

**Irish Nursing Students' Experiences And Understanding Of Reflective
Practice: A Narrative Inquiry**

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Dedication

This thesis is dedicated to the members of my family: my two sons Pearse and Sean, and my husband John who supported me throughout this programme. Also to my parents, who taught me the importance of education from a very young age and never stopped encouraging me. To my sisters, who stood by me and encouraged me when I needed comfort.

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I would like to thank the nursing students who took part in the study who told their stories so honestly and naturally.

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Glossary

An Bord Altranais (ABA): Irish for The Nursing and Midwifery Board of Ireland (NMBI) which is the independent, statutory organisation which regulates the nursing and midwifery professions in Ireland. Since 2012 it is referred to as the Nursing and Midwifery Board of Ireland (NMBI).

Clinical Placement Coordinator (CPC): This title refers to an experienced registered nurse employed by the health service to support nursing students while on clinical placement and who works in partnership with the affiliated third level institute.

Nursing and Midwifery Board of Ireland (NMBI): An Bord Altranais changed to Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland (NMBI) in 2012.

Preceptor: A registered nurse with a minimum of one year's clinical experience who has completed a recognised preceptorship teaching and assessing programme and is responsible for supporting, teaching and assessing nursing students while on clinical placement (also referred to by participants within the study as 'Mentor' and 'my Nurse').

Protective Reflective Time (PRT): Specific time allocated to each nursing student per week while on clinical placement for the purposes of reflection on clinical learning (also referred to in this study as protective learning time).

Abstract

This thesis examines nursing students' experiences and understanding of reflective practice in the Republic of Ireland. The aim of the study was to provide nurse educators with a deeper insight about reflection from a nursing student's perspective, with the intention of integrating reflective practice into undergraduate nursing education more effectively. A narrative approach was employed using a convenience sample of eight newly graduated general nurses who had completed the nursing undergraduate four-year Bachelor of Science education programme in a Higher Education Institute in the West of Ireland. A narrative approach had not previously been employed to explore this phenomenon within an Irish context heretofore and therefore contributes to the body of knowledge on reflective practice in nursing. Schön's methodological framework (1983) of reflective practice was employed for the study. Four themes emerged from the narratives: *looking back at practice*, *seeking support*, *getting through*, and *ward reality: tensions and conflict*.

The data revealed that participants had a positive view of reflective practice and understood reflection to mean looking back at an occurrence to inform future practice. Students also identified models of reflective practice as beneficial in providing guidance to students for reflection.

Schön's reflection-on-action was apparent within the participants' narratives. However, reflection-in-action was not as evident. Nonetheless participants may have engaged in this process in year four without acknowledging it. The findings indicate that participants positively regarded reflective practice as a method of learning within nurse education. Findings identified that support mechanisms had diverse levels of satisfaction. Clinical Placement Coordinators (CPCs) were considered by the participants as essential for reflective practice. Collegial support was also identified as effective. To a lesser extent the lecturing staff were acknowledged for the classroom teaching of reflective practice and for structured protected reflective time in year four of the programme but were not identified as

helpful to the students while on clinical placement. Preceptors were not viewed as a significant source of support by the participants. The findings demonstrated significant variations concerning the facilitation of protected reflective time (PRT) during clinical placements which had previously not been explored within an Irish context. The study also found that the ward culture strongly influenced the facilitation of this time. The more experienced the participant became the less likely it was that PRT was offered. Furthermore, the narratives revealed conflict and confusion among qualified staff nurses about reflective practice which were motivated by power struggles between staff nurses and management. This was compounded by a perceived general lack of knowledge or understanding and value of reflective practice among nursing staff.

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1 Introduction

This thesis presents an exploratory inquiry pertaining to nursing students' experiences and understanding of reflective practice within a general undergraduate nursing programme in Ireland. The research question asks: what are the experiences and understanding of reflective practice for nursing students in Ireland?

Nurse educators strive to meet the needs of nursing students within increasingly diverse academic and clinical environments using various teaching and learning methods to address such needs. One such method is reflective practice. However while there has been a significant increase in the research literature and educational nursing policy surrounding the area of reflective practice (An Bord Altranais (ABA), 2008; 2005; 2000a), there is a lack of consensus regarding the teaching and learning of reflection in nursing which is compounded by the lack of a universally accepted definition of reflective practice among researchers. Furthermore, to date there is a dearth of research surrounding undergraduate nursing students' experiences and understanding of reflective practice in Ireland. In order to meet the teaching and learning needs of nursing students, it is essential that a deeper awareness among nurse educators of students' experiences and understanding of reflective practice is achieved. This study aims to address this area of concern by illuminating the experiences and understandings of reflective practice within undergraduate nursing in Ireland. This study will address this phenomenon utilising a narrative inquiry employing the methodological conceptual framework of Schön (1983).

This chapter identifies the purpose and focus of the study, the research question, research objectives, the methodology adopted and the implementation processes of the research. This study has strong resonances with my own professional journey as a registered nurse, of learning about reflective practice and then facilitating the learning of reflective practice at undergraduate and post registration level. This will be addressed further within this chapter. This chapter also provides a brief contextual background to the study site and illustrates my

professional relationship with it. The rationale for the study is discussed within the current context of nurse education in the Republic of Ireland, considering its recent major educational reforms and influences.

The remainder of this chapter is divided into five sections, the first of which broadly discusses the background to the study. This is followed by an exploration of the rationale and aim of the study incorporating the main research objectives. Additionally my own relationship and journey with reflection within my professional career is discussed and finally an overview of the structure of the thesis is presented.

1.1 Background of the Study

Reflective practice has proved an accepted approach to professional knowledge within the last three decades, principally in nursing. Its function within nurse education has created a good deal of critical debate, particularly its role in attempting to narrow the theory-practice gap within nurse education and in the development of a unique body of disciplinary knowledge distinct from other health care professions (Gustafsson et al., 2007). Indeed the capacity to reflect is regarded as a fundamental characteristic for professional competence (ABA, 2005). Educators affirm that the emergence of reflective practice is part of a change that acknowledges the need for students to perform and to think professionally as a central element of learning throughout their programme of study, integrating theory and practice from the outset (ABA, 2005; Johns, 1998). Clinical nursing has espoused that there is value to be gained from being a reflective practitioner. Accounts about the beneficial importance of reflective practice are principally founded on theoretical assumptions, even in empirically focussed research. Despite this there is a lack of evidence to demonstrate that clinical nursing is improved by reflective practice. This is indicated by the sometimes unreflective manner in which reflective practice is introduced as an overall instrument in nursing care by the nursing profession (Gustafsson et al., 2007).

In Ireland, within the context of nursing, undergraduate nurse education has experienced major reform over the last two decades. The year 1994 saw the replacement of the traditional apprenticeship programme with the diploma programme which was quickly ensued by the introduction of the four-year honours degree programme in 2002 which is currently provided by universities and institutes of higher education throughout Ireland. The transformation of the nurse education system in Ireland brought significant changes to the delivery of teaching and learning strategies within nurse education. One of the most significant elements of these changes was the introduction of reflective practice as a method of developing competent practitioners within nursing who would have such skills as critical thinking and problem solving (Department of Health (DoH), 2012; ABA, 2000b) and would prepare graduate nurses to be flexible, adaptive and reflective (Government of Ireland, 2000). Reflective practice is considered to be the most appropriate method of achieving these outcomes (Carroll et al., 2002). Thus, the introduction of reflective practice served to address the varying health care environment needs and also addressed a desire by the profession for improved autonomy, recognition and status among fellow health care professionals (O'Shea, 2008).

1.2 Overarching Aim for the Study

Reflective practice is mandated by ABA (2010; 2005; 2003), the governing body responsible for the education and training of nurses in Ireland, and is therefore presented as an essential aspect of all nursing undergraduate curricula in Ireland. However, even though it is enshrined as a crucial aspect of nursing education the lack of clarity regarding what constitutes reflective practice and indeed confusion surrounding its benefits in undergraduate nurse education still exist. Such ambiguity and tensions surrounding reflective practice do not help to advance it as a valued method of teaching and learning within nurse education. To improve teaching and learning strategies for reflective practice, a deeper appreciation of undergraduate nurses' experiences and understanding of reflective practice is required.

Based on this rationale the overarching aim of this research is to explore reflective practice from the perspective of nursing students so that nurse educators can gain a deeper understanding of how reflection can be utilised in nurse education to promote and enhance student learning.

1.3 Research Objectives for this Study

Using a narrative research approach the main research question of this study is: what are the experiences and understanding of reflective practice for students in Ireland? The objectives for the study are:

1. To explore students' interpretation of what reflective practice means to them.
2. To examine students' narratives regarding their experiences of reflection.
3. To explore narratives of how students use reflection as a method of learning.
4. To explore what students perceive as the challenges to reflective practice as a method of learning.
5. To explore what students believe to be supportive mechanisms for the facilitation of reflective practice within the programme.

The research objectives are broad but are interdependent with a collective purpose of exploring the experiences and understanding of reflective practice from the perspective of nursing students who have completed their four-year Bachelor of Science undergraduate degree programme in the Republic of Ireland. Few studies to date have explored how Irish nursing students have experienced and understood reflective practice within undergraduate nurse education and none heretofore have utilised a narrative approach. Objectives one and two set out to examine and explore the meaning ascribed to reflection and reflective practice by these nursing students during their undergraduate training. The focus here is to examine narratives of the nurses regarding their experiences of reflective practice throughout their socialisation into third level education, and within the health services. Objective three focuses on reflection as a method of learning throughout

nurse education, and serves to explore the unique narratives of the participants' experiences of reflection as a learning method within the wider influence of the learning environment. Objective four aims to explicitly discover the challenges that participants believe are present regarding reflective practice and its facilitation during their nurse education. This is to explore possible perceived struggles within the context of reflection that participants may encounter during their nurse education. Objective five attempts to explore the narratives regarding the nurses' experiences of the supports which are currently in place within the programme for the facilitation of reflective practice.

In order to meet these objectives I obtained the views of eight recently graduated general nurses. I chose this group because they would have experienced four years of the nursing programme and reflective practice and consequently would be best informed to address the research question. As the participants were recently graduated (2012), their experiences would be regarded as current and applicable to the study.

1.4 Methodological Approach

To address the research question and objectives for the study, a narrative approach was employed to explore the narratives of eight recently graduated nurses who undertook an honours undergraduate degree nursing programme in a Higher Institute of Technology in the West of Ireland. This narrative approach facilitates the participants in recollecting their experiences through the medium of storytelling, which is regarded as a significantly meaningful and natural approach to making sense from an individual experience. The research study shall be focussed on the methodological framework of the theorist Donald Schön.

This study has a number of core strengths. Firstly, it facilitates the voices of these participants in being heard through the medium of storytelling. Secondly, it analyses the findings using the conceptual methodological framework of Schön (1987; 1983). Additionally, a narrative approach had not previously been utilised to explore this phenomenon within the context of Irish undergraduate nurse education and therefore this contributes to the body of knowledge on this topic.

1.5 My Personal Perspective

My interest in reflective practice within nurse education arises from a long career both as a practising nurse and as an educationalist. Initially my nurse training was within the traditional apprenticeship model of nurse education in Ireland where student nurses were employees of the relevant health boards. Education was focussed on illness and disease, with minimal emphasis on the social sciences. Clinical placement was directed towards a workforce need without any formal learning structures within the clinical environments. There was no reference within the classroom setting or the clinical areas to reflective practice, and consequently there appeared to be no motivation or interest to reflect upon or learn from experiences, negative or otherwise. My midwifery nurse training was similar to this. While studying for my Higher Diploma in Oncology in 1999 there was some reference to reflective practice in the classroom setting but this was not reflected within the clinical settings. Additionally I commenced my MSc in Nurse Education in 2000 and as part of this programme students were obliged to complete a reflective assignment. I recall my frustrations and anxieties surrounding this assignment as I was very unclear regarding what exactly was expected of me, and had no support in the clinical practice area to explore the issues of reflection to any depth. Reflection during this stage of my professional career appeared to be a solitary practice without guidance from a professional. The lack of direction and support proved very daunting and not very effective as a learning method in nursing. This was despite the literature espousing its value.

It wasn't until I became a qualified Nurse Tutor and participated in teaching both undergraduate and registered nurses about reflective practice that I understood its merits within the context of nurse education and professional practice. I was attracted to reflective practice because I viewed it as a vehicle for exploring, discussing, validating and consequently learning from clinical practice. Learning from experiences and real life examples made learning very real and interesting for both students and myself as the Tutor and a facilitator of learning.

I hold the view that reflective practice brings substantial benefits to nurse education when introduced in a manner that is conducive to enhancing student

learning. This can be achieved by providing students with the opportunity to think back over or re-trace the occurrence or incident in a supportive manner and thus learn from it. As a nurse educator for the past thirteen years, I have taught elements of reflective practice to undergraduate students and examined reflective assignments/portfolios. I also participated in the teaching and facilitation of reflective practice to registered practitioners in nursing and demonstrated the role of reflective practice to these practitioners within the context of nurse education. Furthermore, I also contributed to the integration of reflective practice into the undergraduate curricula within my place of employment. Based on this professional experience I believe that reflective practice, when taught and practised in a supportive manner, can enhance student learning in undergraduate nursing. The supportive manner which I refer to is an environment in which nurses and nursing students are comfortable and confident with receiving constructive feedback related to their professional practice with the aim of increasing self-awareness and ultimately improving practice. I also contend that in the majority of situations reflective practice can lead to the development of the ability of practitioners to adapt to various situations and manage these situations in an appropriate and effective manner. Reflective practice can not only enhance learning in the clinical practice areas, but can also in my opinion enrich the classroom experience by relating the theory to the practice. Within this framework, when taught appropriately in the classroom setting, reflective practice can apply the theory to the practice already experienced by students.

Professional and personal experience, in my opinion, is very important for research, and should be acknowledged and valued as such. Having relevant personal and professional experience provides me, as the researcher, with the insight which enables me to identify relevant issues, events or inaccuracies that may have otherwise gone unnoticed within this study. This can only enrich the data collected. This does not mean that I, as the researcher, am forcing personal or professional experience on the data; rather my personal and professional experience is providing the mental capacity to respond to and receive messages that are in the data. Professional experience, I believe, can also assist the researcher in understanding the significance of an experience more quickly. This can save time in familiarising oneself with the event.

However, I am mindful of the criticism that familiarity may predispose one to making some assumptions. This can be overcome by demonstrating and documenting activities that enhance rigour and by determining my judgements throughout the research process. This can be explored further within the methodological chapter, initially by sharing my epistemological and ontological views.

The paucity of empirical evidence related to what reflection means from a student's perspective, so that educators can gain a deeper understanding of how reflection can be developed in education to enrich student learning, is an area of concern for me. It is anticipated that this doctoral study will address some of these concerns which are currently debated amongst nurse educationalists. This research will be a vehicle for the students' collective voice to be heard, and for the role of reflective practice within nurse education to be considered fully and in depth. Furthermore, this research will contribute to a better understanding of what reflection means to students, and will therefore assist lecturers in nursing to effectively employ it as a teaching/learning approach within the context of nurse education.

1.6 The Research Study

This introductory chapter briefly introduced the concept of reflective practice in nurse education from an Irish perspective. In the current curricula of nurse education, reflective practice is identified as a significant issue as nurse educators attempt to meet the learning needs of nursing students within increasingly diverse and fluctuating academic and health care surroundings. However, there is a lack of an indicative consensus among nursing educational professionals on the specific nature of reflection and how it is integrated and implemented within the nursing curriculum despite significant debate and research on reflective practice (Hargreaves, 2004). Furthermore there is no universally accepted definition of reflective practice as it is utilised and incorporated within nurse education in Ireland.

This chapter outlined the rationale for and background to the study and identified the research aim and objectives. The remainder of the thesis is divided into seven chapters. Chapter Two provides the contextual information for the study. The first part of the chapter examines nurse education historically, and provides an insight into the reforms that occurred within the context of nurse education in Ireland since the mid nineteenth century. The latter part of the chapter presents a detailed description of the main components within the Irish nursing education programme which facilitate reflective practice. Chapter Three provides a review of the conceptual literature in relation to reflective practice including an exploration of the definitions of reflective practice and explores the empirical research pertaining to reflective practice. Chapter Four outlines the methodology implemented within this inquiry to address the research question and the objectives of this study. This is divided into three sections. The first reiterates the research question and objectives, and is followed by a discussion of the research design and theoretical perspectives. Finally, the issues associated with the implementation of the study including data collection, sampling, ethical considerations and the methods employed to analyse the data are addressed. Chapter Five presents the findings of the study including a brief profile of the participants. The empirical data presented in this chapter, which is discussed and analysed in Chapter Six, address the overarching aim and objectives of the study. Chapter Seven, the final chapter, provides a conclusion to the study and presents recommendations for policy, practice and further research within the context of reflection and nurse education.

1.7 Summary

This chapter introduced reflective practice within the context of nurse education in Ireland. It provided a background for the inquiry and referred to the role of nurse educators in meeting the teaching and learning needs of the students pertaining to reflective practice. The chapter outlined the rationale for the study together with the aim and objectives of the study.

Chapter Two shall critically analyse the historical changes which have occurred in nurse education in Ireland which led to the introduction of reflective practice within the undergraduate curriculum in 2002. It shall also critically debate the role

that contributors, such as nurse educators and preceptors, make to the implementation of reflective practice and shall analyse initiatives in place to facilitate reflective practice within the undergraduate nursing curriculum in Ireland.

2 Historical Overview of Nurse Education in Ireland

2.1 Introduction

In order to understand the enormity of change which has occurred in Irish nurse education in recent times, it is essential to recognise and appreciate what constituted nurse education in Ireland until now. It is only by gaining an understanding of the historical outlook of the initial drivers of nurse education that one can acknowledge the significant changes that occurred, which have resulted in our current nurse education policy. Furthermore, having an insight into the background of nurse education will also help contextualise the environment in which nursing students are socialised and educated and thus obtain a deeper meaning of the student narratives regarding their experiences and understanding of reflective practice.

2.2 Nursing and the Religious Orders in Ireland

Nurse training has a long tradition in Ireland. Scanlon (1991) identified that over one hundred years of hospital care in Ireland existed before any special preparation was made for nurse training. This training was *ad hoc* and locally driven to meet the needs of hospital activities. The founder of the Irish Sisters of Charity, Mary Aikenhead, was a major influence in the development in nursing and active training in nursing was given at St Vincent's Hospital, Dublin in 1834 to members of the religious order of the Congregation of the Irish Sisters of Charity. The first training school was the Adelaide Hospital in Dublin in 1858. Miss Bramwell, a colleague of Florence Nightingale, assisted with the opening of the school. From this point on, due to the growth of religious and secular training schemes throughout Ireland, there were almost fifty nurse training schools in Ireland by the 1890s. Each of these schools had different lengths of training and commitment of service to the institution following qualification (Independent Evaluation Team, University of Southampton (for DoH), 1998).

By virtue of the fact that the majority of the nurse training schools were controlled by the religious orders, it is not surprising therefore that nurse training was very much influenced by the values and ethos within religious orders. As such, nursing was very much viewed and promoted as a vocation in life. This ideal of vocation placed more emphasis on the 'caring' aspect of nursing; helping the sick, the less wealthy and the dying, were more of the focus than education. Nurses were trained on the virtues of subservience and the emphasis and value was placed on obedience and servitude rather than critical thinking. Nurse training was an amalgamation of personal qualities, practical training and biomedical knowledge (Fealy, 2006; Bradshaw, 2000). Nurses were viewed as good workers and conscientious women who went about their work in a dutiful and reverential manner, and were closely supervised by ward sisters who safeguarded values such as good moral character and appropriate attitude (Scanlon, 1991). Examinations were based on the medical model of care and closely associated with disease, conditions and medical treatments (Aggleton and Chalmers, 1986) and practical skills were assessed by senior staff in a manner which was procedurally motivated (Scanlon, 1991). Nurses were not perceived by society as being intelligently authoritative, but as women who were caring, kind, respectful and practical. This persona was very much promoted by the religious orders that also controlled the enrolment places in the training schools which trained 'good Irish nurses' (Independent External Evaluation Team, 1998, p. 12).

The idea of the good Irish nurse lent itself to considerable debate and indeed analysis some one hundred and fifty years later (Independent External Evaluation Team, 1998). The traits of what were perceived as the good Irish nurse undoubtedly related back to the values of the religious orders. Respondents were very anxious not to lose those traits within the new diploma programme (Independent External Evaluation Team, 1998) Senior tutoring staff and ward sisters regarded the good Irish Nurse as being 'a good calibre female who was professional with religious and vocational qualities, hardworking, unquestioning and obedient' (Independent External Evaluation Team, 1998, p. 39).

It is noteworthy that the views of the religious orders regarding what nurse education should be was still a key driver within nurse education. This reflects the substantial influence the religious orders had on nurse education in Ireland.

2.3 The Nurses Registration (Ireland) Act 1919

In early 1917, the voluntary body of the Irish Nursing Board was established which had two main aims. One of these aims was specifically to ascertain and agree a standard of nurse training in Ireland. This development was supported by the Nurses Registration (Ireland) Act 1919 (HMSO, 1919). This act recognised the first General Nursing Council whose duty it was to maintain the register, to make rules concerning the approval of training institutions, prescribe training in nursing, and conduct examinations for admission to the professional nurse register (Independent External Evaluation Team, 1998). This was the first attempt made to standardise nurse education in Ireland at a national level. The development of this act was a major driver in the regulation of nurse education in Ireland.

Nurse education from the 1920s until the late 1940s remained constant. Education of nurses was within the apprenticeship model of education and training (Scanlon, 1991) and was controlled by the institution in which the nurse training was based, namely the hospital-based training schools. This method focussed chiefly on the salaried employment of women and to a lesser extent on nurse education (Fealy, 2005). The principal emphasis was on training the student nurses while working and the main guidance for the training came from the more experienced nurses. Theoretical instruction was intended only to supplement the more important practical training and instruction the student nurse would receive on the hospital ward. The slow pace of change was undoubtedly strongly influenced by the economic climate of the time. The main underlying reason for the slow pace of change with nurse education was the fact that student nurses were salaried employees of the health service and provided a constant source of inexpensive labour. As a result, the quality or content of nurse training was not a major concern for the health service. The main function of nurse training was to fulfil a role as a hospital nurse.

In the late 1940s major reforms occurred within Irish health policy which saw a move away from the reliance on philanthropically based health care to one which was principally state funded (Fealy, 2005). Following the establishment of the Department of Health in 1947 which focussed on expanding the health services and funding the hospital building programmes, attention was drawn to coordinating the regulation of nursing and midwifery. Dr Noël Browne, who was the Minister for Health at that time, established the Nurses Bill (1949) (Government of Ireland, 1949). This bill established a new statutory body, An Bord Altranais (ABA), whose function it was to control the recruitment, training and employment of nurses.

Dr Browne believed that the future of an effective health service was dependent on good education to deliver a high standard of knowledge and skill. The new regulatory body assumed the existing functions of the General Nursing Council for Ireland and those of the Central Midwives Board. This new Board had responsibility for training nurses and midwives, and would also have the authority to alter the training needs of nursing and midwifery to meet the National Health Service's needs (Fealy, 2006). The existing training schools would continue to be key players in nurse education but would expect help and assistance rather than 'interference' from ABA (Fealy, 2006). The new Nursing Board would play a more active role in the education of nurses. Dr James Deeney, the Chief Medical Officer at the Department of Health, requested that there should be more focus on Public Health aspects of nursing such as sociology, hygiene and educational needs. It was also proposed that the curriculum would offer a hobby subject such as music and dress making. Under the auspices of ABA The Nurses Rules 1953 was established (ABA, 1953). This created the role and function of ABA relating to the register of nurses, the approval process for training hospitals and institutions, the requirement for training, and the conduct of exams (Fealy, 2006). Under these rules ABA had the right to inspect the health institution in advance of giving approval.

In 1955, regulations and guidelines were produced by ABA which established the minimum standards pertaining to clinical and theoretical instruction and personal requirements for nurse training (ABA, 1955). The regulations and guidelines also

stipulated the accommodation and adequate recreational activities for trainee nurses. The Nursing Board's syllabus established the theoretical and clinical instruction for the duration of the three-year training (ABA, 1955). The nursing curriculum was focussed on a medical model and primarily specified the duties the student nurse was compelled to perform. The nursing student's training was determined by her role as a hospital worker and by her conditions of employment. Education was planned within a block structure which was generally planned around the needs of each individual training hospital. However, some hospitals operated a system where students had either morning or evening lectures to facilitate staffing needs within the hospital (Fealy, 2006). Some schools of nursing did not meet the minimum educational instruction requirements while others were providing an excessive amount (O'Dwyer, 2007). Indeed where there was change within the nursing curriculum, the individual tutors within the schools of nursing augmented the change at a local level without any reference to the national curriculum. The assessment of learning for examinations was predominantly by oral and written methods with the practical and oral components conducted by the medical or surgical consultants of the training hospital (Fealy, 2006). The clinical learning was very much focussed on lists of practical nursing procedures which had to be completed and checked by the end of the placements when a progress report was forwarded to the Matron of the Hospital (ABA, 1994).

The curriculum experienced minimal change until the 1970s when international thinking believed that nurse education should be a separate enterprise from nursing services (Fealy, 2006). There were also concerns regarding the quality of the training. According to Broe (1955) cited in Fealy (2006), apprehensions were raised that nurses were trained to carry out routines, that learning did not occur on an incremental basis and that this resulted in students being given duties beyond their capabilities. These concerns coincided with Ireland's entry into the then European Economic Community (now the European Union) in 1973, which was to become one of the major catalysts for nursing reform in Ireland.

2.4 European Directives: Their Influence on Nurse Education in Ireland

Ireland's entry into the European Economic Community (EEC) in 1973 brought considerable change and influence in nurse education. As a result of this development, Ireland adopted several European directives pertaining to economic and social development. In June 1977 two European directives relating specifically to nursing education were issued. These were EU Directive 77/452/EEC and EU Directive 77/453/EEC, which referred to formal recognition of diplomas and other nursing professional qualifications, and also indicated the specialist placement requirements for all nursing students engaged in nurse education programmes in Ireland. The former EU directive was of particular significance to the nursing curriculum, as it was the first attempt to formalise the requirements for a nurse training programme. The directive stipulated a minimum of 4,600 theoretical and practice hours of instruction over a three-year period. Directives regarding the specific content of the curriculum were also stipulated. This, according to Fealy (2005), was the first example where the needs of nurse education were given precedence over service needs and may be regarded as one of the major milestones of nurse education to date. Under the influence of the European directives the schools of nursing were charged with the responsibility of meeting the requirements. The most significant outcome of these directives was the immediate impact on staffing levels within the hospital sectors, as students were now seconded on specialist placements and external sites to meet the new directives. These directives also introduced new assessment criteria. Nurse Tutors were now responsible for assessing students as opposed to Matrons and medical staff. Furthermore, the new clinical placement assessment – the Proficiency Assessment Form (PAF) – was now the responsibility of the staff nurse at ward level (Fealy, 2006). This directive resulted in the student having a central role within nurse education and for the first time focussed on the role of the staff nurse as a primary assessor of the nursing student while on clinical placement, which usually lasted for approximately six weeks. What is of interest within this new development is that the introduction of the principle of having the staff nurse as the clinical assessor has not altered within the undergraduate programme to date.

Indeed the staff nurse or registered nurse is viewed as a key member of the student nurse's experience while on clinical placement (DoH, 2012).

In 1989 the European Directive (89/48/EEC), which was adopted in 1991, identified the balance between theoretical and clinical instruction indicating that at least one third of the training be allocated to theoretical instruction with two thirds being allocated to clinical practice. The extended periods of instruction offered opportunities for various methods of teaching, and introduced new workshops for supporting Nurse Tutors in meeting the new requirements for nurse education (Fealy, 2006). It also reflected the changing role of nursing students within the Health Service, which was mainly attributed to the increase of theoretical hours required to meet the European directive. This, according to O'Dwyer (2007), resulted in the demise of the apprenticeship programme of nurse education in Ireland. At this time the Nursing Board reviewed the apprenticeship model of nursing which led to the publication of an Interim Report (ABA, 1991). The review identified three key factors which were to influence the curriculum for the future of nurse education. These factors included the move towards a new focus on health promotion and community health within the health care model, the changes in demographic spread, trends within Irish society and the need to strengthen nurse education in order to meet the European directives (Fealy, 2006). Following the publication of the Interim Report (ABA, 1991), the nursing board embarked on a national consolidation process with nurses which led to the publication of *The Future of Nurse Education and Training in Ireland* (ABA, 1994). This involved the establishment of a central applications system similar to that of third level colleges, full student status for nursing students and the withdrawal of nursing students as part of the work service within health (ABA, 1994).

2.5 The Galway Model

The School of Nursing in Galway was selected in 1994 to develop a new curriculum in nurse education to meet the key factors identified in the Interim Report (ABA, 1991) and was referred to as 'the Galway Model' (Independent External Evaluation Team, 1998). This was regarded as a pilot scheme for the

diploma nursing programme, and was based on previous work between the then University College Galway (UCG), now National University of Ireland Galway (NUIG), and the Western Health Board (WHB) since the 1980s, related to the development of a degree programme for nursing (Fealy, 2006). This model was accepted as an interim measure for nurse education and was launched in 1994. On successful completion of the three-year programme the nurse was awarded a diploma in nursing from the university, and was eligible to register as a nurse with ABA. This model was extended to all schools of nursing by 1998 (Comer, 2012).

Following the introduction of the Galway Model nationally, further influential government publications such as the Report of the Commission on Nursing: A Blueprint for the Future (Government of Ireland, 1998) and The Nursing Education Forum (ABA, 2000) contributed to a major review of nursing which also considered the requirements of pre-registration education for nursing. By far the most significant recommendation of the Commission on Nursing (1998) was that pre-registration nursing was to be fully integrated into third level colleges with nursing students attaining an Honours Bachelor of Science (BSc) degree upon completion of a four-year undergraduate programme (Commission on Nursing, 1998). These committees were instituted following a period of significant industrial discontent among nurses and midwives in Ireland regarding the conditions of employment, educational facilities and the general perception of the profession (O'Shea, 2008). Cognisant of the increasing complexity of health advancements, consumer demands and practice, graduate education was viewed as the most effective method by which nursing students could develop such knowledge and skills. Although the changes proposed within the Commission on Nursing were fundamental, some qualities regarded as 'most cherished' from the apprenticeship model were to be retained and integrated into the new curriculum, namely energy, commitment, sense of humour and above all a deep sense of caring (p. 10).

Arising from such reports, the current registration degree programme became a four-year honours degree programme in 2002, which is facilitated in approved third level institutions and allied health care institutions throughout Ireland (ABA, 2005).

In summary, this section addressed the historical aspects pertaining to the development of nurse education within an Irish context. It focussed on the main drivers which were influential in developing nurse education. Particular attention was paid to the changes made to the curriculum as a result of these influences. This section identified nurse education in the mid 1800s as being a salaried, service driven occupation for women, focussed on hospital work and care of the sick, which was strongly influenced by the religious orders of that day. Values cherished and nurtured within the training were that of loyalty, subservience and obedience. European directives and at a later stage national nurse education policy transformed the focus of nurse education radically from a hospital controlled training that met local hospital needs to an undergraduate four-year programme which was led by approved third level colleges and allied health care institutions.

The following section shall discuss how reflective practice is incorporated and indeed facilitated within the Irish nursing curriculum and will consider the main elements in place within the curriculum to facilitate reflective practice.

2.6 Reflective Practice and the Nursing Curriculum in Ireland

The statutory regulatory body, ABA, stipulates the requirements and standards in respect of each nurse within the document: Requirements and Standards for Nurse Registration Education Programmes (ABA, 2005). This document provides guidance for the development of nursing programmes for third level institutions and health care settings involved in the education and training of nurses (ABA, 2005). A key aspect of nurse education is ensuring that the registered nurse is competent, and therefore practises safe care effectively, and has the ability to fulfil professional responsibility within their scope of practice. Within this document (ABA, 2005) the guideline articulates that upon completion of the undergraduate programme in nursing, ‘the student will be equipped with the knowledge and skills necessary to practice as a competent and professional nurse’ (p. 12). One of the methods of achieving competency, according to ABA (2005), is that the student will ‘demonstrate development of skills of analysis, critical thinking, and problem solving and reflective practice’ (p. 12).

In order to meet with the requirements of ABA, all curricula for undergraduate education in Ireland require validation by ABA and therefore incorporate reflective practice as a teaching and learning method. The current curriculum on nurse education, which is validated by ABA and implemented by the institute in which I work, incorporates reflective practice within the programme in several ways. It is explicated within the curriculum in both theoretical and clinical modules. Within both types of modules reflection is assessed and ultimately contributes towards the overall grade point average of the degree classification. In implicit ways personal tutors, registered nurses, clinical placement coordinators, group discussions and protected reflective learning opportunities also facilitate reflective practice within the programme.

To further facilitate the role of reflection within the clinical placement module, the skills of reflection are taught in the classroom in each year of the programme within the institute in which I am currently employed. Within the module *Personal and Professional Development* reflective practice is taught within the context of the nature of reflection and reflective nursing journals and diaries. The teaching of reflection is on an incremental level commencing in year one of the programme. Within the four-year programme the personal and professional development module will have included an understanding of the concepts of reflection and reflective practice, reflection as a learning strategy, reflection and the generation of knowledge to inform practice and strategies that integrate reflection within professional practice, and life-long learning practice. This is taught using various modalities such as group facilitation, scenario based learning and lectures. Johns' (1998) Framework and Gibbs' Model (1988) of reflection are used to assist the student with the reflective process as it offers a sequence of prompts to assist the student develop reflective thinking (see Appendices 1 and 2).

Reflection is assessed with the *Taught Clinical Placement* module. This module is a compulsory module and non-compensatory. The module comprises two assessments. Twenty per cent of the module weighting is allocated to the clinical competency portfolios and eighty per cent of the module is allocated to the assessment of a reflective piece of work such as a critical incident or an

occurrence in the clinical setting which the student has experienced while on clinical placement. The student is then asked to reflect on the experience which occurred while on clinical placement, learning from that experience and thus informing practice from that experience. The reflection is assessed by the lecturer as part of the requirements for registration as a nurse. Therefore, like all other assessments, the reflective assignment for each year of the programme is assessed.

