

Reflection and nursing education

Wanda Pierson RN MSN MA(Ed)

Doctoral Student, Simon Fraser University, Faculty of Education, Burnaby, BC, Canada

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The notion of reflection has become a significant concept within nursing education. What is it? How is it learned/taught? How is it implemented in practice? This paper explores reflection as both a technique and a purposeful inter-subjective process. Some of the current theoretical underpinnings of reflection, with particular attention to a Heideggerian perspective, are examined. It is suggested that the Heideggerian notion of reflection as the integration of calculative and contemplative thinking is an effective way to consider the concept of reflection.

Keywords: reflection, Heidegger, nursing education, journal writing, clinical debriefing

INTRODUCTION

Within the domain of professional nursing education there is presently intense interest in the phenomenon of reflection. What is it? How is it learned and/or taught? How is it implemented in daily nursing practice? There is, however, both within the published literature, and within the daily register of professional nursing education, diverse understandings of the meaning of reflection. The lives of student nurses have been significantly affected by these multiple and tacit understandings of the concept, as materials and activities have been consciously included in curricula to foster reflective development. There is therefore a need to examine the concept of reflection and construct a working definition of the term which may be used to inform nursing education.

The notion of reflection as a significant concept in nursing education has been influenced by a developing awareness on the part of nurse educators of the need to encourage their students to become thoughtful individuals, capable of critical and innovative thinking. The rapidly changing and developing arenas of biological and medical technology, coupled with a myriad of social concerns and issues affecting individual, family and societal health, necessitates that nursing practitioners engage

themselves fully with clients in the pursuit of health and healing. These social, professional and technical factors have served as catalysts in the development of nursing curricula, resulting in a movement away from traditional positivistic and behaviourist educational paradigms to more qualitative approaches, based on emancipatory philosophy and critical social theory. Reflection, in these new curricula, is often considered an appropriate vehicle for the analysis of nursing practice, fostering not only an understanding of nurses' work, but also the development of the critically thoughtful approaches essential for providing nursing care in complex environments. Consequently, reflection as a pedagogical method, has been included in many nursing curricula.

The following paper is a discussion of some current theoretical conceptions regarding reflection with particular attention given to a Heideggerian notion of reflective thinking. This paper also examines some specific clinical teaching strategies used to foster reflective thought.

SOME THEORETICAL UNDERPINNINGS

In order to more fully understand the use of reflection as a pedagogical strategy it is useful to explore some of the philosophical and theoretical notions associated with the concept. Generally, reflection is connected, in some manner, to thinking. Van Manen (1991) suggested, as did Dewey (1933), that reflection is just that — thinking.

Correspondence: Wanda Pierson, 36-9000 Ashgrove Crescent, Burnaby, BC, Canada V5A 4M3.

Korthagen suggested that reflection is an inductive approach that rationalizes the non-rational aspects of learning (Wubbels & Korthagen 1993), while Boyd & Fales (1983 p. 101) proposed that reflection is the 'process of creating and clarifying the meaning of experience... in terms of self'. The essence of reflection, however, remains an elusive idea. The German philosopher Heidegger (Krell 1977) offers an interesting perspective on reflection that resonates with notions suggested by Van Manen and Dewey. Reflection is considered the prominent component of thought. 'What is thought is the gift given in thinking back, given because we incline toward it. Only when we are so inclined toward what in itself is to be thought about, only then are we capable of thinking' (Heidegger cited in Krell 1977). Unlike other authors of reflective models who suggested that reflection is triggered by a problem or concern (Dewey 1933, Boyd & Fales 1983, Ditchburn *et al.* 1988), Heidegger's notion is less circumscribed and suggested that reflection is thinking back about something of interest.

Heidegger's many treatises on thinking do not focus on reflection as a separate entity from other forms of thought. Rather, Heidegger discusses what might be considered reflection as the integration of two distinct modes of thought. These are identified as calculative and contemplative thinking. These modes of thought are not hierarchal in nature; rather each constitutes an important facet in the process of reflective thinking.

