

Reflective Practice in Nursing



FIFTH EDITION

Edited by
Chris Bulman
Sue Schutz

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Acknowledgements

Thanks go to our students, Jenny Harlow, Anna Simpson and Anne Wright for their generous contributions to this book.

Dedication

This book is dedicated to our sadly missed, dear friend and colleague Bev Gillings-Grayson (1959–2009) who contributed to the second edition of this book.

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Edited by

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Preface

Welcome to the fifth edition of *Reflective Practice in Nursing*. This new edition responds to the interest in reflective practice amongst nurses and offers a motivating and accessible text about reflection. Fundamentally, this book does not assume any previous knowledge about reflection and aims to be useful to those wanting to learn about what it has to offer them. Past editions of *Reflective Practice in Nursing* have appealed to a wide variety of readers – undergraduate and postgraduate students, practitioners from a range of backgrounds and experience, plus teachers, managers, mentors and professionals from other disciplines. This past success has motivated us to produce this latest publication.

The fifth edition has much new to offer. The extensively updated first chapter introduces you to reflection in relation to the current issues that affect nursing. The chapter considers some philosophical underpinnings, plus some of the ‘dangers’ of reflection and the role reflection can play in the evidence-based practice movement. It looks at other key issues including communicating practice knowledge, empowerment and change, knowledge tensions and the relevance of reflection to nurse education and practice. The chapter on skills for reflection has also been updated and includes a valuable exploration of the attributes of the reflective practitioner.

A new chapter on writing reflectively offers some inspiring and uplifting guidance and introduces the idea of reflective writing as a method of deep, self-directed learning. An extensively updated chapter on group reflection offers plenty of advice and tips for practitioners and educationalists, as well as a lively critique of the current literature. The chapter on the student’s and mentor’s journey into reflection focuses on pre-registration students and the preparation and support of mentors. The chapter deliberates some of the contemporary issues that affect nurses’ and mentors’ capacities to develop and use reflection. The chapter illustrates how the development and use of reflection is valuable to nurses’ and mentors’ personal development and the ongoing achievement of thoughtful and excellent professional practice.

The chapter focusing on clinical supervision in nursing is another exciting new addition to this book. It draws on the experiences and knowledge of two highly experienced supervisors and considers the issues around supervision for supervisors. A new chapter on a personal exploration of reflection and clinical expertise adds to those contributed by Sue Duke to past editions of this book and offers some controversial and essential 'food for thought' concerning being a reflective practitioner in nursing today. The chapter on assessing and evaluating reflection remains and has been added to and updated. This is a challenging area for debate but remains one that we feel needs to be raised, if practice knowledge is to be valued in the same way as theoretical knowledge. Finally, the last chapter gives an extensively revised guide to getting started with reflection, drawing on other areas of the book and giving more tips, cautions, helpful frameworks and new examples to help you to begin your journey with reflection.

In essence, our aim is to make you curious about reflection, in a spirit that gets you thinking about the issues involved and challenges you to look at your view of the world. Essentially, we hope it will be useful to all those involved and interested in developing, using and exploring reflective practice.

Chris Bulman and Sue Schutz
2012

Chapter 1

An introduction to reflection

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Introduction

Every contributor to this book is motivated by an interest in reflection. Within this fifth edition, we have presented experience, research and theory in order to help you get a better grasp of reflection, especially if you are considering it for the first time. This probably means that you are a student but you could equally be a supervisor, mentor or senior nurse furthering your understanding of reflection, or a nurse teacher interested in reflective education. Whilst this is a book that clearly advocates reflection, we are also aware of the difficulties and criticisms associated with it. Thus we offer a book that will give you some help with whatever journey you are taking with reflection, but will also get you thinking critically about the issues involved.

Contemporary challenges for reflective nursing practice and education

There is no doubt that reflection continues to be of interest to nurses and to influence nursing practice and education around the world. It remains a concept that I and fellow authors are committed to. We believe that being reflective is essential for effective and person-centred professional practice. Significantly, current financial concerns and pressures are affecting health services across many countries. This has had an impact on nursing education and frontline clinical services. It has unquestionably influenced the amount of time, energy and support that nurses have to constructively consider and learn from their practice. All this has affected learning opportunities, such as provision of clinical supervision for

practitioners, time for informally reflecting with colleagues, and defending the relevance of reflective education for the development of clinical judgement, alongside the juggernaut which is evidence-based practice education. (I'll return to this later in the chapter.) With these current challenges in mind, we believe it is even more vital to continue to write about reflection as a positive way to learn from experience – warts and all!