Clinical instruction occurs in the clinical health care setting to which the students are allocated on a rostered basis and which are affiliated to the relevant third level institute. The development of a quality clinical learning environment, although augmented by the relevant Health Authority, is governed by ABA. This is achieved through the publication of Guidelines on the Key Points that may be considered when developing a quality clinical environment (ABA, 2003). The aim of the clinical placements is to provide the student with exposure to the clinical setting, so that the student can develop skills, competence and confidence in the practice of nursing. The clinical placement is also viewed as a learning place to explore nursing theories and to develop professionally from experiences at ward level. One of the specific aims of the clinical practice is:

To provide students with the reference system for the student to critically evaluate practice, to predict future actions and through reflection, reveal the thinking that underpins nursing action. (ABA, 2003, p. 2)

This aim reinforces ABA's (2000b) commitment to the promotion of reflective practice within the nurse education programme. The overall aim of the clinical practice experience is to provide 'learning opportunities that enable the achievement of competence in clinical nursing skills, and stated learning outcomes' (ABA, 2000b, p. 22).

Protected reflective time (PRT) was introduced to facilitate the student in reflecting on clinical practice experience, with the intention of integrating the theoretical knowledge into clinical experiences as is stipulated by ABA (2005). PRT is allocated to each student on a weekly basis while the student is on clinical placement. It consists of four hours per week which is rostered into the clinical

placement timetable. This practice is viewed as affording students the opportunity to critically reflect on the clinical experience and then explore available theory to get a deeper understanding of that experience. This method of facilitating reflective practice continues until the student commences their internship in year four of the programme. During the internship phase of the education programme, nursing students are facilitated with protected reflective time in the form of four mandatory day releases from the clinical area. This day release is facilitated by the lecturing staff of the nursing department and takes place in the institute.

2.7 Principal Professional Supports for the Facilitation of Reflective Practice

The Lecturer

The lecturers in the higher education institutes are involved in the theoretical and clinical preparation of students which contribute to reflective practice. The lecturer's role also involves supporting mentors who directly support students while on clinical placement (Price et al., 2011) and such support is regarded as significant for students on clinical placement (Manning et al., 2009). In their study of nursing students, Brown et al. (2005) concluded that students regarded the role of the lecturer as crucial in supporting the student experience during clinical placement. Price et al. (2011), in a study of undergraduate nurses' views on the role of the lecturer as a source of support for students, identified that lecturers were regarded as a good source of academic and emotional support and also for the facilitation of the student-mentor relationship. Students identified that the clinical visit of the lecturer promoted reflective practice as the students had time to reflect on an experience with the lecturer. Price et al. (2011) suggest that the lecturer may have been viewed as the 'visitor' to the ward, thereby justifying the students getting time out to reflect with the lecturer. Furthermore, the Department of Health (DoH, 2012) recommends that:

Enhanced clinical engagement between higher education institutes and healthcare organisations would facilitate the promotion of theory, practice and research. (p. 29)

This is not a new initiative within nurse education; indeed it was recommended in 2000 that all third level institutions should develop innovative strategies for lecturers to develop link roles with clinical practice (Government of Ireland, 2000) and was further stipulated by ABA (2005) which requires that lecturers in

nursing participate in clinical practice and create processes for upholding professional proficiency and integrity. However, there is no evidence according to McSharry et al. (2010) of a model of practice that would actualise this requirement in Ireland, although there is a clear expectation that such a role should exist. Within the institute in which I am employed, a notional two hours are allocated per week to the lecturers' timetable for 'link lecturing'. The two hours are to reflect on time spent on clinical visits, providing tutorials with students, support for students and staff and advising clinical staff. Yet, due to an insufficient number of hours available within each lecturer's personal timetable, these 'hours' are inputted into the personal timetable of lecturers for the month of May when teaching is effectively over for the academic year and the students are undertaking exams away from the clinical area. Conversely, there is an expectation that the lecturer assumes the 'link lecturing' role as well as fulfilling the full contractual teaching role of 18 hours per week throughout the academic year. This situation has been a source of considerable debate within my department and indeed nationwide (DoH, 2012).

The Preceptor

ABA also stipulates that each nursing student, while on clinical placement, is allocated a preceptor who is a registered experienced nurse who has completed a teaching and assessing programme (ABA, 2005; 2000a). The role of the preceptor is to act as a role model to the student, and to provide a working environment which is conducive to learning and supportive of the student's needs specific to the learning outcome of the clinical placement. Each preceptor is facilitated with a study day developed by the relevant third level institute, and in partnership with the relevant health care provider. The study day, although devised by the relevant third level institute, is accredited by ABA prior to its introduction. This study day affords registered nurses the opportunity to develop a deeper understanding of the undergraduate programme, offers an insight into skills necessary for assessing and supporting nursing students, and also clearly outlines the role of the preceptor within the context of nurse education. It also serves as a method to create a sense of cohesiveness between the college and the relevant health authority. One requirement of the preceptor is to ensure that 'reflective practice is facilitated both in and on practice' (ABA, 2000a, p. 6).

The role of the preceptor within nurse education is significant in providing a quality learning environment and providing measures whereby preceptors act as gatekeepers for the nursing profession. Their role essentially is to ensure that those who become registered nurses are indeed safe and competent practitioners. Reflective practice is regarded by An Bord Altranais as one of the imperative modes of realising this aim (ABA, 2005; 2000a). The review of Undergraduate Nursing and Midwifery Degree Programme Report (DoH, 2012) acknowledged that preceptors are fundamental to the success of the nursing programmes and to the development of critical thinking among students. However, the DoH (2012) also recognised that, due to the cut backs within the health service, preceptors were viewed as a declining resource and at times ‘could have up to five students to precept’ (p. 39). Therefore, the economic recession currently within Ireland may have a detrimental effect on the learning environments for nursing students.

Duffy (2009) explored preceptors’ experiences of guiding students through reflective practice in Ireland. The findings illustrated a general unpreparedness of preceptors for the role which presented as a lack of organisational support and a lack of theoretical knowledge. The lack of formal support for preceptors was a concern. Preceptors identified peers, management and CPCs as sources of support for the role; however respondents indicated that this support was not always available. The lack of managerial support was a particular concern. CPCs were also viewed as providing minimal support to preceptors. Participants also indicated that they lacked a sound theoretical knowledge base and this affected their ability to interact with the ‘degree’ students. Preceptors expressed a lack of understanding of new terminology or language used within the curriculum and also expressed concern about reflecting with the students due to lack of knowledge and experience regarding the reflective process (Duffy, 2009). Lack of time was also recognised as a significant barrier to fulfilling the role of preceptor. The lack of time was centred on preceptors trying to spend time with students while also managing other nursing responsibilities (Duffy, 2009).

The Clinical Placement Coordinator

In conjunction with the Preceptor and the Lecturer, an additional role unique to Ireland exists to support students in the clinical areas, namely the Clinical Placement Coordinator (CPC). CPCs are employed by the health care institutions to which students are allocated and are assigned to the clinical areas where the students are placed. The CPC functions as a link between clinical practice and education and contributes to practice development and the development of an optimal clinical learning environment (Drennan, 2002). The role of the CPC is regarded as crucial to the support of students on clinical placement and is identified as a key contributor to enhancing the clinical learning environment (DoH, 2001). CPCs are also employed as supports for clinical staff within the clinical area and as such serve as facilitators and supporters to both qualified nursing staff and students. This role is considered very effective in preparing and supporting students through clinical practice (DoH, 2001), a finding reiterated more recently by the DoH (2012), which acknowledged the invaluable support offered by this cohort to both nursing students and staff. O'Donovan (2006) concluded that nursing students in Ireland regarded CPCs as very influential in the facilitation of reflection in clinical areas. The degree of facilitation ranged from introducing the concept of reflection to the student to actively reflecting on a scenario which occurred.

2.8 Summary

This section presented the historical overview of the advances of nurse education in Ireland and acknowledged the key drivers within such developments which led to the introduction of reflection into the curriculum of nurse education in Ireland. It also identified the main components within the Irish nursing education curriculum which facilitate reflective practice within the programme. These encompass modules within the nursing curriculum, protected reflective time, lecturing staff, nursing staff and clinical placement coordinators. Chapter Three shall consider the conceptual underpinnings pertinent to reflective practice and shall also consider the critical debates and empirical research pertaining to reflective practice within nurse education.

3 Literature Review

3.1 Introduction

As reflection continues to grow in popularity as a method of learning in practice-based professions such as nursing, it is essential that the theoretical views of its founder members and their influences are discussed. The research study shall be attentive to the foundational contribution of Donald Schön whose seminal work (Schön, 1983; 1987) on reflective practice has been highly influential in practice disciplines such as nursing and teacher education and has also been extensively referred to by several researchers exploring reflection in nurse education.

Schön was highly critical of the education models adopted within universities for teaching practitioners within professions. He identified the dominant model of professional knowledge, technical rationality, as the most powerful instrument for problem solving within professional practice. This model was, he argued, based on active problem solving ‘made rigorous by the application of scientific theory and technique’ (Schön, 1983, p. 21), with little regard for the context or the setting in which the problem arose. This context or setting required experience and intuition as practice situations are characterised by conflicting values, intricacy, uniqueness and ambiguity and problems do not necessarily present themselves within categories where solutions can be found by the direct application of scientific theory (Schön, 1983). Schön (1983) called for a new epistemology for practice. This new epistemology of practice would embrace and appreciate professional artistry and practical knowing that is fundamental to how practitioners function. This form of knowing is tacit and is therefore difficult for practitioners to articulate; however it is a form of knowing in action by which practitioners make judgements within practice. Schön (1983) argued that knowledge can be generated from practice through reflection-in and on-action within practice situations, with the person developing a new understanding from that experience situation and therefore acquiring new knowledge from practice which can be applied to a comparable situation with practice.

Within an Irish nursing context the phrases used in Schön's theories are evident within several documents published by An Bord Altranais pertaining to nurse education and nursing practice and such terms as 'reflective practitioner', 'reflection-on-action' and 'reflective practice' are frequently referred to within these documents (ABA, 2003; 2005; 2008). Within the college in which I teach, the theories of Schön are taught and integrated into the undergraduate nurse curriculum and are evidenced within the learning outcomes of nursing students while on clinical placement. Schön's framework is therefore being utilised in this study because of its conceptual, curricular and policy influence. It is nevertheless recognised that in more recent years Schön's work has drawn criticisms within teacher education fields for its lack of conceptual clarity and its failure to appreciate the practical issues that practitioners confront which are referred to later in this chapter (Finlay, 2008; Newman, 2006; Moon, 1999). Therefore I acknowledge that Schön's theories are regarded as foundational in the field of reflective practice rather than contemporary and other contributions relating to reflective practice are not being overlooked but deliberately set aside, because of the seminal nature of Schön's theories and my wish to explore its use within an undergraduate nurse curriculum in a higher institute of education.

This literature review is divided into two distinctive but related sections. In this section I will present the philosophical and theoretical underpinnings relevant to the theory of reflective practice and its implications for nursing practice. I will also address some of the central concepts in Schön's theory of reflective practice such as technical rationality, professional artistry, tacit knowledge and reflection-in and on-action. In order to contextualise reflective practice within the wider discourse of nurse education, this chapter shall also examine some contemporary debates and influences regarding the meaning of reflective practice predominantly amongst nursing theorists.

Section two shall address the considerations surrounding the application and the effectiveness of reflective practice within the clinical work environment of nursing practice by exploring the professional structures in place to advance reflective practice in the work environment and by exploring nurses' perceptions

and experiences of reflective practice. This section shall also address the debates surrounding the assessment of reflective practice.

3.2 Origins of Reflective Practice

The origins of reflective practice can be traced back to the American philosopher and educator John Dewey (1933; 1938) who offered a new pragmatic view to education. He articulated that the ability of an individual to reflect is initiated only after they recognise a problem and identify and accept the ambiguity this generates. Dewey (1933) argued that all humans have the ability to learn from experience. He regarded reflection as an essential element to success in learning. Dewey's argument suggested that the learning environment should have more opportunities for the learners to actively do things (Bulman, 2013).

Dewey's (1933) epistemological view held that knowledge is realised during social interaction with the environment. Furthermore, it is posited that the newly attained knowledge should translate into decisions that would guide future encounters (Bulman, 2008). Common recurring critical arguments are evidenced within these writings: Dewey consistently argued that learning and education are social and interactive processes which occur in schools as social institutions where social reform should take place. Additionally, Dewey argued that students flourish in environments where they are permitted to experience and interact with the curriculum (Dewey, 1933).

Dewey (1933) argued that the purpose of education is to realise one's full potential through growth which he regarded as living. Education in his opinion did not necessarily need formal aims and objectives. He believed that education is a lifelong process, a place to learn how to live, which continues until death. In this regard, Dewey lamented what he regarded as the inactivity of students within the curriculum. He argued that in effective education the content needs to be presented to the student in a manner which permits the student to relate the data to prior experiences and thereby create an association between what is already known and the new knowledge. Dewey promotes the need for an awareness among educationists that is cognisant of an educational composition that can

create a balance between delivering knowledge and being mindful of the students' experiences and interests.

Dewey (1916) insists that experience should be the primary instigator of thought for the learner, on the pretext that in life an empirical situation is necessary to engage our interest and generate thought and action. It is through this reasoning that Dewey became one of the most eminent advocates of experimental learning. He argued that:

If knowledge comes from the impressions made upon us by natural objects, it is impossible to procure knowledge without the use of objects which impress the mind (Dewey, 1916, p. 217).

Dewey not only revolutionised the method applied within the learning process but also addressed the role which the teacher should play in that process. Dewey believed that the role of the teacher was that of a facilitator and a guide, which was contrary to the traditional role of the teacher as a sender of information to passive students who absorbed this information (Jasper, 2006). This new belief regarding the role of the teacher suggested that the teacher become a partner in the process of the student's learning, guiding the student to determine meaning and understanding within the subject area (Brockbank and McGill, 2007). The teacher is not recognised as an expert but as a creator of personal growth.

3.3 Schön and Reflective Practice

Schön's focus on reflective practice went beyond the classroom and into the real world of professional practice. He further refined the notion of reflective practice to do this. Nonetheless Schön's work on reflective practice is based on several premises that are also evident within Dewey's work. Both Dewey and Schön were interested in potential growth for the learner that would occur over a lifetime on a continuous basis. The actions of the student were also a key aspect of both theorists who emphasised the importance of facilitating the student in a way that encourages the student to learn from prior experiences and thus base their practice on learning from prior experiences. Indeed Kinsella (2007) postulates that Schön's work was as influential for professional practice as Dewey's was for

education, arguing that Schön directs consideration to the ‘experiential world’ environment of the practitioner in a comparable way to the ‘experiential world’ of the young child, focussing on the significance of these worlds for the development of knowledge.

Schön (1983), whose background, like Dewey’s, was in education, had an interest in what he refers to as ‘professional knowledge’ (p.3) or ‘the crisis of confidence in professional knowledge’ (p. 4). This interest was based on the critical question asked by Schön (1983), ‘is professional knowledge adequate to fulfil the espoused purposes of the profession?’ (p. 13). Schön’s (1983) research related to professionals who were in practice disciplines and this generated a lot of interest within nursing (Comer, 2012). He argued that this crisis of knowledge is as a result of a mismatch between professional knowledge and the fluidity of changing practice situations based on complexities, instabilities, uniqueness and value conflicts (Schön, 1983) which are in essence the normality of professional life practice. This crisis, according to Schön, results from the notion that the ‘high ground’ (p. 42) of theorising about professionalism is not always reflected in the ‘swampy lowlands of professional practice’ (p. 42). Professional knowledge, according to Schön, requires a sense of constant transition to facilitate professional knowledge meeting the demands of new professional practice, thereby intimating that the role of the professional will change over the decades. The changing role in practice for the professional will result in a reshaping of the knowledge required to meet these changes. Schön argued that professionals did not simply draw from their professional knowledge base in a simplistic way or direct manner to inform their professional practice. There was, according to Schön (1983), no direct relationship between professional knowledge and practice.

3.4 Technical Rationality

Schön dedicated a significant part of his books (1983; 1987; 1991) to the epistemological underpinnings of ‘technical rationality’ and lamented its dominance in professional education (Bulman and Burns, 2000) which was regarded as normative in professional life in western society (Kinsella, 2009). Schön (1983) regarded technical rationality as a professional endeavour which

involved problem solving and applying scientific theories and methods. Schön's (1983) highly critical comments argue that technical rationality is the dominant model of professional knowledge embedded not 'only in men's minds', but also in the institutions themselves and as such is a:

Dominant view of professional knowledge as the application of scientific theory and technique to the instrumental problems of practice (p. 30).

In essence this model suggests that there is a unidirectional trajectory arrangement between knowledge and practice. This dominant epistemology of practice regards professional knowledge as the most authoritative and prevalent which shapes the thinking and practices of professions such as medicine and law and to a lesser extent business and engineering. Lecturers and academics are armed with the role of providing knowledge of theory for practitioners to apply to practice. This approach to the social sciences is a rather naive one as it implies that all human situations or encounters can be interpreted in terms of scientific methodology in a similar fashion to the physical scientific world (Thompson and Thompson, 2008). This model suggests that, not only is there a hierarchical affiliation between knowledge and practice, but there is a similar association between academics and practitioners (Rolfe et al., 2001). This view thereby posits that there is a top down approach to education where the students play a passive role within the educational process and the educators are regarded as the imparters of such knowledge. As a result this knowledge is the only source of knowledge that professional practice is based upon. This practice promotes the teaching of scientific research findings by lecturers to practitioners whose role it is to implement these findings.

This rigorous technical problem solving originating from a specific scientific knowledge base is embedded within professions such as medicine and law. These so-called major professions are highly regarded by society because their expert knowledge resonates with claims of power and uniqueness and they are regarded as 'learned professions' (Schön, 1983). These are distinct from the so-called minor professions, the less powerful professions such as nursing, teaching and social work whose scientific knowledge base is not as well developed as the more powerful professions, resulting in less social status being afforded to them. The

minor professions, according to Schön (1983), try to mimic the major ones so that the prestige and power can be enjoyed by them. This search or need within nursing education to identify a unique and legitimate body of knowledge was ultimately a contributing factor to the introduction of reflective practice into the new nursing education programmes in Ireland (Comer, 2012).

This technical rationality model was first challenged in the 1970s and 1980s by the teaching professions which was led by Stenhouse (1985), who urged school teachers to engage in their own classroom related research rather than relying solely on information from research academics, thus constructing a new epistemology of practice where practice knowledge was evident in the actions of the experienced practitioner (Rolfe et al., 2001). This view subsequently argues that practice knowledge was not purely sought from theoretical knowledge that can be read from a book. Therefore, in addition to scientific knowledge and theory generated by researchers and academics which is applied to practice, many educationists argue (Usher and Bryant, 1989; Carr and Kemmis, 1986) that there is another kind of knowledge which is implicit in practice and subsequently emerges from practice. A practice therefore is not some behaviour which exists separately from theory which is then applied to practice. All practices, akin to observations, have theory entrenched in them (Carr and Kemmis, 1986).

Schön (1983) argues that practitioners confined to a positivist's epistemology faced a dilemma; their understanding of the rigours of professional knowledge excludes phenomena that they have come to see as central to their practice. This is, according to Schön, because the model is incapable of considering the everyday practice situations where uncertainties, distinctiveness and unpredictability exist.

3.5 Professional Artistry

Artistry plays a very significant role in Schön's and Dewey's writing on reflective practice. It is argued that this is where the implicit influence of Dewey's work on Schön is evident (Kinsella, 2009). One of the central tenets of Dewey's philosophy was the aesthetic aspect of the experience. Dewey regarded the experience as art itself. Schön (1983) uses the term 'professional artistry' to

describe the actions of professionals when they are working within unique, uncertain or conflicting situations at work. It involves the acts of skilled performances, recognition and judgement. He argues that educators and professionals are aware of the artful ways in which practitioners deal competently with value conflicts in practice. Nevertheless they are dissatisfied because there is no process for practitioners to espouse what they do. Schön (1983) also disapproves of the uncritical adoption of the scientific paradigm within professional schools which has neglected to include the artistry of practice and obscured the concept of professional practice as an art by identifying it as a technique (Kinsella, 2009). Schön (1983) argues that the reflection-in-action is fundamental to the artistry of the practitioner and posits that this process does not necessarily require words. Reflection-in-action shall be discussed later within this section.

3.6 Tacit Knowledge

A significant theme in Schön's theory is tacit knowledge. Schön (1983) posits that some practitioners during their working day depend on what Schön referred to as tacit *knowing-in-action*. This term suggests knowledge that is embedded in practice which cannot be articulated by the practitioner. It relates to the day-to-day clinical judgements made by the practitioner which are intuitive and skilful and instinctive actions and for which the practitioner cannot state the rules and procedures. Knowing-in-action, according to Schön (1983), focussed on the 'kind of knowing inherent in intelligent action' (p. 50) which he suggests in his later work (Schön, 1987) is spontaneous in delivery without:

any conscious deliberation: and it works, yielding intended outcomes so long as the situation falls within the boundaries of a practice that is familiar to the practitioner' (p. 28).

Essentially most of this knowledge cannot be put into words.

Schön (1983; 1987) draws on Polanyi's (1967) work regarding tacit knowledge as an example of knowing-in-action. Polanyi offers the classic example of tacit knowledge, stating that 'we know more than we can tell' (Polanyi, 1967, p. 4). In

this classic example of tacit knowledge, Polanyi explains that we can know and recognise a person's face, recognising that face among a million faces; nevertheless, we are not usually capable of explaining why we can recognise the face. Schön (1987) argues that, on occasion, when the routine responses result in a surprise or an unplanned outcome, this leads to a surprise. This leads the practitioner to explore the unexpected outcome and the knowing-in-action. Schön (1987) regards this as reflection-in-action. This type of reflection 'gives rise to on-the-spot experiment' (p. 28), which results in an immediate consequence for action. The practitioner re-organises his understanding of the situation by reframing the problem and creates a new strategy of action to address the situation. He then attempts to try out the new action that he has developed and he interprets the outcome of the new solution (Schön, 1983).

Essentially most of this knowledge cannot be put into words. Therefore we as humans demonstrate a skill of recognition and knowing, yet we are incapable of articulating how this occurred. Accordingly we are unable to put this knowledge into words. Schön centres the implication of tacit knowledge on professionals. Argyris and Schön (1974) in their earlier writings together posit that tacit knowledge is an effective method for comprehending theories-in-use, which they argue are based on intuitive actions, are difficult to articulate and are often carried out unconsciously by the professional and only revealed in action. This theory is generated by explicit knowledge that they are able to articulate, and theories-in-use which may be unconscious and only evident in behaviour. Argyris and Schön (1974) convey that it is imperative to make one's tacit theories explicit and to be conscious that one possesses them so that individuals can place 'a normative template on reality' (Argyris and Schön, 1992, p. 28). This template serves as a platform to test the norms and expectations of reality. The ability of consciously taking this stance implicates practice, as it facilitates the practitioners in being freer to test their own theories (Kinsella, 2009). Schön refers to tacit knowledge as frames in his later work. He emphasises that when the practitioner becomes aware of their ability to construct the reality of their own practice they become aware of the range of frames that are available to them and the necessity for reflection-in-action on their prior tacit frames (Schön, 1983). Conversely, according to Schön, many practitioners are unaware of the tacit knowledge that they use within the

practice setting. This lack of awareness leads to the inability on behalf of the practitioner to choose among their frames for roles. They are unable to comprehend the ways in which they can construct their realities of practice; for them it is a given reality (Schön, 1983). In Schön's later work (1983) he refers to *frames* rather than theories-in-use. This change of term has been criticised for causing confusion within his theories (Kinsella, 2007). However, notwithstanding the possible confusion, Schön suggests that a level of frame analysis needs to take place for the practitioner so that the implicit frames of the practitioner are made explicit. This increase in awareness of the tacit frames is essential for professional practice as the practitioner, through frame analysis, becomes aware of the variety of frames that are available in which to 'construct a reality for their practice' (Schön, 1983, p. 311). The practitioner's frames will direct the strategies of attention and thus establish the routes by which they can try and alter the situation and the values that influence their practice (Schön, 1983). If on the other hand practitioners are unaware of their frames, they do not see the need to choose among the repertoire of frames available to deal with the situation.

3.7 Reflection-in-action

Schön states that both 'technical rationality' and 'professional artistry' are 'reflection in action' and are required for practice. Thus reflection-in-action is closely embedded in practice performance. Schön (1983) argues that reflection-in-action is central to the artistry of the practitioner, and argues that this process does not necessarily require words. Reflection-in-action focuses not only on the action itself but also on the outcomes of the action and the intuitive knowing embedded in the action (Schön, 1983). He regards this as 'thinking on your feet' and 'learning by doing' (Schön, 1983, p. 54). He argues that the best examples of reflecting-in-action are during a performance. Schön (1983; 1987) likens this to jazz musicians playing and improvising together. They (the musicians) 'get a feel for their material and they make on-the-spot adjustments to the sounds they hear' (p. 55). They can achieve this for several reasons. Their collective effort can make use of schemes familiar to all of the musicians. Also, each musician has a repertoire of musical figures which he can draw from. Therefore as the musicians interpret the route the music is taking, they can make sense of it and modify their performance to the new sense they have created (Schön, 1983; 1987). Reflection-

in-action therefore is one of the means by which experienced professional practitioners move beyond instruction and rule dominated behaviours to facilitate them in performing in professional practice which is often uncertain, unique and unpredictable. Reflection-in-action assists in helping the practitioner view the situation in a holistic manner (Thompson and Thompson, 2008). It encapsulates the ways in which practitioners think and theorise about practice while they are actively engaged in it. The key characteristics of Schön's reflection-in-action are that the actions are spontaneous, unconscious activities which involve an amalgamation of knowledge, skills and practice and are fundamentally challenging to articulate (Bulman, 2008; Thompson and Thompson, 2008; Jasper, 2006).

Schön describes reflection-in-action as occurring at the time of the action. In his later publication however (Schön, 1987), he is unclear as to whether reflection-in-action encompasses stopping and thinking about reflection or whether it is always entrenched in performance. The contradiction about this detail is criticised by Moon (1999) as adding confusion to Schön's theories for educators. Furthermore Moon (1999) also criticises the difficulty in distinguishing between knowing-in-action and reflection-in-action. Moon further criticises Schön's (1983) knowing-in-action and reflection-in-action due to the difficulty in verbally articulating such theories. The difficulty in teaching something that essentially cannot be taught in traditional education has major implications for professional educators (Moon, 1999). Moon (1999) finds further fault with Schön's theories in articulating why reflection-in-action is a 'process that is only characteristic of professional artistry' as this nature of 'messy decision making is characteristic of thoughtful parenthood' (Moon, 1999, p. 43). What constitutes knowing-in-action and how it is used in reflection-in-action by professionals in practice may be more important. For Moon (1999) professional artistry may be better placed describing the competence and style through which knowledge and actions are employed by the individual effortlessly managing situations that are changeable or variable. Moon has a useful point here as this description of professional artistry, I believe, is less challenging to interpret and would lend itself to be more easily taught by professional educators.

3.8 Reflection-on-action

The second type of reflection advanced by Schön (1983) is reflection-on-action which he refers to as thinking after the event. Reflection-on-action refers to the professional consciously reviewing, describing, analysing and evaluating a past experience with the intention of developing a better and deeper insight into the practice to improve future practice. Rolfe et al. (2001) advance that Schön did not only create a new epistemology for practice, but also created one which generates and articulates knowledge from practice. Fitzgerald (1994) regards reflection-on-action as a retrospective activity which is commenced in an attempt to unearth knowledge by analysing and interpreting the knowledge used in the particular situation. The reflective practitioner may contemplate how the situation may have evolved differently and what other sources of knowledge may have been useful. The focus of reflection-on-action for Fitzgerald is the activity of converting information into knowledge by the practitioner. It occurs after the situation or experience and can also occur away from where the situation occurred. It involves some cognitive knowledge as well as doing. An essential aspect of Schön's (1987) work is focussed on reflection with action, which presents itself as reflective practice, reflection-in-action and reflection-on-action. Reflective practice is described as a critical assessment of one's own behaviour as a means towards developing one's own ability within the workplace and as a method in which thought and action are intrinsically linked (Schön, 1987). Furthermore Schön considers reflection-in-action and on-action to be the most important forms of reflection for experienced practitioners.

Reflection-in-action is commonly referred to as thinking on our feet or thinking while doing. Reflection-on-action refers to reflection after the event – experience is reviewed to make sense of it and ultimately learn from it. Both should however interconnect to facilitate the integration of theory into practice ensuring that practice is informed by theory and theory is informed by practice (Thompson and Thompson, 2008). Reflection-on-action assumes that it is underpinned by practice and using this process can uncover knowledge by a process of analysis and interpretation (Rolfe et al., 2001). It is a method of looking back on actions carried out by the practitioner which ultimately will have the potential to influence

future practice (Schön, 1992). Therefore the relationship between reflection and intelligent action is significant to both scholars.

3.9 Feminist Approaches to Reflective Practice

Schön's concerns regarding the crisis of confidence among professionals and the challenge to technical rationality was a significant reason for proposing an epistemology for practice. Clegg (1999) however suggests that these claims reverberate with feminist apprehensions about the validity of male professional knowledge. Clegg (1999) also suggests that Schön ignores gender politics despite the fact that feminist scholarship was well established at the time when Schön produced his major works. Schön bases his work on using examples within architecture and psychotherapy which are not areas where reflective practice have been widely used. Yet Clegg (1999) argues that predominantly female-dominated professions such as teaching, nursing and social work, which are primarily in the public sector and lack autonomy or status, are not evident in Schön's examples within his work. Clegg (1999) questions the assumption that reflective practice can empower the practitioner as part of continuing professional practice. Public sector employment is extensively controlled and managed and often undergoes severe criticism from the public together with funding restrictions and control which are external to the profession. This, in effect, results in less control or autonomy within the professions. Clegg (1999) argues that, within this context, reflective practice is often introduced as a method of accreditation which severely restricts the empowerment of the practitioner (Thompson and Thompson, 2008). Additionally reflective practice often only affects the individual practitioner and the behaviour of those within the immediate workplace, which is quite likely to be strongly influenced by alterations in funding or in management. Reflective practice instead of becoming an opportunity for empowerment may result in an opportunity for surveillance. A growing disquiet among academics regarding the use of reflective practice is also echoed by Rolfe (2005) who argues that reflective practice may be interpreted as a method of repression within the workplace or a conscious managerial approach to produce a passive or submissive workforce. This subversive management control theory is also advanced by Cotton (2001) who warns that reflective practice encourages the practitioners to express private

thoughts within a public forum but intimates that these thoughts may be utilised to survey and normalise practice which is regulated by managers. These descriptions of surveillance and oppression are in contrast to Schön's writings in which he anticipates that reflective practice is a method of enhancing professional knowledge and status. There are clear tensions evident within these interpretations.

3.10 The Meaning of Reflective Practice within Contemporary Nursing: A Debate with Modest Consensus

While Schön's work related to reflective practice was very influential and is regarded by many as the bedrock of reflective practice (Gibbs, 1988; Johns, 1992; Bulman, 2013), a problem habitually raised within the literature is the absence of conceptual clarity surrounding the term reflective practice particularly within nursing. The concept according to Kinsella (2007) remains elusive and is open to many interpretations being applied in several ways within practice and educational settings. This lack of clarity adds to the challenges that educators and indeed practitioners encounter when using reflective practice as a method of teaching and learning. Atkins and Murphy (1993) argue that a significant amount of literature related to reflective practice is complex, highly theoretical and abstract and that this has culminated in problems associated with its interpretation and uses in nursing. They posit that the 'lack of clarity of the concept of reflection and the failure of many empirical studies to define it, have made the concept difficult to operationalize' (Atkins and Murphy, 1993, p. 1191).

Nursing and health care professionals have focussed more on reflection-on-action rather than reflection-in-action. One reason perhaps for this is that reflection-in-action is regarded as suitable for expert practitioners who have a large repertoire of knowledge and experience from which to draw (Rolfe et al., 2001); therefore the focus of nurse educators particularly in undergraduate education is on reflection-on-action where attention is centred on guiding the student through a reflective process using guidelines or frameworks that have various cues to assist with the process of reflection.

Reviewing the literature has revealed that the term 'reflective practice' has multiple meanings, and varies from solitary exploration of practice to critical discourse with others. Reflective practice for some is regarded as a way of thinking about practice while others view it as a method of reflecting on one's practice using a variety of structures and approaches (Jasper, 2006). Indeed many attempts to define reflection have been regarded as intellectual efforts to grasp something as if reflection has some sense of objective reality, 'a point of reference so that everyone would know exactly what it is' (Johns, 2004, p. 3). What is clear from the literature is that there is little consensus but plenty of opinion related to what reflection is.

Conversely despite this there have been many attempts at defining reflective practice over the past fifty years, and a significant number of authors have contributed to the notions of reflection and reflective practice both within nursing and other professions (Moon, 1999; Bulman, 2008; Thompson and Thompson, 2008; Bulman, 2013). These new developments, with the introduction of reflection as part of professional practice, may reflect several converging lines of beliefs, assumptions and reasoning regarding reflective practice (Mann et al., 2009).

An essential aspect of most theories of reflection encompasses reflecting on an experience and practice that would identify a learning need or situation (Johns, 1992; Boud et al., 1985; Schön, 1983). The triggering point for the process is an emotional response which can be a positive (Boud et al., 1985) or a negative one (Boud and Walker, 1998; Atkins and Murphy, 1993). Furthermore, there is an expectation that professional identity is developing as one's professional and personal beliefs and values are questioned within the context of professional practice. Additionally, there is an analysis of sources of knowledge such as scientific, aesthetic and ethical knowledge (Schön, 1987; Gibbs, 1988; Bulman, 2013) which involves various levels of self-awareness (Thompson and Thompson, 2008). There is a building of, or connecting of, actions to existing and new professional knowledge. Lastly there is a link in its broadest sense made between thinking and doing, leading to the development of a professional who is self-aware and therefore competent (Boud et al., 1985; Mann et al., 2009).