CALCULATIVE THINKING

Calculative thinking is an abstract and practical process confined to organizing, managing and controlling. It is a form of thinking which does not consider meaning and yet has the 'power to absorb completely our energy and attention' (Hixon 1978 p. 4). Calculative thinking represents the spirit of positivistic thinking. Thinking within this notion is directed towards the analysis and solution of problems without consideration of human context. Nursing students engage in calculative thinking when learning the facts and instrumental knowledge of nursing practice such as disease aetiology or aseptic technique. Within this perspective, the substance of reflection resides in instrumental problem-solving directed by the strict application of theory and technique, toward the pursuit of correct and desirable ends (Grimmett *et al.* 1990). It is a superficial level of reflection that suggests a looking back at experience that is not unlike looking in a mirror. A mirror deflects a physical and similar image back to an observer just as this calculative level of reflection deflects an image of experience back to an observer. To suggest, however, that reflection is only a representation of experience is to view reflection as an instrumental task that serves to list daily accomplishments. While there may be some value initially, for beginning nursing practitioners, in this superficial level of reflection, the

simple statement of actions executed in practice primarily serves to reinforce positivistic and behaviourist educational traditions.

CONTEMPLATIVE THINKING

Contemplative thinking is a natural and spontaneous process fundamental to the exploration of meaning (Hixon 1978). The development of contemplative thinking, according to Heidegger (1966) requires 'nonwilling' and 'releasement'. Non-willing is preparatory to releasement and involves a turning away from calculative thinking. It is perhaps one of the greatest paradoxes of human existence that we see clearly when we do not look; our thinking arises when we do not try to think. Releasement refers to the 'contemplative sense of being let-in' (Hixon 1978 p. 8). Contemplative thinking does not require that we comprehend the essence of a concept in the manner of calculative thinking; rather we are released into our conceptual understanding. The type of reflective thought presented by Heidegger is deep thinking that cannot be commanded. It is a process that requires waiting. Waiting in the Heideggerian sense is expansive, especially in terms of time, and surrenders the mind to the emergence of contemplative thinking (Heidegger 1966, Hixon 1978).

REFLECTION

Heidegger suggested that separately, each mode of thought is incomplete. It is the integration of calculative and contemplative thinking that facilitates the interpretation of experience into meaning. Consequently the scientist and artisan each master some aspect of calculative and contemplative thinking so that rather than two distinct modes of thought, there exists only a 'single flow of awareness' (Hixon 1978 p. 5). The musician who understands the technical components necessary for the construction of a symphony and the scientist investigating the structure of viral DNA are both exercising calculative thinking. The employment of contemplative thinking permits the artist and the scientist to step away from traditional thinking patterns and move towards innovative ideas. It is contemplative thought that allows the scientist and the artist to ponder and uncover the essence of human activity and achievement. And it is the integration of calculative and contemplative thinking that allows the scientist and the artist to create theories and forms that transcend present ways of thinking, doing and being.

There are many notions of reflection and many theories and models. In the remainder of this paper reflection is considered as both a technique and a process. Notions of reflective teaching, learning, thinking or listening will not be explicitly discussed. Rather there is a focus on understanding the general notion of reflection that is the result of the integration of contemplative and calculative thought.

Student nurses often begin their reflective practice directed by calculative thinking. Distinct and concrete actions are more obviously drawn into awareness. An example from my clinical practice with students occurred with a first-year student who was caring for a dying woman. She noted that the client seemed to be in distress and asked the registered nurse to come in and help her assess the client. The nurse stated that there was nothing more to do for the client and withdrew from the situation. The student reluctant to leave, stayed and held the client's hand until the client drifted off to sleep. The student was dismayed at the action/reaction of the nurse and shared this with me. She did not, however, view her own caring actions as an area for reflection. She had simply done what had seemed natural to do. The student was not uncomfortable with her actions, nor did her actions create a problem or a concern. Upon closer examination of that moment, however, it became clear that the action of holding the woman's hand allowed for a deeper shared reality and understanding of an experience between two people. The student was later able to articulate a belief that people in distress should not be left alone.

