The Use of Reflection and Reflexivity in Nurse Education: Experiences of Educators Teaching on an Undergraduate Degree Nursing Program in Malta

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Abstract

This study aimed to develop further understanding on how nurse educators engaged in the delivery of an undergraduate degree nursing program in Malta practice reflection and reflexivity during their teaching experience. A qualitative design was utilized for this study adopting a phenomenological approach focusing on the inquiry posed in the primary research question. A series of seven in-depth individual interviews with purposively selected participants have been conducted from which a rich source of data and unique perspective of the phenomenon under study emerged. Four themes emerged from the analysis. The themes that emerged are: (a) reflective competence (b) intentional silence, (c) facilitating reflection and (d) reflexive tutoring/ asking while teaching. The emergent themes provided an insight into the process that the participants went through during their teaching practice. Understanding the interplay of these factors assist in achieving a better understanding on how nurse educators can use reflection and reflexivity as a pedagogical tool for added value in their teaching methodology for the benefit of their students. It is also important to note that nurse educators should keep in mind that the learners are themselves responsible for finding their own solutions and that they should be taking an active role in their learning process.

Keywords: Nurse education; Nurse educators; Reflection; Reflexivity; Reflective competence.

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Introduction

The need to reflect on practice as a means of self-development can be traced back to the work of John Dewey (felt need) and Donald Schön (reflective practice), both of whom put forward the notion that reflection is a critical underpinning for personal growth and learning. Though reflective practice, as nurse practitioners we learn from personal experience and the way we relate to significant others, the wider society and culture [1]. Reflective practice can also provide us with safe and confidential ways in which we can explore and express our experiences that could be difficult to communicate. On the other hand, when discussing reflexivity, we need focus upon our own actions, thoughts, feelings, values, identity, and how these effect upon others, situations, and professional or social structures [1]. The practice of reflection has not always meant the same within a variety of contexts. Although there can be different interpretations mostly related to modes of practices, a common factor remains that the process of reflection is undertaken with the aim to improve practice and enhance professional development. By reflecting on teaching problems and methodologies either individually or with peers, nurse educators can develop new insight to improve practice [2]. Subsequently, through practicing self-reflexivity, they can impact on the student’s holistic development and learning experience and it can be considered as an effective tool to assist in keeping learners’ attention, whose thoughts and actions are occasionally drawn to other things that are extra-curricular and distract their attention [3]. This study explores the experience of nurse educators engaged in the delivery of an undergraduate degree nursing program at the Malta College of Arts Science and Technology in the Maltese Islands. A qualitative research method adopting a phenomenological approach focusing on the inquiry posed in the primary research question has been adopted. The findings are aimed to shed light on how nurse educators understand and practice reflection and reflexivity during their teaching and intends to present an understanding about their experience through the rich detail as described by interviewed participants.

1.1. Reflective practice and reflexivity – theoretical foundations

As outlined by [4] in her book “Conversations About Reflexivity”, the practice of reflection and reflexivity dates back to Plato’s Theaetetus (written circa 369 BC), where it was first described as practiced through inner conversations. The importance of inner speech and its role in reflexivity have also been tracked back to James, Dewey, Vygotsky, and Bakhtin not surprisingly for educational psychologists. The link between reflective practice and reflexivity comes from an organizational historian who suggests that reflective practice may be a form of meta-reflexivity, involving reflection on one's own reflexivity [5]. Although the roots of reflective practice can be traced back to ancient times, however, its theoretical foundations were laid in the beginning of the 20th century when John Dewey was among the first to write about reflective practice. In his works he explained reflection in terms of reflective thought [6] as “the active, persistent and careful consideration of any belief or supposed form of knowledge in light of the grounds that support it” [6:7]. Furthermore, he identified five phases or states of reflective thinking classified as: problem, suggestions, reasoning, hypothesis and testing. In his seminal work, Dewey also divulged into the relevance of adopting attitudes such as open-mindedness, responsibility and wholeheartedness, all of which, according to him are integral to reflective action and necessary for teaching and learning. As described by [7], Dewey’s assertion that learning results from the act of making sense of experience (reflection), emphasizes the need for experience-based education whereby learners
are provided with experiences that would cause and give direction to their growth. Further literature was published in the latter half of the twentieth century whereby other theorists discussed the importance of reflective practice and contributed on Dewey’s original work on the subject matter. In his book entitled Knowledge and Human Interests, Reference [8] focused on the ways in which humans process ideas and construct them into knowledge. He recognized the role that reflection plays in this process and talked about three kinds of knowledge required:

- Instrumental Knowledge (that required to understand function within and control human environment).

