

THE USE OF GUIDED REFLECTIVE JOURNALS IN CLINICAL NURSING COURSES

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Research has shown that the regular habit of journal writing can deepen students' thinking about their course subjects by helping them see that an academic field is an arena for wonder, inquiry, and controversy rather than simply a new body of information.

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Introduction

In nursing courses, lecture and discussion have been the primary methodologies for teaching theoretical principles, and the standard measurement tool for evaluating academic success in the classroom has been pen-and-paper testing. As a result, nursing students have tended to memorize factual material in order to pass their exams, but then found it difficult to apply their newly acquired theoretical knowledge to the clinical area. With a more complete understanding of the relationship between theory and practice, nursing students could not only improve their performance in both classroom and clinical settings but also become more competent nurses upon graduating.

For learners who must demonstrate the practical application of didactic knowledge, it is important that they become “aware of their attitudes toward learning” (Rosenbaum, Lobas, and Ferguson 1187). With nursing students, this task appears to be most effectively accomplished by encouraging them to reflect on the larger context, meaning, and implications of their actions and experiences in the clinical area. Through this process, which fosters the internalization of concepts that have been encountered in the classroom, nursing students can gain better insight into the areas in which they need additional theoretical grounding, thereby improving both their academic and clinical success.

Guided reflective journals are a form of exploratory writing whose purpose is to stimulate student thinking about both theoretical and clinical concepts (Bean 102). They provide the opportunity for a student-centered written conversation between learner and instructor regarding significant experiences that have occurred in the clinical area. In the journal, students can pose questions, seek clarification of specific

items, find meaning, and discuss matters of concern and interest with the instructor (Paterson 211).

Dye states that journaling with “a structured journal format with clear instructions and ongoing feedback has been found to be most successful in maintaining student engagement” (1). Increased student engagement leads to a better understanding of course content, and this improved understanding strengthens student ability to apply theoretical concepts to the performance-based skills required of competent practitioners. For students entering the nursing profession, the ability to link theory with practice through ongoing reflection is of vital importance. As Dye points out, “An essential component of expert professional practice is the practitioner’s ability to critically reflect on his or her performance” (1).

As a strategy to encourage nursing students to reflect upon their performance, guided reflective journals were introduced into the Parent-Child Nursing course (SCR270) in LaGuardia Community College’s PN-RN Advanced Pathway program. The students who enter the PN-RN Advanced Pathway are Licensed Practical Nurses already in possession of technical skills that can be applied under the proper supervision. Their goal, however, is to assume the role of a Registered Nurse, which carries with it a much greater level of responsibility and requires practitioners to think critically rather than rely on the guidance of others. This study explores the use of guided reflective journals in helping nursing students achieve this goal.

Sample Population

The students involved in this study were Licensed Practical Nurses studying in the PN-RN Advanced Pathway program for the purpose of becoming Registered Nurses. There was a total of thirty students, twenty-eight of whom were female. Ranging in age from their mid-20s to their mid-50s, most of the students were returning to school while continuing to work full time.

All of the students were enrolled in the evening section of the course, Parent-Child Nursing, which requires both classroom and clinical work. For their clinical work, the thirty students were divided into three groups of ten students each. Their maternity and pediatric clinical rotations were carried out at three locations: Bellevue Hospital Center, Jamaica Hospital Center, and Flushing Hospital Center, all in New York City.

Methodology

The thirty students were each given a journal and a weekly writing assignment that would compel them to reflect on their practice in the clinical setting and encourage them to be better prepared for their next clinical experience. As explained to the students, the overall purpose of keeping a journal was to record their experiences, reflect on what they had learned, and document the sources that they had used as scientific rationales for the decisions they had made and the actions they had carried out during the clinical rotation day.

Written instructions for completing the assignment were distributed to the students on the first day of class and reinforced by an oral summary of the guided journal process. The students were asked to determine a personal clinical objective each week and then to reflect on their experience of attempting to achieve that goal. They were instructed to research areas where they felt they had a knowledge deficit and to reflect on what they might do differently as a result of their experience. To help start the process, a list of suggested personal objectives was distributed, although the students were also encouraged to create their own personal objectives. (For the full text of the assignment and list of suggested personal objectives, see Appendix.)

Each week, the instructor collected the journals and read the most recent entries. Using criteria developed by Hatton and Smith (described in detail below), the instructor evaluated the level of reflection to be found in each student's writing and provided feedback on how the level of reflection might be improved the next week. The contents of the journals were kept confidential, and the instructor met with students personally as needed. Students who required remediation were referred to the nursing skills laboratory for additional practice, and the class instructor monitored their journals on a more frequent basis. The students also signed permission slips allowing the instructor to analyze their journal writing for research purposes.

