning and glazing over at the thought of another conversation on reflection! Also, for allowing me to take Dewey with us on holidays, I have to warn you that he may still feature. You have kept me sane and watered as needed.

To my Dad, words cannot express how much you have done for me in life but with this bit, I salute you Coward! Thanks for the trips away you have taken and all the money you have spent ensuring my peace and

quiet to study. Your editing skills and overwhelming interest in what I am writing have never waned, just confirming that you are not only the best Dad in the world but also the most thoughtful character I could ever wish to meet. We have learned a lot in life together, not always in the kindest of circumstances but we have come through and always will; learning by doing!

Finally but by no means last, to the students who have made me think, you are all shining lights.

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# CHAPTER 1

## INTRODUCTION

Reflection within nursing has a long history in both the literature and its application in clinical practice and education. A wealth of publications exist which contextualise reflection within nursing practice and education (Powell, 1989; Emden, 1991; Pierson, 1998; Moon, 2008; Rolfe et al, 2011; Bolton, 2014). This literature clearly positions reflection as a tool which can be applied by nurses to assist them in gaining professional knowledge and understanding. There is however a distinct lack of emphasis on how reflection is introduced and supported throughout the learning journey of a student nurse. The purpose of this research was to explore the approaches taken by nurse lecturers (also NMC registered nurses) supporting student nurses in learning about reflection in education in the UK. As registered nurses, nurse lecturers could be seen as holding a potential position of influence for student nurses. This is therefore likely to influence the approaches taken by both theory and practice in their studies. Reflection can afford an opportunity for nurse lecturers to assist students in gaining professional knowledge in both the classroom and clinical settings. As reflection is a tool which can be applied by nurses to gain professional knowledge and understanding (Moon, 2008; Bolton, 2014) the need to comprehend how it can be successfully introduced and taught throughout the curriculum is important for nurse lecturers.

This study examined the methods adopted by nurse lecturers who introduce and teach the concepts of reflection within the nursing curriculum. The research aimed to review a group of nurse lecturers,

utilising a case study approach in order to gain an in-depth understanding of the methods employed to introduce and teach reflection within the delivered curriculum. Understanding this aspect of nurse education, following dissemination of this research, will enable nurse lecturers to gain an awareness of the approaches taken which will in turn support their own educational practice in further developing thoughtfully. This study is timely in terms of the changes within the regulation of nursing by the Nursing and Midwifery Council (NMC) with regards to the recently published Code of Conduct and revalidation process (NMC, 2015a; NMC, 2015b). Changes in professional requirements now deem reflection to be a compulsory element of registration in order to display ongoing learning and thoughtful approaches to practice (NMC, 2015b). Through sharing the findings, this research will enable nurse lecturers to consider the approaches they take and their effectiveness in supporting students in being ready to reflect on their practice.

The use of reflection in nursing has been encouraged and advanced for a significant period of time, being acknowledged within the literature dating back to Florence Nightingale (Howatson-Jones, 2010). Changes to nurse education in the early 1990's focused reflection as both a tool for learning and teaching (Pierson, 1998). These changes included nurses' pre-registration education being solely provided in the Higher Education setting, aiming to align nursing with other health care professionals undertaking a university award alongside their professional registration. Reflection was also positioned clearly within the education standards as a professional requirement by the then professional regulatory body for nurses, the United Kingdom Central Council (UKCC, 1994). This has consequently been updated through professional requirements and

remains apparent in the recently revised Code of Conduct for Nurses (NMC, 2015a). Reflection in nursing can be summarised as a tool for learning, an approach to teaching and also as a professional requirement (NMC, 2015b). Much of the published detail which gives direction for the use of reflection within nurse education centres on the use of models rather than the theoretical concepts by which it is underpinned (Dewey, 1938; Schön, 1987). The use of reflection as a tool requires greater conceptual clarity for both those teaching the subject and those applying it to their practice. An early influencer on reflection within the professions was Donald Schön who first published a key text in 1983. In this text and later publications, Schön (1987), highlights the problematic within the professions of dealing with difficult situations which require reflection in order to arrive at conclusions and inform professional practice approaches. The impact of reflection in professional education and its ability to support the review of experiences and develop learning from them is further noted by Wong et al (1995). Within nursing literature, reflective practice is cited as an important concept and its use within the education setting is clearly noted (Johns, 2004; Jasper, 2006; Rolfe et al, 2011).

Since the commencement of this study, there have been several influential publications which have highlighted the importance of this work for those educational professionals who support learners. Two recent inquiries regarding standards of care are influential to this study: the publication of the Francis Inquiry (2013) and Keogh Report (2013) both highlight the need for nursing (and other health) staff to demonstrate greater self-awareness. These reports conclude that professionals who show increased self-awareness through reflection will have a positive

regard for their practice actions. Further endorsement can also be seen within the literature regarding the creation of the 6Cs *Compassion in Practice* initiative for nursing (Department of Health, 2012). In this publication, the Chief Nursing Officer detailed a national strategy initiative for nurses and other care staff to demonstrate thoughtful and reflective approaches to their practice in order to assure high standards of patient care. Critics of this policy state that it is too generalised and lacks focus. The 6Cs also pushed for a recruitment approach for nursing which would endeavour to ensure that patients could receive a compassionate service. This was enabled through the introduction of Values Based Recruitment (VBR) which is a selection approach for the recruitment of students who show an ability to consider situations through a compassionate lens. More recently, the Nursing and Midwifery Council (2014) has discussed and now confirmed (NMC, 2015b; RCN, 2015a) the new approaches for registrants to maintain their qualification, called *revalidation*. Revalidation (NMC, 2015b; RCN, 2015a) incorporates reflection as a key element which will enable registrants to justify their ongoing fitness to practice and thus entitlement to maintain an active professional registration. These sources are key drivers for nurse educators to ensure that reflection is formally represented and addressed within the nursing curriculum to produce a future base of registrants who understand the purpose of and requirements for reflection. The existing nurse registrant population is being supported by the NMC to develop approaches to their own revalidation which will incorporate the need for reflection. The significance of this study has been further reinforced by the reports cited here in order to inform the way forward for nurse educators with regard to the curriculum elements of reflection. It is intended that the findings of

this study will share beliefs and understandings of nurse lecturers with a view to improving and informing nurse education in the future.

The research questions for this study were developed following a review of the literature which identified a lack of evidence regarding approaches to introducing and teaching reflection. This review confirmed that the approaches to teaching reflection were an area which was lacking within published studies. It was important to uncover some of the approaches taken in order to identify practice that could be shared and also practice which is questionable, amongst the nurse educator population in the UK.

The aims of this research were to:

- identify approaches taken by nurse lecturers to teaching reflection within professional preparatory programmes for adult nursing
- elicit the considerations given by the nurse lecturers in terms of the principles to be highlighted to students when planning to deliver teaching relating to reflection
- explore how nurse lecturers support students' understanding and application of reflection in nurse education and practice
- analyse and map the written elements of the validated curriculum with the taught content regarding reflection to review the intended approaches of the curriculum
- analyse individual approaches taken by nurse lecturers, to compare to the curriculum intention
- make recommendations to relevant bodies regarding the findings of this study.

The care environment of the National Health Service (NHS) is often described as being unstable and undergoing constant change (Rose, 2015), professional education is only one facet of this large, complex and



dynamic care environment. Reflection can be viewed as a tool to assist students to learn in this ever changing environment of clinical practice. The nursing curriculum leads to both a university award (degree) and a professional award (NMC registration) at the end of three full time years of study. This requires a strong partnership between education and practice in order to optimise effectiveness and quality of student nurse learning in both settings. Assessments are undertaken in both theory and practice demonstrating the duality of the curriculum across these two aspects. Mentors are responsible for undertaking assessments in the practice setting, in order to assume this role they must have met the professional requirements to be a mentor (NMC, 2008a). The theory and practice settings are separate with the commonalities being the students and link lecturers (or locally named equivalents). Reflection is a tool that students learn in theory and it has the potential to help manage the complexities and flux of practice.

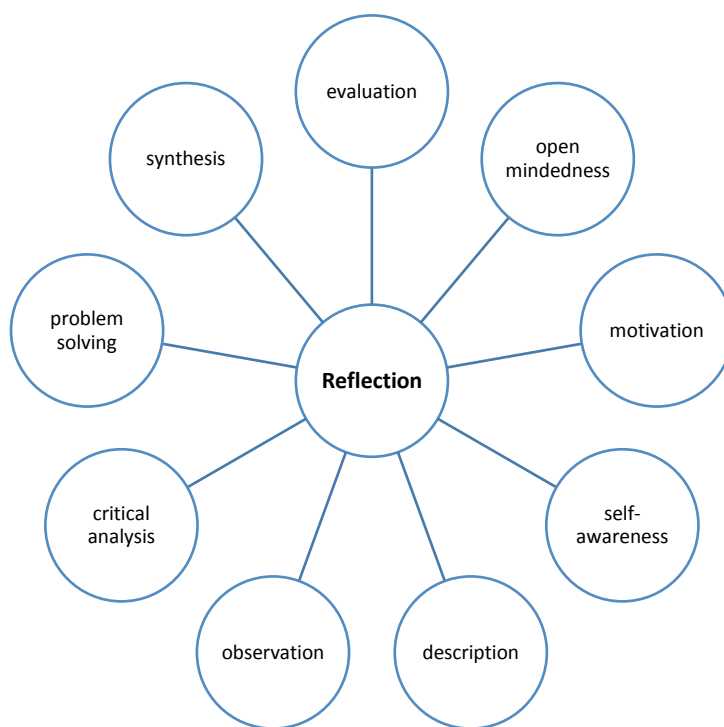
Within nurse education, reflection can be used as both a learning and teaching tool, often demonstrated by lecturers sharing their own learning through story telling which encompasses reflective thinking. The use of such narrative techniques may not be viewed as a reflective approach by students and therefore it needs to be explained in order that they understand the value of sharing and discussing experiences with one another for both their individual and shared professional learning (Bolton, 2010). Such discussions are subject to confidentiality considerations as endorsed by the Code (NMC, 2015a). Educators who share professional practice experiences in the classroom setting may assist students in developing their own approaches. Nurse educators can introduce the concepts of reflection by demonstrating its application as a tool for

learning. This approach may enable students to develop a view of the various components of a situation. With such a variety of approaches being discussed in the literature, a key question arose of how nurse lecturers teach reflection to student nurses.

The majority of the literature focusses on a variety of models of reflection which give structure to students writing reflectively for assessment. Many of these models of reflection have been developed and published to provide guidance for students (and practitioners) on the elements of reflection which are key to achieving reflective learning (Gibbs, 1988; Johns, 1995a; Moon, 2006). The available models however do not equip students with the theoretical underpinnings of the approaches to reflection or the behaviours that they may need to develop in order to become reflective in their practice as a nurse. The aforementioned models, do not describe the theoretical underpinnings to the practice of reflection but instead develop a guide or recipe of how to approach it in practical terms rather than a theoretical conceptualisation to assist learning and develop knowledge. The role of the nurse lecturer is to assure that the professional requirements of the curriculum are delivered and assessed accordingly in order to ensure that nurses entering the profession demonstrate the required proficiencies for registration (NMC, 2008a; NMC, 2010a). It is key for nurse educators to consider that reflection as a curriculum element should be addressed as with other subject detail, giving deep consideration to its positioning and delivery methods within the curriculum. The introduction and teaching of reflection to students is important and consensus of what is good practice should be developed within the nurse education community. This study will share findings with this professional group in order to open the debate

and provoke further consideration of the approaches taken. Professional learning in theory and practice is a challenge for students in terms of learning from experiences in order to develop competence (Rolfe et al, 2011). One tool which can assist learning from practice is reflection, yet is not always clearly identified as a curriculum element.

The literature review will consider the historical influences regarding reflection within nurse education as well as more novel approaches which have emerged in more recent years. In a review of the literature, Atkins and Murphy (1993) noted the need for a recognised skills set to be developed by students in order for them to be successfully reflective as shown below in figure 1;



**FIGURE 1:** Atkins and Murphy, (1993)

The essential skills for reflection as reported by Atkins and Murphy (1993) in figure 1, demonstrate a collective view of the essential elements which are required to enable a practitioner to be reflective. Their work reviewed

a substantial amount of literature across various professions with a strong focus on nursing. Although current literature frequently cites the work of Atkins and Murphy (1993), their essential skills for reflection do not feature in the nursing curriculum. As a curriculum element, reflection may have been viewed as being implicit, however recent influences such as Keogh (2012) and Francis (2013) are timely in terms of considering the need for reflection to become more explicit within education standards for pre-registration nurses. As these elements will take time for students to accrue, students require an investment to be afforded to them throughout their programme of study, both in the theory and practice settings by those involved in guiding their professional education. There is an extensive evidence base to support the inclusion of reflection and its use in the practice setting in order to improve patient care (Dewey, 1933; Schön, 1987; Emden, 1991; Jarvis, 1992; Palmer et al, 1994; Johns, 1995b; Wong et al, 1997; Johns and Freshwater, 2005; Moon, 2006; Morley, 2007; Thompson and Thompson, 2008; Howatson-Jones, 2010; Taylor, 2010; Ghaye, 2011). There is however no literature which states that reflection should not be taught within the professions or more explicitly, nursing. It is important to analyse further the methods that are adopted in including reflection and its associated elements or concepts within the curriculum for nurse education. Deeper exploration of this aspect of nurse education will help in providing detail to the community of nurse educators on what approaches are undertaken and why, giving an exploration of practice approaches. This research has explored the approaches taken by nurse educators and will provide recommendations for future practice whilst being cognisant of the existing evidence base. Schön (1987) highlighted the importance of healthcare practitioners being enabled to scrutinise their practice 'in and on action' through reflection in

order to develop their professional knowledge. Encouraging students to develop reflective techniques to develop their practice may not seem important to a group who are often assessment driven. Students often look to pass what they see as the obstacles of theory in their way. As with all professional curricula, there is an element of expectation for students to pass aspects which may not interest them but that they undertake with minimal motivation in order to progress through their programme. Schön's (1987) seminal work suggested that reflection could enable professionals to better meet the needs of their patients, acknowledging the uniqueness of each situation and person. This is further supported more recently by the Francis Inquiry (2013) recommendations which capture the need for students and mentors to have protected time to consider their learning through reflective techniques. This is a challenge for nurse educators who need to provide support to students so that they are able to demonstrate clinical competence whilst also developing understanding of professional knowledge through experience in the clinical setting. In order to address the aims of this research, it is crucial to explore the beliefs and understandings of nurse lecturers delivering the pre-registration curriculum to student nurses.

In this study, several Higher Education Institutes (HEI) were approached to take part, three were selected and two participants in each HEI were identified. The number of HEIs and participants was kept small in order to undertake a deep exploration through a case study methodology. Further description and analysis of this process will be discussed in chapter 3 of this thesis. The participants met with the researcher for a semi structured interview and then shared their respective curriculum

content with the researcher. The intention of gathering curriculum related documentation was to further illuminate the selected institutional as well as personal approaches to teaching reflection within the curriculum. Through interviews, the participants expressed the methods by which reflection was taught to student nurses both by themselves and colleagues. These qualitative data were analysed to contextualise a variety of findings which acted as examples of the approaches taken to introducing and teaching reflection to adult student nurses within the UK. The focus of this study was centred on the adult nursing curriculum, rather than involving other fields of nursing (mental health nursing, children's nursing and learning disabilities nursing) which show a slight variation in their requirements regarding reflection (NMC, 2010a). All of the participants were nurse educators involved in teaching reflection within the adult pre-registration nursing curriculum, whilst also supporting students in the practice setting. Prior to any data collection an initial review of the available literature was undertaken to understand the place of reflection as a concept within the nursing curriculum.

Numerous publications have approached defining and contextualising reflection and the influence on clinical practice it may have within nursing (Burns and Bulman, 2000; Moon, 2006; Thompson and Thompson, 2008). However, there is no available evidence which clearly supports the methods for introducing and teaching reflection within the curriculum for professional nurse education. This signified a gap in the evidence base which supported the aims of this research and also that it would bring a contribution of new knowledge. Reflection is a widely accepted tool within nurse education, although it is often associated with assignment writing by students, yet the approaches by which it is taught

are unclear within the published evidence. This research has utilised a case study design in order to develop understanding (Bassey, 1999; Yin, 2014) in each identified case (HEI site) of the approaches taken to introducing and teaching reflection, the curriculum descriptions for reflection and the broader implications for nurse education that would evolve. Narrative representation from the participants and the curriculum documents was used in order to illuminate the findings further from this study.

This study enhances the existing evidence base by offering a previously unknown aspect of nurse education, whilst also sharing new knowledge and understanding regarding the approaches taken by nurse lecturers to introduce and teach reflection as a curriculum element within adult pre-registration nurse education. The findings of this study make an original contribution to the existing evidence in that it identifies how reflection is taught. Additional research in this area would contribute further to elicit understanding of how students learn about reflection.

The following chapters will present a critical analysis of the literature relevant to reflection in nursing. Policy and governmental reports have been included which are relevant to reflection in nursing. The methodology chapter describes and rationalises the research approach adopted. Chapter four presents the findings of this study. In chapter 5, the implications of the research are discussed and include limitations of this study.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The purpose of a literature review is to identify and examine existing literature in order to set a context for proposed research, comment on what is already written and review its relevance with regard to the intended research (Burton and Bartlett, 2009). Additionally, a literature review should ensure that existing published material is not simply reproduced but is analysed by the researcher who is also able to ensure authenticity and the relevance of it to their intended project (Cohen et al, 2011). This is also supported by Punch (2009) who develops this further to note that the role of the literature review to also to locate key sources of work to be examined which are relevant to the intended focus of the proposed project. The intention of doctoral research is to make an original contribution to the existing knowledge in a subject area, it is therefore important to undertake a review of what has been previously published in order to ensure that the proposed research is an addition which complements existing knowledge and is also original (Wisker, 2008).

In reviewing the literature surrounding the topic of reflection, the impact of historical perspectives has been recognised throughout publications as pertinent in informing this study. Moreover, within nurse education, reflection has been highlighted as a key area of professional development



with a long history of application within the educational setting and a track record of publications (Atkins and Murphy, 1993; Moon, 2006; Howatson-Jones, 2010). The connection between reflection and knowledge acquisition for registered nurses and those undertaking pre-registration professional education is of great importance to the profession and nurse educators (Atkins and Murphy, 1993), due to its role in supporting professionalisation and ongoing professional development. Additionally there is an emphasis on the importance of reflection and reflective practice within educational policy and reform (Zwozdiak-Myers, 2012). The Chief Nursing Officer's agenda for 'Compassion in Practice' (DH, 2012) which launched the '6Cs' detailing elements of care for registrants and students in the English clinical setting is a significant and recent development. The publications surrounding this time support reflection for professionals working in the healthcare setting as will be explored in this review of the literature. In Scotland, the Healthcare Quality Strategy (NHS Scotland, 2010) also contributes to raising healthcare professional's awareness of centralising the patient within the care they deliver. The Francis Inquiry (2013) highlighted the need for nurses to consider their actions and approaches to care to ensure safe and caring practices at all times for patients. Being cognisant of these topical reports whilst reviewing the literature has been fundamental to this study on how reflection is taught to student nurses. It is not possible to explore patient safety literature or policy further given the time and word limits of this work whilst also being cognisant of the explicit aims regarding reflection.

## 2.2 LITERATURE SEARCH STRATEGY

The focus of this study informed the parameters adopted in order to undertake a search of the existing literature. The search engine used was, 'SUMMON' along with relevant databases such as 'CINAHL'; 'OVID' and 'ERIC.' The searches conducted have been revisited at regular intervals (four to six monthly) in parallel to the study in order to include relevant literature published during the ongoing formation of the study. Thomson and Walker (2010) support this approach stating that it is good practice for doctoral students to work with the literature throughout the research process.

The search engines were accessed and a variety of key words were used in order to elicit and then examine the available literature. Key terms used and expanded by using Boolean operators throughout this project are listed below:

- ★ Reflection and nurs\*
- ★ Reflection and education
- ★ Reflection and nurs\* education
- ★ Nurs\* education and reflection
- ★ Teaching reflection and nurs\*
- ★ Learning reflection and nurs\*
- ★ Reflection and professional education

Initial and subsequent searches revealed 1264 journal articles, and 34 books; a total of 51 articles and 22 books met the selection criteria for inclusion within the review. The selection criteria for this literature review

were informed by a process of rigorous preparation and scholarly activity regarding the process of reviewing literature (Punch, 2009; Denscombe, 2010). Narrowing criteria (inclusion and exclusion) were developed to refine and concentrate the number of texts to be reviewed (please see table 2.1).

INCLUSION	EXCLUSION
Key texts from authors deemed 'seminal' (meaning that their contribution is significant through the reoccurrence of their work) with regard to theories relating to reflection, knowledge acquisition or productive thinking (even if published more than 20 years ago).	Published over 20 years ago (excluding seminal theorists – noted by their contribution to the existing evidence base and citations within research).
Literature published in English Language.	Non-English publications.
Literature relating to professional education (including nursing, teaching and social work).	Journal articles no longer available.
Texts published in peer reviewed journals or as books.	Articles published in non-peer reviewed nursing journals such as Nursing Standard and Nursing Times.

**Table 2.1:** Literature inclusion and exclusion criteria

The literature review consisted of two initial phases (see table 2.2 to show reduction in number of included texts); the first phase developed the selection of relevant publications through the application of the search criteria along with inclusion and exclusion criteria (table 2.1). Critical reading and examination of this literature indicated repetition which enabled common themes to emerge from within the literature. In phase two, this further developed a clear pattern of key authors who were cited in much of the literature, highlighting them as relevant to the study.

During the second phase of the review, deeper exploration revealed a vast amount of repetition throughout publications.

This review highlights the importance of the selected literature that is relevant to this research study. Decisions to limit the texts included were made through the development of inclusion and exclusion criteria (Denscombe, 2010) to support this approach and limit the number of texts from journals and books selected, as shown in table 2.2 below. These criteria emerged through rigorous and critical reading during the first and second stages of the development of the literature review in order to ensure the inclusion of relevant texts whilst eliminating factors such as repetition in a number of different authors' publications.

	Phase 1 of Literature Review	Phase 2 of Literature Review
Number of Journal Articles	1264	51
Number of Books	34	22

**Table 2.2:** Two Phases of Literature Review

Following the development and application of inclusion and exclusion criteria, the limitations have resulted in 40 texts being selected. The tables used to demonstrate this process are supported as an appropriate approach by theorists in order to categorise and summarise the findings of their search through a meta- analysis (Punch, 2009; Denscombe, 2010). A summary of these texts is given below in table 2.3 to demonstrate the types of literature selected for review:

TYPE OF PUBLICATION	NUMBER OF TEXTS
Book or chapter in a book	18
Literature Review in a published journal	1
Journal article (commentary which cited seminal theorists)	10
Research article published in a journal	11

**Table 2.3:** Types of literature included in the review

Following this final narrowing in conjunction with research supervisors, the selected texts were examined. In-depth critical reading and scrutiny of the literature enabled key themes to be identified by the researcher. The themes that emerged from this process within the selected literature have informed the structure of this chapter in order to support an in-depth

review of the literature. For example one key theme to engage is that of defining reflection, this has subsequently been divided into a generic aspect of the literature and then later applied specifically to nursing which is the context for this study. This approach and organisation of the selected texts is supported by the available literature exploring the purpose of a review (Wisker, 2008; Punch, 2009). This chapter will now lead the reader through the pertinent literature, noting key concepts and debates, highlighting gaps in the literature which require further exploration.

### **2.3 THE LITERATURE**

The focus of this study was to explore nurse educators beliefs, understandings and approaches to teaching the concepts of reflection to adult student nurses in the UK. It is therefore pertinent when reviewing the literature to consider the history of reflection, definitions and purposes of reflection both generally and within the field of nursing and nurse education in order to enable an iterative approach to be taken. As data collection for the research study was conducted in both England and Scotland, differing policy was explored to ensure consistency and relevance within the included literature. An initial small scale review of the literature was undertaken prior to the submission of the research proposal for ethical approval, this was revisited at four to six monthly periods throughout the study in order to keep abreast of any significant contributions that may have been published. The literature review has revealed a lack of evidence which addresses the concern of how reflection is taught, signifying an area which will contribute to the existing

body of knowledge within educational research, specifically within nurse education.

Reflection is evident in the literature within nursing and other professions such as social work and teaching (Atkins and Murphy, 1993; Johns, 2000; Bolton, 2014). Many authors note the significance of reflection and its related teaching within the professions. The literature pertaining to reflection spans across a whole century. The educational philosopher, John Dewey is recognised as the originator due to his prominence in writing at the beginning and throughout the twentieth century. In this literature review, the key contributions of Dewey are evident throughout the selected publications which build upon his works to detail a more contemporary view within the professions. This is particularly notable within nursing with regards to the development of professional practice. I have personally been influenced by the work of Dewey which has developed my own understanding in relation to this subject area. This has supported me to challenge my perceptions of how I have developed understanding through reflection on my professional experiences. These reflections have most certainly led to my own professional development and enhancement of my knowledge which has impacted on my practice. Undertaking this review has helped to clarify my own perceptions, beliefs and understandings thus informing my own practice as a nurse educator.

## **2.4 DEFINING REFLECTION**

There is a lack of consensus within contemporary literature regarding a clear definition of reflection (Mezirow, 1981; Schön, 1987; Powell, 1989).

It is however possible to find definitions of reflection in seminal texts. Further interrogation of more recent literature exposed some shared understandings from the variety of authors reviewed. In order to examine texts and generate agreement within the publications it is important to make comparisons across the variety of published works available. Key authors noteworthy of providing consensual definitions are, Dewey (1933), Boyd and Fales (1983) and Boud et al (1985). These author's definitions will be utilised in this work as they share features of agreement worthy of further consideration which enable a framework of definition with a consensus to be applied. Dewey defined reflective thought early in his writings as;

*“active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further evidence by which the reliability and worth of a belief can be established so as to justify its acceptance”* (Dewey, 1933: 9).

This definition is widely accepted and positioned throughout the literature selected in this review, with many authors applying it to support and develop their writing. An example of such development is given by Boyd and Fales who suggest that reflective learning is;

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

This definition is significant as it captures the importance of both an individual's experience and the need to demonstrate change as an output of being reflective, thus developing Dewey's (1933) original definition further. Terms regarding experiences and change are evident in the works of Dewey (1910) as seen below;



*“Reflection involves not simply a sequence of ideas, but a consequence – a consecutive ordering in such a way that each determines the next as its proper outcome, while each in turn leans back on its predecessors.” (Dewey, 1910: 2)*

The above quote demonstrates the use of experience to generate learning to inform our thinking and actions but is not explicit. An additional contribution to the literature from Boud et al (1985), established reflection in the context of learning;

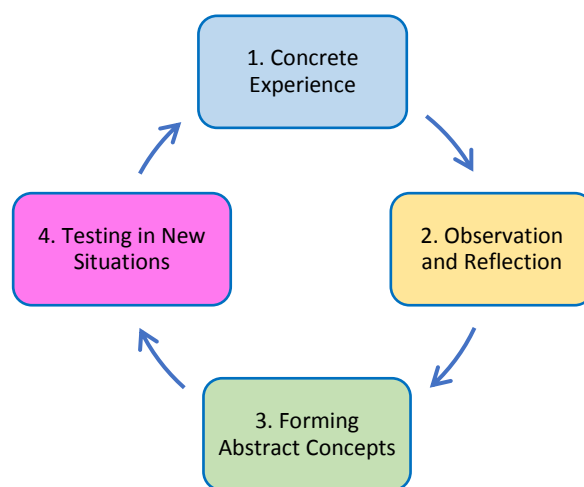
*“...a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understanding and appreciations” (Boud et al, 1985: 191)*

This further builds on experiences, showing an engagement in this process in order to develop understanding. The three selected definitions enable scholars to define the elements of reflection whilst also being cognisant of its intended purpose, impact and outputs. Although easily available, for those studying the concepts of reflection in current times, more contemporary texts will not necessarily enable access to these key quotations. If the literature shows replication of some aspects but not the key concepts such as theoretical definitions, then students will potentially be misled and also uninformed of what actually exists and is available to them. Students within the professions are actively encouraged to access publications in recent timeframes, the potential to lose the core of some subject texts is therefore a risk to this group. Contemporary definitions of reflection clearly enable the reader to understand the positioning of themselves within the process of reflection whilst also noting the significance of a change in understanding or perspective as an output of the process. Within the literature, other definitions prove less clear, involving aspects such as emancipation and empowerment (Emden,

1991); being active to be reflective (Kemmis, 1985; Saylor, 1990) whilst influencing others through professional practice actions. Within these aforementioned texts, the links to reflection are not explicit and only an informed reader would make the connection, reducing their application within novice academic pieces.

The theory of Donald Schön (1987), complements the work of Dewey through acknowledgement and application to his own writing. Schön (1987) applies Dewey's theories and further contributes to this area regarding reflection within the professions and specifically within healthcare. This application is pertinent to those within professional education in order to help them construct their approaches to criticality and thought which lead to judgements being informed by their professional knowledge and experiences. Schön (1987) highlights the presence of two types of reflection which form the construct of his theory; 'in action' and 'on action.' In action reflection is described by Schön (1987) as when a practitioner is in a situation and thinks immediately to gain understanding, construct solutions and test theories. In contrast, Schön (1987) explains reflection on action as the process of looking back on what happened, in order to deconstruct situations, make judgements and inform decisions made within them. This latter definition is complementary to the work of Dewey (1933) in terms of casting back to develop effective problem solving strategies based on lived experiences. Schön's (1987) contribution to the literature regarding approaches or types of reflection; *in* and *on* action, is significant as it complements and expands the work of Dewey. It is however, worthy to note that reflection of any kind cannot simply happen, it requires a stimulus to generate concern or puzzlement. Dewey (1933) relates to this process as a

'learning loop,' where experiences and understanding are relayed constantly to unpack what has happened. This is also noted by Kolb and Fry (1975) who highlight the importance of experiences for learning through reflection, which becomes knowledge or understanding for application in practice at a later stage. The work of Kolb and Fry (1975) drew upon the theories of Dewey to inform a diagram which demonstrated the experiential learning cycle (see below, figure 2.1).



**Figure 2.1:** The Experiential Learning Cycle (Kolb and Fry, 1975)

The experiential learning cycle (Kolb and Fry, 1975) is useful in demonstrating that reflection is both an experiential and learning process which utilises observations of situations which are then processed through cognition to enable a new understanding or perspective, all triggered by an initial experience. This closely links to the contemporary work of Moon (2008) who highlights the importance of an event being significant for the individual. This is key when considering how we reflect as if we do not notice a situation as being worthy of reflection, we will not give it any further thought. It is of importance therefore for some

confusion and questioning to occur in order to trigger deeper thought which generates understanding and meaning:

*“a state of perplexity, hesitation, doubt; an act of search or investigation directed toward bringing to light further facts which serve to corroborate or nullify the suggested belief”* (Dewey, 1910: 9).

Dewey (1910) highlights this state of confusion, which he notes as bafflement leading to probing for further facts often based on the individual's initial and existing understanding, which may also be representative of their previous experiences. The process of reflection on action does allow an individual to consider alternative perspectives, align experiences of similarity in order to broaden their understanding and finally strengthen their position in responding to future situations in action. That is to say that learning from our experiences through reflection, adds to our own knowledge and understanding. This process enables growth of an individual and also contributes to the development of professional expertise (Carper, 1978; Benner, 2001).

*“Reflection involves not simply a sequence of ideas but a consequence – a consecutive ordering in such a way that each determines the next as its proper outcome, while each in turn leans back on its predecessors”* (Dewey, 1910: 2).

The above quotation notes the importance of building on our experiences in order to inform our future practice. This demonstrates a continuum of experiences, reflection and outputs which is consistent with a variety of literature included in this review (Dewey, 1910; Schön, 1987; Jasper, 2006; Moon, 2008; Bolton, 2014). The process of reflection is not automatic, it requires conscious thought to be applied by an individual (Burnard, 1991). Within the professions, this is likely to evolve through the use of reflection in formal education, which utilises knowledge and

experience to generate thoughtful consideration. This approach is expected to evoke practitioners to develop mechanisms by which to solve problems and make decisions within their practice (Schön, 1987).

Schön (1987) highlighted professional practice as having two aspects, the first as the element of a problem requiring a solution (which he described as the 'high ground') and the second as the more complex and unknown aspect of practice (described by Schön as the 'swampy lowlands'). Many situations faced by professionals are unknown, new and without immediate solution, making much of professional practice situated in the swampy lowland, requiring the practitioner to demonstrate thinking in action. Solutions may often be required instantly, and thus may be ill judged or misinformed in the more novice practitioner. According to both Atkins and Murphy (1993) and Schön (1987) these situations should be encouraged to support reflection on action, in order to create a post incident review and consider actions that were taken and what aspects could be improved in the future. This type of reflection is often spurred when a professional encounters an unusual or unexpected situation, normally meaning that they will seek improvement in the way in which they acted as it was largely uninformed at the time (Atkins and Murphy, 1993). This leads to an evaluative process which enables practitioners to appraise situations in which they are involved, generating understanding as a key output of reflection.

The importance of experience and knowledge in reflection is paramount to realising its purpose. Experiences only become learning opportunities

if they inform future actions, to achieve this the need for reflection on those experiences is fundamental in developing understanding and learning. Schön (1987) notes that reflection in action occurs when a series of previous actions has enabled understanding which will inform future actions. Therefore, a more experienced (and reflective) practitioner will react to situations in action more quickly than a novice who has not had the benefit of reflection on their actions previously. This links closely to the work of Benner (2001) who notes the use of tacit knowledge by experts, often unable to explain their actions who also demonstrate reliance on their learning from previous experience to inform them in the present and future. This is an important point to consider as the output of learning from reflection is key and demonstrates a difference from merely considering a situation. This is further reinforced in the literature;

*“...reflection in the context of learning is a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations” (Boud et al, 1985: 19).*

The prominence of learning and the development of new understanding or knowledge is an essential concept when considering what reflection is. This reinforces the complications of professional knowledge acquisition for those novices who only have the skills to reflect on action, and may also require support with this from more experienced practitioners. Realising the significance of an experience (Moon, 2008) may not be apparent to the novice. Eraut (1992) highlights that this is a rationale for professional education taking place in both the theory and practice setting to enable learners to work alongside experienced practitioners who are able to highlight the importance of specific practice situations.

Knowledge within professional education is a necessary component to aid reflection, as a vehicle (Dewey, 1910; Dewey, 1933; Carper, 1978; Schön, 1987). Knowledge can be acquired and built upon in many ways, being developed through experiences as noted by Schön (1987), who stated that the professions share knowledge in order to develop communities of practitioners. The sharing of such knowledge through reflective activities can lead to enhancement of practice approaches through a shared understanding, in-depth discussion generation and consideration of learning requirements. This type of group approach is described by Wenger (1998) as groups that share a passion to develop and learn together in order to improve their approaches through regular meeting and sharing. This further relates to the role of the mentor or professional guide in both theory and practice for professionals in training. The sharing of knowledge and application to experiences is fundamental in producing a thoughtful and considerate future professional (Schön, 1987; Moon, 2008). Benner (2001) captured the importance of realising that not all knowledge could be taught or analysed, she was alluding to expertise developing through experience. For professionals, this is an aspect for consideration as the mix of knowledge and experience lead to outputs which enhance practice. Dewey (1938) noted the importance of reflecting on experiences rather than just 'having them' in order to generate learning:

*"We do not learn from experience, we learn from reflecting on experiences"* (Dewey, 1938: 20).

It is difficult to learn from experiences unless they are given additional consideration in light of empirical knowledge and understanding by an individual. For the novice professional, knowledge gained may not be

obvious and may need to be highlighted by more experienced colleagues. For the expert practitioner, or connoisseur, as described by Benner (2001), noteworthy experiences may be more apparent, enabling them to signpost such events for learners. Some contemporary writers view reflection as enabling;

*“....strategies to bring things out into the open, and frame appropriate and searching questions never asked before”* (Bolton, 2014: 2).

The key message within the literature is the need to learn from experiences through the use of reflection, which enables the development of deeper understanding and knowledge which will in turn enhance approaches to professional practice (Dewey, 1938; Jasper, 2006). In summary, experiences can only inform learning if they are firstly noticed as experiences and secondly seen to be significant enough to be worthy of further consideration (Moon, 2008).

#### **2.4.1 CRITICAL THINKING**

Within the literature, reflection and critical thinking are often noted as being synergistic (Atkins and Murphy, 1993; Boud et al, 1995). Moon (2008) notes that critical thinking involves reflection and reflection involves critical thinking. She further expands this, highlighting that critical thinking gives depth to reflection and enables learning (Moon, 2008). The relationship between critical thinking and reflection is also identified by both Kolb (1984) and Brookfield (1987) who stress that reflection is central as a process within critical thinking in order to ensure learning from experiences. Brookfield notes that;



*“...through reflection, or critical thinking, patterns of behaviour become clear, habitual responses are identified and insights dawn regarding the nature of our assumptions and motivations. With this understanding, people can make some judgements about the effectiveness of different actions in hanging some aspects of our lives, and they can try to learn from whatever errors they have made”* (Brookfield, 1987: 78).

Awareness of experiences and actions taken through critical thinking enables a way forward with practice which is informed and thoughtful, more than it may have been previously. The process of critical thinking and reflection enables professionals to reframe situations experienced and give them deeper or new meaning which can be applied to future approaches (Rolfe, 2002; Scanlan et al, 2002). Demonstrating critical thinking has also been suggested as a way of improving an individual's approach to reporting both verbally and in writing, a key skill within the professions (Powell, 1989).

The significance of thought is demonstrated across the timespan of literature pertaining to reflection (Dewey, 1933; Schön, 1987; Moon, 2008; Bolton, 2014). Schön (1987) highlights that thinking cannot be taught, but students need to be coached in order to think both critically and reflectively. Seeing critical thinking as a skill required to help learning occur may be a useful starting point with novice practitioners who are trying to acquire the skills of reflection in and on action. Bolton (2014) highlights that rather than seeing reflection as a descriptive form, it needs to also be signposted within the professions as a state of mind which supports theoretical analysis in order to seek explanations. This further relates to the seminal work of Carper (1978) who related nurses' experiences to gaining professional knowledge, enabling them to change

existing approaches to practice in order to enhance outcomes (Taylor, 2010). Moon (2008) classifies this as deep reflection or critical thinking, which she defines as an enabler of exploratory thinking. In returning to Dewey, it is perhaps significant that he sees thinking as a factor for curiosity and reflection;

*“Demand for the solution of a perplexity is the steadying and guiding factor in the entire process of reflection”* (Dewey, 1910: 11).

Events in professional practice could pass by, being unrecognised as worthy of deeper thought, without curiosity first being stimulated for the individual. It may therefore be significant to consider further how the literature addresses the methods by which reflection can be ‘captured’ in an ongoing manner.

Much of the more recent literature associated with critical thinking endorses journal writing as a method to save the detail of experiences which appeared significant (Moon, 2008; Bolton, 2014). Additionally, journals may enhance thinking skills and assist in developing a higher level of cognition enabling the exploration of situations further to seek understanding. Moon (2008: 146) defines journals as *“containers for reflective work.”* Bolton (2014) affirms this, seeing journals as a method for holding the reflective process, rather than necessarily demonstrating that critical thinking that has been undertaken. Brookfield (1995) highlights sources of information for reflection, acknowledging the assumptions we can make as practitioners and therefore recognising the importance of other perspectives (or lenses) including empirical evidence to assist with providing objectivity. The purpose of journaling for reflection

needs to be made clear as it can define the way in which it is approached, the sharing of the content and the outputs which it creates. The role of the guide or mentor for the novice practitioner is again apparent in terms of making sense of what is seen and understood through critical thinking.