- Interpretive Knowledge (that is concerned with the interpretation of our action and behaviour).

- Transformational Knowledge (that knowledge developed through critical ways of thinking that eventually leads to the transformation of personal and social situations).

In 1983, the American philosopher Donald Alan Schon introduced the concept of the ‘reflective practitioner’. He described such persons (reflective practitioners) as those who make use of reflection as a tool for revisiting their personal experience. In his theory he identified two main types of reflection described as reflection-on-action and reflection-in-action. Whilst undergoing reflection-on-action, practitioners undergo the thinking process after the event occurred through consciously reviewing and evaluating their past practice [9]. Reflection-on-action helps to develop insight on how future practice could be improved. On the other hand, reflection-in-action assists practitioners to explore their experiences and responses as they occur by thinking while they are doing [9]. This latter mode of practice (thinking in action) is more aligned to the practical concept of self-reflexivity.

1.2. Critical reflection and reflexivity in teaching practice

While an educator’s professional competences can be formally recognized through pre-defined training and accreditation, being an educator is socially legitimized through the recognition of personal interactions with peers, learners and other persons involved in the educational process [10]. The latter type of ‘recognition’ translates itself in the development of the personal professional identity of a teacher/educator. Thus, developing the professional identity means the forming of one’s own profession through the everyday interactions. As Gouldner [11] outlined, ‘there is no knowledge of the world that is not a knowledge of our own experience of it and in relationship to it’ [11:28]. Therefore, we can view the educator as a reflective practitioner constantly gaining knowledge about his/her profession and developing professional identity through a continuous process involving interpretation of experiences as an educator/teacher.

1.3. Practicing and teaching critical reflection in healthcare professional education

Being able to practice critical reflection in practice is considered an important skill across a wide range of healthcare professions such as medicine, nursing and various allied healthcare professions [12]. The practice of critical reflection in the healthcare field enhances professional development by going over assessment of decisions and actions taken and can lead to improvement in service delivery and patient care [13]. Thus, the
teaching and practice of critical reflective skills in can offer a way for present and future practitioners to gain insight into their own professionalism [14]. As critical reflection has often been viewed as an extended outcome of learning in healthcare training, learners are somehow meant to informally attain such knowledge and skills during their training. However, learners could positively benefit if educators specifically explained general purposes and approaches to critical reflection and also give practical examples from personal experiences.

1.4. Justification for the study

As can be deducted from the background to the topic and the literature review on the subject there is a significant body of evidence to confirm the importance of the use of reflection and reflexivity in teaching and education. From the literature review the use of reflection and reflexivity in professional practice can also be acknowledged and therefore it would be interesting to know how such practices are used by nurse educators during their teaching practice. Possible findings are intended to suggest improvement and facilitate new ways of teaching practice whilst adding to the body of knowledge on the subject.

2. Methods

2.1. Research question

How do nurse educators practice reflection and reflexivity whilst teaching undergraduate nurses during their theoretical component?

2.2. Aim of the study

Explore the experiences of practicing reflection and reflexivity from nursing educators engaged in the delivery of an undergraduate degree nursing program.

2.3. Objectives of the study

- To find out how nurse educator’s practice reflection and reflexivity during teaching.
- To explore the knowledge of reflection and reflexivity from nurse educators.
- To explore nurse educator’s views regarding benefits from the use of reflection and reflexivity in practice.