Contemplative thinking did not occur quickly or easily for the student. Time was necessary to allow the student to think through the situation deeply and consider the reasons for her thoughts, feelings and actions. There are two important issues to be drawn from this example. First, there is a need for time to reflect and, second, reflection is not only an intra-subjective process it is often an inter-subjective process. Heidegger speaks of the time necessary for contemplative thinking to arise. It is a form of thought that requires a slowing of pace so that thoughtfulness may occur. The issue of time required for reflective thought to occur is clearly documented throughout the literature (Chandler *et al.* 1990, Wedman & Martin 1991, Boud & Walker 1993, Pultorak 1993).

THE PROBLEM OF TIME

It often feels that 'time is of the essence' in nursing; a client alone and in pain, someone stops breathing, a medication due. Each of these situations requires immediate action in order to ensure that discomfort is alleviated, that life continues, or that healing proceeds. Each situation, common in the everyday existence of nurses, is influenced by objective time. Objective time is unyielding, without feeling and is connected to calculative thinking. Objective time and calculative thinking are bound by constant activity. There is no opportunity for the consideration of meaning. The busy work world of student nurses involved in learning the work of nurses is often pressured, intense and constrained by objective time. Students in clinical practice situations are confronted with a wide spectrum of intense human emotions and physical conditions. Initial reactions to some of their experiences also encompass a broad range

of human emotion. Coupled with this experience of learning to care for others who are vulnerable and dependent is the students' own sense of vulnerability. Many students have not previously had the opportunity to work with individuals who are unwell and needing physical and emotional care. Students are in the process of learning new ways of thinking, being and doing. They are learning a new language and how to function in a complex and rapidly changing environment. This is not a setting that would seem to allow students time for thoughtful consideration of their thoughts and feelings.

JOURNAL WRITING

Finding ways of providing students time to reflect, both *in action* and *on action* is an important consideration for nurse educators. A strategy frequently employed to allow students time to consider their experiences is the written journal (Chandler *et al.* 1990, Cameron & Mitchell 1993, Davies 1995, Baker 1996, Heinrich 1992a, Paterson 1995, Lauterbach & Becker 1996). Journal writing is considered to offer 'writers the opportunity to become participant/observers of their own learning, to describe a significant experience and to then reflect on that experience to see what they can learn from having had it' (Weisberg & Duffin 1995 p. 22). Written journals may be used to support both calculative and reflective thinking. Calculative thinking may be strengthened by encouraging students to document the day's activities as a list of accomplishments, or to write about the effects of medications, or clients' disease aetiology. Reflection occurring in this manner is at best superficial, and usually related to content or instrumental tasks. This type of journal writing may, however, be a necessary first step for some students in learning to become reflective.

Achievement of deeper levels of reflection usually require that journals, in some way, be dialogic. That is, the journals need to take on elements of a conversation. In this venue students write to someone who will assist them to uncover assumptions and usual ways of thinking, being and doing. Dialogic journals utilize an interactive format and extend a conversation for the purpose of developing self-awareness and understanding of situations (Staton 1987).

There is an abundance of literature proposing ideas, suggestions and examples of how to assist students to become reflective through the use of written journals. Journals may have a structured format (Heinrich 1992b, Allen & Farnsworth 1993) which may be used to assist with evaluation by the teacher (Burns 1994), or with self-evaluation (Westberg & Jason 1994, Richardson & Maltby 1995). Other authors have suggested that journal writing may be used as a tool to uncover meaning embedded in action and facilitate the incorporation of ideas, feelings and responses related to clients and their care (Davies

1995, Ray 1994, Paterson 1995, Rittman 1995). It is further suggested that journal writing may foster the relationship between students and teacher (Black 1989, Paterson 1995), as well as capture the stories of nurses and reduce the invisibility of nursing practice (Baker 1991, Heinrich 1992a, Baker & Diekelmann 1994).