From this review of the literature it is evident that there is a strong argument for being reflective through critical thinking approaches in order to develop oneself and one's practice. Moon (2008) further ratifies that critical thinking ensures reflection and changes in practice through learning, there is however no mention of the consequence of not being reflective or having a lack of critical thought. The literature supports the need for critical thinking and reflection as a professional, therefore, if they lack these skills, they may never change, nor will their approach to their practice be improved. It seems pertinent to question how we teach reflection in order to examine the placing of this 'skill' within any professional curriculum.

#### **2.4.2 DEBATES WITHIN THE LITERATURE**

The terms, reflection, thinking, critical thinking, knowledge and experience are evident throughout the literature reviewed in this study. Bolton (2010) emphasises the importance of professionals ensuring that they work within both knowledge and experience. Rather than the synergy of knowledge and experience being assumed, reflection is seen as the vehicle to ensure that best practice is achieved through what is known to be supported by the available evidence base. In support of this, Howatson-Jones (2010) confirms that reflection is a method of testing

whether what was done was right, also it teaches the practitioner to 'check' whether there were alternative approaches which may be more effective. It is apparent that the literature is confirming that reflection is not only a part of professional practice but also that it is a tool for learning *within* professional practice. Recent texts show a continued support of the need for professionals to be open to theorising their actions through reflection (Hall and Ritchie, 2009; Hood, 2010) in order to justify their approaches to professional practice.

One crucial characteristic regarding the debates relevant to reflection is the lack of evidence to support its value or outcomes (White, Fook and Gardner, 2008). Earlier texts such as that by Brockbank and McGill (1998) highlight that reflection exists purely to satisfy the needs of professional groups who collude in their approaches to practice. There is a hazard in being reflective, that the practitioner may break away from their cultural group by questioning its practices, leading to personal risks. Such risks can be seen in organisational cultures where mistakes have been made (Francis, 2013) which lack a professional approach of questioning and reflective thinking in order to support practice development and enhancement. This is certainly the case for reflective individuals who practice alongside less reflective colleagues or those who do not share their critical thinking in order to enhance the knowledge and understanding of their professional community. The literature reviewed suggests a strong case in support of reflection, although counter-arguments will also be explored within this review.

Within the literature, there is an identified risk of ritualising reflection for academic purposes rather than for the enhancement of professional practice. Boud and Walker (1998) note the tendency to turn reflection within academia into a 'recipe' where students follow checklists through a highly mechanical process, creating a ritual which is not focussed on improving outcomes as intended (Dewey, 1933; Bolton, 2014). One further risk in asking learners to utilise reflection for the purposes of practice improvement is that they can develop a tendency to be negative, searching for fault in their approaches in order to demonstrate improvement. Quinn (2000) highlights that some of the wording associated with reflection, such as the term 'critical' can be interpreted negatively for the novice practitioner. It is however necessary to understand the need for criticality or the risk here is that practitioners will agree with cultural assumptions in terms of practice norms they witness and continue to act in this way (Boud and Walker, 1998). In some cases, the comfort of cultural norms that assure a safe practice environment may be acceptable as the continuum of reflection in practice may sometimes be overwhelming and lead to constant change rather than allowing changes to settle and develop for evaluation.

As a professional educator it is commonplace to teach beyond one's own professional discipline, which may highlight the need to consider professional and cultural assumptions (Morley, 2007). This is also the case regarding assessment concerns, a number of studies exist which have highlighted the tendency of students to write what they think the teacher wants, constraining their own reflective approaches in order to pass an assessment task (Smith and Lev-Ari, 2005). This type of

constraint may also raise the question of the value of reflection for the emerging professional who is unable to contextualise the purpose of reflection for their practice beyond assessment.

The outputs of reflection within professional practice require further exploration in order to support the enhancement it gives to practice and the impact it has on the recipients of the profession. Rolfe et al (2001) note that there is a lack of evidence to demonstrate significant outcomes from reflection, meaning that professionals must be responsible for seeing changes to their practice through rigorous approaches which help them in identifying improvement.

### **2.4.3 TENSIONS AND CHALLENGES**

The approaches to and impact of reflection appear indistinct in singular texts and only when reviewing the literature collectively does it become clearer. A wealth of authors note different processes (Van Manen, 1977; Mezirow, 1981), levels and stages involved in reflection (Boyd and Fales, 1983; Boud et al, 1985; Schön, 1987). For example, Mezirow (1981) identifies seven levels of reflection which range from an awareness of thoughts and feelings to theorising actions which can change a professional's assumptions regarding their practice. Critical reflection development is imperative in order to question beliefs regarding actions and how they have come to be (Kember et al, 1996). Further to this and by way of an example, Boud et al (1985:31-32) highlight four stages of reflection which lead to deeper understanding through enquiry and exploration of knowledge:

<ol style="list-style-type: none"> <li>1. <i>Association</i> – connecting ideas and feelings which are part of the original experience and connect existing knowledge and attitudes;</li> <li>2. <i>Integration</i> – a process of seeking relationships between existing pieces of information, in order to integrate new knowledge to influence practice approaches;</li> <li>3. <i>Validation</i> – the testing of consistency between existing knowledge and beliefs in order to determine the authenticity of the idea;</li> <li>4. <i>Appropriation</i> – making one’s own knowledge.</li> </ol>
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**Table 2.4:** Stages of Reflection, Boud et al (1985)

Other authors cite stages of reflection, which are in some cases more complex (Mezirow, 1981). The work of Boud et al (1985) has been selected as it is frequently cited in literature relating to nurse education (Atkins and Murphy, 1993; Moon, 2008). The four stages of reflection from Boud et al (1985), represent the process of reflection and require techniques such as writing, drawing and thinking in order to link ideas and feelings (Boud et al, 1985). Following these stages will give the detail of the outcomes of reflection, through its affect and cognition for the individual (Mezirow, 1981; Boud et al, 1985) leading to a change in behaviour. The stages are also cognisant of the definitions of reflection shared earlier in this review (Dewey, 1933; Boyd and Fayles, 1983; Boud et al, 1985).

Prerequisites to reflection which are evident within the literature are the ability to maintain an open mind whilst also being motivated to review and

change (Goodman, 1984; Bolton, 2014). This must, according to Dewey (1933), be accompanied by personal orientations such as 'open-mindedness', 'responsibility' and 'whole-heartedness.' For educators, an awareness of these aspects is essential in order to support learners' development as reflective practitioners (Boud et al, 1985; Schön, 1987). Within the literature there is an implicit assumption that certain cognitive and affective skills are required to be able to successfully engage in reflection. Deeper exploration reveals these skills as, self-awareness, description, critical analysis, synthesis and evaluation (Atkins and Murphy, 1993).

Cultural aspects of reflection are also worthy of consideration, for example, individuals may need to conform to their professional discipline which may not encourage autonomy in their professional practice (Hanson, 1996; Thompson and Thompson, 2008). This is particularly noteworthy of professionals from non-western communities (Thompson and Thompson, 2008) although they may choose to migrate and practice as professionals in western cultures. Within the professions, this view is important when practising in a multi-cultural arena where some practitioners may feel constrained or anxious about changing their ways of practising without direction and guidance being received. This may also be reflected in professional education where learners are being encouraged to think freely to enhance their learning (Kolb, 1984) and yet they may feel uncomfortable with doing so. One approach to make reflection accessible within an educational environment is to utilise models of reflection as guides to give structure (Johns, 1995a). Many of the available models encourage the use of the stages of reflection



previously identified but do not always assure the critical intent of reflection as highlighted by Habermas (1978) and Mezirow (1981). Available models of reflection do not show the novice how to achieve differing levels of reflection and therefore may hinder the application of reflection to practice (Boud et al, 1985). Many of the available models, signpost a process for reflection which is not always guided enough for students or on the contrary becomes overly cumbersome (Bolton, 2014). Dewey (1933) emphasises that it is not enough to give an educational rationale for the use of reflection, practitioners need to view the outputs for themselves in order to adopt it as a part of their practice, thus being experiential as reflectors. A model of reflection to the novice practitioner may appear as a single guide which does not encourage them to revisit their experiences and learning in an ongoing manner, more the ethos of reflection and ongoing development of a reflective professional as noted by Dewey (1933) and more recently in the work of Moon (2008). There is a potential risk that the construct of a model will deny the practitioner free thought and application of relevant theory as they may become too engrossed with following the structure that the model provides (Moon, 2008).

Reflection is evident as a major feature within professional education, yet it is often seen as time consuming and difficult (Moon, 2008; Thompson and Thompson, 2008). Occupational structures within the professions were examined by Jarvis (1992), noting that they tend to endorse ritualistic actions rather than experimental ones. This type of formalised approach deters the reflective practitioner from making their own enquiry and developing new norms to their practice approaches informed through

experience and theory. Both Jarvis (1992) and Holloway and Pension (1987) assert that the ability to question practice is deterred for many qualified professionals, by socialising them to conform to agreed rituals in practice, whilst also saving time. In order to develop as a professional and grow, the need for questioning of experiences is required to enhance practice (Mezirow, 1981; Boud et al, 1995).

Individuals need to be able recall experiences and then act in an informed way following reflection (Schön, 1987; Reed and Proctor, 1993; Andrews, 1996). The processes involved may also involve elements of seeming intuition (Benner, 2001) as professionals often report that they act in a spontaneous way led by their feelings (tacit knowledge), rather than formal or empirical knowledge. Few authors (Goodman, 1984; Schön, 1987; Benner, 2001) note the importance of the role that intuition may play in reflection. Acting on intuition provides spontaneity in practice but can be difficult in explaining or justifying actions taken and decisions made. The reliance on the individual to recall experiences and knowledge is great yet difficult as noted by Argyris and Schön;

*"We know more than we can tell and more than our behaviour shows"*  
(Argyris and Schön, 1974: 23).

Many theories that are used within professional practice are often applied without awareness (Greenwood, 1993) and therefore the transference of knowledge within practice remains difficult. Both Schön (1987) and Benner (2001) recognised the 'messiness' of expert practice but informed practice, yet their writing does not provide any detail of how to unravel it. The need to evidence approaches to practice may be one aspect of

reflection which needs greater emphasis within the literature but also in order to inform learners and novice practitioners.

One further challenge associated with reflection is the phenomenon of hindsight bias. As a professional reflecting on an experience, the outcome may have been both acceptable and thorough (requiring no alteration or improvement), therefore reflection leading to change may be blocked by the practitioner themselves. Indeed, the problem of reviewing one's actions could lead to uninformed future approaches (Reece-Jones, 1995; Spencer and Newell, 1999), meaning that reflection is cast aside. That is to say that if an individual's reflection on an experience is misinformed, it could lead to future problems in practice. This stresses the importance of the enquiry and criticality needed in reflection in order to break cycles of repetition and explore the evidence for new approaches which generate improvement. Several authors note that there is also the potential that reflection can cause self-doubt for professionals, resulting in them losing their practice confidence and potentially blocking further learning (Mezirow, 1990; Newell, 1992; Cayne, 1995; Davies, 1995). This criticism of reflection is worthy for all professionals to note and develop an awareness of.

Following this review of the literature there are indications that there are tensions and challenges associated with reflection, these aspects need to be discussed with learners in order to open up their own debate, being cognisant of the difficulties they may face when reviewing their experiences through a critical lens.

#### 2.4.4 PROFESSIONAL PURPOSES OF REFLECTION

Reflection is the careful consideration applied often to enable mindful approaches to professional practice in order to monitor their actions (Osterman, 1990). Applying reflection to professional practice encourages the pursuit of knowledge and understanding whilst assessing one's own behaviour as a professional. Schön (1987: 31) describes this as;

*"...a dialogue of thinking and doing through which I become more skilful."*

Although Schön (1987) has coined the term reflective practice within the professions, the phrase arises from educational theory. In particular, the work of Kolb (1984) draws upon Dewey's (1933) publications as well as those of Lewin (1951) and Piaget (1971) to highlight the importance of experience being integrated with theory through reflective processes to develop professional knowledge. Each of these theorists highlight the importance of experience but also add that learning will not occur through experience without reflection taking place (Dewey, 1933; Lewin, 1951; Piaget, 1971; Kolb, 1984). Having an experience is the basis for learning to occur if it prompts enquiry within the professional. This will only lead to change if the practitioner examines the event further in order to appraise what has occurred in detail. There is also an endorsement within the literature by seminal theorists such as Dewey (1933), Piaget (1971) and Schön (1987) to ensure that professionals are actively experimenting with the new perspectives that they develop through reflection on their experiences. Following this, learning occurs and new behaviours and approaches to professional practice are adopted by the individual (Dewey, 1933; Osterman, 1990). Within the professions, it is

important to recognise that whilst an experience stimulates learning, reflection is the essential element which enables learning to occur from the experience. In order to develop professionally, the process of reflection is ongoing so that existing theories and understanding are under review and change as the practitioner experiences new situations.

Kolb explains this further:

*“Everyone enters every learning situation with, more or less particular ideas about the topic at hand....Some of our theories are more crude and incorrect than others....Thus one’s job as an educator is not only to implant new ideas but also to dispose or modify old ones”* (Kolb, 1984: 28).

The role of the educator, within the professions is paramount in assuring that future practitioners develop reflectively in order to enhance their approaches to practice whilst also developing their professional knowledge base. Approaching professional practice in a reflective manner creates a challenge for the habits and beliefs that exist for practitioners. Through reflection, actions can be subjected to critical review and assessment by questioning approaches taken with a view to developing new ones. This is described further by Brookfield:

*“...patterns of behaviour become clear, habitual responses are identified and insights dawn regarding the nature of our assumptions and motivations. With this understanding, people can make some judgements about the effectiveness of different actions in changing some aspects of our lives, and they can try to learn from whatever errors they have made.”* (Brookfield, 1987: 78).

Providing clarity to situations is a key role of reflection, whilst also enabling scrutiny of the existing evidence and knowledge through a critical lens. Both Schön (1987) and Benner (2001) endorse the utilisation of one’s own practice experience to develop knowledge and understanding, whilst also closing the practice theory gap. This is further

underpinned in the writings of Habermas (1971) and Mezirow (1981) who note that the discourse surrounding professional learning gives three clear domains for adult learning;

1. Technical
2. Practical
3. Emancipatory

These domains differ with experiences that professionals have, requiring different modes in order to facilitate learning. The technical domain requires the professional to have control of their environment in order for learning to occur, whilst also having the required knowledge and technical skills to achieve the requirements of their professional role. The practical domain requires interaction and a need for the professional to understand the social norms of their professional practice setting. The third domain described fully by Habermas (1971) was labelled as emancipatory as it required knowledge to be developed through critical reflection, gaining power and control over practice for the individual. Novices within the professions are often preoccupied with gaining technical understanding rather than moving forward to practical or emancipatory approaches to professional practice (Moon, 2008). The literature advocates a slow introduction to reflection in professional education, firstly concentrating on the first two stages of learning (Palmer et al, 1994; Richardson and Maltby, 1995). Professionals with greater experience should be able to move through to emancipatory approaches, often through peer review or further education relating to their area of practice in order to increase their professional competence. This type of enhancement to professional practice also aligns itself to theories relating to action centred approaches

(Lewin, 1951; Carr and Kemmis, 1986), where learning is inspired by practice experiences through the application of reflection.

One dilemma of utilising reflection within professional education is the highlighting of dangerous or unethical situations which require further consideration. This can create tensions between students and educators, one reporting the truth (as they see it) and the other being professionally bound to escalate the situation (Rich and Parker, 1995). Disputes regarding this are evident within the literature, both seeing the student as having a right to highlight poor practice (Hunt, 1991) which they own as an experience and also noting the professional responsibility of the educator as a qualified professional (Hunt, 1991; Burns, 1994). It is important that within professional education, ground rules are established so that both learners and educators are clear of their position should such an experience be highlighted. This could however constrain the free thinking of novices, aware of their educator's professional roles and responsibilities. Nurse educators are predominantly registrants themselves and therefore must adhere to their own professional codes of conduct, meaning that they may need to escalate issues highlighted by students in order to protect public safety.

Further consideration of the professional purposes of reflection are needed in order to clarify how the outputs will be dealt with through professional groups. If highlighting truths is seen as a predicament then the professional group may need to consider its own will to change and improve practice rather than conceal difficulties. Encouraging reflective

practices within the professions will undoubtedly create further questions, leading to a need for further enquiry to enhance and develop prevailing empirical understandings (Moon, 2008).

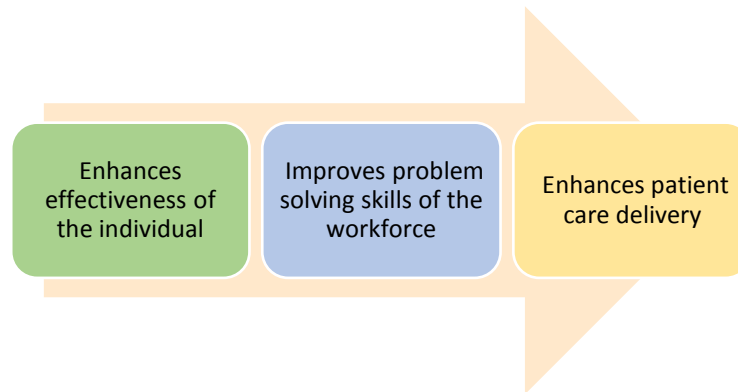
## **2.5 REFLECTION AND NURSING**

Within the United Kingdom, nursing is regulated by the Nursing and Midwifery Council. Their role is to set the standards for nursing and midwifery education and practice in the clinical setting, in order to protect the public (NMC, 2015a). These newly revised standards (NMC, 2015a) also include the processes associated with revalidation for registrants which will be discussed further in section 2.5.2 due to their contemporary nature for the nursing workforce.

Reflection is evident within nursing throughout history, dating back to Florence Nightingale who demonstrated the processes of critical thinking in order to develop solutions and improvements to clinical practice, such as those involving hygiene and sanitation, which can be evidenced by her writings (Howatson-Jones, 2010). Nursing theorists such as Barbara Carper (1978) wrote of the types of knowledge that nurses applied to their practice in order to gain understanding. In addition Schön (1987) and Benner (2001), notably wrote how nurses developed their knowledge through their expertise in practice. These key texts provide a foundation from which many other nursing theorists have developed ideas which support the role of reflection in nursing.



In this review, the purpose of reflection has been discussed with regard to its application to nursing practice. A diagram to demonstrate this process is shown in figure 2.2 below:



**Figure 2.2:** Benefits of Reflection (Howatson-Jones, 2010)

Figure 2.2 demonstrates the use of the critical elements of reflection as noted throughout the literature within this review; experience, critical thinking and decision making which lead to improved practice approaches for nursing (Dewey, 1910; Schön, 1987; Moon, 2008). Applying this specifically to nursing is further supported by Jasper (2006) who highlights that the use of reflection enables nurses to develop their practice. More recent reports (DH, 2012; Francis, 2013) also affirm the importance of these processes in assuring high quality patient care in the clinical setting. The detail from these reports will be discussed more specifically in section 2.5.3 of this review. In order to deliver good care, an adequate number of nurses need to be employed to support the clinical demands for safe patient care. Following the Francis Inquiry (2013) media controversy has highlighted failures in safe staffing in the UK which may be paramount to poor standards of care (HEE, 2014a; RCN, 2015b). Many healthcare professionals report that poor staffing leads to a lack of time to deliver the fundamentals of care expected by

patients and their relatives. As the utilisation of time is seen as a factor involved in being reflective (Burns and Bulman, 2000; Howatson-Jones, 2010), it is important that staffing is an area which is addressed within clinical practice in order to ensure safe and thoughtful approaches to nursing practice are enabled. However, it is also key that the new NMC standards for revalidation (NMC, 2014; NMC, 2015b) reinforce to registrants that reflection is a component of professional practice and not just undertaken during paid work time but developed as a way of being as a nurse (Bolton, 2014).

One approach to dealing with workforce shortages, has been the recruitment of overseas trained nurses to work in the NHS. The number of non-British trained nurses registered with the NMC and working within the NHS is now at approximately 22% (The Telegraph, 2015). This change in workforce statistics and increased cultural diversity in UK registered nurses is of significance in relation to reflection as many healthcare staff have cultural beliefs and backgrounds which differ from the patients in their care. Howatson-Jones (2010) highlights the significance of culture in nursing as it may affect the ability of nurses to reflect but also their openness to learn from reflection. This aspect is therefore important to contemplate in terms of enabling best practice which is cognisant of the patients' needs but also the nurses' personal beliefs which may differ greatly. The Code (NMC, 2015a: 15) states that nurses cannot express their personal beliefs to patients; this may cause a dilemma when reflecting on practice as nurses may have had to support beliefs of others that were against their own. One example of this may be the move away from family and community care which is evident in

the UK. This may be different to nurses coming from an Asian culture where they care for their own family members rather than relying on the healthcare systems available. For those reflecting on their practice, such conflict could cause them to face difficulties within the practice setting in which they fundamentally do not believe thus causing a personal dilemma. Overseas registrants will have undertaken their nurse education with a different set of requirements and code of professional practice which may not align to UK requirements. The adaptation period for overseas nurses has been developed to ensure that they are able to demonstrate UK requirements although this may be a difficult transition. The diversity of the nursing workforce in the UK means that explicit instructions regarding the need for reflection to improve patient care needs to be available and monitored through regulatory processes such as revalidation.

It is important to note that overseas trained nurses can become mentors and teachers of students and may struggle with supporting reflection in the clinical setting as it was not apparent during their own education. The standards provided from the NMC regarding the role of the mentor and nurse teacher do not clarify the use of reflective processes (see Appendix 1). These standards (NMC, 2008a) need to be reviewed in light of the newly revised code of conduct (NMC, 2015a) and the process of revalidation (NMC, 2015b).

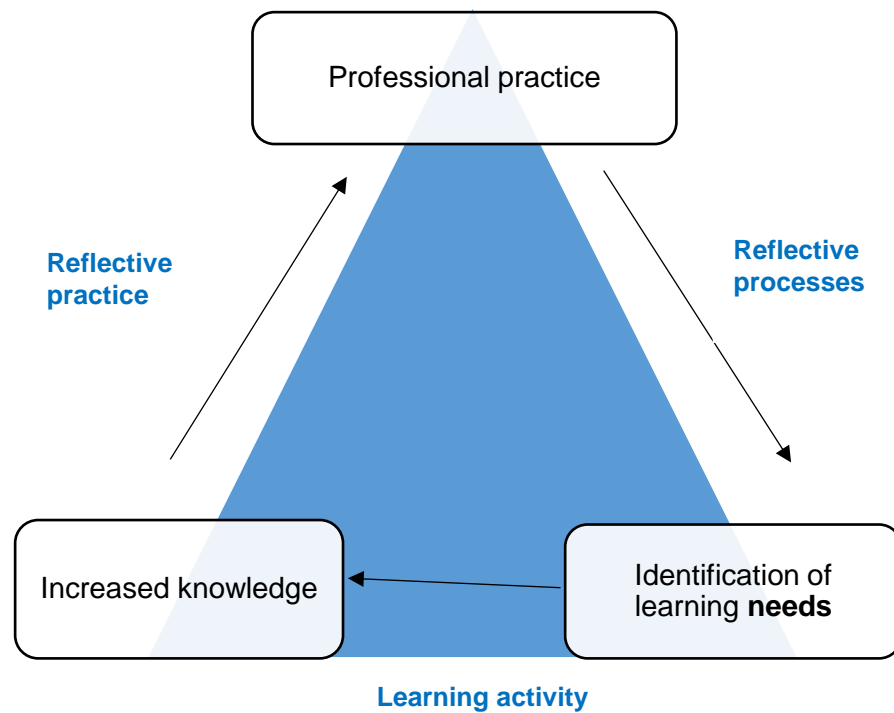
The literature reviewed demonstrates great support for reflection within nursing (Boud et al, 1985; Burns and Bulman, 2000; Rolfe et al, 2011),

yet the practical advice on how to undertake reflection is restricted to frameworks (Gibbs, 1988; Johns, 2000). It is clear that the NMC (2015b) actively promotes the use of reflection to ensure safe practice and enhance approaches to practice but very little guidance of how this can be achieved is available (Somerville and Keeling, 2004). The use of experiences in nursing to create understanding for future practice is a clear link in the literature (Kolb and Fry, 1975; Howatson-Jones, 2010). It is therefore key to ensure that nurse education supports the use of reflection for professional practice from the outset in order to influence professional approaches to practice in the clinical setting.

### **2.5.1 PROFESSIONAL APPLICATION IN NURSING**

The literature in this review demonstrates positive support for the use of reflection to develop critical thinking which is seen as a hallmark for professional practice (Brookfield, 1987; Boud et al, 1985; Johns, 2004). For nursing, the application of reflection in practice enables alignment to other health disciplines and professions such as medicine where consideration of knowledge and experience generate understanding and professional development (Habermas, 1978; Foucault, 1982). Reflection is seen as a vehicle to improve practice approaches, as well as generating professional knowledge and understanding (Kolb and Fry, 1975). The benefits of being a reflective nurse are supported within the literature, noting the improvement to patient care that can be achieved (Atkins and Murphy, 1993; Esterhuizen and Freshwater, 2008). There is however minimal evidence to demonstrate the actual impact that reflection on practice has on patient care. This lack of evidence regarding the impact

on patient experiences often positions reflection as a soft subject which may not be worthy of time allocation in a busy professional's day. Conversely, being more thoughtful and seeking information to aid understanding is expected to influence the standard of patient care that is delivered. This notion of influence has been recently supported through the NMC (2015b) changes to registration through a revalidation process which requires reflection to be undertaken. Jasper (2006) notes the significance that reflection can also have on professional development, as shown in figure 2.3:



**Figure 2.3:** The professional development triangle (Jasper, 2006)

Figure 2.3 represents the three 'cornerstones' described by Jasper (2006) for professional practice development. She notes that these are stimulated within practitioners to generate ongoing learning which is evident in their practice. The diagram demonstrates how this occurs through the use of reflection on practice situations to view areas in need

of development, which in turn stimulates learning to be applied to practice. This figure further illuminates the work of both Dewey (1933) and Schön (1987) with respect to nursing practice; highlighting the need for experiences which are reflected upon to increase knowledge, through either reflection and / or identified learning.

Reflection is often first encountered in nursing at the point of entry to professional education. The approaches taken may be reliant upon the educators' learning or research in understanding the theory and also approaches to reflection that can support the professionalisation of student nurses. A disadvantage for students here may be that the scope of their approach to reflection is limited to the knowledge of their lecturer. This can limit the learner in terms of discovering which approaches they favour to enhance their learning in both theory and practice. Within nurse education a multitude of techniques for approaching reflection have been evidenced in the literature, a summary of these is shown in table 2.5 below:

Method	Author(s) and Year
Reflective writing	Dowling, 2006; Brockbank and McGill, 1998
Reflective journals	Moon, 2008
Story writing	Plummer, 2001
Reflective interview	Bolam et al, 2003
Peer group discussion	Brookfield, 1987
Service user involvement / Patient experience	Felton and Stickley, 2004; Warne and McAndrew, 2004

**Table 2.5:** Summary of reflective techniques in nurse education

This wealth of approaches noted in the literature demonstrates the variety of methods of reflecting that can be achieved in order to assist a learner's understanding but also application of reflection in their professional practice. However, the actual methods employed to use these are unclear for the novice students, mainly suggesting that they are required to follow a model of reflection as a guide or format. Approaches to reflection that are taken within nurse education may be seen by students purely as assessment requirements for their programme of study rather than those which are also transferable in practice once qualified. The ability to develop reflective approaches which are sustainable for nurses may need to be considered further as there is no evidence to support this transition into professional nursing from the education setting. The literature reviewed demonstrates that reflection enables both critical thinking and a new perspective on situations thus improving the actions of the professional (Atkins and Murphy, 1993; Howatson-Jones, 2010; Rolfe et al, 2011). Price and Harrington (2010) provide a diagram (Figure 2.4) to demonstrate the elements of reflection which make it important in nursing:



**Figure 2.4:** Why reflecting is important (Price and Harrington, 2010)

These elements of the importance of reflection may be a useful tool to present and apply reflection with students in the classroom setting. The worthiness of reflection in their studies and professional practice may need to be clearly explained in order for them to assert its use in their practice. Reflection enables practitioners to question their actions in order to prevent complacency and enhance knowledge acquisition, not just for the individual but also for groups of practitioners who adopt this stance. Reflection often starts as a solitary process which in time and with the development of trust amongst colleagues in a team environment (such as nursing) filters out to a greater and shared audience (Burns and Bulman, 2000; Bolton, 2014). Although group reflection is a rather complex phenomenon, an individual's own reflection and impact of



change to their practice will undoubtedly lead to questioning and possibly challenge and then change by their colleagues too (Wenger, 1998; Jasper, 2006; Thompson and Thompson, 2008). This links closely to the practice of clinical supervision which is used by senior practitioners in many health care settings (Jasper, 2006; Bolton, 2014). There is tension within the literature regarding the relationship between reflection and clinical supervision, whether they are separate, dependent of one another or the same thing (Rolfe et al, 2011). For the purposes of this literature review it is not possible to explore these two aspects and therefore the restriction to reflection only has been applied. Further enquiry is required regarding the potential links between reflection and clinical supervision is needed to enhance the existing literature and also assist practitioners in being clear over what these processes do and how they may influence practice. The next section will explore this issue further in relation to current requirements for reflection in nursing practice.

### **2.5.2 CURRENT DEBATES**

Healthcare practice is responding to public calls for improved patient care and increased levels of safety in the clinical setting (Francis, 2013). This is fully endorsed by the literature regarding reflection where claims are made that its application to professional practice can provide improved and thoughtful approaches to care (Jasper, 2006; Taylor, 2010).

The NMC has set new criteria for registered nurses regarding their intention to register to practice (NMC, 2015b), through a process named *revalidation*. Revalidation includes reflection which is incorporated into

the process as a mandatory element of the submission (NMC, 2015b). Nurses will continue to be required to pay their registration fee annually, with the intention to re-register being undertaken every three years through the new process of revalidation, which commenced in 2016. This process has been informally in place historically through the previous requirements of PREP (NMC, 2011) which enabled ongoing registration for nurses, however, it now incorporates formal elements of reflection in relation to the Code of Conduct (NMC, 2015a) as below:

*“...reflection on the professional standards of practice and behaviour as set out in the Code and engagement in professional discussions with other registered nurses or midwives” (NMC, 2015b).*

The NMC adds that this is a continuous process that must be engaged with throughout their career rather than being just at the three year point. This is the first time that NMC registrants have been required to reflect on their practice, which signposts a major change in how the nursing profession is utilising reflection. It is however similar to other healthcare professions such as medicine where this process is already in existence (GMC, 2015). In addition to reflecting on five aspects of practice as a nurse which relate to the four elements of the Code, over three years, registrants will be required to hold a professional and reflective discussion to demonstrate their learning on these professional experiences through reflection (NMC, 2015a; NMC, 2015b; NHS Employers, 2015). There are templates available to guide registrants but it is clear that the expectation of nurses' understanding what reflection is should be evident to all practitioners.

The professional registration renewal process for nurses being reviewed by the NMC highlights the importance placed on the professions to provide and ensure public protection (NMC Employers, 2015). This is in no doubt as a direct consequence of recent reports which will be discussed in the next section.

### **2.5.3 TENSIONS AND CHALLENGES**

Many recent reports have developed further interest in the reflection undertaken by healthcare professionals in terms of assuring public safety and enhancing patient outcomes (Department of Health, 2012; Keogh, 2012; Francis, 2013). The Francis Inquiry (2013) called for close examination of practice standards in order to ensure patient safety. In Scotland, policy had been in place since 2008, which was able to inform NHS England post Francis (Scottish Government, 2013). Reviewing the existing policies for nursing led to a number of recommendations being highlighted by Francis (2013), such as the need for reflection; these are listed in Table 2.6 below with highlighted clarification of the actual wording that relates to reflection and its implications from the Francis Inquiry (2013). These recommendations have spurred changes to the regulation of nurse registration with the revalidation process which was implemented early in 2016. The significance of colleagues acting as role models, mentors but also fellow reflectors is also evident. The professional requirements for revalidation (NMC, 2015b) link closely to the recommendations of the Francis Inquiry (2013) noting a response from the professional regulatory body for nursing.

Rec. Number	Theme	Recommendation (relevant aspect(s) highlighted)	Implications for nursing
185	Focus on culture of caring	<p>There should be an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory. A system which ensures the delivery of proper standards of nursing requires:</p> <ul style="list-style-type: none"> <li>• Constant support and incentivisation which values nurses and the work they do through: <ul style="list-style-type: none"> <li>★ Recognition of achievement;</li> <li>★ Regular, comprehensive feedback on performance and concerns;</li> <li>★ Encouraging them to report concerns and to give priority to patient well-being.</li> </ul> </li> </ul>	<p>Students will need to be accustomed to receiving feedback regarding their practice performance in order to prepare them for being registered. This will be assessed for registered nurses through the NMC revalidation process.</p>
194		<p>As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the Nursing and Midwifery Council, if requested, as part of a nurse's revalidation process. At the end of each annual assessment, the appraisal and portfolio should be signed by the nurse as being an accurate and true reflection and be countersigned by their appraising manager as being such.</p>	<p>The assessment of a nurse's ongoing learning and reflection on their practice will be enabled through the use of reflection within the revalidation process.</p>

Rec. Number	Theme	Recommendation (relevant aspect(s) highlighted)	Implications for nursing
195	<b>Nurse Leadership</b>	Ward nurse managers should operate in a supervisory capacity, and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. They should know about the care plans relating to every patient on his or her ward. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives. <b>Critically, they should work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team.</b> As a corollary, they would monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal.	The role of the mentor needs to consider the use of reflection.
229	<b>Revalidation</b>	It is highly desirable that the Nursing and Midwifery Council introduces a system of <b>revalidation</b> similar to that of the General Medical Council, as a means of reinforcing the status and competence of registered nurses, as well as providing additional protection to the public. It is essential that the Nursing and Midwifery Council has the resources and the administrative and leadership skills to ensure that this does not detract from its existing core function of regulating fitness to practise of registered nurses.	The revalidation process includes a mandatory reflective element (NMC, 2015b).

**Table 2.6:** Reflection specific recommendations from the Francis Inquiry (2013)

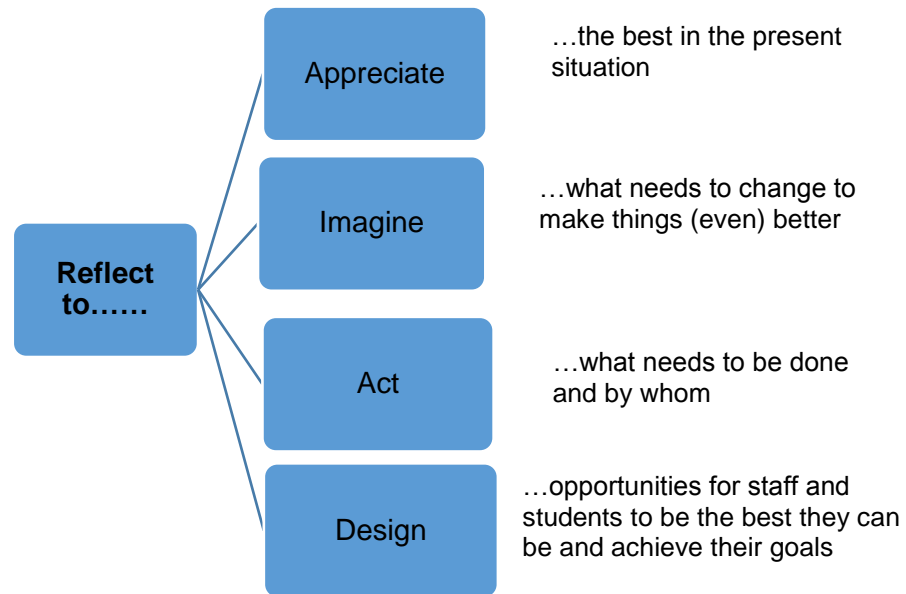
The risks associated with not being reflective means that there is the potential for fresh ideas or new approaches to be overlooked, thus compromising the level of practice delivered to the recipient. The Francis Inquiry (2013) is suggestive of this circumstance where a mixture of novice and experienced practitioners failed to deliver safe standards of care to patients. One recommendation from this inquiry highlighted that health care staff needed time to be able to 'reflect' on their actions in the practice setting, both as individuals but also collectively in teams. Further endorsing this view, Francis (2013) also attributed some aspects of patient safety to thoughtfulness by nursing staff. As demonstrated in the literature critical thinking and reflection are methods that professionals apply in order to problem solve whilst also developing their technical knowledge and experiencing new situations (Schön, 1987; Benner, 2001; Jasper, 2006).

#### **2.5.4 THE ROLE OF NURSE EDUCATORS IN THE FACILITATION OF REFLECTION**

For nurses based in higher education, teaching reflection adds a dimension of complexity in assisting students through pedagogy to find their voice to develop as a professional (Hertz, 1997; Barnett, 2000). Using a teaching approach which employs reflection should also enable students to apply critical thinking techniques (Woolgar, 1988), which may be at odds with the traditions of higher education where facts are established and encourage learning through rehearsal (Barnett, 1994). It is however important to note that reflection does support students in compiling knowledge and understanding whilst also demonstrating its

application in the practice setting (Barnett, 1994). This in turn leads to the ability to question, challenge and improve existing practices to truly demonstrate criticality in both knowledge and understanding which are clear aims of higher education (Barnett, 2000). Approaches to teaching reflection need to be considered as didactic techniques are unlikely to leave space for reflection, whereas the use of role play or story telling may open up reflective approaches which can be practiced with students in the educational setting (Roth and Tobin, 2002). There is limited discussion within the literature of what approaches beyond the previously mentioned ones can be used to demonstrate and apply reflection in the learning environment.

As mentioned earlier (section 2.4.2) there is a risk of reflection becoming a negative process, it is the role of nurse educators to ensure this is not the case in order for reflection to be viewed as enabling change and improvement in the clinical setting. Ghaye (2011) suggests that in order to overcome the potential for negativity in reflection, students should be encouraged to take a strengths based approach to reflection which he demonstrates through the following diagram (figure2.5):



**Figure 2.5:** Using reflection in a strengths based way (Ghaye, 2011)

The above diagram, takes a solution focussed approach to reflection, rather than being overly critical and looking for fault, as is the case for many models of reflection utilised by nurse educators (Gibbs, 1988; Johns, 1995a). This approach demonstrates a more outcomes focussed method for educators to help them guide students through the purposes of reflection in order to be able to view a positive impact on their own practice as a nurse.

Nurse education is hosted in the higher education setting with a shared curriculum meeting both professional NMC and University requirements. Additionally, practice partners are included to represent the clinical setting in order to assist in the application of theory to practice. Historically, like many health professions, nursing was previously instructed through an apprenticeship type model which was mostly unstructured and informal (Rolfe et al, 2011). In 1988, Project 2000, a Diploma in Higher Education programme for nursing preparation was introduced nationally. This



change moved nurse training from the responsibility of the hospitals (and NHS) to the Higher Education setting (UKCC, 1986) and recommended that nurse preparation should be more theoretical with nurses becoming more 'knowledgeable doers' who could apply critical, analytical and academic skills to advance practice in the increasingly technological world of healthcare. The publication of the UKCC (1986) document shares a timeline with Boyd and Fayles (1983), Kolb (1984) and Schön (1987) who were also considering the richness of theory and practice in terms of reflection and professional development. A review of the Project 2000 curriculum was called for as questions were raised over registered nurses fitness to practice upon completion, as there was a perceived gap between theory and practice (UKCC, 1999; Fulbrook et al, 2000). This review recognised that a stronger practice focus was needed with a recommendation for half of the curriculum being delivered in the practice setting, as is the case currently. These changes have meant that nurse education has been recognised as having equal importance in both theory and practice, enabling nurse educators to provide educational support in both settings to assure the student experience, whilst also meeting the professional regulatory requirements.