2.4. Research Plan - Statement of methods

To meet the study, aim and objectives thorough consideration on methodology and design was taken seeking to the best ways to obtain data, knowledge and understanding of the phenomenon. A proper selection of methods would help in answering the research question and make a contribution to knowledge [15]. Following consideration into various approaches how to explore experiences of practicing self-reflection and reflexivity, an inductive phenomenological approach using purely qualitative methods has been selected.
2.5. Data collection

A central premise when conducting phenomenological research is for the researcher to arrive at an understanding of the phenomenon through careful analysis of participant’s individual experiences [16] and therefore a series of seven individual interviews were performed to gather data from participants. The interviews were conducted using a semi-structured interviewing approach focusing on selected topics that originated following reflection on themes derived from the literature.

2.6. Participant selection and recruitment

In a phenomenological study, there are two main criteria for individuals to be considered as participants:

- to have experienced the phenomenon, and
- to be willing to talk about that experience to an interviewer.

Since the intended purpose of the study was to examine the experiences of nurse educators engaged in a specific set of experiences, purposive sampling (non-probability sampling) has been used. This sampling strategy is based on the premise that the researcher’s background knowledge on the subject can be used to select and recruit participants [17] that can be of most benefit to the study.

2.7. Data management and analysis

The data management and analysis framework has been divided into two distinctive phases:

*Phase One:* Open coding of the interview transcripts was undertaken. All interview data was read, line-by-line in order to identify important relevant sections from the discussions.

*Phase Two:* For interpretation of the data an Interpretative Phenomenological Analysis (IPA) process was used whereby the data was analysed using a double hermeneutic approach [18] in attempt to understand the viewpoint of the study participants whilst also interpreting their answers critically.

2.8. Ethical considerations

Prior to the start of the data collection process, permission to undertaking the project was obtained from the Research and Ethics Committee of the Malta College of Arts Science and Technology. An invitation of participation was sent to selected potential participants in the form of an invitation letter including the following details on the nature and purpose of the study, anticipated duration of interview, statements ensuring that personal information will not be shared with their employers and that they are free to withdraw at any stage without penalties or consequence. Statements ensuring that all information attained will be confidential, data presented will not be identifiable and a participant coded identification system will be used that is known only to the researcher were also included. Completion and return of the invitation have been taken as interest to participate in the research and potential participants were contacted again to arrange for the interview. On the
day of the interview all participants have been reminded of their rights and provided with a study consent form.

3. Results

The participants views, as reflected in the interview were analyzed according to the guiding principles of thematic analysis and interpretative phenomenology. The identified themes were combined to form four main categories: (a) reflective competence (b) intentional silence (c) facilitating reflection and (d) reflexive tutoring/asking while teaching.

3.1. Reflective competence

All interviews started with an introduction to personal views on the practical aspects of reflection in practice. Immediately one could notice that all participants were knowledgeable and conversant on the subject of reflection and easily referred to underpinning theoretical frameworks of reflection. As expressed by some of the participants themselves, reflection into practice was a common element of their profession (nursing) and therefore they could easily understand its importance as nurse educators.

“When I used to work at the hospital, I often encountered difficult situations whereby I had to take quick decisions. I remember when I started working as a qualified nurse following my graduation and you are immediately thrown to lead the shift on the night duty. Nobody had prepared me for that so I had to take these fast decisions. I recall going back home and spending a lot of time thinking on what I did if it was the right thing…………. Now I believe that my previous work helps me in reflecting as a lecturer ….. it is sort of second nature”. (participant D)

“Reflection is important as we teach them how to deal with people and at times some patients can be very difficult…. So we teach them reflection in their first year…. Obviously that we have to practice it as well”. (participant C)

“In our role now as lecturers I see a lot of similarity with nursing… one is treating the patient too become healthier and the other is helping the student to be more knowledgeable… we have to take time to check our actions and if we are being effective…” (participant A)

3.2. Intentional silence

During the interviews a common theme that emerged when discussing experiences during teaching, was the “learning to be silent” technique, as most commonly described by some participants themselves. For the purpose of this study this phenomenon is being themed as Intentional Silence. It encompasses the practice of using silence in the classroom effectively to enhance reflection and gain pedagogical benefits. Through practicing this technique participants claimed that at times they manage to provoke moments of focused reflection on a specific aspect of practice and is usually performed following the students’ return from their clinical practice placements. One of the participants with several years of experience in education pointed out that for this intentional silence to work effectively there needs to be a good relationship between the learner and
the lecturer. Also, the student needs to be granted enough time and space to think deeply on the experience.

