A discussion of the strengths and weaknesses of 'reflection' in nursing practice and education

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Summary

• This paper begins by exploring the principles underpinning 'reflective practice'.

• The impact of reflection on the nursing profession is discussed, with particular attention being paid to nursing education.

• The value of reflective practice in nursing has been subject to considerable debate. This paper reviews both the claimed strengths and shortcomings of 'reflection', particularly in relation to the use of reflective material in the assessment of students.

Keywords: educational assessment, nursing education, nursing practice, reflective practice.

Introduction

This paper begins with an exploration of the principles which underpin reflection. Following this, the extent to which the principles of reflective practice have been embraced by the nursing profession is investigated and discussed. In exploring the impact of reflective practice on nursing education, I concentrate on two distinct areas. Firstly, I examine how the idea of reflective practice has influenced the development of course curricula and course content. Secondly, I investigate how strategies used to assess students of nursing are making increasing use of accounts of reflection-on-practice.

In writing this paper, I am interested in exploring not only the putative benefits of reflective practice, but also the possible problems and weaknesses. Having acknowledged the difficulties which may be associated with the idea of reflection, I conclude with some suggestions for education and practice in nursing.

The principles of reflective practice

Newell has pointed out that the core idea underpinning reflective practice, namely that humans have the capacity to consider, in an introspective manner, the activities they engage in and then moderate their future activities, is 'as old as religion or the idea of personhood' (Newell, 1994, p79). The idea of reflection as a component of professional practice, however, has a more recent history. Particularly important in this respect has been the work of Schön and colleagues (see for example: Schön, 1987, 1991). As Jarvis, 1992 has pointed out, Schön's celebrated *The reflective practitioner*, which was first published in 1983, was not the first book to talk about 'reflection', with others such as Dewey (1933), Freire (1972), Habermas (1972) and Mezirow (1981) all contributing first. However, as Jarvis also observed, in the time since the first appearance of Schön's work the idea of the reflective practitioner in the

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professions has become a recurring theme, or even, possibly, a bandwagon.

At the heart of Schön's work on reflection lies a critique of 'technical rationality'. Technical rationality, Schön observed, assumes that professionals make decisions and solve problems through 'the application of scientific theory and technique' (Schön, 1991, p21). Technical rationality holds that professionals possess specific, scientific and standardized knowledge. A first component of this professional knowledge is basic science, which for a 'major' profession such as medicine might include such knowledge as anatomy and physiology. From this basic science is derived applied science, which is the knowledge guiding the everyday work of professionals. Finally, in the technical rational model of practice, professionals are held to possess specific skills and attitudes, which are related to the process of providing services to individuals and the community (Schön, 1991).

In Schön's view, the dominance of technical rationality in the Western world related to the rise to prominence, over some 300 years, of scientific and technological explanations for the workings of the world. The decline of religion, superstition, and 'pseudoknowledge', and their replacement with ideas founded on positivistic science, were, in Schön's view, essential in creating the conditions for the rise of technical rationality (Schön, 1991). Associated with the emergence of this perspective was a decline in the status accorded to activities which could not clearly be shown to be based on empirical science. Thus, as Schön put it, '…craft and artistry had no lasting place in rigorous practical knowledge' (Schön, 1991, p34).

Having made these observations, Schön then argued that technical rationality was not able to account for much of what professionals do. The problems professionals attempt to solve, for example, are rarely abstract or clear-cut. Problems occur in particular settings, and solutions therefore are found only in the specific contexts in which problems are framed. In a well-known passage, Schön wrote that:

> In the varied topography of professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing 'messes' incapable of technical solution…in the swamp are the problems of greatest human concern. (Schön, 1991, p42)

Therefore, rather than base their decision-making and problem-solving on the application of empirical science, Schön argued that those professionals who enter into the 'swampy lowlands' invariably use trial-and-error and 'gut feeling'. In dealing with situations characterized by uncertainty and uniqueness – in other words, situations where formalized, positivistic knowledge may be of limited practical utility – Schön suggested that professionals *reflect*. By reflecting-in-action, practitioners use a form of tacit knowledge, in which the 'science' or 'theory' informing activity is embedded in the activity itself. As such, Schön observed, reflective professionals may have great difficulty in articulating the rationale for what they do. To illustrate this Schön compared the work of reflective practitioners with the music created by improvising jazz musicians. Both have a 'feel', and both are able to adjust their activities in the light of their constant appraisal and re-appraisal of what they are doing.