Explaining the concept of reflection

Starting with Aristotle

Getting to grips with an explanation of reflection is a sensible place to start. The concept of reflection is not as new as you might imagine. At the outset, I will underline the influence of the Ancient Greek philosopher Aristotle and his notion of practical wisdom/judgement or *phronesis*. Aristotle emphasised the importance of reflecting in the 'real world' and developing experience of it. He emphasised the requirement to pay attention to emotions and imagination in order to develop our perception of the world, so that emotion and imagination are not relegated to unwanted self-indulgent urges or corrupting influences that get in the way of 'good' rational thinking, but rather are a responsive and elective part of our thinking. In this way, Aristotle believed it was possible to develop real practical insight, responsiveness and understanding (Nussbaum 1990). So you can begin to see how this might be related to the development of practical knowledge, considering how we feel, as well as think, about practice, and finding a way of communicating this sort of knowledge to others.

Dewey

The educationalist and philosopher John Dewey has been extremely influential in contemporary discussion about the concept of reflection. Dewey developed his ideas on thinking and learning and focused on the concept of thinking reflectively. He defined reflection 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 conclusions to which it tends.' (Dewey 1933, p.9)

Dewey saw reflective thinking as thinking with a purpose and focused strongly on the need to test out and challenge true beliefs by applying the scientific method through deductive reasoning and experimentation. He implied that emotions and feelings are part of reflective thinking but, in contrast to Aristotle, this is not something that he expanded on. He made some important assumptions about people, emphasising our

tendencies towards quick solutions, custom and 'mental ruts' and the pervading influence of culture and the environment upon our thinking:

'External monotony and internal routine are the worst enemies of wonder.' (Dewey 1933, p.52)

Dewey also emphasised the need for thinking to be directly linked with action, demonstrating the pragmatic nature of his philosophy, and suggested that any thinking can be intellectual, thus emphasising the importance of the practical as well as the theoretical. He has influenced the work of many others, for example, Clarke and Graham (1996), who have also helpfully described the complexity of experiences, and reflection as a reasoning out process.

'By engaging in reflection people are usually engaging in a period of thinking in order to examine often complex experiences or situations. The period of thinking (reflection) allows the individual to make sense of an experience, perhaps to liken the experience to other similar experiences and to place it in context. Faced with complex decisions, thinking it through (reflecting) allows the individual to separate out the various influencing factors and come to a reasoned decision or course of action.' (Clarke and Graham 1996, p.26)

Schön

The philosopher Donald Schön has been a huge influence on the development of reflection in professional education. Importantly, Schön (1983, 1987) believed that practice should be central to professional curricula; consequently he saw learning by 'doing' becoming the core of programmes rather than an add-on, with students investing in practice and time, in order to learn from it. This implies that students need to develop a commitment to practice and the motivation to learn from it (Bulman 2004).

Schön defined reflection-on-action as:

'... thinking back on what we have done in order to discover how our knowing in action may have contributed to an unexpected outcome. We may do so after the fact, in tranquillity, or we may pause in the midst of action (stop and think).' (Schön 1987, p.26)

This focuses on retrospective critical thinking, to construct and reconstruct events in order to develop oneself as a practitioner and person. Significantly, his concept of reflection involves more than 'intellectual' thinking, since practitioners' feelings and an acknowledgement of an interrelationship with action are also important. (Can you see a link back

to Aristotle's practical wisdom?) Yet Schön's work focused more on reflection-in-action which he saw as a distinguishing feature of expert practitioners who were able to experiment and think about their practice whilst they were doing it:

'... where we may reflect in the midst of action without interrupting it. Our thinking serves to reshape what we are doing while we are doing it.' (Schön 1987, p.26)

As you can see, this is a different concept from reflection-on-action since it is not about carrying out a 'post mortem' (however speedy) on an experience but concerns thinking and knowing in the midst of action. Schön saw reflection-in-action as a distinguishing feature of expert practitioners who are able to experiment and think about their practice whilst they are doing it; this idea is fundamental to his theory of professional expertise. It is difficult to conceptualise, and you will find it is sometimes misrepresented by those who view reflection-on-action and reflection-in-action as the same. Essentially, it is a different concept to that explored in this book, which largely focuses on reflection concerned with the construction of knowledge after an experience and the teaching and learning associated with it.

