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Outline an exploratory descriptive case study which aimed to explore the development of knowledge and skills for reflective practice, in Pre-registration Children and Young People’s Nursing.

A Mixed Method Study.
• While we cannot learn or be taught to think, we do have to learn to think well, especially how we acquire the general habit of reflecting (Dewey 1933).
Background to Reflection

• The essence, purpose and social mandate of nursing is the development and application of professional knowledge to embrace the individual’s health (Jonsdottir et al 2004)

• Reflective practice helps to cultivate practical and emotional wisdom which is espoused as a way to link theory and practice

• Helping practitioners cope with uncertainty in the unpredictable, complex and dynamic world of nursing practice.
The global explosion in reflective practice means that reflection and reflective practice have been situated in the genre of nursing and health care literature, for several decades with an established position in nurse education.

Described as an epistemology of practice in which the invisible becomes visible, embuing transformation and emancipatory knowledge.
• Antecedents of reflective practice emerged within nursing as the antitheses of ritualistic care, tradition and folklore
• Emancipatory knowledge developed through the process of reflection was attractive to the nursing profession, empowering us to throw off the shackles of a restrained and oppressed past with unswerving obedience to higher ranks and a military hierarchy.
Children and Young People’s Nursing.

- Children and young people’s nurses are exposed to many unique and challenging situations
- As such seek flexible ways of responding ethically to perplexing situations
- Within everyday nursing there is a rich and deeply embedded seam of reflective interpretation and practical wisdom, whereby nurses create a safe and dutiful passage for children, young people, and their families.
• Children’s nurses have intimate situated knowledge of the child and family in complex situations with whom the nurse engages in dynamic relational processes
• The process of reflection affords practitioners the opportunity to unpack the complexities of practice and assign meaning whilst learning from practice
• Whilst reflection is noted as a natural human activity, the deliberate and systematic development and engagement in reflection as a tool for learning is acknowledged as a highly complex activity (Burns & Bulman 2000:28).
The Context: Theoretical Position

- The rhetoric of reflective practice has infused the literature and has been driven by key theorists including:
  - Dewey (1933) Interaction-reflection – experience
  - Lewin (1951) Group dynamics and change
  - Kolb (1984) Experiential learning cycle
  - Mezirow (1990) - Critical reflection
  - Friere (1972) Emancipatory pedagogy/conscientisation
Theoretical Limitations and Definitional Inconsistencies

• The literature is replete with theoretical inconsistencies illustrating a lack of definition, theoretical clarity and cohesion. Further gaps in philosophical, theoretical politico-ethico-moral and legal perspectives (Burns and Bulman 2000, Bradbury Jones 2007, Clouder 2002, Kinsella 2003). Described as:
  • Catch-all
  • Passing fad
  • Umbrella term
Conflation of Terms

- Reflection
- Reflective practice
- Reflection – in – on practice
- Reflection and learning
- Reflection and children’s nursing
- Reflection and/or studies in children and young people’s nursing
- Reflection and child and family centred care
- Critical reflection
Study Aim

• To explore and describe the significance, effectiveness and development of reflective practice in children and young people’s nursing students.
Research Questions

1. How do the personal qualities and attributes (characteristics) of the learner influence the reflective process?
2. What type of knowledge and skills are fundamental to the development of reflective practice?
3. How do students engage in reflective practice?
4. How does the process of reflection develop and change during the undergraduate period and influence care delivery?
Study Design: Case Study

• Requirements of the study and the nature of the knowledge which the study sought to explore, were key considerations in determining the study design.
• Internal logic was important to connect the research questions to empirical data.
• Important to ensure congruence between all elements of the study.
Ethical Responsibility/Governance

- Ethical approval conferred from study centres
- Ethical principals were an integral part of all elements of the study and not reflected as a ‘stand alone’ distinct component.
Rigor

- Generalizability
- Robustness and integrity of the research design ensuring that conventions and procedures have been followed meticulously and any confounding factors identified, limited or eliminated
- Validity
- Reliability
- Objectivity
- Reflexivity
Methodology

• Single case study
• Recruited participants (n=18) from a single higher education institution in the West Midlands (UK)
• Data were collected during three phases nesting qualitative and quantitative methods in order to build up a rich multi-dimensional and multi-layered picture of reflection
• Pilot studies undertaken at each stage and data collection instruments amended.
• Inclusion/exclusion criteria applied (finalist students included).
Methods : Three Phases
Enjoining Methods

1. Survey questionnaire (Purposive convenience sample n=18)
2. Nominal Group Technique (Purposive convenience sample n=18)
3. Conversational Semi-structured interviews (Volunteer quota sample n=8).
Phase 1: Survey Questionnaire

- Aim to capture empirical data which could be quantified, organized around 3 major overarching questions and sub questions with a specific focus
- **Question 1.** (A-C) About You
- **Question 2.** (A-B) Academic Background and Entry Criteria
- **Question 3** (A-P) Developing As A Reflective Practitioner.
Phase 2: Nominal Group Technique (Delbecq and Van de Ven 1971, Delbecq et al. 1975)

• Described as semi-quantitative/qualitative methodology (Potter et al. 2004, Perry and Linsley 2006)

• Highly structured and the advantage is that data collection and analysis occur simultaneously, engaging participants and member checking, ensuring transparency and reducing bias.
Operational Stages NGT

1. Silent generation of ideas in writing
2. Round robin recording of ideas
3. Serial discussion for clarification
4. Preliminary vote of item importance
5. Final voting
6. Reflection
   - *Participants partitioned into 2 equal groups*
   - *External verifier* present to ensure objectivity, fairness and equity.
Conversational Semi-structured Interviews

