Reflective Narrative

A Tool for Learning Through Practice

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Reflection has recently gained increased recognition for its potential to facilitate learning. New insights gained through reflection enable the nurse to respond to clinical situations from a changed perspective. Skill, however, is required in learning to reflect. In this article, the author provides a systematic approach for staff development specialists to use to assist staff in reflecting on practice through a written reflective narrative.

Staff development specialists have always been interested in the ways in which nurses learn. Recently, reflection has gained increased recognition in nursing education for its potential to facilitate learning. Reflection is a conscious, dynamic process of thinking about, analyzing, and learning from a clinical experience, enabling the nurse to gain insight into self and practice. In the reflective process, the nurse examines his or her thoughts, actions, feelings, and attitudes about a situation within the context of his or her knowledge, experience, beliefs, and assumptions (Johns, 2004; Kim, 1999). Consequently, insights gained enable the nurse to respond to clinical situations with a changed perspective (Johns, 2004; Kim, 1999). Schon (1991) has called this reflective activity "reflection-on-action" because it involves holding oneself apart from the situation and looking back on what has occurred in practice.

Reflection is viewed in the literature as a central tenet of professional practice and a mechanism for continued professional development (Gustafsson & Fagerberg, 2004; Jarvis, 1992; Jasper, 1999; Johns, 1995). It is a way for nurses to explore the depth and complexity of their practice, make sense of why they do what they do, capture the art and creativity of practice, explore the emotional aspects of a situation, and attain a rich understanding of nurse–patient interactions (Jones, 2004; Levett-Jones, 2007; Thompson & Burns, 2008). Kim (1999) noted that reflection on action can be used to improve practice, to generate new knowledge in nursing, and to facilitate shared learning (e.g., a basis for clinical conferences). Through reflection on clinical situations, nurses improve their practice by enhancing problem solving, identifying strengths and opportunities for additional learning, and acquiring different ways of approaching clinical situations (Cirocco, 2007).

One way to reflect on practice is through a written narrative that can serve as a pathway to subsequent learning and competency development (Levett-Jones, 2007). A written narrative is an account of a clinical situation including a reflection on one’s thoughts, actions, intentions, insights, and new perspectives learned. Jasper (1999) indicated that reflective writing is gaining recognition as a way to provide evidence of continuing development and competence in nursing. Staff development specialists have used reflective narratives with new graduates and experienced staff as documentation of competency. Reflective narratives are also used to provide evidence of learning and professional growth for clinical promotion, such as advancement in clinical ladder programs.

Although there is much nursing literature on reflection, there is limited specific information for the staff nurse about reflection on practice. Reflection on practice can be difficult when first attempted and needs to be developed as a specific skill. Several authors suggest the need for an experienced mentor, guide, or facilitator to assist the nurse in the process of reflection (Johns, 2006; Kim, 1999). The staff development specialist is in an excellent position to assist staff in mastering this technique. The purpose of this article is to provide a systematic approach for staff development specialists to use to assist staff in reflecting on practice through a written reflective narrative.

LITERATURE REVIEW

There is limited nursing research on reflection coming from the United States, with the majority taking place in the United Kingdom, Canada, and Scandinavia. A basic assumption in this literature is that reflection, as a thought process of creating and clarifying the meaning of an experience, promotes critical thinking, which leads to a subsequent change/improvement in practice (Forneris &
Penden-McAlpine, 2007). Findings from several studies have suggested that the use of reflection can transform how nurses approach patient care (Gustafsson & Fagerberg, 2004; Hartrick, 2000; Paget, 2001; Penden-McAlpine, Tomlinson, Forneris, Genck, & Meiers, 2005). Other studies indicate that reflection can lead to new insights, self-awareness, and enhanced communication skills (Paget, 2001), as well as personal and professional knowledge and development (Gustafsson & Fagerberg, 2004; Jasper, 1999; Kim, 1999), and promote critical thinking and clinical reasoning in new graduates (Kuiper, 2002).