Christopher Johns (2004), a world renowned researcher on reflection in nursing, moves away from 'defining' reflection as such and prefers to 'describe' what reflection is. Johns (2004) presents the idea of practical wisdom which he refers to as the practitioner's way of knowing in clinical situations. His descriptions involve the practitioner 'being mindful of self' (Johns, 2004, p. 3) which can occur before or after an experience in which the practitioner can self-focus with the intention of confronting, understanding and eventually moving towards a resolution of the conflict between the practitioner's visions and the actual practice experience (Johns, 2004). Johns presented reflection as a methodical and ordered search towards achieving a desired level of practice. He developed a framework (Johns, 1998) to assist nurses to reflect on practice. His framework was influenced by Carper's work (1978) pertaining to fundamental ways of knowing in nursing which is familiar to nurses. Johns' descriptions of reflective practice are comparable with my own personal understanding of reflective practice and I appreciate the significance of mindfulness within nursing practice. Nevertheless I also acknowledge the input of nurse education, research and scope of practice within the context of reflection while Johns' primary focus is on the individual. Johns discusses the practitioner as being mindful of practice at a personal level. I believe this level of mindfulness that Johns espouses is something that requires nurturing and sustenance throughout a nursing programme so that its potential can be realised. Furthermore Johns (2004) focuses on guided reflection and supervision of the practitioner on a one to one basis. While I agree that this is very beneficial in allowing the practitioner to have personal reflective space I also see a significant benefit to group supervision for reflection. I believe group support is essential for nursing students as reflection similar to any other activity is a learned process that requires teaching, support, guidance and trust. Thompson and Thompson (2008) are advocates of this and suggest various group learning activities which can provide worthwhile opportunities for reflection and subsequent professional learning and development such as team events and training courses. Group reflective sessions occur in year four of the nursing programme where I work which is facilitated by the Lecturer. The students are released from clinical placements to attend these sessions.

3.11 Critical Reflection and its Emancipatory Claims

Some contemporary writing on reflective practice encourages both personal reflection and an inclusion of the broader social critiques (Finlay, 2008) and promotes the concept of critical reflection which is regarded as a more thorough approach to reflection using critical theory (Brookfield, 1995) which assists in developing critical consciousness towards emancipation. Critical reflection therefore is regarded as a method of enabling an understanding of how social assumptions can be socially restrictive. It can thereby facilitate new and empowering viewpoints, choices and practices. This new understanding may address some of the concerns of the feminists' views of reflective practice as a form of hegemony.

Critical theorists see reflective practice as involving the practitioner being attentive to social and political analysis and thus enabling transformative social action and change. Moon (1999) advances this assumption by suggesting that emancipatory approaches depend on the development of knowledge through critical and evaluative methods of thought and inquiry in an attempt to understand 'the self, the human condition and self in the human context' (Moon, 1999, p. 14). Acquiring such knowledge, according to Moon (1999), will produce a transformation in the person at several levels: in the self and in the personal and social situation or indeed a combination of all of these. This viewpoint may also encourage students to understand and appreciate their participation in the situation in which they are oppressed (Freire, 1972).

Conversely, critical theorists have been criticised for the impracticality of introducing the broader social sciences into their theories of critical reflection. They raise awareness of social injustice and powerlessness for the student; however they do not demonstrate how the student is to bring about change (Thompson and Thompson, 2008). This could possibly lead to frustration within the reflective process for the student with little else gained from the experience. I support this criticism within the context of nurse education to some degree. Nursing students in my opinion would lack the professional maturity to appreciate critical theorists' expectations of reflective practice at the commencement of their nurse education programme, as this would be an unrealistic expectation of a

nursing student being initially socialised into a diverse and dynamic health care system. Nonetheless critical theorists create awareness within the student's reflection which can be enhanced with increased practice experience. Brookfield (2001) voices similar concerns with developing critical thinkers in relation to reflective practice. He suggests that, although reflective practice can prevent us from becoming too complacent in practice, it can also be destructive. Brookfield (2001) offers an example of reflective practice resulting in alienation in situations whereby questioning norms and practices of colleagues and of organisations may result in reflective practitioners being regarded as subversive or indeed troublesome within nursing communities. This concern resonates with Bulman's (2008) findings which identified that, similar to Brookfield (2001), developing the ability to question practice through reflection leads on occasion to feelings of frustration and isolation among nursing colleagues. Describing this as 'lost innocence', Brookfield (2001) identifies the realisation that learning within nursing is a never ending pursuit which is complex and at times chaotic as nurses are struggling to find answers to the challenges of their practice. Therefore, while accepting the possible emancipatory effects which reflective practice may offer, there is also the possibility of feelings of frustration and disillusionment, resulting in disempowerment. There appears to be a dichotomy of outcomes within the critical approaches to reflection. Following critical reflection, having explored the assumptions and reasoning that have influenced the situation and its implications within the broader social context, it may be possible that, instead of feelings of liberation and empowerment, critical reflection may result in feelings of suppression and disappointment.

3.12 Reflection: Not Just a Pause for Thought

What is clear from the literature is that reflective practice is not simply a pause for thought from time to time (Thompson and Thompson, 2008). Learning from practice is undoubtedly a common understanding of what reflective practice is; however a connection must be made between thinking and doing before reflective practice can develop. Therefore, reflection is an active rather than a passive process. It appears that an understanding of what reflection constitutes is somewhat determined by the epistemological and ontological backgrounds of the

professional engaged in such a process. However, despite there being no universal definition of reflection there are evident similarities in the various definitions. They all involve a process of learning through or from an experience with the intention of gaining a deeper understanding of self and professional practice (Jasper, 2006; Boud et al., 1985). Furthermore they involve some level of self-analysis and self-evaluation of the experience that occurs in practice. There is also a level of critical inquiry where there is an evaluation of what influenced the practice and what will involve changed conceptual perspectives and action in future practice (Bulman, 2008). Hence, reflection is also understood to be part of continued life-long learning. Moreover, some definitions suggest coach or group reflections while there is also reference to solitary reflection.

3.13 Reflective Practice and the Work Environment

The significance of the ward culture and power struggles within hierarchical organisations can have an adverse effect on reflective learning in nursing practice as research has highlighted the apparent powerlessness of the nursing profession to change. Several studies (Davies, 1995; Platzer et al., 2000; Gustafsson et al., 2007) have highlighted such powerlessness and the struggle among nurses to legitimise reflective practice as a form of knowledge within the ward environment.

The idea of ward culture is evidenced by Gross Forneris and Peden-McAlpine (2007), who explored the use of reflection and narrative through a contextual learning intervention (CLI) to improve novice nurses' critical thinking skills in practice in the United States of America (USA) in an acute care facility. The study ascertained that experienced nursing staff had established a socialisation process that overlooked the novice nurses' existing knowledge, and gave little chance for dialogue. Power was evidenced by the preceptors and the preceptors' expectations for the novice nurses' performance. This subsequently led to an increase in the anxiety of the novice nurses as they endeavoured to filter the influences of the hospital culture. The study identified that CLI provides a structured learning package that stimulates novice nurses to involve themselves in intentional and

reflective dialogue with themselves and their colleagues, and this process assisted them in developing an attentiveness to the realities of care circumstances, and thereby accelerated the advancement of critical thinking and clinical competence (Gross Forneris and Peden-McAlpine, 2007). This study concurs with Benner's (1984) work in relation to the development requirements of nurses from novice to expert and highlights that the focus for the novice is trying to apply knowledge to the work practice situation. This is not critical thinking as there is no opportunity to apply different forms of knowledge to fit the context of the situation. Schön's work (1983, 1987) focussed on contextual knowledge for professional development which involved moving beyond knowledge application to create contextual knowledge. The study indicated that, given the appropriate support, novice nurses were able to identify the individual contextual elements and assimilate these elements to generate a basis of contextual knowledge (Gross Forneris and Peden-Mc Alpine, 2007). It was evident from the study that, although power struggles within nursing itself were evident, in relation to decisions being made regarding patient care the ward culture became more open to critical analysis and questioning and this resulted in a more successful implementation of reflective practice.

Furthermore Mantzoukas and Jasper (2004) explored the use of reflective practice techniques by registered nurses in four medical wards in the United Kingdom. Reflective practice appears to depend on the working environment and the context of the environment. The study findings imply that scientific knowledge and management values are appreciated over other sources of knowledge. Although nurses may recognise reflective practice as beneficial for knowledge development, it can present a struggle for nurses. The results would suggest that reflective practice is only recognised as valid where nursing work is respected and where reflective practice is viewed as a valid source of nursing knowledge by the more powerful professionals within the organisations. Ward culture is regarded by Abma (2002) as an illusionary reality where the powerful agents construct a reality and language that can be differentiated from others and therefore allows them to be in the dominant position within the relationship. Therefore, although reflective practice was acknowledged by nurses as a valuable vehicle for professional development, it was not viewed positively by the powerful agents

and thus its implementation was blocked (Mantzoukas and Jasper, 2004). What was interesting about this study was that scientific knowledge was valued by nurses and nurse managers, as well as medical staff, as being the superior knowledge. This type of knowledge was severely criticised by Schön (1983) as being insufficient to inform the everyday practice of practice-based professionals. The specific knowledge or subjective knowledge learned or derived from personal reflection was regarded as inappropriate or worthless. The perceived powerlessness of the nurse resulted in practices and routines that were based on the preferences of the ward manager or the medical staff, rather than best practice. Therefore it may be regarded that reflective nursing practice can be a method of controlling or a system of checking nursing knowledge and practice.

This notion of technically constructed reality is based on institutionalisation and language that promotes inequality and oppression and has been widely discussed by postmodern thinkers (Abma, 2002). This practice by the dominant groups within health care settings, namely doctors and nurse managers, offers an opportunity for nursing to be surveyed, defined and ultimately controlled by the more dominant groups. The practice of rituals and routines created by doctors and management and acted upon by nurses attributed power to the dominant group and rendered the nurse powerless. Mantzoukas and Jasper (2004) recognised this practice of the nurses feeling outside the norm and ‘not one of us’ as having the socialising effect of bringing the deviant back in line and reinstating the dominant culture. This resonates with Clegg’s (1999) feminist concerns related to reflection and its disempowering effect on women and furthermore the power of medical knowledge as a method of controlling a mainly female dominated profession.

Foucault (2003) refers to this practice as ‘disciplinary technology’ which occurs when the dominant population, which in this case comprised the managers and medical staff, creates a normalisation process. Using this process, the dominant group dictate what is normal and persons, who are regarded as an anomaly according to this classification, are identified, treated and reformed. Gustafsson et al. (2007) raised the issues of reflective practice being implemented in a profession which is predominantly management driven and warns against the

politics of reflective practice by suggesting that reflective practice may become a method of surveillance and control of the profession.

The lack of an apparent culture for reflective learning was also evidenced by nursing students in Ireland who also recognised that the organisational culture is not receptive to reflective practice (O'Donovan, 2007). As this was an Irish study, I regard this as significant due to the dearth of research studies related to Irish nursing studies and reflective practice. Students indicated that there appeared to be a general lack of awareness about reflection among the preceptors and this led to nursing students not reflecting with the assigned preceptors. However there was evidence of reflection at a personal level by the students which resulted in students developing deeper insights into their practice and self-awareness. This personal development of reflective practice was enhanced by the interest in student learning and the development of a trusting relationship with the preceptor. CPCs are also engaged in the process of encouraging personal transformation and developing deeper insight into nursing practice (O'Donovan, 2007). Thompson and Thompson, 2008) agree and suggest that for the process of reflective practice to be effective and worthwhile it requires the support of facilitators who are viewed as very effective in stimulating and promoting learning through reflection.

Finally lack of time is also viewed as a restraint or deterrent for reflective practice. Students indicated that they did not receive enough time to reflect, while for others the clinical location influenced their ability or inclination to reflect. Overall, these findings would suggest that the clinical environment, with its social, cultural and political influences, has a significant impact on reflective practice. These findings would concur with Boud and Walker (1998) who described the social, cultural and political influences as the single most noteworthy motivator in reflection and learning for nurses.

In contrast Holmes' (2010) study exploring registered nurses' understanding of reflection in practice did not identify power or the lack thereof as a barrier or an influence to reflective practice in nursing. As this study is one of limited numbers of Irish studies it is deemed appropriate to contribute to this literature, even though the sample is registered nurses and not nursing students. The findings

revealed that time was a major influence on their ability to reflect. However some nurses rejected this claim and suggested that lack of time is used as an excuse. It is essential however to conceptualise what time is or means for the individual nurse. Time may mean busyness, being involved in a high volume of work, indeed, and using time effectively or time to sit down and think. This study suggested that the more experienced nurses saw the concept of time differently. Some of these experienced nurses suggested that they could make time to reflect if it was necessary, or indeed that time was not very significant as reflection was a personal subconscious act. This was evidenced by one of the respondents who said that:

No I don't think it is, I mean I don't sit down and think I've got to reflect on this now, you maybe reflect after the event when you have got time to sit and think about it, well it's not even that I make time, it's just subconscious and I do it anyway (Holmes, 2010, p. 29).

These nurses suggested that they can make time and think subconsciously, and effectively manage their personal time and emotions. This was in contrast to the less experienced nurses who indicated that they had had no time to think, had not enough hours in the day and that the ward was too busy. This finding may suggest that with experience comes professional maturity which lends itself to reflection in a less structured but effective manner. These findings concur with those of Sahd (2003) who critically analysed data based studies and provided a meta-analysis of the findings. In this study, similar to that of Holmes (2010), issues related to time were identified as a significant theme. These findings may, however, suggest that the more experienced nurses are more time efficient. These findings may also suggest that the more experienced nurses are not as overwhelmed in a working environment where they are constantly trying to learn professional practices and can therefore reflect on individual experiences that occurred in practice. Thompson and Thompson (2008) argue that reflective practice is not simply pausing for thought on occasion. They identify the difficulties in managing everyday work pressures with the opportunity to create what they refer to as 'personal space for reflection' (Thompson and Thompson, 2008, p. 56). They also argue that reflective practice is about learning the skills of

reflective practice such as self-awareness which they regard as an essential component for reflective practice.

3.14 Assessment of Reflective Practice

There is considerable debate in the literature regarding whether reflection should be assessed or whether it is appropriate to assess such a personal process (Bulman, 2008). Davies and Sharpe (2000) suggest that incorporating reflection into academic curricula is an efficient method of formalising the use of reflection and acknowledge the value of reflection for learning within professional practice. They further argue that incorporating reflection within the assessments assists in bridging the complexities of practice with that of academic exploration and thereby narrows the theory-practice gap (Davies and Sharpe, 2000). In contrast, Boud and Walker (1998) argue that effective reflective practice does not need any boundaries. Establishing such boundaries enforced through assessment may make reflection inappropriate by suggesting that creating criteria for assessment within reflection will in some way take from the creative and subjective process of reflection. Bolton (2005) concurs with these sentiments and adds that reflection is unsuitable for quantitative assessment, acknowledging however that by not assessing this learning method concerns may be raised regarding its credibility within the educational forum. The concern here may be that if reflective practice is not assessed, students may not view it as a worthwhile process and fail to engage with it.

Winter (2003) however rejects that the assessment of reflection is in some way constricting the student, and argues that it is always difficult to assess something that is presented in an alternative format, and that all assessments will have a degree of subjectivity. However, if the assessment is based on specific criteria discussed by the lecturer and the students, it may act as a guide to help with the reflective assignment. Issit (2003) raises the concern regarding the ethical use of power by the assessor when assessing reflection. Learners may refrain from honest reflection if they feel that the assessor is judging their action or reaction with a given experience. Furthermore Rich and Parker (1995) raised the concern

for the potential of psychological anguish when adding assessment to the potentially distressing process of reflection. These disquiets may intimate that reflection should not be assessed at all, due to the potential for harm to the student. Sumison and Fleet (1996) question the assessment of reflection based on the grounds that there is no suitable assessment criterion on which to assess reflection. They reviewed several instruments and found that the assessment of reflection raised several questions of reliability and impartiality as well as several ethical concerns. They concluded that reflection should not be assessed.

Within an Irish context in which this study is focussed, concerns have been raised regarding the preparation of nurse educators for their role in relation to the teaching of and the provision of support for reflective practice. Nicholl and Higgins (2004) and O'Connor et al. (2003) recognised that lecturers had minimal experience of teaching reflection and also suggested that reflection was compartmentalised into specific modules within the curriculum. Given that reflection is afforded such respect within Irish nurse education (ABA 2008; 2005; 2000) it is essential that nurse educators are highly skilled and competent regarding its teaching and facilitation. In their study Nicholl and Higgins (2004) expressed concern with the introduction of reflective practice into nursing education and the findings demonstrated that there was a wide interpretation of how reflective practice was taught, assessed and incorporated by the nursing schools throughout Ireland. Additionally findings identified that there was a significant variance related to the hours of teaching focussing on reflective practice and an over emphasis on teaching the models of reflective practice with minimal emphasis on the practical application of reflection in or during clinical practice. The wide variation of time was an interesting finding given that all nursing curricula must meet similar requirements for registration with An Bord Altranais (referred to as the National Midwifery and Nursing Board (NMBI) since 2013). To date there has been a general lack of guidance for educators regarding how reflection should be integrated within the nursing curricula (Scanlan et al., 2002) and this has led to local arrangements being implemented in an attempt to address the requirements of NMBI by the establishment of joint working groups within the nursing departments and the health service providers.

3.15 Summary

This chapter appraised the literature on reflective practice in detail from a nurse education perspective. Section one explored the seminal methodological framework of Schön (1983; 1987) specifically concentrating on the central epistemological assumptions that support Schön's theory of reflective practice such as technical rationality, professional artistry, tacit knowledge, reflection-in-action and reflection-on-action. Contemporary theoretical debates within the wider context of nurse education were also critically analysed illuminating the tensions and resultant difficulties regarding the paucity of conceptual clarity for reflective practice within nurse education. This chapter correspondingly reviewed the literature pertaining to the practical application of reflective practice within the practice environment of clinical nursing and highlighted political power struggles and discords within practice environments for nursing as a profession.

Additionally, the literature review identified a paucity of research evidence or literature concerning undergraduate nurses' experience of reflective practice in Ireland despite the fact that it has constituted an essential component of the undergraduate programme in Ireland since 2002. Previous studies are largely related to registered nurses' experiences of reflective practice. Nevertheless there are constraints when attempting to compare these two populations as nursing students are in a learning capacity within the profession and as such do not hold the same roles, level of professional and legal responsibilities or clinical experiences as registered nurses. As a result it is essential to address this research problem. Therefore the aim of this research is to explore Irish nursing students' experiences and understanding of reflective practice within the undergraduate programme in order to provide a better understanding of this concept so that reflection and reflective practice can be more effectively integrated into the curriculum by nurse educators to enhance learning for nursing undergraduates in Ireland.

The following chapter, Chapter Four, outlines the methodology, research design and implementation utilised in order to address the overall aim of the research study.

4 Methodology and Methods

4.1 Introduction

This study aims to illuminate the experiences and understanding of reflective practice from the perspective of nursing students who have recently completed a four-year honours undergraduate programme in Ireland. The research question asks: what are the experiences and understanding of reflective practice for nursing students during their undergraduate studies in Ireland?

A narrative based inquiry will be used to address the research question. A qualitative narrative based enquiry enabled the participants to recount their experiences through the medium of storytelling allowing for a rich encounter as they shared their individual stories. This method is regarded as one of the most meaningful and natural approaches to communicating an experience, a way in which we as humans can create sense out of an experience (Moen, 2006). Clandinin and Connelly (2000) focus on the concept of experience and see this as key, stating that 'narrative is the best way of representing and understanding experience' (p. 18).

Narrative research is gaining popularity in research studies of educational practice and experience, predominantly because practitioners, similar to other persons, are storytellers who individually and socially live storied lives (Clandinin and Connelly, 1990; 2000; Bold, 2012). Narrative research concerns itself with exploring how people as humans, who are part of society, experience the world in which they reside. Narrative researchers gather these narratives and attempt to make sense of them (Clandinin and Connelly, 2000). Furthermore Clandinin and Connelly argue that 'If we understand the world narratively, as we do, then it makes sense to study the world narratively' (p. 17).

The research design is the focus of section one which addresses reflectivity and the theoretical perspectives of the study. Section two deliberates on the processes of implementing the study. This incorporates the research setting, gaining access,

recruitment, sampling, data collection methods and ethical considerations. Limitations of the study, and methods of overcoming these, are also provided.

4.2 Epistemological, Ontological and Methodological Issues

Research design is the focus of this section and discussion is based on the epistemological, ontological and methodological issues surrounding research and in particular this research study. The research aim of the study was to explore the experiences and understanding of reflective practice among nursing students in Ireland with the intention of providing nurse educators with a deeper insight about reflection from the nursing students' perspective. The objectives for the study are:

1. To explore students' interpretations of what reflective practice means to them.
2. To examine students' narratives regarding their experiences of reflection.
3. To explore narratives of how students use reflection as a method of learning.
4. To explore what students perceive as the challenges to reflective practice as a method of learning.
5. To explore what students believe to be supportive mechanisms for the facilitation of reflective practice within the programme.

Within the Introduction (Chapter One) I acknowledged my own world view as I consider it may guide the research design and therefore requires exploration. This was particularly significant for this study considering my familiarity with teaching reflective practice in a third level institute to nursing students and to registered nurses for a sustained period of time, and also my own experience of training as a nurse. I will persistently acknowledge my role as the researcher within the data collection and data analysis.

4.3 Research Design

The overall aim of a research design is to address the research objectives of the study. Crotty (1998) argues that when embarking on a research journey it is essential for the researcher to articulate the epistemological, ontological and methodological assumptions that have shaped and guided the research process. This is essential as the world view of the researcher impacts on the research design and implementation (Bryman, 2012; Crotty, 2003; Richie and Lewis, 2003). These considerations were significant for my experience and knowledge of reflection both as a lecturer in nursing and a registered nurse with over fourteen years of clinical nursing experience.

Methodology is regarded as a cluster of beliefs and a whole system of thinking (Bryman, 2004) and constitutes fundamental assumptions of what questions should be asked, what should be studied, how research should be done and how the findings should be interpreted (Crotty, 1998). How the researcher carries out research will be influenced by a variety of factors. These factors fall into three categories: ontology, epistemology and methodology. However ontological and epistemology issues tend to blend together (Crotty, 2003).

4.4 Ontological Considerations

Ontology refers to the world views and assumptions held by researchers regarding the nature of reality (Creswell, 1998). It concerns the study of things that exist and the study of what exists (Creswell, 2004). The central focus of social ontology is whether social entities ought to be considered objective entities that have a reality outside of social actors or whether they are considered social constructions created from the perceptions and actions of social actors (Bryman, 2012; Richie and Lewis, 2003). Within the positivist paradigm the belief is that there is one single reality (Denzin and Lincoln, 2011). This reality is real and is out there waiting to be discovered (Bryman, 2012). The perception is that reality can be measured and studied and the purpose of research is to predict and ultimately control nature (Guba and Lincoln, 1994). This is referred to as objectivism (Bryman, 2012). Within social research the key ontological questions relate to whether or not social reality exists independently of human conceptions and interpretations, whether

there is a common or shared social reality and whether or not social behaviour is governed by laws and can be generalised (Snape and Spencer, 2003). In this debate three distinct positions exist regarding whether there is a captive social reality and how this should be constructed. These positions are realism, materialism and idealism. Realism suggests that there is an external reality separate from a person's beliefs and descriptions of it, thus suggesting that there is a distinction between the way in which the world is and the way in which the person interprets it. Therefore multiple realities can indeed exist and are dependent on the individual experiencing them. Materialism identifies that there is a real world but only material characteristics, such as economic relations or physical features of that world, are in fact realities. Idealism asserts that reality is only knowable through the human mind and through socially constructed meanings (Ritchie and Lewis, 2003). These three ontological positions have been continually debated and modified so that they are understood in less extreme terms (Snape and Spencer, 2003). Hammersley (1992), like the critics of the empirical realists, rejects the idea that the researcher can act as a mirror to the social world. Rather according to Hammersley (1992) the researcher is engaged in representations or reconstructions of the world on a continual basis. This 'subtle realism' involves researchers recognising that we can never be completely certain about the truth of any account as we have no irrefutable method of attaining direct access to the reality on which it is based (Hammersley, 1992) and whether one can claim that it can be 'derived' from realism, materialism and idealism.

4.5 Epistemological Considerations

My epistemological stance within this research study is guided by constructivist interpretivism (Crotty, 1998) as the findings of this study are conceived through the analysis of narratives as voiced by nursing students. I believe that truth exists in the context of social engagement with the realities of the world based on a person's unique experience (Crotty, 1998). Meaning is not discovered; it is constructed and this construction can mean different things to different people at different times. I believe that persons cannot be separated from what they know, and the researcher and the participants are very closely linked together and thereby impact on one another. Knowledge about the world is based on

‘understanding’ which is manifested by not just living the experience but thinking about what happens to us during that experience (Snape and Spencer, 2003). I believe that meaning is generated as a social basis and is created through social interaction within human communities (Crotty, 1998) as individuals continually redefine themselves. I also consider that facts and values are interlinked and therefore it is unachievable to conduct objective and value free research. This research study seeks to explore students’ perspectives or understandings of reflective practice within the context of their undergraduate nurse programmes through narratives. I aimed to obtain rich narrative data from the students’ perspective within their natural environment by using extensive extracts from the student narratives. However, I also acknowledge that deeper insights into the narratives can be gleaned by analysing, integrating, refining and evaluating the student narratives within the study (Snape and Spencer, 2003).

4.6 Interpretivist Approach

The research is situated within the social reality of the nursing student and the aim involves exploring and understanding reflection from the nursing students’ perspective so that reflective practice can be more effectively integrated into the curriculum to enhance learning for nursing students in Ireland. The research question lends itself to an interpretive approach because the research questions which I use have an exploratory focus given my desire to explore the specific experiences and understandings of reflective practice from an individual and social perspective. This study required nursing students to share their experiences of reflective practice with the researcher to provide the researcher with a holistic understanding of the participants’ experiences of reflective practice. Therefore I am interested in presenting a detailed holistic view of the topic and not a specific closed account of cause and effect. Furthermore, this study is exploratory in nature and aims to increase knowledge within the field of reflection and nurse education.

A qualitative study enabled me to incorporate the influences of both clinical and college environments where the study occurred. This ensured that these influences

on Irish undergraduate nurses' experiences and understandings of reflective practice would be captured within the study.

I was interested in hearing, listening and interpreting the personal accounts of the students within the social context in which the students are located. The data collection method that was deemed most appropriate to address the aims of the study was in-depth interviews. The focus of the in-depth interviews was to create an interactive narrative that would establish a holistic picture of students' understanding and experiences of reflective practice.

4.7 Narrative Research

Narrative research is becoming increasingly popular among qualitative researchers (Polkinghorne, 1995), especially within educational research (Moen, 2006), possibly influenced by the idea that academics, similar to others, are storytellers who individually and socially live storied lives (Clandinin and Connolly, 2000). The Latin noun *narratio* means a story or a narrative and the verb *narrare* means to tell or to narrate (Heikkinen, 2002). Essentially it is a method of understanding experience. It involves close collaboration between the researcher and the participant over time, and involves the researcher being involved in the inquiry and concluding the inquiry while still being in the midst of the storytelling of the person's experience. I felt that narrative research was the most appropriate design for my study as I was interested in the experiences and understanding of nursing students within a social context and I was intent on encouraging nursing students to tell the stories so that I could get a holistic picture of their experiences and understanding of reflective practice.

4.8 Why Use Narrative Research?

Careful consideration is essential when deliberating on which methodological approach is most suitable in addressing the research question. The chosen approach is required to meet the specific needs of the field of study and to collect the type of data that will address the research question posed. As a researcher taking the interpretive constructivist stance I am guided by the epistemological

views of such a stance. I have a keen interest in how persons construct meaning within and about the world around them and furthermore about how researchers themselves make sense of what they see. This strong commitment to interpretive constructivism as mentioned earlier, and my desire to explore nursing students' experiences and understanding of reflective practice, identified for me that narrative research would be most appropriate for this study. Clandinin and Connelly (2000) highlight the importance of narrative accounts of experiences as 'we came to narrative inquiry as a way to study experience' (Clandinin and Connelly, 2000, p. 188).

Storytelling is a method of remembering and making sense out of an experience throughout our lives. The perspective of the student within this study is central and narrative inquiry identifies the central role the person has when telling the story of their experiences. As I wished to explore nursing students' personal understandings and experiences of reflective practice, a narrative research inquiry was instrumental in achieving this. Narrative inquiry involves exploring human experiences about a phenomenon by analysing the narratives of the individuals (Riessman, 1993). This approach is a method 'which permits life-like accounts that focus on experience, hence their alignment with qualitatively orientated education research' (Pepper and Wildy, 2009, p 19). Furthermore, this approach creates a context for offering meaning to participants' experiences and enables these stories and experiences to be heard and honoured (Pepper & Wildy, 2009). Moen (2006) identifies narrative research as 'being focused on how individuals assign meaning to their experiences through the stories they tell' (p. 5).

Narrative inquiry is becoming very popular in research studies where educational practice and experience are the focus of the inquiry (Moen, 2006). It is a suitable research approach in which to engage with nursing students' experiences and understanding of reflective practice. Narrative inquiry focuses on creating life-like accounts that centre on experience, and provides a context for creating meaning of life situations. Making meaning of life situations is key to this study. It is essential that this experience is explored in an unrestricted manner where there is collaboration between the researcher and the participant. This collaborative dialogic nature involves developing a caring and mutually respectful

situation between the researcher and the participant and one in which a sense of comfort is felt. This sense of parity is an essential aspect of narrative research (Clandinin and Connelly, 2000) where both people interact as relative equals and the process is focussed on the centrality of the person and the experience. By employing a narrative approach the participant, I believe, is encouraged to tell their story about their experiences which are individually and socially driven. In this sense it facilitates the honouring of the participant's stories and experiences.

I chose narrative research as the research approach as it allows the participants to tell or narrate, in a natural way, their unique understanding and experiences of using reflective practice as a method of learning in nursing. It attempts to place the students' constructions or understandings of reflective practice within the context of nurse education. Furthermore it affords the participants the opportunity to recount or to make sense of their experiences from the social world in which they live and it articulates the significance of their stories, paying particular attention to the individual's personal and unique experience. Narrative is fundamental to the human experience and existence; it provides an opportunity to share the experience of the event at a particular time in social history (Bold, 2012). When participants utilise storytelling they are doing so because narrating has influence in social interaction that does not exist in other modes of communication (Riessman, 2008). Furthermore narrative research assists in defining personal identity. This study asks the participants to provide deep individual personal narratives about their experience and understanding of reflective practice. The narrative of the participant will then be combined with the views of the researcher in a collaborative narrative.

Clandinin and Connelly (2000) argue that the construction of narrative accounts is the most suitable medium for understanding and studying experiences. The central attention in a narrative inquiry is to focus on experiences and follow where this leads. Within the interviews I asked broad questions which were experience focussed such as 'Now that your four years of nurse education are over can you tell me what your earliest memories of reflective practice were?' I listened to the narratives of the participants and then followed up with other questions depending on where the first answer led me. One participant (Claire) spoke about struggling

to write her first reflective assignment in year one and the fact that she had no experience of writing reflectively and found it very difficult. I followed up on her narrative by asking ‘And why do you think it was so hard for you?’ This approach gave me the occasion to further explore the struggles that Claire experienced in the first year of her nurse education programme pertaining to the writing of reflective assignments. In this study I am interested in nursing students’ experiences and understandings of reflective practice. I want to explore how these students made sense of reflective practice throughout their nurse education programme.

According to Moen (2006) narrative research has three basic claims. Narrative research is focussed on the individual and how that individual assigns meaning to experiences through the narratives they tell. The stories that are told are dependent on the past and present experience, the person’s values, the people the stories are being told to and finally a multivoicedness that occurs in narratives (Moen, 2006). These basic claims shall now be discussed.

Narrative inquiry focuses on the perspective of the participant and therefore the individual is the focus of the inquiry. How the participant assigns meaning to their experiences through the stories they tell is fundamental to narrative research (Moen, 2006). Narratives are closely linked to language and the storytelling of the person. The experiences of the person are narrated through storytelling which is a natural occurrence for humans (Clandinin and Connelly, 2000). Narrative research helps individuals to make sense of the past and it can reveal truths about human experiences (Riessman, 2008) through storytelling. Moen (2006) argues that people are immersed in narratives from the social world in which they live while they are also continually producing narratives in order to understand and assign meaning to their life experiences. Facilitating the nursing students in narrating their experiences and understandings of reflective practice using a narrative inquiry will help the students to make sense of reflective practice and will also uncover truths regarding the teaching of reflective practice and its application within clinical environments for these students.

Secondly, another basic claim underpinning narrative research is that stories that are told are dependent, not only on the individual's life experiences, both past and present, but also on the audiences to which the stories are being told and the time in which the stories are being told (Moen, 2006). The storytelling is therefore influenced by the time in which the story is being told and by me as the person to whom the stories are being told. The narratives of the nursing students will be influenced by their personal perspective and experiences which change over time. The aim of my study is to explore the nursing students' understandings and experiences of reflective practice throughout their nurse education. Thus I am dependent on the students recalling and articulating stories from their past, which will influence how the stories are told. Bearing this in mind I am cognisant of the idea that the stories are told within the context of looking back historically at four years of nurse education. Therefore the students' experiences of reflective practice may have altered over this time through various social interactions, experience and interpretations. I am interested in the stories of this group of students about reflective practice at this particular time in their nurse education and in the context in which they tell their stories. This narrative inquiry will offer me a unique insight into how the students interpret their experiences from the social world in which they live and will therefore offer invaluable narratives into their experiences and understanding of reflective practice as nursing students. I am interested in why the students recall the events they do, what meaning they glean from these events and how these meanings may have evolved at different times.