“You have to allow them to speak and not interrupt them after a couple of minutes... when you give them space to talk, they open up more on their thoughts and feelings...but at times with certain students this is not easy, maybe perhaps they do not know us that much...” (participant D)

A participant expressed how she often uses the technique.

“In order not to make them think deeper on the impact of their attitudes and actions to patients and other, I initially start asking questions on the specific experience to I initiate their thinking, then I let them express themselves without prompting. At times some very deep experiences come out from their mouth and often they discover other sides of their personality....” (participant B)

Although there seemed to be an overall consensus on the use of silence to enhance reflection, one of the participants expressed the view that using these intended moments of silence as a pedagogical technique is not always an easy task.

“At times it is difficult with some students to talk about their experiences.... I find that this technique often works with a group after they have been together for some time.. it’s difficult to use it with first year students....” (participant C)

3.3. Facilitating reflection

Participants also mentioned how they encourage students to reflect by helping them to focus on important aspects of their practice. Some lecturers often used their own past experiences from the time they used to practice nursing to encouraging students to think about what action they might need to take. As an example, one of the participants described how she might choose a particular stance on an issue and seek out student responses. She also explained how at times she discussed her own dilemmas and difficulties as a practitioner to assist students with reflection.

“... at times our students find it difficult to grasp something, and so discussing similar situations from my experience seems to help them make sense of their own situation.....Because I believe that sometimes it helps to show them that even us have passed through similar difficulties and by using our cases it makes some sense to them and makes it easier for them to reflect.” (participant A) Some of the participants also placed importance on using a ‘modelling’ approach to support students with the process of reflection. It was agreed that during teaching they often modelled the reflective process with reference to common models of reflection previously thought in the curriculum.

“... I often refer to Gibbs reflective cycle and try to encourage them to reflect on situations they met during their placement in relation to what we are discussing on that day”. (participant D)
“…sometimes I invent and activity or scenario to encourage them to do different bits of the cycle….I try to use this often over the whole semester …” (participant C)

3.4. Reflexive tutoring/ asking while teaching

When discussing reflexivity in practice within the teaching methodology, some participants expressed how they manage their lesson plan by evaluating and valuing students' responses to an understanding of a practical hypothetical situation or question. With this strategy, the educators give their answers or comments from the learners' perspective instead of their personal view as subject experts. The learners' hypothetical understanding will serve as the educators’ starting point to follow up discussions and possibly introduce further concepts from practice. The following examples are how two participants use such reflexive approach with their nursing students. The first excerpt refers to a practical simulation scenario that happened during a clinical practice session teaching tracheostomy tube insertion.

Excerpt one:

“During one of our sessions with the second years we were inserting tracheostomy tubes and the students have been assigned in groups…. I asked her: What would we need to check in the tube? And she answered me to check the cuff…so I said that’s right and now how do we check it? And she answered we have to prove that it is not punctured and introduce some air. I said good and I showed how to insert the tube and then asked what do we do next once it’s in place? And she answered make sure that the tube does not dislodge .. so, I showed the way how to fix the tube ………” (participant A) As can be noted, the educator is seeking answers from the learner and according to the answer received introduces the student to a new concept or technique. As reflexive professionals, nurse educators need to master their questioning techniques and how to continuously encourage the learners to practice individual reflection that would lead to a specific action.