The impact of reflection on nursing practice

It is not possible, I think, to overstate the degree to which the nursing profession has seized on Schön's ideas, and on the idea of reflective practice in general. The idea of reflective practice was, for example, written into UK-wide documents supporting the development of diploma-level Project 2000 pre-registration nursing education (United Kingdom Central Council for Nursing Midwifery & Health Visiting (UKCC), 1986). The recent *Fitness for Practice* report on the initial education of nurses reaffirmed support for the idea of the reflective practitioner, declaring that students should be able to 'demonstrate critical awareness and reflective practice' (United Kingdom Central Council for Nursing Midwifery & Health Visiting (UKCC), 1999, p38). A preliminary search at the beginning of May 2000 of the on-line database of the English National Board for Nursing, Midwifery and Health Visiting (ENB) (http://www.enb.org.uk/hcd.htm), furthermore, located 355 articles associated with the key phrase 'reflective practice'.

In their review of the literature on reflection, Atkins & Murphy (1993) note that those who have written about 'reflection' have tended, in general, not to be particularly clear about their definitions of 'reflection' or the processes involved in engaging in it. At its simplest, 'reflection' in the context of nursing has been described as thoughtful, innovative and critical practice (Pierson, 1998). Jarvis (1992), however, has distinguished 'reflective practice' from mere 'thoughtful practice', suggesting that the reflective practitioner is one who is able to 'problematize many situations of professional performance so that they can become potential learning situations' (p180). This emphasis on the *learning* associated with reflection is an important one, and is certainly part of the rationale behind the incorporation of reflection into nursing education programmes. Johns (1994a), for example, encourages

practitioners to work through a series of reflective 'cues', the last of which is concerned with personal learning. Learning through reflection is also the thread which unites the various contributions to the edited volume of Boud *et al.* (1985).

Johns' work provides a good practical example of an approach to reflection-on-action (or reflection-on-practice). Reflection-on-action, which takes place *after* an event, serves as a 'cognitive postmortem' (Greenwood, 1993a, p2001), in which the practitioner revisits an experience with the intention of exploring, and learning from, an activity. Reflection-on-action is particularly significant in the context of the formal assessment of students of nursing. As I will explore later, assessment of students often occurs on the basis of reported examples of clinical practice and the evidence of reflection that accompanies this.

Considerable claims have been made about the benefits, for nursing, of reflection both in and on practice. For Johns (1996), guided reflection is a way of 'realizing' caring, and is a route towards more effective practice. Atkins & Murphy (1993) argue that reflection is an essential part of professional education and development. Though critical of those who have attempted to 'mechanise' the processes involved in reflecting, Richardson (1995) argues that reflection offers a path towards a humanizing, person-centred approach to care. Reflection-on-action has also been described as an essential component of clinical supervision (Marrow *et al.*, 1997; Scanlon & Weir, 1997).

The impact of reflection on nursing education

The claim that reflection is a vehicle for learning has led many nurse educators to develop an interest in reflective practice. This interest has been demonstrated in a number of ways. Firstly, the idea of developing reflective practitioners is often written into course curricula. Correspondingly, there has been a growing interest in integrating reflective activities into courses. Secondly, there is also evidence that examples of reflection-on-practice are used in the formal assessment of students' progress towards nursing qualifications.