Dewey (1938) cites teachers as the agents who communicate skills and knowledge to students, which is further supported through the work of Schön (1987) who highlights the teacher role in preparing students for real world practice. There is a dichotomy between theory and practice, in respect of nursing as noted by Benner (2001). Clinical staff who act as mentors in the practice setting rarely work closely with academic staff in the HEI setting. Their meetings are infrequent and often centred around

problem solving for challenging students or auditing the suitability of clinical areas as placements. This is predominantly due to the sheer volume of students and mentors that every HEI liaises with. The role of continuing professional development for registered nurses is vital here to ensure that they can support students in the practice setting. Additionally for nurse educators, their own development needs to be ongoing in order to enhance the experience of the student in the academic setting. The process of revalidation (NMC, 2015b) will be one contributing factor in assisting this for both academic and practice based nursing staff. In terms of supporting the work of Dewey and Schön, teachers or facilitators need to demonstrate reflection themselves in order to encourage this approach in their students (Burns and Bulman, 2000). Role modelling reflection and embarking on being reflective as a professional are now seen as a hallmark to ensure contemporary practice in nursing which aids in assuring patient safety (NMC, 2015a; NMC 2015b). Valli (1990: 15) further endorses this stating that;

*“reflective teachers would have the ability to look back on an event and consider it in relationship to its context.”*

Thus, in order to support the development of reflection in students, the literature is clear that teachers, facilitators and guides need to be reflective themselves. If this is not the case, the risk may be a lack of role modelling of reflective practices leading to a learner who does not see the potential situations that generate learning and the development of expertise. Within the reviewed literature this form of coaching by nurse educators seems to be of importance in order to encourage reflective approaches by novice practitioners. There is also a need for the novice to be observant and curious so that they begin to question practice

(Dewey, 1910). Schön (1987) highlights the importance of the dual curriculum in the professions, teaching both theory and enabling learning in practice. This approach supports the notions of Dewey by giving some theoretical understanding which will provoke curiosity and thoughtfulness to what occurs in the professional practice setting. As novice practitioners accrue experience and knowledge they become more able to solve problems in a seamless sense, based on their experience and understanding (Benner, 2001). Jasper (2006) however, provides caution for novice practitioners in terms of them needing to gain understanding of what to reflect on, through sorting what is significant, and what can lead to learning and change. Personal attributes such as responsibility and genuineness are also needed to support the novice practitioner in gaining reflective skills to develop themselves (Bolton, 2014). There is also a need to be thoughtful and not become complacent in terms of one's practice. Jasper (2006: 42) notes this in terms of:

*“Reflection is about seeing things again, and perhaps seeing them in a different way or from a different angle.”*

The skills that need to be developed within novice practitioners can be influenced during education as this is where the journey to becoming a professional starts. It is of great importance that nurse educators embrace the influence that they can have over the development of future reflective practitioners both for the professional requirements cited (NMC, 2014; NMC, 2015a; NMC, 2015b) but also those which enhance the patient experience. A wealth of authors and policy have published to this end highlighting the importance of reflection in professional practice (Curtis et al, 2012; DH, 2012; Francis, 2013; Curtis, 2014; NMC 2015a).

## **2.6 SUMMARY**

This review of the literature has highlighted the importance of reflection within nursing and nurse education (Atkins and Murphy, 1993; Burns and Bulman, 2000; Jasper, 2006; Moon, 2006; Bolton, 2010; Fook and Gardner, 2010). There is however a need to consider the approaches taken to 'teaching' the processes of and approaches to reflection for learners in nurse education. There is limited evidence to support the construct of how to write reflectively beyond the structure of models. Deep understanding of the definitions of reflection (Mezirow, 1981; Schön, 1987; Powell, 1989) but also its application in nursing practice (Boud et al, 1985; Burns and Bulman, 2000; Freshwater and Rolfe, 2001) is needed to ensure change is facilitated through learning for nurses.

The methods of teaching reflection in nurse education are selected by the individual educators who deliver the curriculum (Rolfe et al, 2011). Although professional standards and recent evidence support the importance of reflection in nurse education, there is no guidance or clarification on what this means for curriculum delivery (Francis, 2013; NMC, 2013a; NMC, 2013b; NMC, 2015a). This study will therefore examine some approaches taken by nurse educators in three HEIs who teach adult student nurses reflection in the university setting.

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter details the approach taken to this research study and provides a rationale for decisions made. A qualitative approach has been taken in order to respond to the needs of the aims of the research, the research questions and the researcher positioned within the enquiry (Cohen, Manion and Morrison, 2011). Strauss and Corbin (1998: 10) provide a simple definition of qualitative research, in that it “produces findings not arrived at by statistical procedures or other means of quantification.” Experiences of accessing a variety of literature sources, exploring the merits and limitations of research approaches will be addressed. Limitations and ethical considerations will also be considered within this chapter.

#### **3.2 EPISTEMOLOGICAL CONTEXT**

The approach in this study is interpretivist in that it aims to explore the approaches taken by educators involved in that provision. Kant, (1781) (cited by Ritchie and Lewis, 2012) explained the interpretivist view as one constructed by individuals through their experiences and their knowledge. Both Plowright (2011) and Silverman (2010) note that the particular epistemological viewpoint taken may not be relevant in educational research as it requires a more humanistic approach than non-educational research to ensure it meets the requirements of the research questions. The interpretivist approach to educational research enables the data to be explored in terms of the participants in the study, detailing their voice,

beliefs and understandings. This enables the researcher to gain understanding as opposed to seeking to prove theories. Ritchie and Lewis (2012) cite the work of Kant (1781) who proposed that the understanding of the world within society was based on learning from what was observed detailing the thinking and conceptualisation behind our observations. This understanding also acknowledges that the researcher holds a view based on their own experiences and understanding which influences the interpretation of the research findings.

The epistemological approach to this research was strongly influenced by the researchers career path as a nurse educator. The study focuses on the role of nurse educators and their employing organisations in order to view approaches to one aspect of their teaching practice which links to professional outcomes. Within the United Kingdom, nurse education which leads to professional registration is regulated by the Nursing and Midwifery Council (NMC). The role of the professional regulatory body for nurse education is an important factor regarding the approaches taken due to shared requirements nationally for nurse education. The proficiencies required in order to register as a nurse are therefore regulated by the NMC and Accredited Education Institutions (AEI) in order to assure the standards demonstrate parity and uphold public safety (NMC, 2015a). In this study, nurse lecturers working in Accredited Education Institutes were interviewed. Their views may have been influenced both by their employing organisations requirements for curriculum delivery but also by the national requirements for nurse education (NMC, 2010a).

Additionally, the researcher's own views are influential both in the motivation for the exploration and also the question being asked as they relate to their professional role and interest in the profession. The constructionist ideology impacts on both the researcher and any participants who may hold a different construction, influencing the findings and their interpretation. Interpretivist approaches acknowledge and enable difference and individuality to be explored through reflective consideration (Koch and Harrington, 1998). This is further supported historically through the work of Dilthey (1860) and Weber (1864) who highlighted the importance of utilising the human voice in order to gain understanding of the social contexts being explored (Ritchie and Lewis, 2012). These views (Dilthey, 1860; Weber, 1864; Koch and Harrington, 1998) can be collectively defined as interpretivism (Ritchie and Lewis, 2012) the epistemological approach which underpins this research.

An interpretivist approach to research allows the exploration of the process and the make-up of the enquiry (Silverman, 2010; Ritchie and Lewis, 2012) rather than seeking answers to queries. This approach enabled both the researcher and participants to be explored through a narrative enquiry and the use of data collection methods such as interviews which engender freedom from the participants to share their personal views (Koch, 1996). In this study several methods were applied in order to construct an interpretation of the participants' views and experiences. These methods have been used within the construct of the research findings which have been enhanced through reflexive approaches such as journaling in order to find meaning (Moon, 2006). This also enabled the adoption of a reflexive approach as echoed in the work of Denzin and Lincoln (1994) who note that the researcher cannot

provide a definitive account or explanation of any situation in the research findings, thus needing to explore meanings more intensely by deeper consideration.

Research theorists such as Glaser and Strauss (1967) and Denzin and Lincoln (1994) have highlighted the importance for qualitative researchers of assuring rigour throughout their data collection and analysis. The work of Denzin and Lincoln (1994) also highlights the potential for dilemma as the qualitative researcher cannot always generalise their findings due to the complexity of the social world. Therefore the interpretivist approach acknowledges difference and can be applied to settings which demonstrate similarities. In this study it is acknowledged that the small scale approach taken has allowed depth of exploration and interpretation which could be replicated on a larger scale.

Applying a range of philosophical approaches is believed to ensure better quality research (Seale, 1999; Ritchie and Lewis, 2012) by viewing the research questions through a variety of data sources. There remains a great variance in the approaches to qualitative research meaning that the choice of approaches is vast and therefore need to be carefully considered by the researcher (Ritchie and Lewis, 2012). This can be viewed as offering a good level of flexibility and also enabling rich data, dependent upon the chosen setting. This study aims to explore the approaches taken to teaching reflection in three NMC Accredited Education Institutes, drawing on two participants (nurse lecturers) from each and supporting documentary evidence in each. The rationale for the selection of three case study sites was taken in order to enable depth of analysis of the data with regards to the time constraints of the study.



### 3.2.1 EPISTEMOLOGICAL APPROACHES

The methods adopted in this work have been influenced by the work of Plowright, (2011); which supported the design and conduct of the study, applying a structure which was informed by content and was specific to the research question and aims of the study. The adaptation of this structure to this study is shown in a diagrammatic representation below:

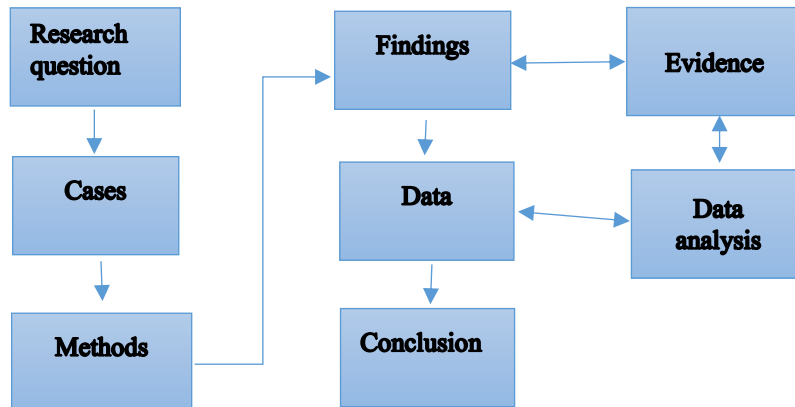


Figure 3.1 – Plowright, D. (2011: 7)

This influence has empowered the researcher to be cognisant of existing literature whilst also acknowledging the aims of the study and the potential to gain new understanding and theory (Plowright, 2011). This is both relevant and complementary in acknowledging the interpretivist stance that this study takes, aiming to explore experiences of others and construct understanding from the data collected. The data collected has been viewed within each case study giving three dimensions (cases) to this study (Plowright, 2011). Although the NMC accredits HEIs to deliver the pre-registration nursing curriculum, local application of the standards is allowed thus providing differing views.

### 3.2.2 APPLICATION OF EPISTEMOLOGY

Within qualitative research, the personal stance of the researcher is usually acknowledged in order to allow a reflexive approach (Ritchie and Lewis, 2012).

In this research, the use of field notes enabled the researcher to capture their thoughts during the data collection phase. Additionally a reflective journal, further detailing researcher queries, thinking, learning and application of this during the research journey was used.

This research explores examples of how the concepts of reflection are taught to student nurses in the University setting. Reflection is a common curriculum aspect within nurse education, although evident in the professional regulatory body requirements (NMC, 2010a) the interpretation of reflection for the curriculum is unique to the education provider. Initially it was decided not to undertake a comparative study as each case can be identified as unique, although potentially reliable in similar settings (Denzin and Lincoln, 1994). However, following data analysis it became evident that there was a need to link the three case studies and comparison became a useful tool in order to gain insight through comparative exploration (Hamilton and Corbett-Whittier, 2013). This approach utilised the work of Stenhouse (1979) who wrote that case study approaches within educational research could help to capture complexity when the researcher understood the educational setting being explored.

### **3.3 RESEARCH DESIGN: DEFINING CASE STUDY**

This research adopted a case study approach in order to support interpretivist approaches and enable consideration of similarities and differences across data collection (case study) sites in order to generate meaning and deep understanding (Stenhouse, 1979). Case study approaches have been evident in methodology for some time as a reliable method by which to conduct small scale but in-depth studies (Wisker,

2008). The use of case study empowers researchers to have a deep approach to their research in order to gain rich data that is representative of more than one view, whether it is the view of an individual or an organisation (Brett Davies, 2007). The term case study is frequently used throughout research literature and finding a conclusive definition has proven difficult (Parahoo 1997; Bassey, 1999; Polit and Beck, 2004; Yin, 2009; Thomson and Walker, 2010). The case study approach is noted as useful in enabling an in-depth and holistic exploration of a situation or situations for one or more individuals in a defined setting (Parahoo, 1997; Tellis, 1997). Many authors define case study as a strategy rather than a method which provides the researcher with the ability to develop greater flexibility (Bassey, 1999; Polit and Beck, 2004; Burton and Bartlett, 2009). This flexibility is demonstrated through the researcher being able to retain the individuality of the cases during analysis, providing narrative detail (Stake, 1981; Denzin and Lincoln, 1994). Within a case study approach, the participants and their settings form centre stage with an imaginary spotlight placed on them to allow for the scrutiny or exploration of emerging themes (Yin, 2009; Cohen et al, 2011; Hennink et al, 2011). Three cases study sites were included in this research, each was a NMC Accredited Educational Institution within a University in the UK. The selection of the sites is further explained in section 3.6.1.2.

There are four characteristics that, according to Merriam (1988) are essential properties of a case study; *particularistic*, *descriptive*, *heuristic* and *inductive*. Particularistic indicates that the focus is on particular phenomena. Reflection is evident in all professional education, however, in this study, the exploration is particular to nurse education and moreover nurse lecturers who teach reflection to student nurses, making it

particularistic. This specificity of focus supports the case study with a good design for practical problems, for questions, situations or puzzling occurrences arising from everyday practice (Hamilton and Corbett-Whittier, 2013). Descriptive means that the end product of a case study is a rich 'thick' description of the phenomenon under study. Thick description is a term from anthropology and means the complete, literal description of the incident or entity being investigated (Ritchie and Lewis, 2012). It also means interpreting the meaning of demographic and descriptive data in terms of cultural norms and mores, community values, deep-seated attitudes and notions (Lincoln and Guba, 2013). In this research, the description is enabled through the variety of data sources which capture the understandings of the participants, their organisations and the researcher. Heuristic means that case studies illuminate the readers' understanding of the phenomena under study. They bring about the discovery of new meaning, extend the reader's experience, or confirm what is known. In this study, the utilisation of the existing evidence base and the experiences of the participants and the researcher all contribute to this aspect. Stake (1981) believes that insights into how situations evolve can be expected to result from case study approaches. Inductive indicates that for the most part case studies rely on inductive reasoning. Understanding and concepts emerge from an examination of data, and data are grounded in the context itself. The discovery of new relationships, concepts and understanding, rather than verification or predetermined hypothesis characterises qualitative case studies (Merriam, 1988). The case study offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomena; in this case the approaches taken by nurse lecturers to introducing and teaching reflection. Case study

methodology offers insights and can be constructed as a tentative hypothesis, which help structure future research. In this study, the potential for a larger scale piece has emerged due to the exploration of the participants as a distinct social group; of nurse lecturers. Therefore, case studies play an important role in advancing a field's knowledge base. In concluding this study, restrictions (of the approaches taken) that were discovered by the researcher during data collection and analysis will be highlighted in order to address areas for further research which relate to this topic in nurse education.

### **3.3.1 APPLICATION OF CASE STUDY TO THE RESEARCH**

Within this research, 'theory seeking case study' has been employed which Bassey (1999: 40) refers to as research work which allows the description, interpretation and explanation of a situation without making judgements. This approach will therefore demonstrate a broad exploration of organisations in order to draw conclusions in response to the data gathered which will be triangulated to assure its relevance and context in terms of the research questions. Within this study a number of data collection approaches were implemented which could then be analysed with existing literature in order to gain understanding of the participants' descriptive accounts (Hamilton and Corbett-Whittier, 2013). It was also important to consider the number of case studies to include within this research. Yin (2009) advocates that researchers' should ensure they generate a manageable amount of data whilst also ensuring depth of understanding. Analysing the data from three cases was deemed appropriate to generate a depth of understanding whilst ensuring manageability and therefore this was the final number included in the research design. As noted by Punch (2009) it is difficult to research entire

populations that are relevant to the research question. In this research it would be the entire provision in the UK for adult nurse professional preparatory education. Therefore, a realistic and manageable sample was selected in order to be representative (Bassey, 1999). Lincoln and Guba (2013) note that case studies can oversimplify or exaggerate a situation leading to erroneous conclusions being drawn or that the reader may believe that accounts of the 'whole' are being presented when it is only part of the total picture.

Originally, it was intended to interview three participants in each of the case studies. However, due to self-selection processes, this number were not forthcoming. Discussion during research supervision suggested that the exploration of two participants in each case study site would be justifiable and ensure deep understanding alongside the collection of additional data in the form of curriculum documentation. Yin (2009) highlights that the number of participants should be agreed in order to answer the research questions. As the cases were spread across England (2 cases) and Scotland (1 case), in terms of commissioned numbers for nurse education, this was deemed appropriate as it mirrored the provision of nurse education within these two countries.

In this study the research design included the views of two nurse lecturers (the participants) within each of three universities (the cases); the selection of these will be discussed in section 3.6. Additionally documentation used to support teaching or assess student's use of reflection was reviewed for each university in the study. This allowed an understanding to be gained of the approaches taken to teaching reflection whilst also reviewing the students' use of it as a tool to measure learning.

Undertaking a descriptive approach has enabled the researcher to discover new meaning, through; describing what exists, determining the frequency with which something occurs, and categorising the available information (Bassegy, 1999; Corbett-Whittier, 2013; Yin, 2014). In this research, a comparative approach has enabled deeper understanding and built a picture which provided an overarching description and led to understanding.

### **3.3.2 RATIONALE FOR SELECTED CASE STUDY APPROACH**

The three sites selected to form the 'cases' in this study, enable deep approaches to data collection. This research was able to offer a detailed exploration of the approaches of two nurse lecturers in three different organisations who each influence and contribute to the professional education of several hundred nurses each year within the United Kingdom. Therefore this study, although relatively small scale, demonstrates a deep exploration of the data sources which represent NMC accredited pre-registration nursing programmes in the UK.

Gaining access to participants was originally very challenging and time consuming. It is apparent in the literature that the inclusion of participants, particularly for interviews is often the greatest challenge (Ritchie and Lewis, 2012). Initial contact was made with a variety of Heads of Departments and Deans of Faculties that were similar in size to the researcher's own organisation. They were contacted via email using the distribution list from the Council of Deans of Health. An introductory letter along with confirmation of Ethics Committee approval (Appendix 2) were emailed initially to three Universities, two in London and one on the South Coast (outside of the researchers commissioning area).

Unfortunately negative responses were received from all of these sites, saying that they were unable to accommodate any further research at the present time. A conversation regarding the progress of the study with the local education commissioner at the Strategic Health Authority in early 2012, developed an opportunity to access the UK network of NHS education commissioners. The original email (Appendix 3) was disseminated through this UK network. A quick response was received from the health education commissioner for Scotland who made links with this research and its importance to policy, which he highlighted to the Deans of all Scottish Universities providing adult nurse education. There were then several responses but only one was selected, drawing upon a rationale that Scottish Universities recruit smaller numbers of adult student nurses annually, and were therefore not wholly representative of the UK regarding nurse education. One English University responded favourably and details were secured. Data collection commenced on the two sites initially whilst also continuing to source a third site. A colleague intervened, acting as a conduit and this led to the third site (in England) being secured.

### **3.4 RESEARCH AIM**

The aim of this enquiry was to generate an understanding of the professional approaches to teaching and the intentions of reflection within nurse education. As highlighted in the review of the literature, there is a wealth of literature and several perspectives available addressing the concepts of reflection, reflective practice, reflective writing and reflexivity. However, having analysed the literature it was not clear how reflection is introduced and taught to the profession within the preparatory educational setting and therefore it was considered important to explore



this dearth. Two recent high profile publications (Department of Health, 2012; RCN, 2012) endorse an enquiry which supports the exploration of this important curriculum element and how it is introduced within professional preparatory nursing programmes. If reflection is seen as fundamental to the nursing profession then this is a key concept and its introduction should be investigated in order to develop a consensus of some of the approaches to the practice of introducing and teaching reflection. Therefore and more specifically this research aimed to:

- identify approaches taken by nurse lecturers to teaching reflection within professional preparatory programmes for adult nursing
- elicit the considerations given by the nurse lecturers in terms of the principles to be highlighted to students when planning to deliver teaching relating to reflection
- explore how nurse lecturers support students' understanding and application of reflection in nurse education and practice
- analyse and map the written elements of the validated curriculum with the taught content regarding reflection to review the intended approaches of the curriculum
- analyse individual approaches taken by nurse lecturers, to compare to the curriculum intention
- make recommendations to relevant bodies regarding the findings of this study.

Several data sources were utilised in this study to enquire how student nurses (adult field) were introduced to and taught reflection. Ritchie and Lewis (2012) highlight the importance for the researcher to develop clear

aims that can then be explored through developed research questions, whilst also applying appropriate research methods. The aims of this study enabled a clear focus to be maintained throughout the process as they were revisited at each stage in order to ensure their application.

### **3.5 RESEARCH QUESTIONS**

Through examining the aims (section 3.4) the researcher identified questions that would support these aims to be met. The formulation of research questions informed the structure of the research design and incorporated a clear focus for the study (Burton and Bartlett, 2009).

#### **3.5.1 DEVELOPING RESEARCH QUESTIONS**

When developing the research questions, it was important to consider the data and the sources which would be pertinent in achieving the aims of the research. Ritchie and Lewis (2013) acknowledge that research that derives from an individual's idea is often based on existing hunches or thoughts, rather than in the case of commissioned research where the aim is provided for the researcher. With regard to this research and its background, the researcher undertakes the lead for teaching associated with reflection within their own organisation but this exploration of the evidence base has also deepened their own understanding of relevant theories. Deepening one's own knowledge and reviewing what is known from the literature is an important aspect of the research process in order to underpin the formulation of research questions (Ritchie and Lewis, 2012). Silverman (2010) highlights the importance of researchers being aware of, and demonstrating, their understanding of the broader context of the subject area through their research questions. It is important to consider what is known and what is unknown in order to produce an

original enquiry which will add to the existing body of knowledge and will construct new understandings and meanings.

The key questions posed in this study addressed the aims of the research and were developed with these in mind as well as aspiring to offer an original contribution to the existing body of knowledge. The research questions that were formulated were:

- How do nurse lecturers approach the delivery of taught sessions relating to reflection?
- How are models of reflection introduced and utilised in the curriculum?
- What theoretical bases inform nurse lecturers when preparing to teach reflection?
- How do nurse lecturers demonstrate the uses and outputs of reflection to their students?
- Where does reflection feature in the student journey, with consideration to theory and practice?
- Are the nurse lecturers able to align their own application for teaching the subject with what is written in the curriculum?

### **3.5.2 DATA COLLECTION**

The purpose of formulating research questions is to enable the researcher to connect the aim of the study to the methods used in collecting the data (Punch, 2009). It is key to develop a plan at the stage of formulating the research questions in order to test the viability of answering them (Burton and Bartlett, 2009). Table 3.5 below

demonstrates the relationship between the data sources and methods, further exploration of these elements will be considered in section 3.6.

RESEARCH QUESTIONS	DATA SOURCES	METHODS
How do nurse lecturers approach the delivery of taught sessions relating to reflection?	Nurse Lecturers Teaching material	Interviews Documentary analysis
How are models of reflection introduced and utilised in the curriculum?	Nurse Lecturers Teaching material	Interviews Documentary analysis
What theoretical bases do the nurse lecturers include when preparing to teach reflection?	Nurse Lecturers Curriculum documents	Interviews Documentary analysis
How do nurse lecturers demonstrate the uses and outputs of reflection to their students?	Nurse Lecturers	Interviews Field Notes
Where does reflection feature in the student journey, with consideration to theory and practice?	Nurse Lecturers Curriculum documents	Interviews Documentary analysis
Are the nurse lecturers able to align their own application for teaching the subject with what is written in the curriculum?	Nurse Lecturers Teaching material, Curriculum documents	Interviews Field Notes

**Table 3.5** Relationship between data sources and methods

### 3.6 DATA SOURCES

Selecting the correct sources of data once again required the researcher to revisit the research questions and consider suitable approaches which would support the collection of relevant information or data to answer them (Burton and Bartlett, 2009). Deciding on the right type of data and its source requires the researcher to define their research problem (Silverman, 2010). This research involved several sources of data, including interviews. Given the nature of the data, the process of data collection took twelve months. In total, four sources of data were used, which will now be discussed.

The researcher's current job role is that of a school management position,

which often requires them to interact with neighbouring universities. It was therefore decided to collect data outside of their geographical working area so as not to confuse professional and research roles. Professional preparatory nurse education in the University setting is financially supported by the National Health Service, making neighboring universities business competitors.

### **3.6.1 SELECTION OF PARTICIPANTS**

From each of the three case study sites, two nurse lecturers contacted me following an email call from their Dean or equivalent. They were therefore self-selecting and had an awareness of the research being conducted and the criteria for selection (see section 3.6.1.1). The focus of the research was to explore how students were introduced to and taught reflection. A major source of this data would be nurse lecturers as the professionals who plan and deliver teaching. The aim identified in this study was to examine how reflection was introduced and taught to student nurses. It was also key in reviewing the research questions, to ensure that depth of data was explored rather than breadth, thus the small scale of the study with six participants across three case study sites.

Following the review of the literature, it was evident that there was a lack of exploration or understanding relating to the role and approaches taken by nurse lecturers in teaching reflection to adult student nurses. This was therefore why nurse lecturers were selected as a significant aspect of sourcing data to assist in answering the research questions. An alternative aim for this study could have been focussed on the recipients of teaching making the main subjects the students, however, this could have proved to offer little more than subjective opinion as it may not be

based on knowledge and understanding of the pertinence of the subject area to the profession. It is however recognised, that this could be a complementary piece of research at a later date. Furthermore, mentors as the individuals who support fifty per cent of the curriculum in the practice setting could also be a pertinent source of data for future enquiry.

The data collection tool employed with the participants was interviews but they were also vital in the gathering of documents. It was important that the nurse lecturers were able to fulfil the selection criteria which will now be discussed.

#### **3.6.1.1 SELECTION CRITERIA**

The nurse lecturers included in this study were required to meet certain criteria:

- currently engaged in teaching year one nursing students (adult field)
- able to demonstrate links to supporting students in practice (lecturer / practitioner; link lecturer role)
- have taught and / or supported reflection for at least two years in the practice / theory setting
- employed in the UK
- registered with the Nursing and Midwifery Council as an Adult Nurse.

Supervision highlighted that as the focus of the study included both the introduction and teaching of reflection, year one student teaching was

important as it was likely that this is where it would be introduced. It was also deemed important that the focus would be specifically on registered nurses as nurse lecturers to focus the study and exclude other professions who may be involved in teaching. This decision was taken in order to align the findings to the NMC requirements for registered nurse teachers. The selection criteria highlighted the importance of the links with clinical practice for reflection along with the theoretical aspects of nurse education. As demonstrated in the literature review, much of the available nursing literature referring to the processes relating to reflection concentrates on the underpinning concept of learning from experience in clinical practice. It was therefore important to include participants who had definable links to clinical practice areas through their roles in nurse education. A total of six individuals from three sites self-selected and were included in this research, representing a range of persons involved in nurse education for adult student nurses from three different organisations.

### **3.6.2 INTERVIEWS**

Interviews offer a form of generated data which assist the researcher in terms of eliciting participants' views and experiences (Ritchie and Lewis, 2012). Within qualitative studies in particular, interviews are described as an essential component of the research process (Burton and Bartlett, 2009).

There are a variety of ways in which interviews can be conducted in the research process. For the purpose of this research face-to-face semi-structured interviews in the participants' place of work were undertaken. Using a semi-structured approach ensured that as a novice researcher,

the topics of the interview remained in focus (Ritchie and Lewis, 2012). Each participant was requested to book a room where there would be no interruptions in order for the interview to take place without distraction. It is important to ensure that the environment is suitable for both the researcher to be able to gather data and the participant to feel at ease, preferably in a familiar environment (Dowling and Brown, 2010). An in depth semi-structured approach was taken in order to elicit the personal perspectives sought through the research questions (Ritchie and Lewis, 2012). Silverman (2010) highlights the risk for the novice researcher in not remaining focussed throughout the interview. Conducting a semi-structured approach, with a schedule (Appendix 4) enabled a level of focus to be maintained during the interviews but also allowed a conversation to emerge in order for the participants to express what they felt was pertinent. The researcher was able to take notes during this process, noting expressions and reactions whilst recording the conversation. Creating a natural conversation is an important mechanism for qualitative research in order to broaden the scope of the discussion (Burton and Bartlett, 2009). The researcher probed further if the participants had not fully answered the question asked. This was approached by the researcher in the form of rephrasing the question or asking the participant if they had anything else to add.

Consent had already been discussed with each participant during a pre-meeting telephone conversation, and signed consent was gained prior to the interview commencing. This is described by Ritchie and Lewis (2012) as the 'interview contract,' demonstrating that the participant has agreed to undergo a recorded interview and the data from the interview to be stored, all within acceptable boundaries of confidentiality. In this research



the content of each interview was digitally recorded, field notes were taken and the interviews were transcribed at a later date. The transcribing of interviews was undertaken after each one, including pauses and hesitations, which is deemed good practice in order to capture the flow of the conversation (Silverman, 2010). Each transcript was forwarded to the relevant participant for their agreement, demonstrating another point in the consent process (Ritchie and Lewis, 2012). All participants were informed that the data collected from them would be stored under password protection on a personal computer, and destroyed two years following completion of the research, which was agreed in the ethical approval for this study. This ensured trustworthiness to the participants which Silverman (2010) views as an essential component to any qualitative research.

### **3.6.2.1 REFINING THE RESEARCH TOOL**

Semi-structured questions were developed which would enable the research questions identified for this study to be answered. Prior to the interviews being conducted, the schedule was piloted with a work colleague. This 'test' of the data collection tool allowed the researcher to ensure that the semi-structured approaches did not cause any type of constraint that could detract from the research questions.

Modifications to the language used in the interview schedule were made following the pilot interview, to ensure that the focus of the conversation was helpful, in order to ensure good research practice (Silverman, 2010; Ritchie and Lewis, 2012). One example is detailed here as the original question on the prompt sheet read; *How is reflection introduced to student nurses?* In the pilot interview it became clear that this was a closed

question which could have warranted a simple answer, such as 'lectures.' Therefore, the question was modified; "*How is reflection introduced to student nurses? – could you give me some examples of approaches or content that might be used?*" All remaining questions were also reviewed for their potential to encourage discussion.

### **3.6.3 DOCUMENTS**

During interviews researchers gather data for the purpose of investigation, in doing so they intrude as a foreign element into the community that they are investigating (Silverman, 2010). Documents are usually produced for reasons other than research and are therefore not subject to the same limitations as individuals. The use of documents in research can be referred to as naturally occurring data (Ritchie and Lewis, 2012). The use of existing documents can allow the researcher to explore meanings or purely to view the content (Ritchie and Lewis, 2012). Part of the aim of this research was to analyse the validated curriculum and the information given to students, therefore documents were a key source of data for the study. Documents offer a ready-made source of data that is easily accessible, although they also have both strengths and limitations that should be considered.

It is likely that any source of data in this type of study will have been formulated by a human at some point. Therefore it is necessary to recognise that although documents are natural in their occurrence, in that they existed prior to the research being conducted, they are still a construct of the people within the organisation (Silverman, 2010). Additionally, reviewing different sources of documents as data must acknowledge that the authors are independent of one another, their

intention was never to be put together or contrasted in any way (Burton and Bartlett, 2009). Being cognisant of the research questions, the format of the documentation presented in this study is not a relevant aspect, the content and the information that it relays to students is the significant component as a form of data.

Following the first interview, it became apparent that participants were willing to share personal material used in their teaching and therefore informed students on the subject of reflection. Participants were subsequently asked if they were willing to share documentation that they used to support student learning for the purposes of the study. Therefore a variety of documents were included as data such as PowerPoint slides and the Practice Assessment Document (applied both in theory and practice as a learning tool, record of achievement and later as a form of assessment).

Additional consideration was given to the fact that the materials that were shared with the researcher may be incomplete or presented in a format that is locally understood and not necessarily transferable beyond the organisation for which they were intended. However, the curriculum specific documents would have been presented to the NMC at the point of accreditation, giving some consistency to meeting professional requirements across the three case study sites. Documents such as those constructed by individuals for teaching sessions are personal and may contain views which are not shared by the overall organisation. This further demonstrates the importance of not viewing documents as a single source of data (Ritchie and Lewis, 2012; Silverman, 2010).

#### **3.6.4 REFLECTIVE JOURNAL**

The third source of data used in this study was the reflective journal. The nature of this research and the researchers own professional background meant that the use of reflection itself was a key source of data in order to provide reflexivity within the study. Reflection is viewed as central to learning from practice (Schön, 1987; Benner, 2001), the learning in this study is from research practice, captured in a reflective journal and mobilised in supervision sessions to aid thinking and create new knowledge and understanding. The reflective journal acted as a record of the lived experience of this study and has also aided in the analysis of the data collected by enabling open thinking and capturing considerations of the researcher (Brett-Davies, 2007; Burton and Bartlett, 2009). Therefore, the journal can be viewed as a complementary data source, enabling a critical exploration of the research experience, informing the methodology and aiding the audit trail (Ritchie and Lewis, 2012). The reflective journal enabled an active exploration of decision making processes, providing a level of transparency in how conclusions were made (Koch, 1996; Jasper, 2006). The journal provides a place for learning and thinking to emerge and inform the way forward (Moon, 2006). In this research, the journal has acted as an 'on action' method of reflection (Schön, 1987) for the researcher, providing an arena for active consideration, refinement and development of research skills throughout the process. Extracts from the journal have been used in the Findings chapter to demonstrate how the researchers thinking was illuminated during analysis of the data. As a source of data, the reflective journal has been kept confidential and stored with the content remaining secure as per other sources.

### **3.6.5 FIELD NOTES**

Field notes are a supplementary form of data that are commonly utilised alongside interviews (Ritchie and Lewis, 2012). It is important to exercise caution in their use as Dowling and Brown, (2010) note that it is commonplace for researchers to construct them with preconceived ideas of their content, in order to influence the data by making the field notes 'fit in.' In contrast, Silverman (2010) highlights that field notes can act as the eyes of the researcher, noting down aspects of the interview process such as participant expressions that will not be captured in a recording or transcript of the interview. During the interviews, key words were highlighted that linked to the literature review, connecting the participants' own views to those of the existing evidence base. The field notes were exploited more fully during the analysis of data, as a secondary source rather than viewing them as a primary source (Ritchie and Lewis, 2012). These elements may prove useful for analysing data and also in making connections between different sources used (Ritchie and Lewis, 2012). In this study, field notes proved beneficial in capturing facial expressions in order to allow deeper analysis of the interview transcripts.

### **3.7 DATA ANALYSIS**

The manner in which data were analysed in this study contributes to the rigour of the findings (Ritchie and Lewis, 2012; Hamilton and Corbett-Whittier, 2013). Ritchie and Lewis (2012) note the vast range of methods for analysing qualitative data but highlight the need to return to the research aims and epistemological assumptions in order to establish coherence with the methods used. In the study, the data were analysed using a modified technique described by Burnard (1991), which involved a step-by-step method of qualitative data analysis. As there were only

six interviews to analyse along with relevant curriculum documents, the researcher decided not to use an electronic system. In supervision it was agreed that the amount of data being analysed was manageable manually and that this would also support deep immersion in the data, generating strong understanding as advocated by Ritchie and Lewis (2012). In order to record an audit trail, a detailed system of categorisation was utilised (Holloway and Wheeler, 1996). This method offered a detailed and a systematic approach to recording the themes and issues emerging from the data whilst further highlighting the links between the original interview data and themes through a detailed system of categorisation.

The work of Bassey (1999) and Yin (2014) regarding Case Study methodology has highlighted the need to view data from a variety of angles, asking different questions of it and presenting it in a number of ways. Silverman (2010) notes the importance of reducing data, collating themes and the need to draw conclusions. These are all processes which can be combined along the journey of the study. In undertaking this reductionist approach, the researcher immersed themselves in the data by listening and re-reading the different sources multiple times to increase familiarity and enhance questioning of their own understanding as it was generated (Ritchie and Lewis, 2012).

A phased approach to data analysis enabled regular patterns to emerge which then led to exploring meanings further within the context of this study. Table 3.7.1 below explains the phases of analysis that have been undertaken.

Phase of Analysis	Data Methods	Analytic Activity
Phase 1	Recorded interviews and Transcripts	Identification of data from interviews regarding the approaches to introducing and teaching reflection in the curriculum.
Phase 2	Documents	Analysing the detail included in student and curriculum information relating to the introduction and teaching of reflection.
Phase 3	Field Notes and Reflective Journal	Identification of patterns relating to the introduction of reflection and teaching in the curriculum, compared with phases 1 and 2.
Phase 4	-	Organisation of theme and subthemes and their relationship to the existing evidence base.
Research Output		Development of emerging subthemes and recommendations.

**Table 3.7.1** Phases of data analysis

There were three phases of data analysis in this study. This was congruent with case study approaches where both content and narrative analysis are viewed as acceptable methods (Bassegy, 1999; Yin, 2014). The phases described in the analysis of data appear distinct but they did in fact overlap, which will now be discussed in greater depth.

### **3.7.1 Data Analysis Phase 1:**

Identification of data from interviews regarding the approaches to introducing and teaching reflection in the curriculum. The collection of data from all six participants in three case study sites took longer than anticipated. This generated time in order to start considering the content of the interviews and therefore some analysis of data was inevitably commenced prior to the completion of data collection. In order to accelerate the process the services of an experienced administrator were employed to undertake the typing up of

verbatim interview transcripts from the digital recordings. These were returned in a timely manner and were then checked by re-listening to the recording and following the transcription prior to returning to the participants for their information and approval. The completion of both interviews and their transcription from case study one then gave a time gap prior to starting data collection for case study two. Table 3.7.2 shows the timeline for the interviews conducted in this study:

Participant	Case Study	Date of Interview
1	1	8 <sup>th</sup> July 2011
2	1	14 <sup>th</sup> November 2011
3	2	13 <sup>th</sup> August 2012
4	2	13 <sup>th</sup> August 2012
5	3	19 <sup>th</sup> February 2013
6	3	19 <sup>th</sup> February 2013

**Table 3.7.2 – Timeline for interviews**

The researcher had started to review the documents provided for case study one but appreciated that judgements were beginning to be made which ran the risk of contaminating further data collection from case studies two and three. It was therefore decided that no further data would be reviewed until all interviews had been completed. The following extract from the reflective journal demonstrates the thought process at this time:

*“I’m looking at the documents that the participants in case study one gave me and I’m starting to think about my upcoming interviews with participants three and four. I think I should stop looking at the other data sources until I’ve conducted all of the interviews, they could be influencing my thinking.”*

**(Extract from reflective journal, 11th April, 2012)**



Once all six interviews had been undertaken and transcribed commencement of phase one of data analysis began by reviewing the contents of the interviews. This phase of analysis allowed researcher immersion in the interviews in order to gain meaning from the conversations held in respect of the research questions (Ritchie and Lewis, 2012).