Platzer, Snelling, and Blake (1997) suggested that having knowledge of reflection may not be enough to facilitate nurses’ application of the newly acquired insights or knowledge into practice. There is growing realization in the literature that some form of guide is needed (educator, facilitator, and/or structured framework) to assist staff in the reflective process and the subsequent application of new insights to practice. Johns (2006) suggested that a guide, a person serving as facilitator, has several advantages for would-be reflective narrative writers: A guide may use probing to encourage practitioners to acknowledge their inner world, assist practitioners to reenergize motivation and commitment to practice, support practitioners as they face anxiety about reflection, challenge them to discover contradictions between actual and desirable practice, and serve as a listening board (Johns, 2006). A guide is not an authority figure rather a facilitator who assists practitioners to see beyond their normal patterns and reach a level of depth they may not have attained alone. Johns (2006) explained the interplay between guide and reflective practitioner:

“They are not there to judge on my practice or impose favoured [sic] solutions. As I share my understandings so my guide responds, leading to a fusing of horizons that transcends our previous separate understandings. In this way meaning is co-created between us. It is a dynamic creative process. Based on my new insights, my guide challenges me to identify and consider the consequences of responding in new ways to practice situations” (p. 54).

Furthermore, the value of the written reflective narrative is emerging as a critical step to achieving a level of depth and analysis that may not be attainable through verbal reflection on a clinical situation.

Several researchers have assessed the impact of a written reflective narrative on practice using various strategies such as education, a facilitator or guide, and/or a structured framework to assist the nurse in the reflective process, Jasper (1999), exploring nurses’ perceptions of the value of written reflection, interviewed 12 experienced nurses who completed a reflective writing course. Study participants indicated that written reflection allowed for more depth of analysis compared with verbal reflection. However, there was a learning curve in developing the skill of written narrative; participants indicated that a format or structure for the writing exercise enhanced one’s ability to reflect. As they became more skilled in reflection, the participants believed that reflective writing helped them become more analytical and to see different perspectives and approaches to practice and contribute to their professional growth.

Kim (1999) developed a method for reflective inquiry as a way to learn from practice. In this method, the individual explores a clinical situation and the underlying knowledge, beliefs, values, and assumptions. The method includes three phases: description of the situation, reflection and analysis of the situation, and a critical phase of critique in which the individual is focused on correcting ineffective practice and moving to changed perspectives and actions (Kim, 1999). The author applied this approach in a 2-day retreat attended by 75 nurse leaders in a Korean hospital. After a review of the method for reflection, Kim facilitated groups of participants through the phases of inquiry of their written narratives. In describing one nurse’s reflective narrative on a clinical situation involving pain management, Kim noted that the reflective process helped that nurse achieve an enhanced awareness of conflicts between ethical beliefs and situational routines and recognize the need for more nurse–physician collaboration on pain management philosophy and protocols. Significant strategies in this study involved the use of a structured method for reflection, facilitation, and group discussion of each nurse’s written narrative.

Targeted educational interventions were used in two studies that examined the effectiveness of reflection in developing critical thinking in novice nurses. In a study of 32 graduate nurses, Kuiper (2002) developed a series of structured questions (self-regulation learning prompts) for reflective journaling. An analysis of journal narratives, using verbal protocol analysis method, suggested that this strategy was useful in developing clinical reasoning. Forneris and Penden-McAlpine (2007), studying six nurse–preceptor dyads over 6 months, used a contextual learning intervention consisting of narrative reflective journaling, individual interview, preceptor coaching, and leader-facilitated discussion groups. Guided questions were used by study participants when writing and reflecting about clinical experiences. Preceptors attended an education session to learn how to coach novice nurses in reflection by posing challenging questions to stimulate connections among past experiences, current context, and future actions. The authors found that these strategies improved critical thinking.

Education as a strategy to prepare nurses to reflect has been used in several studies. Paget (2001) examined practitioners’ views on how reflective practice has
influenced their clinical practice. Study participants completed a formal course involving reflection, although the specific content was not described by the author. Participants also participated in focus groups with a facilitator. The author noted that the facilitator was seen as having significant influence on the process of learning to reflect and the outcomes of the reflective process. The completion of a written summative assignment was also identified by participants as integral to identifying changing perspectives and potential changes in practices as a consequence of reflecting. Of significance in this study, participants identified long-term changes to clinical practice as a result of reflection. Hartrick (2000) developed a pedagogical intervention incorporating educational content with actual practice experience to examine the development of family-focused health promotion care among members of a multidisciplinary team. The intervention, using a qualitative reflective process, consisted of individual interviews with educators, group education sessions and questionnaires to promote reflection, and structured journal questions. Through this intervention, team members were able to shift their focus of care from the individual to the family. Penden-McAlpine et al. (2005) evaluated the effect of a reflective practice intervention to enhance family care. The intervention consisted of three educational strategies: group discussion of a written narrative of a nurse–family situation, clinical nurse specialist role-modeled interaction, and an interactive reflective discussion between the clinical nurse specialist and the novice nurse. Research on the effectiveness of this approach suggested that the nurse was able to reframe preconceived ideas, recognize contextual information required to reflect on unique family needs, and begin to incorporate the family into nursing care.