Strategies designed to promote the reflective abilities of students have included use of the critical incident technique. First described by Flanagan (1954) in his work with war veterans, the critical incident technique involves the identification of behaviours deemed to have been either particularly helpful, or particularly unhelpful, in a given situation. The critical incident technique has been influential in nursing, not only in terms of its contribution to promoting reflective practice, but also as a research method (see for example: Cormack, 1983; Norman *et al.*, 1992). The value of analysing critical incidents in order to develop a reflective approach to practice has been promoted by, amongst others, Minghella & Benson (1995), Parker *et al.* (1995) and Ghaye & Lillyman (1997).

Other strategies for promoting skills in reflection-on-action have included the use of diaries and journals. Burrows (1995), for example, recommends that novice nurses be encouraged to keep a journal in which they record the description of events, and then their affective responses to these events. Burrows recommends that, in the final section of each journal entry, nurses record either the learning which has occurred, give an account of how they would act differently if in a similar situation again, or describe how theory or research underpins the event. Johns (1994b) describes how his model of guided reflection can be used to structure written accounts of reflection-on-action, whilst Heath (1998) offers a practical guide to diary-keeping.

There is also a considerable body of evidence suggesting that many nurse educators require students to produce written reflective material for assessment purposes. For example, on Community Health Studies courses in the School of Nursing and Midwifery Studies, University of Wales College of Medicine (UWCM), students are asked to write five 'significant learning incidents'. Each is required to be an account of a practice-based incident, along with an account of the student's reflection in and on action. Students are also required to link their observations and reflections to literature, and to conclude with a personal development plan which demonstrates how the learning associated with the incident will be consolidated.

A search through the literature located via the ENB on-line database suggests that the School of Nursing and Midwifery Studies at UWCM is far from alone in asking students to produce reflective material for the purposes of assessment. Mountford & Rogers (1996), for example, describe a project in which students were asked to complete reflective accounts of their work alongside the completion of more traditional written assignments. Getliffe (1996) describes the process of facilitating reflection-on-practice sessions with pairs of undergraduate nurses at the University of Surrey. Using a guided model of reflection, these sessions were part of the formative assessment of students' progress in clinical practice. In another example, Dearmun (1997) describes how educators at Oxford Brookes University used reflection, in association with the construction of learning contracts, as a way of summatively assessing students following a children's nursing degree.

Reflection: is it an appropriate strategy for nursing practice and education?

It is clear, therefore, that the idea of reflective practice has come to have a considerable influence on the practice of nursing, and on nursing education. The promotion of reflective practice is often expressed as a part of the core aims and philosophy of education programmes. Courses therefore often include reflection as an item of curriculum content, and often use reflective material produced by students in formal assessment strategies.

In this final section I want to explore some of the potential problems and pitfalls which have been associated with reflective practice, and particularly the potential difficulties associated with the use of reflective material as a tool for assessment.

It is important to acknowledge, in the first instance, that there have been stern criticisms of the manner in which the nursing profession has seized on the idea of reflection. Jarvis (1992), as noted earlier, has suggested that reflective practice has become something of a bandwagon, insofar as it has provided a convenient rationale for professional practice at a time when the professions have been under attack. Burnard (1995a) has commented both on the paucity of empirical studies to have demonstrated the value of reflective practice in nursing, and on the possibility that reflection may yet prove to be a 'passing fad' (Burnard, 1995b, p95).

Newell, like Burnard, has drawn attention to the absence of research into the value of reflection. He has, as a result, suggested that reflective practice compares with other 'pseudosciences' such as Freudian psycho-analysis (Newell, 1994). Newell has also drawn on ideas from cognitive psychology to argue that problems associated with both anxiety and memory make reflec-tion a fundamentally flawed activity (Newell, 1992). Jones (1995) has also used literature from psychology to criticize the idea of the reflective practitioner, arguing that reflection cannot help but be coloured by 'hindsight bias'.

Taking a very different approach, Greenwood (1993b) has taken issue with the theory underpinning the Schönian idea of reflection. Schön, Greenwood notes, proposed that the theories which underpin reflective professional activity are difficult to articulate as they are 'embedded' in the activity itself. Greenwood therefore sees it as inconsistent to attempt to access these embedded theories through verbal means. 'Simply asking' professionals about their practice is likely, in Greenwood's view, to lead to descriptions of 'espoused theory' rather than actual 'theories in use'.