The process of interviewing in this study took a semi structured approach. However, this did at times mean that clarification was needed either by the participant or the researcher in order to ensure understanding of what was being asked and the responses given. Listening to the recorded interviews in conjunction with reading the verbatim transcripts assisted understanding and also demonstrated the development of the researcher's interview technique during the data collection process (Yin, 2014). The content of the interviews was analysed for two main reasons; language used which related to the body of literature already in existence and the narrative meaning and application of the interviews in relation to this study (Ritchie and Lewis, 2012).

After listening to the interviews several times each, the transcripts were printed, which had initially been cross checked for content on the computer screen. This assisted in reviewing the verbatim scripts produced by the administrator and alter any incorrect wording which was subject specific. By having a hard copy it was possible to mark up the script for tone of voice and start to highlight aspects of the interviews which seemed to connect to one another in terms of recurrence of the content in each interview across all three case study sites explored. This process was repeated using the 'find' facility within the Word application

on the computer. This assisted in seeing if any recurrence of patterns had been overlooked in any of the transcripts through visual and auditory scrutiny. The emerging patterns were seen in each case study site, although they may not have been evident from each participant, their significance was cross referenced with the documentation provided. The main patterns that emerged relating to the semi structured questions are shown as an example in Table 3.7.3;

<p><b>When and how reflection is introduced:</b>  Year one, semester one; First few weeks of the programme; Year one before they go into practice. Lecturers model the use of reflection, link to decision making and ethics; Lecturers share their experiences, often when they had an ethical dilemma; A whole day on what reflection is and the concepts into developing a reflective journal which links to the practice assessment document.</p>
<p><b>Assessment of reflection:</b>  Not marked in year one (but required as formative), summative in year two onwards; Marking grid to help students and give consistency with marking; One submitted piece per year- they are encouraged to write often – can be transferred to other things. Difficulties with reporting concerns in practice.</p>
<p><b>Models of reflection:</b>  Gibbs is used from the outset, introduced as a construct, keeps the marking on track; We give them a couple of models – we encourage them to look and find their own, acknowledgement of models per se as a tool; Introduce Gibbs and progress to Kolb in the beginning year two – doesn't have to be used but is useful to split down the skills for reflection, do not require a model to be used, If a student writes a great piece of work, that's what it is – no need for a model of reflection – or any other models, use of experience seen as important.</p>
<p><b>Mentors and reflection:</b>  Difficulty in practice regarding concerns; mentors not always ready for students who demonstrate critical thinking; mentor module does not prepare mentors to support reflection; mentors do not often link with lecturers.</p>
<p><b>Learning from reflection:</b>  No theory, just how to use the model to help them deconstruct their experiences, they don't need to know it, they have so much to learn; Jasper, Mezirow, Kolb, Benner, Carper, Schön, Habbermas, Ellers, Polanyi (re guessing), need to demonstrate an evidence base for thinking which helps the level of reflection, they get more of this in year two. Problems in learning from poor practice, fear of being a student.</p>

<p><b>Lecturer role:</b>  It helps the theory practice gap, we are the bridges; Stories help bring things to life, you see the light bulb go on over their head, Verbalising something helps us process it; Discovery learning, need for honesty, truth telling – consideration of a whistle blowing policy, keen to encourage positivity in reflective writing – rather than always could have done better, links to Francis report. Support students to report poor practice. Self-development through reflection.</p>
<p><b>Supporting students with reflection:</b>  Helps you to learn and develop your practice, supports change in practice but I know that because I've seen it work; Produces a nurse who can make clinical decisions, reflect in action – they are not able to do this at entry to year one, that is the goal for registration; Development of attitudes and knowledge, unlocks intuitive knowledge.</p>

**Table 3.7.3** Emerging patterns from data analysis from the interviews

Having undertaken this initial immersion through the transcripts and digital recordings of all six interviews it became apparent that some participants were providing what appeared initially to be richer data than others. In order to overcome any bias further consideration of this judgment was given. In reviewing the data from the interviews further, case studies two and three began to appear as institutions for which the researcher held a greater affinity with their own views and practice. In reviewing their interviews it was evident that participants three, four, five and six (case studies two and three) held an agreed view on what was and what should be happening in relation to the delivery of taught aspects of reflection. The participants in case study one demonstrated a divergence in their understanding of what did and should be occurring in the curriculum delivery regarding the aspect of reflection. Initially it was considered this could be a weakness in the data, however it became apparent to that this was a strength in enabling the researcher to view the student journey and the consequence that lecturers have on influencing the understandings and outcomes for students. These thoughts will be

discussed further in the findings and discussion chapter of this study.

The links to relevant theory from the data sources enabled the researcher to begin to understand the data more clearly in terms of the existing evidence base. This further assisted in viewing the data as rich in relation to the research questions. This then led to the second phase of analysis.

### **3.7.2 Data Analysis Phase 2**

Analysing the detail included in student and curriculum information relating to the introduction and teaching of reflection.

In this second phase of analysis clarification and checking of the details from phase 1 against other data sources was undertaken. Utilising documents that the participants had provided led to further analysis but there was also an awareness that these objects were produced by people and contain their thoughts, understandings, interpretations and applications of aspects of the data to be investigated. Plowright (2011) states that when utilising documents it is important to consider that they have four characteristics which can be defined by their function within the research;

1. **Informational** (holds information)
2. **Presentational** (shows and describes)
3. **Representational** (constructs)
4. **Interpretational** (explains)

In this study, the documents submitted by the participants were representative of the organisation, in that they told the story of that case.

This included both the presentation of the data by the participants, their documentation and its purpose within their organisation. Utilising this cross referencing type approach encouraged the viewing of data from a variety of angles, to identify where patterns were emerging (Yin, 2014). It was however important to remain cognisant of the uniqueness of this study, which represents the cases through the interpretation of the data that had been collected. Returning to the research questions again allowed a review of the data with consideration of the intended purpose for which they were collated (Bassey, 1999). This was a behaviour that was developed throughout the period of analysis in order to ensure that focus was maintained on the purpose of the research and therefore the view that was being taking of the data.

The documents submitted included curriculum detail, module handbooks, assessment of practice records and teaching materials. In reviewing each of these, they were separated into the detail of each of the case studies, in order to view each of the three case study sites independently initially. Analysis enabled detail to emerge from the various data sources for each of the sites. They were then collated across the three sites against the patterns that had previously been identified. These meanings from the data are detailed in Table 3.7.4:

How and when reflection is introduced: Slides are prepared by one person and delivered by many; the curriculum demonstrates a philosophy which is congruent with reflective theories and the existing evidence base; there is a clear building upon approach through the lectures across three years. Lecture notes / slides provide detail and references; there are exercises in module handbooks for students to undertake; the practice documents clearly explain the links to reflection and knowledge acquisition.
Assessment of reflection: Practice assessment documents demonstrate the inclusion of reflective

writing with a dictated model to be used; reflection was linked to assessments, both in practice and in theory; reflection was described in terms of written, no other methods.
<b>Models of reflection:</b> Lecture slides show the inclusion of one model of reflection used as a theoretical basis for the three year programme and a requirement for students to use; models are given as examples to explain; models are only given in year one as a basis for explanation.
<b>Mentors and reflection:</b> Lack of preparation to support students with reflection. Mentors noted as sign off for practice assessment tasks.
<b>Learning from reflection:</b> Lecture slides show the inclusion of one model of reflection used as a theoretical basis for the three year programme; the documents submitted and scrutinised do not demonstrate any theories relevant to reflection being utilised; theoretical concepts are evident.
<b>Lecturer role:</b> This aspect was not available through the documents. All organisations declared a reflective philosophy in terms of nurse education.
<b>Supporting students with reflection:</b> Curriculum documentation did not explain the intention; Lecture notes did not explore the intention or purpose; the intention of reflection was clear in the curriculum and module documents and lecture notes.

**Table 3.7.4** Emerging patterns from data analysis from the documents

This aspect of analysis gave reassurance regarding the data interpretation in phase 1 as they closely aligned to one another both for the cases and the participants collectively. There was a difference emerging at this point which supported the illumination of rich data for analysis and themes were beginning to become evident. Analysis of the documents provided from case study one led to the following summary:

- Reflection is linked to assessments, both in practice and in theory.
- Reflection is described in terms of written, no other methods.
- The need to reflect is evident in practice assessment documents for all three years but there is no explanation as to why.
- Reflection is used as a vehicle for assessment in four pieces of summative assessed written work across the three years.

In contrast to this for both case studies two and three, the documentary evidence highlighted:

- Reflection is linked to assessments, both in practice and in theory.
- Reflection is described in terms of a way of thinking, writing and practising.
- The need to reflect is evident in practice assessment documents for all three years and it is clear that the rationale for this is to generate knowledge by considering practice experiences.
- Reflection is used as a vehicle for assessment in all pieces of summative assessed essay writing across the three years. The way in which the student approaches this is individual and not lecturer led.

There were clear differences but also similarities emerging within the data which would support the generation of understanding and meaning through the process of analysis. The alignment of practices in case studies two and three was striking at this point in the analysis process. However the differences between the participants in case study one also supported analysis to be further strengthened through the apparent contrast that was emerging (Ritchie and Lewis, 2012).

### **3.7.3 Data Analysis Phase 3**

Identification of patterns relating to the introduction of reflection and teaching in the curriculum, compared with phases 1 and 2.

When listening to the interviews repeatedly, the researcher was able to recognise the participants change in tone of voice and reaction to questions, which could also be cross checked with the field notes. This phase enabled further scrutiny of what was said and documented against perception at the time of the interview (utilising the field notes) and later

through reflection on the experience (utilising the reflective journal). The reflective journal provided a resourceful space for deep thinking and consideration:

*“As nurse lecturers, we have so much influence, well, I guess power over what they (the students) learn. I guess that whatever the curriculum states is really just paying lip service to what gets taught- it’s all down to the lecturer’s beliefs and own understandings. That’s a bit scary really – if it matters so much for the profession (nursing) maybe it needs to be clearer what is meant at a more national level?”*

**(Reflective Journal entry January 2012)**

This phase of analysis was by far the quickest which was largely due to the time and depth of immersion that was built upon in phases 1 and 2. By the third phase a depth of clarity and understanding had developed that was enabling the generation of precision in the data which led to the emergence of themes.

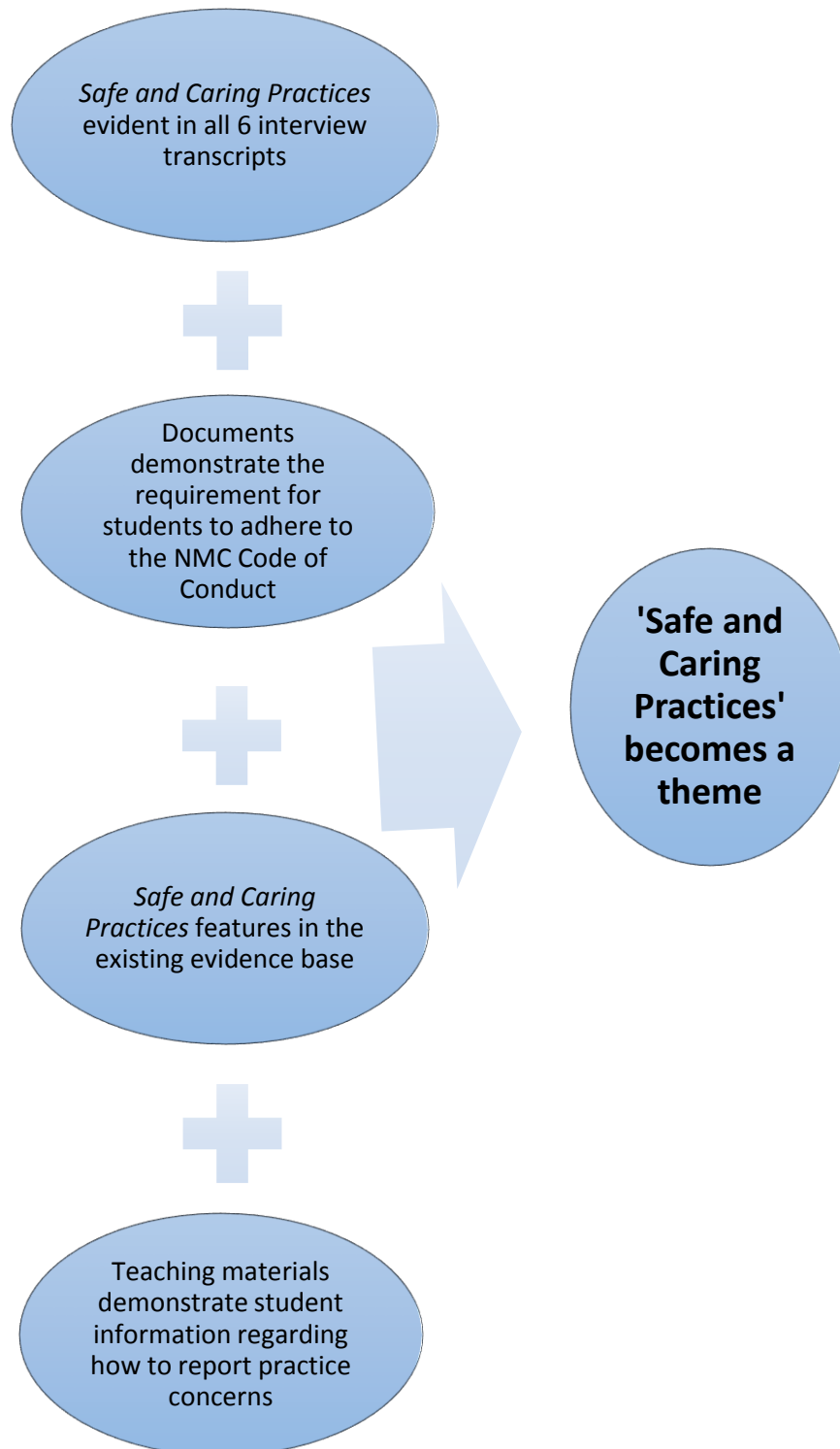
#### **3.7.4 Data Analysis Phase 4**

Organisation of theme and subthemes and their relationship to the existing evidence base.

Through the second and third phases of analysis the emergence of a distinct theme from the data was recognised. The main overarching theme was that of *Safe and Caring Practices*, which possibly reflected the professional positioning of the participants but also the professional nature of the document sources analysed. Informed by Bassey (1999) and Yin (2014) the development of further views occurred once meaningful patterns had begun to emerge. These patterns began to emerge into themes from the data within the study. Therefore it was decided during research supervision that the overarching theme would be that of *Safe and Caring Practices* with a further 3 subthemes identified through patterns that were identifiable during analysis. The development



of each subtheme was informed from several different aspects. The theme *Safe and Caring Practices* is shown below in a diagram format demonstrating the process of development as a distinct aspect and eventual theme:



**Figure 3.2** Development of theme: *Safe and Caring Practices*

Figure 3.2 demonstrates how the various data sources and existing body of knowledge were active in the emergence of the theme; *Safe and Caring Practices*. This diagram shows the emergence of the main theme only. Each subtheme was further developed in light of the relevant literature available. In this study there were three subthemes that emerged;

1. Articulation of Practice
2. Reflection in Nurse Education
3. Personal and Professional Dimensions

These subthemes also demonstrated a link to the research questions as shown below in table 3.7.5;

RESEARCH QUESTIONS	SUBTHEMES		
	1	2	3
How do nurse lecturers approach the delivery of taught sessions relating to reflection?	✓	✓	✓
How are models of reflection introduced and utilised in the curriculum?		✓	✓
What theoretical bases inform nurse lecturers when preparing to teach reflection?	✓	✓	✓
How do nurse lecturers demonstrate the uses and outputs of reflection to their students?	✓	✓	✓
Where does reflection feature in the student journey, with consideration to theory and practice?	✓	✓	✓
Are the nurse lecturers able to align their own application for teaching the subject with what is written in the curriculum?	✓	✓	✓

**Table 3.7.5** Linking research questions to subthemes

Undertaking the exercise in table 3.7.5 enabled the researcher to again review the value of the research questions asked in relation to the data gained and the themes that had emerged. This exercise therefore helped in gaining a deeper understanding of what information the data sources held and how it could be relevant both in terms of the research questions asked and the themes identified (Hamilton and Corbett-Whittier, 2013). Yin's work relating to case study methodology (2014) highlights this process as 'pattern matching' which he describes as exhibiting empirically based logic. Utilising a variety of methods to analyse the data has enabled the researcher to understand the meanings of the data generated in this study. Revisiting the research questions proved vital in ensuring that the data has been explored from an appropriate basis. Bassey (1999) notes that both during and following the analysis of data, a variety of findings begin to emerge. The aim of this study was to explore how reflection is taught to student nurses, the theme and subthemes that have emerged are all relevant in the context of the existing evidence base for the subject of reflection.

### **3.8.1 ISSUES OF RIGOUR**

Rigour is an important aspect within any research. In order to demonstrate rigour in this study, it was necessary to establish 'trustworthiness', the process described for evaluating qualitative research (Holloway and Wheeler, 1996). Bassey (1999) notes that within case study research it is not important to highlight validity and reliability as the intent is not to repeat the study. Including human behaviour and beliefs renders the study not repeatable due to the ever changing nature of people. Conversely, a case study approach demonstrates singularity

in the research process which is not intended to be replicated for testing. In this study, the work of Lincoln and Guba (1985), Bassegy (1999) and Hamilton and Corbett-Whittier (2013) have been drawn upon in order to ensure rigour is demonstrated through the various stages of the research. This section will therefore be structured to address; trustworthiness, validity and dependability which have been identified as suitable terms to address rigour within case study research and more particularly, this study.

In this study, every attempt was made to expose any potential areas for concern within the research process which was further examined during regular supervisory meetings. Koch (1996) asserts that keeping detailed notes and critically appraising oneself during the research process gives a level of reflexivity which in itself generates rigour through open evaluation of the process as it unfolds. This constant review of oneself within the process of this research has offered a level of rigour which has resulted in the production of credible findings. It is important to acknowledge that throughout this research process, the researcher uncovered some of their own judgments and beliefs. Using a reflective journal assisted in 'unpacking' some of these aspects and then openly facing the potential influence that their own view may have had, in particular on the analysis of data collected.

### **3.8.1 TRUSTWORTHINESS**

Trustworthiness can be assumed that as long as the approach can be justified and described, whatever the criteria used for evaluation then the approach will be considered valid (Sandelowski, 1993). In this study, the approaches taken are representative of insider research as it was within

a profession of which the researcher is a part and with which they are familiar, therefore they have insight into the cultural norms and a greater understanding than that of an outsider (Plowright, 2011). As part of the researcher's profession, they are also adhering to the NMC Code of Professional Conduct (2015a) which requires them to demonstrate integrity at all times. This is also the case for the participants in this study who would all have been aware of the professional requirement in ensuring truthful approaches to their answers, submission of supporting documents and checking of the transcripts. This level of professional rigour is important to note in this study as all of the participants are registered nurse professionals.

### **3.8.2 VALIDITY**

The validity of any research study can be simply described as the extent to which the findings are accurate or credible (Hamilton and Corbett-Whittier, 2013). Yin (2014) notes that within case study research the verification of information is robust when contrasted across cases, as in this research. In this study the use of the content of interviews with the nurse lecturers and the documentary analysis were used to explore the research questions regarding approaches to teaching reflection and its use within the curriculum. This approach was taken to enhance the believability of the findings. Furthermore, these methods demonstrate application of triangulation by viewing data from more than one source in this study.

### **3.8.3 DEPENDABILITY**

Establishing dependability within research is a complex detail (Lincoln and Guba, 2013) which demonstrates the researcher's representation of

their understanding of the data. Involving participants in this research, by way of checking their transcribed interviews, has demonstrated an open approach to the data used. In this research, the involvement of participants in checking detail of the interview demonstrates an openness in sharing detail. This process was employed to review all transcripts (including the pilot interview) prior to analysis, for accuracy, and true representation of the participants' words. Confirmability demonstrates that the conclusions are real and recognisable by the respondents, and acknowledges the influence as part of the research process. All transcripts were returned and confirmed by the participants to represent accurately what was said. This method does rely on the respondent's memories, and also their assertiveness in challenging the researcher (Sandelowski, 1993). In this study, the transcripts were sent to all participants within three weeks of the interview taking place to overcome the challenge of memory. Additionally, in this research the participant selection was self-selection, thus no participants were targeted for their view in particular.

### **3.9 ROLE OF THE RESEARCHER / REFLEXIVITY**

In this study, reflexivity has been used as a monitoring process that has examined reasoning, relationships with respondents and the influence which preconceptions might have had on the data (Holloway and Wheeler, 1996). In this study, the ongoing re-exploration of self by the researcher and revisiting the research questions has enabled this. Enquiry trails or audits can be used to establish both the dependability and confirmability of the data. Rogers and Cowles (1993) identify areas where documentation should occur and suggest the recording of changes in methodological approach in a diary, which was the case in this

research. This approach demonstrates decision making trails made by the researcher (Silverman, 2010). In this study, the reflective journal has been reviewed to support this aspect. Much of nursing enquiry, like other forms of social research, inevitably deals with the experiences and understandings of human beings and as such cannot be completely objective or neutral, Instead of searching for definitive explanations and the prediction of outcomes, qualitative research tries to describe and understand human thoughts and behaviours. The researcher undertaking a form of qualitative enquiry is the main research tool, with their own beliefs and personality forming part of the framework through which data is collected and interpreted. Data are therefore not merely collected but are also interpreted through the individual identity of the researcher. Some authors feel that the presence of such 'bias' can be a positive resource for the study, enabling richer data to be collected, as long as the assumptions and thoughts of the researcher are made explicit in the form of reflexive accounting (Olesen, 1994). In this research, the researcher's own positioning as a nurse lecturer was beneficial in terms of understanding professional language and professional regulatory body requirements.

### **3.10 ETHICAL CONSIDERATIONS**

The ethical considerations in this research were concerned with both the participants and the documents included. Good moral practice regarding approaches to the research methods and in particular the storage of data will be discussed in this section. As a Registered Nurse, it was important to note the influence of professional standards surrounding this aspect as detailed in the professional code of conduct (NMC, 2015a).

Within this study, consideration was given to participants by conducting

data collection away from the researchers own geographical location. Power is an aspect of research ethics that must be highlighted, due to the researcher's management position in a University; collecting data from neighbouring Universities could have demonstrated a power influence which may in turn have affected the data collected. Therefore accessing nurse lecturers outside of the geographical area encouraged honesty in their accounts as there was no direct connection between the sites used and the researcher's employing University.

The professional context for this research was identified through the research question which also identified the selection criteria for participants as nurse lecturers working in Universities, teaching reflection to student nurses. As a nurse lecturer, the researcher shared a professional code of conduct with all participants (NMC, 2015a) which Plowright (2011) notes is worthy of highlighting again in this section of the work. Therefore, it is of relevance that this study should be described as 'insider' research due to the shared professional context and regulations that are therefore observed by all parties.

Within the ethical considerations, noting the organisational context, Plowright (2011) raises the need for researchers to consider access to participants 'within' the intended site. In this study, permission was sought from the Deans of Faculty (or their equivalent) and an organisational endorsement for participation was given by the Deans circulating the request for participation. This is important to note as it allowed participants a choice in whether they took part. The participants self-selected by answering an internal call to participate in the research. Within the analysis of data, neither the organisation nor the participants



are identifiable. No discussion was had with participants regarding other participants or organisations in the study, thus ensuring anonymity throughout (Plowright, 2011).

### **3.11 SUMMARY AND CONCLUSION**

This study focussed on nurse lecturers who teach adult nursing students and did not include the remaining three fields, mental health, child and learning disability. Each field of nursing has their own distinct characteristics and the role of reflection in each may be quite separate, justifying the focus of this study to adult nurse education only. Adult is the largest field within nursing practice (NMC 2008b) and is also the researcher's own area of practice and qualification. Further study should be considered in the remaining fields of nursing but could also be reviewed further within adult nursing. With the recent changes to nurse education (NMC, 2010a) it is pertinent to consider those students who undertake nurse training at a post graduate level, following the completion of a non-nursing first degree. Furthermore, significant increases are now being seen for those qualified nurses who are choosing to undertake further education to gain second registration to another field of nursing. This aspect would be an interesting view in terms of the experience that they bring and how teaching approaches may be adapted to be cognisant of this.

Linking closely to this is then the aspect of learning beyond registration which is where the majority of the researcher's own practice was situated at the time of data collection and analysis. A specific choice was made not to focus on these students as it was felt important to review the approaches taken in pre-registration education prior to consideration of

teaching approaches for practitioners with professional knowledge and experience. This decision was based on the researcher's view that it was important to return to the root of reflective teaching as anecdotal evidence from their own qualified nurse students highlighted that their views and approaches to reflection stemmed from their professional preparation for nursing. Within all aspects of nurse education and the transference of theory to practice is the role of the mentor (NMC, 2008a). This professionally accredited role is a further area of potential for enquiry into how reflection is taught and supported in the learning environment beyond the classroom.

This chapter has described and clarified the methodology adopted in this study. The chapter has given an overview of how the data were collected and the analytic techniques adopted. Potential areas of further study have been identified and the angle of these studies could be broadened to gather data surrounding the views of students and mentors to compliment the data in this study. The next chapter will explore the findings from this study and discuss the significance of these for nurse educators.

## **CHAPTER 4**

### **FINDINGS AND DISCUSSION**

#### **4.1 INTRODUCTION**

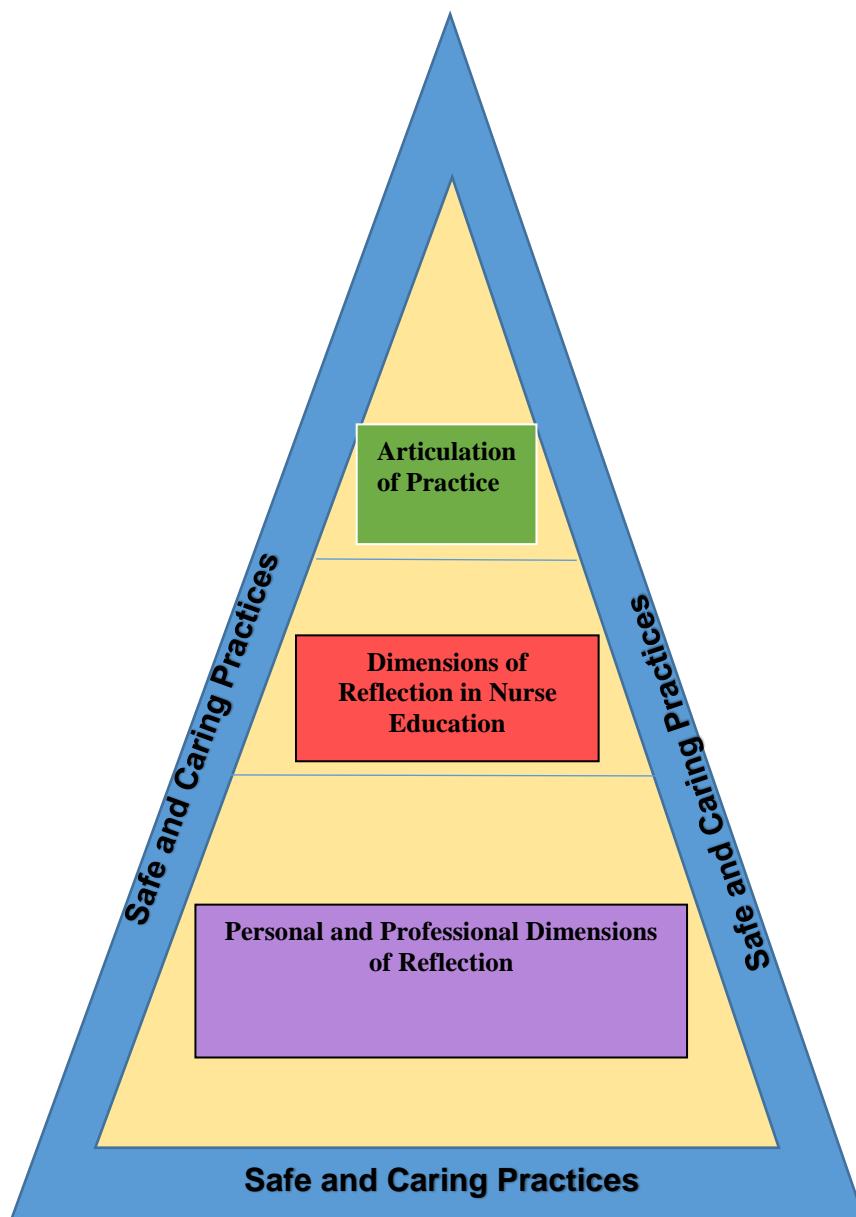
In this chapter the findings from the data analysis will be presented whilst ensuring faithful replication of the accounts of the participants (Ritchie and Lewis, 2012). The chapter will present outcomes of the analysis undertaken, following the interrogation of data. It will present the patterns that developed through analysis and contrast these with the existing evidence base (Punch, 2009). Hamilton and Corbett-Whittier (2013) highlight the importance of constructing case study findings with a sense of narrative in order to display the researcher's experience and represent the voice of the participants through reflexive approaches; hence this chapter will be written in the first person, drawing upon the narrative descriptions as relevant from the interview process in text boxes. As is the nature of qualitative data, the presentation of the findings lends itself to further discussion (Ritchie and Lewis, 2012) and therefore these aspects have been combined in this chapter to enable a thorough exploration and contribution that this study brings to the existing evidence base.

As noted in chapter three, one theme and three subthemes have emerged from the analysis of the data; the theme and subthemes will form the structure of this chapter. Their significance and meaning in relation to the research aims of this study will also be addressed. Excerpts from the data will be used to illuminate significant patterns and help to define the characteristics of the subthemes. This will also enable a direct representation of the data collected from each of the three case studies for the three HEIs in this study. Tensions within the findings and existing

evidence base will be highlighted for discussion, leading to recommendations which will be presented in the final chapter.

It is pertinent at this point to revisit the title of this study; “An enquiry into nurse educators’ beliefs, understandings and approaches to teaching the concepts of reflection to adult student nurses in UK Higher Education Institutes teaching nursing.” Revisiting the title of this piece reminds the researcher and the reader of the initial aim of the enquiry, helping to reposition thinking (Ritchie and Lewis, 2012), in terms of the importance of safe and caring practices. As described in chapter three, the subthemes were identified by analysing data from a number of sources to highlight patterns. Initial analysis of the interview transcripts and curriculum documents and the raw data in them was undertaken by hand highlighting key words, comparing these for each of the participants firstly within each case study and then contrasting the three cases in the study. Throughout analysis it became evident that there was an overarching theme of ‘safe and caring practices’ which was evident throughout the data. Ritchie and Lewis (2012) note the importance of recurrence when analysing data in order to enable the researcher to develop a conceptual framework within which to work. Therefore a conceptual framework was developed initially in the format of a diagram (Figure 4.1) to show the relationship between the theme and three subthemes. The existing evidence clarifies the subthemes in this study as pertinent characteristics in the subject area (Moon, 2006; Burton and Bartlett, 2009; Rolfe et al, 2011) as can be seen within the literature review. The development of this conceptual framework has highlighted that the existing evidence relating to reflection within nurse education does not clearly position the importance of safe and caring practices as in this study.

The three subthemes which evolved during data analysis are not new to the existing evidence base, however their contextualisation within the theme of safe and caring practices offers a new understanding. This study has enabled the collection of data at a time of change in healthcare when many inquiries and reports have highlighted the importance of high standards of care for patients. The conceptual framework developed in this study (Figure 4.1) demonstrates the relationship between the elements of reflection, nurse education and safe and caring practices:



**Figure 4.1:** Conceptual Framework

The conceptual framework has arisen through analysis of the data collected within this study enabling interpretation of its meaning in order to contextualise the findings to inform future practice for nurse educators and student nurses. An exploration of the meaning of safe and caring practices in this study will be presented utilising the data and its analysis. The subthemes demonstrate a hierarchy although they also naturally overlap due to the shared relationship that they all have in respect of the professional preparation of student nurses and their journey towards registration in both theory and practice (NMC, 2010a).

Table 4.1 below, demonstrates the relationship between the data, its analysis and the themes. The three subthemes were developed through analysis using approaches of unfolding and exploring the data from participants, cases and then across cases. This approach enabled the researcher to listen, re-listen and compare the transcripts of the interviews alongside the other methods of data in order to scrutinise them for repetition and patterns. Ritchie and Lewis (2012) explain that this approach enables the researcher to deal with a manageable amount of data whilst enabling close inspection of the detail of the data collected. The nurse lecturers when interviewed were asked to explain how reflection was introduced and then developed through the taught curriculum. Each of the participants had a different level of experience of using reflection but all had used it and applied it to their practice. A commentary on the participants can be found in Appendix 5.

Data sources	Interrogation of the Data	Emerging Theme / Subtheme
<ul style="list-style-type: none"> <li>• Interview transcripts</li> <li>• Programme handbooks</li> <li>• Lecture notes / handouts</li> </ul>	<p>How do students escalate concerns they may have relating to practice?</p> <p>What do the participants believe is the purpose of reflection in the adult nursing programme?</p> <p>How is reflection linked to patient care within the nursing curriculum?</p> <p>How do the participants view the importance of reflection within the curriculum?</p> <p>What do students see is the purpose of reflection within the curriculum?</p> <p>What support do mentors receive in terms of mentoring students?</p> <p>How are students who raise concerns supported by mentors?</p>	<p><b>Safe and Caring Practices</b></p>
<ul style="list-style-type: none"> <li>• Interview transcripts</li> <li>• Programme handbooks</li> <li>• Lecture notes / handouts</li> <li>• Practice assessment documents</li> </ul>	<p>What do the participants believe is the purpose of reflection in the adult nursing programme?</p> <p>What approaches do the participants take in teaching reflection?</p> <p>Are mentors contemporaneous in making theory practice links, including policy?</p>	<p><b>Personal and Professional Dimensions of Reflection</b></p>

Data sources	Interrogation of the Data	Emerging Theme / Subtheme
<ul style="list-style-type: none"> <li>• Interview transcripts</li> <li>• Programme handbooks</li> <li>• Lecture notes / handouts</li> </ul>	<p>What key theoretical links are highlighted to students regarding reflection?</p> <p>How is reflection linked to patient care within the nursing curriculum?</p> <p>How do the participants view the importance of reflection within the curriculum?</p> <p>What do students see is the purpose of reflection within the curriculum?</p> <p>What are the requirements for students in undertaking reflective tasks within the curriculum?</p> <p>What support do mentors receive in terms of mentoring students?</p>	<p><b>Dimensions of Reflection in Nurse Education</b></p>
<ul style="list-style-type: none"> <li>• Interview transcripts</li> <li>• Programme handbooks</li> <li>• Practice assessment documents</li> <li>• Lecture notes / handouts</li> </ul>	<p>How is reflection linked to patient care within the nursing curriculum?</p> <p>How do students understand the purpose of reflection within nursing practice?</p> <p>How do students escalate concerns they may have relating to practice?</p> <p>How are students who raise concerns supported by mentors?</p> <p>What documentation do mentors have to utilise for practice based assessments?</p>	<p><b>Articulation of Practice</b></p>

**Table 4.1:** Data Analysis Framework



Throughout this chapter in order to demonstrate the use of participant and case study data, excerpts will be incorporated to provide evidence of the detail elicited from the data during the process of analysis. The relationship of the data to the existing evidence base will also be highlighted in order to aid discussion and begin to highlight some aspects of the study which can be considered further as recommendations. Excerpts from the transcripts using the participants own language will be included in italics using their case **(C)** and participant **(P)** number throughout in order to retain the contemporaneousness of the data retrieved from the interviews. Any other data used in the discussion henceforth will be clearly labelled as to its original source.

#### **4.2 Theme – Safe and Caring Practices**

The important concept of safe and caring practices has been identified as emerging from the data collected and analysed in this study and is therefore the overarching theme found during the analysis of the data. Additionally this element has been given high standing within the profession of nursing at a national level as the following quote demonstrates:

*“We care for everyone, from the joy at the beginning of new life to the sadness at its end. We do so in the privacy of people’s homes, in the local surgery, in the community, in care homes, in hospices and in hospitals. We support people in our care and their families when they are at their most vulnerable. We have the clinical expertise, compassion and humanity with which to shape the culture of our health service and our care and support system. We are proud to be part of a remarkable health and care service, making a difference to people’s lives each and every day.”*

(Department of Health, 2012: 5)

The above quote was taken from the DH document, *Compassion in Practice* which launched the 6Cs initiative across nursing as a vision for optimum practice. Following this the Francis Inquiry into the poor care

experienced by patients at Mid Staffordshire NHS Foundation Trust (Francis, 2013) highlighted several features of nursing practice and care for concern at a national level. At the beginning of this study safe and caring practice was not envisaged to be such a pertinent factor, however its importance is now emphasised through the tragedy of this inquiry. The data in this study were collected both pre and post the publication of the Francis Inquiry (2013). Four participants (case studies one and two) were interviewed prior to its publication, and the final case study (three) post Francis. All of the participants and their organisational documentation allude strongly to the characteristic of safe and caring practice in nurse education in order to satisfy the requirements of the Nursing and Midwifery Council for Registration (NMC, 2010a) and also for practice as a registrant (NMC, 2015a). Within nurse education this subject is of keen importance in an agenda which supports nurse educators assisting in the development of a more aware future nursing workforce.

In response to the Francis Inquiry (2013) the NMC (2013a) published a paper which emphasises care and compassion for patients. They also highlighted that this was evident in the refreshed 2010 standards for pre-registration nurse education. Additionally the previous NMC Code of Conduct (NMC, 2008c) has been reviewed in a joint venture with the General Medical Council, all registrants have been invited to participate in the consultation of the proposed new standards (NMC, 2014), in order to further address care and compassion within the professions of nursing, midwifery and medicine. The new Code of Conduct has now been finalised and is available to all registrants (NMC, 2015a). Prior to the publication of the Francis Inquiry (2013) the Chief Nurse for England released the Department of Health Vision and Strategy for Compassion

in Practice (Department of Health, 2012). This document details the implementation of the '6Cs' of practice for nurses detailing the responsibility of all healthcare staff. The publication further details the need for time and space to deliver this vision whilst also acknowledging the need to support staff to develop approaches in building their own emotional resilience. These policy changes further evidence the importance and contemporary nature of this theme.