The third component of narrative research pertains to the 'multivoicedness that occurs in the narratives' (Moen, 2006, p. 5). This claim appreciates that there is more than one voice heard within the narratives of the individual stories being told. Reality is not singular or fixed; it is constantly changing, and therefore a number of realities are created within narratives through interactions and dialogue (Moen, 2006). The narratives are not only influenced by the individual and their values and beliefs; they are also influenced by the audience which is engaged in listening to the narratives. This was particularly significant within this study as I was the study participants' lecturer as well as being the researcher. (I discuss this implication in the following paragraph.) For me, as the researcher, the use of the word multivoicedness is significant as it identifies the acceptance that the voice of

the participant is shaped by several personal stories influenced by the experiences, values and feelings of the person telling the stories and by the experiences, values and feelings of the audience. Similarly they are also influenced by the culture and institution in which the experiences occurred (Clandinin and Connelly, 2000). Within this belief persons are inextricably linked to the social context to which they belong and therefore there are always several voices within the stories of individuals. There is therefore an acknowledgment of the close relationship between the person and their social context (Moen, 2006). I explored nursing students' experiences and understanding of reflective practice during their undergraduate programme which utilises several clinical sites affiliated to a third level institute for student placements. The multivoicedness will highlight the cultural and institutional influences within the student narratives.

Moen (2006) also refers to the audience to which the stories are being told. This is of particular significance within this study as I am a lecturer in nursing studies in the college in which the participants in this study are registered as students. I have made no attempt to ignore this fact. I also appreciate that this may influence the stories that the participants chose to tell me. However narrative inquiry acknowledges that this may occur. Additionally participants tell stories which they believe are important and significant for them. Narrative inquiry also acknowledges this. These stories are essentially fashioned by cultural, historical and institutional settings in which the stories take place (Elbaz-Luwisch, 1997). My experience and understanding I believe will assist me in obtaining a better understanding of the lived world of the participants. The analysis of the interviews is my interpretation of the participants' stories. I appreciate that given an alternative audience the participants may have in turn narrated their stories in an alternative way. In the discussion chapter I have offered numerous examples of extracts from the participants' interviews. My intention is to facilitate the reader in following my interpretation of the data collected.

Similar beliefs of narrative research underpin reflective practice. Schön (1983) believed that knowledge could be gained from professional and personal experience which is learned from practice. The practitioner reflects on an incident encompassing the uniqueness of the situation, the context in which it occurred,

and the actions and decisions that were made in order to analyse and interpret practice. The person will always be shaped and influenced by experiences, background, education, values and other people; therefore the concept of voices is very important for me as the researcher. I am keen to explore the nursing students' experience of engaging in reflective practice as a method of learning. This learning will be influenced by how the learning occurred and how the student made sense of the experience within the social context in which the experience occurred.

4.9 Data Collection Method: In-depth Interviews

Within narrative research the role of the researcher as an instrument of data collection is seen as a close collaborative process. Within the context of narrative research interviews are viewed as conversation (Riessman, 2008) and therefore there is a collaborative dialogic relationship between the researcher and the participant. Creating this relationship and fostering a relationship for this type of mutual collaboration to occur is essential for the success of a narrative research study. Within the context of this study I was known to all of the participants as a lecturer and I was therefore very conscious of creating as equal a relationship as possible with each participant. This was achieved I believe through various processes which are discussed in detail in the following sections.

In-depth interviews were used to address the research aim and objectives of this study as most narrative studies within the human sciences are based on interviews of some description (Riessman, 2008). Initially, I considered using focus groups. Nonetheless exploring reflective practice is a very personal and private journey for participants. Private thoughts and individual identities may become lost as the focus group may converge to form a consensus of opinion rather than individual views. Additionally, personal information such as personal struggles and conflict can be very sensitive to discuss in a collective situation and therefore may be avoided by the participants if focus groups were used.

Qualitative interviews by their nature are more engaged, more in-depth, more comprehensive and also less balanced than conversations as one person is asking most of the questions and one person is doing most of the answering (Rubin and

Rubin, 2005). Legard et al. (2009) articulate that the researcher will have some insight into the general themes they wish to broadly explore and will usually use a framework or guide to assist them in this venture. However, there is sufficient flexibility present within the interview process to accommodate responses being probed and explored further and to facilitate the responsiveness of the researcher. The second feature of in-depth interviewing is that it is interactive in nature so that the interviewees are encouraged to explore their narratives further. However it is proposed to merge structure with flexibility (Legard et al., 2003). The researcher uses probes to achieve in-depth answers and this facilitates the researcher in obtaining deeper understanding of the narratives (Legard et al., 2003).

Broad open-ended questions were prepared in order to assist with the starting point of the narrative. However, I was cognisant of the fact that the specific wording of questions is less important than the interviewer's emotional attentiveness (Riessman, 2008). Nonetheless, some open-ended questions provided an opportunity for narrative storytelling and were therefore employed as part of a 'settling in' period for the interviews. This method of questioning also encouraged participants to take the lead and develop their own narratives within the research (Arthur and Nazroo, 2003). During the interview I probed in depth and aimed to uncover a deeper interpretation of the narrative (See Appendix 3). I used an interview guide as suggested by Kvale (1996), who refers to this as the 'traveller metaphor'. This is created where the researcher takes the lead within the interview interaction and journeys with the participant and interprets the stories. Although I had a 'list of broadly stated questions' prepared to ask the participants during the interviews, I didn't refer to them very often as the flow of the stories became more fluid and natural. This I suspect also reflected my comfort in being the researcher as the interviews progressed.

The role of the researcher is significant within qualitative research as the researcher is the research instrument for data collection (Ritchie and Lewis, 2003). Therefore, the behaviour and actions of the researcher can greatly affect the quality of the interview process. In-depth interviews require several key attributes in the researcher. Anxiety and nervousness can have a negative impact on the

interview (Rubin and Rubin, 2005). It was of particular importance to me as a novice researcher to behave in a relaxed manner and not allow inexperience to be conveyed to the participant. This I feel was achieved by being well prepared in advance of each interview. This involved preparing the physical environment for the interview such as having the room warm yet well ventilated, ensuring the chairs were comfortable with padded seats and good back and arm support to create a comfortable environment. Refreshments were available at each interview. In order to ensure that energy and concentration levels were high for each interview, I scheduled the interviews on separate dates. This ensured that my concentration levels were high in order for me to listen, probe and distil the essential points that the participant was expressing and to formulate relevant questions to explore the narrative further (Ritchie and Lewis, 2003).

I was mindful not to employ a 'stimulus/response' model where the facilitating interviewer asks the questions and the 'vessel-like respondent' gives the answers. Riessman (2008) argues that this method should be replaced by having two active participants, who together create meaning and narrative. Key to the narrative process within the interview is the 'collaborative, dialogic nature of the relationship between the researcher and her or his research subjects (Moen, 2006, p. 6).

The goal within narrative research therefore is to generate detailed accounts of a phenomenon rather than brief descriptive answers. This requires considerable skill on the part of the researcher as it necessitates the development of a caring and trustworthy situation in which both the researcher and the participant feel comfortable (Moen, 2006).

Several authors (Chase, 2011; Clandinin and Connelly, 2000) are intrigued by the collaborative dialogic nature of the connection between the researcher and the participant within narrative research. The significance of ensuring that time and effort is employed in developing a caring relationship of trust and comfort between the researcher and the participant cannot be underestimated within narrative research (Moen, 2006). The aim within narrative research is that the researcher and the participant work collaboratively 'to improve the quality of their

everyday stories' (Chase, 2011, p. 422). Using in-depth interviews as a method of gathering narrative data provided me with the opportunity to look at and explore the participants' use of language, laughter and repetition while also considering how the storytelling is embedded in the interaction between the researcher and the participant (Chase, 2011; Clandinin and Connelly, 2000; Riessman, 2008). Riessman (2008) suggests using language such as 'tell me what happened' which invites an extended account of the narrative. This type of questioning encourages conversation and therefore exploration. I employed such a method during the interviews.

Moen (2006) warns against the dilemma that may occur if the researcher and the participants interpret narrative in different ways or in the event that the participant has a better understanding of the experience than the researcher. This dilemma could possibly be solved if the researcher's and the participants' points of view are included within the research (Moen, 2006). I have endeavoured to do this in my findings chapter.

4.10 The Study Setting and Access to the Field

The setting for this study was provided within a third level Institute of Technology which has, among other nursing programmes, an undergraduate nursing programme. The exact location of the interviews was in an unoccupied office within the institute. The office was chosen as it was not in the hospital setting, therefore providing privacy. It also had considerably lower noise levels than a hospital environment. Furthermore, it was not my office, which emphasised the neutrality of the location. This offered me the opportunity to avoid possible interruptions to the interview area such as putting a 'Do not disturb' sign on the office door, disconnecting the phone and having refreshments available. The timing of each interview was agreed by each participant for their convenience.

Access to the nursing students was planned well in advance. I felt that the research participants, having completed year four of the programme, would be the most informed about the research topic and therefore most appropriate to

interview. In year four of their studies the students are in their internship year and therefore not based in the college. However, on four occasions the students have a 'protected reflective learning' day which is college based and facilitated by lecturers. This involves the students being classroom based and having lectures/discussion groups on various topics related to health care and reflective practice. On one of these occasions in May 2012, I arranged an information session with the students. My research topic was discussed and I distributed the participant information leaflets to the students. (See Appendix 4). Students had an opportunity to read the information leaflet at their leisure. If students wished to participate in my study they contacted me by phone/email on an individual basis. Once the students who had agreed to take part had completed their programme and subsequently left the college I contacted them by phone and, provided they were still interested in partaking in the study, I arranged to meet with the students individually to discuss the consent form with them. One student declined the offer to partake at that stage. I acknowledged and respected her decision and thanked her for her interest and time to date. I met the other prospective participants individually and explained that confidentiality and anonymity would be maintained throughout the study.

As a lecturer in nursing for the past twelve years, I appreciate the importance of placing my preconceptions about the research to one side but continually reflecting during the research process. This was especially evident within my study topic as I have a lecturer/student relationship with all of the participants involved. For this purpose and perhaps to reduce levels of bias I initially accessed the students when they were near completion of their internship year purposely so that I was not actively teaching or assessing any study participant at that time. I also commenced the study interviews when they were successful in the examination process with the college and were awaiting professional registration with NMBI. Exam papers at this stage were therefore marked and results processed so no student felt compelled to be involved in the research study for any reason other than their genuine interest in the topic and in participating in the study.

4.11 Sampling Method Utilised

I utilised a convenience sample of undergraduate nursing students within the Institute of Technology in which I am employed. Criteria for inclusion in the study stipulated that students within the sample had to have successfully completed year four of the undergraduate programme and be awaiting registration. Both male and female students were eligible to participate. Nine students contacted me following the initial information session. I indicated to them that I would contact them following the exams in year four. I consciously chose the date and timing of the interview to correspond with the overlap period during which the college examination board had met and validated all results and the students were awaiting registration with NMBI. There was an eight week window of opportunity for me to interview the participants. This time ensured that the students were no longer students of the institute and therefore would not feel obliged to consent to the interview. Furthermore, the students would not be employed as registered nurses in the clinical setting. I also chose this time as it would reduce the possibility of researcher bias as the students no longer had a professional connection with me. Therefore accepting to be interviewed could be regarded as interest in the area of the research as opposed to feeling 'obliged' to conform or to 'please' me as the lecturer..

4.12 Reflexivity

Reflexivity has many definitions and meanings. Essentially the identity of the researcher is the central focus of reflexivity within qualitative research and it is referred to as a method in which the researcher engages in a continuous cycle of self-critique and self-appraisal to demonstrate how the researcher's experience has or has not influenced the research process (Koch and Harrington, 1998). It is therefore an essential aspect of reliability. It is argued that it enhances the quality of the research as it creates a better awareness of how our position and interests as researchers influence the research process (Jootun et al., 2009). Reflexivity according to Ahern (1999) is regarded as the ability to put aside any feelings or preconceptions that one may have and it acknowledges that researchers are part of the social world in which they study.

Reflexivity requires the researcher to work at several levels and acknowledges that the researcher is closely involved in the process and the product of the research (McCabe and Holmes, 2009). However, Dowling (2006) refers to a broader view of reflexivity which is evidenced in epistemological reflexivity. In this instance the researcher asks questions such as how has the research question been defined and constrained and what can be found in the research? This therefore encourages the researcher to reflect on assumptions about knowledge and about the world throughout the research process (Dowling, 2006). This type of questioning assists the researcher in considering how their assumptions influence the research and the findings. In an attempt to engage with the narrative, and indeed be true to the narrative, I engaged in the practice of 'reflexive bracketing'. Ahern (1999) advises the use of reflexive 'bracketing' which she believes is a method of demonstrating the validity of the data collection and analytic process within qualitative research. This is an attempt by the researcher to put aside personal assumptions, values and beliefs so that the participants' experiences are the only experiences reflected within the analysis and reporting of the research. This in my opinion assisted in not necessarily putting personal feelings and preconceptions aside but in acknowledging them and developing an awareness of them throughout the research process. This acknowledgement of how my person could impinge on my work enhanced the research study as I believe that every person is part of the social world. I, as the researcher, am also part of the social world that I studied.

Speziale and Carpenter (2007) point to the importance of acknowledging personal experiences, suppositions and biases related to the topic of interest at the outset of the research. This according to Speziale and Carpenter (2007) creates a level of self-awareness and raises consciousness of the research. Exploring personal beliefs and values gathered over a life creates a heightened level of self-awareness in relation to potential judgement of decisions that may be made based on the researcher's personal bias rather than the data itself (Jootun et al, 2009). Ahern (1999) proposes the use of a reflexive diary throughout the research process and also proposes the following guidelines to assist the researcher with reflexivity:

- Identify some interest that you may have as a researcher taken for granted in undertaking this research.
- Clarify personal value systems and acknowledge areas in which you know you are subjective.
- Describe areas of potential conflict.
- Recognise feelings that could indicate a lack of neutrality.
- Is there anything new or surprising in your data collection or analysis? If not is this a cause for concern?
- When mental block occurs in the research process reframe them. Look at other methods in which this problem may be addressed.

I engaged in this process throughout the research process to assist my personal reflexivity. For this purpose I reflected on the aim of this inquiry and in particular the justification for this inquiry. I became aware of my keen interest in reflective practice and in education, and in particular the benefits of this inquiry to nursing undergraduate students, nurse educators and nurse education. I needed to reflect on my value systems and be aware that because I am an academic and enthusiastic about reflective practice I need to ‘ignore any preconceived ideas about the topic’ (Jootun et al., 2009, p. 42).

In order to avoid potential conflict of interest I engaged in a critical level of self-awareness and made clear to myself my connection, personal interest and presuppositions about reflective practice. This brought a level of personal consciousness and revealed to me what I felt about the topic. This process helped me to approach the study more honestly. I also discussed my positionality at the onset of the research study within the introduction as recommended by Bold (2012). This was an attempt to divulge to the reader how my preconceptions, gender, education, beliefs and values may have influenced the research process and outcomes. This was not for the purposes of a confession but as an acknowledgement of my personal influence on the research process.

Throughout the data collection process I was aware that the participants would view me as the lecturer and therefore could possibly interpret this as a power

imbalance which could affect the data collected. For this purpose I deliberately interviewed the students following completion of the programme in an attempt to reduce my influence as a lecturer.

Through being reflexive I realised that my personal experiences both as a nurse and an educator were an asset to the study. I had insights into the hospital culture and the 'learning of nurses' and therefore was able to utilise my own unique experience to gain a better understanding of the participants' stories.

4.13 Ethical Considerations

Any research study will raise ethical considerations. Social science research development within recent years has been accompanied by increasing awareness of the moral issues evident in the work of social science researchers and of their obligation to respect those involved or affected by their research (Cohen et al., 2004). This increasing awareness is evidenced by the growth in literature and regulatory bodies and codes created by professional bodies. Discussion related to social science research revolves generally around certain issues which can be categorised into four basic but overlapping principles, namely the right to self-determination, the right to privacy, the right to anonymity and confidentiality and the right to fair treatment (Bryman, 2012). However, social science research does not necessarily entail highly dramatic ethical issues that are evident within the medical or pharmaceutical industry or nuclear research. Social science research requires ethical considerations at all stages partially because qualitative research is largely unstructured in nature and can potentially raise ethical issues that are not always anticipated or forecasted and are therefore regarded as having a particular resonance in qualitative research (Lewis, 2003). This is further developed by Speziale and Carpenter (2007) who discuss the unique issues associated with the emerging design and content of qualitative research, advocating that the researcher needs to remain open and conscious of the possibility of emerging new and perhaps unexamined ethical concerns related to qualitative research. These areas will be discussed in detail and their application to the study will also be analysed. Initially the role of the institutional review board will be discussed.

Before commencing the research study there is an obligation on the researcher to obtain ethical approval from the institutional ethical approval board (Clandinin and Connelly, 2000). It was made apparent throughout the doctoral studies that a research study cannot commence and would not be supported by the university unless ethical approval was sought and granted prior to approaching participants. This was successfully obtained by the researcher in April 2012. (See Appendix 5.) Following this approval I presented the ethics approval to the institute in which I am employed and was granted approval at a local level. No additional documentation other than proof of ethical approval from the University of Sheffield was required.

In order to give structure and guidance to ensure an ethical approach was taken when conducting the field work I applied a number of points from Bryman's (2004) checklist of ethical considerations to the process. These comprised incorporating the requirements for carrying out research in the institution, ensuring no possibility of harm to the participants, adhering to the principle of informed consent, voluntary participation and confidentiality. This checklist assisted in providing structure and guidance to ensure that ethical considerations were adhered to throughout the research study.

4.14 My Dual Role – Insider Researcher

I was mindful that the site for the research study was my place of employment in a full time lecturing capacity. Therefore I was conscious that the participants in the study would have been taught by me. Within qualitative research, researchers are frequently part of the social group they are exploring (Moore, 2012) and therefore engaging in insider research is not uncommon. Within this study I was aware of the fluidity of my position as both lecturer and researcher and the potential dilemmas I faced within this social dynamic. I was cognisant of the potential for tensions in relation to confidentiality, anonymity and my role as a lecturer. I was also sensitive to my position as their lecturer which could have created a sense of 'obligation to comply' for the participants in the study.

The timing of the interviews required deep consideration on my part as I was acutely aware of the degree of influence that I as the lecturer could exert on participants and therefore the findings of the study. I aimed to interview participants who were recently qualified from the nursing programme. With this in mind I commenced the data collection process in October 2012 by which time the year four students would have completed their final nursing examinations and would be awaiting registration with the nursing regulatory body. This decision was grounded on the basis that the students would have received their final results and, as such, were no longer part of the student population. Therefore, my perceived influence as a lecturer was somewhat reduced as the outcome of their studies was already decided upon.

In order to address these issues and therefore navigate some of the 'dilemmas and ethical issues' (Moore, 2012, p. 11) associated with insiderness, I initially made contact with the potential participants during one of their day releases from the clinical sites for protected reflective learning. This occurred in May 2012. I was not facilitating this session and just arranged a time with the facilitator to speak to the students on an informal basis about the study. During this session I spoke briefly about the study and explained that participation was voluntary and that there was no obligation to partake in the study. During this session I offered participant information leaflets to those who were interested. (See Appendix 4.) The participant information leaflet had my contact details and the potential participants were invited to contact me on a voluntary basis if they decided to participate. I arranged an informal meeting at each participant's convenience to discuss confidentially and anonymity with them and to answer any questions regarding the study. Participants who wished to proceed were then invited to be interviewed at a time convenient for them.

I also had to consider the possibility that there may be findings within the research which might adversely affect me as a lecturer and a researcher. There may have been the possibility that students did not believe that assessing reflection was appropriate or effective. In order to help me address this possibility I maintained a reflective journal so that my thoughts could be written down for my own consideration. My thoughts were amalgamated from the interviews and the data

analysis. If adverse consequences arose I would feel obliged as an educator and a registered nurse to document them and include them in my recommendations for practice.

4.15 Informed Consent

In any research study the participants must consent to participate. This necessitates obtaining the consent and cooperation of participants who will be involved in the study. The principle of informed consent is derived from the participant's right to freedom and self-determination. It therefore respects and protects the right to self-determination (Cohen et al., 2004) and is grounded in the principle of autonomy that encompasses the concept of being a self-governing person with decision making abilities (Speziale and Carpenter, 2007). Lewis (2003) focuses on the amount of information that participants are provided with prior to consenting to the study. Such information includes the purpose of the study, identifying the researchers, identifying how and for what purpose the data will be collected, what participation will be required of the participants, the general subject area being covered and the time involved for the data collection.

Informed consent also concerns the participant's right to refuse to participate in the study or to withdraw once the research has commenced. Therefore, informed consent also entails informed refusal (Cohen et al., 2004). I also discussed anonymity and confidentiality with each student. I made it clear both verbally and in writing that confidentiality would be maintained throughout the study. Direct and indirect attribution of comments in reports, presentations or publication will be avoided.

Students were also made aware both verbally and in writing as part of the consent form that the interview would be tape recorded. Data storage also has significant implications for consent (Cohen et al., 2004), was discussed and was part of the signed consent form. Transcripts from interviews were anonymised by using numerical codes prior to storing the data electronically. Identification of the

participant was stored in a separate storage facility so that there is no risk of identification of the transcripts by parties other than the researcher.

During this meeting the student was provided with a clear understanding of the issues the study was to address. Signing the consent form (See Appendix 7) at that stage indicated that the participant was consenting to being interviewed and having the interview tape recorded.

I was also aware that, due to the emergent design of qualitative research, consent is not absolute and needs to be reassessed and renegotiated, especially throughout the data collection process. This process is referred to by Speziale and Carpenter, (2007) and requires the researcher to re-evaluate the participants' consent to partake in the study at varying points in the research process. This was achieved by readdressing the issue of consent at the start of the interview even though the consent form had already been signed on an earlier occasion. It was also reiterated to the participant during the interview that consent was on a voluntary basis and could be readdressed at any time. Participants were also made aware that they had a right to withdraw from the study at any time. This process of consent according to Speziale and Carpenter (2007) creates the opportunity to alter the original consent as the study emerges and changes in focus become necessary.

4.16 Privacy, Anonymity and Confidentiality

In ethical terms this is related to the ethical principle of beneficence, which concerns doing good and preventing harm. Bryman (2004) refers to the level of privacy which is acceptable in research terms. Privacy is an essential aspect of social science research and deviations from this are viewed as unacceptable. This is closely related to informed consent as it entails the participants being made aware by the researcher of the level of information and involvement that is likely to occur throughout the research process. This process indicates to the participant the levels of 'privacy invasion' that will occur, prior to commencement of the research (David and Sutton, 2011).

Anonymity implies that the information offered by the participants shall in no way disclose their identity (Cohen et al., 2004). A participant is therefore considered anonymous when the researcher cannot identify the participant from the information provided. In this research study anonymity in its truest sense was not offered as the method of data collection was through interviews. However, I promised confidentiality which denotes avoiding the attribution of comments in the research inquiry which may identify participants (Lewis, 2003). Non-traceability was a feature with the data collection process as I aggregated data in such a manner that the individual response was not identifiable. I employed several methods of ensuring non-traceability. These included using pseudonyms within the data analysis. Additionally, I avoided including contextual information or situations which could potentially identify the participant especially in a negative manner. In addition, I did not replicate any records and all information was stored in a secure area which was accessible only to me, the researcher. The concept of confidentiality is something with which I, as a registered nurse, especially with a cancer background, am very comfortable. In the health care profession, and indeed as part of our Code of Professional Conduct, confidentiality is regarded as fundamental to our nursing practice (ABA, 2000b). Confidentiality would also be a familiar concept for nursing students as it is part of their professional practice and is regarded as an essential component of the curriculum (ABA, 2008).

4.17 Protection from Harm

The private and intimate nature of the participant and the researcher within the context of the interview can raise ethical issues for researchers within qualitative research. Awareness of the sensitivity of many research topics is essential (Bryman, 2012). This may involve studies that include sensitive topics which may lead to unpleasant experiences for the participant in disclosing such information. Furthermore, issues that were discussed freely by the participant within the interview may unveil unpleasant feelings following the interview when the researcher has moved on (Ritchie and Lewis, 2003). To attempt to prevent harm to the participants within this study I gave a clear understanding to the participants of the issues that would be discussed prior to taking part; I was also cognisant of

what information was relevant or not relevant for the purposes of the study. I was also sensitised to signs of discomfort throughout the interview process and renegotiated consent or willingness to continue if this occurred. Furthermore, I allowed time at the end of the interview for discussion if accepted by the participants.

As qualitative research involves the researcher being the tool for data collection the researcher comes to know the participant in a personal way (Speziale and Carpenter, 2007). Therefore awareness of the boundaries of the relationship is required for the role of the researcher due to the personal nature of the interview and indeed the topic. Role confusion may lead to ethical concerns for the study particularly if the participants view the role of the researcher as that of therapist, counsellor or carer. This is particularly evident within the current study as I am a lecturer in nursing and the participants are former nursing students.

4.18 Pilot Study

A pilot study is regarded as a small scale version of the larger study (Polit and Hungler, 1995) and carrying out such an activity is regarded as good scholarship in research (Arthur and Nazroo, 2003) and a fundamental phase of the research process (Leon et al., 2011). The principal purposes of carrying out a pilot study are related to trialling a study design (Creswell, 2004), validating recruitment and consent, testing data collection and data analysis methods (Lambert, 2012), and testing the appropriateness of inclusion and exclusion criteria and sample numbers. It therefore provides important knowledge for the researcher regarding the research design, operational aspects of the study and the general preparedness of the study to proceed to a full study (Creswell, 2004).

A pilot study was performed with one participant in this study to gather information for enhancing the study, to determine the feasibility of the study and to establish the need for refinement of the interview guide. It was also used to determine my own questioning techniques as part of the data collection process. This proved advantageous as it provided me with an insight into my interviewing skills and also gave me experience in using the interview guide for assessing its

suitability. The participant for the pilot study matched the study sampling criteria. Some of the data collected from the pilot study contained valuable data pertaining to nursing students' understanding and experience of reflective practice and therefore the data was utilised to contribute to the overall study findings. This is supported by Arthur and Nazroo (2003) who argue for the inclusion of the pilot study interview data within the main study.

The pilot study proved a valuable learning tool as it prepared me for problems that I had not anticipated and afforded me the opportunity to refine and revise some of the problems which I encountered during the pilot study. One such difficulty I encountered was lack of experience in audio taping interviews. I over focussed on 'making sure the machine was working' and perhaps could have appeared rather amateurish in the presence of the participant. Also I felt that occasionally I 'rushed' through portions of the interview and didn't give the participant an opportunity to expand on the questions being asked or indeed didn't give the participant an opportunity to 'tell their story'. The interview lasted twenty minutes. According to Clandinin and Connelly (2000):

The way in which the interviewer acts, questions and responds in an interview shapes the relationship and therefore the ways participants respond and give accounts of their experience (p. 110).

This was as a result of lack of confidence on my behalf which led to the interview being rushed and very stressful for me. However, it was an excellent learning opportunity. It indicated the issues that needed to be addressed prior to attempting the interviews for the full study. It sensitised me to the experience of interviewing, the complexities associated with interviewing a participant, and the process, language, demeanour, behaviour and skills required to sit and listen attentively to the participant. It similarly gave me an opportunity to become more familiar with the data collection process and the questions asked. It furthermore reaffirmed the importance of the questioning of participants:

The kinds of questions asked and the ways they are structured provide a frame within which participants shape their accounts of their experience (Clandinin and Connelly, 2000, p.110).

Furthermore it provided me with an insight into the questions that may emerge out of the interview guide as part of the narrative. Additionally, it gave me as a researcher an opportunity to think more deeply about the focus of inquiry and to explore various links within reflective practice that perhaps were not as obvious. My experience of teaching reflective practice afforded me an affinity with the student. However, I was cognisant of reflexivity and my own positionality while also being aware of my role as researcher and former lecturer to the participant.

My experience of the pilot study assisted me in deepening my understanding of the interview process and helped shape my considerations for interview strategies such as questioning, language, listening and clarifying while encouraging flexibility (Crotty, 1998), responsiveness and equality within the interaction (Clandinin and Connelly, 2000).

4.19 Data Analysis

The data was analysed in this study from in-depth interviews of eight newly qualified nurses to explore their understanding and experiences of reflective practice within the undergraduate nursing degree programme using thematic analysis (Polkinghorne, 1995) and The Analysis Method Framework (Ritchie and Spencer, 1994). Both of these methods analyse the data using processes which assist in reducing substantive narrative data and making sense of the data:

One of the central elements of narrative research is the analysis of key themes that help to organise the way a life story is told (Phoenix, 2013, p. 75).

The overarching aim of data analysis is to unearth the common themes in the data (Polit and Hungler, 1995). Data analysis with qualitative research can be concomitantly exciting and challenging (Creswell, 1998). Spencer et al. (2003) concur suggesting that it requires creativity and searching systematically while being mindful that, although there is a stage dedicated to analysis, it commences at the start of the research study with the inception of the research question and continues to evolve throughout the research process. Polit and Hungler (1995) contend that qualitative data analysis involves the analysis of a large body of

information and concerns itself with making sense of pages and pages of narrative materials. These narrative materials then require reduction to a form which can be communicated to the reader while preserving the richness and integrity of the narrative materials. A significant trait of data analysis within qualitative research is that the reader depends on the wisdom, skills and knowledge of the researcher and this in turn necessitates justification on behalf of the researcher for decisions made throughout the research process (Creswell, 1998).

Many qualitative researchers utilise a paradigmatic type of data analysis. This form of analysis of narrative attempts to recognise common themes among the narratives collected within the data using two types of paradigmatic searches (Bold, 2012). One search involves applying concepts which are derived from other theories to the data and the second is searching for inductively derived concepts from within the data itself (Polkinghorne, 1995). My analysis was informed by the conceptual work of Schön. Although it was informed by Schön's conceptual framework I was mindful that this framework would not be the dictum within the analysis. Instead I intended to see how much or to what extent the framework would shed light on the phenomena. I did not have predefined categories or themes with which to 'fit' the data. I felt that this approach reduced the potential for tensions and mismatch to occur while analysing the data. Instead I focussed on letting the theme emerge inductively from the data.

The identification of repeated subject matter or commonalities presents a means of identifying key themes within the narratives for this study. I used an analysis method framework (Richie and Spencer, 1994) to assist me in the management of the data analysis. This comprised identifying initial themes and frameworks, constructing and indexing, sorting the data by theme and finally summarising or synthesising the data (Richie and Spencer, 1994). Initially all of the interviews were transcribed verbatim. I read and re-read the interviews over a long period of time. This was labour intensive work. I also listened to the audio taped interviews for long periods. Both activities allowed me to gain a deeper insight into the narratives and also afforded me the opportunity to become very familiar with the data. It gave me the opportunity to use deductive and inductive reasoning which assisted me in recognising commonalities within the student narratives collected

as data. The deductive approach allowed me to apply previous theories to the data which was Schön's theories of reflective practice and other sources of empirical research and the inductive approach facilitated me in exploring the narratives to determine if new concepts were inductively derived from the data. The analysis of the data was a complex task as it involved me returning to the narratives again and again to gather deeper meaning and to explore further connections, interconnections, tensions and patterns within the narratives. Initially, I also used colour coding of the transcripts. This assisted me in identifying themes emerging from the data and offered structure to the analysis. Using colour codes manually assisted me in this process as I was visually able to identify main themes and sub-themes and place them within the overall framework. This was achieved by identifying links and sub-links between the themes. I also created a chart which visually displayed the themes and sub-themes of the transcriptions. Richie et al. (2003) also recommend the use of indexes in assisting to further refine the data. I commenced this process; however I found it very time consuming because subtitles were required to a large extent and it became very complex. As I became more familiar with the data I attached extra notes to some of the colour coding to assist in identifying data which represented one or more sub-themes.

Sorting of the data assisted me in unpacking each theme and clustering the data into sub-themes. It also facilitated me in allocating some aspects of transcripts within two different but linked themes. The final step as recommended by Richie and Spencer (1994) encompasses reducing the amount of data to a manageable level but without losing the essence of the evidence. One of the methods recommended by Richie and Spencer (1994) is the use of direct quotes or phrases, keeping interpretation to a minimum until the data is being interpreted in order to achieve originality and finally declining to dismiss material that does not appear clear at the early stage of analysis. A total of four main themes emerged from the data and eleven sub-themes. The first main theme was *Looking back at practice*. This theme concerned the students' personal understanding of reflective practice, initiation into reflective practice and their experiences of trying to comprehend where reflection fitted within nursing. The second main theme, *Seeking support*, concerned the professional supports available for assisting in the reflective process. The third main theme, 'Getting through', explored the strategies the

students employed in the programme which I felt had a significant impact on the students and the study. This theme involved the issues with protected learning time and trying to negotiate it within the ward and struggling with trying to choose what to reflect on for the assignments. The fourth and final theme, 'Ward realities: tensions and conflict', pertained to the professional nursing culture on the ward and its influence on reflective practice.

Throughout the data analysis, I was very mindful of my own positionality and reflexivity related to reflective practice. This process enhanced my own awareness of reflective practice and assisted me in ensuring that the genuine narratives of the participants were heard.

4.20 Limitations of the Study

All research studies have limitations and it is important that readers are cognisant of such limitations. There are concerns that narrative researchers need to be mindful of when employing narrative research (Clandinin and Connelly, 2000). Within narrative inquiry, debate concerns itself with fact or fiction (Clandinin and Connelly, 2000) in the field or in the data collection process when a story is being told. This is supported by Clough (2002) who also questions the truthfulness of stories and accepts that a single truth may not exist. These questions may be present in the mind of the researcher although according to Clandinin and Connelly (2000) there may not be answers to this question. Therefore it is not always possible to ascertain whether or not participants are telling the truth. Nevertheless using methods to develop validity and reliability within this study should address the legitimacy of the narratives.

