Reflection: a flawed strategy for the nursing profession

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The meaning and process of reflection and reflective practice appear to be currently accepted and institutionalized within the nursing profession. This paper, through use of a literature review, attempts to question the value that is consequently placed on this strategy and argues that on closer examination, reflection has no clear or universal definition, an uncertain framework for implementation, and is of unproven benefit to the professional practice of nurses. Given this evidence, the author concludes that reflection is a fundamentally flawed strategy that must be of limited benefit to the nursing profession.

Introduction

Reflection and reflective practice are terms currently taken for granted within the nursing profession, and particularly in nurse education, both as a learning strategy and as a means of promoting professional practice. Nearly every aspect of professional working life appears to be prefixed by the word 'reflect'. Recent documentation from the United Kingdom Central Council for Nurses, Midwives & Health Visitors (UKCC 1996), the governing body of nursing within the UK, mentions the word three times in its first two pages. The use of these terms has also seen a recent explosion in literature concerning nurse education and reflective practice (Graham 1995, Landeen et al 1995, Minghella & Benson 1995, Richardson 1995, Shields 1995, Johns 1996 a,b), but there is little evidence that an objective review of reflective practice and its implications for nursing and nurse education has ever occurred, and confusion amongst clinicians and educators appears rife (UKCC 1994, 1996).

This paper aims to address this deficit by looking at reflective practice in an attempt to define exactly what it is, review the concepts and framework on which reflective practice is based, and critically analyse its applicability to nurse education and nursing as a professional practice-based occupation.

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(Requests for offprints to CM) Manuscript accepted: 16 July 1997

Definition of reflection

Dewey

Reflective practice appears to have its foundations in the cognitive theory of education. Dewey (Curzon 1990) believed that 'Education should train one's powers of reflective thinking' (Curzon 1990, p 81). Dewey conceptualized reflective thinking as the process between the recognition of a problem and its solution, involving five stages: suggestions for a solution; clarification of the essence of the problem; the use of hypotheses; reasoning about the results of using one of the hypotheses; and testing the selected hypothesis by imaginative or event action, a system of thought and action that largely mirrors the research process attempts at empirical problem-solving.

This process for reflective thinking outlined by Dewey is not helpful when seeking to determine a more exact definition of what reflective thinking actually is, at a level beyond *thinking about things*. Perhaps as a consequence of this, the idea of reflection and reflective thinking within education was largely ignored until the 1980s.

Mezirow

In 1981, Mezirow proposed a revised theory of adult learning and education based on an interpretation of the work of Jurgan Habermas

and his three generic domains of adult learning. The most prominent of these domains was perspective transformation with special focus on the functions of reification and reflectivity. Mezirow likens his concept of reflectivity to Albert Camus' definition of an intellectual, 'A mind that watches itself', an ability that an individual can develop only through maturity, and an idea that appears compatible with the higher stage of hypothetico-deductive reasoning identified in psychology texts (Oliver 1993).

Mezirow's concept of reflectivity is then subdivided into seven stages: reflectivity; affective reflectivity; discriminant reflectivity; judgemental reflectivity; conceptual reflectivity; psychic reflectivity; and theoretical reflectivity. The first four stages are classed as processes of consciousness and the last three are seen as higher ability acts, or products of critical consciousness.

The division of reflectivity into seven different levels is a fundamental shift from the assumptions of reflective thinking made by Dewey, who views the process of reflection as taking place at a uniform level. Subsequently the division of these levels into two types of reflection, conscious and critical consciousness, appears quite contradictory. If it can be assumed that to function reflectively requires the ability to be a hypothetico-deductive thinker, which the process of critical consciousness also suggests, then to function at a level below this or at the level of consciousness (described by Mezirow in the first four stages) is incompatible with Dewey's concept of reflective thinking. As a consequence, it is apparent that Dewey and Mezirow are identifying different concepts and thought processes with a similar name, although there appears to be a common assumption in the literature that these are basically the same concept (Aitkens & Murphy 1993, Burnard 1995, Burrows 1995, Richardson & Maltby 1995).

This dichotomy between Dewey's and Mezirow's definitions of reflection and reflectivity continues unresolved, and is further complicated by the work of Schon (1987), related to education for professional practice-based occupations.