During the interviews, all of the participants in this study discussed the standards of care in practice and the support given to students in the theory setting in order to assist them in developing an appreciation for safe and caring practice whilst also enabling them to highlight areas for concern. This was not a direct mode of questioning during the interviews, but all of the participants linked safe and caring practice to reflection and the support that they give to students in developing approaches to their own nursing practice. In case study three (Post Francis, 2013) the nurse lecturers were able to relay situations that students had recounted to them from practice which they felt should be raised as areas of concern. Additionally, all participants in the study shared that worrying clinical situations encountered by students could be raised both vocally in the classroom setting, on a one to one with a personal tutor or in written reflections. There was a consistency in all six participants in that they felt it important to support students with raising concerns regarding issues in practice. The following excerpts demonstrate the significance of this from data collected prior to the Francis Inquiry (2013) (Case 2) and post its publication (Case 3):

*"...and you think oh my goodness that should have been raised as a cause for concern.....or did you really do that. And what I do is you know in the feedback is try and say well done for reflecting and sort of*

*say it is very brave to.... to..... to.... raise that in these circumstances these are the things that perhaps you could have done. So rather than saying you did wrong or you didn't do right try and say well these are the skills that you could have used" (C2P3)*

*"...What does government policy say about this problem in practice and is there a conflict between what is good practice and what is government policy?" (C3P6)*

The above quotation was from case study three, following the publication of the Francis Inquiry (2013), notes participant six questioning the conflict between good practice and policy. Poor practice is a difficult aspect for practitioners as it necessitates reporting not only that you have witnessed it, but also including colleagues who have been involved in the deficit of care provision. The Keogh report (2013: 12) recommends that we should; "encourage Directors of Nursing to think about how they can harness the loyalty and innovation of student nurses, who move from ward to ward, so they become ambassadors for their hospital and for promoting innovative nursing practice." Additionally, the Francis Inquiry (2013) also highlights student nurses as the eyes and ears for Directors of Nursing, noting their travel within organisations, their understanding of the current evidence base relating to best practice and their comparative ability between different clinical settings. Students can find this expectation daunting and feel vulnerable when exposed to the dissonance between professional expectations and the practice reality (Curtis et al., 2012). Students may also feel unsure of what to do if they witness unsafe care, unethical practice, or are worried about the general quality of care; and they need support and guidance to challenge poor practice (Curtis, 2012; Curtis, 2014). Participant 3 noted this clearly during the interview:

*“.....that they're marked, that they're marked as trouble makers, that it's going to affect their career, that it's going to affect their grades. Um because it is mentors that grade students in practice. And it is challenging, it's challenging for qualified nurses to generally blow the whistle. And even the term whistle blowing sounds really negative, doesn't it. And you know there are consequences to it and students often say even if they just say to somebody well you don't do it like this, we're taught this they're sometimes quite defensive, quite aggressive, fairly combative response that they get, you know that puts them off. And they might want to report it, tell you but when you say to them well I need a statement from you, we need to follow that up then that actually gets really difficult” (C2P3)*

The above excerpt demonstrates the participant's awareness of the problematic within clinical practice for students regarding their experiences of poor care standards. Within this study, all of the nurse lecturers acknowledged that reflective writing was a method that students could use to share concerns in practice that they had witnessed. It was also recognised by the majority of the participants that there could be a conflict of interests if students declared that they had not acted, knowing that a situation was poor and yet feeling uncomfortable to do anything as it may impact directly on their assessment outcome in practice or theory.

One of the 6Cs (Department of Health, 2012) is *Courage* which is noted as being needed in order for healthcare personnel to undertake the right actions for their patients. Within placements, students can feel vulnerable to personal consequences if they raise a concern, particularly as they rely upon practice staff to complete their assessments and those staff may also be implicated within the concern. One of the Francis Inquiry (2013) recommendations to the HEIs providing nurse education is that when students raise concerns they need to be followed up and investigated, ensuring the student is not exposed to “inappropriate pressure or bullying

by staff” (Francis, 2013: 59). The Francis Inquiry also recommends that healthcare workers need encouragement to report concerns (Francis, 2013: 105). Raising and escalating practice concerns by health and social care students is therefore an essential activity that can protect the public, staff and other students. The nurse lecturers in this study were all cognisant of the courage and bravery involved in raising concerns regarding practice, in particular when students were challenging the practice of an NMC registrant.

*“..... some of the students if they’re criticising a colleague, you know or the mentor for example, they find that difficult cos the mentor reads this. So therefore you might have an open and frank discussion with a student about a situation that’s arisen.....and erm when you come to read the reflective account it’s a different version, cos they’ve adapted it cos the mentors gonna read it” (C1P1)*

*“I think one of the barriers to honesty is actually is when they say something that they didn’t do anything about at the time.” (C2P3)*

*“There’s big issues for the students around being honest and I think um they sometimes write something that they think they will get a good mark for rather than just write something, that you know they think, they write about something that they think they’re going to get a mark for. Um and I think that’s very inhibitive, inhibiting for them.” (C2P4)*

*“...there was an issue that was raised within a piece of reflection this week I’ve said to the student I need to see you, we need to discuss this, we’ll have to take this further. She’s clearly not happy that I’m having to take it further, and I guess this is common place um and when you say about preparation for reflection I think that’s what we could do better, if you raise this the consequences are this.” (C3P5)*

The above quotations all demonstrate the awareness of the participants regarding the tensions faced by students who report poor practice. The documents provided from all three sites demonstrated policies in place for students to raise concerns over practice, linking them to the

professional codes of conduct. The nurse lecturers in this study highlighted the importance of their voice in assisting students with recognising the experiences that they have had, in the past or in their student nurse programme which are transferable to professional situations. Students are expected to reflect on experiences in order to generate understanding and learning (Bolton, 2010). They may however come with experiences that have not been the best or indeed mar their view of what is good practice. One of the participants in the study viewed it was her role to be positioned in practice in particular for first year students to help them make sense of their clinical experiences with regard to the theoretical input that they have received in the classroom setting:

*“when they get out there.... because I support them in practice, then most of my work with first years is about getting them to understand what they’ve been told” (C1P1)*

This demonstrates the only participant in this study who had a substantial clinical link role. She viewed the importance of her role was to support students in the clinical setting to bridge the theory practice gap. Conversely in case study two, lectures were tailored to help students identify clinical learning situations and integrate these with relevant theory as the slide below shows:

## Making use of learning situations

### How

- How well, or poorly was the aspect of care undertaken?
- How did I feel?
- How did previous experience help?

### What

- What does the literature say?
- What do colleagues or experts say?
- What policies / guidelines are there?



Allow time for this process

**(Slide from case study two, taught session)**

The above approach is similar to the role of the participant one in that it enables students to link theory to practice. It is however, solely dependent upon the student to undertake this approach to learning.

*“it’s about exploring it in a bit more depth and sort of reaching that level of understanding that you need to be able to move forward”*  
(C1P1)

Cases two and three utilised classroom learning to assist students to develop clinically with their mentors. In case one, the model for practice learning utilised university staff alongside mentors. Participant one explained that students reached a level of understanding following her input to guide them in clinical practice. Being cognisant of recent reports such as the Francis Inquiry (2013), highlights the need to centralise the patient and their family at the heart of all nursing. The site for case study two have recently changed their assessments in years two and three of the nursing programme to enable students to position themselves within a patient’s care situation using alternative vehicles for reflection such as art and poetry.



*“...what really comes through in the poems is that they’ve actually stepped into the shoes of the patient and can really feel what it’s like.....and I think that is what the essence then of caring, you’ve really nailed it, that the, you know they can see it from this patient’s view and then they are much more able then, I feel, to address care needs.” (C2P4)*

The above extract demonstrates alignment with the thinking of participant one above, in terms of students generating understanding. In case study two, the participants noted that students often saw very good examples of practice, and could use reflection to demonstrate their own approach to giving good care. They did however highlight the anxieties they held over marking reflections, which were personal accounts of what they had witnessed in practice:

*“I think you know ....there’s more examples like that ....where students have really sort of..... demonstrating the essence of caring through reflection which I think would be difficult to do any other way. And I think one of the things you think about reflection is umm..... grading it, how can you grade something like that. You know it’s very personal and this is one of things that the students actually voice about is that this is a piece of my personal work how can you give it a grade?” (C2P4)*

The association of written work with a mark may prevent students from presenting a factual account of a scenario for fear that they will be marked down in an instance of poor practice for example. All of the participants in this study raised a variety of details relating to the standards of care in practice and how they supported students to develop an appreciation of good practice whilst enabling them to highlight areas for concern. In terms of reflection, all of the participants acknowledged the difficulties for students in raising concerns over practice that they felt may be poor.

*“...when they say something that they didn’t do anything about at the time. I think that’s one of the main barriers. And um I think that’s one of the main problems because we have a cause for concern policy where we go on to them and say we will support you with this, if you have a cause for concern please report poor practice etc and then I think there’s a degree of they don’t want to admit because they didn’t do anything about it.” (C2P3)*

The above extract demonstrates the conflict for students in the clinical

environment with no real status to influence change. The Council of Deans for Health (2013) in their response to the Francis Inquiry (2013) note the importance of ensuring a positive culture in order to create a productive learning environment in the clinical setting. One key quotation from the Francis inquiry is pertinent to this subtheme and the meaning of which was highlighted by all participants in this study:

*“To foster a common culture shared by all in the service of putting the patient first....and to enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do.”* (Francis, 2013: 4)

This mutuality in mentoring and being a student perhaps needs greater highlighting to both groups. Participant four noted the importance of learning from students:

*“I’m sure mentors could learn a lot from our students as well as long as it’s a two way process and there needs to be assurances regarding confidentiality and again this is where I think sometimes we fall a bit short in education with the students about this, you know we’re not judging you.”* (C2P4)

This quote also signifies that within the student mentor relationship there needs to be trust in order to act out safely as a professional and know that as a student you will always feel supported to undertake correct actions for patient safety. Learning can also occur with good practice and this seems to be a problem with reflection. There is a misconception that it should be used for negative situations, where something needs to be rectified in order to improve practice. Participant one noted that for many students they choose to reflect only on negative situations;

*“.but they’re looking for a negative usually.....So you know you’re having a conversation, it doesn’t have to be a negative, it’s something you’ve learnt from, it can be anything.....so you know erm.....Some of them take it on board, most of them don’t but I think mentors influence that a lot”* (C1P1)

She also highlighted the role of the mentor in encouraging good practices

with reflection, which signifies the need to reinforce the potential for reflection as a learning tool, a two way approach for mentors and students in the clinical setting.

*“I think we sometimes lose why we’re reflecting and I think it’s to improve patient care.....you know it’s to improve working practices, patient care and also the wellbeing of the person..... the two things I think to support the practitioner and to improve patient care.” (C2P4)*

In the profession of nursing, there is currently a question over whether we have forgotten that the patient is central to all that we do. The NMC standards for nurse education (2010) clearly state that nurses must ensure that they communicate effectively, delivering compassionate and evidence based nursing care. In order to ensure that this is enabled it seems important to review the purpose of reflection in nursing as it may be absent (Rolfe, 2002; Rolfe, 2014). Linking this to the review of the literature, the work of Benner (1984) invites us to consider the knowledge embedded in practice which is developed through experience where knowledge is generated. This aligns with the work of Dewey (1910) stating that we are not able to learn purely from experience but that reflection is the vehicle to help us consider the learning within our experiences. Harnessing these seminal works for reconsideration with regard to nursing practice may enable us to reposition the patient at the centre of our craft and develop practice to ensure their safety and wellbeing whilst in our care.

#### **4.3 Subtheme 1 – Personal and Professional Dimensions of Reflection**

Reflection can be viewed as the foundation of development within professional education, enabling enlightenment through knowledge and

experience, by making sense of these within an existing evidence base. Within this study, the participants gave rich accounts of their own experiences of using reflection and how this had influenced their own approaches to, and uses of, reflection both personally and professionally. This subtheme emerged as influential during data analysis, demonstrating the impact that the nurse lecturers could have on their students and the future uses of reflection. How the participants themselves had experienced the use of reflection also had an influence on their methods for enabling students to develop reflective approaches. Participant two recognised her own development as a professional through the use of reflection. She explained that her reflection on the past had informed her teaching as she shared examples with her students to help illuminate the context of their discussions:

*“but it’s also enhancing me as an academic and I recognise that it will continue to change which often we don’t, you know, which I’m very keen to um again take back to the classroom to students, to learners whatever level they’re at and say this is how it is, so I’m very reflexive in my teaching style and very facilitative and you know bring examples from what I’ve learnt because I learn by example, some, mostly yeah”* (C1P2)

The idea of demonstrating progression within the profession was common as shown by the quote below from participant three:

*“So that’s another thing I try and show them about this analogy about moving unconsciously to being an expert.....it’s not a clean slate, you are coming with life experience, with life choices. All of that will impact upon how good you are at reflection, how you use reflection. You know, do you think about things in real life”* (C2P3)

In contrast in case study one, participant one (the clinical educator) was clear that reflection was introduced in order to assist students to answer the assessment requirements of their portfolio for use in practice placements:

*“They’re taught about action planning, cos that’s the first bit of the portfolio that they have to do, they’re taught about the domains and the skills in the portfolio that they have to do and then they’re taught*

*about reflection. And that's the last one they're taught about before they go out. actually I'm the one that's dealing with it in practice, I should be delivering the sessions, er.....so I didn't get involved with that and didn't sign up for it" (C1P1)*

Participant one explained that as her role was based predominantly in practice she was unable to deliver taught content. Her university had split roles for those staff that were based in the higher education setting, who delivered the curriculum and those also employed by the HEI but with practice based roles who solely supported students in the practice setting. Deeper exploration revealed that participant one was unhappy with this situation and she also had a limited understanding of the taught elements of the programme which made it hard for her to fully support students. This interview was interesting in terms of highlighting the theory practice gap. The difference in lecturer roles in case study one meant that some staff were not involved with the taught curriculum and others had poor links with the practice setting.

The need to integrate theory and practice in a curriculum that has a distinct 50: 50 split (NMC, 2010a) in order to enable students to use both theory and practice to underpin their learning. Participant three described this link clearly showing the need to have practice experiences in order to make sense of the related theory:

*"...with ethics we go onto decision making and clinical decision making. So what we do then we link all of that to reflection and we say what reflection is and we get them at that level to think of it in very simplistic terms. And so we'll get them to reflect not on something to do with nursing because they haven't had any nursing experience but how they reflect upon day to day things. And we get them in groups to think about those sort of things." (C2P3).*

*"I'm going back to Donald Schön you know with that sort of analysing, I mean if you go even further back to Dewey, but yeah is Schön in the eighties? I've done a lot of the theory around reflection I'm not actually sure that we necessarily do a lot of that underpinning of academia in regards to reflection in the undergraduate programme." (C2P4)*

Both participants in case study two made strong links to reflection and its positioning within a theoretical and practice based curriculum. Alongside experiences, the difference in clinical experiences was an evident aspect within this subtheme. Some of the participants spoke about their colleagues views of reflection and how they ranked its importance as a curriculum aspect. Participant six was keen to acknowledge that reflection was not important to all of his colleagues and therefore was keen that he should remain the lead for reflection in order to assure the passion it deserved was evident.

*“I talk about the use of Carper’s and organising memories and knowledge through that and that we know we have to retire and sleep on, literally sleep on something before our brains can get round it and the further down the um neurocircuits, the hippocampus travels the greater depth of knowledge the closer the read out goes to the original centre of the stimuli and that results in a permanent imprint and just before I completely blind them with neuroscience” (C3P6)*

How reflection was taught across the three cases differed mainly in terms of who organised and delivered it. The content of the teaching was similar although in case studies two and three there was more evidence of the theoretical bases underpinning the subject. Participants five and six were dual qualified as mental health and adult nurses, participant five acknowledged that his introduction to reflection was during his own mental health nurse training:

*“Well I first came across reflection as a mental health nurse and again that’s how it was sold to me, it was a valuable part of practice and it was fairly new at the time, you had a lot of stuff around clinical supervision and you had Schön around that time coming out with his work you know the movement was there.” (C3P5)*

In case study site three, the mental health lecturers were responsible for the taught content regarding reflection across the professional preparatory programmes. This was not observed or reported in the other case study sites although they also employed mental health registered

nurse lecturers. The links between clinical supervision and reflection make this field of nursing naturally have an affinity for being reflective. One large element of successful reflection is being self-aware (Burns and Bulman, 2000) which mental health nurses are encouraged to develop in order to detach themselves from the lack of reality that many of their clients' exhibit. Parish (2013) describes the ability to reflect in mental health practice as similar to 'carrying an expert in your pocket,' enabling practitioners to draw on their experiences and make decisions regarding patient care. In the context of case study three, the mental health team had developed reflection for the curriculum within all fields of nursing at that institution.

In case study three the links between reflection and clinical supervision were clearer for the participants due to the nature of their mental health speciality and background. Both participants in case study three felt that it was not a problem for mental health nurse lecturers as they viewed reflection as part of their craft knowledge. They also acknowledged that the sign up to reflection within the adult nurse lecturer team was variable:

*"Mental health..... we all sign up for it and then varying degrees within adult" (C3P5)*

Case study three showed a separation of fields of nursing which was not apparent in cases one or two. All three case study sites offered the mental health field of nursing but cases one and two seemed to work less cohesively than in case study three. During data analysis, the types of clinical experience that practitioners had had and their use of reflection were viewed as significant. During the interviews, participants were all asked if they shared reflections with students to engender understanding. They were all able to give examples of when and how they did this.

Participant four was able to explain how she first became reflective due to her work situation:

*"I job shared and I think that's probably where my enthusiasm for reflection comes from because I job shared when I was a practice nurse and on a Wednesday afternoon my colleague and I would sit for a whole hour every Wednesday afternoon and we would discuss what had happened that week you know the difficult cases we'd had or you know I met this new patient and it didn't go that well and it was a way of off-loading you know sometimes, your worries or how would you have handled, you know asking the other person, how would you have handled that or getting affirmation. She was an older practitioner than me so using her wealth of expertise and experience and at the same time she would get an alternative perspective from me because we didn't think the same you know."* (C2P4)

All of the participants were able to identify the links to patient care that reflection gave them as professionals and how they taught this in order to prepare students for practice. Participant one noted that students often had limited experience of patient care when entering their nurse training:

*".....they (academic colleagues) get them doing various exercises and erm.... cos they haven't got any practice experience at that point, it's very difficult for them to understand and to interpret that I think, erm....so that's.... that's my bone of contention but erm..... the the....essentially it's factual, so everything's there....but I perhaps would deliver it in a slightly different way if it was me"* (C1P1)

The above extract highlights the concern that participant one had for the methods by which reflection was introduced. She felt that for students who had no or little clinical experience, the subject of reflection could be meaningless as it could not be applied to anything. Linking this to case study two, the potential lack of application could be a missed opportunity in the development of a safe practitioner for the future. My field notes from case study two also acknowledged the importance the participants place on reflection:

*"Means they can produce someone who can make decisions in clinical practice"*  
(Extract from field notes, 13/08/12, case study two, participant three)

The transition from student nurse to registrant over three years, encompasses a journey through theory and practice. This journey



exposes student nurses to the hierarchy within nursing practice that exists and students are often at the lowest rank in the clinical environment, seen as a visitor by many. Students face a large challenge in attempting to integrate quickly in order to feel settled throughout their placement time and build trusting relationships in order to develop reflection in action approaches (Papp et al, 2003). The trust that students need to build will enable them to feel comfortable in reflecting honestly in an environment where they may be new, usually transiting through and seen as a visitor. The participants in this study noted honesty as one facet linked closely to the assessment of practice for students.

*“There’s big issues for the students around being honest and I think um they sometimes write something that they think they will get a good mark for rather than just write something, that you know they think, they write about something that they think they’re going to get a mark for.....um and I think that’s very inhibitive, inhibiting for them.” (C2P4)*

This extract signifies the potential for students to conjure situations on which to reflect in order to satisfy a marker or to pass an assessment. There is a potential to lose the opportunity to reflect openly in order to encourage learning. The development of professional knowledge is an opportunity which could be enabled through reflection in practice by assisting professional understanding to develop for students. The risk of practice is that it generates a task only approach rather than exploring the craft knowledge within it generated and utilised by colleagues. The work of Benner (2001) was cited by five of the six participants in this study as important in helping students to gain understanding as novices from those around them in practice with expertise. However the vehicle for this enablement is trust and also the sharing of professional knowledge.

*“....she (Benner) took something from a very scientific area of knowledge, body of knowledge and showed, she didn’t transfer the knowledge but she showed how it could work in nursing and she showed we’re not just a bunch of bum washers and you know bowl holders and doctors assistants and she showed the skills and the*

*behavioural knowledge in practice” (C3P6)*

The methods which students can use reflection to generate knowledge vary, in this study one aspect of enquiry during the interviews, was the introduction and utilisation of models of reflection in each of the case study sites. During data analysis, the curriculum documentation was also scrutinised for details regarding models of reflection, leading to this aspect as a significant component of this subtheme. Models of reflection are a common method by which students can be introduced to reflection as noted by all of the participants. Within the interviews all participants were asked which model, if any, they advocated and what guidance for their use was given to students.

*“So the students are expected to use Gibbs throughout their three years of pre reg.” (C1P2)*

*“We show them a lot of models and when you’re in nursing..... from the nursing process, so you’re trying to get them to say, oh goodness me, another model, another framework, another this which they just find useless.” (C2P3)*

As noted above, during the interviews several models of reflection were mentioned and in some cases advocated. In case study three, both participants explained that they felt models had to be suitably applied to different situations, in that one model could be constraining:

*I think support around ways of learning when looking at models is a good approach. But it’s that utility, it’s got to have value, worth and the best models are the ones that you can be flexible with and adapt to different situations..... we’re very much practice makes perfect, so it’s this idea, so with the reflective writing we encourage people to play around with that and send examples in and go through it and give feedback.” (C3P5)*

The above extract reflects the work of Rolfe et al (2011), highlighting models of reflection as a utility, rather than a method of instruction. Both participants in case study three, were advocates of allowing students to develop in terms of how and when they utilised reflection and models. They believed that there should be a choice of which model to use but

also that there may not be a need for a model at all:

*“I got into this silly on-going debate with an external examiner about people needing to declare which model of reflection they were doing. If I turn in a great piece of work, it’s a great piece of work, why do I need to declare a model of reflection, what’s the aim of this working, is it to learn or is it to learn about a model, a model is not the be all and end all, it’s not an end in its self and I think sometimes nurse educators behave as if it is and that really annoys me.” (C3P6)*

The above extract demonstrates the level of flexibility shown in case study three, where both participants seemed relaxed about the use of models, encouraging students to develop for themselves and find their own best way of reflecting. The level of flexibility shown in case study three was not as evident elsewhere. An example of rigidity shown in other case study sites is evident in the practice assessment document for case study one, where the guidance for students (all years) regarding reflections for practice states:

*“All students must use Gibbs model of reflection to structure their writing.” (Case study one, portfolio, years one, two and three : 12)*

*“Although there are many possible models of reflective practice, the reflective accounts as a part of students’ assessment of practice need to be written according to a single model in order that their work can be judged against a single standard. For the purpose of completing your reflective accounts in this portfolio you are required to write reflective accounts which deal with the stages of Gibbs’ (1988) model.” (Case study one, portfolio, years one, two and three : 27)*

Within the interviews for case study one, I asked what the consequence would be for this student if they chose not to adopt the specified model and I was informed by both participants that they would not be able to pass the assessment. Participant one started to question her own beliefs on this:

*“...because we give them this structure.....I’m going to sound like I’m contradicting myself.....but we perhaps restrict them but then they are restricted anyway by the fact that we are going to assess them. I don’t particularly like Gibbs anyway and I have to say that I don’t particularly.....and that’s one of the best ones.” (C1P1)*

Conversely in case study two, lecture slides show that the lecturers assist students by defining the purpose of a model and also the choice that the

student has in being able to select a suitable one:

**Use of a model of reflection**

- Helps to identify key stages of your reflective learning.
- Structure can help you keep going when dealing with issues, in order to come up with some resolution.
- It is important to choose a model that suits your needs and you find easy to use.

(Slide from case study two, taught session)

In case study two both participants acknowledged the pros and cons of models of reflection and their student portfolio clearly evidenced their views:

*“Students may wish to select a model of reflection to help structure their writing but this is not necessary. If you do use a model you need to give a rationale for its choice”* (Case study two, portfolio, years one, two and three : 8)

Participant six also mentioned the downside to Gibbs model in particular, in his opinion, although he felt it formed a good introduction to reflection for students:

*“I think Gibbs is for novices, it’s a good way of introducing the concept of reflection but after that we should leave it alone and you know I get very depressed when I see some senior very senior people in practice who I admire very much still using Gibbs reflection because there’s no reflexivity in it, it doesn’t, it doesn’t um well you know I have big arguments with people who are external examiners about this it obviously focuses entirely on the self and apart from, and I think self-awareness is great but you know if you keep on using Gibbs you’ll only blame yourself.”* (C3P6)

The participants in case study two did not introduce models until year two of the nursing programme. In this case study site, the participants both linked introducing reflection to developing student’s practice around ethics and clinical decision making. Participant three saw reflection as

an evolutionary process through the curriculum to be built upon:

*“...we build on what we’ve done in first year but start to introduce models of reflection, so that they can have another taught two hour session around about what they think reflection is and that was done this year um for the first time.” (C2P3)*

Both participants in case study two also noted practice within reflection which in other interviews was not mentioned:

*“...so we looked at different models, um Marks Maran is one of my preferred models and I highlight that one to the students because is one of the ones that actually gets them to think about incorporating theory into practice.” (C2P4)*

This was further substantiated by the documentation in the portfolio in case study two which stated:

*“In this 500 piece of writing, you should reflect on your learning in practice, incorporating relevant theory and considering your learning needs for the future” (Case 2, Year 1 portfolio: 16)*

Across the case study sites, the above extracts show reflection as a taught component to be built upon as well as a method of assessment. The participants did not consider the development of the students as reflection practitioners. The contrasting views within this study are of interest in both professional preparatory and the continuing professional development areas of nurse education. If student nurses conform to a particular approach during their training years, they may then move and undertake further study at differing institutions, having already been influenced over the need to use models of reflection or not. These variable approaches could disadvantage or advantage these individuals depending on whether their training ‘view’ is adopted or upheld at other HEIs. This study has shown that the degree of variance regarding the use of models of reflection is great and is further compounded by the variability in nurse lecturers being flexible in their own and institutional requirements. This is a potentially confusing situation for anyone studying, expected to adopt a particular approach or indeed not being

given one when they are used to being directed.

The diversity across the three case studies was interesting showing that students would exit their programme from all over the UK with varying ideas regarding the use of models of reflection. A final statement from participant six is perhaps a fitting conclusion to this subtheme:

*“no model in the world will actually do justice to the flexibility of human thinking, so we need to lose this idea in my view that we need a model. A model is a means to an end but different people need different models at different times and some people won’t need any, you’ll actually cripple them of thinking or disable their thinking by imposing a model” (C3P6)*

#### **4.4 Subtheme 2 – Reflection in Nurse Education**

A wealth of literature exists that supports the positive contribution of reflection within nursing and nurse education, however it may be unclear to the novice practitioner (Schön, 1987; Atkins and Murphy, 1993; Burrows, 1995; Johns, 1995b; Mackintosh, 1998; Pierson, 1998; Benner, 2001; Jasper, 2006; Bolton, 2010). Nurse educators may be able to emphasise the importance of reflection in the professional preparatory curriculum (Burns and Bulman, 2000) but putting it into practice is more difficult which may limit understanding for student nurses (Jasper, 2006). Moon (2006) confirms this by describing reflection as the cornerstone to any profession, yet the purpose and benefits of it may not be clear to the individuals who are learning about professionalism. This study found that all participants were able to explain the purpose of reflection, five of them in doing so then outwardly questioned the need to share their view with students (participants two to six). Participant two positioned herself as a learner in order to explain how she taught reflection:

*“I’m very reflexive in my teaching style and very facilitative, and you know bring examples from what I’ve learnt because I learn by*

*example.....mostly.” (C1P2)*

This study included only nurse educators, and therefore this subtheme was clearly evident during data analysis. During the course of the interviews, all of the participants questioned their own approaches to teaching reflection demonstrating the thinking that was activated during the data collection process.

One of the first questions posed to all participants in the interviews was how and when reflection was introduced into the nursing curriculum. In all six interviews, the participants were able to clearly describe not only the method and point of introduction but also the trajectory for reflection throughout the curriculum indicating the significance. The curriculum for all Approved Education Institutions (AEI) is governed by a set of domains published by the NMC (2010a). Within Domain 4 of the NMC standards for pre-registration nursing programmes (2010a): *Leadership, management and team working*, the document cites; “All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation” (NMC, 2010a: pp.20, 4). The interpretation of this domain is reliant on the AEI including reflection as a vehicle to enable the fulfilment of the aforementioned standard. None of the participants highlighted reflection as an NMC required component of the curriculum, yet their programme handbooks all acknowledge this professional requirement.

The participants in case study two both noted that reflection was introduced and implemented prior to the programme in their HEI, as it

was used within the interview process in order to assist interviewers in assessing the applicants' ability to understand situations for learning. This approach enabled interviewers in this institution to consider how applicants had utilised their previous experiences to gain knowledge and understanding:

*“we actually bring it into our interviews, we do a one on one interview because we say to them think about a situation that you’ve experienced and then think about what you did about that and how you moved on with it.” (C2P3)*

The participants in case study two had also considered the links that this would give in terms of assuring recruiting for values to nursing, an initiative which has now been launched nationally within nurse education recruitment (Health Education England, 2014). With consideration that the data in case study two were collected prior to the publication of the Francis inquiry (2013) it is important to note that values based recruitment to nursing was seen as invaluable at this time demonstrating good practice. Both participants in case study two also demonstrated a clear understanding of how they introduced reflection as a concept within taught sessions. They were able to make links to the needs that students would have professionally:

*“I’ve found myself…… because I have been teaching both at year one and at year two…… when I link it to Benner and the novice and the…… where of reflection gets you…… I actually personally find that they are looking at it less like a hoop that they have to go through and more recognition of its importance” (C2P3)*

This extract demonstrates deep consideration of the meaning of reflection within nurse education, positioning this participant as a clear advocate but also a promoter of its positioning within the curriculum. This links to the NMC (2008a: 29) requirement that all Nurse Teachers, “act as a role model to enable students to learn professional responsibilities and how to be accountable for their own practice.” During the interviews, it



became apparent that the nurse lecturers frequently shared their own experience of successes with reflection to enable student understanding whilst also being an advocate for the use of reflection.

Since the publication of the Francis Inquiry, the issue of raising concerns regarding safety in the clinical practice setting has been formalised within nurse education. All HEIs are now required to develop and publically share their policy for this process (NMC, 2013b). The role of the nurse lecturer in supporting students to raise concerns regarding practice is therefore paramount in terms of role modelling, to ensure monitoring and evaluation of standards in practice for safe and caring patient approaches. One important vehicle for achieving this could be reflection to support the emotional consequences and enable students to have the opportunity to speak openly as noted by participant four:

*“I really embraced reflection ..... I’m not sure I really recognised what I was doing, that I knew what we were doing was good for both of us, not necessarily it terms of improving our skills and knowledge but also supporting each other emotionally.” (C2P4)*

The role of the nurse lecturer is partly shaped by the requirements of the NMC (2008a, 2010a) but it is also down to the individuals recognising the influence that they have on students and also the support and role modelling that they provide for them.

*“...um maybe that’s because I’m an advocate for reflection and I actively reflect, that’s one of the elements of my learning style um so they get it forced down their neck, not quite literally, but um I had a um student in um, that I had in a cohort way back in 2005 they started, so she would have completed in 2008, and I remember her saying to me or saying to one of the other students well you’ve just got to get the reflection right and then you’ll be alright with XXXX. And I found that quite interesting.....because I really think you can learn a lot from reflection and maybe again maybe that’s just something that’s typical to me. Um um and I’ve seen her since, since she’s come back and she’s kinda sidled up, almost tried to ignore me but sidled up, you know there was a sense of you were right but didn’t really want to acknowledge it um about how useful reflection can be...” (C1P2)*

This effect from nurse lecturers can be successfully positive if they undertake their role with this intention, being cognisant of recent reports such as Francis (2013) and Keogh (2013) which clearly highlight the potential for the student nurse to influence clinical practice for improvement. The NMC (2013a) acknowledge the need to always put the patient first, ensuring the care of people in health care to be the primary concern of practitioners. Participant three recognised that not everyone would 'notice' situations in practice and some of this may be down to the guidance given by mentors:

*"I think you get the see'ers and the non see'ers. You know the people who don't see that Mrs so and so in bed three has got a soiled bed and you're just going to go off duty.... or that that patient's drink is there and they can't get it, some people don't see that, why don't they see it?.... and it can be a hard work being a see'er" (C2P3)*

As in the above extract, the concept of 'noticing' is also highlighted within the literature by Moon (2008). It was also evident that within their current practice, some of the participants wished to share with students that they remained active in being reflective:

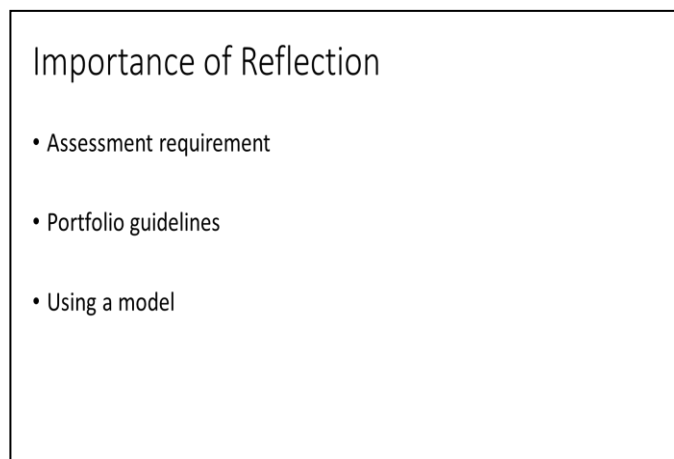
*"....you know I say to them I'm going to go away and reflect on what I've done today to see what I can do better next time. So you're kind of also demonstrating to them reflection even continues into education, the same principles can be applied to me as a lecturer as I would be doing in ....in practice..... because how can you sell them something if you're not going to participate" (C2P4)*

As noted by participant four above, showing a contemporaneous approach to reflection is a key factor in demonstrating professional behaviour but also role modelling for students who are currently undertaking professional education (NMC, 2008b; NMC, 2015a). Howatson-Jones (2010) notes that the professional preparation of nurses is guided by a set curriculum of content that must be addressed in order to gain professional registration. Within this study, one participant noted the risk associated with reflection in that students talk about themselves

and forget the centrality of the patient:

*“it’s all about ‘me’ when they’re reflecting but actually there’s another party in this reflection because you’ve been doing something to..... the patient is often forgotten” (C2P4)*

All three cases in the study provided teaching materials that were used in year one of their respective nursing programmes. These consisted of PowerPoint slides, used with students during formal lectures. Case studies one and two also provided documentation for the assessment of practice that students took with them for placements. It is apparent from the data extracts that in case studies two and three, the lecturers were clear that reflection linked to professional thinking and behaviour, far beyond practice based assessments. All of the participants in these cases made links to the theory of ethics and clinical decision making which they employed to aid the teaching of reflection. In contrast, the slide below is an example shared from a year one lecture in case study one giving the background requirements to students for why they should be learning about reflection.



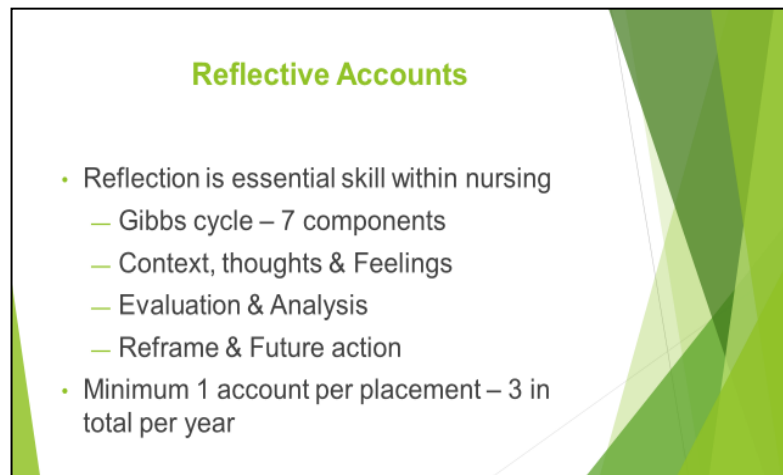
(Slide from case study one, year one taught session)

This slide extract clearly links reflection to assessment, both in theory and practice, whilst also giving a vehicle through which assessment can be undertaken. This example of a year one lecture is reflective of both

participants in case study one who related reflection to assessment for students. Further to this an extract from the practice documentation in case study one clarifies the requirements for reflection:

*“Reflection is something of an acquired skill and we expect that you will gradually acquire the skill, both in attending group reflection sessions at the University and by writing your own reflective accounts”*  
(Extract from case study one, practice portfolio: 5)

In all three cases in this study, reflection was introduced via formal lectures. In case study one, as previously mentioned this was linked closely to the assessment requirements for students in year one. In both cases two and three, it was closely linked to patient care and the development of self as a professional for the students. However, it was clear that in all three case studies, students were required to grasp reflection in terms of assessment via reflective writing both in practice and theory. The slide below shows a lecture extract from case study one where the link to assessment is evident:



(Slide from case study one, year one taught session)

The participants in case study two imparted how they have overcome this factor by harnessing other experiences that their students have had to make sense of the concept of reflection. From the data analysed in this study, it appears that the development of reflection in nurse education is

relevant learning for both students and nurse lecturers. Further consideration of this learning could be an opportunity for more open, joint educational experiences giving a sense of shared reflection. The nurse lecturers in all three cases were open to learning with their students, often exposing their own thinking and mistakes that had led to their current knowledge.

The NMC standards for nurse education (2010a) clearly state that nurses must ensure that they communicate effectively, delivering compassionate and evidence based nursing care. In order to ensure this is enabled it is important to review the purpose of reflection in nursing as it may be unclear (Rolfe, 2002; Rolfe et al, 2011) but may also provide a structure by which to facilitate nurses to achieve these professional requirements.

Participant four highlighted the links between reflection and patient care:

*“I think we sometimes lose why we’re reflecting and I think it’s to improve patient care.....you know it’s to improve working practices, patient care and also the wellbeing of the person..... the two things I think to support the practitioner and to improve patient care.” (C2P4)*

The above extract reminds us of the purposes of reflection and the ease at which this can be achieved. In case study one there had been a recent review of all modules in order to achieve the standards for nurse education moving to all degree status (NMC, 2010a). Participant one said that she felt it was now a more logical flow through the programme of theory into practice, utilising reflection as a vehicle for learning. In case study three, there had only ever been a degree programme, so although the standards had been implemented, there had been minimal change to the curriculum. The participants in case study three did however note the detail of how and where reflection is placed in the curriculum in terms of taught sessions:

*“...it was highlighted as a priority and forms one of the themes that runs throughout the three years. So it is built on each year and forms in part, if not the assessment of a couple of the modules.” (C3P5)*

The actual taught delivery of reflection differed across the three case studies, although all six participants shared an understanding of the impact on care and development of professional knowledge for students through reflection. The onus of who delivers the teaching and the follow up support differed in all three cases, often utilising an approach which had become a culture within each organisation. Each HEI has individual approaches to developing reflection within the curriculum which became apparent for each of the cases in this study. The following extracts from both participants in case study two demonstrate a fluid approach throughout the curriculum to teach, explain and support students to develop a reflective ability:

*“.....some, they don't get one particular analogy so you have to use another. When you see that light bulb go on over their head that's the satisfaction isn't it? Like you've got it now” (C2P3)*

*“they're sharing but it doesn't go anywhere, to sharing and moving on with it. But I think the sharing is important because we all need to vent, we all need, that's part of the processing. Verbalising something often helps us processing” (C2P3)*

*“so we're using sort of these abstract things to try and make some sense for them to, because they haven't got anything to hang this on yet” (C2P4)*

*“I'm actually doing a thing on Wednesday with, being asked to talk about clinical supervision and I really don't think that's a very good word, it's just reflection in another guise. Well that's what you're doing aren't you when you're doing clinical supervision you're offering moral support, you're looking at, if you break the word down clinical supervision, it's not somebody else, I think supervision is quite threatening word um I don't see reflection, it shouldn't be threatening and it's not necessarily, nursing is not just about being clinical.” (C2P4)*

The above extracts from case study site two demonstrate the thoughtful approaches that these participants both displayed in working to improve the student experience of reflection and its application to their professional practice in order to aid learning.