Contemporary descriptions of reflection

Other authors' contributions are also useful in developing an appreciation of the concept of reflection. Wong *et al.* (1997) have described the central point of reflection on experience, with the trigger point of the process usually starting with an emotional response (Dewey 1933), which can be both positive (Boud *et al.* 1985) and uncomfortable (Atkins and Murphy 1993). More recently, Freshwater *et al.* (2008, p.4) have described reflection as retrospectively making sense of experience in order to influence future practice. Similarly, O'Donovan's (2007) research describes reflection as a process of deliberative thinking, looking back, examining oneself and one's practice in order to improve future practice. Like Clarke and Graham (1996), all these authors have described the reflective process as one of making sense of an experience and consequently learning from it.

The influence of critical theory

The use of reflection within professional practice and education has also been heavily influenced by critical theory stemming from the work of Habermas (1977) and the early work of such leading educationalists as Van Manen (1977), Mezirow (1981) and Brookfield (1987). Mulhall and Le May (1999) explain that critical theory enquiry argues that society is

structured by meanings, rules and habits. Its purpose is to reveal aspects of society that confine human freedom and maintain the status quo. The theory's central contention is that each of us is located historically and socially, and consequently, objective knowledge is dismissed. You can see how critical theory has influenced the descriptions of influential authors below.

'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, p.113)

'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, p.19)

'I describe reflection as being mindful of self, either within or after experience, like a mirror to which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand and move toward resolving contradiction between one's vision and actual practice. Through the conflict of contradiction, the commitment to realise one's vision, and understanding why things are as they are, the practitioner can gain new insight into self and be empowered to respond more concretely in future situations within a reflexive spiral towards developing practical wisdom and realising one's vision as Praxis. The practitioner may require guidance to overcome resistance or to be empowered to act on understanding.' (Johns 2009, p.12)

'These emancipatory influences of critical theory are timely for contemporary nursing. If we want to educate and support critically responsive and sensitive practitioners, then reflection offers the potential for nurses to develop in their responsiveness and ability to take action in an often chaotic word of practice.' (Bulman and Schutz 2007).

Similarities and differences in explanations of reflection

You can probably appreciate by now that reflection is a difficult concept to explain. However, I hope you will notice some similarities; for instance, the exploration of experience, the analysis of feelings as well as oneself to inform learning. You will also see that many are influenced by critical theory where there is an assumption that reflection will involve a changed

perspective and action. It is also possible to notice elements of experimentation and review, and purposeful learning through experience. There are inevitably differences too; not all emphasise the significance of feelings and emotion or explicitly recognise the inclusion of change, for instance. Additionally, some do not overtly mention the importance of having someone to reflect with, suggesting a more solitary interpretation of reflection.

Some key points about the concept of reflection

Essentially, reflection is more than simply being thoughtful (Jarvis 1992). What is clear is that the process of reflection has the potential to help nurses and other professionals to learn from their experiences. I have described it as reviewing experience from practice so that it may be described, analysed, evaluated, and consequently used to inform and change future practice in a positive way (Bulman 2008). I also believe that reflection involves opening up one's practice for others to examine, and consequently requires courage and open-mindedness, as well as a willingness to take on board, and act on, criticism (Dewey 1933). In addition, reflection involves more than 'intellectual thinking' since it is intermingled with practitioners' feelings and emotions, and acknowledges an interrelationship with action (Brockbank and McGill 1998). Ultimately and importantly, I would suggest that reflection in nursing is connected with a professional motivation to 'move on' and 'do better' within practice in order to learn from experience and critically examine 'self' (Bulman *et al.* 2012).

Noteworthy concepts for a deeper understanding of reflection

Praxis

You will have noticed that the quote by Johns (2009), describing reflection, mentions praxis. The concept of praxis originates from Greek philosophy and can be seen in the work of the educationalist and educational philosopher Paulo Friere, who has been influential in education throughout the world. He suggested that we need to reflect and act in the world in order to transform it and to develop our own critical awareness of it. Friere's (1972) notion of praxis or action that is informed and linked to certain values is significant to a deeper understanding of the concept of reflection. It is this notion of praxis that emphasises the requirement to make a positive difference to clients, to avoid 'automatic pilot' and strive to develop responsive and purposeful practice – to make a difference in the world. It may seem obvious, but this is important

because people matter and we have a commitment to do the best that we can for our patients and families, in fact all those who need nursing. This emphasises the necessity for reflection to be more than just 'navel gazing' and reiterates the focus on improving practice.