Data Analysis

In a study conducted at the University of Sydney, Hatton and Smith identified four levels of reflective writing: (1) descriptive, (2) descriptive reflective, (3) dialogic reflective, and (4) critical reflective. These levels are hierarchical in nature, with "descriptive" representing the lowest level of reflective writing and "critical reflective" the highest.

Descriptive writing, according to Hatton and Smith, is "not reflective at all, but merely reports events" (14). In this form of writing,

students do not provide reasons or justifications for their actions. Instead, their journal entries are limited to task-oriented descriptions of the duties they have carried out. Although such descriptions might be quite detailed, they do not explain why the student writers did what they did, nor indicate whether, in their estimation, the task was successfully accomplished.

Descriptive reflective writing is defined by Hatton and Smith as reflection that attempts to provide reasons, often based on the students' personal judgment or on what they have read in the literature (14). These journal entries may provide a measure of student self-assessment or clarification of intentions, but they are generally restricted to just one perspective or present only a single factor as the rationale for what occurred (24).

Dialogic reflective writing is a form of conversation that writers have with themselves (14). In this type of reflection, students spend less time reporting events and more time discussing experiences. They explore possible rationales for their actions and reveal a deeper understanding of concepts. There is evidence in this type of reflective writing that students are drawing on their powers of judgment, explaining their actions in specific situations, seeking possible alternatives, and beginning to hypothesize about future actions (24).

Critical reflective writing, at the top of Hatton and Smith's hierarchy, includes clear rationales for actions and decisions, and takes into account the broader theoretical, historical, social, and political contexts of the writer's experience. Students writing at this level of reflection go beyond a single personal perspective. They are able to demonstrate an awareness of what has influenced their actions and to discuss the effects their actions might have in multiple contexts (14, 24).

Examples of student journal entries of each type, with the exception of critical reflective writing, can be found in Table 1. Examples of critical reflection are not provided as none of the nursing students was able to demonstrate this level of reflection.

Table 1: Sample Student Journal Entries Categorized According to the Hatton and Smith Criteria

Student journal entry	Descriptive	Descriptive reflective	Dialogic reflective	Critical reflective
Student 1	<p>Today I was assigned to 34 year old patient who had a C-Section done. She also had Sickle Cell Disease and was concerned about her newborn baby getting the disease. My goal was to teach her about the disease and also how to care for her wound to prevent infection. I was able to inform her that for her daughter to get the disease the father would have to have the disease and the newborn chances would be 25%. I also taught her about hand washing technique to prevent infection and also to walk as much as she can to prevent constipation.</p>		<p>Today I was assigned to the newborn nursery. Since I am repeating this course, I decided to explore all of the areas of newborn assessment so that I can get a better understanding. I was more comfortable in doing a thorough assessment along with my professor and I am sure this will help me in my exam.</p>	
Student 2		<p>Today I was assigned to my first clinical task and duties [and] I was a little nervous when professor gave me the assignment. Although I am a nurse for 5 years I never worked on a maternity unit. I was glad to get this experience so in the future I can think of working the maternity unit at times.</p>	<p>My patient today was a 7 year old boy diagnosed with Status Asthmaticus. I have learned that Status Asthmaticus can cause severe respiratory distress and without immediate care the child may progress to respiratory failure and die. After receiving treatment [with] solumedrol, which I administered with my professor, my patient was able to walk around without any respiratory distress. I wrote a note, gave report to the nurse and I was very happy I got the opportunity to help.</p>	

In addition to evaluating the students' weekly entries in their guided reflective journals, the instructor also examined two other measures of student performance. One measure was the unit exams based on material covered in class and graded with a percentage score. Evaluations of the

students' clinical performance constituted the second measure. For the formal clinical evaluations, the students received one of three grades: "satisfactory," "needs improvement," or "unsatisfactory."

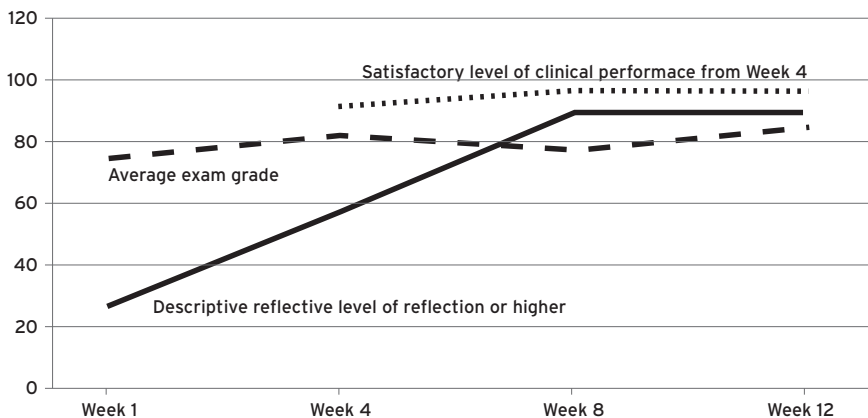
At the end of the semester, data from Weeks One, Four, Eight, and Twelve was compiled and plotted on a graph so that trends could be examined. These data included (1) the percentage of students writing at a descriptive reflective level or higher, (2) the average exam score, and (3) the percentage of students receiving a clinical performance assessment of "satisfactory." The question being posed was whether any correlation might be observed between the students' ability to reflect and their academic performance in class and in the clinical area.