Narrative inquiry is regarded as 'a kind of fluid inquiry' (Clandinin and Connelly, 2000) which confronts accepted inquiry and representative beliefs. Narrative research requires on-going reflection which Clandinin and Connelly (2000) refer to as 'wakefulness' and requires us to be mindful and thoughtful about the decisions that we made throughout the research study. Throughout this study I used a reflective diary which encouraged me to actively reflect on each aspect of

the research process and also aided me in focussing on my positionality. This process provided me with a deeper insight into the nuances within the narratives which may otherwise have gone unnoticed.

Narrative research by its nature does not imply certainty (Bold, 2012). This may be problematic for persons who wish to establish clear causes and specific answers. Instead it provides the context for making sense of the person's story and seeks to understand how and why the person is influenced by the contextual settings and social influences in which they live.

I used a convenience sample for my study which may lead to sampling bias. This sample of eight students is broadly acceptable for narrative research which is usually small and context specific (Bold, 2012). In this study my aim was to explore the stories of these participants within the context of where these stories were being told for the individuals involved. I was also known by the study participants as I was their former lecturer and this may have possibly led to bias and assumptions by both me as the researcher and by the participant. Conversely throughout the study I highlighted my positionality and reflexivity in an attempt to address this potential limitation.

Participants may have spoken to each other after interviews and repeated what others had said, or given responses they felt that I as the researcher may have wanted to hear, or they may have played the antagonist. They may also have under reported what was seen as socially unacceptable or over reported that which is perceived as more desirable. However the identity of the participants was anonymous and the participants could only identify themselves to each other if they wished to do so themselves.

4.21 Validity and Reliability

Validity is regarded as a concern for positivists; however it is equally significant for qualitative research. For the purposes of demonstrating the validity and reliability of this study I am guided by Kvale and Brinkmann (2009) who propose that the term validation should be employed and also argue that validation is not a

detached or independent segment of the research study. It is a constant process which immerses and encompasses the whole research process. Kvale and Brinkmann (2009) present validation within the seven stages of the research process, which they categorise as (1) Thematizing, (2) Designing, (3) Interviewing, (4) Transcribing, (5) Analyzing and finally, (7) Reporting.

4.22 Summary

This chapter presented the methodological concerns for this study. The study utilises a constructivist interpretivist approach employing narrative inquiry as the research design. Narrative inquiry and its suitability for use within this study were discussed. One site within higher education was used to identify a convenience sample of eight newly qualified nurses to partake in the study. As I was known to the participants particular emphasis was placed on the role of the researcher as an insider throughout the data collection process.

This chapter has offered a comprehensive explanation of the rationale for and use of each aspect of the research study, including ethical issues. The reader can follow each aspect of the process and identify the decisions made and conclusions drawn within the process. The following two chapters discuss the findings and the interpretations of the student narratives regarding their experiences and understanding of reflective practice throughout their undergraduate nurse education.

5 Findings

5.1 Introduction

The purpose of this chapter is to provide the study results from the data analysis of eight newly graduated nursing students concerning the narratives of their experiences and understanding of reflective practice during their undergraduate nurse education.

Using a qualitative narrative methodological approach, I explored thematic methods to analyse the interviews. The use of a narrative methodology facilitated my exploration of the students' experiences of reflective practice using stories to describe their experiences. This process assisted me in interpreting the meaningful statements that the participants were making about their experiences. The question that guided the interviews was: 'Tell me your experience and understanding of reflective practice during your undergraduate nursing studies'. Eight newly graduated nurses were individually interviewed. To protect the identity of the participants, pseudonyms were attached.

Paradigmatic analysis (Polkinghorne, 1995) and the analysis method framework (Ritchie and Spencer, 1994) were utilised to identify and locate themes and categories from the common elements of the data collected. Polkinghorne (1995) proposes paradigmatic reasoning in narrative analysis which results in the description of themes spread across all stories. According to Polkinghorne (1995):

The paradigmatic analysis of narrative seeks to locate common themes or conceptual manifestations among the stories collected as data. Most often this approach requires a database consisting of several stories (rather than a single story) (Polkinghorne, 1995, p. 13).

I tried not to impose theoretically derived concepts or theories onto the data. I searched for categories that occurred and reoccurred throughout each individual narrative and searched for key themes which according to Clandinin and Connelly (1990) cluster around recurrent content in stories. The data in this chapter is

presented using direct quotes from the participants' narratives, maintaining the importance of the participants' voices.

The information gathered was via several hours of tape recorded narratives which enabled me to analyse and synthesise the data and finally formulate the final narratives. I tried to remain true to the data collected while individually interviewing each participant. The data was collected from September 2012–October 2012. All students had graduated from the adult general nursing programme. The characteristics and background of the eight students varied; five were mature students (over the age of 23 on commencement of the programme), all of the students were single, seven were female and one was male. All students were under 30 years of age. Three had worked previously as nursing assistants and one was a qualified health care assistant in the United Kingdom (UK) prior to starting the nursing programme. Three had come directly from second level education. These students were representative of the broader population of students (25) within the general nurse education programme. All had successfully passed their final examinations and qualified as general nurses. Two participants went on maternity leave during the programme. (See the table below and Appendix 7 for student profiles.)

Overview of student profiles (See Appendix 7 also)

Name	Student status	Family circumstances	Previous experience
Susan	Mature student	Single	Nursing home experience
Claire	Mature student	Single parent	Care assistant
Amy	Mature student	Single	Beautician
Teresa	Mature student	Single	Nursing home experience
Deirdre	Entry from school	Single parent	School student
Helen	Entry from school	Single	Nursing home Experience (while studying nursing)
Michael	Mature student	Single	Business/finance
Jane	Entry from school (UK)	Partner	School student

5.2 Language of the Narratives

In the explanations of the themes in this chapter, I was mindful not to use the theoretical language of Schön. I focussed on the language used by the participants to accurately reflect their experiences. In the findings, I describe the particular events as the participants described them to me. Some participants used the phrase 'protected reflective time' while others used the word 'protected learning time'. This phrase encompassed the official time allocated for reflection to each student while they were on clinical placement. The words 'mentor', 'preceptor' and 'my staff nurse' were words used interchangeably to identify the registered staff nurse who was allocated the responsibility of a particular student for the duration of the students' clinical placement. These registered nurses would have completed a mandatory preparation for preceptorship day course regarding the new nurse education programme and the role of the preceptor, and would also have received instruction on how to complete the clinical placement assessment form.

Within this chapter the findings from eight interviews were carefully examined. I realised during the interview process that some participants spoke freely and openly about their experiences and understanding of reflective practice while others did so to a lesser extent. The average length of the interviews was forty five minutes; however one lasted only thirty five minutes while two lasted over an hour. I began the analysis by examining the interviews of those that I perceived were the richest interviews, giving the most detail about their experience.

Four main themes and nine sub-themes emerged during the analysis of the data. These themes transpired from the data and were derived from the interview transcripts and the participants' voices within the narratives. The themes were manually constructed through a familiarisation process which involved reading, rereading, listening to the tape recordings and subsequently identifying and deciding upon common themes and sub-themes identified from the participants' narratives which were pertinent to the research question.

The next section of this chapter presents and explains the emerging themes and sub-themes from the data analysis which is presented using supporting quotations

from the narratives. Following the explanation of the themes, the chapter will conclude with a summary.

Themes and sub-themes

Main Theme	Sub-theme
Looking back at practice	Reflection for me Learning from practice Making sense of reflection
Seeking support	Professional support Preceptor support Collegial support Personal reflection
Getting through	Protected learning time What to choose for reflection
The ward reality: tensions and conflict	Nurses are workers Too busy (for sitting and talking)

5.3 Theme One: Looking Back at Practice

This theme identified that the participants understand reflection to be concerned with past experiences but with a future direction in mind. Each participant began by discussing what reflection meant for them. Learning from their experiences seemed to be overwhelmingly present in all of the narratives. These experiences were mainly focussed on clinical nursing practice situations. Participants tried to make sense of what they had experienced during the different stages of their programme and attempted to learn from these experiences by looking back at them. They addressed what reflection and reflective practice meant for them and how they tried to understand the complexities of reflective practice. It is of interest to note that all participants explored reflective practice mainly while on clinical placement. There was minimal reference made to reflective practice or reflecting within the classroom setting. It appeared from the narratives that they regarded reflective practice as an activity that occurred mainly on clinical placement elements of their course. Although they discussed how they learned about reflection from their lectures in college they did not make any significant connection with it until they were on clinical placement. These ideas are reflected in the sub-themes: (a) *reflection for me*, (b) *making sense of reflection*, and (c) *learning from practice*.

Reflection for Me

Participants were questioned regarding what reflection meant for them as nursing students. It quickly became apparent from the narratives that their understanding of the concept had altered at different stages of their nurse education. This was expressed by each of the participants within their individual narratives. When asked to define what they thought reflective practice was participants generally regarded it as a cognitive process of analysing something that had happened or occurred in practice and then attempting to develop a deeper meaning from the occurrence in order to learn from it:

Well I kind of think it's just you pick something, good or bad, and you think about it and analyse what happened and make sense of it all. (Amy)

Another participant's definition of what she understood reflection to be focussed on an activity and subsequently learning how to improve her practice if a similar situation arose in the future:

I think reflection is when you think about something that you've done ... and you reflect on it and pick out the points and remember how you felt and remember the scenario and just think back on it. (Teresa)

Both participants used reflection as a method of looking back and learning from a situation that had occurred in practice with the aim of improving practice in the future. Susan (mature student):

Reflection for me is kind of looking back on the way that you carry out your nursing duties and kind of trying to make sense of them, and trying to assess what you would do differently and how you can improve on things. And I suppose it's kind of a way of critically analysing a task in your head to try and make improvements in it or see what you've done well or what you could do better. (Susan)

Michael had similar thoughts:

It's sort of looking back on it, you know, and trying to learn from it, whether you could do something a different way. (Michael)

Claire also indicated that it was learning from situations that had occurred on the ward. She also discussed the idea that reflection for her was on a continual basis throughout her working day as a nursing student:

It's thinking about situations that have happened and thinking about changes that I'd make to that situation again or what I'd do differently ... It wouldn't really be ... even like interacting with people, like it could be as simple as that, or it could be as serious as somebody like not being well on the ward but actually deteriorating really quickly and like having to go to tell them to be moved to ICU. Like it could be ... it doesn't have to be like a major situation, it could be like interaction with other staff or the ward manager, you know. I use it for a lot of things now. (Claire)

These four excerpts support the theme *looking back at practice*. This theme determines that the students see reflection as referring to past situations but with a future orientation in mind. Findings also suggest that participants are focussing their reflections on clinical practice and not necessarily using reflection while in the classroom. Participants indicate that they learn from situations on clinical placement and then try to interpret the experience, analyse it and learn from it.

Learning from Practice

Common among participants' understanding of reflective practice was that reflection concerned itself with learning from an occurrence within clinical practice. No reference was made to using reflective practice within the classroom setting.

The focus of reflective practice for the participants was learning from something that happened while on clinical placement. Susan remembered:

It's thinking about situations that have happened and thinking about changes that I'd make to that situation again or what I'd do differently. (Susan)

All participants regarded learning as a core aspect of reflective practice. The learning involved analysing the incident or activity with the aim of improving practice. Amy stated:

Critical thinking and dissecting an incident or a scenario or a feeling, and with the aim of doing it in a different way the next time and improving on yourself, that would be my understanding.
(Amy)

Many participants offered scenarios to give an example of how they reflected. One such example was Claire who talked about an incident on the ward which concerned her at the time it occurred. It related to a man who took his own discharge from the ward and who had been quite verbally abusive prior to this. Claire and the staff did not feel that it was appropriate for the man to leave but the man took his own discharge regardless. Claire recalled:

Well kind of one area that sticks out is that we were looking after a dying patient who was completely in denial about it and ended up taking his own discharge. But in essence we thought we'd done everything right, we'd organised family meetings and tried for them to do ...we used persuasive ... tried even like reverse psychology, everything had been kind of used. But after he'd taken the discharge we kind of sat down as a group because we were so shocked – it was like the evening time where we had gone off duty and we were trying to discuss ways of where we could have used it again if he does come in. And he actually happened to come in the night after in severe pain so we were able to keep him there and keep him settled, we got a private room so that if he was going to vent, it wouldn't be in the ward where we'd got an awful going over the evening before. (Claire)

Amy discussed a situation in which she misinterpreted a patient's behaviour:

A patient, who was coming up the corridor, was being wheeled up from accident and emergency (A&E) and they were just shouting just to make a noise, and they weren't even being brought into my bay. But I made an assumption. I said 'That patient is confused, they must be confused, maybe some kind of psychiatric illness or something'. And it was only the next day that I was looking after that patient and they were still moaning, and I hadn't come up to them at this stage. And I came up to them and they were totally with it, they were just pure afraid just of being in hospital, being away home, they wanted to go home, they had no psychiatric

illness whatsoever. So I made a really bad assumption about that patient and I felt terrible. And that patient, they weren't eating very well so they had to have a naso-gastric tube put down, and I remember she said to me 'Will you hold my hand?' and I said 'Oh, why do you want me to hold your hand?' 'Because when the nurse holds my hand it makes me feel safe'. And I remember thinking then God, the power we have as students and as nurses, the ability to make someone feel safe. So I was really touched by that. (Amy)

It was interesting that both participants chose to tell me stories about clinical scenarios that were complicated and initially uncomfortable occurrences in nursing practice but ones which had positive outcomes. This resulted in positive learning for the participants.

Making Sense of Reflection

Making sense of reflection was the third sub-theme in this category. This referred to the participants' journey of making sense of what reflection actually was, and where it fitted in with learning within the curriculum. Participants referred to not understanding what reflection meant or what it represented in the first two years of their training. All of the participants talked about being confused and not knowing what reflection was about in the first two years, yet were concerned because they were being told by their lecturers and preceptors about the importance of reflective practice. This led to anxiety among the students in years one and two. Significant status was given to reflective practice yet participants were not recognising its connection or its meaning in years one and two. It seemed apparent from the narratives that it was not until year three and more particularly year four and during their internship that they developed an understanding of what reflective practice was and what it entailed. It was interesting that all participants looked back retrospectively and identified the two final years as the years in which reflective practice was most useful to them as learners. This corresponded with the participants having less supervision and more clinical practice experience.

It was also evident that in year four, during the students' internship, the participants had to take on more responsibility at ward level. More clinical experience, together with increased knowledge of reflective practice, had a positive effect on their understanding of reflective practice and increased the

students' ability to reflect and appreciate its role within nursing practice. It became apparent that the more clinical experience the participants had the deeper they understood the role of reflection within the nursing programme. Having more clinical experience was a significant contributor to using reflective practice. More experience may also have referred to the participants being more comfortable in their role and identity as nursing students and perhaps being more familiar with the workings of the organisation. Additional experience may also have provided them with a better understanding and awareness of situations. Teresa (former health care assistant) talks about making sense of reflective practice in her internship year:

Now that I've gone through it I remember not having a clue really what it was all about from years one and two, but then when I was actually doing the internship and doing my reflective thing it kind of made a lot more sense and I kind of got a grasp of it all eventually at the end of it all. It kind of made more sense when I was on my own and I had more responsibility and it actually made me think about the way I practice and it did make more sense then, rather than just having no responsibility and trying to reflect on something that you didn't have any experience of. (Teresa)

Deirdre, who entered the nursing programme directly from second level education, talked about the fear and anxiety about learning about a new thing (reflective practice) she had never heard of before:

My earliest memory of reflection is probably our first class with the lecturer and wondering 'What is this? I've never heard of this before. I've never had to do anything like this before' and 'Do I need to keep a diary or not?' and that's always the main question ... We'd never had to do it before – not that we didn't get great guidance, but I think in first year with a completely new subject ... you're daunted by everything that's going on around you and then this is unfamiliar territory entirely where you're talking about your feelings and what you think, instead of quoting what somebody else thinks, and I think that's what made it hard. (Deirdre)

Deirdre struggled with her new role as a student nurse at ward level. She perceived the new identity as difficult and for her having to reflect on something she was totally unfamiliar with was very difficult to comprehend.

Michael also struggled in the first year:

It didn't really mean anything to me in first year; I didn't know what reflection was. (Michael)

When all of the participants referred to reflective practice, they constantly referred to the reflective assignment that they had to complete while on clinical placement as part of the nursing programme. Passing the reflective assignment was essential for progression in the programme. Teresa talked about not really having much responsibility in years one and two. This led to her being confused as to what 'incident' she would reflect on:

Like it's very difficult to pick an incident in the first year like, because I mean when you're in your first year you're not given enough responsibility. Like you're given an Obs [observation] machine and that's all you're given, like do you know what I mean – an Obs machine and a commode, and you can't really reflect on those incidents, do you know what I mean? (Teresa)

Claire articulated about not knowing what reflection entailed and how it fitted into nursing practice in year one:

I didn't really ... it didn't really mean anything to me in first year, I didn't know what reflection was. Like everybody, whether you're a nurse or not, everybody reflects in life but you don't say 'Oh I'm going to reflect now on what's just happened'. You'd think about it or you'd talk to somebody about it and that's the way you reflect. But in first year when they were talking about reflection, sure I didn't know what reflection was. (Claire)

For Claire, formalising reflection seemed challenging. The transition from everyday reflection at a superficial level to reflection as a method of professional learning seemed arduous. Claire referred to not having much responsibility in the first two years which was supported by the fact that each nursing student was allocated a staff nurse/preceptor who was directly responsible for the student:

It was really on my internship that I ... when I had responsibility. Because I kind of ... like in first year there's always a staff nurse with you and you say ... well I used to say to myself like ... it's so hard to think of everything at work and you're like 'The nurse, they'll do that, the nurse would think of that because she would think of everything. I'm not a nurse I'm just a student'. Like it's 'She'll do it if I don't'. (Claire)

It appears that Claire struggled with professional identity in the first two years of her nurse education. Perhaps she was unaware of the full role of the student or may have been over supported and not afforded an opportunity, or chose not to take the opportunity to work under her own initiative where appropriate. Jane also talked about it not making sense until the internship year when she was given more responsibility. Jane remembered:

It started making sense but it wouldn't have started really making sense till third year and you were getting more responsibility. It depended on the amount of responsibility for me, that's when I started to realise ... like first year is your first year; you don't really know what's going on. (Claire)

Helen, like the other respondents, didn't understand the concept of reflective practice in years one and two and indeed doubted its use in nursing practice:

Not until the third year. For the first and second year I was like 'Why am I going to these classes?' and I just didn't understand the concept until I got more responsibility, you know when we made a mistake or we could have done something differently, you look back and recognise the value of reflective practice in your placements or everyday work. But for the first and second year I had no interest or didn't believe in it at all. (Helen)

Summary

The first theme which emerged from the data analysis of the interview transcripts was *looking back at practice*. The three associated or sub-themes gleaned from this analysis were *reflection for me*, *learning from practice*, and *making sense of reflection*. Each sub-theme identified participants' experiences of reflection as involving a cognitive process of retrospectively thinking about something or an occurrence, with the aim of gaining a deeper understanding of it and thus learning from the experience. It also highlighted the confusion and anxiety surrounding reflective practice for participants commencing programmes which involved elements of reflective practice. It additionally revealed their inability to really grasp the concept of reflective practice until years three and four of the programme, when they felt they were given more responsibility at ward level.

5.4 Theme Two: Seeking Support

Seeking support for reflective practice was a second theme which emerged from the interviews. It referred to the types of support the participants identified that they received and how they perceived that support while trying to learn about reflective practice. Participants frequently used the word ‘help’ or ‘sharing’ to describe how they felt when they needed support to understand reflection or with an incident that occurred on the ward. Among the participants, four sources of support to help them make sense of or to find meaning to a situation on the ward were identified. The first nature of support identified was *professional support* from Clinical Placement Coordinators (hereinafter CPCs), lecturers and preceptors. The second category of support was social or *collegial support* from fellow students and the final source of support was *personal reflection*.

Professional Support

Professional support referred to support from clinical placement coordinators (registered nurses employed to support nursing students and staff nurses at ward level) and lecturers. The participants’ experience with support from CPCs was mostly very positive and encouraging. However, there were misperceptions among some participants regarding the role of the CPC. Some viewed facilitation of reflective practice as the main function of the CPCs:

You’d always reflect with CPCs, every time you meet them you were reflecting on what you’d done throughout the week, what was good what was bad, every time you meet them they’re always reflecting on what ... how you’re getting on really. (Amy)

Other participants viewed the role of the CPC as one which would focus mainly on the reflective practice assignment the participants had to complete as part of the placement as opposed to creating an awareness of reflection or reflective practice while on clinical placement. An example of this came from Teresa:

I think they’re very good, most of them are very good and they’d always ask you about assignments and that, and if you said reflection they’d sit down and talk to you. ‘Have you found the topic and do you want to ask me about it?’ or ‘What stage are you

at with your assignment?’ and that. They’re very good, they’ll talk through the assignment kind of, just in a little session on your own and see that you’ve found something really. (Teresa)

Others felt that CPCs could have done more on the wards to improve reflective practice:

I don’t know. Like we didn’t really ... the CPCs kind of come on the ward to see if everything’s OK and they talk to the staff and they talk to the ward manager and if he’s any problems. But there was no really like reflective time with the CPCs. Some placements I didn’t see a CPC so ... but it’s not like there was time there to go and sit with the CPC and reflect or talk about it. (Helen)

Helen spoke about one particular CPC whom she perceived as very supportive of her. The CPC in this situation questioned Helen about her practice and helped to rationalise what and why she was doing the things that she was doing. However, Helen was disappointed that CPCs tended to focus more on assignments and policies than reflective practice:

In fourth year I actually was like ... like she was constantly like ‘OK, how are you doing? What are you doing?’ Do you know what I mean? That kind of thing Whereas in the other wards like it didn’t really happen that often, it was kind of like they’d come up and they’d obviously tell you about your workbooks or whatever, show you where the policies are on the ward and all of that, but sure you know all that anyway, do you know what I mean. And I just felt like their role could have been a little bit more extended sometimes. (Helen)

It is interesting that the CPCs were perceived to be more knowledgeable than the mentors (staff nurses) regarding reflective practice. Deirdre identified that:

They know what the whole reflection thing is about so it would be easier to approach them about reflection rather than, you know, approaching your mentor or a staff nurse about it. (Deirdre)

Deirdre discussed the support and the feeling of being safe when going to the college in year four for the days that were allocated as protected reflective days. These days were facilitated by the lecturer and regarded as very positive by the participants:

Oh they were definitely reflective days ... We felt safe over here. Our class like ... you know it's different over in the hospital, but you can come back here, and it was always like coming home when we came over here and you had that option and whatever lecturer was there that day. (Deirdre)

There was also the sense that regardless of the outcome of the reflective days there would be no negative consequences at ward level. There appeared to be comfort in knowing that reflections would not be criticised or that they would not have an adversarial impact on the clinical placement.

Preceptors received mixed responses relating to their role in supporting students with reflection. The term preceptor was used interchangeably with staff nurse/mentor preceptors. The participants identified that, although the preceptors were allocated to them for the duration of the ward placement, they were not necessarily identified by the participants as persons with whom they would reflect. For these participants they identified not being comfortable reflecting with the mentor for a number of reasons, namely not being invited to do so, not seeing the mentor as having an input into reflection and also feeling that mentors do not view it as their role. Claire stated:

I don't believe the staff nurse ever reflected with me anyway. The reality is no. It would be nice for your preceptor to kind of ... you know, like encourage reflection and stuff but ... (Claire)

Susan mentions fear of not getting a good report at the end of the placement if she reflected with the preceptor about something that went wrong in her practice. Susan highlighted that she said very little to the staff nurse about her reflection in case this would have a negative impact on her assessment:

Well a lot of it I suppose when you think about it like, a lot of it is like you just say what you have to say to get your good interview and you get to the next level ... I mean like you're afraid like that they'll write something negative about you, and you don't want that to go down on your record either ... But that's just the way it is though like, do you know what I mean, because like you've trained so hard over the last four years and you're at your last hurdle now like, and you want your 2:1 or you want your 1:1 and

you don't want it to be written down on this piece of paper like, do you know what I mean? So I suppose you would kind of ... to a certain degree you would, yeah. (Susan)

This sentiment was also reiterated by Deirdre:

Oh yeah, we're scared to say things sometimes. You wouldn't question them because they're the ones that are signing your book. ['Book' refers to the competency assessment portfolio.] (Deirdre)

Claire had been a HCA (health care assistant) before becoming a nursing student so had more actual hands on experience of working with staff nurses than the other students. Yet she was not comfortable reflecting with the preceptor:

No. It would be very difficult I think to ... maybe ... it depends on who it was. I don't remember ever reflecting with a mentor, or ever going through something that happened with a mentor at work, no. ... I was never offered it. And when you're a student then you don't feel like you can even ... I suppose I never really thought about reflecting with her, but it was never offered to me and I never would have said 'Well can we talk about the situation?' (Claire)

Susan had similar opinions. She felt that staff nurses didn't view their role as that of someone who would assist the student in reflecting on practice and in Susan's opinion preceptors didn't engage in reflection with the students at any level:

Even for your interviews and stuff, they (the mentors) rarely kind of ... you know, they rarely made you reflect on how you've got on since the last ... you know like, what I mean, they wouldn't go into it in a huge amount of detail, they might just say 'Right, intermediate interview, how are you getting on like'. Do you know what I mean? But they wouldn't encourage it too much ... No I don't think so, I don't. Like I mean you might get one or two good preceptors? But like ... I mean there are good preceptors ... but it's just like their only real task was to do your interview for you, do you know what I mean? (Susan)

Michael recalled that it very much depended on who you were comfortable reflecting with, or indeed the rapport that was developed between the mentor and the participant. This also involved the participant having the initiative to ask:

Like it depends on the rapport you get with them, do you know what I mean? ... If you're happy enough with them you can ask them 'OK, did I do that properly, did I do that well, what do you think I could have done better, or do you think that the ...?' And it depends how confident you are yourself like, do you know? It wasn't really normal practice but it was definitely doable if you were willing to ask the nurse to do it. The nurse probably wouldn't come up to you and say 'Now just how do you think we did or ...?' Do you know? But if you said 'I was just wondering if you could give me feedback on that, on how I did that' then they'd be very obliging to help you to be honest. (Michael)

Amy, however, mentioned being comfortable reflecting with a staff nurse who was involved in a particular incident with her while on the ward. It is interesting though that Amy also contacted the CPC for support regarding the scenario. She may have felt that she did not receive adequate support from the preceptor or that the preceptor did not have adequate time to give to Amy to help her reflect on the incident:

Erm ... sharing with the staff nurse? I suppose if you've been through an experience with them on the ward, like there was a situation where my patient's condition deteriorated and then I was linked up with that staff nurse for the day and we definitely talked about it the next day and that, and discussed it at length, yeah ... For that particular incident I got the CPC up as well and discussed it with her because I was feeling really bad Yeah, yeah, I mean I called her (CPC) straightaway. Yeah I definitely feel like I could call her and she came straight up. That was the next day though because it was just so busy. This was the day after the incident happened. I didn't call her that day, but the next day almost straightaway in the morning I called her and she came up because it's just ... we were too busy the day before. (Amy)

Deirdre also mentions one specific incident in fourth year where there was an error on the ward, and in this situation the Clinical Nurse Manager (CNM) reflected with Deirdre so that she would learn from the situation:

There was never an invitation to reflect until I got to fourth year, and there was an incident where my preceptor had a lapse in judgement, let's say, and then I was brought to reflect on that with her because the CNM felt that I needed to see things done the right way, so we had to reflect on it in that sense. But apart from that I never reflected with the preceptor. (Deirdre)

Both students describe an actual incident where something unplanned occurred that had serious consequences for the patients involved. These were one off incidents and only seemed to have occurred if the preceptor was in some way involved in the clinical incident, or if the clinical care delivered did not go as planned.

Teresa indicated that when undertaking the internship year she occasionally reflected with registered nurses on a casual basis, for example, while having a coffee break:

And then a lot of the times, if something was done, like some procedure say or something was done while I was working on my own, and then if I still had thoughts about it I'd go and sit down with another nurse, even on a tea break, and say 'This is what I did, what would you do? Have you ever done this before?' (Teresa)

Participants also recognised that personality traits of the preceptor influenced whether they would be comfortable reflecting with the preceptor. Teresa revealed that preceptors were approachable while others mentioned being more comfortable reflecting with mentors who understood what reflection was about more than others. Trusting the preceptor was a significant element considered by the participants prior to reflecting with a preceptor:

You just kind of know when you're comfortable around someone to talk to them and that ... with say the older style nurses, they wouldn't ... Sometimes I would feel uncomfortable with them because they haven't done all that kind of stuff before and they just have their way of doing it and that's it. And you feel like you can't question them, even though you're just asking for your own sake, but you feel like you can't question them sometimes. But say the newer nurses, they've been through ... they may not have had the same paperwork that we had but they've been through certain things and they know more about college working, so they don't mind you questioning them, they understand more. (Teresa)

Michael also referred to the personal traits of the nurse as being an indicator of whether or not reflection would occur:

If they're friendly, if you feel like you can approach them, if they've helped you in the past, you know, if they're good at

explaining things and if they've said ... you know, some of them will invite you and say 'If you want ...' At the end of the day they'll say 'Is there anything you want to talk about that you've done today?' and usually you'll say no because it's the end of the day, you want to run out the door. But if they offer it at least you know you can, you can go to them if you need to ... If they weren't friendly, if you felt that the practice they were using wasn't usually best practice, if they didn't offer a hand – you know, if they just felt like ... some of them make you feel like you're a nuisance more than anything, you don't want to ask questions when they're going to make you feel like ... I think as well like in your nine weeks with someone you trust them, like in fourth year, you trust them an awful lot more than your three weeks, you don't even know a person by then. (Michael)

Collegial Support

All of the participants identified that they sought support from their fellow students and reflected with them on a regular basis. This type of support was very important to the participants. Some of the benefits of *collegial support* identified by the participants were that it provided encouragement and comfort. Most of the participants, when asked why they sought support from their colleagues indicated that they (their fellow students) knew what it was like to be a student and were at the same stage as the participant so had a better understanding of situations on the ward than perhaps others did. This sense of comfort and trust was a significant attribute when choosing a person with whom to reflect. Amy recounted that she would reflect with her classmates on a regular basis:

I suppose you feel as if they're on the same wavelength as you and they're experiencing the same ... They're having the same experiences as you, and they'll say something then back that might be like 'Oh, I know what you're saying, I know what you mean', you know. You're kind of at the same stage in your career and I just suppose you can talk to them, you have their phone numbers. (Amy)

Helen identified year four as the year in which most of the reflections occurred with a colleague at home and she closely related this to learning and gaining confidence within professional practice:

At the start of fourth year particularly ... I think it was an esteem thing to reflect back on, 'Where could I have done this better?' And then we'd actually, if we've hashed out an idea on like how things could have been improved or what we did wrong, if we did right. It wasn't just to reflect, it was to kind of protect your own self-esteem as well. But we didn't know, we did an awful lot of reflective practice in our house over the internship. (Helen)

Claire mentions reflecting with her friend over lunch about a situation that occurred on the ward:

Yeah, there would be a few in my class but I wouldn't reflect like with people on the ward that I was on, it would be away from the ward and it would be ... even over lunch, if I met one of the girls, it would be like ... it's kind of off-loading as well I suppose and it would be ... because they'd understand and you'd be able to tell them and there would be no Whereas on the wards, if you told ... you know, they'd kind of maybe say 'Well I can't believe that you did that ...'. (Claire)

There is a perception within these excerpts that there is a fear that reflection may expose oneself to potential criticisms, judgement or even rejection and ridicule. Therefore, there appears to be a conscious awareness of choosing who to reflect with in order to preserve this sense of personal acceptance and well-being.

Personal Reflection

Some participants also highlighted that they reflected on their day's work on their own while driving home or in bed or when they had a quiet moment to themselves. Claire speaks of her journey home in the car and benefiting from this opportunity to reflect:

I probably reflect on the way home every day when I'm leaving work, just about my day in general. But I suppose ... I don't know if it's reflecting but I think about my day and what happened, or if something like stuck in my head and I'd think about that. But then if something like big happened on the ward that day, or like if somebody got really sick that you were looking after, or there was a family that there was issues with, then, yeah, I'd go through that. I'd probably go over that a few times ... Yeah, because there's nobody, you're on your own and it's nice and quiet and you have time to think about it. And I have nearly an hour drive and so I've got it all out of my system then when I get home. Because you don't want to be at home ... I don't want to be at home anyway,

yeah, or you go round and people are like ‘What is wrong with you?’, you know, that kind of way. So I kind of get it out of my system before I get home. Because you can’t bring it home with you either. You need time to reflect but there should be a time, you should be able to reflect ... I don’t know, it’s very easy for me to say, but like if something happened at work you should be allowed that time to go and reflect on the ward, even 10 minutes to walk away or sit somewhere and just think about it. Then it’s not all building up and you’re not bringing it all home with you. So that’s why I like the car, though, you have time. (Claire)

Teresa also mentions personal reflection time as a personal journey within her day where she avails of an opportunity to reflect on the day thus far:

When I’m just sitting down and I might be on my lunch, and just sitting there thinking about the day, if I think about what’s going to be going on ... Yeah, I’m in that environment but I’m on my own, in my own thoughts, and that’s when I think about it more. (Teresa)

Amy found she reflected at home after her day’s work when she was on her own.

Yeah, well I suppose you come home, you’ve just got time, you take off your work clothes, you sit down and then it just comes back to you, something that might have happened that you would think about. I mean that still happens, it was happening last night you know, that you’re reflecting on something. It happens all the time, you know, especially at home because you’ve got the time then. (Amy)

Summary

The second theme identified by the participants concerned seeking supports in an attempt to understand and comprehend reflection and reflective practice. Reflection for these participants appears to be a dialogical process that requires another person with whom to enter into a kind of supportive conversational interaction. Participants sought support from fellow colleagues who were in the same class and similar situation as themselves. Mutual trust, understanding and security between fellow students were significant motivations for participants to reflect with each other. Participants positively acknowledged the role of the CPC and the lecturers as an effective source of support for reflective practice. Support from preceptors was not viewed by many as worthwhile. This they believed was

due to a lack of understanding among the preceptors concerning the purpose and uses of reflective practice as a method of learning. Finally all participants engaged in personal reflection and regarded it as a useful method of learning from the day's activities on the wards. None of the participants indicated that they had received support from the link lecturers while on clinical placement.