Critical being

Friere's notion of praxis and the belief in its central place in any contemplation about reflection resonates with Barnett's (1997) notion of critical being. Principally, Barnett deconstructed the idea of traditional critical thinking within higher education. He advocated the nurturing of critical *being* in students rather than critical *thinking*. This moves away from concentrating on critical thinking as purely cognitive, or as something only done within the confines of higher education rather than in the 'real world' of practice. By its very nature, critical being encapsulates the development of critical thinking but also the critical development of self and a commitment to take action in the world. I would suggest that Barnett's notion of critical being has similarities with reflection as described above, because reflection involves an intermingling of different sorts of knowing that includes propositional knowledge, feelings, self-awareness and a commitment to action. Similarly to critical being, reflection is more than a cognitive process; it involves the cognitive plus the affective and active. Reflection does not do away with drawing on theory/research in order to make sense of a situation; it also values the importance of feelings as beneficial to rational thinking and the importance of change, development and action in order to learn from, and move on in, one's practice. Educational philosopher and feminist Nell Noddings (1984) captures the significance of the benefits of intermingling the rational and the emotional:

'If I exclude cognition, I fall into vapid or pathetic sentimentality; if I exclude affect – or recognise it only as an accompaniment of sorts – I risk falling into self-serving or unfeeling rationalisation.' (Noddings 1984, p.171)

In addition, Barnett eloquently expresses his vision for critical being:

'There has to be an attempt on the part of students seriously to come to know the world and to understand the self as a constituent of that world; there has to be a propensity to form an evaluation of both the world and the self; and there has to be a willingness to engage in the world so as to effect changes that are not purely instrumental. When all three exemplifications of the critical spirit are together – thought, action and self – we are in the presence of critical persons.' (Barnett 1997, p.87)

The key point is that it is this intermingling of the cognitive, affective and action through reflection that has the potential to help nurses make sense of practice and make a difference to it. Seen as a way of critical being, reflection becomes more than simply a technique that we can teach you (although it may feel like that at the outset!) but rather a way of being in practice and in life (Johns 2009). The interview extract below (Bulman 2009) illustrates this vision of reflection as a way of critical being:

'... I don't know if you remember when the Tiananmen Square massacre went on, but there was a bit of film of somebody with two bags standing in the middle of the road and a queue of tanks coming along and he was standing there. He wouldn't let them go past ... I believe we know who the person was now and I think they probably had bags full of papers and political pamphlets and what have you. But I was envisioning this person as somebody who had just come back from the supermarket, who was just on their way home to cook the tea and thought: I am not having these tanks coming down my road! So to stop them like that! But Barnett (in his book) uses that visual image to encapsulate the critical being. ... And so, you know, if ever I am stuck for an image to sum up what I am aspiring to and what I am aspiring for my students too, it is that guy standing in the middle of the road, because I think that is where you bring together what you think, what you feel, what you are, and you make your statement about the world or about clinical practice or about whatever it is.'

'Knowing more than we can tell'

As expressed in the research quote above, the ability to communicate practice is an essential part of being reflective. This connects with Polanyi's (1958) influential work offering a critique of objectivity as it was presented in science and philosophy in the mid 20th century. He suggested that complete objectivity, as attributed to science, is a false ideal, thus pointing out the requirement to look at how personal knowing influences and enhances the objective. He also argued for the need to appreciate the knowledge that is embodied through practical knowing, e.g. the nurse develops a 'feel' for what she does practically and bodily so that it becomes part of her knowing process. However, this kind of knowledge cannot always be articulated in words; therefore, in this sense, 'we know more than we can tell' (Polanyi 1967, p.4). This means that we will have knowledge that may never be expressed, but Polanyi (1958, 1967) still recommended seeking out ways to help people to communicate and express themselves as adequately as possible. What is exciting is that reflection can provide a means for doing just that.