Ruland and Ahern (2007), noting that the experienced nurse may not relate course content to practice or may experience conflict between course content and previous learning, devised a reflection strategy for use in RN-to-BS courses using several exercises: one-page analysis of readings guided by reflective questions prior to class, a short free-write exercise during class, 1-minute paper at the end of each class, and journal writing to critique their practice in terms of newly transformed knowledge. Although not a research study, the authors noted that a higher level of reflection occurred in the journal writing exercise and that this led to a transformation in students’ thinking. The authors also noted a student learning curve in mastering reflection skills. Osterman, Asselin, and Cullen (2009), in a qualitative study of the meaning of returning for their baccalaureate serendipitously, found that RN participants had difficulty in reflecting on their clinical “work” experiences in relation to course content. Using probing questions, the researchers acted as facilitators in promoting reflection among the participants.

Clearly, the research indicates that reflection is a skill that needs to be learned. The presence of a facilitator greatly enhances the ability to learn to reflect. A written reflective narrative allows nurses to reach a deeper level of reflection, and providing a structure for the narrative assists the nurse in reaching that level.

**SETTING THE STAGE: PREPARING TO REFLECT**

Staff nurses may feel intimidated when asked to produce a written narrative of reflection on a clinical situation. Staff development specialists are in a position to act as guide or facilitator, providing information on reflection to nurses and assisting them in selecting a clinical situation upon which to reflect. A continuing education program on reflection may help staff to understand the meaning of reflection and what is expected in a reflective narrative. Paget (2001), for example, provided a course on reflection to nurses then subsequently studied how reflection influenced clinical practice.

To prepare to reflect, the staff nurse must first gain a sense of his or her own thoughts and intentions. Jasper (1999) suggested that successful reflection depends on the individual wanting to reflect and possessing a willingness to explore issues deeply. Providing staff with information on the benefits of reflection may assist them in recognizing its value in professional development and improving their practice. Reflection involves openness, a willingness to look inward to think about feelings and new ideas (Thompson & Burns, 2008). These involve personal and emotional risks, self-awareness, and insight (Jasper, 1999).

One way that staff development specialists can facilitate reflection is to assist nurses in preparing to reflect by encouraging them to begin initial discussion of their thoughts about clinical experiences. This verbal reflection, although superficial, occurs spontaneously, whereas written reflection, not a natural process, requires practice and skill (Jasper, 1999). One suggestion is first to engage a group of staff nurses in a discussion of a common clinical experience, with dialogue centered on key introspective questions. This dialogue may begin with a discussion of what led up to the event, what took place, what actions were taken, and why they choose to discuss this particular situation. At this level, the reflection is rather limited and is not a critical analysis but is focused primarily on learning to describe a situation and on raising questions that the nurse may have. These questions may involve a particular situation or may be self-imposed questions about how the nurse acted in the situation. Once nurses are comfortable with this verbal process, suggest that they then start a written journal of their thoughts. In this way, nurses become comfortable with writing about their thoughts, feelings, and
actions. In this stage, the nurse is writing free-flowing thoughts and ideas. When nurses reach a comfort level with this step, assist them in structuring the writing, as described in the steps below, to gain deeper insight, a critical analysis of their practice, self-learning, and ideas for improving their practice.

Choosing a clinical situation for reflection can be challenging for a staff nurse, but the staff development specialist can assist. There are opinions for choosing a situation. Some authors (Atkins & Murphy, 1993; Johns, 2004; Schon, 1991) suggested that reflection be used when the nurse is confronted with a clinical situation that leads to inner discomfort, an inconsistency, or an uncomfortable feeling. Kim (1999) proposed that reflection can be applied to any situation in which the nurse is willing to examine self introspectively. The staff development specialist can assist in choosing a clinical situation for reflection by exploring questions with staff such as the following:

- Is there a clinical situation that seemed significant to you in some way?
- Is there a situation in which you asked yourself, “Did I miss something?” or “What could I have done differently?”
- Is there a situation that triggered you to ask questions of yourself?
- Was there a situation that made you feel uncomfortable or awkward?
- Did you experience an inconsistency in a particular clinical situation?
- Did you experience a critical incident?
- Was there a situation that you found interesting?

It is important to encourage nurses to look at not only negative but also positive clinical situations or outcomes because reflection on either can promote professional growth, problem solving, development of knowledge from practice, and ways that can potentially improve practice through changed behaviors.