5.5 Theme Three: Getting Through

Getting through was the third theme identified by the participants. This referred to the participants' experiences of facilities put in place by the college and the clinical areas to develop a culture of reflection among the student population. The two sub-categories in this theme are identified as: (1) *protected reflective time* and (b) *what to choose for reflection*. Most participants had mixed feelings regarding the facilitation of protected learning time on the wards. This varied from participants feeling that staff didn't understand what it meant to not receiving the reflective time while on placement.

Protected Reflective Time

All participants understood that they were to receive four hours of protected reflective time (PRT, also referred to as protective learning time) per week from years one to year three and three hours of protected reflective time per week in year four. As part of their rostered internship programme students went on day release on a monthly basis to the college where protective reflective time was facilitated by the lecturing staff of the nursing department.

The manner in which PRT was utilised or facilitated on the ward however varied, according to the participants. All participants indicated that they received PRT in years one and two although some received it more than others. At this time participants were supernumerary and regarded as very junior at ward level. Participants voiced that, although they obtained this time in years one and two, it was facilitated in very different ways using a variety of means. There also appeared to be the perception that this time was to be spent studying, preparing assignments or getting home early. Participants indicated that at this stage of their education, PRT was a solitary process:

...initially in my first few years it was protective learning time. It meant that those three hours were for you to do ... to spend that three hours per week looking up or doing something of your choice relating to your placement or a condition you might have come across, a certain condition a patient had, or just looking up or studying a research topic or condition. That's what I would do ... I found that if it was given towards the end of the day with say half five to half eight, that you could take it that you were going home early ... But if it was given in the middle of the day and you had to come back, I would use it. I would go down to the library and I might look up something. Or if I had an assignment I would look up something for that. Or just ... depending on the culture and the ward I found more so, like how the CNM [Ward Manager] decided you were to take it. Some CNMs would say 'You have to stay here and study in the back office' that you would get some books from there and you would read or look up. (Michael)

Teresa talked about the different perceptions of the staff concerning the practice of protected reflective time from year one to year four (the internship year):

For the first year, most of it we either got off early and just went home, and the second and third year the wards were busier so they didn't want to give it to us as such and they said it was protective learning time but 'You learn on the ward'. They said it in that way. So it was like you go and look at a procedure and you go and look up something on that. They changed it from 'You can go home', 'Go to the Library', 'You can go home and study' or whatever, to 'You are learning on the ward and you do this'. I think you should be able to just sit down and think about what's actually going on the ward, rather than go on working and doing things. (Teresa)

Teresa explained how she didn't get the three hours PRT in year four. She coupled not getting the reflective time with the reality that she had more responsibility and had a comparable workload to that of her preceptor:

Not in fourth year, not really no... You were more than likely not to because you had your own patients and ... as well you didn't really want to ask for it because they were your responsibility. (Teresa)

Jane also experienced an altered approach to PRT by clinical staff as she progressed through the nursing programme:

Erm ... a lot of the time in first year they'd just let you go home on your last day, like early, do you know like. And that was the culture of it sometimes if you get it on a ward. It just depends where you get it. If you're on a ward where you can't get it on your last day or if you can't take it at the end of the day, then you go down to the library or you'll do something, do you know what I mean? But like if you got it, which you didn't always get it like, but if you got it a lot of the time it would just be kind of to leave early on a day or something like that, and you know, hopefully kind of look at something when you go home and ... you know ... Yeah. Well you didn't get it as much in your fourth year as well ... You didn't get it as much, and in the wards that I did get in on it was always just to leave early like, do you know what I mean? (Jane)

Claire recalls being advised that PLT could not be facilitated in years three and four:

Nothing happens. You just stay on the ward and do your work. We're a number over on the wards and we're needed on the wards, and they can't cover us to have reflective time ... I was directly told at the start of my placement that the 3 hours couldn't be facilitated. (Claire)

Deirdre voiced her experiences of PLT:

Taking ... getting an hour ... well at some places you get three hours together, at other places you get an hour, just go to the library, or take your time to finish an assignment or ... you know, it was time for us to do something academic while we were on the ward. (Deirdre)

Deirdre also explained what happened when she raised the fact that she did not receive her reflective time:

If you said at the end of the week 'I never got my protected reflective time' they'd say 'Sure, didn't you watch me do that, that's your protected reflective time ... they'd find an excuse for you not to use it. (Deirdre)

When asked did she go to the library for PLT:

No, unless there was something I wanted to look up. Or even to go to the back office when we had ten minutes, but it was just so manic all the time. Like this year, maybe in second and third year

you'd have more time because you weren't as hands-on and you could sit in the nurses' office or nurses' station and read a book, whereas in fourth year there's no time for anything, you're constantly on your feet ... Like that's why I had to do it [Reflection] at home because there was no time facilitated for me to do it in work. (Deirdre)

Jane expressed comparable experiences of PRT. She suggested there was ambiguity among registered nurses and clinical managers as to what constituted PLT. This in her opinion led to confusion and disorder regarding the role of protected learning time.

During the internship component of the nurse education programme, PRT was amalgamated and students were required to attend the college for reflection one day per month which was facilitated by one lecturer. Attendance was mandatory and students were timetabled to attend the PRT day from the health care institution. Students regarded these days as helpful.

Claire recalls her experience of the PRT days in the college during her internship period:

I would say that nearly all the class told of something that happened, but it was very safe there [College]. And I don't know was it the environment or ... because you're still a student when you're there [College] you just feel safe, and you know all the lecturers for like the last few years and you just feel like you can talk to them a lot easier. Like it would be a lot easier for us to come over here and talk to the lecturer ... like you know you're not being judged ... They are not going to make a big deal out of it ... and you're not going to be working under them tomorrow and they're not going to make your life a misery. (Claire)

What to Choose for Reflection

The second sub-theme of evidence of learning was *what to choose for reflection*. Some expressed anxiety concerning what they would choose to reflect on for their reflective assignment which was assessed by the lecturer.

Teresa described the difficulties she had trying to 'find' something to reflect on and the apprehension around finding the 'right incident' to reflect on. It appears

that the reflective assignment had to be associated with a negative or unpleasant experience:

I think it was very hard in say the first two years to find something, definitely in first year, because you got this assignment before you went on placement, to say find something or reflect on something that happened. And then you go into the ward and you might be there for four weeks, and four weeks is really only 12 days if you think about, and something significant might not happen. And you think 'Oh, nothing has happened that I can reflect on'. But if you think about it all, there's always something you can reflect on. But in first year you're thinking 'No major event has happened that I can reflect on, what am I going to do?' ... So you always kind of got some scenario and tried to work through this thing. (Teresa)

Amy described the anxiety she felt waiting for the results of the reflective assignments, and the fear that she may not have reflected on something the lecturer 'liked'. Amy felt that if the lecturer didn't 'like' the reflection she chose she might fail the assignment:

Well I hadn't really thought about it until I was waiting for the results and we were all discussing 'Oh, I hope I got on OK. I hope I've passed' and that. And that's when I kind of thought 'What if the lecturer doesn't ...'. You know, they might not just like my example or my experience, you know. It's just purely down to the taste of the lecturer whether they like your experiences or your reflection or not. They might be very big on say a certain area of nursing and you might touch on that area and might not have spoken about it as well as they would have liked. (Amy)

Amy intimated that she considered the assessment of the assignment as a purely subjective exercise, without any grounding in anything more solid and rational than the lecturer's personal preference. Amy also described the inclusion of things that she perceived the lecturer had a particular interest in, in an attempt to pass the assignments:

We were given some guidelines and, you know ... and we were given instructions about maybe the layout and that. Definitely power was mentioned by that lecturer and I made sure that I would take up on it, give an example of power in my thing. But it actually was good because it did get me thinking about it, so in the end I

actually did learn a lot, but the word 'power' was mentioned by that lecturer so. (Amy)

Most participants indicated the value of the reflective assignments as a method of learning by the time they qualified:

At the time I didn't think they did, but now thinking back I know that they're there to improve your practice and they change the way you think about doing things. And they give you the chance to think about your own practice and develop your own type of practice, rather than going by the books or people telling you the kind of formal training of it. You kind of make up your own way of doing things and your own thoughts and perspectives on it and how you want to do things. (Amy).

Michael had a similar opinion:

I think it's beneficial every year, because I don't think you'd be able to do it to the degree that you do it in third and fourth year if you hadn't done it previously, do you know what I mean? You need to have been exposed to carrying out that kind of reflection. (Michael)

Teresa highlighted the use of the guidelines and the framework offered by the lecturer to assist her with the assignment in the first two years and then described her familiarity with the reflective process in year four:

Yeah, it's ticking the boxes all the way. And then by the time I got to fourth year I didn't even need to look in the boxes, I'd fill in the lot, the cycle. Initially it was completely going by the form and knowledge of what you've been taught, you're completely trying to follow that framework. But then when you've done it so many times you don't even need to look at it and you just know what you're doing. In first year you're going through the cycle and you're knocking off everything, every topic, description. You're looking up what you have to describe and how you have to describe it and everything, whereas in fourth year you just write it and you don't look up what exactly has to be in your description, you just write your own experience, whereas you're completely going by the framework and going by the boxes and that, and you're looking what needs analysing. (Teresa)

Deirdre had a positive attitude towards the reflective assignment too. She felt that the more knowledge you had the easier it was to reflect. She described:

... because in year four your knowledge is ... you've more knowledge on everything that's going on around you. (Deirdre)

Amy also described a positive attitude toward reflective assignments and felt it was a good way of learning from practice:

It does. I think everything comes together at the end doesn't it? I do think it's beneficial. I think it's definitely something that needs to be in the curriculum like, do you know, because it's a way of ... like you learn about critical thought process and everything in your other modules, but like you don't apply it until you actually sit down and do a reflective assignment, do you know, that kind of way? (Amy)

Teresa described using a reflective framework that she learned in class to undertake her reflective assignment:

It made it simple as it gave you the framework on what to do, and you've done it that way. But it didn't ... you knew what you had to do but you didn't really think about it. I know you're meant to think in reflection but you didn't really in the first year say. But then when you're doing a bigger reflection and you've more things to say, in later on years, it made more sense and the framework really did help then when you knew what critical thinking was and how to go about your feelings and what you could change and stuff like that. The cycle made a lot more sense than when you first started because you didn't really know what you were doing. (Teresa)

Deirdre recognised the framework as a method offering structure and guidance to the reflective assignment:

Yes, because you'd have a structure to follow and it helped. You know, you'd know where to start and you'd know what you needed to follow – definitely, oh yeah, they did help a lot. (Deirdre)

Teresa talked about the benefits of the assignments. She also described the ease of writing a reflective piece in year four compared to struggling to write reflectively in year one:

At times, kind of just trying to do the assignments and that really and not knowing what it was about at the start, and then as I got used to it and done it more it kind of just came natural to just reflect on something. But at the start I didn't have a clue what it was and that ... Yeah, I think you do have to practise it, definitely. Because I had written two or three assignments before I actually got the grasp of it and then felt comfortable doing it this year and just writing it off my own back, but in the first few assignments I definitely didn't have a clue really and it didn't make any sense, but then I got my own grasp of it. (Teresa)

Deirdre described the ease of writing a reflective assignment when she had more clinical experience:

Definitely, because the more experience I got on the wards the more I'd be thinking about stuff that happened. The more hands-on I got, and if anything ever went very well or if anything ever went wrong I'd be thinking 'That would be a great thing to reflect on in an essay' and you're always thinking 'What will I reflect on?' or 'What can I use in a reflection?' because you know it's going to be coming up. (Deirdre)

This ease of reflection also came with increased knowledge, as Deirdre recollected:

I think because I had more time on the wards, and I think because I had more knowledge as a nurse by the time I was in fourth year and I could pick things out more so than I could have before. You don't question things when you're in first, second, third year, but by the time you get to fourth year you've more confidence and you kind of know what's best practice. And if you don't see it being used you reflect on what they should have done and know that you're not going to do it yourself next time. (Deirdre).

Most of the participants had a very positive attitude towards reflective practice and could clearly value its role in nursing practice. According to Deirdre:

... because it helped me so much this year. I'd be even confident in doing things that I've only seen once, and maybe I've only done once, but because I've read over them, because I know how I felt and it's so fresh in my mind, and if I read it again it would be ... you know, I'd never lose that because I've thought about it a second time and I haven't just put it aside and thought 'Oh, I've done it now, I don't have to do it again'. So I think it will help, and

I think I'll keep doing it like while I'm still learning, probably this year. I'll still be learning for the year. You know you don't know everything, and probably even then I'll be learning something for the next couple of years. So I'll definitely keep doing it and I'll definitely still keep my diary because it's good to have something to look back on. (Deirdre)

Summary

The third theme identified was *Getting through* which describes how the participants tried to incorporate reflective practice into their daily clinical work. Most participants indicated that there was a general lack of understanding among clinical staff regarding what constituted protected reflective time. This ranged from getting off early from work to not receiving it at all. All participants believed that the more senior the student became the less likelihood there was of receiving this allocated time.

The majority of the participants struggled with reflection in the first two years of clinical placements. This struggle was coupled with a fear of not selecting the 'right scenario' to reflect on. Writing to please or placate the personal interests of the lecturer was also a noteworthy finding. There was a sense of trying to 'survive' reflection for the assessment purposes with possibly less focus on what reflection was and where it fitted within the learning cycle of the nursing student. Not choosing the 'right' scenario was a significant fear for the student, as it meant the module was failed and had to be repeated. By years three and four there was a deeper understanding of reflective practice among participants. This perhaps was associated with more experience of nursing, ward life and possibly personal experience or confidence in the role of a nursing student. All participants retrospectively felt that the reflective assignments were a valuable method of learning from practice.

5.6 Theme Four: Ward Reality: Tensions and Conflicts

Cultural and social influences emerged very strongly from the data as the final theme. This related to two sub-themes (a) *nurses are workers* and (b) *too busy (for sitting and talking)*. Many participants discussed how registered nurses do not view reflective practice as something they were required to engage in, and commented that they rarely saw it practised by qualified staff. The need to be physically busy was viewed by participants as a significant deterrent to reflective practice. Lack of managerial support or perhaps value and understanding for reflective practice was also highlighted as significant. Many participants felt that nurses regarded it as exclusively for students to learn while on clinical placement. Several participants highlighted that reflection was really for students to engage in. Participants voiced that reflection was not perceived by the staff nurses as part of a registered nurse's role for professional practice and was therefore not valued by registered nurses; nor was it incorporated into the normal working day of nursing staff.

Nurses are Workers

The majority of the narratives expressed by the participants demonstrated that there was not a culture of reflective practice within the clinical areas and nurses had a lack of understanding regarding reflective practice. Jane explained that reflection is not really practised overtly on the wards:

Everyone always goes on about that reflective practice and then when you go out into the wards like you don't really see it. (Jane)

Similarly, Claire also highlighted a lack of awareness among staff:

There isn't a whole lot about it [reflection] on the wards and while you're doing your placement, there's not a whole lot mentioned about reflective practice or reflection or ... you know. It's not mentioned, you don't hear about it, you know, like it's not talked about ... Yeah it's definitely a student thing and only students understand it. Staff on the wards don't understand reflective practice now. (Claire)

Amy voiced similar experiences:

But not really with the staff nurses, I wouldn't say much reflective practice time, even on our lunch breaks in the kitchen or the tea room you wouldn't hear much ... you know, you wouldn't hear any reflection or ... you know, unless they go home and do it themselves, but not really on the ward, no. Unless in the middle of the day handover they might just bring up something about a patient, but not really reflective practice. (Amy)

Teresa also indicated a lack understanding and awareness of the uses of reflective practice as part of the role of registered nurses. However she describes how nurses are reflecting although she felt they did not realise that they are engaged in this process:

I never heard them mention reflective practice. I don't ever recall if someone mentioned it ... I think they felt it was for the students, but at the same time I think that they do it without knowing, like they don't think it's obvious that they're doing it but they do it themselves, so it's not just for the students. But they said ... if you said 'I'm reflecting about this', they'd think that was something for a student. But they do it all the time kind of, just in conversations, they would do it themselves ... and they tell new stories and you think in your head 'They're actually reflecting' but they don't know it, and they think they're not making it obvious ... they don't realise sometimes that they're working through a framework. (Teresa)

Deirdre indicated that nurses had negative attitudes towards it:

I think the nurses feel like it's a waste of time ... they'd rather talk behind each other's backs about something that happened, instead of actually sitting down and talking it through. You know, if something went wrong – or if something was great – they wouldn't say to each other or talk about it, they'd just bicker about it, you know, that kind of thing like ... Things might run better if they reflect on ... if they reflect on a day and something went wrong they might say 'OK, we'll do it this way tomorrow so that doesn't happen again'. Or if something went very well they'd say 'Oh, we'll keep doing it that way because it worked out'. (Deirdre)

Reflective practice did not seem to be part of the clinical function of staff. Claire discussed a situation in which a group of junior staff nurses reflected on a situation and found it beneficial when they discussed it. The age and the awareness of the junior nurses were influential in relation to the engagement with students for reflection. She also highlighted however that nurses' sedentary

positions in the office are not well received by management. The idea that nurses are expected to be physically busy was identified by Claire:

Yeah, like if there is a few nurses in a back office you just think 'Oh well, they're only ...' But like I found that even yesterday when I was on the ward, something did happen on the ward and there was four of us on that day and there was the ward manager on yesterday and something did happen. And we did actually sit in the back office maybe at like ten to eight waiting for the night staff, and we did talk about what happened. So I think as well it depends who you are working with. Now the person I'm working with I'm not making any distinctions between age or when people went to college or anything like that, but the girls that I was with like would have gone like say in the last maybe 6 or 8 years and they would be in on the whole ... they didn't say 'Well, let's reflect' but we kind of talked about it. The three of us went through what happened. But we didn't say 'Would we change this or that?' but we kind of talked about it and kind of got it out of our systems kind of thing, you know ... We kind of came to our conclusion then at the end. And it was good because you weren't on your own and there was somebody else's input there. Now none of us were in the situation on our own, like someone just got ... someone just on the ward and we were kind of there together, and that's the weird thing about being a nurse, like there's always someone with you, you're always going to have someone with you, and then we were able to talk about it after. But like you never feel comfortable sitting in the back office because the ward manager's going to come in and she's going to assume that you're gossiping and 'Get the hell out', you know that kind of way. (Claire)

Too Busy (for Sitting and Talking)

All of the participants spoke about busyness and a lack of time in the clinical areas as being a significant barrier to reflective practice. Helen suggested that a lack of time was a substantial reason as to why reflective practice was not commonplace among the staff nurses at the ward level. 'Time' appeared to be allocated to physical, clinical, manual activities and not necessarily reflective practice. Being physically 'busy' with nursing work appeared to be normal nursing practice. Helen recalled:

Oh absolutely, yeah. It just ... sometimes ... it depends on which ward you're in. I know when I was in a private hospital for a placement we had sufficient time because they had the opportunity to have their staffing levels above what the European requirement

is. But when we're just exactly on it there's always going to be work, so you're not going to be able to reflect. You might be able to reflect in your own time but not on their time. (Helen)

Patient workload also appeared to be a significant factor in the lack of reflective practice. Amy had similar experiences:

Time is a big factor, lack of time. Just being too busy to do other things that you wouldn't have time because you'd be so busy with patients that you're not going to start reflecting on something while you're doing patient care. Another factor is just not feeling comfortable opening up to the staff nurse. I suppose you don't know them and they don't know you and ... so it would. (Amy)

Jane also believed that lack of time was a significant reason as to why staff nurses did not reflect on their work:

It is fundamentally time, they don't have time to like ... I suppose it's not responsibility, like every day they walk into a ward, so you don't have time to be kind of sitting there thinking 'Well, you know, blah blah blah'. Probably it's the most ideal. You know if you had the time and the resources probably it would be better because you'd ultimately have better care for the patients. But like I suppose when you're forced for time and you've got six or seven washes to do and you've got four or five hoists out of bed and stuff, you know, you need time to kind of sit there and think like 'Well, what would I have done differently?'. But I suppose ... yeah, if it's something bad, if you've done something very bad you probably would, they probably would kind of slightly reflect, like 'What would I have done differently?' (Jane)

The lack of time for reflection appeared to be directly linked with the physical workloads of clinical nursing. Yet Jane acknowledges that reflection would possibly lead to better care if time were available to reflect. Jane particularly refers to reflecting if something untoward occurred for the purposes of using reflection to explore how things could have been done differently.

Summary

The fourth theme explained some of the professional cultural influences regarding the perceived lack of use of reflective practice among qualified staff. Participants suggested that nurses regarded it as an activity exclusively for nursing students, while others discussed the challenge of significant time constraints within the

workload of registered nurses for reflective practice. It was also evident from the excerpts that reflective practice was not a common occurrence within clinical practice. There appeared to be a lack of insight and awareness into its purpose and role within the context of professional development among qualified staff.

5.7 Summary of the Findings

This chapter described four main themes and eleven sub-themes which were identified in the analysis of eight interview transcripts of newly graduated nursing students who participated in the study. *Looking back at practice*, *Seeking support*, *Getting through* and finally *Ward Realities: tensions and conflicts* were identified as the four main themes. Sub-themes were also developed to facilitate a deeper and more thorough understanding of the nursing students' experiences. The use of themes and sub-themes were presented through the use of quotations from the nursing students' narratives, thus maintaining the primary focus on the students' voices as it is their experiences that are to the forefront of this study.

The quotations from the students supported the themes and sub-themes and therefore offered a sense of reality and context to the analysis. The narratives provided rich meaningful descriptions of nursing students' experiences and understanding of reflective practice throughout their nurse education programme. Overall the findings demonstrate that the nursing students regarded reflective practice positively as a method of learning. Nonetheless they clearly voiced the struggles experienced trying to learn the skills of reflective practice during the four years of the programme particularly within the first two years of the programme. This was also coupled with tensions surrounding cultures within nursing practice and the demands of the nurse education programme.

The following chapter is the discussion chapter. The key finding from this chapter shall be discussed therein.

6 Discussion

6.1 Introduction

The purpose of this chapter is to present an interpretation of the study findings pertaining to newly graduated nursing students' experiences and understanding of reflective practice in Ireland. Secondly, its aim is to evaluate the results from this study within the context of the literature review as was presented in Chapters Two and Three. The narrative interviews offered the basis for this narrative inquiry and presented unique insights into reflective practice within undergraduate nursing in Ireland. A narrative approach had not previously been employed to explore this phenomenon within an Irish context and therefore this contributes to the body of knowledge of reflective practice in nurse education.

The four main themes were; Looking at practice, Seeking Support, Getting Through and The ward realities: tensions and conflict. The sub themes identified were; Reflection for me, Learning from practice, Making sense of reflection, Professional support, Preceptor support, Collegial support, Personal support, Protected learning time, what to choose for reflection, Nurses are workers and lastly, Too busy for sitting and talking. Each of the main themes and sub-themes shall be now be analysed and the emerging theories therein shall be identified.

6.2 Looking Back at Practice: Reflection in Nursing is an Incremental Developmental Process

The participants' understanding of what reflection was somewhat altered as they progressed through their nurse education. All participants' narratives identified that their perceptions of reflective practice changed over time which would indicate that reflection in nursing is an incremental developmental process which is acquired over time and perfected. Similar results were identified by Greenawald (2010), who found that nursing students developed a deeper understanding of reflective practice as their nurse education progressed. This was associated with more experience and practice of reflective practice both in clinical nursing placement and in the writing of reflective based assignments.

6.3 Reflection for Me: Reflection is about Reflecting after an Event

All participants identified that reflection meant looking back at an occurrence or experience. Schön (1983) refers to this as reflection-on-action which he regards as reflection after the event – the experience is evaluated to make sense of it and ultimately to learn from it. It is a process for looking back on actions of the practitioner which ensued within a context, and exploring these, through careful unpicking and reconstructing of all the aspects of the situation, with the aim of affecting future practice. For the participants reflection was both a verb and a noun. They viewed reflection as both an activity and as an outcome, thinking about something, picking something, looking back along the way, making sense of the situation.

Reflection for the participants was also a noun. It was viewed as a product or an outcome of thinking more deeply about an event or an incident that had occurred. Participants in this study generally regarded reflection as a cognitive process of analysing something that had occurred in practice in order to develop a deeper meaning in their practice. These definitions concur with several authors who view reflection as a method of critically reflecting on a situation or experience that had occurred in practice with the intention of learning from the experience (Johns, 1992; Boud et al., 1985; Schön, 1983).

Similar results were found in Greenawald's (2010) study of students' understanding of reflection which identified that reflection was an action as well as a process. Thinking more deeply in order to understand more and trying to make sense of an experience were also significant findings for Greenawald (2010). These results also concur with Dewey's beliefs about reflective thinking, which he argued concerned itself with thinking with a purpose which required the testing and challenging of true beliefs by challenging these beliefs scientifically. He believed that reflective thinking should be related to practice and action within practice and argued that reflective thinking can be practical as well as intellectual (Dewey, 1933). For Moon (1999) reflection involves mentally processing methods within a complex situation. Furthermore, Johns (2004) argues that reflection is for the purpose of realising desirable practice. These findings concur

with the findings of this research indicating that there is no real consensual understanding of what reflection is, but that it encompasses some level of looking back at an experience with a deeper level of meaning and understanding. This deeper level of meaning and understanding incorporates more than intellectual thinking; it involves the person's feelings and emotions as well as the action. There are tensions present here: reflection is regarded as a skill that has to be developed and also as a product of that skill. There appears to be dependence on the action to reach the outcome which is reflection. These tensions would add to the participants' frustrations while on clinical practice, as they attempt to reflect while at the same time attempting to grasp the skills of reflecting. This is compounded particularly in the first two years when the participants are trying to acclimatise to both third level education and the cultures within health care organisations. This perhaps adds to the anxiety associated with trying to learn reflective practice. The struggles were further complicated because junior students lacked the experience, confidence and knowledge to reflect without significant guidance and support which was not always forthcoming in practice.

6.4 Learning from Practice: Students Learn through Reflection in Clinical Practice

Learning by reflection from practice situations or experiences was very evident within the narratives, so much so that no participant referred to reflecting within the classroom situation. The interaction with clinical nursing situations and environments appeared to stimulate the students to learn by or through experience. This finding resonates with Dewey (1933) who argued that students' optimum learning is in environments where they are permitted to experience and learn from social interactions. In this study the students identified that learning that occurred from practice assisted them in preparing for future similar clinical situations that they would encounter. The lifelong learning of professional practice from reflective practice is recounted by the students who recognised the importance of learning from the practice situations that they encountered. This is supported by several theorists who recognise the significance of reflective practice for lifelong learning (Dewey, 1933; Schön, 1983; Boud et al., 1985) within the environments of professional practice.

Two participants spoke at length of ‘situations’ or ‘scenarios’ or ‘incidents’. These were viewed initially as unpleasant or frustrating by the student but did not necessarily have unpleasant outcomes. Through a process of reflection the students identified the positive learning that emerged from the scenarios and suggested a sense of student empowerment. Amy referred to helping the person feel safe and being ‘really touched by that’ while Claire talked about being in a better position to care for a palliative patient who was readmitted to the ward following self-discharge. Both of these narratives highlight the complexities of professional practice and the types of professional knowledge that inform such professional practice. Schön’s theory of technical rationality is evident within the narratives. The criticism of Schön and his lament of professionals’ attempts to apply scientific theories directly to professional practice situations are apparent. The two scenarios highlighted by the students demonstrate that technical rationality as the dominant epistemology for practice is not entirely suitable as a dominant model of professional knowledge, as additional sources of knowledge are evident within the scenarios. Schön’s concept of professional artistry could be used to describe the actions of the nurses and the student when they were engaged in caring for the palliative care patient. It reflects the professional work involved when performing in uncertain and conflicting situations at work. Tacit knowledge (Schön, 1983; 1987), the knowledge that cannot be easily articulated but is based on intuitive and skilful action for which the rules and guidelines cannot be articulated, is also present within the scenario.

The narratives further suggest that the students learned from practice by critically analysing personal practice experiences. The narratives suggest that reflection was prompted by an emotional response to a situation but that, through both students’ reflection-on-action, these reflections emerged as positive and empowering experiences. This would concur with most theories of reflection in nursing: the emotional triggering point (Boud et al., 1985) followed by an analysis of the sources of knowledge (Schön, 1983; 1987; Gibbs, 1988) with an increased level of self-awareness (Johns, 1998; Thompson and Thompson, 2008). Johns’ (1998) theories of reflective practice are also evident here. Increased self-awareness, mindfulness and self-focus are evident within the narratives following the

reflection. The scenarios chosen illustrate the practice of self-focus on an experience and elements of confronting and understanding the situation, and eventually moving towards a resolution of the conflict within the situation. This resonates with critical theorists' views of the emancipatory effects of reflection (Bulman, 2008; Finlay, 2008).

Learning from practice is recognised within the literature related to reflective practice. Peden-McAlpine et al. (2007) identified that reflective practice transformed practice for the nurses involved in the study and they indicated that they had an increased awareness of incorporating theory with practice and also developed an increased awareness of the complexities of caring for critically ill persons. In the study the participants began to appreciate the role and identity of the family members of the critically ill person, thereby deepening their level of awareness and understanding of the context of situation. Schön (1983) refers to this as contextual knowledge and regards it as an essential element of transforming knowledge into professional practice.

Schön's reflection-in-action was not articulated by any of the participants. One possible reason for this finding is because Schön's theory of reflection-in-action is for the more experienced practitioners (Schön, 1983) who have a repertoire of experience and knowledge to draw from and are therefore able to, as Schön argues, 'think on their feet' (Schön, 1983, p. 54). Schön (1987) viewed reflection-in-action as a distinctive characteristic of expert practice involving practice experts who were able to experiment and think about their practice while they were doing it and therefore to change the outcome of the action while doing it. The participants in this study were inexperienced and therefore did not have the clinical experience or knowledge to engage in Schön's reflection-in-action.

However, the models of reflective practice the students were encouraged to use during their undergraduate education and for their reflective assignments may have resulted in the participants not referring to reflection-in-action in spite of experiencing it. Both models (Johns, 1998; Gibbs, 1988) focussed on reflection-on-action and offered a detailed framework to assist students with such reflection. These models are particularly focussed at students or novice practitioners to help

them reflect following an experience. Therefore the focus of reflective practice may have been interpreted by the students as reflection-on-action and not reflection-in-action.

6.5 Making Sense of Reflection: Participants Struggled to Understand Reflection

Participants struggled to make sense of what reflection was and where it fitted into learning. There was an apparent lack of understanding of what constituted reflection in the first two years of the nursing programme. This struggle for the participants in years one and two attempting to comprehend professional knowledge within their practice is what Schön (1983) refers to as technical rationality. The struggle of these participants at the outset of their nurse education reflects Schön's severe criticism of professional knowledge, which involves the practitioner experimenting and refuting or accepting a hypothesis which ultimately involves a process of elimination (Schön, 1987). It is the attempt by the professional educators to endeavour to imbed scientific professional theory and techniques into practice without regard for the situation or encounter within the practice setting. Schön (1987) argued that these principles cannot be applied to everyday professional practice as the practitioner is powerless in safeguarding his experiments from the perplexities of the practice environment as it failed to effectively explain the intricacies of practice (Thompson and Thompson, 2008). The mistrust of technical rationality is also shared by Rolfe et al. (2001). Thompson and Thompson (2008) also highlight, however, the tensions between the growth of interest in reflective practice within the social sciences and its rejection of technical rationality and the significant focus of evidence-based practices which rely on research trials as the primary source of information. This level of confusion could also have been present for the participants trying to learn on the clinical placement. Participants in years one and two struggled to understand what reflective practice was while trying to complete a reflective assignment. They looked for 'incidents' or 'scenarios' that would please the interest of the lecturer which Schön (1983) regards as the unidirectional trajectory composition of knowledge and practice. This is regarded as the direct application of scientific knowledge into the clinical environment without regard for the

context of the practice situation. The participants, particularly participants who had no nursing experience prior to commencing the programme, grappled with inexperience, lack of knowledge and a lack of professional identity when trying to reflect on practice. Participants voiced anxiety regarding trying to understand what reflection was, and being told about reflection yet not having the skills to address it or understand its function in the first two years of practice. The findings of the study concur with previous research indicating that professional experience and the ability to critically analyse are essential for reflective practice. Schön (1983) and Boud et al. (1985) identify that experience is essential for reflection and this is associated with the ability to critically reflect on a specific experience and practice, realising the learning need of that situation. Reflection also offers the student the opportunity to recognise and develop a sense of professional identity within the context of professional practice. It is the building of this new professional knowledge within the context of the experience that leads to the development of professional competence and a great level of self-awareness (Mann et al., 2009). The research results demonstrate that reflective practice is not intellectual thinking in isolation; it involves an amalgamation of the participants' feelings and emotions and the interaction with an experience in practice. This could perhaps be an outcome of the way in which reflective practice is facilitated within the college particularly with the use of reflective models which all students had to utilise for their assignments.

6.6 With Experience and Knowledge Came a Gradual Change in Personal Conceptual Awareness

The research findings identified that reflection was a personal journey for the participants. This personal journey involved experiential learning from the professional encounter within the practice context, but also the personal learning which occurred through focussing on the self. The narratives also identify that with experience and increased knowledge a deeper level of understanding, together with a deeper level of personal awareness, was evident. This change in conceptual awareness was most evident in year four during the participants' internship period. This finding concurs with Fitzgerald and Chapman (2000) who

suggest that reflection is not solely concerned with uncovering knowledge that is used in a particular situation; it is also the generation of changed conceptual perspectives (Rolfe et al., 2001). The participants in this study identified a changed conceptual perspective together with a generation or an amalgamation of new knowledge as a result of reflection.