Schon

Schon (1987) rejects the current academic faith in 'technical rationality' as the means of producing knowledge, and sees this as of little relevance to practice-based professions. 'Technical rationality holds that practitioners are instrumental problem solvers who select technical means best suited to particular purposes' (Schon 1987, p 3). Within practice-based professions, Schon identified two types of knowledge: knowledge used in practice or 'in action', which may be largely intuitive and difficult for practitioners to verbalize and communicate; and a secondary knowledge based 'on action' which contains the academic/theoretical knowledge gained as part of professional education.

Schon (1987) identified that knowledge in action was fundamental to professional practice-based activities, and sought to identify this knowledge by utilizing reflective practice as a means by which practitioners could stand back from their everyday practice and try to identify exactly what problem-solving processes they used in their daily activities.

A major failing of Schon's work is the lack of definition of what Schon's reflective practice is. Consequently, it is uncertain whether Schon's concept is similar to that of Dewey or to the process of reflectivity described by Mezirow, or whether it is a third, separate concept with a shared name. Dewey's five-stage process of reflectivity, mirroring the empirical research process, is an unlikely basis for Schon's concept of reflection, with its definite rejection of technical rationality, and Schon's concentration instead on elements of theories in action or the intuitive way of knowing. However, Schon makes no attempt to distinguish between levels of reflection as Mezirow does, and appears to view reflection as a uniform event. As a consequence, this third concept of reflective practice and the reflective practitioner only serves to complicate the existing picture of reflection, by being sufficiently similar but also significantly dissimilar to leave educationalists and practitioners totally confused about what the terms mean. It remains uncertain if these three concepts – reflective thinking, reflectivity and reflective practice – can be used interchangeably or within the same context.

Framework for reflection

Not only does the process of reflection (as it will now be called for the remainder of this paper) lack a clear definition, but it also lacks a framework through which it can be implemented in either the

education or practice setting. Johns and Graham (1996) state that 'Reflection turns the practitioners into an awareness of the human encounter and experience and should free the senses rather than constrain them', but how this transformation occurs is unclear.

The favoured methods within nurse education for the promotion of reflection are through use of reflective diaries or journals, and workshops (Newell 1992, Bailey 1995, Burnard 1995, Richardson & Maltby 1995, Waterworth 1995, Johns & Graham 1996), whereby critical incidents or issues, usually related to clinical practice, which have triggered thought, are either recorded or discussed with a view to later problem-solving. These diaries/journals have also been used as part of the academic assessment process to determine if an improvement in problem-solving skills has occurred during a period of study (Richardson & Maltby 1995).

The implementation of reflection at this practice level is as uncertain as its definition, with no guidelines or uniform method of instrumentation available. The problems that arise when trying to implement reflection in practice appear to fall within three main categories: the process by which reflection takes place (Burnard 1995); the ability of individuals to reflect in a meaningful way (Aitkens & Murphy 1993, Richardson & Maltby 1995, Waterworth 1995); and the benefits that the process of reflection may have for nursing practice (Burnard 1995).

Reflective diaries and journals

The process by which reflection takes place is subject to many difficulties, not least the fundamental lack of a framework for implementation. Attempts to use reflection have concentrated mainly on the use of journals and diaries, but Burrows (1995) and Burnard (1995) both consider the use of these to be time-consuming, repetitive and of largely superficial descriptive content, leading to boredom for those using them.

The use of diaries/journals also raises a number of ethical dilemmas which have yet to be resolved and which are barely mentioned in the literature, for example, issues of confidentiality, both for the person writing them and for those colleagues and clients who may be mentioned in

them, and issues of potential psychological damage that prolonged reflective practice, as in critical incident analysis, may produce for individuals (Rich & Parker 1995). It can also raise problems for those reading reflective accounts if bad practice is highlighted: to what degree is the person reading the account responsible for correcting or initiating practice change to rectify the situation?

The purpose for which a diary/journal may be kept also has a significant bearing on its usefulness, with many now being used as part of an assessment process. This has led to students expressing reservations about writing honest and open accounts of their practice in fear of resulting poor marks (Richardson & Maltby 1995), and also may lead to practitioners writing what they feel others wish to hear and not the truth (Greenwood 1993).