Specific criticisms have been levelled at the manner in which reflection has been incorporated into nursing edu-cation. Rich and Parker (1995), for example, argue that significant problems are associated with the use of the critical incident technique as a means of promoting reflection. What, they ask, should be the obligations of students and academic staff when accounts of unsafe or poor practice are described and reflected on? Rich and Parker give examples of critical incident analyses produced by nursing students at the University of Greenwich which illustrate poor care, inter-professional conflict, the telling of lies, and out-and-out dangerous practice. A lack of preparation for the use of the critical incident technique and lack of support for students and staff are cited in this paper as key issues for nurse educators to address. Mackintosh (1998), similarly, criticizes reflection on ethical grounds. How confidential, she asks, should accounts of reflection-on-practice be if they are written up in journal or diary form? If reflective diary entries remain closed to anyone but the practitioner, then how, she asks, can learning be verified? Mackintosh also questions whether students are likely to write what they *really* did and thought in a given situation, or whether they are actually more likely to write what they believe their tutors want to read. Finally, Mackintosh challenges nurse educators to produce evi-dence that the use of strategies to promote reflection actually produces more competent health care practitioners.

Conclusions and implications for nursing practice and education

Educators who promote reflective practice, and who assess the progress of students using accounts of reflective practice must, I believe, be able to defend their activities in the face of the arguments against reflection. As an educator who has both encouraged a reflective approach to practice and who has assessed reflection-on-practice, my thoughts are as follows. Firstly, following Schön, I believe that many nurses do work, of necessity, in a 'swampy lowland'. For example, community mental health nurses, being the group of practitioners with whose work I am most familiar, often help people with complex problems associated with physical health, psychological health, interpersonal relationships and social well-being. In these situations there may sometimes be a 'high, hard ground' in which knowledge derived from 'traditional' science is useful in the delivery of nursing care. There is some 'high, hard ground' associated with the knowledge that 'high expressed emotion' families are more likely to precipitate relapse in people with schizophrenia, for example. This knowledge includes the idea that certain interventions are

helpful in reducing 'high expressed emotion' and therefore in reducing episodes of illness (see Fadden, 1998 for a discussion). Knowledge such as this is undoubtedly useful in education programmes for community mental health nurses.

There are, however, relatively few clear-cut guides to clinical practice of the type described in this example. Nurses, and not just community mental health nurses, typically encounter difficult problems which are not amenable to off-the-shelf solutions. Thinking on one's feet and acting accordingly are therefore everyday realities of practice. As such, I suggest that Schön's critique of technical rational explanations of practice remains valid. Countering Greenwood (1993b), reflection-on-action need not *only* involve 'simply asking' practitioners what they did. Experiential activities, such as role play, can be useful strategies to aid the accessing of embedded theories. Finally, strategies which reduce the time lag between an incident and the commencement of reflection-on-action can help to overcome memory-related problems such as have been described by Newell (1992) and Jones (1995).

However, the observation that nursing has seized on the idea of reflection without adequately testing its value either to practitioners or to clients and patients is a convincing one. There is room, here, for a programme of research in order to generate answers to questions such as: 'how does reflection assist in the development of more effective nursing'?

With respect to the use of accounts of reflection-on-action in the assessment of students, I suggest that many of the problems identified relate to the processes through which reflection is assessed, rather than with the assessment of reflection per se. Adequate preparation of students and staff could include making provision for support, and could include the construction of guidelines on what to do in instances where poor practice is undertaken or observed. Making clear the criteria for the assessment of reflection-on-practice, and clarifying who is expected to have access to journals, are also important. Similarly, providing a structure for journal writing or for the writing up of critical incident analyses would help. Finally, there seems to be no reason why assessment of reflection-on-practice cannot be just one part of a comprehensive assessment strategy.

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