Within this study, the participants all acknowledged the varying levels of health care experience that students enter a programme with. There was also a recognition of the importance of personal life experience as well as health care work experience. This is further endorsed by Burns and Bulman (2000) who note that reflection is a process which you develop expertise in through the experiences that you have in life. Demonstrating to students that they come with skills and experiences that are transferable to nursing seems to be a key role for the nurse lecturer. These experiences are also important for our learning but we may need guidance in seeing the actual learning opportunity within them:

*“try and get them to see that you can always turn a negative into a positive with reflection because you shouldn’t always, even if your point is something that hasn’t gone well it’s also about analysing what went well, there would be something that went well.” (C2P4)*


The above extract details how participant four believes that learning can be gained from all situations. Assisting students to develop through reflection was a key detail evident during data analysis. In case study two, both participants recalled a year one lecture on reflection when they helped students to identify when they had been positively reflecting, the slide below details the coverage of this aspect in the lecture:

**How do I know I am reflecting?**

**When**

- There is an insight into self and others
- When a knowledge gap has been identified
- Skills / competence limitation is identified
- Also when exemplary practice is recognised

**Learning!**



(Slide from case study two, Year One taught session)

Both participants in case study two demonstrated a keenness to harness the experiences that students came with. They saw that their students had a wealth of life experience and skills which could help generate further learning through their nursing experiences. They clearly saw that their role as nurse lecturers was to facilitate students in seeing how these skills transferred to their forming professional knowledge:

*“I think it’s about the black and white and I think it’s about using the life skills to actually deal with what they see, process what they see and make sense of what they see. And sometimes I think in my teaching and also when I visit them in the clinical area, it’s about helping make sense of that”* (C2P3)

In addition to the use of skills, participant four, noted the way in which students can learn from one another through reflection:

*“...but certainly in year two and year three students enjoy that learning from each other, they’re learning from how someone else reacts to a situation....”* (C2P4)

The role of the nurse lecturer in relation to reflection in nurse education resonated clearly in data analysis. Participant six spoke about the blame culture of practice and his role in assisting students to generate learning from these situations:

*“there’s always an element of victim blaming in nursing, well you should have known that, there’s at least an implication of well we should have, it’s not a question of what you should have known it’s what you know now and how to move on from there and the recognition that this problem may present itself again but in a different way and I’ll have to learn all over again.”* (C3P6)

In support of this in case study three, both participants described an interesting approach that they had taken to ensuring that the concepts of reflection in and on practice were developed further:

*“So this idea of transformational learning utilising experience, we’ve, and it’s creating opportunities for reflection as well during the practice programme. So for instance we run human libraries, have you come across them?”* (C3P5)

The utilisation of the human library features within the curriculum documentation for case study three. It is described as:



*“The use of sources of information directly represented in real time or recorded to explain experiences to people that may not have shared such situations before. This approach enables students to develop understanding, overcome prejudices and critically explore the points raised through group discussion.”* (Case study three, Professional Preparatory programmes, Curriculum Document 2012).

Both participants in case study three described how they had directly developed the human libraries within the curriculum in order to engender understanding but also to create a safe questioning environment for students, enabling them to consider the approaches of reflection in and on action. In case study three the consideration of reflection in and on practice was evident as they also acknowledged that many mentors may not be good role models for encouraging students to develop reflective techniques:

*“...they haven’t learnt from anything and nurses who have been nurses for 20 years and it doesn’t suggest anything quality at all, all because they haven’t reflected, they haven’t learnt from their experience.”* (C3P6)

Both participants in case study three felt that the human library offered students a development opportunity to ‘practise’ their thinking within a safe environment rather than within the clinical setting where they may not have good support at all times:

*“So it’s about the role of guessing learning, and realising that you’ve got to move on to use something else and be someone else because what’s worked before doesn’t work anymore.”* (C3P6)

The above extract demonstrates the safety that can be created within the theory environment for students to practice their approaches for the clinical setting. This supports students to develop the ability to reflect in action, which can then be transferred to the clinical practice environment when they go on placements. The acknowledgement that reflection in action is occurring is however more troublesome with many experienced practitioners taking it for granted (Rolfe et al, 2011). In this study the participants saw reflection as an activity that students undertook within a

team in practice, thus requiring time for it to occur.

*“I always argued that actually we’ve always done that. Same with clinical supervision, we’ve always done that although we don’t get so much opportunity now. We always used to have breaks.....together” (C1P1)*

The above extract shows how participant one related the development of reflection within teams, almost as a form of social interaction. The position of students and their experience within this work is interesting due to the different approaches taken in each of the cases. It is clear from the data extracts and also my own experience that the curriculum allows nurse lecturers to personally shape the student experience. The role of the individual nurse lecturer in interpreting the curriculum may be largely down to their own beliefs and knowledge. Within case study three it is apparent that a team approach is taken to curriculum delivery and this opens discussion and helps to develop more innovative approaches to curriculum delivery in order to include relevant theory whilst acknowledging the vast array of methods for delivery that are available. The openings that reflection can generate for professional learning are clear both in this study and in the existing literature (Moon, 2006; Burton and Bartlett, 2009; Rolfe et al, 2011). It is however the stimulus of the nurse lecturer that stands out in this subtheme as having great potential to influence future nursing practice to ensure professional awareness and development through thoughtful approaches to practice.

As highlighted in all three cases, reflection is often used as a method of assessment, both in practice and theory. In all the cases in this study, students completed a portfolio of practice, countersigned by their mentor to affirm the learning experiences they had had. Within the HEI setting, all of the case studies used reflection as an approach for many assessments in order to enable students to consider their experiences in

terms of knowledge known and knowledge needed to conduct safe practice (Moon, 2006). The nature of the assessments varied across each case study but the use of reflection as a vehicle for writing was similar across all three sites. The assessment of reflection in nurse education has been apparent since the mid 1990's. Jasper (2006) notes the importance of knowing why you are writing reflectively and who for. If it is for an assessment by lecturers, it may be that the content is not fully shared in order to ensure correctness and knowledge are demonstrated. This approach can therefore dilute the honesty intended for reflection (Dewey, 1938) with a complete representation of all facets of the experience, including when things go wrong. This was further clarified by participant one:

*“they were writing it for their assessment and they weren't actually writing what went on.....and even when they did write what actually went on, because it was ...assessment driven , they didn't necessarily dissect it to the level that they needed to.... to learn from it” (C1P1)*

In keeping with the work of Jasper (2006), participant one noted that students often raise stories to fulfil assessment criteria rather than exploring real situations that they have experienced:

*“...most of them conjure up a story that fits. You know and erm....to a certain extent....and your reflection as well....so you've always done it but now it's much more formal and its more.....marked and I think marking is an issue.....because I think it's a personal thing and it's about your personal learning and by writing it down you have to share with others and you don't write down something you might think.....” (C1P1)*

The above extract supports the work of Jasper (2006), demonstrating that students may develop their writing to suit an assessment need rather than truthfully reflecting on an actual situation. Case study two was interesting as they had encouraged students to take different approaches to using reflection, away from a structured essay. Both participants spoke about creativity in reflection and how they had taken different approaches which

had also been commended by the NMC:

*“...however I would say to them that in your introduction say..... I have looked at models but I’ve actually formulated my own..... and I would say that is absolutely fine. Because we’ve had students that have written poetry, some wonderful poetry. You don’t want to stifle creativity with reflection, reflection is very personal so you can’t say to them reflect the way I tell you to reflect.” (C2P3)*

*“The NMC really liked this when they came for our programme review ..... a little bit more creative, perhaps using a poem, as a way to express their feelings and emotions and reflections and we have been absolutely been bowled over.” (C2P4)*

The above extracts show different and novel approaches being encouraged in order to support students to utilise reflection and develop their own practice from it. All six participants discussed the potential for stifling students’ emotions in academic work, even if it is reflective which should encourage this. If reflection is viewed purely as a method of assessment it may not encourage truth or thoughtful engagement from the student. Participant three was concerned that when marking reflection she was encouraging students to develop skills for life which she would not want to treat negatively:

*“So in a way I’m trying to use it in the life skill type of thing rather than right or wrong. I do find it very hard to mark reflection wrong because I think I don’t want to jump all over you and give you a negative view of reflection but so how do I give you guidance without saying you’re no good at reflection.” (C2P3)*

Marking reflections was very high on the agenda for both participants in case study one. Both participants spoke at length regarding marking reflective work. Participant one felt that the marking was dependent upon the personal tutor and therefore guided students to write to meet the markers needs rather than their own:

*“...the first question I ask any student when I’m talking about their portfolio is who is their personal tutor? ....Because there are differences with their tutor about how they interpret this and that will affect the guidance that I give them” (C1P1)*

Participant two had developed a method of marking against the required

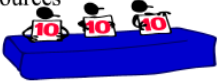
model of reflection (Gibbs, 1988), whilst also acknowledging the markers involved in the process:

*“...the personal academic tutor will moderate to see that the mentor has signed off everything that the student has chosen to submit or complete prior to the placements ends. We needed to offer some sort of marking grid. Not only for the students to see what they’re aiming for, on levels four, five, six but also against the key components of Gibbs but also that there was consistency with the markers.” (C1P2)*

By way of assisting students to understand how reflections were marked, the participants in case study two shared a lecture slide which they used with students to demonstrate the components being judged when they marked reflections:

**Reflective marking**

- Ability to describe the event / situation
- Ability to focus on the salient issue/s from the event
- Ability to analyse own and others feelings and self evaluate work
- Incorporates knowledge from a variety of sources
- Integrates theory and practice
- Draws up an achievable action plan
- Writing skills and presentation, structure, grammar, Harvard referencing style, terminology



(Slide from case study two, taught session)

Moon (2006) notes that using reflection as a form of assessment could be seen as rather controversial due to the personalisation that it requires. Additionally, Burns and Bulman (2000) note that the available literature tends to ignore the difficulties associated with assessing reflection. Developing strict criteria for marking as in case study one may be one method of overcoming the potential problems. However, such strict assessment criteria does not enable or encourage creativity such as that seen in case study two. A similar approach was taken with the implementation of the Project 2000 nursing curriculum in Oxford (Burns and Bulman, 2000) in order to assess the readiness of students as

'knowledgeable doers' which was the intention of this curriculum. It could be argued that reflection should not be assessed, instead it should be formative, influencing practice by way of a supervisory approach.

The assessment of written reflection has many elements to it which are not necessarily instantly apparent. The issue of the status of the student within the practice setting where their reflections may be seen should be given further consideration.

*"Mentors should read the students reflection which should be structured using Gibbs model of reflection. This work should be marked for it's for content to demonstrate learning in the practice setting. Any concerns over content should be discussed with the link lecturer."* (Case 1, portfolio, years 1, 2 and 3: 18).

As noted above, asking mentors to mark student's reflective writing is dependent upon the mentor having knowledge of the academic requirements of the HEI. Students are placed in clinical areas where they are to be judged by more experienced practitioners as their mentors. It is however apparent that these mentors, may not always demonstrate evidence based or safe practice. The student who questions this through assessed work is indeed taking a risk. It is important to note that the role of the mentor includes being able to, *"Contribute to strategies to increase or review the evidence-base used to support practice"* (NMC, 2008a: 26). With this in mind, the need for mentors to demonstrate both contemporaneous knowledge but also to be comfortable with being challenged by the courageous student is paramount to safe and evidence based standards of care being assured. In this study, participant six stressed that differences in styles were not accounted for amongst mentors, there is no moderation in place for their assessment judgement, unlike those within the theory setting;

*"you can't say to one mentor well this writing style is a little over*

*dramatic for my liking, well I don't actually care if it's over dramatic, we've asked the student to be themselves, let them be themselves and if we don't like it, providing they've learnt from it shouldn't actually matter."* (C3P6)

Participant six was keen to enable students to write and think freely when reflecting in order to help them develop reflexive approaches to practice whilst also generating understanding and development of professional knowledge. This may prove difficult for mentors who may have received a more traditional education themselves, possibly feeling constrained within academic writing and therefore unable to encourage students to write and think freely. Within any profession, student knowledge is often the most current, facing mentors with an additional challenge to be contemporary whilst supporting learning in the practice setting. A recent project led by Health Education East of England (2014) has seen the implementation of project sites across the UK to explore nurse education in the practice setting through the 'Collaborative Learning in Practice' (CLiP) initiative. This project has reviewed the suitability of mentors, in terms of their motivation to mentor rather than their ability to be a mentor judged by management. Many current mentors are pushed to undertake this qualification in order to progress in their clinical environment. It is however important to acknowledge that not everyone is suitable to be a mentor or wants to be (Devlin, 2014). Enabling choice in this role may help to ensure mentors who are keen to be challenged by students, have a good contemporary professional knowledge base and are not afraid to undertake assessment of students in practice. The professional gatekeeping role of the mentor should not be underestimated and therefore selection to this role and judgements regarding suitability should be considered.

The role of the mentor was significant within both the interview transcripts and the curriculum documentation that was analysed. As a permanent member of the clinical team, mentors are not employed by the University, they are employed by the placement provider and therefore only have educational affiliation which requires them to remain current with their knowledge of the curriculum and mentoring role for the assessment of practice, which has to be updated annually (NMC, 2008a). The participants in this study all noted the role of the mentor and the potential perception of power that students perceive they have. Two participants in particular highlighted that this can mean that students may feel disempowered to question practices of the mentor and / or the team for fear of being judged negatively.

*“.....if they're criticising a colleague, you know or the mentor for example, they find that difficult cos the mentor reads this. So therefore you might have an open and frank discussion with a student about a situation that's arisen.....and erm when you come to read the reflective account it's a different version, cos they've adapted it cos the mentors gonna read it” (C1P1)*

*“I know I know for a fact because students have told me that when they write their short reflective pieces that aren't going to be graded they're very mindful about what they write about because they don't want to be down graded in practice. Because their mentors see that piece of work and in fact some of them will actually refrain from getting it looked at in the placement where they are and will take it to the next placement for another mentor who is completely anonymous.” (C2P4)*

In all three cases in this study the documentation that students took into practice for assessment by mentors stated that they should be able to: *'identify unsafe practice and respond appropriately to ensure a safe outcome.'* This is directly quoted from the NMC standards for proficiency for registration (NMC, 2010a: 32). A relationship needs to be able to develop between the student and their mentor in order for conversations to be supported regarding practice approaches in the clinical setting. This certainly means that mentors need to be able to support students to be



able to reflect in order to support their learning. When discussing the utilisation of reflection by mentors, participant four was keen to share her view on the importance of time needed to be a mentor effectively:

*“she worked with her mentor who every Friday would put an hour aside and actually use a model to write about an incident that happened that week.” (C2P4)*

The above extract demonstrates a positive approach to mentoring that was experienced by a mentor in case study two. In this case study site students are required to,

*“write a weekly reflection (250-500 words) which is to be read and signed off by the placement mentor. The reflection should address what learning opportunities have arisen in the past week, how these have been utilised and reinforced with further study. The student and mentor should also reflect on what further learning will enable understanding of the situation discussed” (Practice assessment document, case study 2, page 48).*

This demonstrates a requirement for the mentor to reflect with their student, making this a curriculum requirement which the interview extract demonstrates occurs. Participant six, in case study three, showed concern over the amount of reflexivity that students were able to demonstrate. This seems pertinent if reflection is not being enabled fully by mentors in the clinical setting, in order to encourage the use of self to develop professional knowledge with guidance.

*“I think that has to happen at mentor level as well as academic tutorial level and I think that that’s where the missing links, there are several missing links, I’m thinking on my feet here, there are several missing links, I think reflexivity is one of them we’re not asking students what does this say about you, what did you do for this situation, what did this situation do for you and also I’m very cynical about this, there’s become this implosion in the health service about how much time mentors have got to do this with students and it really would be better and how well equipped they are themselves if they’re still using Gibbs” (C3P6)*

My field notes for the above extract note the emotion shown by participant six at this point in the interview:

*“xxxx became tearful, ‘Gibbs may be a constraint to furthering practice for both mentors and students” (Extract from field notes, 19/02/13,*

case study three, participant six)

Participant three in case study two, shared her role within the mentorship module and how it linked to her role within the professional preparatory programme:

*"I teach on their mentorship preparation programme and I sort of talk to them about reflection, I don't teach them reflection but I say, one of the things I look at is assessment and I ask them do they use, and it's amazing how valuable they see it as..... they use reflection in terms of getting this student to think about their progress and that's heartening too, so if mentors think it's valuable then students will"* (C2P3)

This extract demonstrates a clear link between the two programmes for student nurses and mentors. However, this may not be clear in all HEIs where the content of each could be disjointed, which could lead to confusion for both students and mentors. In case study one, it was clear that regular practice and education meetings led to the construction and ongoing review of the practice assessment document.

*"The perception of the students which I think might be the perception of the mentors. The mentors have a big influence about what goes in here (points to portfolio) .....um and erm I think it's the mentors perceptions...cos they've got some very strange perceptions about"* (C1P1)

The above extract shows the need for partnership working between practice and the HEI in order to ensure joint understanding. As a curriculum element, reflection is not distinct in the guidance from the NMC (2010a), nor is it in the guidance given for mentors in the practice setting (NMC, 2008a). It seems apparent that this may therefore be a problem. If student nurses are educated to undertake reflection utilising methods and theories in order to generate outputs for their learning, these need to be supported for consistency in their learning experience. A conversation in my own educational institute led to the following extract developing in my reflective journal:

*"I talked to B today, as the module leader for mentorship I wanted to know what educational input they had regarding reflection in order to*

*support learners in the clinical setting. I was a bit taken aback by her response; “well you know, it’s obvious isn’t it, but I’m not going to go on about Gibbs and Johns, they’ve had enough of that in their own training! We tell them that they need to support students to think and question, I guess that’s where the reflection bit is?” I was a bit taken aback! It’s tricky when I’m talking about my research but I’m also responsible for the student experience in CPD! I took a chance and told B that I was concerned, we teach students one thing but then we don’t help the mentors to support it in practice. She said; “You might have a point there? I’ll think about it some more, maybe we can change the timetable next year.” I think it might need more than a change in content!” (Extract from reflective journal, March 2013)*

The role of the mentor may be significant in assuring the translation of reflection from theory to practice. The findings from this study demonstrate the need for partnership working in order to consider the links and influences that students are faced with in both the theory and practice settings.

#### **4.5 Subtheme 3 – Articulation of Practice**

The element of practice was a recurrent element within the data, possibly due to the fact that student nurses spend 50% of their learning time in the clinical practice setting. This encompasses a variety of different types of experience and diverse types of practitioner. There is some variance in the experiences that students will be exposed to, scheduling of their clinical placements allows education providers to ensure they are able to attain the clinical practice requirements of their programme to satisfy the NMC at the point of their registration. This subtheme includes the aspects of the data analysis relating specifically to practice.

Different clinical environments may attract different characters to work there. In this study, the participants came from a variety of clinical backgrounds, however both participants in case study three were dual qualified as Adult and Mental Health nurses. They both held strong

opinions on colleagues who were able to support reflection or not based predominantly in their own area of clinical expertise.

*"I'd say the intensive care people may not see it, but have they got the time to reflect or argue or what have you. Care of the elderly seems to attract reflection, mental health..... I think there's a sense of that personality driven, can I buy into that and I've probably done ICU disservice because another key driver or one of the key drivers he still works in ICU and he still continues to have links with practice and yet he values it so" (C3P5)*

Participant five had a strong sense that a practitioner's clinical background could affect the way in which they viewed reflection. The current published literature does not articulate a preference for reflection in different clinical settings, however it may be more encouraged or accepted in some areas of practice than others. Criticisms of reflection in the clinical setting were also clarified during the interviews:

*".....in terms of reflection I'm thinking ughh that's just all airy fairy stuff but then actually began to see how useful it is and how I do reflect, and I did reflect but not in a formal way, not in a sit down and do it .....and I think we do have to get them to do the formal stuff before they actually can do it informally in a way that makes it real....." (C2P3)*

The above quote from participant three was articulating her previous views of reflection when working in accident and emergency departments as a clinician. Since moving into education she has seen a greater value for its uses and outputs in her own and others practice. The experiences from practice along with the experience of reflecting in and on practice appear significant in this study. In the data collected, case study two was the clearest site in acknowledging that the students came with little or no experience of health care and therefore the contextualisation of reflection was set in everyday life. This is significant as it closely links to the seminal work of Carper (1978) and Dewey (1938) noting that professionals gain knowledge through experiences that they reflect on, in order to generate understanding which will inform them in the future. Participant five also

acknowledged this, relating the need to use practical examples in order to demonstrate learning:

*“it’s about giving practical examples because you’ll often find person to person engagement in reflection surrounds things like what do I reflect on so it’s, in itself it’s a process which is often linked in with their way of learning.....” (C3P5)*

The duality of reflection in and on practice was first described by Schön (1987). Many authors since then have utilised his work to bring about understanding of how practitioners use reflective techniques to develop their thinking further. This is also consistent with the work of Benner (2001) who described the process of developing expertise through the utilisation of experience. As described in Dewey’s early work (1910, 1938), experience can only achieve learning when reflection is employed as a vehicle to explore experiences further through thoughtful engagement. More contemporary theory also conceptualises the importance of reflection in and on practice:

*“Reflection that is not translated back into practice is of little use and is ultimately nothing more than an empty intellectual exercise.....reflection is presented as a paradigm for practice, in the same vein as evidence based practice, and is therefore concerned with making judgements about what counts as practice knowledge...” (Rolfe et al, 2011)*

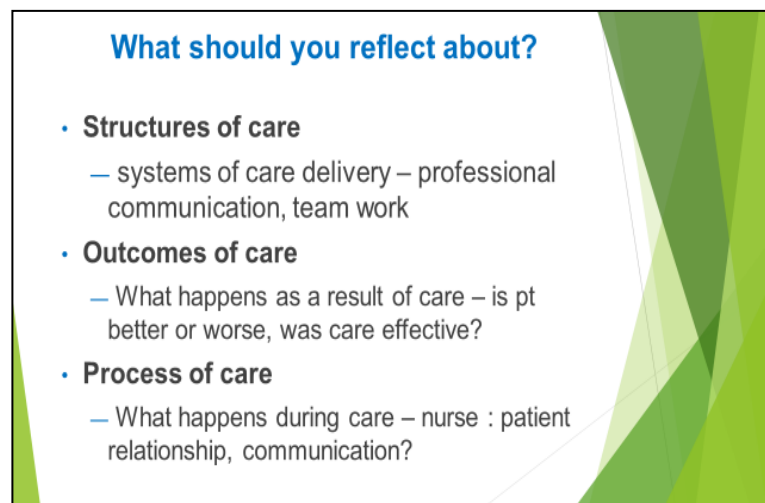
Within this study, the participants all noted the importance of reflection both in and on practice although the emphasis for their students was not always clear. In case study two, both participants encouraged students to maintain journals and diaries as a vehicle to review their learning and understanding through the three year programme.

*“When they’ve kept informal reflective diaries, you know when they’ve just kept notes, as they progress through the years they go back and laugh, they say it’s laughable because they recognise their inexperience.” (C2P4)*

Moon (2006) notes the significance of this type of approach in encouraging reflection as an activity which practitioners begin to

normalise and embrace within their everyday approaches to their practice. Utilising experiences and making evident the learning from them has been in discussion for some time with seminal theorists such as Carper (1978) and Benner (2001) noting these specifically within the profession of nursing.

Existing literature notes the need to link reflection to nursing practice, based on clinical experiences, utilising knowledge and moving forward to ensure safe approaches in the clinical setting (Moon, 2006; Burton and Bartlett, 2009; Rolfe et al, 2011). In case study one, students were directed on what they should reflect on, which risks them losing the broadness of reflection as they see it. It does however give them clear boundaries in which to work and develop their own skills of writing reflectively. The slide below shows an extract from a year three lecture, where students will have accrued significant amounts of clinical experience:



(Slide from case study one, year three taught session)

This data extract demonstrates the expectations of the nurse lecturers that the students are able to rationalise their experiences in clinical

practice to be able to reflect effectively. The views of the nurse lecturers in this study all link to the importance of reflection in practice but there is a lack of consensus on how this can be delivered and supported through the curriculum. All three Universities in this study demonstrated an ethos to encourage students to become critical, develop their thinking by questioning what they see, weighted by the evidence base available to them. This can however be a challenge for some registered practitioners in the mentor role who may not be comfortable having their practice approaches questioned, often because they have no way of explaining them (Rolfe et al, 2011). There is a risk in practice, particularly in teams that have little turnover of staff or minimal students placements that they may develop complacent practice, developing rituals rather than promoting evidence base approaches, as noted by participant four;

*“when you question the mundane habitual practice and sometimes it needs somebody like a student to come in who can actually stand back and think I’ve not seen this before, why are you doing it like that.”*  
(C2P4)

The role of the mentor is fortunate in that they are situated in the clinical setting with the student and therefore the enabler of many clinical learning opportunities. Although they are required to assess students in terms of their practical skills and safety in the clinical environment, they should also be aware of the proficiencies for registration (NMC, 2010a), considering the theoretical elements of understanding required to be a registered nurse. Participant one noted that mentors do not always see themselves as responsible for the entirety of the curriculum and may separate the practical elements out to be assessed;

*“the mentors will be assessing what they see.... Which is what I think a lot of mentors do anyway and they don’t like this because they don’t think they’re academics so why should they be asked to look at an academic piece of work..... because a lot of mentors out there still don’t think they have a teaching role.....They think their role is assessment”* (C1P1)

This view was further supported and elaborated on by participant two, also in case study one. She noted that historically, mentors had been asked to assign an academic grade to practice elements of assessment which they were not comfortable with;

*“mentors in practice used to mark it what we found were that mentors were marking it, signing it to say it was done not necessarily including it with a grade..... the grade that they were given was a practice grade, what we were actually asking them to do was a theoretical piece of work.” (C1P2)*

Recent significant reports (Department of Health, 2012; Francis, 2013; Keogh, 2013) have highlighted the role that student nurses have to play in ensuring safe practice for the future whilst also acknowledging that they will be the next generation of leaders within health care. There is a huge culture shift needed for many students who will have entered higher education straight from school and have little insight into the potential consequences of raising a cause for concern, as noted by participant five:

*“And I think one of the most powerful things when you’re looking at reflection is when you admit to mistakes, when you admit yourself that you’ve made mistakes and oh I could have done that better you know, and that’s a big thing for students and particularly that transition from further education, school to university, you were talking about experience, people with experience, I notice this most..... this neediness as I call it on this transition from school and what you’re disclosing things it’s a big concept to get their head around.” (C3P5)*

The above extract shows a post Francis (2013) interview where participant five was cognisant of the need to be open about mistakes in clinical practice. Noticing situations in clinical practice may come with experience but there is also the concept of human caring, realising what a person needs or wants. Benner (2001) believed that much of this was built on the intuitive skills of the nurse, her opponents challenged this in terms of the cues that patients exhibit to nurses to aid them in making decisions (Thompson and Dowding, 2009). Moon (2006) employs the word ‘awareness’ as necessary in developing reflection in practice; if



something is not apparent to you, you will not give it further consideration. The part of the nurse lecturer as a role model for reflection is clear from all three cases in this study. Additionally the professional requirements (NMC, 2008a) state that nurse lecturers *are* role models for students, enabling them to have influence regarding professionalisation. Their part in teaching, role modelling and supporting reflection for students requires them to assist with the conceptualisation of the subject as a professional way of being (Bolton, 2010). Within the current NMC (2010a) standards for nurse education, the role of the nurse lecturer is not clarified in terms of supporting the future practitioner to be able to enter practice as a reflective and thoughtful clinician. It is clear that all of the participants in this study, demonstrate a wealth of knowledge and understanding which needs to be more clearly harnessed within the standards for education in terms of the positive influence they can have on the students.

Nurse lecturers have a role in supporting students to be able to confide in one another and in groups in order to help them to develop strategies for working effectively within teams. This is a factor that will help them in their future development as registered professionals who need to reflect on clinical situations as part of a team in order to enhance their care delivery (Francis, 2013). In part this will help conceptualise the purpose of reflection in and on practice. The concept of not reflecting may also be a risk in not being part of a team in practice which could lead to poor practice, lack of motivation and leadership as highlighted in the Francis Inquiry (2013). Due to the timing of this report, one of the participants in the third case study made a direct link to reflection in practice in terms of assuring the care agenda for the future;

*"I think it's more practicalities rather than the actual idea of reflection,*

*buying into it and what have you. But I was wondering whether reflection, because I was already looking at the Francis report... the Department of Health was already giving indications that they want clinical supervision to be back up there again and I think we can get a push for reflection. So I don't think it's going to go away. I think we've got a bit more of it and we're told to put it in the programmes" (C3P5)*

Clinical supervision was mentioned in all case studies as a requirement for practice, acknowledged also in the third case study, as being a direct recommendation for practice from the Francis Inquiry (2013). The links between clinical supervision and reflection are clear both in this study and within the existing literature (Taylor, 2010), however they are often viewed and discussed separately without due consideration of their similarities in both purpose and outputs.

*"I was wondering whether reflection..... because I was already looking at the Francis report the Department of Health was already giving indications that they want clinical supervision to be back up there again and I think we can get a push for reflection." (C3P5)*

*"reflection wasn't something that was used, there appeared to be clinical supervision but it only appeared to be senior staff that got it there wasn't necessarily and then it was, you know latterly it was um um drummed down to junior ranks but but then time wasn't made available or the availability of supervision because there was very few people to actually operate that skill." (C1P2)*

The above extracts demonstrate the participants making links between reflection and clinical supervision. Their own understanding supports the similarities and yet they are also noting the separation of these subjects. Estehuizen and Freshwater (2008) help in clarifying the relationship by suggesting that reflection is a skill and that clinical supervision is the method by which reflection can be employed to help practitioners focus. However reflection is deemed to be transformational rather than just enabling (Johns and Freshwater, 2005) as it will have a long term effect on the actions of professionals rather than just an instant change. This links closely to the work of Schön (1987) in enabling reflection both in (current) and on (past) action, whilst also enhancing their future actions

(for) as described by Taylor (2010). Reflection can be seen as a vehicle to give clarity to experiences through the use of the evidence base being applied to seek understanding as the quote below suggests;

*“Reflective learning is the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self and which results in a changed conceptual perspective”* (Boyd and Fales, 1983: 113).

Benner (2001) noted that knowledge developed through expertise was created when clinicians tested their hypotheses regarding practice. Participant three (case study two) linked this notion to Benner’s theory and its links to developing more expert practices such as clinical decision making. She further explained this in terms of relating her theoretical inclusion in teaching to assist students in the practice setting.

*“I thought the Benner thing moving from this and linking it to clinical decision making and linking it to ethics and often when I’m doing that I am talking about clinical decisions that I had to make in practice, often when there was an ethical dilemma, and I say to them well what would you have done and they look a bit oh and you see this is what reflection, I talk about reflection in action, reflection on action and the whole point is to get to reflection in action and the clinical decision making.”* (C2P3)

In order to generate knowledge from experienced practitioners requires a certain depth in their thinking is required, generating criticality in thinking to enable deep questioning and reasoning (Moon, 2006). This is a life skill which needs to be developed in many students. The participants in this study all discussed how some students were able to reflect on their experiences and develop knowledge more easily than others.

*“.....those that are very young and emotionally immature, struggle with that and er.....the more mature students or the ones that have got a bit more experience of life.....able to deal with it much better.....they tend to be mature students, they tend to be students I think that have got lots of care experience erm prior to starting this course erm.....because I suppose part of that is that they’ve got some understanding of the language”* (C1P1)

All of the participants in this study acknowledged that reflection in practice could not always be effective in isolation, that it was important for students

to develop relationships based on trust (often with their mentors) very quickly so that they could explore their practice experiences openly in order to develop understanding. This may be difficult where students do not feel comfortable or feel that they have little in common with their mentor or tutor.

*“...you’re acknowledging your knowledge deficits and you’ve got somebody to support you to do that who’s, who will hopefully enter into an agreement with you that it’s a professional relationship it should be mutually beneficial.” (C2P4)*

As noted above, mentors can be the guide needed for students to help make sense of the relevance of their practice experiences. Conversely, the expert practitioner may see significant experiences as ‘everyday’ or ‘routine’ and not highlight them for students as learning opportunities (Benner, 2001). Therefore the role of the mentor links strongly here in enabling students to view situations as learning opportunities rather than insignificant passing events.

From this study, it is apparent that the intentions of the participants were that reflection is ‘learnt’ within higher education whilst utilising practice experiences for student nurses. The emphasis therefore on how this skill is introduced and enabled, needs to be clearly addressed within the curriculum (nationally, by the NMC) in order to ensure it develops as a ‘way of being’ (Bolton, 2010) for those students once they embark on practice as registrants in order to maintain patient safety and critique of knowledge within practice. As participant three noted, the risk is that reflection will be seen as a purely academic exercise unless it is introduced effectively:

*“I think the whole theoretical value of reflection is how they will use it in their clinical practice. Without that it’s an exercise. I think the link to clinical practice is how they see it as valuable and it’s actually how I see it as valuable. It’s how they will progress into practitioners into*

*clinicians, it's not just about the theory of it it's about how they will use it in practice" (C2P3)*

Clinical practice is variable, the standards of care are also variable. For students this means that they may be exposed to good and bad, thoughtful and thoughtless practice. The role of the nurse lecturer in supporting students to be able to articulate their practice experiences is paramount to their development as critical thinkers.

#### **4.6 Conclusion**

The subthemes in this chapter have considered a variety of aspects of the nurse lecturer role in teaching and guiding students regarding the use and application of reflection both in their theoretical studies and clinical practice. It is evident in that there is a variation in nurse lecturer approaches and therefore nurse education practices across the UK. This was deemed likely at the outset of this study. This means that there is a lack of consistency in approaches taken to teaching reflection within nurse education across the UK. The existing culture of the NHS has been questioned in terms of its ability to self-view and reflect to ensure high standards of care for all (Francis, 2013; Keogh, 2013). Reflection appears in some cases to be purely a vehicle for assessment in theory and practice. It is however a tool to assist the development of professionals, as a 'way of being' (Bolton, 2010).

Reflection affords nurses the opportunity to learn from their experiences whilst also enabling learning in others if it is shared. Francis (2013) has highlighted the need for clinical supervision to be reinstated within the clinical setting to assure safe practice and encourage a learning

environment. In this study, Participant six noted these factors clearly:

*“for me is why we use reflection, we use reflection to learn from the human experience, our own and others because the theory is in there and it’s actually um it’s there to be and will remain to be there not just because it’s discovery learning but because it has incredible salience at the time and if only our curriculum was true to that and only if we taught nursing in a narrative way. If we’re gonna do it, let’s do it properly.” (C3P6)*

In light of the Francis Inquiry (2013) there is an opportunity for the professional body to seize reflection as a method to enhance thoughtfulness amongst nurses whilst also working to assure safe and caring practices. This work has demonstrated the opportunities that can be given to student nurses whilst training by utilising reflection in their practice. This approach could be expanded to encompass the existing nurse workforce as mentors, the students themselves and their professional development needs in respect of reflection in nurse education.

The findings in this study were organised into a theme with three subthemes which emerged from the analysis of the data collected in this study. These findings generate new knowledge and understanding which in turn will need to be transformed into recommendations for change within nurse education. The link between students, mentors and nurse lecturers is vivid in terms of the professional requirements for nurse education leading to registration (NMC, 2010a). The three year curriculum is delivered equally in theory and practice, requiring the AEI to demonstrate a total of 2300 hours in theory and 2300 hours in practice have been undertaken by the student along with, academic requirements being met which will have been jointly approved by the AEI and NMC and final completion of practice proficiencies by the ‘sign off’ mentor in practice (NMC, 2008a). The findings from this study show that the role

of the mentor is also variable in terms of providing guidance and awarding marks for assessment in practice. Further exploration of the role of the mentor in terms of the curriculum is needed. Current signatories for entry to the professional register are undertaken by the AEI, based on the comments and Personal Identification Number (Registration) of the 'sign off' mentor (NMC, 2010b).

With regard to the role of mentors, it seems clear from the findings in this study that the nurse lecturers conclude that many mentors do not show motivation for their role with students. This is somewhat disheartening for those professionals who have a passion for nurse education. As discussed, consideration of the selection of mentors (Devlin, 2014) rather than recruitment to targets to meet a one to one student to mentor ratio (Health Education East of England, 2014). This would also align to the recent initiatives with values based recruitment to nursing (HEE, 2014), assuring not only the values of individuals for entry to the profession but also of those responsible for educating the profession.

Throughout this chapter, strong links to quality of care and patient safety have been made and in many places aligned to the Francis Inquiry (2013). This pivotal report has highlighted situations in the profession of nursing which are uncomfortable, however, it is key that they are addressed and the findings demonstrate that in part, reflection has a role to play in supporting nurses to consider their actions and develop professional knowledge to assure the productivity of their care delivery for all. These links to patient care and safety are not currently evident within the NMC (2010a) standards for nurse education (NMC, 2010a). The findings from this study, demonstrate the awareness that the

participants all had of their role in assuring the standards of patient care required through their students who attend the clinical practice setting.

The participants in this study overwhelmingly expressed that students often use reflection as a vehicle to deconstruct negative experiences. They do however also often withhold information for fear of repercussions in the practice setting and the affect that this may have on their progression. These findings are significant in light of the approaches to raising concerns, or in some cases whistleblowing so that the students are comfortable to undertake corrective actions to ensure evidence based and safe patient care (Francis, 2013; Keogh, 2013). Francis (2014) has recently launched a review to explore the systems for whistleblowing within the NHS. The terms of reference for this project are also pertinent to this study as they highlight to explore systems which support safe care for patients.

The next chapter will explore the findings more deeply by producing recommendations which have emerged from the analysis of the data collected in this study.



## **CHAPTER 5**

### **CONCLUSION**

#### **5.1 OVERVIEW**

The aim of this study was to explore the approaches taken by nurse lecturers teaching reflection to adult student nurses in the higher education setting. A case study methodology was selected utilising a qualitative interpretative research approach. This design was appropriate in order to explore different institutions and comparatively analyse the data collected to gain a breadth and depth of exploration and understanding (Bassey, 1999; Yin, 2009; Yin, 2014). The richness of the qualitative data collected could not have been achieved through quantitative approaches nor would it have been possible to comparatively examine findings without the utilisation of case study methodology. The NMC sets the standards for pre-registration nurse education in the UK (NMC, 2010a) with each institution able to interpret the standards, their approach to meeting them can vary. It was therefore likely that there would be variances in the approaches taken to teaching reflection in each case within the study. This study has demonstrated that different nurse educators in different HEIs use varying approaches to teach reflection. The study also identified cohesion in the understanding and beliefs of the nurse educators along with diversity in the approaches taken to teaching reflection. In the previous findings chapter, it is evident that the participants understandings of the purposes of reflection within nurse education were similar across the three case study sites. The six participants shared a vision of reflection being a vehicle by which students generated understanding which informed them for their future clinical practice.