Schön (1983) presents reflection-in-action as a method in which the practitioner is thinking of their interactions during the course of their practice. Schön refers to this as the artistry of the practice which does not necessarily require words to explain. It relates reflection-in-action to the practitioner getting an insight into the situation and gently making slight adjustments to best suit the situation. Schön (1983) believed that reflection-on-action and in-action were the most important characteristics of reflective practice. The narratives do not suggest that they engaged in reflection-in-action. Perhaps one of the reasons for this, which is also identified by Schön (1983), would be that to reflect-in-action requires practice experience. However as nursing students, these participants did not have the practice experience from which to draw. Their inexperience is part of their status as nurse students but what one might consider is whether the context and the forms of training put in place are conducive to this form of reflection. Therefore this necessitates a broader focus away from the individual nursing student towards the implications for the training system put in place and how the clinical or colleague training systems could be devised to meet the need of nursing students to reflect. The place of reflective practice within the hospital seems to be a major issue. For the participants in this study they reflected on a concrete situation after the event. This could partially have been because they lacked clinical experience to draw from but it may also have been due to the classroom teaching on reflection. Participants were encouraged to use models of reflective practice which focussed on looking retrospectively at an event, thereby ignoring the practice of reflection-in-action, in a covert way.

However, one could also suggest that the students were engaging in reflection-in-action, particularly in year four, during their internship, at a subconscious level. Increased awareness among preceptors would assist students in becoming aware of reflection in action. All students identified that they developed an increased

understanding of reflective practice in year four which was associated with increased experience and less supervision. Reflection-in-action requires the student to draw from prior experience while practising and as such to reflect on action. Therefore reflection-in-action may have occurred during the internship year. There may also be a lack of insight into this by participants pertaining to past reflections and how they actively inform and guide current nursing practice.

6.7 Seeking Support: Nursing Students Actively Seek Assistance with Reflection from Various Sources

Many narratives concerned *seeking support* for reflection in practice. As part of their clinical placements which occur throughout the four-year cycle of the programme a number of supports for reflective practice are identified for the student. Several supports are offered to students as recommended by ABA (2003) as part of the requirements and standards for nurse education to encourage the development of skills, competence and confidence within the clinical areas, thus enabling students to critically evaluate and reflect on their practice for the future.

The use of CPCs as persons to reflect with was mostly positive within the narratives. Some participants indicated that they enjoyed reflecting with the CPCs because, in their opinion, the CPC understood what reflection was. Other participants however viewed the CPC role as one that would focus on the reflective assignment that the participant had to complete. They did not view the CPC as a person who was to assist in the creation of a reflective environment while on clinical placement. Nevertheless participants seemed positive regarding the support they received from the CPC for their assignment. This sense of the CPC helping the student 'get through' clinical placement was very evident. Participants indicated that CPCs were more knowledgeable about the assignments and indeed reflective practice than the staff nurses or mentors were. This perhaps could be true because assisting students with reflection and creating a reflective environment for students was one of the main functions of the CPC in contrast to the staff nurse who has a full case load of patients to manage in conjunction with being a preceptor to nursing students. These findings concur with Drennan (2002) and O'Donovan (2007) who indicated that CPCs have a significant role in the facilitation of reflective practice for nursing students within clinical practice in

Ireland. This role ranged from encouraging students to critically analyse real clinical situations to improve further practice, to assisting the students to understand the meaning of reflective practice (O'Donovan, 2006). The role of CPC does not exist in nursing programmes outside of Ireland. Therefore it is difficult to compare international studies. The findings would suggest that the students viewed the role of CPC as that of a facilitator of reflective practice.

Notably, the participants perceived the role of lecturers as that of teaching the theories of reflection in the classroom and facilitating the PRT during the internship cycle of the programme. This finding endorses O'Donovan's (2006) study that lecturers are not perceived as having a meaningful role within reflection in the clinical areas as link lecturers. The findings of this study reflect a lack of visibility of lecturers in clinical areas possibly due to the contractual constraints of lecturers in third level settings, particularly within institutes of technology where employment is based on lecturing hours. This contrasts with the view of the Department of Health (2012) which actively promotes the role of link lecturing within third level colleges. These findings represent a significant gap in the system as link hours do not appear to be a recognised component of employment contracts within third level colleges.

In contrast, participants indicated that some staff nurses/preceptors were unsure what reflection was or chose not to assist the participant with reflection. Similar findings were identified by O'Donovan (2006). This lack of engagement among some staff nurses may reflect a lack of education or understanding among staff nurses regarding the role of reflection in nurse education. These findings concur with Duffy (2009) who also identified a significant gap in knowledge among clinicians regarding reflective practice. It may also, however, highlight tensions between nurses who trained under the traditional certificate programme which did not focus on reflection or critical thinking and therefore may demonstrate a lack of understanding or preparedness of these for the current nurse education degree programme. Conversely, this finding may additionally reveal a deeper undercurrent of discontentment among qualified staff regarding current nurse education within higher education. Nurses who trained under the traditional model were part of the workforce and the fabric of the health services with minimal

attention focussed on the educational needs of the student (Fealy, 2005). The findings therefore may highlight opposition towards new student-driven nurse graduate programmes within Ireland, resulting in resentment or lack of engagement among qualified staff with nursing students.

There was a broad consensus that participants did not feel contented reflecting with the preceptor. There were a variety of reasons voiced within the narratives for this; primarily they felt they were not encouraged to do so by the preceptor, and they did not perceive the preceptor as having an involvement in reflection. Furthermore the findings also suggest that the staff nurses did not support nor view it as a part of their role. (This was the participants' perception.) The findings demonstrate a disjuncture between participants engaging in reflective practice as part of their continuing professional development while the qualified practitioner, as the preceptor, does not seem to engage or promote such practice. Yet such practice is regarded as an essential role of the staff nurse for continuing professional development and student education (ABA, 2009). The findings of this study demonstrated the influence of the preceptors and indeed the organisation on reflective practice for nursing students and indicate that, although students are engaging in reflective practice both academically and clinically, there appears to be a disparity or a misunderstanding among nursing staff pertaining to their role or their commitment to reflective practice. The lack of sufficient attention afforded to the wider social and organisational factors and the main focus on the individual has been a criticism identified with Schön's theories of reflection (Thompson and Thompson, 2008). It is evident from the study findings that students cannot be 'blamed' for the lack of reflection. The lack of reflective practice appears to be at an organisational level. Therefore more focus is needed surrounding the teaching and training of staff nurses regarding reflective practice and ultimately at organisational cultural level also. This apparent lack of knowledge of preceptors regarding reflective practice was echoed by Duffy (2009) who also identified a lack of understanding and knowledge among preceptors regarding reflective practice.

Fear of being humiliated or fear of failing the placement were other reasons voiced by participants as to why they would not reflect with the preceptor. One

participant reported that she did reflect on an experience with her preceptor. However it is interesting that this was a 'shared' experience with the preceptor of a clinical situation where the condition of a patient for whom they were caring deteriorated rapidly. Both the student and the mentor 'talked about it' the following day. The student felt she could reflect with her because 'they had been through an experience together.' This sense of comradeship for the student perhaps encouraged her to reflect with the staff nurse. There was perhaps a shared sense of ownership over the previous day's situation and perhaps therefore no sense of blame or shame following on from the situation. What was interesting in this situation was that the participant contacted her CPC 'straight away' ('straight away' actually meant the next morning in this situation). The participant did not immediately talk to the preceptor but called the CPC to reflect on the situation.

Other participants mentioned occasionally reflecting on a casual basis with a staff nurse on the coffee break. One would question the level or depth of reflection that occurred on these coffee breaks. However, the participant referred to this as reflection, and derived learning from it. The recent report of the review of undergraduate nursing and midwifery degree programmes (DoH, 2012) indicates that preceptors are a fundamental part of the undergraduate programmes and their contribution is highly valued. This did not concur with the findings of this study or with O'Donovan's in 2006. However, the aforementioned report also identified that the educational preparation for preceptors varied countrywide. One of the recommendations from the report identifies that preceptorship should be mandatory and defined at national level. The report likewise suggested that ongoing support and re-evaluation of preceptors was significant for the future development of nursing programmes. Furthermore, the report identified that, due to diminishing staffing levels within the public service which are associated with the economic downturn, preceptors were identified as a diminishing resource. Furthermore the report suggested that there was evidence that one preceptor could have up to five students (DoH, 2012).

The personal traits of the preceptor were equally highlighted by the participants as a significant influence regarding sharing a reflection. Trusting the preceptor and having a sense of comfort with the preceptor were identified as significant.

Participants also noted that the age profile of the nurses was a factor as to whether they would engage in reflection, suggesting that the 'older style nurses' were not as willing to reflect with the students as the 'newer nurses'. This perhaps could indicate that the 'newer nurses' had more of an awareness of reflection as it would have been part of their undergraduate or postgraduate education. This implied that the personal experience of the preceptor of reflective practice within their educational programme has a positive impact regarding reflective practice for the participant. These findings were not endorsed by Holmes (2010) in an Irish study of staff nurses' experiences of reflection. In this study Holmes identified that private reflection occurred regularly among the more experienced nurses and not among the younger population of nurses. This finding could suggest that older nurses do reflect on their practice but not in a way that is obvious to new nurses possibly because of status and 'old nurses' not wanting to appear lacking in confidence in the eyes of the younger nurses.

The perceived lack of willingness among the 'older staff' nurses would imply that more senior staff nurses are not willing to engage in reflective dialogue with participants or indeed did not have the knowledge or skills to reflect with the participant while on placement. This lack of willingness among the 'older staff' may be uncomfortable for the preceptor or they may feel threatened that their practice is being questioned. Explicit knowledge that is questioned is open to being challenged (Thompson and Thompson, 2008) and this may be a source of discomfort for the practitioner. This potentially inhibits the possibility of reflective learning between the preceptor and the participant. Some participants indicated that mentors were not comfortable being questioned about their actions or work. Thus participants would again depend on the personal traits of the preceptor to assess whether reflection with the preceptor was possible or not. Brockbank and McGill (2007) discuss the dialogue between the learner and the preceptor. Dialogue between the preceptor and the learner does not imply reflective learning. Dialogue where the communication is verbalised didactically in order to convey a position of power or superior knowledge is unlikely to result in the creation of new learning (Brockbank and McGill, 2007). Therefore the value of having preceptors who are unwilling and unable to engage in reflective practice with nursing students is questionable.

One of the most significant sources of support identified in the study was from fellow nursing students. They were viewed as a source which provided encouragement and comfort. Discussing their reflections with a fellow student dispelled fears of rejection, being judged or ridiculed. The role of a trusting relationship was significant when students voiced who they would trust when they needed to or wanted to reflect with someone. Similar findings were observed by Greenawald (2010) who indicated that students needed to feel the security of a trusting relationship to reflect. This is further supported by Brookfield (2001) who articulates the significance of group support for learning through reflection which offers opportunities for students to share common experiences and anxieties regarding reflection in a safe and supportive atmosphere.

The participants also indicated that they engaged in personal reflection while on the way home from work or at home following a day's work. Some participants felt that this time was an ideal opportunity for them to reflect and learn from the day's work in the quietness of their own personal reflective space. Thompson and Thompson (2008) stipulate the significance of generating a personal reflective space for continuing professional development arguing that this is the opportunity for professionals to learn from practice and therefore improve future practice. However, one would query the value of excessive personal reflection in relation to students who may not have the necessary skills of reflection or self-awareness to cope with the results of reflective practice. This is especially true in a situation in which the student is reflecting on a traumatic occurrence while on placement. Therefore, one would question the value of this method of reflection in isolation for the undergraduate students. Thompson and Thompson (2008) refer to this as 'helicopter vision'. They regard it as having the ability to rise above the situation and get an overview of how the various components of the situation are connected and how they create the overall situation (Thompson and Thompson, 2008). This however is a very skilful process requiring a significant level of self-awareness and contextual knowledge. Therefore one would question the viability of students, particularly inexperienced students, engaging in this solitary process.

Notably, the participants perceived the role of the lecturer as that of teaching the theories of reflection in the classroom and facilitating the PRT during the internship cycle of the programme.

6.8 Getting Through: Students Toil with the Diverse Interpretations of what Constitutes Protected Reflective Time

Clinical facilitation of PRT within undergraduate nurse education in Ireland heretofore has not been explored and therefore is a unique finding within this inquiry. The findings indicated that, although all participants understood they were entitled to receive PRT, which was four hours per week from year one to year four (prior to internship), facilitation of PRT varied from ward to ward. The ward culture influenced how the PRT time was facilitated by the ward manager. The findings of this study imply that there is a lack of understanding as to what PRT consists of. The students may not have received the PRT because the nurses wanted them to work instead or because the nurses did not value or believe the PRT was necessary.

The lack of support for PRT by nurses within clinical placements may also suggest that it is a method of controlling the nursing students within a profession which is in turn controlled by management within a hierarchal organisation. These findings may suggest that members of a relatively 'disempowered' profession such as nursing attempt to 'overpower' a cohort of persons, namely nursing students, perhaps as a method of control. Therefore the organisationally 'oppressed' nurses are 'oppressing' the nursing students through lack of facilitation of PRT. There are tensions evident here. Through reflective practice it is believed that students are afforded the opportunity to critically analyse their practice and gain new and perhaps liberating insights into practice while the professionals, whom the students aspire to emulate, are actively inhibiting such opportunities. These tensions reveal sub-cultures within nursing organisations which have a significant influence over students engaging with reflection while on placement. The tensions are further heightened within clinical practice as ABA (2003; 2005; 2008) stipulates that nurses engage in reflective practice as part of

their professional practice and must also facilitate such practice in clinical environments.

The findings also suggest that the wards' interpretation of PRT changed when the participants entered their third and fourth year. This may have been associated with the change in the responsibility the participant had when in these senior student years, and the expectations clinical staff had of them. Most participants indicated that they did not obtain their PRT in year three and year four; this was made very clear to the participants on the commencement of their clinical practice placement. The reason for the non-facilitation of the protected hours, as articulated to the participants by the nursing staff, was lack of staff. It may be inferred from this study that, as the participants moved through their four years of nurse education and their experience increased, so too did their ability to manage a patient caseload. Participants particularly in year four may have been viewed as members of the team from the outset despite the fact that they were entitled to their PRT similar to the more junior students and were not replacing other clinical staff until they progressed to the internship period of the programme. The rationale would therefore seem to have been one of manpower rather than the need for the participants to learn at this particular time in their nurse education. This finding therefore highlights a systemic problem associated with the facilitation of PRT. It may also however have been a form of socialisation of the student into 'real world nursing' where a nursing culture of non-engagement with reflective practice appears to be the norm and work takes precedence over learning. Additionally these findings also intimate that, when the participant became more 'useful' on the wards, the focus was more on service needs than educational needs.

The powerlessness of the participants within this situation is very evident from this study. The narratives indicated that, although they were frustrated by the confusion regarding facilitation of the PRT; their position within the social structure of the clinical settings rendered them powerless to challenge the system. By the time the participants were in years three and four, they seemed to accept that they were not going to receive PRT as part of the cultural norm within the organisation.

Nevertheless it is interesting that, during the participants' internship, when PRT was facilitated by lecturers in the college as a monthly mandatory day release for each intern student, no opposition was voiced by the clinical areas regarding this arrangement. This may suggest that the clinical areas viewed the college as being more powerful and would therefore not refuse student facilitation of PRT in these circumstances. This finding concurs with Boud and Walker (1998) concerning the political influences of reflective practice in nursing where the more powerful organisation within the hierarchy is recognised and therefore not challenged. This would also echo feminist concerns of oppression and surveillance regarding reflective practice. Conversely, the clinical areas could have been relieved as they now did not have to deal with reflective practice. The tensions between power or perceived power between clinical nursing and nurse education are interesting and denote the cultural, organisational and political climates in which the nursing students are gaining their clinical experiences. Findings from this inquiry however also indicate that a lack of understanding by registered nurses regarding reflection and indeed what constitutes PRT may also influence why nursing students are not receiving PRT while on clinical placement.

6.9 What to Choose for Reflection: Anxiety Surrounding the Reflective Assignment

Passing the reflective assignment was significant for the participants. Participants who were unsuccessful in the assignment could not compensate from another module and consequently were compelled to repeat the placement and assignment. This resulted in a significant added financial cost to the student. In addition to passing the 'reflective assignment' participants also had to pass each clinical placement. This was assessed by the preceptor. While on clinical placement, the preceptor was accountable for care delivered by the student, which may at times have been viewed by the students as controlling.

The participants had to complete the reflective assignments as part of their practice placement module. The assessment of reflection within nursing programmes is regarded as an essential tool in formalising reflection within

nursing curricula and acknowledging reflection as a method of learning within professional practice and education (Davies and Sharp, 2000). This reflects Schön's (1983) belief in reflective practice as trying to create the link or connection between what is learned in the classroom with clinical practice. The findings suggest that, in the early years of their nurse education, the participants expressed anxiety and fear regarding this aspect of their placement. This was associated with trying to find the 'right incident' to reflect on and attempting to select an incident that the lecturer would 'think was good'. The findings from this study suggest participants lacked the confidence or awareness or perhaps experience to choose their own reflection and very much veered in the direction of what the lecturer would like. There appears to be general concern within the literature regarding the appropriateness of assessing reflection within education programmes (Bolton, 2005; Boud, 1999; Sumison and Fleet, 1996). Bolton (2005) and Boud (1999) criticise the use of boundaries within assessment criteria, arguing that reflective practice does not require boundaries. They also argue that creating criteria for reflection will inhibit or hamper the creativity and subjectivity associated with reflection. Within this study a clear link was made between their progression on the programme and the topic the participant chose to reflect on. Participants in this study were apprehensive about choosing to reflect on the 'right' thing and were concerned in case the lecturer didn't 'like' the reflection and that they would subsequently fail the assessment. This was also identified in a study by Issit (2003) where the power of the lecturer takes precedence. This also raises ethical issues regarding the appropriateness of assessing reflective assignments.

The question that reflection is difficult to assess based on the disquiet that there is no suitable criteria with which to assess reflection is a concern, as it raises questions of reliability and impartiality as well as ethical concerns (Sumison and Fleet, 1996). Although the participants in question were provided with the criteria to structure their reflective assignments, the subjectivity of the assessor and the fear of choosing the 'wrong incident' was evident. This may have been compounded by a lack of experience and in turn depth of knowledge and understanding of reflective practice the participants may have had. The varied interpretations among students of what constitutes a 'good' reflection are a

difficulty for the participants when the reflection is being assessed. Jasper (2006) queries whether reflective assignments accurately demonstrate learning or a narrowing of the theory-practice gap or whether they are purely another exercise to fulfil the requirements of a programme. The examination of reflective assignments has also been questioned.

Cotton (2001) argues that, once in the public sphere, reflections are subject to interpretation and therefore judgement. Cotton further criticises the use of reflective assignments by suggesting that most assignments are based on interpretation of the 'truths' of an experience. As there is no definitive true interpretation of the 'truth' multiple interpretations of the experience are possible. However, within an academic organisation, the reflective assignment is assessed using academic criteria. It is therefore assessed using the valued norms of the academic institution. Concerns regarding reflection have long been raised by feminist scholars. In an environment dominated by women who are poorly paid and with the lack of a high level of professional status, it may be seen as a form of self-surveillance, one that could also be interpreted as a managerialist ritual (Clegg, 1999). This is further supported by Cotton (2001) who suggests that empowerment is circumstantial given the inability of nurses to effect change at an organisational level. This is in direct contradiction to Johns and Freshwater (2005) who argue that empowerment is the cornerstone of reflection.

Foucault (1980) argues that power and knowledge are indistinguishable, further suggesting that disciplinary power is invisible and does not become visible until resistance is identified. This is evident in hospital settings where both patients and nurses are watched under surveillance by senior nurses but ultimately invisibly controlled by medical and disciplinary management powers (Fahy, 2002). This method of surveillance could be applied to reflection by nursing students. Clegg (1999) argues that reflection may be viewed not as a method of transforming practice or effecting practice changes but as a method of ensuring conformity within a discipline and reaffirming power within the discipline itself. Within the context of this study participants had anxieties over choosing the 'right incident' to reflect on in order to pass the reflective assignment. The lack of power of the participant is evident as the narratives highlighted the need to conform to the

expectations of the lecturer in order to pass the assignment. However, the lack of power was not necessarily consciously acknowledged by the student narratives. Therefore, reflective assignments may be regarded as a method of controlling the thoughts of the nursing students with the intention of controlling or influencing future professional behaviour.

The findings of the study however demonstrate that the participants appreciated the value of the reflective assignments by the time they graduated, as a vehicle for bridging the theory-practice gap and also for encouraging participants to think critically about their professional practice. The use and value of reflective practice increased as the participants became more experienced and knowledgeable in practice and this was associated with an increased sense of professional identity and confidence within practice. This was illustrated by participants referring to 'struggling' to write their reflective assignment in year one compared to 'it just came naturally to me' by year four. This was associated with increased 'hands on' experience together with increased knowledge, self-awareness, confidence and familiarity with reflective practice.

The focus of the assignments by the participants as a method of progressing is very evident within this study. The guidelines within the reflective assignments promote the use of reflective models such as Johns' (1998) or Gibbs' (1988), which are frameworks for reflection-on-action that assist the novice practitioner with reflection after an experience and are extensively used within nurse education in Ireland. Consequently the primary student emphasis for reflection is reflection-on-action to the detriment of reflection-in-action. Reflection-in-action may therefore be regarded by mentors as an academic requirement for further nurse education that is not part of undergraduate practice. This is perhaps a reason why mentors may not have engaged with it with the nursing students. Conversely reflection-in-action may be viewed as an on-going process in a professional capacity for lifelong learning. Reflection-in-action may have been practised by the qualified staff but because the focus is on reflection-on-action the nursing students may not have observed such practice or been aware of it at ward level.

6.10 The Ward Reality: Cultural Influences for Reflection within Clinical Practice

Findings established that participants perceived that registered nurses did not view reflective practice as part of their professional role; nor did they overtly promote the use of reflective practice among the participants. There was no suggestion by the participants that a culture of reflective practice at practice level exists. This study finding concurs with Mantzoukas and Jasper (2004) who explored reflection among qualified staff. The main deterrent for reflective practice identified by staff was the lack of support by what was perceived as the more powerful agencies within practice, namely doctors and management. Nurses may view reflection as a method of control or surveillance by the dominant groups such as doctors and nurse managers (Gough and McFadden, 2001) and therefore avoid such practice. Thus the focus on managerialism within organisations, concentrating on strict policy implementation and target driven approaches, appears to negatively influence reflective practice within nursing (Baldwin, 2004).

Participants did not identify doctors as deterrents but articulated that ward management did not support a culture of reflection. However, they identified reflective practice as a method of learning for nursing students. Reflective practice was on occasion understood as an important part of practice for the participants but there appeared to be a disconnect or a disassociation between reflective practice and registered staff nurses/preceptors. These findings concur with O'Donovan (2007) who identified a general lack of awareness and knowledge among preceptors for reflective practice. Thus this study highlights a significant need for additional professional ongoing education within the area of reflective practice.

Conversely, findings also suggest that nurses engaged in reflective practice at a subconscious level. This usually occurred as an informal process during the coffee break or during a quiet period or after an occurrence on the ward. The findings would concur with Schön's reflection-on-action where practitioners would reflect after the event. The perceived lack of realisation among staff regarding reflective practice indicated that staff nurses are not invariably aware of what constitutes

reflection and reflective practice. This perhaps identified that some registered nurses misunderstand what constitutes reflective practice. They may view it as a process for learning for undergraduates and as an assignment for the college and not necessarily a process with which registered nurses are required to engage. This is despite the reforms and directives published by the nurses' regulatory body in Ireland (ABA, 2010; 2005; 2003) which clearly require that registered nurses engage in such practice as a method of continuing professional development. Findings would however suggest that the junior registered nurses occasionally would engage with reflection albeit at an informal level. This perhaps occurred as the junior registered nurses may have been introduced to reflective practice, or used reflective practice as part of their nurse education, and therefore had an increased awareness of it. Study participants revealed that the word 'reflection' was rarely mentioned by staff nurses regardless of their age or experience, which would suggest a lack of awareness of, or awareness but lack of engagement and lack of interest in, reflective practice at ward level.

However, the inquiry demonstrates that, on occasion, the mentor reflected in an informal way with the participant during the tea break or when the ward was quiet. This method may have been viewed by the mentor as less threatening and more casual than 'actively reflecting on an incident for an assignment'. Therefore the relaxed atmosphere may have encouraged personal reflection when no other interruptions were present and when reflection was not for the purposes of an assignment. This finding was not identified in other studies related to reflective practice and suggests that the creation of a relaxed and less structured atmosphere and relationship between the mentor and the participant is conducive to reflection. Therefore while the formation of formal structures are beneficial to reflective practice, more casual arrangements are also beneficial and perhaps less threatening as is evident from this study.

The findings may also suggest that mentors view reflective practice differently and perhaps not as positively as the nursing students. This may be as a result of insufficient education or opportunities for mentors to discuss what reflection means to them as experienced nurses in clinical practice. The apparent lack of awareness or indeed the lack of engagement among senior staff in relation to

reflection as identified in this study may be indicative of genuine fear of what reflection is or indeed what the outcome of reflection would mean for them as mentors. This is significant for the successful integration of reflection into the ward environments and may be a genuine concern among mentors that has been manifested or perceived differently by the participants within this inquiry.

6.11 Nurses are Workers: Reflective Practice is not Part of their Clinical Work

Additionally findings intimate that the facilitation of reflective practice was not necessarily received well by ward clinical managers. The expectation at ward level was that nurses were to be physically busy and ‘nurses sitting in the back office’ was perceived as the ward being quiet, or nurses not attending to their work, which was frowned upon by management. This may be directly related to the historical perception of nurses being viewed as ‘practical workers’ (Scanlon, 1991) and not necessarily intelligent thinkers (Fealy, 2006). Thompson and Thompson (2008) refer to this as anti-intellectualism within professions where there is an over emphasis on the practical aspects of the practice at the expense of the knowledge and values that underpin such practice. This may further exemplify the tensions between the values and expectations of traditionally trained nurses (apprenticeship model) and the values and expectations of the new graduate nurses.

6.12 Too Busy (for Sitting and Talking): There is a Lack of Emphasis for Reflective Practice within Clinical Nursing Practice

Participants, through the socialisation process within institutions, understood that nurses ‘sitting and talking’ was not well perceived by management. Time spent reflecting was also influenced by the workload of the clinical environment. Participants indicated that they would not have an opportunity to reflect if the ward was busy; however they indicated that in the private hospital where the nurse patient ratio was lower more opportunities arose for the participant to engage in reflection. Participants also indicated that lack of time was a significant

factor for staff nurses in not engaging in reflective practice. This finding does not concur with Holmes (2010) who identified that the more experienced nursing staff suggested that they would make time to reflect or that time was not a deciding factor when reflecting. The less experienced nurses in the same study however identified that lack of time was a significant barrier to reflection (Holmes, 2010). The findings would suggest that with increased professional experience comes increased ability to reflect in a more time efficient way.

The absence of a culture of reflective practice among staff nurses as perceived by the participants may highlight the apparent threat of reflective practice for management who may view reflective practice as a manner of questioning knowledge or power within organisations (Mantzoukas and Jaspers, 2004). However this was not voiced by the participants.

Conversely the lack of a culture of reflective practice within the clinical setting may also be regarded as the reluctance of staff to engage in reflection as they view it as a method of surveillance of their work by management. Foucault (2003) couples power with knowledge and claims the close connection between power and knowledge. Additionally Cotton (2001) argues that reflection for nurses is a method by management to construct and control not only what nurses are thinking but how they are thinking. This implies that management may use reflective practice not to encourage critical thinking and learning from unique practice situations but instead as an effort to produce submissive and compliant workers who think the way the institution wants them to think.

One also has to consider the practical implications and considerations of being a mentor in the clinical environment. The registered nurse (mentor) is fully responsible for the student during clinical placement and is not relieved of any clinical responsibilities during this process. Therefore there is increased responsibility with the added stress of having a student in an environment that has experienced severe cutbacks due to the economic recession in Ireland. This can no doubt have a negative impact on student engagement within the clinical environment. All staff must be mentors and there is no additional financial allowance for this extra responsibility. These considerations together with a lack

of knowledge or insufficient knowledge pertaining to reflective practice may contribute to the perceived negative attitudes of mentors.

6.13 Summary

The themes and sub-themes that were discussed in this chapter offer support for and are supported by previous research pertaining to nursing students' experiences and understanding of reflective practice. The rich narrative interviews provided the foundation for this narrative inquiry and offered unique insights into reflective practice within undergraduate nursing in Ireland. A narrative approach had not previously been employed to explore this phenomenon within an Irish context and therefore this contributes to the body of knowledge on reflective practice. It demonstrates nursing students' understandings of what reflection and reflective practice meant for them throughout their four-year nursing undergraduate programme. This underwrites existing knowledge and offers valuable insights into their experiences through the use of narrative research. This inquiry identified that nursing students positively embraced reflective practice and regarded it as a valuable method of learning within the undergraduate programme. However the frustration of the students was also evident. Students expressed frustration regarding trying to reflect while still learning the skills of reflection. This was particularly evident in the first two years of the programme due to lack of experience. Students also revealed the tensions present between clinical practice nursing and the requirements of current nurse education programmes. Such tensions included the lack of culture or focus among nursing staff and management for reflective practice and the focus of reflective practice for nursing students. It also highlights the cultural tensions present within nursing practice and the role of reflection among registered nurses.

Furthermore, this inquiry explored the challenges nursing students experience within the clinical settings in relation to the facilitation of protected reflective time. This offers a distinctive insight into the cultural tensions between current clinical practice nursing and nursing education programmes in Ireland which heretofore have not been identified.

7 Conclusions and Recommendations

7.1 Introduction

The focus of this inquiry was to explore the experiences and understanding of reflective practice from the perspective of nursing students who have recently graduated from a four-year undergraduate nursing programme in Ireland. My intention was to explore the experiences of the students through the medium of a narrative inquiry whereby the students' voices were central to the research. The aim of this study was to provide nurse educators with a deeper insight into reflection from a nursing student's perspective in the hope that reflection can be more efficiently integrated and taught within nursing programmes. A narrative approach had not been employed previously to address the phenomenon within an Irish context. Therefore this study contributes to the body of existing knowledge in the area of reflective practice. In this chapter the conclusions are presented and the implications for Irish nurse education and further research are presented.

Using a narrative approach this study explored the question: what are the experiences and understanding of reflective practice for nursing students in Ireland? The narrative approach enabled the focus to be on the students' voices – thereby exploring contemporary concerns of students regarding their experiences and understanding of reflective practice in nurse education in Ireland. Listening to the narratives of these participants offered a holistic understanding of students' experiences of reflection in third level education. This deepened my understanding of the experiences of nursing students using reflection in nurse education. I used thematic narrative analysis (Polkinghorne, 1995) and an analysis method framework (Ritchie and Spencer, 1994) and was therefore intent on identifying themes within the participants' narratives while also exploring the experiences of relationships between people and contexts (Bold, 2012). Each of the participants told me their story of what their understanding and experience was of reflective practice since they commenced their undergraduate training. Thus I focussed my attention on newly qualified nurses as I was interested in this sequence of action (Riessman, 2008) from entering nurse education to graduation.

My interest lay with newly qualified graduate nurses who had been educated within a third level institution and a health care based setting. The analysis therefore involved listening to the stories of the participants and exploring how these narratives were culturally and socially developed throughout their nurse education. Squires refers to this as experience-centred narrative research as it involves successive movement or progress, usually temporal sequencing, and the development of meaning from these sequences (Squire, 2013). This is evidenced in the findings in which the participants have difficulty understanding reflective practice in the first two years of their programme yet, with experience and the participants' increased knowledge, a deeper understanding of reflective practice emerges which is influenced by the social and cultural context in which clinical nursing practice happens.

Individual interviews were listened to and analysed repeatedly. This was performed in order to capture and understand the participants' narratives. The repeated listening to and re-exploring of each interview enabled me to acquire a more meaningful understanding of the narratives. This process also supported me in recognising emergent themes and differing positions that were developing from the data. The analysis also involved preserving the sequence of the narratives and attempted to keep the story of the participants intact as much as possible, because determining boundaries of stories can be challenging.

In the final analysis of the study, four main themes and eleven sub-themes were utilised to characterise and situate themes and categories out of the shared elements of the data collected. I tried not to impose theoretically derived concepts or theories into the data. I searched for categories that occurred and reoccurred throughout the data.

7.2 Learning by Reflection in Practice

Participants' understanding of what constituted reflection altered as they progressed through their nurse education programme. All participants identified reflection as a way of looking back at an occurrence that took place in the clinical area and learning from that occurrence with a view to improving in the future.

Schön (1983) referred to this as reflection-on-action. Reflection was also viewed as an outcome or a product. Learning by reflection from practice echoes both Schön's (1983; 1987) and Dewey's (1933) theories suggesting that practice situations are the optimum environment in which students learn. Participants identified reflection as a method of learning from practice and as a method of reducing the theory-practice gap. Participants in this study relied on scenarios or incidents that occurred on the wards to reflect on. Participants referred to using models of reflective practice which they found beneficial in guiding them through the process of reflection. Participants in years one and two struggled to make sense of reflection. This was associated with a lack of experience and knowledge of nursing practice and what Schön recognises as technical rationality, the direct application of technical scientific knowledge into a clinical environment without regard to the context of the environment. Students also described learning from practice by critically analysing personal practice experiences. Reflection was prompted by an emotional response which was followed by a critical analysis of the event or scenario. Some level of critical analysis was evident within the participants' narratives and all participants referred to a model of reflection such as Johns' (1998) model or Gibbs' (1988) model for reflection.

7.3 Facilitating Reflection-in-action through Course Work

This inquiry found that the participants did not refer to reflection-in-action at any time. This may have been as a result of how reflective practice is taught at a local level where the principle focus is on the models of reflective practice which promote reflection-on-action as part of course work that was required to progress. These findings may reflect how reflective practice is taught and facilitated by nurse educators at a local level. This may also highlight the complexities associated with commencing education in a practice-based profession such as nursing and the overwhelming feelings that this may have for new entrants. Participants did not refer to reflection-in-action; however this may have occurred at a subconscious level during year four and the internship year as students had more experience and increased socialisation within the relevant nursing environments.

