

SPECIAL ARTICLE**Reflection in and on nursing practices- how nurses reflect and develop knowledge and skills during their nursing practice****Carina Berterö, RNT, BSc, MScN, PhD, Professor**Department of Medical and Health Sciences, Division of Nursing Science
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Tel +46 10 1037768 Fax +46 13 123285 e-mail: carina.bertero@liu.se**ABSTRACT****Introduction:** This paper presents some theoretical foundations for reflection and also presents some findings from some studies including nurses' reflections in and on nursing practice in various areas of nursing care.**Aims:** The aim of this paper was to critically discuss and analyze the application of reflection to nursing practice and how it could become visible and understandable.**Method:** A secondary analysis was performed on some studies whereas the author had been involved in. This secondary analysis on all data focused on identifying reflection in nursing practice.**Results:** Data was abstracted and analyzed in order to make reflection in nursing practice visible. The results show that reflection in nursing practice could be identified as reflection on action, reflection in action and reflection as self-discovering. Sometimes the nurses made good caring activities by intuition; they made some actions that they by experience knew would function, but they had difficulties to verbalize this, in other words; they have what we call silent knowledge.**Conclusion:** Using reflections can access our theories in use so enabling others to learn. In this way the risk of taking practice for granted has the potential to be reduced. So what nurses' do- can be explored and shared – nurses can share and develop knowledge and experiences- nurses will be able to learn from each other as well as from ourselves.**Key words:** reflection, nursing practice,**INTRODUCTION**

In this paper, I will highlight and present some theoretical foundations for reflection and also present some findings from some studies

including nurses' reflections in and on nursing practice in various areas of nursing care adding my own reflections on this subject.

Nursing is a profession that is being continuously developing and demands a lifelong learning and it also requires special knowledge and skills. Nursing profession is generally differentiated from other types of occupations by its necessity of prolonged, specialized training to acquire a body of knowledge sufficient to the role to be performed.

The profession has also an orientation towards service to individuals, families and communities (NBHW 2005)

The standards of education and practice for the nursing profession are regulated by statutes and laws, but also determined by the members of the profession. The education of a professional nurse involves a total socialization process more extensive in its social and attitudinal aspects as well as its technical features than is common in other types of occupations. The nurse's professional role no matter the working area and nursing care is impressed by ethical approaches, grounded in science and well-trying experiences and shall be conducted according to laws, statutes and instructions. Safe patient handling is a skilled activity, which necessitates a good underpinning theoretical knowledge, no matter in what country the nurses are working (NBHW 2005).

Nursing is a complex combination of theory and practice (Corlett 2000; Kohl 2000). It is an immense challenge for nurse education programmes to identify research/evidence-based knowledge and to transform it to knowledge and skills for use in everyday practice by the student nurses as well as the registered nurses (Ela et al 2006). Nurses make decisions constantly about how to in the best way reach clinical goals.

Every day the nurses make decisions and uses problem solving methods including assessing, planning, implementing and evaluating the best course of action given in different situations in order to reach the most effective care.

Methods of problem solving might include intuition. Intuition is a part of expert clinical practice and is obtained through years of knowledge and experience when patterns and cues from previous similar situations rapidly and completely present itself to an expert's consciousness. Making sense of experiences and phenomena and making changes in future situations, if appropriate, is the value of reflection. Marton and Säljö (1976) two Swedish educationalists and researchers describe deep approaches to learning as striving towards understanding, evaluation and relating knowledge to own experiences, which in itself promotes a motivation to learn. This emphasises the fact that clinical competence is not just about doing and the development of technical skills, but that it incorporates knowledge and attitudinal components as well.

Learning through reflection is a difficult and conscious process. It is nothing that just occurs; it is something that is processed in your head (Burns & Bulman 1994/2001). Schön (1983/2000; 1987), an educational theorist, differentiated between reflection in action and reflection on action. Reflection in action occurs during practice when the nurse watches, interact and adjust reactions and approaches through thinking in a systematic way while working. This reflection in action is according to Schön similar to what we sometimes call silent knowledge—a practical knowledge that only becomes accessible when we are practicing. Reflection on action occurs after the action when details and information are recalled through descriptions of the situation. The situation and actions are analysed through carefully reconstruction of all aspects of the situation in order to gain new insights and make amendments if necessary. This latter reflection is distancing and critical analytic, it is accordingly self discovering. Reflection in and on nursing practice is necessary and important to alert clinicians to the complexity of nursing practice and the knowledge imbedded in it (Johns & Mc Cormack 1998).

Schön (1987) argues that the vital process in the development of knowing in action (that is developed through practice itself) and theories in use is reflection in action; a process by which the professional person/ the nurse modifies and develops her ideas by thinking in a rational and problem-solving manner.