The complexity and messiness of many practice issues can 'niggle away' at practitioners; this relates to Schön's (1983) description of the 'swampy

lowlands' of practice problems and is something that you might recognise within your own practice experiences. The sorts of issues that bother nurses can be difficult and uncomfortable to express in words. Yet reflection can provide a route to give nurses the opportunity to find both their personal and professional voices. Indeed, both Clouder (2000) and Johns (2004) have considered the ability of reflection to develop professional voices that are able to challenge opposition and oppression in the workplace. Reflection can allow nurses to develop language through which they can ask questions about and communicate their nursing knowledge, and in doing so 'find their own voice'. This links back again with reflection being concerned with developing people who are able to challenge and question, in order to make a difference in the world.

However, being able to articulate a developing sense of critical awareness and doubt about the world of practice should also be viewed with an element of caution, especially in situations where nurses have a lack of ability or power to change things. This leads on to the last part of this section which introduces some ideas about the dangers of reflection.

The 'dangers' of reflection

I have returned to a paper by Stephen Brookfield (1993) who is a highly regarded educationalist and an expert in the field of critical thinking. His original paper was written for a nursing audience and highlights some of the issues we should be sensitive to in relation to reflective education. Whilst this work is a few years old now, I felt it needed reviving since it has some essential messages on developing critical thinkers that no-one has expressed as fluently as Brookfield and these should not be forgotten. Whilst Brookfield refers to critical thinking in his arguments, having listened to him speak at a reflective practice conference at Cambridge University in 2006, I feel that these interpretations very much apply to reflection. The data for his assertions were taken from critical incident responses by nurses, nurse educators and other healthcare providers and administrative personnel in workshops that Brookfield ran over several years.

He proposed that 'Impostership', 'Cultural Suicide', 'Lost Innocence', 'Road Running' and 'Community' are all issues that require particular consideration with regard to the development of critical thinkers. He described Impostership – presenting a public 'false self' (p.198) – as something commonly felt amongst practitioners, where imposters look and act like professionals in front of their students and peers, all the while knowing that they are putting on a show. Brookfield suggested that initially this presentation of a false self is done for reasons of survival, in order to demonstrate ourselves as competent practitioners to others. Yet it can also prevent us from becoming too complacent and confident by ensuring that we view our practice as being in constant change. However, he made the point that Impostership can also be destructive, particularly if we believe 'we are the only ones whose practice is uninformed and

experimental and that we fall far short of the perfection we suspect is exemplified in our colleagues' (p.199). He highlighted that a feeling of Impostership inevitably accompanies experimentation and can actually be heightened by it. Eloquently, he recommended that:

'... it is important that we never lose the sense as professionals that we are often struggling in the dark, trying to draw meaning from contradictory and often opaque experiences. To feel this is to open up permanent possibilities for change and development in our practice.' (Brookfield 1993, p.201).

Brookfield also described how it is possible to commit Cultural Suicide through expressing our experiences of change and critical reflection, thus risking alienation from colleagues and organisational cultures. Through critical questioning of 'conventional assumptions and accepted procedures' (p.201), we can end up being excluded from a culture that formerly supported us. Thus nurses developing as reflective practitioners may be seen as 'subversive troublemakers', and the challenging of assumptions about practice issues may be seen almost as an act of betrayal. This sense of the alienation that can arise in developing a sense of critical awareness about practice resonated with my own research (Bulman 2009) and is illustrated in the interview extract below. This practitioner had begun to develop the ability to question practice issues through her reflective education but expressed her growing sense of frustration as she looked at practice with different eyes:

'I think that working in isolation to do reflection and trying to move forward when you are part of the team is extremely difficult ... If you are able to set up clinical supervision, then we would all be able to work to move forward and set aside time to actually reflect about the practice on the ward, and discuss individuals' difficulties ... Working in isolation with reflection sometimes doesn't give you the benefits, because it causes frustration and you feel that you're constantly explaining to other people why you should do things in a certain way.'