7.4 Supporting Nursing Students through Reflective Practice

Several participants' narratives concerned seeking support for reflection. These narratives highlight the need to have increased collaboration between the link lecturers and the clinical areas and also the need to identify the requirements of preceptors in relation to the reflective practice. Participants identified various sources of support for reflective practice. The CPC was identified as a key person to assist in reflective practice with the participant and was identified as very knowledgeable regarding reflection. Participants also engaged in personal reflection and shared reflections with nursing colleagues. A trusting non-judgemental relationship was viewed by the participants as essential for reflective dialogue. Lecturers were also viewed positively for this process. However, the perceived disconnect between the lecturing staff and the clinical areas was viewed as a safety net for the participants who indicated that these reflections would not have clinical repercussions. There is a noted absence of the impact of link lecturing within the clinical practice areas from the narratives of the students. The preceptor was not generally viewed by the participants as a person with whom to reflect. This was particularly due to a lack of invitation by the preceptor, a perceived lack of knowledge of reflection by the preceptor and a lack of opportunity. This may also reflect the lack of in-service training for preceptors on this area of practice or indeed a lack of understanding on behalf of the preceptor as to their value to the students in the facilitation of reflective practice. Preceptors may feel that they lack the knowledge or indeed language to be of benefit to the 'degree students' especially since there appears to be a significant focus on reflective practice for academic assignment purposes only. Therefore preceptors who perhaps have an abundance of experience but may not have several academic qualifications may be overwhelmed by having to reflect with a student.

7.5 Challenges Negotiating Protective Reflective Time

The findings from this study identified significant variations regarding the facilitation of PRT. The study clearly indicated that the ward culture dictated the facilitation of this time. The study also identified that the more senior and

experienced the participants became the less likely they were to receive the PRT. This appears to be a process of socialisation of the senior students into the 'reality of nursing' where physical work is valued more than reflective practice. There appears to be the resurgence of the old model of nursing within this finding where physical work and unquestioning behaviour of duties is part of the social working of nursing practice. Additionally this lack of support for PRT may have been a method of control within a profession that is regarded as being relatively disempowered. There is therefore a paradox evident here. While reflective practice is seen as a vehicle for critical thinking and emancipation by some theorists (Bulman, 2008; Moon, 2009; Johns, 1998), its apparent rejection through lack of local facilitation may be regarded as a restraint or distain for such practice by the professionals whom the students aspire to emulate. Furthermore the lack of facilitation of PRT by the ward manager reflects a lack of understanding and value of reflective practice within the context of nurse education and professional development.

The narratives highlight the initial frustration when PRT was not facilitated, but then by years three and four it became accepted that participants would not receive what they were entitled to. This acceptance was reflected in the level of powerlessness voiced within the narratives and the powerlessness within the system itself to challenge such actions. It is also significant that when the nursing students were on their internship period and had their PRT facilitated in the college by the lecturers every participant was facilitated in their attendance by the clinical wards. This may have been that the clinical ward staff were not inclined to challenge what they may perceive as a more powerful organisation. These findings highlight the significance of political, cultural and social structures and their impact on reflective practice.

7.6 Assessing Reflection

Participants grappled initially with the reflective assignments and acknowledged that they wrote the assignment to please the lecturer who was correcting their work. Trying to find the right thing to choose for reflection together with fear of failing was a constant worry. This again displayed the perception of a lack of

power among the participants. Conversely by the end of year four participants were very positive about the assignments and viewed them as valuable methods for learning how to reflect and improve their practice and use reflection as part of their continuing professional practice. This is perhaps because they had experience of nursing practice, confidence and competence. Thus on conclusion of the nursing programme fluidity of reflection existed among the participants.

7.7 The Cultural Realities of Clinical Nurse Practice Impacts Negatively on Reflective Practice

This inquiry highlighted a significant lack of understanding and appreciation among registered nurses and management regarding reflective practice and its role within undergraduate nurse education. The traditional view of qualified nurses as workers was evident within this inquiry. Participants indicated that there was insufficient time available for reflection and that there was a ward culture of controlling the activities of nurses which did not advance reflection. This may be as a result of the economic downturn within the health service in Ireland which has resulted in the employment of fewer nursing staff and which has been acknowledged by the Department of Health (DoH, 2012).

Reflection was not overtly practised by nurses or with participants and reflection was viewed as a student activity. This finding identified a lack of understanding and appreciation among nurses of reflection and a lack of awareness of the role of reflection within nursing practice despite several publications by An Bord Altranais (2007; 2005; 2003) regarding the importance of reflective practice. The reality within this study has paradoxically identified that, while reflective practice is regarded as a method of narrowing the theory-practice gap for learners and an important tool for life-long learning, it has not been readily acknowledged by the practitioners of such practice.

However the findings may also suggest that preceptors view reflective practice differently and perhaps not as positively as the nursing students due to a lack of education or understanding about what constitutes reflection. The perceived lack of engagement by preceptors may be due to a lack of or insufficient time, support

or educational opportunities for preceptors to deliberate on what reflection means to them as experienced nurses in clinical practice and how to facilitate the undergraduates in the practice of reflection. Therefore the perceived negative attitudes or lack of enthusiasm by staff may be concealing genuine fear of being identified as not understanding reflection or indeed being identified as incompetent through reflection with students.

7.8 Schön's Framework for Reflective Practice

Within this study Schön's framework was utilised to address the research question: what are the experiences and understanding of reflective practice for undergraduate nursing students in Ireland? The theories of Schön resonated with the findings from this inquiry. Schön's criticism of technical rationality and its application to practice was highlighted by the participants as they struggled to employ what they had learned in class to clinical practice situations. The concept of tacit knowledge was also evident within the narratives when participants talked about caring for patients and the emotions and feelings surrounding nursing practice. Reflection-on-action was evident within the narratives as all students identified that, from practice situations, they learned to get a deeper understanding of practice and to improve subsequent practice. However levels of critical reflection are also evident within the narratives. This is perhaps due to the reflective models or frameworks, namely those of Johns (1998) and Gibbs (1988) which are used by the college to assist the participant to reflect on an incident in practice. The use of such models undermined the inclusion of reflection-in-action in the teaching of reflective practice. Therefore reflection-in-action was not referred to by the participants in this inquiry. However this is not to opine that reflection-in-action did not occur. It may well have, but due to the lack of educational emphasis on this theory it was not recognised by these study participants. The lack of a dedicated reflective framework developed by Schön to specifically guide students through his theories may be viewed as a challenge to implementing Schön's seminal work in nurse education. Also his use of language, which has been criticised for being overly abstract and difficult to interpret

(Moons, 1999), may contribute to the difficulty in teaching it at undergraduate level.

7.9 Recommendations for Practice and Education

This inquiry explored the experiences and understanding of reflective practice among undergraduate nursing students in Ireland and has far reaching implications for nursing practice, nurse education and research. Therefore this inquiry should form the basis of further research into this area of undergraduate nurse education.

Increased In-Service Education for Reflection

Reflective practice is mandated by NMBI (2013) and is therefore a crucial aspect of nurse education and clinical practice. Nevertheless this inquiry has identified that reflective practice is not applied in a meaningful way by ward managers or clinical nurses. Therefore there is a mismatch between the professional requirements of nurses and actual practice. There are opportunities based on the findings of this study to further explore clinical nurse managers' understanding, attitudes and perceptions of the facilitation of reflective practice in the clinical area.

This inquiry also identified a lack of awareness among qualified staff and management regarding their role in the facilitation of PRT. Further education and in-service training is required to address this concern so that a deeper understanding of the role of the clinical staff in the facilitation of reflective practice can be better understood and integrated into the nursing programme. In-service education will also offer a sense of gratitude, appreciation and support to mentors in clinical environments who are engaged in nurse education. The teaching and assessing course currently facilitated by the college and the health service requires review with the intention of having more emphasis on reflective practice and how to facilitate it at ward level.

Increased Collaboration

Furthermore, this inquiry also emphasises a need for increased collaboration between the college and health service (ward managers, nurses and CPCs) in creating an awareness of student requirements regarding reflective practice while

on placement. In addition, improving accountability structures regarding the facilitation of protected learning time is necessary at clinical level to monitor its progress. CPCs could be involved in carrying out regular audits to capture whether reflective practice is occurring and whether students actually receive PRT.

Increased Visibility of Link Lecturers

The findings from this study also highlight that increased visibility of link lectures on the clinical sites is necessary to enhance supports for both students and staff in the facilitation of reflective practice.

Further Programme Development

Within an educational context the educationalists should focus on the findings of this study and make the relevant changes to the current curriculum. The teaching and assessing of reflective practice requires review and discussion both at department and national level to further explore methods of integrating reflection into the classroom and the clinical areas. This study could form a platform for this discourse. Increased attention is required to include reflection-in-action, and models of reflective practice currently utilised within the curriculum require further exploration. A master class for lecturers in the nursing department as part of continuing professional development is essential for clarity and unity of thought regarding the teaching and understanding of reflection and the teaching of it to both undergraduate nursing students and registered nurses.

Further Supports for Students

Further supports for students while on clinical placements is necessary to address the anxieties particularly surrounding the completion of reflective practice assignments. This could be facilitated by increased focus on preparing students to write reflectively and also increased preparation for students when going on clinical placement.

Recommendations and Implications for Future Educational Research

This study identified that nursing students positively regard reflective practice as a learning method within nurse education. This study also highlighted the struggles and tensions experienced by the nursing students pertaining to learning the skills

of reflective practice which have far reaching implications. This study should form the basis for further exploration of the teaching and facilitation of reflective practice within higher education and health care services. The narratives within this study are noteworthy because they add to the body of knowledge regarding reflective practice in nurse education and add to the theory base for designing further studies by emphasising the students' struggles and the cultural challenges experienced by nursing students when learning reflective practice.

Further research should explore the cultural challenges of reflective practice within nursing practice and examine ways of overcoming these challenges.

7.10 Summary

This concluding chapter highlighted the key findings of this study. The main considerations identified within the narratives of the nursing students were that they regarded reflective practice as a useful method of learning within nurse education. Narratives suggest that learning reflective practice skills was an incremental developmental process which became easier to achieve and master with increased nursing experience and knowledge. Furthermore the findings also highlight the struggles of the nursing students pertaining to the facilitation of PTR, writing reflective assignments and the ward cultures and tensions within the health services which are not necessarily conducive to reflective practice due to lack of nurse education, awareness and resources. Within this study I have focussed on the voices of the nursing students to explore their experiences and understanding of reflective practice. I conclude that the findings of this study are far reaching within the context of nurse education in Ireland and offer significant insights into the teaching and learning of reflective practice in undergraduate education.

Appendix 1: Johns' (1998) A facilitator's framework for reflection

Write a description of the experience.

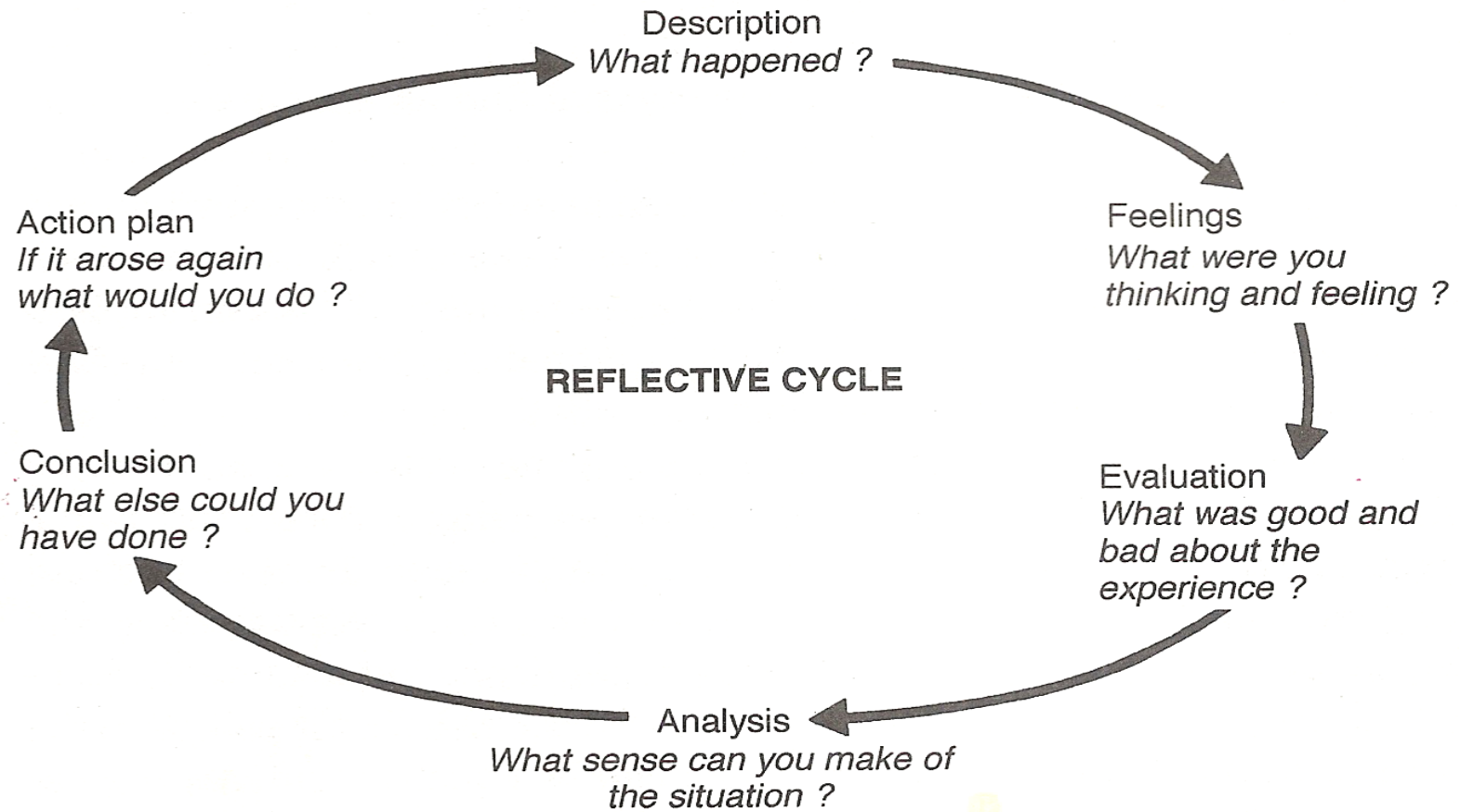
What are the significant issues I need to pay attention to?

Reflective cues

Aesthetics	What was I trying to achieve? Why did I respond as I did? What were the consequences of that for: <ul style="list-style-type: none">• the patient?• others?• myself? How was this person(s) feeling? How did I know this?
Personal	How did I feel in this situation? What internal factors were influencing me?
Ethics	How did my actions match with my beliefs? What factors made me act in incongruent ways?
Empirics	What knowledge did or should have informed me?
Reflexivity	How does this connect with previous experiences? Could I handle this better in similar situations? What would the consequences be of alternative actions for: <ul style="list-style-type: none">• the patient?• others?• myself? How do I <i>now</i> feel about this experience? Can I support myself and others better as a consequence? Has this changed my ways of knowing?

Source: Rolfe, Freshwater and Jasper (2001, p. 31)

Appendix 2: Gibbs' (1988) Model of Reflection



Source: Rolfe, Freshwater and Jasper (2001, p. 32)

Appendix 3: Interview Guide

In-depth interview questions.

Prior to commencing each interview:

The researcher readdresses the ethical information with the participant. This includes consent, right to withdraw and the confidentiality of the data gathered.

The researcher also revisits the purpose and general aims and objectives of the research.

These questions are not in any purposeful format and not all questions were asked:

- ❖ *From your experience of reflective practice as a student nurse can you tell what reflective practice actually is for you?*
- ❖ *Can you tell me about a time when you reflected on an event and how this occurred?*
- ❖ *Can you remember the sorts of things that you reflected on?*
- ❖ *When and where are you most likely to reflect?*
- ❖ *Can you tell me if there are any benefits to reflective practice?*
- ❖ *Can you tell me your experience of the reflective portfolios/assignments as part of the programme?*
- ❖ *Can you tell me about some of the models of reflective practice that you have learned about?*
- ❖ *What support was available to you to help with your reflection?*
- ❖ *Is there anything about reflection that we haven't talked about that you would like to tell me?*

Appendix 4: Participant Information Leaflets

Information leaflets for participants at first informal meeting

Title of the study:

The experiences of reflective practice for nursing students during their undergraduate education in Ireland.

Researcher; Maura Fitzsimons. This research is for a doctor of education degree at University of Sheffield, U.K.

What is the study about?

This study is about exploring nursing students' experiences of reflective practice during their undergraduate nurse education in Ireland.

What will your participation in the study mean for you?

If you wish to contribute to the study you will be asked to participate in an interview. The interview will be casual and not like a job interview. I will ask you some questions related to reflection and reflective practice. The interview will consist of you telling me your story of what you think reflective practice is and your understandings of it in nursing. There aren't any right or wrong answers to the questions. This isn't a test of any kind. I am just interested in what your opinions are with regard to reflective practice and learning.

How long will the interview be?

The interview will last about one hour. It will take place in a hotel near the college during the day or evening time – which ever suits best. While you are answering some of the questions I may be taking notes. The interview will be tape recorded as it would not be possible to manually record the content of the interview. I may with your permission return to you following the initial interview to clarify what was said at the first interview. The information collected will be totally confidential and anonymous. No one except me, the researcher, will have access to your interview notes or your identity. All the data will be numerically coded. This means that no one will be able to identify you from the interview notes. I will store all the information related to the interview in a secure cabinet and all of the software related to the transcribing of the interview will be stored on a computer that is protected by a password.

Do I have to participate?

Participation in this study is totally voluntary. If you decide to participate please contact me using my mobile number. Nobody else in your class and none of your lecturers will know you are participating in the study. If you decide to participate I will meet you at a local hotel at your convenience for interview.

You may decide to participate initially and then decide not to even if this is during the interview. This is totally acceptable. You are not at any time obliged to continue with the interview if you are not happy to do so.

What will happen to the information that I give at the interview?

The information that you give at the interview will be tape recorded with your permission. I may write additional notes as well. You are welcome to look at these notes when the interview is over. On completion of the interview the information on the tape will be transcribed by me onto paper and then I will read them and look for themes and meanings. I will be the only person with access to this information. All information will be protected by the utilisation of numerical codes. I will be the only person who will know the real identity of the participant.

What if I do not want to participate in the study?

There is no obligation to participate in this study. It is completely voluntary. You can consent to participate in the study initially and for whatever reason you can withdraw your consent during the interview. You can also refuse to answer a question and you can also request to turn the tape recording off. Your wishes will always be respected.

How will I know that I am participating in the study?

When you sign the consent form you will include your mobile number. I will contact you then. Nobody else will know you are participating and neither will you know who else is participating in the study.

Confidentiality and anonymity

Everything that you discuss with me within the context of the interview will be regarded as confidential. All interviews will be transcribed and given a numerical code that will not identify your name or anything about you that may be able to identify you in any way.

How is the study funded?

This study is funded by me alone as part of a doctorate in education.

Thank you for taking the time to listen to the information and to read this leaflet.

If you wish to consider participating in the study please contact me on (087) 6757814. If you wish to partake in the study you can sign a consent form and we can arrange a suitable location at your convenience for the interview.

Appendix 5: Ethical Approval Form

University of Sheffield School of Education RESEARCH ETHICS APPLICATION FORM

Complete this form if you are planning to carry out research in the School of Education which will not involve the NHS but which will involve people participating in research either directly (e.g. interviews, questionnaires) and/or indirectly (e.g. people permitting access to data).

Documents to enclose with this form, where appropriate:

This form should be accompanied, where appropriate, by an Information Sheet/Covering Letter/Written Script which informs the prospective participants about the proposed research, and/or by a Consent Form.

Guidance on how to complete this form is at:

<http://www.shef.ac.uk/content/1/c6/11/43/27/Application%20Guide.pdf>

Once you have completed this research ethics application form in full, and other documents where appropriate, email it to the:

Either

Ethics Administrator if you are a member of staff.

Or

Secretary for your programme/course if you are a student.

NOTE

- Staff and Post Graduate Research (EdDII/PhD) requires 3 reviewers
- Undergraduate and Taught Post Graduate requires 1 reviewer – **low risk**
- Undergraduate and Taught Post Graduate requires 2 reviewers – **high risk**

I am a member of staff and consider this research to be (according to University definitions) **low risk** **high risk**

I am a student and consider this research to be (according to University definitions): **low risk** **high risk**

*Note: For the purposes of Ethical Review the University Research Ethics Committee considers all research with 'vulnerable people' to be 'high risk' (e.g. children under 18 years of age).

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COVER SHEET

I confirm that, in my judgment, due to the project's nature, the use of a method to inform prospective participants about the project (e.g. 'Information Sheet'/'Covering Letter'/'Pre-Written Script'):	
Is relevant	Is <u>not</u> relevant
I enclose an information leaflet for participants. (if relevant then this should be enclosed)	

I confirm that, in my judgment, due to the project's nature, the use of a 'Consent Form':	
Is relevant	Is <u>not</u> relevant
I enclose a copy of the consent form	

Is this a 'generic' 'en bloc' application (i.e. does it cover more than one project that is sufficiently similar)?	
Yes	No
	x

I am a member of staff	<input type="checkbox"/>
I am a PhD/EdD student	<input checked="" type="checkbox"/>
I am a Master's student	<input type="checkbox"/>
I am an Undergraduate student	<input type="checkbox"/>
I am a PGCE student	<input type="checkbox"/>
The submission of this ethics application has been agreed by my supervisor	<input checked="" type="checkbox"/>

Supervisor's signature/name and date of agreement

J. J. Wellington

APRIL 20TH 2012

I have enclosed a signed copy of Part B



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PART A

A1. Title of Research Project

A2. Applicant (normally the Principal Investigator, in the case of staff-led research projects, or the student in the case of supervised research projects):

Title: Ms **First Name/Initials:** Maura (Mary Claire) **Last Name:** Fitzsimons
Post: Student **Department:** Department of Education
 Email: Maura.Fitzsimons@gmit.ie Telephone:00353-876757814

A.2.1. Is this a student project? Yes

If yes, please provide the Supervisor's contact details: Dr Simon Warren.
 E.Mail address: s.a.warren@sheff.ac.uk

A2.2. Other key investigators/co-applicants (within/outside University), where applicable: Not applicable

Please list all (add more rows if necessary)N/A

Title	Full Name	Post	Responsibility in project	Organisation	Department

A3. Proposed Project Duration:

Start date: April 2012 End date: January 2014

A4. Mark 'X' in one or more of the following boxes if your research:

	Involves children or young people aged under 18 years
	Involves only identifiable personal data with no direct contact with participants
x	Involves only anonymised or aggregated data
	Involves prisoners or others in custodial care (e.g. young offenders)
	Involves adults with mental incapacity or mental illness
x	Has the primary aim of being educational (e.g. student research, a project necessary for a postgraduate degree or diploma, MA, PhD or EdD)

A5. Briefly summarise the project's aims, objectives and methodology

The purpose of this narrative based inquiry is to gain an insight and understanding into the experiences of reflective practice as a learning tool for third level undergraduate nursing students. The research question is 'what does nursing students' experience of reflective practice reveal about the function of reflective practice as a learning tool?' The focus of this inquiry will be exploring students experiences in relation to what reflective practice means for the nursing student, understanding how nursing students perceive reflective practice assists them in becoming competent practitioners and understanding how nursing students use reflective practice to learn the professional practice of nursing.

The research is a narrative based inquiry and unstructured interviews shall be utilised as the method of data collection. A convenience sample of newly graduated nurses shall be utilised and participation shall be entirely voluntary. An information leaflet will be given to these students explaining the aim and the objectives of the study. All participants will be assured of confidentiality and anonymity. They will also be made aware of the right to withdraw at any time (Please refer to enclosed documents). Each student will sign a consent form. Data shall be analysed using thematic analysis.

A6. What is the potential for physical and/or psychological harm/distress to participants?

None are anticipated. The students are participating in the study on a voluntary basis and will be aware of the right to withdraw from the study at any time.

A7. Does your research raise any issues of personal safety for you or other researchers involved in the project and, if yes, explain how these issues will be managed? (Especially if taking place outside working hours or off University premises.)

Not applicable

A8. How will the potential participants in the project be (i) identified, (ii) approached and (iii) recruited?

The method of sampling that will be employed in this narrative based inquiry will be a purposeful sample. The eligibility criteria for selection are:

- Students in year 4 (their final year) of the programme
- Students who are registered as nursing students in the undergraduate programme in Nursing @GMIT, Castlebar, Co. Mayo.

From January through to September year four students are on clinical placement and are in college for day releases on four occasions throughout

the placement. It is on the May 'day release' from the clinical placement that the potential students will be approached at a prearranged meeting time during this day. The time will be arranged with the course leader. The overall aims and objectives for the study will be discussed by me during this meeting. Students will be made aware that there is no obligation on any student to partake in the study and that involvement is entirely voluntary. An information leaflet will be given detailing the aim, objectives, data collection method and details relating to anonymity and confidentiality. My name and contact details will also be included in this leaflet.

Students will be invited to contact me personally within one week if they wish to partake in the study. After the closing date has been reached, the persons who have indicated that they wish to participate in the study will be contacted by me. A time and date convenient to them will be arranged to discuss consent to participate in the study. If, at this time the student is willing to partake in the study, the consent form will be discussed with them. They will also have time to discuss any concerns they may have with me regarding the study. If/when the consent form is signed, we will then negotiate a mutually convenient location and time for the interview to occur.

A9. Will informed consent be obtained from the participants?

Yes

x

No

A.9.1 How do you plan to obtain informed consent? (i.e. the proposed process?):

I am aware that informed consent is based on the understanding that participation is voluntary. Consent to participate will be sought by the participants themselves. I am also aware that this requires particular emphasis in this study as the research study is being conducted with participants with whom I have a professional relationship which may lead to feelings of obligation or gratitude on behalf of the students. For this reason I am interviewing the participants when they have passed their final exams and are awaiting registration with the Irish nursing regulatory body in Ireland (An Bord Altranais). Therefore, as the students are already passed by the college, the possible sense of obligation to participate, if present will have reduced somewhat.

I will meet the students initially for an information session at a pre-arranged location and time and will offer an information leaflet to those who are interested. They will also have the opportunity to read the information leaflet at their leisure. If they agree to partake in the study they will contact me voluntarily. I will then meet with each one individually and discuss the consent form with them. I will also discuss anonymity and confidentiality with each student. I will make it clear both

verbally and in writing that confidentiality and anonymity will be maintained throughout the study. Direct and indirect attribution of comments in reports or presentation will be avoided.

Students will also be made aware both verbally and in writing as part of the consent form that the interview will be recorded. Data storage has also significant implications for consent and will be discussed and will also be part of the signed consent form. Transcripts from interviews will be anonymised by using numerical codes prior to storing the data electronically. Identification of the participant will be stored in a separate storage facility so that there is no risk of identification of the transcripts by anyone other than the researcher.

During this meeting the student will be given a clear understanding of the issues the study will address. Signing the consent form at this stage will indicate that the participant is consenting to being interviewed and having the interview tape recorded.

I am also cognisant of the fact that consent is not absolute and needs to be assessed and sometimes renegotiated throughout the data collection process.

A.10 How will you ensure appropriate protection and well-being of participants?

I will achieve this by following the guidance given by the university at: http://www.ahcf.ac.uk/content/1c6/07/21515/Ethics_Safety_Wellbeing.doc_

A.11 What measures will be put in place to ensure confidentiality of personal data, where appropriate?

The information leaflet given to the participants will identify issues relating to confidentiality of personal data. Participants will be assured that there will be no third party involved in the data collection so the identity of the participant will not be shared with anyone else. The participant and the researcher will be the only persons aware of the interview occurring. Participants will not be made aware of who or how many other participants are involved in the study. Each participant will have the time and location of the interview negotiated with the researcher and those details will remain confidential.

All data will be numerically coded so there will be no method of identifying the participants' interview transcripts. All information stored on computers and other media will be password protected. All data relating to the study will be stored in a secure filing cabinet with access only being available to the researcher.

A.12 Will financial/in kind payments (other than reasonable expenses and compensation for time) be offered to participants? (Indicate how much and on what basis this has been decided.)

Yes

X

No

A.13 Will the research involve the production of recorded or photographic media such as audio and/or video recordings or photographs?

Yes

X

No

A.13.1 This question is only applicable if you are planning to produce recorded or visual media:

How will you ensure that there is a clear agreement with participants as to how these recorded media or photographs may be stored, used and (if appropriate) destroyed?

It will be explained verbally and in writing (both in the information leaflet and in the consent form) that the interview will be recorded and there will be no method of identifying the participants' interview transcripts or interview. Numerical markings will be used.

Details will also be given to the participants detailing that all data related to the interviews will be stored in a secure cabinet which can only be accessed by the researcher. All interviews will be transcribed with no identifying material included. All recordings will be destroyed following completion of the study. All transcripts will be coded and stored numerically and destroyed following completion of the study. This will be stated on the consent form which the researcher and the participant will sign and date.

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PART B - THE SIGNED DECLARATION

I confirm my responsibility to deliver the research project in accordance with the University of Sheffield's policies and procedures, which include the University's '*Financial Regulations*', '*Good research Practice Standards*' and the '*Ethics Policy for Research Involving Human Participants, Data and Tissue*' (Ethics Policy) and, where externally funded, with the terms and conditions of the research funder.

In signing this research ethics application I am confirming that:

1. The above-named project will abide by the University's 'Ethics Policy for Research Involving Human Participants, Data and Tissue':
<http://www.shef.ac.uk/ris/other/gov-ethics/researchethics/index.html>
2. The above-named project will abide by the University's 'Good Research Practice Standards': <http://www.shef.ac.uk/ris/other/gov-ethics/researchethics/general-principles/homepage.html>
3. The research ethics application form for the above-named project is accurate to the best of my knowledge and belief.
4. There is no potential material interest that may, or may appear to, impair the independence and objectivity of researchers conducting this project.
5. Subject to the research being approved, I undertake to adhere to the project protocol without unagreed deviation and to comply with any conditions set out in the letter from the University ethics reviewers notifying me of this.
6. I undertake to inform the ethics reviewers of significant changes to the protocol (by contacting my supervisor or the Ethics Administrator as appropriate).
7. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data, including the need to register when necessary with the appropriate Data Protection Officer (within the University the Data Protection Officer is based in CICS).
8. I understand that the project, including research records and data, may be subject to inspection for audit purposes, if required in future.
9. I understand that personal data about me as a researcher in this form will be held by those involved in the ethics review procedure (e.g. the Ethics

Administrator and/or ethics reviewers/supervisors) and that this will be managed according to Data Protection Act principles.

10. If this is an application for a 'generic'/'en block' project all the individual projects that fit under the generic project are compatible with this application.
11. I will inform the Chair of Ethics Review Panel if prospective participants make a complaint about the above-named project.

Signature of student (student application):



Signature of staff (staff application):

Date:



Email the completed application form to the course/programme secretary

**For staff projects contact the Ethics Secretary, Colleen Woodward
Email: c.woodward@sheffield.ac.uk for details of how to submit**

Appendix 6: Consent Form

Title of the study.

The understanding and experiences of reflective practice for nursing students during their undergraduate education and this research is for a Doctor of Education Degree at University of Sheffield, UK.

Principal researcher: Ms Maura Fitzsimons. RGN. RM. RNT. H.Dip. ONC. BSc (Hons). MSc (Nurs).

This document certifies that I give my consent to participate in the aforementioned study. I have read and understand the information leaflet related to this study and the purpose of the study has been explained to me. I understand that my participation is entirely voluntary and that I can opt out at any time without offering an explanation.

I give permission to have the interview tape recorded.

I understand that I:

1. I can decline to answer any question during the interview.
2. I can request a section or part section of the interview to be erased from the recordings.
3. I can request that the whole interview can be erased from the recordings.

I understand that all the information will be stored using numerical coding so that my identity cannot be revealed. I understand that the information will be stored securely by the researcher and that nobody else will have access to it and that all information stored on computers and other media will be password protected. I understand that although the study may be published my identity will never be divulged and that following completion of the study all recordings of interviews will be destroyed.

Signed: _____ Date: _____

Voluntary participant

Signed: _____ Date: _____

Researcher

Appendix 7: Student Profiles

Pseudonyms were utilised to protect the identity of the study participants.

Susan was a single lady who had worked in a nursing home prior to commencing nurse education. She was a mature student. She wished to travel following qualification and had received a conditional offer of a nursing position from a hospital in the UK, pending successful registration.

Claire was a single mother who lived locally with her partner and young son. She commenced the programme as a mature student and was hoping to gain local employment on qualifying as a general nurse. She had worked as a care assistant prior to commencing her nurse education programme.

Amy was a mature single lady and worked as a beautician prior to commencing her nurse education programme. She lived with some classmates in the local area.

Teresa was a single lady who worked in a nursing home prior to commencing her nurse education programme. She was a mature student.

Deirdre was a single mother to a young son. She commenced the programme directly from school. She lived on her own while her mother cared for her son. Her partner had secured work in the UK and Deirdre was preparing to join him on qualifying and registering as a general nurse.

Helen commenced nursing directly from school. She was very sporty. She worked in a nursing home during her nursing programme and lived with classmates from the programme.

Michael was a single man with no family. He had a degree in business and worked in finance in a large city prior to commencing his nurse education programme.

Jane, originally from the U.K., came directly from school to commence her nurse education programme. She lived with her boyfriend locally. She hoped to return to the U.K. following qualification and successful registration.

At the time of undertaking this research all of the newly graduated nurses were awaiting Irish nurse registration with NMBI, and some participants were waiting for registration from the U.K. to authorise them to work in U.K. hospitals. Three participants had secured casual working hours of employment in local nursing homes as care assistants and the rest (four) had no work at the time of the interviews taking place.

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