• Followed-up emerging issues from the previous two phases of data collection
• **Laddering technique** (Price 2002)
• These operate at three levels moving from *description* and scene setting, *knowledge* questions and questions relating to **values and beliefs** (double-loop learning).
Data Analysis

• Systematically impose order on a dearth of data across the three phases
• An eclectic approach was employed incorporating *conventional qualitative content analysis* (Hsieh and Shannon 2005) coupled with *three concurrent flows of activity* (Miles and Huberman 1994).
• Yielding six definitive themes
• Data which could be quantified are reported as descriptive statistics as they have no statistical significance.
Themes

1. Reflection is about you
2. Reflection is a strategy for learning
3. Reflection Cements it Altogether
4. Reflection Gives You Space
5. A Reflective Lens for caring
6. Reflection and Evidence-based Practice.
Theme One: Reflection is About You.

- Participants became self-aware and in-tune with their feelings, emotions, beliefs, strengths, and limitations.

- Developing deeper insights into their behaviour and responsibilities as professionals.

- “It gives me a process and tools to disseminate events, problems or situations and feel empowered to enhance my practice independently or with others. It has enabled me to feel equipped to deal with my personal practice ‘(Participant 12).

- ‘Reflecting has helped me to identify and develop my strengths as a nursing student and identify and act appropriately in overcoming any weakness’ (Participant 2).
• ‘It is through reflection that I have come to know who I am professionally (Participant 2).
• ‘I think about things that I have done and I go through the process of things I’ve done during the day and I try to identify things…..’(Participant 5).
• ‘Just looking back on things that I have done... (Participant 1).
• ‘Reflection is about you, and your unique way of trying to express something and change’ (Participant 4).
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<thead>
<tr>
<th>Feeling Associated With Reflection</th>
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<tr>
<td>Self Awareness</td>
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<tr>
<td>Empathy</td>
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<tr>
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<td>Anger</td>
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<td>Feeling Inadequate</td>
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Theme Two: Reflection is A Strategy for learning

- Demographic data – predominantly white female (94%) male (6%) age distributed between 18-55 years with a mean age of 27 years
- Majority entered with A levels
- Majority asserted that reflective practice had enhanced their learning.

- ‘I think that we constantly reflect-we just do it’ (Participant 6).
- It just comes so natural’ Participant 12).
- ‘You programmed us to reflect!’(Participant 7).
Qualitative data supported participants’ ability to reflect and learn, often leading individuals to those eureka moments when ‘the penny drops’.

• ‘… and reflection helps you know, you have an epiphany, the eureka moment when you know the penny drops and you think god.. I get it’ (Participant 3).

• ‘….yes I know what’s going on now and you get lots of eureka moments throughout …yes as a student you get lots, you think how and I going to do this and then all of a sudden something happens and you get it!’ (Participant 4).
Theme Three: Reflection Cements it Altogether

• It's a 'growing-up' process
• Reflection in and on practice
• Reflective models
• Single and double–loop learning.

The Reflective Habitat

- At Home: 12, 30%
- In Practice: 11, 27%
- Talking to Friends: 7, 17%
- In My Head: 5, 13%
- Other: 5, 13%
Theme Four: Reflection Gives You Space

- Recurring theme was the relationship between reflection and the importance of talking to others
- Physical and psycho-emotional spaces
- ‘Permission to speak’ - I don’t know
- Coping mechanism.

- “......always reflect on practice with other students to compare learning experiences” (Participant 8).
- “Talking to others helps you to see things in a new ways and highlights issues that you may not have considered” (Participant 17)
- ‘Reflection…… it’s like..... provides me with a coping mechanism to sort stuff out in my head’ (Participant 11).
Theme Five: A Reflective lens for Caring

- Within this theme, participants used reflection as a means to enter the world of the child, young person and family and assume a privileged position in that child’s healthcare journey. Therefore whilst working with children, young people and families, participants’ practice could be grasped in all its complexity and unravelled for its meaning through a reflective lens (Johns 2002).
‘I think of myself as a practitioner. It helps me look at myself through someone else’s eyes in a way. To see what I could do better and how I am actually coming across to children and families. Yes... and also talking to the children and families and I think that it is nice when you get kind of good feedback cos that makes you think actually, I’m doing – I ‘m alright (Participant 8).
Theme Six: Reflection and Evidence-based Practice

- The term ‘evidence’ is derived from the Latin ‘ex videns’ meaning ‘from what is seen’ (Rolfe and Gardner 2005:305).
- Child and family centred care
- Emotional intelligence and emotional wisdom fostered through reflection and its application to children’s nursing
- Clinical thinking.
• ‘…link my practice to new evidence that’s coming through and things which would be advantageous to the child and family and improve the care and service we’re giving’ (Participant 10).
• ‘Allows you to establish best practice with evidence’ (Participant 12).
• ‘Reflection…. encourages you to research topics and provides evidence-base care resulting in better care for patients’ (Participant 2).
Recommendations

- Longitudinal study (Post doctoral)
- Exploration of the role of the mentor
- Impact upon patient outcomes
- Pedagogical explorations
- Development of an online Tool Kit.
Conclusion

- Reflection was described as a map and compass helping students to negotiate their way through complicated practice.
- During their journey, they described themselves as passing from passive dependency to independent critical thinkers.
- Contemporary literature pertaining to reflection remains voluminous and a paucity in robust evidence.
- Difficult to generalize from this study but the data has significance beyond the scope of the study having significance for professional pedagogy, role of the teacher and learner and communities of practice.
Thank you for listening

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References