Excerpt two:

The following excerpt refers to a situation that happened during an assessment as part of the student’s clinical placement examination. “During the first years’ formatives I had one who was discussing her experience with a young pregnant woman who is a drug addict... I told her is this the first time you met such a person and she said of course... so I asked her how did you feel and she explained her feelings in depth and I could see that she was feeling attached with the patient and sorry for her.... So I told her what about the concept of empathy towards our patients how did you show that?...” (participant B) These reflexive questions provoke reflection in the students. Such questions push the students to reflect and analyze their own thoughts on elements of care practice. It could be noted that such questions usually emerge spontaneously through the educator's initiative and frequently mark the onset of the reflexive dialogue. The effects of such methodology provoke moments of reflection in and about the action from behalf of the learner.

3.5. Limitations

Due to the fact that the number of study participants is relatively small and conducted on a single site, further
in investigation on the phenomenon with more nurse educators coming from different educational institutions is required to infer transferability. Being myself, a nurse educator and colleague of the interviewed participants could have served as an advantage and/or disadvantage. Since I was familiar with the context it was relatively easy for me to assimilate with the specific culture and methods used in nursing education and thus the study might have been potentially influenced by this. It is to be recognised that an enquirer with a different background may have explored and interpreted findings differently.

4. Discussion

In general, the findings of this study have shown that the participants had a good understanding of the concept of reflection and reflexivity in teaching pedagogy. It could be argued that the fact that the participants hailed from a nursing background whereby the practice of self-reflection is ingrained in the profession, could have played a significant role in the way they responded. This shows that whilst the concept of reflection could be slightly differently interpreted and used across professions, the general insights into the process of reflection provide understandings that remain common across disciplines. In this particular case one can highlight the importance of engaging sensitive practitioners as nurse educators who can make a difference to their learners. When looking at the examples of dialogues between the lecturers and their students it is evident that the use of the reflexive strategy of asking questions according the learners’ reactions is commonly used. This encourages the students to further develop their thought processes consciously and the technique assists the learners to generate their own knowledge and achieve significant learning. Such strategies are similar to what Simpson and Trezise [18] termed “learning conversations” when studying the experiences of reflective practice in lecturers engaged within a UK business school. In this particular context (nurse education), such forms of reflexive conversations can serve as powerful tools of collaborative reflection on aspects of care. These moments of collaborative reflections could commonly happen with learners during the simulated practice at the college (before care practice), while they are on placement within an actual healthcare setting (during care) or following return to the college (after the action). Another important phenomenon emerging from the interviews is related to the element of level of relationship established between educators and the learners and the role this plays in teaching. This came out clearly when one of the interviewees expressed that it is difficult to use certain techniques with the first-year students. The students need to feel free and trusting to show their lecturers how they understand certain aspects of care and open up on sharing personal situations or experiences. Therefore, it is imperative that they do not feel inhibited to question themselves in front of their lecturers and classmates. They need to feel that they can make mistakes in the educator’s presence as well as in the presence of peers. A relationship needs to be established between both before expression of deep personal reflection from the student is expected thus certain techniques such as the use of intentional silence need be used with caution and preferably after mutual trust has been established between all parties. The study clearly points out the importance that nurse educators should incorporate reflection as a habit in their teaching practice. Reflexive conversations between them and their learners are important pedagogical tools and strategies that can be used to teach reflection on the essential aspects of care. Nurse educators need to understand how and be able to use their reflexive skills in order to assist their students into understanding complex elements of practice. It is therefore important that they are educated and trained on how to incorporate reflexive strategies in their teaching. When using such strategies educators need to be capable of putting themselves in the students’ place and try to
understand their thinking processes. In addition, they need to be aware that the appropriate and timely use of silence can be of relevant pedagogical value to the learner.

5. Conclusions

In conclusion, it can be summarised that the use of reflection and reflexivity as a pedagogical teaching tool can be of a great value to the nurse educators and their students. The considerate use of reflective and reflexive practice during the teaching represents a fundamental approach to the education of nursing students and others learning in a similar context.

6. Recommendations

A recommendation to nurse educators is to keep in mind that the learners are responsible for finding their own solutions and that they should be taking an active role in their learning process. It also necessary to highlight that the educator’s role should be to actively serve as a coach accompanying their learners and not imposing judgments and undermining student’s autonomy.

7. Conflicts of interest disclosure

The author declares that there are no competing interests.

References