Where diaries/journals are being used for professional purposes, e.g. Post Registration Education and Practice (UKCC 1994), difficulties with the documentation are equally complex. Personal reflection does not have to be disclosed, raising two issues: if the account does not have to be produced, how does the professional body know that it exists; and if it does exist but is not reviewed, how can ideas be shared or individuals gain any feedback on the diary/journal content?

Reflective workshops

When reflection is used as the premise for clinically based workshops/seminars, its instrumentalization is equally ill-considered. Waterworth (1995) describes the use of reflection for staff on three wards using a workshop/seminar framework, and details a number of problems: an initial difficulty with focusing on anything other than negative aspects of practice; difficulty with reflecting at anything other than a very basic level; and the extremely complex role of the facilitator in dealing with the wide range of issues and emotions raised. This process is also described by Bailey (1995) for a small group of six qualified nurses, but Bailey considers that progress was made, with a change from descriptive reflection to the use of theoretical knowledge to inform practice by the end of the sessions. However, the small nature of this study and the intensive effort recorded to make this shift may make larger generalizations difficult.

Applicability to nurse education

It is a common assumption from the literature that all nurses share a common ability to reflect in a meaningful way, but if reflection is identified as being compatible with the ability to perform as a hypothetico-deductive thinker, it is unlikely that all nurses will be able to meet these requirements. Cavanagh et al (1995), in a study of 192 nursing students, found that only 46.3% were classed as reflective thinkers, whilst the remainder were concrete learners, regardless of their academic qualifications on entry to nurse education. Richardson and Maltby (1995) confirmed this view in a study of second year student nurses' reflective journals, which revealed that the majority of students lacked the ability to think about what they did other than at a superficial level.

This issue of students' capabilities to use reflection was expanded on by Burrows (1995), who used the work of Benner (1984) and the stages she identifies in the learning process leading from novice to expert practitioner, to argue that novice students only gain the ability to reflect once they reach the highest stages of this learning process.

Closely linked to the abilities of nurses to reflect in a meaningful way are the functions of memory and recall. Newell (1992) strongly criticizes reflection for its reliance on one person's perspective of events, and discusses many of the variables that can severely impair a person's ability to recall in a constructive and accurate way. This argument is also used by Reece Jones (1995), who expands problems with memory to include the potential distortion of hindsight bias, or the influence that the known outcome may have on events, which is present in any attempt to reflect on practice/events that have already occurred.

These studies pose further questions about the use of reflection. If the majority of students are not capable of thinking in this way, and if this process is further flawed by the inability of individuals to recall events accurately or without bias, what has reflection to offer to nursing as a learning strategy for education or as a tool to enhance professional practice?

Reflection and professional practice

The benefits of reflection are largely unaddressed by the literature, and instead the underlying assumption appears to be that reflection will improve nursing care or the nursing profession in some intangible way. This is demonstrated by Bailey (1995), who although describing the introduction of reflection into a clinical area and claiming that an improvement in problem-solving skills occurred, gives no evidence that the quality of nursing care was improved in any way.

These failings can also be found in much of the literature describing the Burford reflection in nursing model (Johns 1996 a,b,c), which attempts to integrate reflective practice into a clinically grounded nursing model through use of a series of 'cues'. Much of the published evidence regarding the model's impact on clinical practice appears to be based on personal anecdote, and again, evidence in support of its impact on patient care is of a mainly qualitative and descriptive nature.

There is also no evidence from the education sector that the use of reflection as a learning tool or strategy equips nurses to be better or more competent practitioners.

This must be the hub of the issue for a practice-based profession such as nursing, whether a strategy such as reflection, as confused and ill-defined as it is, can actually be of benefit to the client group that nurses serve, an issue clearly absent from the literature (Newell 1992, Reece Jones 1995). Reflection, with its emphasis on individual perspectives of events, their interpretation and their analysis, excludes all other viewpoints: those of the multidisciplinary team and, most importantly, the client group, patients or carers who nurses are there to help.

Conclusion

It becomes obvious from the evidence above that the use of reflection as a learning strategy or tool for professional development is seriously flawed. Its terms, concepts and framework for implementation lack basic clarity. Where it has been attempted, within both education and clinical settings, its impact is unclear, and it seems unlikely that reflection will stand the test of time. The doubts of some commentators (Jarvis 1992, Burnard 1995), that reflection is little more than a passing fad are well justified, and in 10 years' time it is likely that reflection will have been superseded by yet another new vogue within the nursing profession.

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