The supportive literature used throughout this study suggests that reflection can lead to the conceptual development of professional knowledge within nursing. It may however be a complex phenomenon to the novice practitioner who requires support in developing their use of reflection in practice (Atkins and Murphy, 1993; Bolton, 2010; Jasper, 2006; Johns, 1995b; Schön, 1987). The nurse educators in this study were all able to explain the importance of reflection in the professional preparatory curriculum for nursing (Burns and Bulman, 2000). The significance of experience in using reflection was frequently highlighted by the participants in this study as a fundamental dimension of knowledge acquisition for the student nurses they worked with. From the findings in this study, it is apparent that the participants viewed reflection as a tool which needs to be used, practised in an ongoing manner in order to achieve excellence in its use. This view is also acknowledged within the literature by Jasper, (2006) who highlights the need to see reflection having an impact on practice in order to view the benefits of it. Moon (2008) describes reflection as the cornerstone to any profession, yet it is clear that the purpose and benefits of it may not be apparent to the individuals who are professionalising. The participants in this study showed a clear understanding of their role in assisting students to use reflection in order to develop themselves as nurses. The participants also acknowledged that sharing their views on and uses of reflection with their students may encourage an increased depth of sharing by students. All of the participants in this study noted that being open and honest about situations themselves supported students to talk and reflect freely in the classroom setting, thus developing a culture that signifies reflection as a way of being (Bolton, 2010). The participants all acknowledged that students may falsify information when writing reflectively, in order to meet

what they perceive is an assessment need, rather than considering the truth in their actions. This situation is important to consider as nurse lecturers have power over students which could stifle their creativity when reflecting with real situations from their practice experiences. Within the existing evidence base for nursing in particular, this application to encourage utilisation of reflection in an open and honest manner at all times has not been considered previously.

Prior to this study commencing, my own experience suggested that many students viewed reflection as an academic exercise for assessment purposes. They were not able to see the potential contribution of reflection as a tool which contributes to the development of their professional practice; until they have utilised the process within their own practice experiences (Burns and Bulman, 2000). In case study one, both participants were particularly divergent in their beliefs of reflection being for assessment versus personal and professional growth. In the other two case study sites, there was a sense of agreement in terms of the purpose of reflection, its intention within nurse education, being to assist in the development of professional knowledge acquisition and professionalisation to impact positively in the clinical setting. From this study it is evident that nurse educators need to develop clarity within their organisation as to what the intended purpose(s) of reflection might be in order to support students with its application.

## **5.2 THE ROLE OF THE MENTOR**

Although the focus of this study was to explore how reflection was taught to student nurses, during the process of data collection and analysis, it became apparent that the role of the mentor in clinical practice was a

major feature within the experiences of the nurse lecturers. Although this aspect was not directly addressed within the aims of the study, the significance of the role of the mentor has emerged from the data analysis. This is not surprising given the duality of the curriculum for nursing in both theory and practice (NMC, 2010a). In this study, the role of the mentor has emerged as fundamental in supporting students with the 50% practice element of their nursing curriculum. A further aspect for future study to build on this research, would be to elicit the views of mentors in terms of supporting the discourse of reflection with students in the clinical practice setting. The theme and subthemes identified in chapter 4 would be an appropriate basis through which to contextualise this initial focus with mentor participants recruited who would understand these aspects more deeply from their perspective.

Within this study, all participants noted the importance of the role of the mentor in supporting students in developing reflective approaches in their professional practice. The standards for the role of nurse mentors in the practice setting were published in 2008 (NMC, 2008a). Since their publication many reports have been circulated regarding the poor standards of care within nursing (Department of Health, 2012; Council of Deans, 2013; Francis, 2013; Keogh, 2013; NMC, 2013a). All of these reports note the role of leaders, mentors and students in assuring safety for patients within clinical settings. It is therefore paramount that the professional standards are reviewed in order to uphold recent recommendations to help to improve the practice of nursing care across the UK. The link between education and practice is clear in terms of the impact on the care of patients. Additionally, as nursing is supported by a curriculum with a 50:50 split in theory and practice, the mentor role is of

equal importance in supporting learning for student nurses.

As the UK nursing curriculum equally sits in clinical practice and theory, both nurse lecturers and mentors are professional role models with a shared responsibility for student nurses. Being in this privileged position enables them to be able to positively influence and shape the future of the nursing profession. Therefore their own understanding of how reflection can be used positively for patient care and professional understanding is paramount to the influence that they hold for the discourse of their students. Like any profession, those who instruct are seen to have power over those in 'training' (Foucault, 1991). The findings from this study demonstrate that the power of mentors over students is an aspect that can be either detrimentally misused or utilised for benefit. Current literature indicates that mentors are a powerful factor in the practice setting (NNRU, 2013; Al-Hamdan et al, 2014) who can greatly influence students learning. Within this study, all of the participants spoke with caution regarding the role of the mentor and their potential to negatively influence a student's experience during their training. A recent publication signposts that Health Education East of England is undertaking a project as a pilot site (HEEE, 2014) where mentors are being selected through Values Based Recruitment processes. This project aligns the recruitment process for mentors to that of recruitment for student nurses. Further research is required to consider the suitability of mentors to support students in developing themselves professionally in the practice setting. Recommendations to consider selection rather than recruitment to the mentor role are significant in order to uphold standards and influence the agenda of nursing for the future.

The remainder of this chapter will present the implications of the findings of this study, and include an analysis of the limitations / strengths to the approaches taken. Dissemination of the findings will be considered in this chapter highlighting the original contribution made by this study.

### **5.3 IMPLICATIONS**

#### **5.3.1 THE NEED TO ESTABLISH BEST PRACTICE IN CONVEYING REFLECTION**

All of the participants in this study acknowledged the value of reflection in their own clinical and educational practice. They also cited the need to gain deeper understanding of the impact reflection had for their own students in their clinical practice placements. Only participant 1 (case 1) had a direct and active clinical link where she was able to share how she saw reflection helping students to generate knowledge in their placements. Narrative approaches to nurse education enabled the remaining five participants to demonstrate the techniques they used for reflection with students. This approach was viewed by participants 2-6 as enabling them to position themselves clearly within their teaching. Participants 2-6 all noted that they would share stories from their clinical experience which they would then openly explore in front of students. This approach enabled the lecturers in this study to position themselves as reflective practitioners for the benefit of their students. The findings in this study uncovered a range of innovative and thoughtful approaches that were used to help students to apply reflective approaches to their practice. There is however a risk in this approach that sharing one's own professional experiences may be difficult for the students to relate to. The way in which a person reflects brings about the application of their own beliefs and values within a situation, often informed by their personal

positioning as well as their professional experiences (Carper, 1978; Johns, 1995a). Additionally, it is evident that students tend to struggle with approaches to reflection rather than the content on which they should reflect (Schön, 1987; Taylor, 2010). It appears that there may be some tension in considering how reflection is taught regarding the importance of understanding the conceptual elements prior to experimenting with reflecting. Nurse lecturers need to clarify the importance of both the theoretical foundations and the application of reflection in order to adopt an approach to teaching reflection within the curriculum. The approaches need to clarify the need for honesty and representation of actual experiences in order to uncover areas of practice which need improvement.

Novel practice such as the inclusion of art or the utilisation of the 'human library' method demonstrated the level of thought given by the participants in this study into making reflection an explicit curriculum element. This was further endorsed by all participants who noted that in order to give clarity, students needed to understand the intentions of reflection for it to have a positive impact on their professional practice. This further supports the work of Atkins and Murphy (1993) who developed a skills set necessary for using reflection. This work is shown on page 6 of this thesis in the introduction chapter, showing the essential elements needed to be reflective. As stated, although not featured in any current curriculum work on the case study sites investigated or the author's own, this work is beneficial as it remains evident within this research. Therefore, there is potential in identifying the elements of Atkins and Murphy's work (1993) to inform behaviours to be included within future curricula for nurses in order to support the development of

reflective practitioners:

- Open mindedness
- Motivation
- Self-awareness
- Description
- Observation
- Critical analysis
- Problem solving
- Synthesis
- Evaluation

All of the participants in this study agreed that students needed some guidance on the ingredients of reflection. Diversity in the participants was apparent in terms of how these elements should be applied; either creatively (participants 3-6) as individuals interpret or, orderly through the application of a model of reflection (participants 1 and 2).

The literature does not guide nurse lecturers on how they should approach the conceptualisation and teaching of reflection during professional preparatory programmes. The variance of approaches taken to teaching reflection which have been seen within the data analysis of this study demonstrates a lack of uniformity or agreement. With consideration to the recent NMC requirements for revalidation (NMC, 2015b), student nurses need to be prepared for their ongoing professional development and thus reflection should be an explicit curriculum component within the educational standards, which would help to clarify its position for the profession. It would therefore be beneficial if the NMC proficiencies for nurse registration gave greater



clarification as to the place and meaning of reflection within the professional requirements. Following completion of this study, I will highlight the findings to the NMC in order to support the planned development of the standards for nurse education and recommend best practice in relation to teaching reflection in nurse education. This study will be able to guide professional regulators on the important aspects for inclusion into future curricula to support the development of reflective professionals.

### **5.3.2 NURSE LECTURERS AS ROLE MODELS IN TEACHING REFLECTION**

The six nurse lecturer participants in this study all had an interest and for five of them an active part in delivering the concepts of reflection within the nursing curriculum for their organisations. One participant had a greater clinical facing role and positioned herself more identifiably in the practice setting rather than the university. However, all of the participants were clear that reflection was a feature that they highlighted to students in their role, right from the interview process in case study two and throughout the student journey for all three cases. Five of the participants spoke with passion about how reflection was applied in the curriculum flow and also highlighted it as being important to students in order to improve their professional knowledge and the care that their patients received. The one remaining participant was clear that she had used reflection throughout her career but she noted that she saw it as an assessment task for students which they needed to undertake in order to progress.

This study has highlighted that nurse lecturers have a role in not only

placing reflection clearly within the curriculum but also influencing the approaches to reflection that students are exposed to. Each case study site in this research showed a variance in how they approached reflection throughout the nursing curriculum. These variables in all three cases were lecturer led, the HEIs did not stipulate guidance in their curriculum of how subjects would be taught. Only one site (case study 1) specified the requirement for a model of reflection to be applied for assessment purposes. Therefore, this study has shown that the nurse lecturer influence within the curriculum is significant but also dependent on their values, beliefs and experiences relating to the subject area.

### **5.3.3 SUPPORTING STUDENTS USE OF REFLECTION AS A TOOL TO ENHANCE PRACTICE**

In this study, all six participants noted that reflection was introduced to students through formal lectures. In case study one it was apparent from both the analysis of interview detail and curriculum documents that from the outset, the purpose of reflection was explained to students in tandem with the assessment requirements for their programme. In case study two, participant four positioned herself and the patient in terms of how to explain reflection to students:

*“I think we sometimes lose why we’re reflecting and I think it’s to improve patient care.....you know it’s to improve working practices, patient care and also the wellbeing of the person..... the two things I think to support the practitioner and to improve patient care.” (C2P4)*

Within this study, all six participants overwhelmingly expressed the view that there were links between reflection and improving patient care. Four of the participants in this study explained how they encouraged students to share their practice experiences and learning. The need for honest approaches to reflection are further endorsed in the findings here in order

to improve patient care.

The participants in case study two both explained their role in supporting students to understand the concepts and application of reflection within their clinical practice. Four of the six participants encouraged students to keep notes or some form of reflective journal which they could look back on. This is also supported by several authors as highlighted in the literature review for this study (Brookfield, 1995; Wang et al, 1995; Kember et al, 1996; Moon, 2006; Moon, 2008; Bolton, 2014) as a useful strategy to encourage reflective thinking. The participants all highlighted the importance of students realising that their knowledge had developed by looking at what they previously had not known or understood in practice.

Curriculum approaches were variable across the three sites in this study. There was however a collective belief from the participants in this study that reflection can improve patient care through students developing their own understanding of clinical situations and how they apply knowledge in order to construct meaning. The current standards of proficiency for entry to the professional register (NMC, 2010a) are not cognisant of this important aspect of the professional in practice. They are also misaligned with reports such as those produced by Francis (2013) and Keogh (2013). A review of how care standards can be improved alongside the relevant pedagogical foundations for the respective professional groups is key to improving the standards of care for patients in the UK. Having refreshed the Code of Professional Conduct (NMC, 2015a) and implemented the need for revalidation (NMC, 2015b), it would be an appropriate time to review the standards for education and entry to the professional register.

This study brings evidence for the professional regulators to link the importance of reflection to safe and caring approaches in the clinical setting.

#### **5.3.4 ASSESSING STUDENTS REFLECTIONS**

In his most recent work, Francis (2014) has investigated the methods by which NHS staff report their concerns regarding practice. The participants in this study all noted the difficulties for students reporting poor practice to the HEI. All participants noted that students often failed to reveal the truth regarding incidents in practice as they felt they may be judged negatively. This also revealed a lack of processes to deal with students who highlight poor practice, which they are able to justify through their application of the evidence base in highlighting best practice. Reflection should be a vehicle for thoughtful consideration and problem solving (Jasper, 2006) which in turn leads to personal and professional development in approaches to practice. Utilising the concepts of Carper's work (1978), the acquisition of knowledge through experience should also allow for the consideration of non-favourable experiences which add to the development of knowledge for practitioners.

The assessment of students in the practice setting should also be further considered in terms of ensuring objective assessments are undertaken. Within Higher Education, a form of moderation is the norm to assure quality and remove subjectivity. Three participants in this study highlighted the need for a review of the assessment of practice by mentors. Francis (2013) described student nurses as the 'eyes and ears' of the NHS; therefore mentors require understanding of this in order to fulfil their role to be supportive of students in clinical practice to notice

pertinent situations which they should be enabled to reflect on in conjunction with their mentor. In support of this, anecdotal discussion with students highlight their concerns over the amount of autonomous power that mentors have regarding programme progression decisions. Furthermore, students often feel uncomfortable in questioning the practice of qualified staff; this issue was raised by three of the participants in this study. Additionally, participants note that students feel that they cannot question or express concern to a mentor for fear of being penalised within their clinical assessments. This aspect links closely to the 6Cs for compassion in practice initiative in demonstrating the *Courage* to question practice in order to ensure that we “do the right thing for the people we care for” (DH, 2012: 13) those with whom we work clinically. In order to review the approaches of nurse lecturers and mentors the *Standards for Learning and Assessment in Practice (SLAiP)* (NMC, 2008a) need to be revised, to align to the current evidence base (DH, 2012; Francis, 2013; Keogh, 2013). In light of this research and in order to ensure that nurse lecturers and mentors engender a culture of safe and caring practice whilst also encouraging students to reflect critically on their clinical experiences, it is paramount to reconsider the role of those with professional power in nursing. This will directly influence assessment practices in the clinical setting by mentors. It is intended that the results from this study will be influential in considering the role of the nurse lecturer and mentor and their relationship with students with regard to reflection in and on clinical practice.

#### **5.4 CONSIDERATIONS OF STRENGTHS AND LIMITATIONS OF THE STUDY**

This study elected to include nurse lecturers as the participants in this

study. The strength in this selection was that nurse lecturers deliver the taught curriculum and were therefore the obvious starting point in answering how the subject is taught within nurse education. There was a mix of gender with four participants being female and two male. Cases one and two were female and case three was made up of the two male participants in the study. This represents a good gender split as mirrored within the NMC professional register, bringing a professionally representative gender balance to this study. All of the participants in this study were British Caucasian and therefore a limitation was the lack of representation from a culturally diverse workforce in the UK. All of the participants were registered as adult nurses (as was the focus of this study) and participants five and six were dual registered as mental health nurses. The inclusion criteria for participants had stipulated that they must be registered as Adult Nurses, the inclusion of those with dual registration was not considered at the outset. This mix of participants has given a richer but also representative view of the professional register and those working in nurse education, many of whom may be dual qualified. Demographically the sites included were within the south and midlands regions of England with one site in Scotland. This was a strong aspect of the study as it gave a good range of sites spread across the UK, where the standards for nurse education influence all (NMC, 2010a). The sites chosen spanned The Complete University Guide rankings for nurse education ranging from being placed at 39<sup>th</sup> to 68<sup>th</sup> out of 72 (The Complete University Guide, 2015). This demonstrates good breadth of position and geographical placement and therefore enables the findings to be viewed across a variety of performing university providers. There is a strong focus on each of the individual participants in this study which also enables the depth of exploration which has been captured within the

design and findings, relating to each specific participant. The exploration of both individuals and their employing HEIs has enabled rich data to be gathered and analysed giving both an institutional and personal representation to the study.

This study also highlighted that reflection is being used as a method of assessment within nursing programmes across the UK in a variety of ways, some grading the thoughts of the learner, some encouraging freedom in thinking to develop understanding. Additionally, all of the sites explicitly detailed the importance of reflection in enabling learners to develop their practice. For some sites this was not as clear to students as others. The data collected gave variability for analysis as it contained both the documented sources ratified by the HEIs as well as the narrative explanations provided by the participants themselves. This enabled analysis of a variety of both institutional and personal documentation, enabling the research to review the cases and the participants deeply. This was further enhanced by taking the views of more than one participant in each site to account for misinterpretation. The greatest amount of diversity was seen in case one where the participants were largely divergent in their views. Cases two and three demonstrated a seamless approach to teaching and supporting reflection, both showing a culture of reflection which they each shared respectively in their work. The participants were all self-nominating and therefore were wholly representative of themselves. Cross analysis with the leads for the organisations would have enabled clarity over the institutional view which may have differed from what was presented to the researcher.

Participants all agreed to validate their respective interview transcripts to

ensure that the researcher's interpretation of their interviews was correct, these were all confirmed and returned demonstrating reliability in the transcription process of the interview recordings. This enabled the content to be clarified by the participant for detail and correct presentation, no alterations were requested and all participants confirmed that they agreed with the transcripts. The curriculum documents which were provided voluntarily by the participants were also freely available in the public domain, excluding personal teaching materials. These documents had already gone through rigorous internal organisational scrutiny assuring the content for the purposes of this research. The participants providing teaching materials, has uncovered the detail of each participant's understanding of the curriculum within their respective organisation. Within this study, this was analysed against the institutional detail, giving a deep view of the content given to students regarding reflection in the educational and practice environments. The variety of approaches taken to teaching reflection to student nurses across the UK was apparent in this study. This level of detail is not currently accessible in the existing evidence base relating to reflection where no sharing of teaching detail is available.

The findings of this study show that two specific groups are vital for inclusion in future research. In order to gain further understanding of how reflection is taught to adult student nurses; mentors and students themselves must also be considered. If this research was repeated to include these groups a greater understanding could be formulated to further strengthen the outputs from this research. These aspects are timely and worthy of further exploration with standards planned to be reviewed both for both the preparation of mentors and proficiencies to



entry to the professional register by the NMC.

Although the researcher is an accomplished nurse educator, conducting a study of this scale was new territory for the researcher. The process of conducting this study has provided an opportunity for reflection which has enabled learning to take place. If approaching the study again, the timings of the episodes of data collection would need to be closer together in order to enable the swift execution of the data analysis process. Furthermore, access to participants who were responsible for the development of relevant curricula in the HEIs would have been beneficial in giving their views and vision they had intended for their respective curricula. Cultural differences in approaches to reflection are highlighted within the literature (Morley, 2007; Thompson and Thompson, 2008), yet the participants in this study were not representative of the cultural diversity present within the professional register for nursing.

Reflecting on the process of this research journey has enabled me to consider the impact that the experience has had on me. My personal supervision of students undertaking research has changed; I am more aware of the need to be constructive and informative during feedback in order to enhance their ability to be critical. I have also noted that my observations in the classroom are more apparent and meaningful to me as they inform my future approaches. These factors have influenced my own practice as a nurse lecturer, making me more considered and reflective with regard to my practice styles which are always evolving. Overall, colleagues have noted my deepening level of enquiry and questioning, which enables collective thinking, innovation and progression in the work of my own department. Being in a leadership

role, this is a significant development which is positive for the wider organisation where I practice as well as for the students who attend the department. My own School has changed its approaches to assessments involving reflection, utilising the students' reflective journals as sources of evidence to underpin their academic writing. This method acts as an alternative to assessing their actual reflections, enabling them to select the experiences relevant to their writing. It also encourages reflection to be an on-going way of being (Bolton, 2010) rather than assessment task. Personal tutor sessions also create space for students to share their practice reflections and manage them safely in order to consider areas that may require further attention. This supportive method has seen an increase in the number of students raising concerns regarding clinical practice, all practice partners have commenced this refreshed approach as enhancing patient safety.

## **5.5 DISSEMINATION OF RESEARCH FINDINGS**

In my current role at a Higher Education Institute I am responsible for the strategic leadership of the school and its educational provision. This research has enabled me to explore deeply one element of education which can enhance professional practice and lead to improved patient safety in the clinical setting. Locally I am the Chair for the Higher Education Forum for Health; this is attended by other leads for health schools and faculties and Health Education England commissioning staff. My own professional network is further strengthened nationally through attending the Council of Deans of Health on a three times yearly basis. These local and national groups afford me the opportunity to share my research findings with influential educational leaders.

During this study an opportunity arose for NMC registered nurse teachers to volunteer for the review panel for the SLAiP Standards (NMC, 2008a). My application for this has been shortlisted and I hope to represent my own institution in this activity whilst also acknowledging my own research outputs which will inform the way forward with the role of the mentor in supporting reflective practices.

I have recently been appointed as an advisor by the company working on behalf of the NMC regarding revalidation education for registrants across the UK. I will be working nationally delivering packages of education to support NMC registrants in approaching reflection for revalidation. This opportunity has enabled me to share findings from my own research which will support educational delivery regarding reflection to registrants who may not have been exposed to this in their nurse education, or more latterly may have a view of reflection which is informed by their experiences of the assessment requirements of reflection (as demonstrated in this study).

My final intention following completion of this work is to submit the findings for publication in two specific journals; Nurse Education Today as this publication is accessed by nurse educators internationally and holds a positive reputation amongst the community. I also intend to submit my findings for publication in the Journal of Reflective Practice as I believe that the findings can be considered more broadly than within nursing, to influence the educational approaches for the professions.

## **5.6 REFLECTION ON THE RESEARCH PROCESS**

In my own institution, this research has generated changes to the pre-

registration nursing curriculum throughout its development. I have been responsible for initiating a three year approach to reflection in the pre-registration nursing curriculum which has been met positively by colleagues and students. This development was enabled through a review of the nursing curriculum undertaken several years ago whilst embedded in this research. The first graduates of this changed approach to reflection graduated at the end of the last academic year. A significant element of change has been the way in which reflection has been introduced to students. This influence on the learning and teaching strategies adopted within my School has been implemented through a group of academic staff led by me. Rather than teach the theory of reflection, we have been encouraging students to use their experiences to help them understand the potential outputs of reflection in terms of professional knowledge acquisition. The utilisation of reflective journals has further enabled students to share chosen aspects of their practice experiences without them being required to divulge whole scenarios. It is apparent within my own educational setting that these changes are supporting students to approach reflection in a beneficial way whilst also ensuring they employ their practice experiences to deepen their professional understanding.

Additionally to this curriculum change at an organisational level, the role of the personal tutor has been reviewed to provide a forum for reflection and discussion in small groups. This change has been supported in tandem with staff development to ensure that all personal tutors are comfortable with their role of facilitating students to share their experiences and express concerns where appropriate. The strengths of this approach have been shown by several students highlighting practice

concerns which they have then been assisted to raise correctly whilst also generating learning and demonstrating courage. This change has been cognisant of the Department of Health report (2012) by embedding the 6Cs throughout professional education whilst also protecting time to reflect and develop emotional resilience within our students (Department of Health, 2012: 11).

In clinical practice, it is evident that students from my institution are becoming more challenging, dealing with their own concerns for safe and caring practice whilst drawing upon the existing evidence base. The change to an all degree curriculum (NMC, 2010a) may have in part supported this by generating more critical enquiry amongst student nurses. In light of the Francis Report (2013), these changes have been welcomed by all Directors of Nursing locally. Further to this work it is also apparent that my study relates closely to the ongoing work of Francis (2014) in terms of agendas for whistleblowing to be established and supported within healthcare systems. Students need to develop and demonstrate resilience and courage in order to highlight their concerns without fear of damaging repercussions to their future careers. The element of *courage* in the 6Cs (Department of Health, 2012) enables all health care staff to stand up for patients and report poor care when they see it. Support for these episodes of reporting is fundamental in encouraging students to raise a concern in the practice setting.

The approaches taken to this research have enabled answers to be retrieved from the original research questions;

- How do nurse lecturers approach the delivery of taught sessions relating to reflection?

- How are models of reflection introduced and utilised in the curriculum?
- What theoretical bases inform nurse lecturers when preparing to teach reflection?
- How do nurse lecturers demonstrate the uses and outputs of reflection to their students?
- Where does reflection feature in the student journey, with consideration to theory and practice?
- Are the nurse lecturers able to align their own application for teaching the subject with what is written in the curriculum?

Insights have been gained which complement the existing knowledge base and highlight the need for further enquiry and policy change. As previously mentioned, an aspect of this research which needs further consideration is the views of mentors and student nurses in relation to their education regarding reflection.

Initial considerations were given to the size of this case study. Reflecting on the depth of the study has confirmed for me that three case study sites with six participants was a manageable but also efficient approach in terms of the data extracted and analysis which was undertaken. It would be beneficial to consider further research in this area on a larger scale to explore these findings in contrast with a national view of HEIs accredited to deliver nurse education.

The path of research has been lengthy but enlightening. This study has broadened my own thinking whilst also supporting my development as an

educator and researcher. I have developed an understanding of how enquiry can become exploration in order to uncover understanding and develop meanings which can inform future educational practice approaches. My intention is to continue with pedagogical research whilst also considering the impact that this can have on patient care. As a nurse, my own goals are to enhance the patient experience, as an educator I have the ability to influence the student journey which can further strengthen this.

## **5.7 CONCLUDING COMMENTS**

It is evident that the impact of this study has been positive, both in providing new knowledge and understanding concerning the approaches taken to teaching reflection to student nurses; but also in reviewing the broader impact of reflection in the practice learning environment. The above implications will all be carried forward with the intention of further research developing to explore the aspects of this study which could not be dealt with due to time constraints. Future work will be in conjunction with clinical researchers both in my own department and from clinical practice to enable the link between education and practice to be more clearly illuminated in terms of the student journey through both of these settings.

Conducting this study has at times reminded me of the work of Schön (1987) in that I have considered myself to be in a swamp. Throughout the later stages of this work I have ventured onto the 'high ground' where I have viewed the confusion below me more helpfully (Schön, 1987). In terms of professional knowledge development, this study has enabled clarity in the variance of approaches taken to teaching reflection.

Throughout, it is evident that the role of experience to enable reflection is paramount in supporting student nurses to develop as professionals. It is important to note however that not all experiences will enable learning (Dewey, 1938) and that there is a need to 'syphon' what is useful and what is not is the art of reflection. The role of the nurse educator, in both the theory and practice settings is paramount to supporting students in the development of their professional knowledge through reflecting on practice experiences which warrant further enquiry and exploration. It is also of note that reflection on these experiences will also give the potential for broader learning for nurse educators in how to utilise situations for reflection.

This study has taken several years to complete since its inception. The nature of undertaking part time study whilst fulfilling ones career and life needs is common for many in this position. However, the journey that this research has enabled has given understanding and meaning to me as a researcher and educational practitioner. I have developed and enhanced skills around data collection and analysis. I now feel more confident in moving forward within my own work to generate approaches to pedagogical research in the future. Additionally I am able to support the team to develop their own critical enquiry and thinking further in order to develop our educational practice and enhance the learner journey whilst also assuring safe and excellent patient care.

*"We have to understand the significance of what we see, hear and touch. This significance consists of the consequences that will result when what is seen is acted upon."* (Dewey, 1938: 68)



## REFERENCES

Alderman, C., Jenkins, D. and Kemmis, S. (1983) 'Rethinking Case Study', Notes from the second Cambridge Conference. *In Case Study: An overview. Case Study Methods 1.(Series)* Victoria: Deakin University Press.

Andrews, A. (1996) 'Validity in qualitative health care research. An exploration of the impact of individual researcher perspectives within collaborative enquiry', *Journal of Advanced Nursing*, 23, pp. 441- 447.

Argyris, C. and Schön, D.A. (1974) *Theory in Practice: Increasing Professional Effectiveness*. California: Jossey-Bass.

Atkins, S. and Murphy, K. (1993) 'Reflection: a review of the literature', *Journal of Advanced Nursing*, 18, pp. 1188- 1192.

Barnett, R. (1994) *The Limits of Competence: Knowledge, Higher Education and Society*. Buckingham: Open University Press.

Barnett, R. (2000) *Realizing the University in the Age of Supercomplexity*, Buckingham: Open University Press.

Bassey, M. (1999) *Case Study Research in Educational Settings*. Berkshire: Open University Press.

Benner, P. (2001) *From Novice to Expert: Excellence and power in clinical nursing practice*. Commemorative edn. New Jersey: Prentice Hall.

Bolam, B., Gleeson, K. and Murphy, S. (2003) “Lay person” or “Health expert”? Exploring theoretical and practical aspects of reflexivity in qualitative health research’, *Forum: Qualitative Social Research*, 4 (2), pp. 26.

Bolton, G. (2010) *Reflective Practice: Writing and Professional Development*. 3<sup>rd</sup> edn. London: Sage.

Bolton, G. (2014) *Reflective Practice: Writing and Professional Development*. 4<sup>th</sup> edn. London: Sage.

Boud, D., Keogh, R. and Walker, D. (1995) *Reflection: Turning Experience into Learning*. London: Kogan Page.

Boud, D. and Walker, D. (1998) Promoting reflection in professional courses: The challenge of context. *Studies in Higher Education*, 23(2), pp. 191-206.

Boyd, E.M. Fales, A.N. (1983) ‘Reflective learning: key to learning from experience’, *Journal of Humanistic Psychology*, 23 (211), pp. 99- 117.

Braine, M. (2009) ‘Exploring new nurse teachers’ perception and understanding of reflection: An exploratory study’, *Nurse Education in Practice*, 9(4), pp. 262- 270.

Brett Davies, M. (2007) *Doing a Successful Research Project – Using Qualitative or Quantitative Methods*. Hampshire: Palgrave Macmillan.

Brockbank, A. and McGill, I. (1998) *Facilitating Reflective Learning in Higher Education*. London: Kogan Page.

Brookfield, S. (1987) *Developing Critical Thinkers*. Milton Keynes: Open University Press.

Burns, S. and Bulman, C. (2000) *Reflective Practice in Nursing: The Growth of the Professional Practitioner*. 2<sup>nd</sup> edn. Oxford: Blackwell Science.

Burnard, P. (1991) 'A method of analysing interview transcripts in qualitative research', *Nurse Education Today*, 11, pp. 461- 466.

Burrows, D. (1995) 'The nurse teacher's role in the promotion of reflective practice', *Nurse Education Today*, 15, pp. 346- 350.

Burton, A.J. (2000a) 'Reflection: nursing's practice and education panacea?', *Journal of Advanced Nursing*, 31 (5), pp. 1009- 1017.

Burton, S. (2000b) 'A critical essay on professional development dietetics through a process of reflection and clinical supervision', *Journal of Human Nutrition and Dietetics*, 13, pp. 323- 332.

Burton, D. and Bartlett, S. (2009) *Key Issues for Education Researchers*. London: Sage Publications.

Cadman, K., Clack, E., Lethbridge, Z., Millward, J., Morris, J. and Redwood, R. (2003) 'Reflection: a casualty of modularisation?', *Nurse Education Today*, 23, pp. 11- 18.

Cameron, B. and Mitchell, A. (1993) 'Reflective peer journals', *Journal of Advanced Nursing*, 18, pp. 290- 297.

Carper, B. (1978) 'Fundamental patterns of knowing in nursing', *Advances in Nursing Science*, (1), pp. 13- 23.

Carr, W. Kemmis, S (1986) *Becoming Critical: Education, Knowledge and Action Research*. London. Falmer Press.

Carroll, M. (2010) 'Supervision: Critical Reflections for Transformational Learning (Part 2)', *The Clinical Supervisor*, 29: pp. 1- 19.

Cayne, J.V. (1995) 'Portfolios: a developmental influence', *Journal of Advanced Nursing*, 21, pp. 395- 405.

Cohen, L., Manion, L. and Morrison, K. (2011) *Research Methods in education*. 7<sup>th</sup> edn. Abingdon: Routledge.

Council of Deans of Health (2013) *A Common Culture Made Real: The higher education contribution to putting patients first*. London: Council of Deans of Health.

Coward, M. (2011) 'Does the use of reflective models restrict critical thinking and therefore learning in nurse education? What have we done?', *Nurse Education Today*, 31, pp. 83– 886.

Cromwell, C., Dryden, S., Jones, D. and Mackereth, P. (1999) 'Just the ticket': case studies, reflections and clinical supervision (part III)', *Complementary Therapies in Nursing and Midwifery*, 5, pp. 42- 45.

Curtis, K., Horton, K. and Smith, P. (2012) 'Student Nurse Socialisation in Compassionate Practice: a Grounded Theory Study', *Nurse Education Today*, 32 (7), pp. 790- 795.

Curtis, K. (2012) 'Keep Compassion Alive', *Nursing Standard*, 26 (44), pp. 64.

Curtis, K. (2014) 'Learning the emotional requirements of compassionate practice: Student nurse vulnerability and courage', *Nursing Ethics*, 21 (2), pp. 210- 223.

Davies, E. (1995) 'Reflective Practice: A focus for caring', *Journal of Nursing Education*, 34 (4), pp. 167- 174.

Denscombe, M. (2010) *The Good Research Guide: for small-scale social research projects*. 4<sup>th</sup> edn. Berkshire: McGraw Hill.

Denzin, N.K. and Lincoln, Y.S. (eds) (1994) *Handbook of Qualitative Research*. California: Sage.

Department of Health (1993) *A Vision for the Future: Nursing, Midwifery and Health Visiting Contribution to Health and Health Care*. London: HMSO.

Department of Health (2012) *Compassion in Practice: Nursing Midwifery and Care Staff Our Vision and Strategy*. London: HMSO.

Devlin, A. (2014) *Nurses Constructions of Learning in Work: Exploring the process and potential of work based learning within an NHS 'Community of Practice'*. Cambridge: University of Cambridge.

Dewey, J. (1910) *How We Think*. USA: DC Heath and Co.

Dewey, J. (1933) *How we think: a re-statement of the relation of reflective thinking in the educative process*. Chicago: Henry Regnery.

Dewey, J. (1938) *Experience and Education*. New York: Kappa Delta Pi.

Dowling, M. (2006) Approaches to reflexivity in qualitative research. *Nurse Researcher*, 13(3), pp. 7-21.

Dowling, P. and Brown, A. (2010) *Doing Research / Reading Research*. 2<sup>nd</sup> edn. New York: Routledge.

Emden, C. (1991) 'Becoming a reflective practitioner', in Gray, G. and Pratt, R. (ed) *Towards a Discipline of Nursing*. Singapore: Longman, pp. 334- 355.

Eraut, M. (1992) '*Developing the Knowledge Base: A Process Perspective on Professional Education*', in Barnett, R. (1992) *Learning to Effect*. Oxford: Oxford University Press.

Esterhuizen, P. and Freshwater, D. (2008) 'Clinical Supervision and reflective practice', in Freshwater, D., Taylor, B.J. and Sherwood, G. (2008) *International Textbook of Reflective Practice in Nursing*. Oxford: Blackwell Publishing.

Felton, A. and Stickley, T. (2004) 'Pedagogy, power and service user involvement', *Journal of Psychiatric and Mental Health Nursing*, 11 (1), pp. 89- 98.

Fook, J. and Gardner, F. (2007) *Practising Critical Reflection: A Resource Handbook*. Hampshire: McGraw Hill.

Fook, J. and Gardner, F. (2010) *Practising Critical Reflection: A Resource Handbook*. 2<sup>nd</sup> edn. Hampshire: McGraw Hill.

Foucault, M. (1991) *Discipline and Punishment: the birth of a prison*. London: Penguin.

Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: The Stationery Office.

Francis, R. (2014) Freedom to Speak up? An Independent Review into Creating an Open and Honest Reporting Culture in the NHS. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322798/terms\\_reference.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322798/terms_reference.pdf) (Accessed 12 November 2014).

Freshwater, D. (2000) 'Cross Currents: Against Cultural Narration', *Journal of Advanced Nursing*, 32 (2), pp. 481- 484.

Freshwater, D. (2011) 'Clinical Supervision and Reflection Practice' in Rolfe, G., Jasper, M. and Freshwater, D. (2011) *Critical reflection in practice: generating knowledge for care*. 2<sup>nd</sup> edn. Hampshire: Palgrave Macmillan.

Fulbrook, P., Rolfe, G., Albarran, J., and Boxall, F (2000). 'Fit for practice: Project 2000 student nurses' views on how well the curriculum prepares them for clinical practice', *Nurse Education Today*, 20, pp. 350– 357.

General Medical Council (GMC) (2015) *An introduction to revalidation*. Available at: <http://www.gmc-uk.org/doctors/revalidation/9627.asp> (Accessed: 25<sup>th</sup> July 2015).

Ghaye, T. (2011) *Teaching and Learning Through Reflective Practice: A practical guide for positive action*. Oxford: David Fulton Publishers.

Ghaye, A. and Ghaye, K. (1998) *Teaching and Learning through Critical Reflective Practice*. Oxford: David Fulton Publishers.

Gibbs, G. (1988). *Learning by Doing: a guide to teaching and learning methods*. Oxford: Oxford Polytechnic Further Education Unit.

Glaser, B.G. and Strauss, A.L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine de Gruyter.

Greenwood, J. (1993) 'Reflective practice: a critique of the work of Argyris and Schön', *Journal of Advanced Nursing*, 19, pp. 1183- 1187.

Goodman, J. (1984) 'Reflection and teacher education. A case study and theoretical analysis', *Interchange*, 15, pp. 319- 326.

Gopee, N. (2011) *Mentoring and Supervision in Healthcare*. 2<sup>nd</sup> ed. London: Sage Publications.



- Habermas, J. (1971) *Towards a Rational Society*. London: Heinemann.
- Habermas, J. (1978) *Knowledge and Human Interests*. Boston: Beacon Press.
- Hall, C. and Ritchie, D. (2009) *What is Nursing: Exploring Theory and practice*. Exeter: Learning Matters Ltd.
- Hamilton, L. and Corbett-Whittier, C. (2013) *Using Case Study in Education Research*. London: Sage.
- Hanson, A. (1996) 'The search for a separate theory of adult learning. Does anyone need androgogy?', in Edwards. R., Hanson, A. and Raggett, P. *Boundaries of Adult Learning*. London: Routledge.
- Health Education England (HEE) (2014a) *Pre Nursing Experience (pilots)*. Available at: <http://hee.nhs.uk/work-programmes/pre-nursing-care-experience-pilots/> (Accessed: 29 August 2014).
- Health Education England (HEE) (2014b) *Values Based Recruitment*. Available at: <http://hee.nhs.uk/work-programmes/values-based-recruitment> (Accessed 29<sup>th</sup> August 2014).
- Health Education England (HEE) (2014c) *NHS Qualified Nurse Supply and Demand Survey – Findings*. UK: NHS Confederations publications team.
- Health Education East of England (2014) *Enhancing Mentoring and Practice Based Learning: CLiP report*. Available at: [eoe.hee.nhs.uk/.../Mentor-CLIP-Report-for-Lord-Willis-July-2014.docx](http://eoe.hee.nhs.uk/.../Mentor-CLIP-Report-for-Lord-Willis-July-2014.docx) (Accessed 30 September 2014).

Heath, H. and Freshwater, D. (2000) 'Clinical supervision as an emancipatory process: avoiding inappropriate intent', *Journal of Advanced Nursing*, 32 (5), pp. 1298- 1306.

Hennink, M., Hutter, I. and Bailey, A. (2011) *Qualitative Research Methods*. London: Sage Publications.

Hertz, R. (1997) *Reflexivity and Voice*. Thousand Oaks CA: Sage.

Holloway, I. and Pension, J. (1987) 'Nurse education as social control', *Nurse Education Today*, 7, pp. 235- 241.

