


Reflective Practice in Nursing

FIFTH EDITION

Edited by
Chris Bulman
Sue Schutz

 WILEY-BLACKWELL

Contents

List of Contributors

Preface

Chapter 1: An introduction to reflection

Introduction

Contemporary challenges for reflective nursing practice and education

Explaining the concept of reflection

Contemporary descriptions of reflection

The influence of critical theory

Similarities and differences in explanations of reflection

Some key points about the concept of reflection

Noteworthy concepts for a deeper understanding of reflection

Evidence-based practice and reflection

Reflection for communicating practice knowledge

Empowerment and change

Nurse education and knowledge tensions

Nurse education and reflection

Liberating and using practice experience

Conclusion

Chapter 2: Developing skills for reflective practice

Introduction

[The importance of underlying skills](#)
[Limitations of a skills-based approach to developing reflective practice](#)
[An alternative approach to developing reflective practice](#)
[Guidance on using the exercises in this chapter](#)
[Self-awareness](#)
[Description](#)
[Critical analysis](#)
[Synthesis](#)
[Evaluation](#)
[A more wide-ranging approach to developing reflective practice](#)
[Attributes of the reflective practitioner](#)
[Conclusion](#)

[Chapter 3: Writing to learn: writing reflectively](#)

[Introduction](#)
[Your personal journal](#)
[Where does your personal journal fit into your reflective learning?](#)
[The purpose of a personal journal](#)
[Starting your journal](#)
[Blocks to writing](#)
[Content](#)
[What is reflective writing?](#)
[Professional responsibilities](#)
[Ethical considerations](#)

Conclusion

Appendix 1 The park: comments on the quality of reflection (Adapted from Moon 2004).

The park (4).

Appendix 2 Gibbs' reflective cycle (Gibbs 1998, adapted by Tate).

Chapter 4: Reflecting in groups

Introduction

Work-based learning, organisational learning and learning organisations

Groups to support reflection, learning and supervision

Group working: challenges and benefits

Running a group: ground rules and other pragmatic issues

Conclusion: many hands or too many cooks?

Chapter 5: An exploration of the student and mentor journey into reflective practice

Introduction

Changes and pressures on nursing and education – why reflection is increasingly important for students and mentors

The student's journey into reflection

The mentor's journey into reflection

Mentor preparation and reflection

Conclusion

Chapter 6: Supervision for supervisors: icing on the cake or a basic ingredient for the development of clinical supervision in nursing?

Introduction

Making connections between reflective practice
and clinical supervision

Background to team supervision as the focus for
supervision on supervisory practice

Establishing the relationship for supervision on
supervision

The use of the telephone as a method of clinical
supervision

Using reflection for supervision on (John's).
supervision

Focusing on the supervisory process to identify
'blind spots'

The use of parallel process

Game playing in supervision

Supervisory preferences and styles

Just like supervision for supervisors: more
questions than answers?

Chapter 7: A personal exploration of reflective and clinical expertise

Back to the beginning

Step 1 Return to the experience: finding what is
at the heart of your experience

[Side-step: the art of finding knowledge in experience](#)

[Step 2 Attend to the feelings – finding what is in your heart](#)

[Step 3 Re-evaluate the experience – putting my heart and mind into knowing my practice](#)

[Concluding reflections](#)

[Chapter 8: Assessing and evaluating reflection](#)

[Introduction](#)

[Definitions](#)

[The assessment of reflection](#)

[Grading reflection](#)

[Issues for students and teaching staff in the assessment of reflection](#)

[Evaluating reflection](#)

[Conclusion](#)

[Chapter 9: Getting started on a journey with reflection](#)

[Contemplating the journey](#)

[Key suggestions for your journey with reflection](#)

[Conclusion](#)

[Index](#)

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.

Reflective Practice in Nursing

Fifth Edition

Edited by

Chris Bulman

PhD, MSc, BSc (Hons), RN, RNT, PGCEA
Senior Lecturer, Faculty of Health and Life Sciences,
Oxford Brookes University, Oxford, UK

Sue Schutz

MSc, RGN, Cert Ed (FE)
Senior Lecturer, Faculty of Health and Life Sciences,
Oxford Brookes University, Oxford;
Part-time PhD Student,
University of Southampton, Southampton, UK

 **WILEY-BLACKWELL**
A John Wiley & Sons, Ltd, Publication

This edition first published 2013 © 2013 by John Wiley & Sons, Ltd

Wiley-Blackwell is an imprint of John Wiley & Sons, formed by the merger of Wiley's global Scientific, Technical and Medical business with Blackwell Publishing.