**PHASES IN REFLECTION**

Kim (1999) proposed a method for reflection that may be useful for nurses in clinical practice. Kim’s method, based on action science and critical philosophy, consists of three phases: descriptive, reflective, and critical (also called emancipatory) and is focused on reflecting on practice situations. These phases can provide a systematic approach for staff development specialists to assist nurses in narrative reflection.

**Descriptive Phase**

In this phase, Kim (1999) suggested that the nurse construct a written narrative including the description of actions, thoughts, and feelings as well as the clinical situation’s specific circumstances and features. The role of the staff development specialist in this phase would be to use probing questions to stimulate the nurse’s memory to provide, in as much detail as possible, a truthful account of the situation, including thoughts, feelings, and actions.

**Reflective Phase**

In this phase, the descriptive narrative is analyzed at three levels: reflection against standards, reflection on the situation, and reflection on intentions (Kim, 1999). It is in this phase that models of good practice are identified (Kim, 1999). At the first level, reflection against standards, the staff development specialist can assist the nurse in thinking about his or her personal beliefs, assumptions, and knowledge in relation to the descriptive narrative. Nurses gain self-understanding, learning the ways in which they handle specific situations and how they “become entrenched in routinized [sic] practice” (Kim, 1999, p. 1208). The second level, reflection on the situation, involves the nurse examining the situation to determine how specific aspects of the situation, both unique and common, influence practice (Kim, 1999). At the third level, reflection on intentions, Kim (1999) proposed that nurses reflect on their intentions for actions. This aspect of reflection allows the nurse to gain insight into the nature of his or her decision making in practice. Kim et al. (2010) have proposed questions to assist nursing in this reflective journey; examples include the following:

- What did I believe guided my actions (or inactions)?
- What do I think guided my actions as I think back now?
- What knowledge informed my actions?
- Did I possess the knowledge required in this situation?
- What sorts of values or ethical standards guided my actions?
- Were my actions harmonious with the situation? How so?
- What aspects of the situation influenced my actions?
- Were my intentions in agreement with the client’s goals?
- Why did I carry out the actions in the way I did?
- Did I get the outcomes I wanted in this situation? (Kim et al., 2010, p. 165)

**Critical Phase**

Kim (1999) noted that this phase is focused on identifying changes that need to be made in practice, gaps in knowledge or competency development, or ways to assimilate new knowledge or insight into future practice. In this phase, the nurse examines distortions of practice and inconsistencies between actual and expected or desired practice. Kim et al. (2010) proposed questions to assist nursing in this stage; examples include the following:

- Were my actions in this situation the best, most appropriate and successful?
Did I use the knowledge appropriately?
Do I need to revise my knowledge base?
What were critical factors that got in the way of doing a better job and why?
Do I need to rethink my values and attitudes?
What have I learned from this situation?
How could I change my practice in the future? (Kim et al., 2010, p. 163)
In essence, this stage involves coming to conclusions regarding the clinical situation under analysis:
What do I know?
What are the gaps in my knowledge?
What are the practice problems?
What did I learn?
What additional knowledge do I need to handle similar situations?
How will I act differently in a future similar situation? (Kim et al., 2010, p. 163)

**USING THE REFLECTIVE NARRATIVE IN STAFF DEVELOPMENT**

There are several ways that reflective narrative can be integrated in an organization’s professional nursing model. It can be used to reflect assessment of competency and can be a required component of clinical ladder program portfolios, performance descriptions, and performance appraisals. Its use in new-graduate orientation programs has been well documented (Forneris & Penden-McAlpine, 2007; Kuiper, 2002). Perhaps, reflective narrative may be effective in cross-training the experienced nurse to new specialties. Reflective narrative could be very useful in professional development courses and programs where the target audience is composed of experienced nurses who can draw linkages between new knowledge and their current practice. For nurses who choose to continue their education, a reflective narrative is an appropriate addition to any professional portfolio as it serves to exemplify expansion of critical thinking skills and professional development. Finally, a reflective narrative may be useful in staff meetings or unit conferences as a method to analyze selected clinical situations or incidents.

Additional empirical research on reflective narrative is needed in staff development. Its use in the application of new knowledge to practice needs further investigation. There is also a need for research to determine if the use of written reflection promotes a level of thinking that incorporates reflection in everyday practice. Finally, reflective narrative needs to be examined in relation to subsequent clinical outcomes: Does a more reflective nurse provide a better level of care that is demonstrably built on reflected experiences, and does this level of care lead to improved patient outcomes?

**REFERENCES**