Holloway, I. and Wheeler, S. (1996) *Qualitative Research for Nurses*. London: Blackwell Science.

Hood, L.J. (2010) *Leddy and Pepper's Conceptual Bases of Professional Nursing*. 7<sup>th</sup> edn Philadelphia: Lippincott Williams and Wilkins.

Howatson-Jones, L. (2010) *Reflective Practice in Nursing*. Exeter: Learning Matters.

Hunt, C. (1991) Moral Responsibility in Nursing. Paper presented at the Inaugural Conference of the National Centre for Nursing and Midwifery Ethics, Queen Charlotte's College 1 3th April.

Jarvis, P. (1986) *Professional Education*. Kent: Croom Helm Ltd.

Jarvis, P. (1992) 'Reflective practice and nursing', *Nurse Education Today*, 12, pp. 174- 181.

Jasper, M. (2003) *Beginning Reflective Practice*. Cheltenham: Nelson Thornes.

Jasper, M. (2006) *Professional Development, Reflection and Decision Making*. Oxford: Blackwell Publishing.

Johns, C. (1993) 'Professional Supervision', *Journal of Nursing Management*, 1 (1), pp. 9- 18.

Johns, C. (1995a) 'Framing learning through reflection within Carper's fundamental ways of knowing in nursing', *Journal of Advanced Nursing*, 22, pp. 226- 234.

Johns, C. (1995b) 'The value of reflective practice for nursing', *Journal of Clinical Nursing*, 4 (1), pp. 23- 30.

Johns, C. (2000) *Becoming a Reflective Practitioner*. Oxford: Blackwell Publishing Ltd.

Johns, C. (2004) *Becoming a Reflective Practitioner*. 2<sup>nd</sup> edn. Oxford: Blackwell Publishing Ltd.

Johns, C. and Freshwater, D. (2005) *Transforming Nursing Through Reflective*

*Practice*. 2<sup>nd</sup> edn. Oxford: Blackwell Science.

Kember, D. Jones, A. Loke, A. McKay, J. Sinclair, K. Tse, H. Webb, C. Wong, M. Wa Yan, P. Yeung, E. (1996) 'Developing Curricula to encourage students to write reflective journals', *Educational Action Research*, 4 (3), pp. 329- 348.

Kemmis, S. (1985) Action research as critical educational science. In: *Becoming critical, education, knowledge and action research*. Carr, W. Kemmis, S. (eds.) London. The Falmer Press. 179-213.

Keogh, B. (2013) *Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report*. London: NHS.

Kipling, R. (1902) *I keep six honest serving men*. Available at: [http://www.kiplingsociety.co.uk/poems\\_serving.htm](http://www.kiplingsociety.co.uk/poems_serving.htm) (Accessed: 30 September, 2014).

Koch, T. (1996) 'Implementation of a hermeneutic inquiry in nursing: philosophy, rigour and representation', *Journal of Advanced Nursing*, 24, pp. 174– 184.

Koch, T. and Harrington, A. (1998) 'Reconceptualizing rigour: the case for reflexivity', *Journal of Advanced Nursing*, 28, pp. 882– 890.

Kolb, D. (1984) *Experiential Learning*. New York: Prentice Hall.

Kolb, D. and Fry, R. (1975) 'Towards an applied theory of experiential learning', in Cooper C.L. (ed.) *Theories of Group Processes*. Chichester: Wiley and Sons.

Lewin, K. (1951) *Field Theory in Social Sciences*. New York: Harper Row.

Lincoln, Y.S. and Guba, E.G. (2013) *The Constructivist Credo*. California: Left Coast Press.

Lintern, S. (2013) NHS to face chronic nurse shortage by 2016. *Nursing Times.net*  
Available at: <http://www.nursingtimes.net/nursing-practice/specialisms/management/nhs-to-face-chronic-nurse-shortage-by-2016/5059871.article> (Accessed 6 July 2015).

Mackintosh, C. (1998) 'Reflection: a flawed strategy for the nursing profession', *Nurse Education Today*, 18, pp. 553- 557.

Maggs, C. and Biley, A. (2000) 'Reflections on the role of the nursing development facilitator in clinical supervision and reflective practice', *International Journal of Nursing Practice*, 6, pp. 192- 195.

Margolis, E. (2002) 'The Hidden Curriculum in Higher Education', *British Journal of Educational Studies*, 50 (3), pp. 393- 395.

Meiher, P. Pugh, E. (1986) 'The case study a viable approach to clinical research', *Research in Nursing and Health*. 9, pp. 195- 202.

Merriam, S.B. (1988) 'Case Study Research' in *Education. A Qualitative Approach*. San Francisco: Jossey Bass Publication.

Mezirow, J. (1981) 'A critical theory of adult learning and education', *Adult Education*, 32 (111), pp. 3- 24.

Mezirow, J. (1990) How critical reflection triggers transformative learning. In: *Fostering Critical Reflection in Adulthood: A Guide to Transformative and Emancipatory Learning*. (Mezirow, J. et al. eds.) San Francisco: Jossey-Bass.

Moon, J. (2006) *Learning Journals: A Handbook for Reflective Practice and Professional Development*. Oxford: Taylor and Francis.

Moon, J. (2008) *Critical Thinking: An exploration of theory and practice*. Routledge: Oxon.

Morley, C. (2007) 'Engaging practitioners with critical reflection: issues and dilemmas', *Reflective practice*, 8 (1), pp. 61- 74.

Myall, M. and Levatt-Jones, T. (2008) Mentorship in contemporary practice: the experience of nursing students and practice mentors. *Journal of Clinical nursing*, 17(14), pp. 1834 – 1842.

National Nursing Research Unit (2012) 'Should all nurses be mentors?', *Policy+*, Issue 41, London: NNRU.

NHS Confederation (2013) Key Statistics on the NHS. Available at: <http://www.nhsconfed.org/resources/key-statistics-on-the-nhs> (Accessed 1 August 2014).

NHS Employers (2015) *Revalidation for nurses and midwives*. Available at: <http://www.nhsemployers.org/your-workforce/retain-and-improve/standards-and-assurance/professional-regulation/nursing-revalidation> (Accessed 15 June 2015).

NHS Institute for Innovation and Improvement (2013) *Joined Up Care: Delivering Seamless Care*. London: HMSO.

NHS Education for Scotland (2015) *Supporting Positive Change Through Education*. Edinburgh: NHS Education for Scotland.

NHS Scotland (2010) *NHS Scotland Quality Strategy – putting people at the heart of our NHS*. Edinburgh: NHS Scotland.

Newell, R. (1992) 'Anxiety, accuracy and reflection: the limits of professional development', *Journal of Advanced Nursing*, 17, pp. 1326- 1333.

Nursing and Midwifery Council (2008a) *Standards to Support Learning and Assessment in Practice*. London: NMC.

Nursing and Midwifery Council (2008b) *Statistical Analysis of the Register 1 April 2007 to 31 March 2008*. London: NMC.

Nursing and Midwifery Council (2008c) *The Code: Standards of conduct, performance and ethics for nurses and midwives*. London: NMC.

Nursing and Midwifery Council (2010a) *Standards for pre-registration nursing education: Draft for consultation*. London: NMC.

Nursing and Midwifery Council (2010b) *Good health and good character: guidance for approved education institutions*. London: NMC.

Nursing and Midwifery Council (2011) *The PREP handbook*. London: NMC

Nursing and Midwifery Council (2013a) *NMC response to the Francis report: the response of the Nursing and Midwifery Council to the Mid Staffordshire NHS Foundation Trust Inquiry report*. London: NMC.

Nursing and Midwifery Council (2013b) *Raising concerns: Guidance for nurses and midwives*. London: NMC.

Nursing and Midwifery Council (2014) *Consultation on a draft revised Code and our proposed approach to revalidation*. London: NMC.

Nursing and Midwifery Council (2015a) *The Code: Professional standards of practice and behaviour for nurses and midwives*. London: NMC.

Nursing and Midwifery Council (2015b) *Revalidation*. Available at: <http://www.nmc.org.uk/standards/revalidation/> (Accessed 15 June 2015).



O'Connor, A., Hyde, A. and Treacy, M. (2003) 'Nurse Teachers' Constructions of Reflection and Reflective Practice', *Reflective Practice*, 4 (2), pp. 107- 119.

Olesen, V. (1994) 'Feminism and models of qualitative research', in Denzin, N.K. and Lincoln, Y.S (eds.) *Handbook of Qualitative Research*. California: Sage, pp. 158- 174.

O'Reilly, D., Cunningham, L. and Lester, S. (1999) *Developing the capable practitioner*. London: Kogan Page.

Osterman, K.E. (1990) 'Reflective practice. A new agenda for education', *Education and Urban Society*, 22 (2), pp. 133- 152.

Palmer, A.M. Burns, S. and Bulman, C. (1994) *Reflective Practice in Nursing: Growth of the Reflective Practitioner*. Oxford: Blackwell.

Papp, I.; Markkanen, M. and von Bonsdorff, M. (2003) 'Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences', *Nurse Education Today*, 23 (4): pp. 262– 268.

Parahoo, K. (1997) *Nursing Research: Principles, Process and Issues*. Hampshire: Palgrave Macmillan.

Parish, C. (2013) 'Reflection in action', *Mental Health Practice*, 16 (9), pp. 3.

Pegman, A. (2001) 'What is case study research?', *Nurse Researcher*, 7 (2), pp. 12- 17.

Piaget, J. (1971) *Structuralism*. London: Routledge and Kegan Paul.

Pierson, W. (1998) 'Reflection and nursing education', *Journal of Advanced Nursing*, 27, pp. 165- 170.

Plowright, D. (2011) *Using Mixed Methods: Frameworks for an Integrated Methodology*. London: Sage.

Plummer, K. (2001) *The moral and human face of life stories: reflexivity, power and ethics, in his Documents of Life – 2*. London: Sage.

Polit, D.F. and Beck, C.T (2004) *Nursing Research: Principles and Methods*. 7<sup>th</sup> edn. Philadelphia: Lippincott Williams and Wilkins.

Polit, D.F. and Hungler, B.P. (1999) *Nursing Research, Principles and Methods*. 6<sup>th</sup> edn. Philadelphia: Lippincott Company.

Powell, J. (1989) 'The reflective practitioner in nursing', *Journal of Advanced Nursing*, 14, pp. 824- 832.

Price, B. and Harrington, A. (2010) *Critical Thinking and Writing for Nursing Students*. Learning Matters: Exeter.

Punch, K. F. (2009) *Introduction to Research Methods in Education*. London: Sage Publications.

Quinn, F.M. (2000) *The Principles and Practice of Nurse Education*. Oxford: Nelson Thornes.

Reece Jones, P. (1995) 'Hindsight bias in reflective practice: an empirical investigation', *Journal of Advanced Nursing*, 21, pp. 783- 788.

Reed, J. and Procter, S. (1993) *Nurse Education: A Reflective Approach*. London. Edward Arnold.

Rich, A. and Parker, D. (1995) 'Reflection and critical incident analysis: ethical and moral implications of their use within nursing and midwifery education', *Journal of Advanced Nursing*, 22, pp. 1050- 1057.

Richardson, G. and Maltby, H. (1995) 'Reflection-on-practice: enhancing student learning', *Journal of Advanced Nursing*, 22, pp. 235- 242.

Ritchie, J. and Lewis, J. (2012) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage Publications.

Roberts, J. (1998) *Language teacher education*. London: Arnold.

Rolfe, G. (2002) 'Faking a difference: evidence-based nursing and the illusion of diversity', *Nurse Education Today*, 22 (1), pp. 3- 12.

Rolfe, G. and Gardner, L. (2006) "Do not ask who I am...': confession, emancipation and (self)-management through reflection', *Journal of Nursing Management*, 14, pp. 593- 600.

Rolfe, G., Jasper, M. and Freshwater, D. (2011) *Critical reflection in practice: generating knowledge for care*. 2<sup>nd</sup> edn. Hampshire: Palgrave Macmillan.

Rogers, B.L. and Cowles, K.V. (1993) 'The qualitative research audit trail; a complex collection of documentation', *Research Nursing and Health*, 16, pp. 219- 216.

Rose, Lord (2015) *Better Leadership for tomorrow: NHS Leadership Review*. London: Department of Health.

Roth, Wolff-Michael and Tobin, Kenneth (2002). *At the elbows of another: Learning to teach through coteaching*. New York: Peter Lang.

Royal College of Nursing (RCN) (2002) *Clinical supervision in the workplace: guidance for occupational health nurses*. London: RCN.

Royal College of Nursing (RCN) (2005) *A multiple-case study evaluation of the RCN Clinical Leadership Programme in England*. London: RCN.

Royal College of Nursing (RCN) (2012) *Quality with Compassion: the future of nursing education*. London: RCN.

Royal College of Nursing (RCN) (2015a) *NMC revalidation: what's happening?*  
London: RCN.

Royal College of Nursing (RCN) (2015b) *Nursing shortage is very real*. Available  
at: <http://www.rcn.org.uk/newsevents/news/article/uk/nursing-shortage-is-very-real-rcn-tells-migration-advisory-committee> (Accessed 6 July 2015).

Sandelowski, M. (1993) 'Rigour or Rigor mortis: The problem of rigor in qualitative  
research revisited', *Advances in Nursing Science*, 16, (2), pp. 1- 8.

Saylor, C. R. (1990) *Reflection and Professional Education: Art Science and  
Competency*. London: Falmer Press.

Scanlan, J. M., Care, W. D., Udod, S. (2002) 'Unravelling the unknowns of  
reflection in classroom teaching', *Journal of Advanced Nursing*, 38 (2), pp. 136-  
143.

Schön, D.A. (1987) *Educating the Reflective Practitioner*. California: Jossey-Bass  
Inc.

Scottish Government (2013) *Patient Safety*. Available at:  
<http://news.scotland.gov.uk/News/Patient-safety-652.aspx>. (Accessed 20  
October 2016).

Seale, C. (1999) *The Quality of Qualitative Research*. Oxford: Blackwell.

Sellman, D. and Snelling, P. (2010) *Becoming a Nurse: A Textbook for  
Professional Practice*. Essex: Pearson.

Silverman, D. (2010) *Doing Qualitative Research*. 3<sup>rd</sup> edn. London: Sage Publications.

Smith, K. and Lev-Ari, L. (2005) 'The place of the practicum in pre-service teacher education: the voice of the students', *Asia Pacific Journal of Teacher Education*, 33 (3), pp. 289- 302.

Somerville, D. and Keeling, J. (2004) 'A practical approach to promote reflective practice within nursing', *Nursing Times*, 100, pp. 42- 45.

Spencer, N. Newell, R. [1999] 'The use of brief educational material to promote reflection amongst trained nurses', *Nurse Education Today*, 19, pp. 347- 356.

Strauss, A.L. and Corbin, J. (1998) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. 2<sup>nd</sup> edn. California: Sage.

Stake, R.E. (1981) 'Case study methodology: An Epistemological Advocacy', in: W.W. Welsh (ed.) *Case Study Methodology in Educational Evaluation*. Proceedings of the 1981 Minnesota Evaluation Conference. Minneapolis: Research and Evaluation Centre.

Stenhouse, L. (1979) 'Case study in comparative education: particularity and Generalization', *Comparative Education*, 15, pp. 5- 10.

Taylor, B.J. (2010) *Reflective Practice for Healthcare Professionals*. Berkshire: Open University Press.

Tellis, W. (1997) Application of Case Study Methodology. *The Qualitative Report*, 3(3). Available at: <http://www.nova.edu/ssss/QR/QR3-3/tellis2.html> (Accessed 14 August 2010).

The Complete University Guide (2015) *University Subject Tables: Nursing*. Available at: <http://www.thecompleteuniversityguide.co.uk/league-tables/rankings?s=nursing> (Accessed 18 October 2015).

The Telegraph (2015) *Number of foreign nurses coming to UK doubled in three years as NHS poaches workers from abroad*. Available at: <http://www.telegraph.co.uk/news/health/news/10376026/Number-of-foreign-nurses-coming-to-UK-doubled-in-three-years-as-NHS-poaches-workers-from-abroad.html> (Accessed 15 June 2015).

Thompson, C. and Dowding, D. (2009) *Essential Decision Making and Clinical Judgement for Nurses*. London: Churchill Livingstone.

Thompson S. and Thompson N. (2008) *The Critically Reflective Practitioner*. Basingstoke: Palgrave Macmillan.

Thomson, P. and Walker, M. (2010) *The Routledge Doctoral Students' Companion: getting to grips with research in Education and the Social Sciences*. Oxon: Routledge.

United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) (1986) *Project 2000: A New Preparation for Practice*. London: UKCC.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1994) *The Future of Professional Practice: The Council's standard for education and practice following registration*. London: UKCC.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1999) *Fitness for Practice: The UKCC Commission for Nursing and Midwifery Education*. London: UKCC.

Valli, L. (1990) 'Teaching as a Moral Reflection: Thoughts on the Liberal Preparation of Teachers', *Proceedings of the National Forum of the association of Independent Liberal Arts Colleges for Teacher Education*, pp.14– 29.

Van Manen, M. (1977) 'Linking ways of knowing with ways of being practical', *Curriculum Inquiry*, 6 (31), pp. 205- 228.

Walker, S. (1996)' Reflective practice in the accident and emergency setting', *Accident and Emergency Nursing*, 4, pp. 27- 30.

Warne, T. and McAndrew, S. (2004) *Using Patient Experience in Nurse Education*. Hampshire: Palgrave.

Wenger, E. (1998) *Communities of practice: learning, meaning, and identity*. UK: Cambridge University Press.

Willis Commission on Nursing Education (2012) *Quality with compassion: the future of nursing education*. London: Published by the Royal College of Nursing on behalf of the independent Willis Commission.



Wilkinson, J. (1999) 'Implementing Reflective Practice', *Nursing Standard*, 13, pp. 36- 40.

Wisker, G. (2008) *The Postgraduate Research Handbook*. 2<sup>nd</sup> edn. Hampshire: Palgrave Macmillan.

White, S., Fook, J. and Gardner, F. (2008) *Critical Reflection in Health and Social Care*. Berkshire: Open University Press.

Wong, F.K.Y., Kember, D., Chung, L.Y.F. and Yan, L. (1995) 'Assessing the levels of student reflection from reflective journals', *Journal of Advanced Nursing*, 22, pp. 48- 57.

Wong, K.Y. Lake, A.Y. Wang, M. Tse, H. Kan, E. Kember, D. (1997) 'An Action Research Study into the Development of Nurses as Reflective Practitioners', *Journal of Nursing Education*, 36 (10), pp. 476- 481.

Woolgar, S. (1988) *Knowledge and Reflexivity: New Frontiers in the Sociology of knowledge*. Beverly Hills and London: Sage.

Yin, R.K. (2009) *Case Study Research: Design and Methods*. 4<sup>th</sup> edn. California: Sage.

Yin, R.K. (2014) *Case Study Research: Design and Methods*. 5<sup>th</sup> edn. California: Sage.

Zwozdiak-Myers, P. (2012) *The Teacher's Reflective Practice Handbook*. Oxon: Routledge.

# APPENDICES

## **APPENDIX 1: NMC Standards to support learning and assessment in practice (2008)**

### **2.1 NMC Mentor Standard**

An NMC mentor is a registrant who, following successful completion of an NMC approved mentor preparation programme – or comparable preparation that has been accredited by an AEI as meeting the NMC mentor requirements – has achieved the knowledge, skills and competence required to meet the defined outcomes.

A mentor is a mandatory requirement for pre-registration nursing and midwifery students.

Mentors who are assessing competence must have met the NMC outcomes defined in stage 2 of this standard, or be supervised by a mentor who has met these outcomes. Those who sign off proficiency must have met the additional criteria to be a sign-off mentor (see section 2.1.3). All midwife mentors must have met the additional criteria to be a sign-off mentor.

Once mentors have been entered on the local register (normally held by placement providers) they are subject to triennial review (see Roles to support learning and assessment in practice in the introduction).

Mentors are responsible and accountable for:

- Organising and co-ordinating student learning activities in practice.
- Supervising students in learning situations and providing them with constructive feedback on their achievements.
- Setting and monitoring achievement of realistic learning objectives.
- Assessing total performance – including skills, attitudes and behaviours.
- Providing evidence as required by programme providers of student achievement or lack of achievement.
- Liaising with others (e.g. mentors, sign-off mentors, practice facilitators, practice teachers, personal tutors, programme leaders)

to provide feedback, identify any concerns about the student's performance and agree action as appropriate.

- Providing evidence for, or acting as, sign-off mentors with regard to making decisions about achievement of proficiency at the end of a programme.

### **2.1.1 Criteria for supporting learning and assessing in practice – mentors**

Nurses and midwives who intend to take on the role of mentor must fulfil the following criteria:

- Be registered in the same part or sub-part of the register as the student they are to assess and for the nurses' part of the register be in the same field of practice (adult, mental health, learning disability or children's). See Circular 26/2007 for further information (Annexe 3).
- Have developed their own knowledge, skills and competence beyond registration i.e. been registered for at least one year.
- Have successfully completed an NMC approved mentor preparation programme (or a comparable programme which has been accredited by an AEI as meeting the NMC mentor requirements).
- Have the ability to select, support and assess a range of learning opportunities in their area of practice for students undertaking NMC approved programmes.
- Be able to support learning in an interprofessional environment – selecting and supporting a range of learning opportunities for students from other professions.
- Have the ability to contribute to the assessment of other professionals under the supervision of an experienced assessor from that profession.
- Be able to make judgements about competence/proficiency of NMC students on the same part of the register, and in the same field of practice, and be accountable for such decisions.

- Be able to support other nurses and midwives in meeting CPD needs in accordance with the Code: Standards for conduct, performance and ethics for nurses and midwives (NMC 2008).

### **2.1.2 Competence and outcomes for a mentor**

Mentor competencies are achieved by successful completion of an NMC approved mentor preparation programme that achieves all of the outcomes of stage 2. These outcomes are as follows:

#### **Establishing effective working relationships**

- Demonstrate an understanding of factors that influence how students integrate into practice settings.
- Provide ongoing and constructive support to facilitate transition from one learning environment to another.
- Have effective professional and interprofessional working relationships to support learning for entry to the register.

#### **Facilitation of learning**

- Use knowledge of the student's stage of learning to select appropriate learning opportunities to meet individual needs.
- Facilitate the selection of appropriate learning strategies to integrate learning from practice and academic experiences.
- Support students in critically reflecting upon their learning experiences in order to enhance future learning.

#### **Assessment and accountability**

- Foster professional growth, personal development and accountability through support of students in practice.
- Demonstrate a breadth of understanding of assessment strategies and the ability to contribute to the total assessment process as part of the teaching team.
- Provide constructive feedback to students and assist them in identifying future learning needs and actions. Manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future.

- Be accountable for confirming that students have met, or not met, the NMC competencies in practice. As a sign-off mentor confirm that students have met, or not met, the NMC standards of proficiency in practice and are capable of safe and effective practice.

### **Evaluation of learning**

- Contribute to evaluation of student learning and assessment experiences – proposing aspects for change resulting from such evaluation.
- Participate in self and peer evaluation to facilitate personal development, and contribute to the development of others.

### **Creating an environment for learning**

- Support students to identify both learning needs and experiences that are appropriate to their level of learning.
- Use a range of learning experiences, involving patients, clients, carers and the professional team, to meet defined learning needs.
- Identify aspects of the learning environment which could be enhanced – negotiating with others to make appropriate changes.
- Act as a resource to facilitate personal and professional development of others.

### **Context of practice**

- Contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated.
- Set and maintain professional boundaries that are sufficiently flexible for providing interprofessional care.
- Initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained.

### **Evidence-based practice**

- Identify and apply research and evidence-based practice to their area of practice.
- Contribute to strategies to increase or review the evidence-base used to support practice.

- Support students in applying an evidence base to their own practice.

### **Leadership**

- Plan a series of learning experiences that will meet students defined learning needs.
- Be an advocate for students to support them accessing learning opportunities that meet their individual needs – involving a range of other professionals, patients, clients and carers.
- Prioritise work to accommodate support of students within their practice roles.
- Provide feedback about the effectiveness of learning and assessment in practice.

### **2.1.3 Criteria for a sign-off mentor**

Underpinned by principle A which states that:

**Nurses and midwives who make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter.**

Only sign-off mentors and practice teachers that are on the same part of the register and in the same field of practice may confirm that students have met the relevant standards of proficiency for the particular programme leading to registration or a qualification that is recordable on the NMC register.

Placement providers must ensure that a nurse or midwife designated to sign-off proficiency for a particular student at the end of a programme is:

- Identified on the local register as a sign-off mentor or a practice teacher.
- Registered on the same part of the register.
- Working in the same field of practice as that in which the student intends to qualify.

And additionally to be a sign-off mentor they must have:

- Clinical currency and capability in the field in which the student is being assessed.

- A working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing.
- An understanding of the NMC registration requirements and the contribution they make to the achievement of these requirements.
- An in-depth understanding of their accountability to the NMC for the decision they must make to pass or fail a student when assessing proficiency requirements at the end of a programme.
- Been supervised on at least three occasions for signing off proficiency by an existing sign-off mentor
- A working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing.
- The achievement of these requirements.
- An understanding of the NMC registration requirements and the contribution they make to meeting these requirements.
- An in-depth understanding of their accountability to the NMC for the decision they make to pass or fail a student when assessing proficiency requirements at the end of a programme.



## **2.3 NMC teacher standard**

An NMC teacher is an NMC registrant who, following successful completion of an NMC approved teacher preparation programme, has achieved the knowledge, skills and competence required to meet the NMC defined outcomes of stage 4 of the developmental framework.

The NMC teacher standard is mandatory for those nurses and midwives based in higher education who support learning and assessment in practice settings for students on NMC approved programmes. The NMC recognises that some academic teachers will not be nurses or midwives, but will instead have specialist knowledge and expertise that contributes to professional education. The NMC will, through its quality assurance processes, verify that the majority of teachers who make a major contribution to NMC approved programmes hold, or are working towards, a teaching qualification that meets the outcomes of stage 4 of the developmental framework.

### **NMC teachers are responsible for:**

- Organising and co-ordinating learning activities in both academic and practice environments.
- Supervising students in learning situations and providing them with constructive feedback on their achievements.
- Setting and monitoring achievement of realistic learning objectives in theory and practice.
- Assessing performance and providing evidence as required of student achievement.

Their teaching role will be supported by appropriate professional and academic qualifications and ongoing research, education and / or practice development activity to provide an evidence base for their teaching. Only teachers who work in both practice and academic settings e.g. lecturer practitioners may assess practice.

### **2.3.1 Criteria for supporting learning and assessing in practice – teachers**

Nurses and midwives who intend to take on the role of teacher must fulfil the following criteria:

- Be registered in the same part or sub-part of the register as the students they support.
- Have completed at least three years post-registration experience, gained additional professional knowledge and skills, and have

experience in an area where students are gaining practice experience relevant to their registration.

- Have extended their professional knowledge, relevant to their field of practice, to at least first degree level, prior to undertaking an NMC approved post-graduate teacher preparation programme.
- Have the abilities to lead programme development and co-ordinate the work of others in delivering and assessing programmes of learning in practice and academic settings – supporting a wide range of students.
- Able to support interprofessional learning and working, selecting and supporting a range of learning opportunities for students from all professions, and supporting practice development.
- Have the ability to generate and use cross-professional assessment criteria, supervising mentors, practice teachers and teachers from other professions in the implementation of such criteria.
- Able to teach and assess in both practice and academic settings, contributing to decisions about fitness for practice of NMC students for both registration and qualifications at a level beyond initial registration – and be accountable to the NMC for such decisions.
- Able to provide leadership in education in both practice and academic settings, e.g. nurse/midwife consultant roles, clinical academic roles, programme leader, etc.

### **2.3.2 Competence and outcomes for a teacher**

The competencies of a teacher are achieved by successful completion of an NMC approved teacher preparation programme achieving all of the outcomes of stage 4 of the developmental framework. This preparation programme must have included, as part of the overall programme, a period of assessed teaching activity to include experience in both academic and practice settings, at least equivalent to a minimum of 12 weeks (or 360 hours), with students studying an NMC approved programme.

#### **The competencies of a teacher are:**

- Demonstrate effective relationship building skills sufficient to support learning, as part of a wider interprofessional team, for a

range of students in both practice and academic learning environments and supporting mentors and practice teachers.

- Facilitate learning for a range of students, within a particular area of practice and where appropriate, encourage self-management of learning opportunities and provide support to maximise individual potential.
- Assess learning, in order to make judgements related to the NMC standards of proficiency for entry to the register or, for recording a qualification at a level beyond initial registration, being the final point of accountability for 'fitness for practice' decisions.
- Determine strategies for evaluating learning in practice and academic settings to ensure that the NMC standards of proficiency for recording a qualification at a level beyond initial registration have been met.
- Create an environment for learning, where practice is valued and developed, that provides appropriate professional and interprofessional learning opportunities and support for learning to maximise achievement for individuals.
- Support learning within a context of practice that reflects healthcare and educational policies, managing change to ensure that particular professional needs are met within a learning environment that also supports practice development.
- Apply a knowledge and practice evidence-base to their own work and contribute to the further development of such an evidence-base for practice.
- Demonstrate leadership skills for education within practice and academic settings.

### **Establishing effective working relationships**

- Demonstrate effective relationships with other members of the teaching teams, in practice and academic settings, based on mutual trust and respect.
- Maintain appropriate supportive relationships with a range of students, mentors, practice teachers and other professionals.

- Foster peer support and learning in practice and academic settings for all students.
- Support students to integrate into new environments and working teams to enhance access to learning.
- Promote development of enquiring, reflective, critical and innovative approaches to learning.

### **Facilitation of learning**

- Implement a range of learning and teaching strategies across a wide range of settings.
- Provide support and advice, with ongoing and constructive feedback to students, to maximise individual potential.
- Co-ordinate learning within an interprofessional learning and working environment.
- Facilitate integration of learning from practice and academic settings.
- Act as a practice expert to support development of knowledge and skills for practice.

### **Assessment and accountability**

- Set and maintain professional boundaries that are sufficiently flexible for interprofessional learning.
- Develop, with others, effective assessment strategies to ensure that standards of proficiency for registration, or recordable qualifications at a level beyond initial registration, are met.
- Support others involved in the assessment process – students, mentors and peers.
- Provide constructive feedback to students and assist them in identifying future learning needs and actions, managing failing students so that they may either enhance their performance and capabilities for safe and effective practice, or be able to understand their failure and the implications of this for their future.
- Be accountable for their decisions related to fitness for practice for registration or recordable qualifications – underpinning such

decisions with an evidence-base derived from appropriate and effective monitoring of performance.

### **Evaluation of learning**

- Determine and use criteria for evaluating the effectiveness of learning environments – acting on findings, with others, to enhance quality.
- Foster and participate in self and peer evaluation to enable students to manage their own learning in practice and academic settings and to enhance personal professional development.
- Evaluate the effectiveness of assessment strategies in providing evidence to make judgements on fitness for practice.
- Report on the quality of practice and academic learning environments to demonstrate that NMC requirements have been met, particularly in relation to support of students and achievement of standards of proficiency.

### **Creating an environment for learning**

- Develop, in partnership with others, opportunities for students to identify and access learning experiences that meet their individual needs.
- Ensure such opportunities maintain the integrity of the student's professional role whilst responding to the interprofessional context of practice.
- Determine, with others, audit criteria against which learning environments may be judged for their effectiveness in meeting NMC requirements.
- Support and develop others involved to ensure that learning needs are effectively met in a safe environment.
- Explore and implement strategies for continuous quality improvement of the learning environment.

### **Context of practice**

- Support students in identifying ways in which policy impacts on practice.

- Contribute effectively to processes of change and innovation – implementing new ways of working that maintain the integrity of professional roles.
- Negotiate ways of providing support to students so that they can achieve their learning needs within the context of professional and interprofessional practice.
- Act as a role model to enable students to learn professional responsibilities and how to be accountable for their own practice.
- Adapt to change, demonstrating to students how flexibility may be incorporated whilst maintaining safe and effective practice.

### **Evidence-based practice**

- Advance their own knowledge and practice abilities through access to, and involvement in – where appropriate – research and practice development.
- Consider how evidence-based practice, involving patients, clients, carers and other members of the health and social care team, enhances care delivery and learning opportunities.
- Empower individuals, groups and organisations to develop the evidence-base for practice.
- Disseminate findings from research and practice development to enhance the quality of learning, care delivery and academic environments.

### **Leadership**

- Demonstrate effective communication skills to facilitate delivery of educational programmes that lead to registration or a recordable qualification.
- Initiate and lead programme development and review processes to enhance quality and effectiveness.
- Develop effective relationships with practice and academic staff, who are involved in programme delivery, to ensure clarity of contribution and strategies to respond to evaluation of learning experiences.
- Demonstrate strategic vision for practice and academic development relevant to meeting NMC requirements.

- Manage competing demands to ensure effectiveness of learning experiences for students.
- Lead, contribute to, analyse and act on the findings of evaluation of learning and assessment to develop programmes.
- Provide feedback about the effectiveness of learning and assessment in practice.

## APPENDIX 2

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12 January 2012

Melaine Coward  
**Via Email Only**

Dear Melaine,

**Re: 'An enquiry into nurse educators' beliefs, understandings and approaches to teaching the concepts of reflection to adult student nurses in UK Higher Education Institutes teaching nursing.'**

Thank you for submitting your application for research ethics review concerning your project above.

The application and the accompanying material have been fully reviewed, and we can confirm that the project satisfies all requirements on ethical grounds. The application is therefore fully approved.

We would like to wish you success with your research.

Yours sincerely,

Kim Plumpton  
Faculty Research Administrator  
Faculty of Arts and Social Sciences  
Kingston University





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DATE

Dear XXXX

I am approaching you in your capacity as the lead for professional preparatory nurse education programmes in your organisation. I am currently working as Head of Programmes for CPD and Postgraduate Education in Health and Social Care at the University of Surrey. I am also enrolled on the Doctorate of Education programme at Kingston University.

My research proposal has been submitted alongside with ethics approval (a copy of the successful approval is enclosed). The aim of my intended research is to:

- Establish what the approaches to teaching reflection are within professional preparatory nursing programmes;
- Explore the intentions of teaching that is centred around reflection from the view of the nurse teacher;
- To consider the objectives of the written curriculum in relation to the actual delivered curriculum regarding reflection.

In conducting this research I anticipate that I will be able to:

- Enhance the profile of reflection for nurses educators;
- Contribute to the limited amount of empirical material on reflection in nursing practice and nurse education;

- Inform curriculum methods and delivery of reflection in nurse education at a local and national level.

In order to conduct this project I am looking for similar organisations to my own where I can undertake interviews with staff and examine documentation relevant to this project. The content of the interviews and sharing of documentation would remain confidential and would not be published or shared with any other parties without seeking further consent.

I intend to interview 3 nurse educators who meet the following criteria:

- Teaching year 1 nursing students
- Having links to supporting students in practice (lecturer / practitioner; link lecturer role)
- Teaching reflection for at least 2 years

I would be grateful if you could give me an initial indication of your department's willingness to participate via email response so that I can then give you further detail of what I hope to explore in your department. Please do not hesitate to contact me should you require any further information. I look forward to hearing from you.

Yours sincerely



Melaine Coward

Head of Programmes

Continuing Professional Development and Postgraduate Education

**APPENDIX 3** : Email (copy) disseminated across the UK from local Strategic health Authority Education Commissioner

Hope all is well with you

I have an HEI colleague undertaking a doctorate and is looking to interview nurse educators in other HEIs. Would this be something your university colleagues may be interested in? Please see details below for more info.

Kind regards

XXXX

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**From:** M.Coward@surrey.ac.uk[mailto:M.Coward@surrey.ac.uk]  
**Sent:** 07 May 2012 11:20  
**To:** XXXX  
**Cc:** M.Coward@surrey.ac.uk  
**Subject:** Research enquiry regarding reflection in nurse education

Hi XXXX

as discussed, really grateful if you could forward the message below to any of your HE colleagues. I have ethics approval from Kingston University which I can of course forward should they wish to know more.

Thanks for your help with this!

Best wishes

M

Dear Colleague

I am undertaking research as part of an Education Doctorate. The title of my research is;

**“An enquiry into nurse educators’ beliefs, understandings and approaches to teaching the concepts of reflection to adult student nurses in UK Higher Education Institutes teaching nursing.”**

The aim of this research is to:

- Establish what the approaches to teaching reflection are within professional preparatory nursing programmes;
- Explore the intentions of teaching that is centred around reflection from the view of the nurse teacher;
- To consider the objectives of the written curriculum in relation to the actual delivered curriculum regarding reflection.

In order to conduct this project I am looking for similar organisations to my own where I can undertake interviews with staff and examine documentation relevant to this project. The content of the interviews and sharing of documentation would remain confidential and would not be published or shared with any other parties without seeking further consent.

I would like to interview 2-3 nurse educators who have been teaching year 1 nursing students, have links to supporting students in practice (lecturer /

practitioner; link lecturer role) and have been teaching reflection for at least 2 years.

If you are interested in taking part or want to find out more please do not hesitate to contact me on this email or by telephone on: 01483 686712

Many thanks

*Melaine*

Melaine Coward

Head of Programmes - CPD and Postgraduate Education

01483 686712

#### **APPENDIX 4:** Schedule for semi-structured interviews

- Can you tell me at what point reflection is introduced into the PPP programmes in your experience?
- How is reflection introduced – could you give me some examples of approaches or content that might be used?
- What about models – are they addressed / advocated / recommended?
- Could you explain to me how this progresses through the next 2 years of the programme?
- Is there any change or addition to the learning / teaching that takes place?
- What do you believe the intention of reflection is in nurse education (in terms of ; learning / teaching / assessment)
- In your own opinion what theoretical aspects are of importance when teaching or helping students learning about reflection?
- Is there a need for you to link this to their practice experiences?
- On a final note, what are your own beliefs of the purpose of reflection in terms of both education and clinical practice?

**APPENDIX 5: Commentary on participants in the study**

Case	Participant	Gender	Field of Nursing	Job Title	Clinical Background	Current Academic Study	Detail
Case 1	Participant 1	Female	Adult	Clinical Education Facilitator	Accident and Emergency	Undertaking MSc	Viewed herself strongly as a clinician. Referred to 'academic' colleagues in a derogatory manner excluding them as useful to students due to their lack of recent clinical experience.
	Participant 2	Female	Adult	Senior Lecturer	Surgical Ward Sister	Undertaking PhD	Lead for research in undergraduate programmes. No longer in practice but keen to develop nurses through education.

Case	Participant	Gender	Field of Nursing	Job Title	Clinical Background	Current Academic Study	Detail
Case 2	Participant 3	Female	Adult	Lecturer	Accident and Emergency	Nil	Lead for clinical decision making teaching in all programmes of study. Also taught mentor module at another university. Keen to explore alternative and creative approaches to reflection in nurse education to enhance professional knowledge acquisition.
	Participant 4	Female	Adult	Senior Lecturer	District Nurse	Undertaking PhD	Programme Lead for adult nursing. Own PhD relates to professional knowledge acquisition for the student in the clinical setting.

Case	Participant	Gender	Field of Nursing	Job Title	Clinical Background	Current Academic Study	Detail
Case 3	Participant 5	Male	Adult, Mental Health	Senior Lecturer	Mental Health acute unit	Undertaking PhD	Dual qualified, passionate about clinical supervision in nursing. Own PhD relates to how clinical supervision supports learners to establish themselves as mental health nurses.
	Participant 6	Male	Adult, Mental Health	Senior Lecturer	Safeguarding Lead for children	Undertaking PhD	Extremely passionate, demonstrated great emotion in the interview regarding the importance of reflection. Theme lead for reflection within the School of Nursing.