In contrast to the potential for empowerment and transformation through the process of reflection, Brookfield has highlighted the notion of Lost Innocence. He described nurses' stories of critical reflection as having a quality of Lost Innocence, as they struggled to find the ultimate answers to their problems in practice. Brookfield expressed this as doomed to disappointment since:

'Lost innocence is the gradual realisation that the more clinical practice we put behind us, the more we become aware of its essentially inchoate nature, of the fact that learning nursing is an uninformed, unfinished project. We become progressively attuned

to its complexity, its messiness, and its chaos, particularly when we are trying to put some purposeful experimentation into our practice.’ (p.203)

So whilst we are adjusting to new, possibly empowering and liberating understandings of practice and of ourselves, Brookfield has warned us that we shouldn’t forget that a sense of Lost Innocence may accompany reflection.

Brookfield suggested that the critical process can be slow, halting and incremental, as well as difficult, tiring work. He has vividly related this to the image of the coyote futilely chasing the far too agile, gravity defying Roadrunner bird off the edges of canyons and along a never-ending highway in the North American ‘Roadrunner’ cartoon.

‘The moment when the coyote’s realisation of his predicament causes his crash to the canyon floor has the same experiential quality as a particular moment in the rhythm of learning critical thinking. It is the moment when we realise that the old ways of thinking and acting no longer make sense for us, but that new ones have not yet formed to take their place.’ (p.204)

So, whilst we might be open to change and challenge, such a state of limbo, Brookfield commented, is frighteningly uncertain, since as we abandon assumptions and meanings concerning practice that once supported us, this can have an effect on our confidence and we can crash ‘to the floor of our emotional canyons, resolving never to go through this again’ (p.204), until we go back for more because of the things that ‘niggle away’ at us about practice.

Finally, and perhaps more hopefully, Brookfield highlighted the importance of belonging to an emotionally sustaining, peer learning Community. By forming an appropriate peer network we can be reassured that our ‘private anxieties are publicly experienced’ (p.205). If we can share the common experience of reflection with colleagues, the sorts of insights that we can get from this experience can help us to cope with some of the dangers associated with reflection that Brookfield has outlined. This sharing of personal insights and experience can provide the motivation and commitment necessary in order to develop practice through reflection. The key message here is that the practice and education organisations and cultures that we work within can have a significant influence on supporting and challenging practitioners using reflection.

This echoes my research (Bulman 2009) in which postregistration students’ discourses suggested that their working environments often promoted reflection because of the challenging nature of the practice setting, rather than one that was self-confirming, along with opportunities such as group reflection in practice settings. Students talked warmly

about the benefits of being able to reflect with trusted and respected colleagues in practice:

'I find that if I keep thinking about things, like the person that I did for my assignment, I always make sure I go back to someone in our team – anywhere in the building, it doesn't matter for me – but I know I will go to someone who I know I can relate to and just talk things through, so that I do have some sort of cut-off point or some sort of resolution or ... better understanding.'

Students mentioned questioning and discussing practice with colleagues when faced with difficult or challenging situations at work. This showed a commitment to teaching, facilitating, listening and being with colleagues and highlights the importance of a helpful environment for the development of reflective practice.

Evidence-based practice and reflection

I have included this section on evidence-based practice (EBP) because I believe that reflection can play an important part in the process. EBP is a fundamental component of modern healthcare in the UK and across the world. The importance of EBP for nursing has been very much influenced by the enormous amount of work that has been done within medicine supported by the Cochrane Collaboration. Sackett *et al.* (1996, p.71) have defined EBP for medicine as:

'... the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.'

This highlights the motivation to apply the best available empirically gathered evidence to clinical decision making, so that we can judge whether treatments and interventions are effective. The logical and rational process of EBP is very much in evidence in current discourses about nursing practice and is part of the preparation and continuing education of modern professional nurses. The impetus behind this movement is clearly connected with improving quality of care and this is laudable. However, I would like to suggest that the teaching of EBP can all too readily overly concentrate on teaching skills for critiquing, synthesising and applying research to practice, without consideration of some of the other factors that Sackett and colleagues focus on as important for good practice. In the definition above, you will see that they mention 'clinical expertise'; this emphasises the importance of clinical 'know-how' and judgement in the process of EBP. They also consider the requirement to

take into account the individual preferences and choices of patients as part of the process of EBP.