Registered Office

John Wiley & Sons, Ltd, The Atrium, Southern Gate,
Chichester, West Sussex, PO19 8SQ, UK

Editorial Offices

9600 Garsington Road, Oxford, OX4 2DQ, UK
The Atrium, Southern Gate, Chichester, West Sussex, PO19
8SQ, UK

111 River Street, Hoboken, NJ 07030-5774, USA

For details of our global editorial offices, for customer services and for information about how to apply for permission to reuse the copyright material in this book please see our website at www.wiley.com/wiley-blackwell.

The right of the author to be identified as the author of this work has been asserted in accordance with the UK Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by the UK Copyright, Designs and Patents Act 1988, without the prior permission of the publisher.

Designations used by companies to distinguish their products are often claimed as trademarks. All brand names and product names used in this book are trade names, service marks, trademarks or registered trademarks of their respective owners. The publisher is not associated with any product or vendor mentioned in this book.

Limit of Liability/Disclaimer of Warranty: While the publisher and author(s) have used their best efforts in preparing this book, they make no representations or warranties with respect to the accuracy or completeness of the contents of this book and specifically disclaim any implied warranties of merchantability or fitness for a particular purpose. It is sold on the understanding that the publisher is not engaged in rendering professional services and neither the publisher nor the author shall be liable for damages arising herefrom. If professional advice or other expert assistance is required, the services of a competent professional should be sought.

Library of Congress Cataloging-in-Publication Data

Reflective practice in nursing / edited by Chris Bulman, Sue Schutz. – 5th ed.
p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-470-65810-9 (pbk. : alk. paper)

I. Bulman, Chris. II. Schutz, Sue. [DNLM: 1. Nursing. 2. Education, Nursing.

3. Learning. 4. Nursing Process. 5. Philosophy, Nursing. 6. Thinking. WY 16]

610.73-dc23

2012032716

A catalogue record for this book is available from the British Library.

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Cover image: iStock image 19247374

Cover design by Sophie Ford www.hisandhersdesign.co.uk

List of Contributors

Sue Atkins MSc, RN, RM, Dip Nursing, Dip Nursing Ed, Senior Lecturer, Faculty of Health and Life Sciences, Oxford Brookes University, Oxford, UK

Chris Bulman PhD, MSc, BSc (Hons), RN, RNT, PGCEA, Senior Lecturer, Faculty of Health and Life Sciences, Oxford Brookes University, Oxford, UK

Bernadette Carter PhD, PGCE, BSc, RSCN, SRN, Professor of Children's Nursing, Families, Children and Life Transitions Research Group, Department of Nursing, University of Central Lancashire, Preston, UK

Paul Cassedy RMN, RNT, MA Counselling Practice, Health Lecturer, School of Nursing, University of Nottingham, Nottingham, UK

John Driscoll BSc (Hons) Nursing, DPSN, Cert Ed (FE), RGN, RMN, Freelance CPD Consultant and Coach, Norfolk, UK

Sue Duke PhD, MSc, BSc, PGDE, RN, RNT, Consultant Practitioner in Cancer and Palliative Care, Senior Lecturer, Faculty of Health Sciences, University of Southampton, Southampton, UK

Charlotte Maddison MSc, BA (Hons), RGN, PGCE, Senior Lecturer, Faculty of Health and Life Sciences, Oxford Brookes University, Oxford, UK

Sue Schutz MSc, RGN, Cert Ed (FE), Senior Lecturer, Faculty of Health and Life Sciences, Oxford Brookes University, Oxford; Part-time PhD Student, University of

Southampton, Southampton, UK

Pam Sharp MSc, PG Dip, RGN, Senior Lecturer, Faculty of Health and Life Sciences, Oxford Brookes University, Oxford, UK

Sylvina Tate MSc, PGDE, BSc (Hons), Dip Nursing (London), RGN, ENB 998, BTech Certificates Massage and Aromatherapy, Dru Yoga Teachers Diploma, Reiki II Practitioner Certificate, Life Coach, formerly Principal Lecturer, School of Life Sciences, University of Westminster, London, UK

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

Chris Bulman

Faculty of Health and Life Sciences, Oxford Brookes
University, Oxford, UK

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