Nurses work with people throughout the various phases of their lives; and faces the normal but also divergent, abnormal and all that unpredictable in human lives. Through the nurses' knowledge and skills, nurses assist those conditions in which people are assisted to obtain wellbeing and /or to die peacefully and with dignity. There is a multiplicity in nurses working area and a broad variety of nursing practice, embracing inpatient and outpatient care and with a variety of different specializations such as oncology, haematology, medicine, surgery paediatrics and so on (Johns 2000).

Schön (1983/2000; 1987), emphasised the idea that reflection is a way in which professionals can bridge the theory practice gap, based on the potential of reflection to uncover knowledge in and on action.

Now, let us take a look at this reflection process via six steps. The first step is description; whereas the nurses need to put words on what happened in

the situation in order to describe, and clarify it. Second, what feelings did this situation bring forth? What did you think about it and how did you feel? The third step is about evaluating the situation. What was positive and what was negative in this situation? – and why. Fourthly, the analysis; what can you learn from this situation? The fifth step is about conclusion drawn; can you act in another way? Lastly, the sixth step is an action plan; if it happened again what would you do? (Gibbs 1988).

Awareness of the experience and an ability to describe it are difficult through essential skills. This model of structured learning/reflection is composed of a series of questions helping the reflective practitioner to tune into an experience and provide structure and meaning to the process of reflection. This process is not static- it should not be used stepwise all the time.

The outcome of reflective practice is that it can enable nurses to express what it is they know and how they have come to know it (Burns & Bulman 1994/2001). Nurses engaged in daily practice have the advantage of living their practice, in that they have opportunities to look at their practice to learn from it. This reflection can make sense of their practice and /or bring about changes (Johns 2000).

There are three dependent elements included in reflection. First, the focus of reflection, which is quite easy to understand-we need to have a situation to reflect upon. Second, we have a process of reflection, this is quite clear and systematic presented so this is not a big deal for nurses to understand and use. However, the third element is attitudes to reflection and this need some clarification, open mindedness; in which things are not taken for granted, and self questionings promoted by the nurses responsibility: to make sense of diverse ideas and to move beyond questions of immediate utility wholeheartedness; in which self esteem and commitment are seen as important and enabling in risk taking (Goodmann 1984).

With this view of reflective attitudes and the need of congruency, it helps to extend the relationship formation to the clarification of practical roles of nurses.

AIMS

The aim of this paper was to critically discuss and analyze the application of reflection to nursing

practice and how it could become visible and understandable.

METHODS

A secondary analysis (Heaton 2004) was performed on some studies whereas the author had been involved in. This secondary analysis on all data focused on identifying reflection in nursing practice. In this secondary analysis study, the research question fit well with that of the original study, even though the focus is more on the nurses own reflections and actions.

RESULTS AND DISCUSSION

Nurses working at wards with different forms of cancer diagnosis could be seen as a challenge; a personal challenge. Cancer is often associated to death and sorrow; there are a lot of human destinies occurring at a ward. In a study on nurses working with patients with haematological diagnosis, lung cancer diagnosis and oncology diagnosis reflected upon caring situation. They reflected upon caring situations when they manage to provide good nursing care and situations when they did not manage (Berterö, 1999).

The findings were that the nurses reflected upon relationships with patients and next of kin, interactions with patients and next of kin, fulfilling needs and feeling frustration. They identified and described the situation, were aware of their feelings, they evaluated the situation and made some analysis and had some thought about if they could had act in another way. This study showed that the nurses seemed to use reflection in their everyday work.

Often there were situations that were not in agreement with their knowledge or experiences.

Every person is unique and may react- interact in different ways on treatments and in communication with the nurse. It happened once and then that caring activity performed by the nurses did not reach desirable outcomes. The nurses then had to think about the situation and how to find solutions; they tried to remember if there had been a similar situation previously. So now we are looking at the term: knowing/reflection in action.

There were also reflections that were more critical analytic when looking at the nurses own

behaviour and actions— the reflection then became more self discovering.

Something that was made visible in this study was that the nurses find it harder to tell about caring situations where they performed well and succeeded. It was a lot easier to tell about situations where they did not manage. This could be due to that reflection is aiming for learning. So if there are situations where you do not manage, you need to reflect upon this several times in order to find a solution to the problem or find knowledge that could be useful in future situations. We could say that there were: knowing/reflection in action and reflection on action. It could also be so that nurses made good caring activities by intuition; they made some actions that they by experiences knew will function, but they had difficulties to verbalize this, in other words; they have what we call silent knowledge.

The nurses seem to work/reflect according to the different steps in the reflection process. The nurses had practical knowledge that was accessible when they were performing their caring activities and they reflect upon their own actions from their experiences whereas they try to find different solutions on the problems. Afterwards, when the situation has passed, the nurses reflect upon their own behaviour and action, what consequences it brought forward and what values was the basis for their actions.