I would suggest that these two vital aspects of EBP can receive less attention in the education of nurses than the ability to search for, analyse and systematically apply research. Sackett *et al.* (1996, p.72) passionately suggested that: 'External clinical evidence can inform, but can never replace, individual clinical expertise, and it is this expertise that decides whether the external evidence applies to the individual patient at all and, if so, how it should be integrated into the clinical decision'. Consequently, it seems to me that we need to find ways to help our students and practitioners to develop their clinical judgement, and responses to individual patients, as well as their ability to apply empirical evidence. Reflection has the potential to provide this direction. This is because reflection can help nurses to develop their clinical judgement and explore their relationships with patients, particularly if this is facilitated through reflective dialogue with others, so that they can be both supported and challenged in the process. As a result, reflection offers the prospect of combining sensitivity with considerations of effectiveness, in partnership with patients, in a way that Sackett *et al.* suggest, but perhaps do not pursue.

McCarthy *et al.* (2010, p.103), in a book on values-based health and social care, have suggested that:

'A professional encounter with service users in health and social care settings is a unique situation which requires the professional to draw upon a vast range of knowledge and experience. The uniqueness of each encounter may be compared with the infinite varieties of patterns seen in a microscope view of snowflakes.'

They stressed that experiential learning is at the heart of improving clinical judgement and that connecting previous knowledge and experience in a discerning, thoughtful manner helps practitioners to develop expertise. Reflection has the capacity to do this and should be part of the process of EBP.

When there is a lack of empirical evidence, it is also important to draw on learning through experience, in order to inform clinical judgement. The example below illustrates that whilst as nurses we may be developing expertise in critically evaluating empirical evidence for practice, we should not forget to exercise our clinical judgement and our sensitivity in considering patients and their families. We should not lose sight of the things that we know through our practice.

Recently, I was preparing a session for my undergraduate nursing students looking at the use of touch in nursing and came across a review on the use and clinical effectiveness of touch as a nursing intervention by Gleeson and Timmins (2005). The paper provided a clearly conducted, objective literature review exploring the use and effectiveness of touch as a distinct aspect of nurse-patient communication. The authors carefully considered and logically determined that there was a lack of empirical

evidence available, coming to the conclusion that the widespread adoption of touch as a caring intervention should be discouraged in the absence of research evidence and clear guidelines for practice. At this point, my heart sank.

First of all, I began to cynically consider why there was not enough evidence; lack of funding sprang to mind, as well as the problems of applying highly valued quantitative methodologies to this sensitive area of research. I felt frustrated that the authors had not considered how their findings related to their own experiences of practice and other embodied accounts in the literature (see Rombalski 2003); this led to reflecting on my own years of practice experience. I recounted numerous occasions when I had used touch to communicate caring and compassion to my patients and their families – hands held on the long journey down to theatre, therapeutic back massages for a patient having to lie prone after a below-knee amputation, hugs for distraught family members whose relatives had just died, the many times I had held a hand in the night when patients couldn't sleep. I recollected how over the years I had taught my students about their privileged position as nurses and the need to carefully contemplate the power and appropriateness of touch in order to show connection through caring. I remembered how I had learnt this through working with inspiring role models in practice. I even recalled what it was like to have the tables turned and be a terrified preoperative patient myself, soothed with a reassuring squeeze of my hand by an operating department practitioner as I awaited surgery. I still believed in the importance of appropriate touch as part of compassionate nursing care, despite the fact that the evidence base was lacking.

My message is that we need to be critical about the process of evidence-based nursing and how it informs practice and develops nursing knowledge. Also, if evidence-based nursing is to be therapeutic to patients, it must involve thoughtful clinical judgement and the particular consideration of patients' needs. We must not forget that these are vital components of EBP. Reflection can provide the means by which we can investigate our clinical judgement and our connection with patients. As Nussbaum (1990) has suggested, real practical insight and understanding is a complex matter involving the whole soul, so much so that overtheorising and not drawing on these can actually get in the way of vision.

Reflection for communicating practice knowledge

I want to expand on the notion of practical insight and understanding a little more and make the point that nursing knowledge is important and has a valuable contribution to make to healthcare. We need to find ways to articulate this professional knowledge to others in order to improve nursing practice, liberate learning about practice, and develop the potency of nursing voices (Johns 2009). Reflection offers the potential to do

this. Ultimately, our motivation should be to find ways to deliver, and constructively consider, the care given to those in need of nursing. Whilst reflective education may not be the only way to question and challenge practice, it does provide a means by which nurses can critically express their practice, in a way that is viewed as valuable by them. It is true that nurses have always needed to learn from their experiences, since at the very least they are required to be safe to practise. Yet, reflection has the potential to develop criticality much further than this. This is because reflection can embody nurses within this knowing (communication about practice then becomes less sanitised; Morgan and Johns 2005), help nurses to directly relate their learning back into action, and give them a means by which they can articulate their practice knowledge (Bulman 2009).