TRUST

The practice of writing a reflective journal is frequently a new endeavour to students and the notion of sharing thoughts and feelings with a teacher through writing is often accompanied by a degree of discomfort (Richardson & Maltby 1995). It is critical therefore that the teacher engender a sense of trust in order that students feel safe and able to share their experiences. Trusting relationships tend to develop slowly and within an atmosphere of mutual respect and care.

Journal writing is an opportunity for students to explore ideas and understandings of situations, to share thoughts, feelings and beliefs, and in developing an increasing sense of self-awareness, to discover their own voice (Paterson 1995, Tryssenaar 1995). This is a vulnerable position for students who often fear they will alienate their teachers by expressing their fears, questions and thoughts about nursing (Paterson 1995). It is important therefore for teachers to respond to students' journal entries respectfully, sensitively and compassionately (Paterson 1995). Educators' comments need to reflect an understanding of the students' experience and gently encourage students to examine their assumptions, actions and practice. It becomes important therefore to read journal entries not for evidence of content, but rather for the meaning of the experience (Heinrich 1992b). It is also important for teachers to be as vulnerable as the students and share their thoughts, feelings and experiences as openly as the students. It is the interactive and participatory nature of shared dialogue between students and teacher that facilitates the development of trust. The trust between students and teacher facilitates the process of attempting to understand one another's perspectives and perceptions on a situation and uncover meaning (Heinrich 1992b, Paterson 1995, Tryssenaar 1995).

The need for trust and sharing between individuals suggests that reflective journals may not be an effective assessment, evaluation or grading tool. Using journals for these purposes may hinder the development of trust with the teacher and consequently inhibit students' honest sharing of thoughts, feelings and experiences (Fulwiler 1987, Richardson & Maltby 1995, Cameron & Mitchell 1992). It is therefore important that the purpose of the journal for gaining understanding related to clinical experience be explicitly stated (Cameron & Mitchell 1992, Brown & Sorrell 1993, Heinrich 1992b, Paterson 1995, Richardson & Maltby 1995).

Of further importance is the need to allow each topic

raised in the journal to reach a natural conclusion. Often, as new issues arise during clinical practice times, topics are examined cursorily so that each point is considered, in some manner. Covering a variety of topics quickly and without sufficient depth, however, encourages calculative thinking. There may be greater advantage to dealing with one issue thoroughly and completely before moving on to another. In this manner, students have an opportunity to truly reflect on the topic — to consider all facets of the situation and to allow the topic to close naturally.

THE PARADOX OF TIME

One of the most prominent criticisms and concerns about reflective journal writing relates to time. Written journals are often seen as a strategy for providing students time to reflect about experiences, yet the time required to reflect, and the time required to write is frequently identified as a barrier to reflection (Chandler *et al.* 1990, Allen & Farnsworth 1993, Boud & Walker 1993). Upon completion of a clinical week students often have a short period of time in which to complete their reflective journals and hand them in to their teacher for review. Generally, the teacher also has a short period of time to read and comment sensitively and critically before handing the journals back to the students, at the beginning of the next clinical week. It is a quick cycle. Both parties are required to reflect swiftly. Heidegger (1966) suggested, however, that reflective thinking cannot be rushed. It is a type of thinking that requires time to collect itself. The question arises then, are we as nurse educators subtly encouraging and reinforcing some aspect of calculative thinking with this quick cycle of required reflection? It is suggested that one method for dealing with this difficulty is to allot time for reflection within the students' schedule (Cameron & Mitchell 1992). The allocation and use of time designated for reflection may itself become problematic, for this notion also furthers the sense of having to reflect 'on demand'. At the moment, however, reflective clinical journals, reviewed weekly by the clinical teacher, seem to be one strategy for encouraging students to reflect about clinical experiences.