District nurses have a broad working area; they have health promoting issues for the population and caring issues for both the child and the elderly person but also taking part/or being responsible for the palliative caring activities.

So it is an interesting issue how do district nurses reflect upon their work within palliative care. The district nurses reflected upon the challenge to care about and for, relationships with patients and families, the frustration they felt, but also the insight they gained. They meant that their work was a commitment. It is a challenge to care for patients in palliative care at home. There are no instructions or guidelines for every situation. They need to trust their experiences and their reflection about how to solve different problems. Palliative care in the home can not be performed just technical or as a routine, there is a need to reflect upon consequences of behaviour and action (Berterö 2002). The district nurses were using knowing/reflection in action but also reflection on action. Reflection in action here is when something different appears, there is reflection

related to a certain problem. The nurse is sensitive, interacting and adjusting her actions during the activities—there is a clear focus for the actions. Judgements are done in order to find solutions. This reflection is built upon previous experiences, knowledge (theory) and values. Reflection on action comes afterwards; details, actions are scrutinized and reflected upon built on a clear description— The activity can be re-constructed in mind and all different aspects of the situation is analyzed: all in order to gain deeper knowledge and be able to improve actions. In these reflections in and on actions, reflection became self discovering— the district nurses gained an insight and learned a lot about life, death, relations and about themselves as human beings.

Nurses working with severe ill patients reflect upon their role and highlights different themes. They talked about the value of experiences, understanding the search for meaning, the value of time, the relationship involved, caring and skilled used and difficulties to continue this role as a nurse competency and skills they need in order to provide good care is engagement and knowledge. When they reflect upon their role as a nurse and what they are doing and how they are doing different caring activities they will be able to increase their competency. They will also discover their weak points as well as their strong points. This reflection is much about self discovering. All these reflections and competency identification is in agreement with Quinn (2003) statements.

By reflecting on their experiences on life and on nursing, the nurses had gained further insights into the support they offered and had developed skills to support patients.

Nurses working at surgical wards reflected upon relieving postoperative nausea and vomiting

The nurses describe that they in the caring situation have a set of different tools at their disposal. These tools are listening and understand, information, the clinical eye and availability— all these tools can be used in solving several needs of the patients. Some nurses have better skills or more opportunities to use the available tools than others. The nurses came aware of their own abilities and possibilities to use the different tools —and how to use them (Börjeson, Arweström, Baker, & Berterö, 2010).

The nurses are trying to solve the problem and find solutions by using the clinical eye tool, which

means that the nurse can see and distinguish the patient's need from her theoretical and practical skills. She is observant of the patient's signals and acts by using her knowledge and natural readiness. The nurses became aware of the situation, their skills and knowledge but also about how they by themselves reacted and acted. This was reflection as; knowing/reflection in action and reflection on action as well as reflection as self discovering.

This study is a good example of pointing out silence knowledge. When nurses are aware of their unexpressed knowledge and are given the chance and the means for using their toolbox they can make a difference in their caring activities.

Now I want to mention something about the Meno paradox. The most essential and important things are not possible to teach, they need to be discovered and be suitable to the person (Schön 1983/2000; 1987),

We do not on beforehand exactly know what we need to know in order to learn, in spite of that we need to start the learning process in order to learn what we need to know. So, we are learning by doing, and start to understand by ourselves the process how to do it and reflect upon it. What Schön (1983/2000; 1987), is talking about here is self discovering and how this reflection can act as a paradox educationalist.

If nurses uses self discovering reflection they will find that this reflection gives them deepen knowledge and insight in a variety of areas that could bring forth personal as well as professional development. I hope that my few illustrations and examples from different studies highlighted that.

Conclusion

I will end this paper with a concluding remark: Using reflections can access our theories in use so enabling others to learn (Argyris & Schön, 1978; Powell 1989). In this way the risk of taking practice for granted has the potential to be reduced.

Practitioners choose their actions with due to considerations for the particular situation, and use theories generated from their repertoire which is made up of experiences, education, values, beliefs and past strategies. As the examples from the nurses—reflect upon their actions and routines in response to an individual's need. Insight can be gained as to what influence the action –this is reflection in action

So what nurses' do- can be explored and shared – nurses can share and develop knowledge and experiences- nurses will be able to learn from each other as well as from ourselves. Reflection on action is retrospective contemplation of practice in order to uncover the knowledge used in a particular situation, by analysing and interpreting the information/description recalled.

As a nurse in one of the studies expressed it:

It is interesting; since there is a lot of variation, there is no standard for them...it is very different, they are very different...I think that I am learning all the time, something that is useful even in another situation (nurse 1) (Berterö 2002)

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