Results

The most significant result of the study was that most students showed clear evidence of being able to use their instructor's feedback to increase the level of reflection found in their journal writing over the course of the semester. During the first week, as shown in Graph 1, only 27% of the students were writing at even the descriptive reflective level (the second lowest level in Hatton and Smith's hierarchy) in their journal entries. The large majority wrote only descriptive passages, with little or no evidence of reflective thought.

By the fourth week, the number of students writing at the descriptive reflective level had more than doubled, reaching 57%. By the eighth week, 90% of the students were using their journals for reflective purposes, and of these, nearly half had reached the level of dialogic reflection.

Graph 1: Comparison of Students' Level of Reflection, Exam Grades, and Clinical Performance



Although no students were able to attain the highest of Hatton and Smith's levels, that of critical reflection, the number writing at the descriptive reflective and dialogic reflective levels held steady until the end of the semester. In Week Twelve, only three of the thirty students (10%) continued to limit themselves to simple descriptions. Fourteen students (47%) were demonstrating an ability to engage in descriptive reflection, while another thirteen students (43%) had reached the level of dialogic reflection.

There was also some indication that the students' increasing ability to use their journals for reflection might be related to improved results on both their written exams and their clinical performance. As a group, the students had their lowest average exam grade, 75%, during the first week, when their journal writing was almost entirely limited to simple description. By the fourth week, when a majority (57%) of the students had begun to write reflectively in their journals, the average exam grade had increased to 82%.

In the eighth week, the average student exam grade slipped to 77%, even though 90% of the students had reached at least the descriptive reflective level of journal writing. This apparent contradiction can be explained, however, by the fact that the class had just concluded the part of the course dealing with maternity and was taking the first exam devoted to pediatrics; the change in subject matter could easily account for the lower exam scores. By the twelfth week, the average exam grade had risen to 85%, the highest average during the entire semester. At this point, not only were 90% of the students continuing to write reflectively in their journals, but nearly half of these had reached the level of dialogic reflection.

In the area of clinical performance, where the effects of reflective writing might be expected to be most observable, the results were even more consistent. In the first week, the students' clinical performance had been only at the beginning stages and was not formally assessed. In the fourth week, however, 90% of the students received an evaluation of "satisfactory," while 10% got a grade of "needs improvement" or "unsatisfactory." As the percentage of students writing reflectively in their journals increased from 57% in the fourth week to 90% in the eighth week, the percentage receiving a grade of "satisfactory" on their clinical performance also increased, from 90% to 96%. As noted, the level of reflection in the student journals remained high in the twelfth week, as did the students' clinical performance, with 96% once again receiving a grade of "satisfactory" during that week.

In addition to exam scores and evaluations of clinical performance, there were other indications of the positive effect of reflective writing on the students' work and on their attitudes toward that work. In their journals, the students gradually became more focused on the results of their actions, and on the effect of those actions on their patients, as opposed to just reporting the tasks they had accomplished. They also made increasing reference to how much they were learning by keeping reflective journals and how the experience was affecting their academic and clinical success.

It was also noted that students who reflected more often in their journals tended to seek more frequent clarification from the instructor in both classroom and clinical settings, and these conversations in turn helped the instructor understand what the students were experiencing. For example, Ming, with grades of B and B+ on her exams, was having difficulty applying principles learned in class to the clinical area. In one instance, under Ming's care was a 17-month-old infant who cried vigorously whenever Ming approached with a stethoscope. Unable to soothe the child, Ming asked the instructor for help in obtaining the vital signs of the crying infant, and this task was successfully accomplished. It was not until the instructor read Ming's journal, however, that she discovered Ming's awareness that the infant was in pain or associated the stethoscope with pain:

Today, I was assigned to a patient who was admitted due to a right hip dislocation. She is a 17 month old Asian. When I walked in, the mother was playing with her, and she seemed to be having fun. I introduced myself and asked the mother if I could take the baby's vital sign. She allowed me to do so. Upon starting to take her apical pulse, the baby started crying and pushing the stethoscope I was holding away from her. I realized that she associated the stethoscope with pain or an unpleasant experience. The mother seemed to be upset about the baby's crying. I did not know what to do, so I decided to come back later. About 15 minutes had passed, and I walked in and smiled cheerfully. At first I allowed the baby to become familiar with the stethoscope, and surprisingly she began to play with it for a while. I thought to myself, "I got you." Nonetheless, when I tried to put it on her heart, she went ballistic again. She cried and fidgeted more than before. The mother was apologetic to me. I felt bad for her. I told her not to feel that way because

it was natural that her baby was not cooperative due to the pain associated with the stethoscope. Finally, I asked Professor Haslip to save me from the situation. While the professor distracted the baby with toys, I was able to get an apical pulse and respiration. Even though she gave me a hard time, I felt bad for her. It must be very frustrating since she is not able to express herself. The only expression she could express was to cry.

After reading this journal entry and discussing the situation with Ming, the instructor realized that Ming had not thought to apply the principles of infant growth and development covered in class to her clinical experience. Although Ming had studied Erikson's theory of growth and development, she had not recognized that the infant was in the "Trust versus Mistrust" stage of development (London et al. 892). When asked what she would do differently in the future, Ming replied, "Have the Mom hold the baby." Reflecting upon her encounter with the mom and the baby, Ming offered, "I must think about what is said in class and what I have read." Thus, as a result of journal writing and the discussion with the instructor that it prompted, Ming was able to make a connection between classroom learning and direct experience in the clinical setting.

Conclusions

The use of guided reflective journals points to a positive influence on overall student progress, at least as observed in a clinical nursing course. Evidence suggests that as students improve their level of reflective writing, exam grades and clinical performance improve as well.

In sum, student reflection appears to foster growth in both academic and clinical settings. Through reflection, students become more attuned to themselves and begin to develop an awareness of the temporary limitations and potential applications of their knowledge base. When new to the idea of keeping a journal of their experiences, students tend to reflect at a lower level and to limit themselves to the relating of specific events. They do not know what it is they have not learned until they attempt to make decisions or explain their actions. It is not until students recognize the limitations of their own practice that they begin to make connections with what they have learned in the classroom. In asking students what prevented them from achieving their goal or what they could have done better, the instructor is really asking whether the students have begun to reflect. Reflection leads to

a search for answers, which in turn leads to a greater appreciation for what has been covered in class.

The process of keeping a guided reflective journal moves the student through this process to higher levels of reflection. Reflection in the clinical setting forces nursing students to acknowledge their own strengths and limitations as they attempt to make decisions concerning patient care. When students receive instructor feedback in the form of increasingly demanding reflective questions, they begin to utilize more complex processes that result in higher levels of critical thinking and more effective decision-making.

Appendix: The Guided Journal Assignment

SCR 270 Parent-Child Nursing Clinical Rotation Guided Journal

The clinical rotation for maternity nursing will take place the first six weeks of the course and each week you will rotate to a different area of maternity. The pediatric nursing clinical rotation will take place the last six weeks of the course. To optimize your personal clinical experiences, you will keep a journal to record your learning objectives and learning experiences throughout the semester.

Purpose: To provide you with an opportunity to focus on a personal learning objective apart from the assigned clinical learning objective.

Description: Your journal should be kept in a small notepad and carried to the clinical area each week. Write your personal objective and the date as the title of your entry. Use the informal narrative style of writing for all entries and proceed in the following manner:

1. Prior to reporting to the clinical area, write down your own personal learning objective for the day.
2. At the end of the clinical day, record your experiences in your journal.
3. Explain if you were or were not able to meet your personal learning objective.
4. Describe what you would do the same or differently to ensure you met your objective during the next clinical experience.
5. Write a reflection of the entire clinical rotation experience as your final entry in your journal at the end of the semester.

Below are suggestions you may use as learning objectives; however, you are encouraged to develop your own personal goals.

- Week 1 Personal expectations for orientation to the maternity units
- Week 2 Personal organization of your clinical tasks and duties
- Week 3 Prioritization of your work day
- Week 4 Communication and interaction with a maternity client
- Week 5 Communication with another healthcare professional (MD, Pharmacist, etc.) regarding your client
- Week 6 Formal report to the nurse responsible for your client
- Week 7 Personal expectations for orientation to the pediatric units
- Week 8 Understanding the drug interactions of medications you will be administering to the pediatric clients
- Week 9 Patient education for the parents of an infant
- Week 10 Patient education for the parents of a toddler or pre-schooler
- Week 11 Patient education for the parents of a school-age child or adolescent
- Week 12 Reflections on the entire clinical experience

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