Expressing oneself and one's practice requires a command of language, as well as a conducive working environment. This expression can be encouraged through facilitative dialogue with supervisors and mentors, the development of reflective writing and the judicious use of reflective frameworks (see Chapter 9 for more on this). Dunne (2007) has suggested that practitioners need not only a capacity to reflect but also the ability to articulate their practical wisdom or judgement in relation to practice. It is this, he claimed, that practitioners require since it concerns the improvement of practice. The language that can be developed through reflective education can provide a route to give nursing work more visibility, because it can enable nurses to find a way to express themselves and their practice.

The notion of 'voice' resonates particularly with the work of Belenky *et al.* (1997). Within their qualitative interview study, they explored women's ways of knowing, describing language as a tool for representing and communicating experience with others. Women talked of their 'voices' or 'points of view' being effectively silenced by oppressive forces in society, such as their education. (Belenky *et al.* did state that their work was not gender specific and so also applicable to men.) The key point here is that whilst nurses may have extensive practice repertoires, if they are not able to reflect on and communicate them, then this stays with them, undeveloped and unarticulated, and therefore does not challenge them, or others, or the organisations they work within.

Consequently, a reflective culture within nursing needs to be concerned with developing nurses' voices so that they can express their practice, consider and communicate its effects, and make a difference to it. Reflection, used in this way, has the potential to give more prominence to discourses about the everyday things that nurses do, since it gives more visibility to caring (Johns 2004). In nursing, these discourses may often be humanistic and concerned with caring for, and being with, people. This is about trying to make patients' journeys more bearable, as expressed through influential writing such as Campbell (1984) on the nurse as a skilled companion and Freshwater and Stickley (2004) on the importance of developing emotional intelligence in nurse education. It is a professional nursing discourse, which can be seen as different from an

organisational one related to efficiency and cost-effectiveness. It also differs from a medical focus on symptom control and curing.

Given that there are these tensions between different discourses, all professionals need to find ways to communicate their discipline and professional knowledge to others. This is significant because nursing knowledge has the potential to make a positive difference to patients. From a broader perspective, communicating what nursing is about is vital for the development of the profession and ultimately for its survival as a discipline. This seems particularly important in the UK where presently we seem to be confronted with media that distrust the professionally educated nurse and where therapeutic and humanistic nursing care does not seem to be given the same value as productivity and meeting targets.

Empowerment and change

With reference to Friere's (1972) work, Jarvis and Gibson (1997) have commented that it might be assumed that all reflective learning must be revolutionary, but that reflective learning is not automatically innovative. In fact, nursing research has highlighted the powerlessness that nurses may have to change things (Paget 2001; Mantzoukas and Jasper 2004). In addition, in a meta-analysis of research and discussion papers on reflective practice, Gustafsson *et al.* (2007) highlighted that reflective practice appeared to be dependent on environment and context. They emphasised that such a constructivist movement, based on learning through experience, was overlooked in environments favouring scientific knowledge and management values. It is inevitable, then, that nurses struggle to find ways to express their practice. Thus practice informed by reflection can only take place where nursing work is not taken for granted and where the knowledge generated through reflection is seen as important.

Mantzoukas and Jasper's (2004) study of reflection has explored this difficulty. They suggested that the concept of reflection appears to be invalidated by the organisational hierarchy and power struggles in practice. For instance, in their study, it was ward nurses' perception that the types of knowledge they possessed were not as important as either the 'scientific' knowledge of doctors or the generalised, non-practice focused knowledge of management. In addition, reflection, as nurses attempted to use it, was viewed negatively by this dominant ward culture. Thus, as the researchers concluded, if the organisational culture disregards the nature of learning through reflection and does not support its use, then it is not likely to become evident in daily practice. All of this does serve to highlight the importance of the environment to change, if reflection is to be considered transformatory.

Yet, in terms of personal change, research does indicate nurses undergoing personal transformation and developing insights into the nature of nursing and of their practice (see Collington and Hunt 2006; O'Donovan