CLINICAL DEBRIEFING

Time for reflection-in-action during the course of a clinical day is another problematic issue. Nursing teachers often feel torn. Students are supernumerary on clinical units so that they may enjoy learning opportunities without being hampered by certain client care responsibilities; yet educators are often hesitant to withdraw students from time with clients on the units. The assumption supporting this decision is based on the notion that students need the clinical experience, and the best clinical experience is at the bedside. It may be, however, that the understanding gained by spending some time reflecting

on experience may be of equal or greater value than the time spent at the bedside. Talking with students for short periods during a clinical day may allow them the time they need to gather their thoughts and feelings together and consider their actions or the actions of others in a meaningful way.

These short debriefing periods may, initially cause the educator some distress. It is unusual to not be 'on the floor' at all times supervising students' actions. Time spent in a short conversation between teacher and student directed towards the consideration of some aspect of practice, however, may benefit both individuals. The teacher has an opportunity to develop a stronger rapport and greater intimacy with the student, and consequently gain a deeper understanding of the students' experience both as a student and as a person. It is also an opportunity for students to consider, with the assistance of their teacher, aspects of practice in depth. These short debriefing sessions are not opportunities for questioning students about the aetiology of client conditions or the nursing considerations for medication administration. These are times when students and teacher look back together at an experience with the intent of increasing awareness and understanding of the situation.

One student and I considered the issue and practice of restraining clients. The student had restrained an older woman with the intent that the physical restraint would protect her. I asked the student to consider the client's behaviour once restrained. She talked about the differences she had noted and then we talked about whether the increase in what was termed confusion might be due to the fact that the client was tied. I asked the student how she would feel if a nurse tied up her mother. The student was surprised by the depth of feeling and her reaction when asked that question. The interaction between us lasted about 15 minutes, yet for the student it focused her thinking about older adults and the notion of respect in a way she had not previously considered.

Finding ways for students to reflect while in clinical settings will always be a challenge for nurse educators — a challenge to find the time and then to take the time. The use of journals and debriefing sessions during clinical placements are only two of many tangible strategies that may encourage reflection about practice. The outcome of reflection for students has not been substantively researched. In a grounded theory study by Davies (1995), however, there was evidence that students' reflective activities contributed to their sense of a collaborative and supportive learning environment.

SOME FINAL THOUGHTS

There are a multiplicity of notions regarding the concept of reflection. Conclusive answers to the questions of what is reflection, how is it learned/taught and how is it

implemented in daily nursing practice are not apparent. Reflection, in this paper, has been considered as a purposeful inter-subjective process that requires the employment of both calculative and contemplative thinking. The technique of reflection may be taught as a discrete skill. Students may be encouraged to examine their thoughts, feelings and understanding of situations via written and verbal reflective processes. As educators, however, we must be aware that some of the techniques and strategies implemented to facilitate reflection, may actually strengthen calculative thinking. Nurse educators committed to assisting students to develop as reflective practitioners therefore need to clearly indicate the purpose of reflection and the aims of reflective strategies. It is also important that a safe environment be created to encourage the process of reflection.

The reflective process involves more than a concrete and rational looking back on experience. It is in itself an experience and therefore requires participation, involvement and commitment. All individuals engaged in sincere efforts to reflect are vulnerable. It is the sense of shared vulnerability that facilitates the development of trust and leads to the honest sharing of thoughts, feelings and experiences. There is a suggestion in the literature that reflection leads to an increased sense of self-awareness which has the potential to affect interactions with others. There is, however, no documentation within the reviewed literature related to actual outcomes of reflection. There is also no suggestion that those who reflect function differently as practitioners. These continue to be important questions for nurse educators to consider.

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