

Defining reflective  
practice and  
identifying  
advantages and  
implications  
nursing ...



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The ability to become reflective in practice has become a necessary skill for health professionals. The implementation of reflective practice is now found in many of the other allied health care disciplines including the Radiography profession. UK health practitioners are expected to meet a continuing professional development standard (CPD), and reflection is a strategy that facilitates meeting this standard for registration (Driscoll and Teh, 2001). This is to ensure that health professionals are continuing with their daily learning and improving their practice. Reflective practice plays a big part in healthcare today and is becoming increasingly noticed. This assignment aims to address the definition of reflective practice, advantages and disadvantages associated, implications of reflective practice and how to improve reflection within healthcare.

## **What is reflective practice?**

Reflective practice is advocated in healthcare as a learning process that encourages self evaluation with subsequent professional development planning (Zuzelo, 2009). Reflective practice has been identified as one of the key ways in which we can learn from our experiences. Reflective practice can mean taking our experiences as an initial point for our learning and developing practice (Jasper, 2003). Jasper (2003) summarises reflective practice as having the following three components:

- Things (experiences) that happened to the person.
- The reflective processes that enable to person to learn to learn from those experiences.
- The actions that result from the new perspectives that are taken.

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Reflection is part of reflective practice and is a skill that is developed. It can be seen as a way of adjusting to life as a qualified healthcare professional and enhancing the development of a professional identity (Atwal & Jones, 2009). Reflection re-examines the individual experiences or feelings, and the outcome of this is allowing the practitioner to develop a new perception and an appreciation of how the experiences encountered in practice can add to professional knowledge (Boud et al, 1985). Reflective practice permits the review of everyday practice to develop the additional knowledge, skills and competencies required to enhance care delivery. Reflection can be described as a process of reasoned thinking. It helps the practitioner to critically assess self, and their approach to practice (Fleming, 2006). There are different interpretations of reflection and reflective practice documented. However, there are two well known basic forms of reflection. Schön (1987) identifies two types of reflection that can be applied in healthcare, ' Reflection-in-action' and ' Reflection-on-action'. Reflection-in-action means examining your own behaviour and that of others while in a situation (Schon, 1995; Schon, 1987). It can be termed as coming across situations and problems which may require thought and problem solving in the midst of practice. It can also be described as thinking whilst doing (Millinkovic and Field, 2005). Reflection-on-action is possibly the most common form of reflection. It involves revisiting experiences and critically analysing them to help improve skills and to improve future practice. The aim of reflection is to value strengths and to develop diverse, more effective ways of acting in the future (Somerville and Keeling, 2004). Reflective practice is seen as more than just a thoughtful process. It has the potential to be turned into a learning

situation where future practices can be changed as a result of the process (Jarvis, 1992).

## **Advantages of reflection**

Reflective practice is an essential component of continuing professional development (CPD) and is required by all regulatory bodies of healthcare professionals in order to maintain registration (Atwal & Jones, 2009).

However, Driscoll (2006) notes that reflective practice is regularly represented as a choice for health professionals, whether to be reflective or not to be reflective, about their clinical practice. Driscoll (2006) also notes that if there is such a commitment to reflection, it can help improve practice and transform healthcare. It has been argued that reflection on clinical work may be essential to the development of our clinical knowledge (Benner, 2001). Atwal and Jones (2009) suggest reflective practice can build up better levels of self-awareness about themselves as practitioners and as individuals, leading to opportunities for professional and personal development. There are benefits and barriers of incorporating reflection into the NHS and imaging professional practice. The benefits of reflective practice are:

Reflection enables health professionals to share knowledge with others, to help practice and assists practitioners in making sense of challenging and complex situations (Chapman et al, 2008). This helps to optimise work practice and improve interprofessional relationships.

Reflection allows an objective to look at our practice in order to improve the quality of our performance at work. It also allows practice to be critiqued,

enabling enhancement in the development of areas needed to be improved, identifying learning needs (Stewart et al, 2000) and taking responsibility for continuing professional development (Griffin 2003).

Reflection helps practitioners develop a questioning attitude and the skills needed to constantly update knowledge and skills (Westberg and Hilliard, 2001).

Reflective practice helps recognise the strengths and weaknesses, enhancing development and helps apply the skill of reflection to CPD cycle.

Reflection can assist the practitioner to observe the aspects of their practice, encourage professional development, personal growth and evaluation of skills (Chapman et al, 2008)

Reflection helps practitioners make sense of challenging and complicated practice, and acts as a reminder that there is no end to learning (Zuzelo, 2009)

## **Disadvantages of reflection**

There are known barriers which prevent practitioners being able to reflect effectively. Smythe (2004) questions whether there is any time to think and be reflective because of the busy work environment that practitioners are involved in. Barriers to reflection are:

Lack of motivation to partake in reflection or reflective practices from staff or fellow colleagues.

The culture of organisation. Some organisations may not promote reflective practice because it may not highly be favoured in the department, or there may not be any interest in reflection (Workforce Support, 2010).

Some staff may not know how to undertake reflective practice because they may have not been taught how to undertake it and how to reflect in such a manner, and may be apprehensive about documenting experiences and emotions (Workforce Support, 2010).

Some practitioners are rooted in the preconception that reflection is too difficult and that reflection is a taught skill (White, 2003).

There is lack of time to undertake reflective practice as imaging departments today have an increase in workload and if the department is relatively busy, there is a lack of time to undertake reflection, as reflection does require some quality time (Johns and Freshwater, 2005).

Radiography is largely scientific and technical therefore reflection does not need to play a role in the profession (Hall and Davis, 1999). However Radiography has evolved through the years and the work is becoming increasingly more patient centered.

Reflection may be seen as something often used in response to a negative outcome (White, 2003).

## **Implication of reflective practice in regards to service delivery and management.**

Service delivery is a vital component on improvement of health services. The

World Health Organisation (2010) summarises that effective service delivery

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depends on key resources such as motivated staff, information and equipment, and these have to be well managed. Imaging departments need to make sure that these key components are in place, in order to deliver the best possible care, and making sure they exceed the requirements of the patient. It can be suggested that reflective practice is identified as an important strategy for enhanced care delivery and continuing professional development. The Health Professions Council standards of proficiency for Radiographers (HPC 2007/09) state that CPD contributes to the quality of practice and service delivery and stresses the value of reflection on practice and the need to record the outcome of such reflection. It is suggested that by supporting reflective practice in healthcare departments, issues of the quality of own service delivery can be raised. Reflection will also help develop service delivery and provide a service in the best possible way, and will allow the department to think about actions that are being undertaken that should not be, and actions that are not being taken that should be (E-training resources, 2010). Reflective practice may become an opportunity for innovation and change within the department. If reflective practice is to be supported in departments, the department would need to make sure that all staff are participating in reflective practice and making sure that staff are benefiting from this, and learning from their practice. Some staff members may find it difficult to engage in reflective practices, therefore it is essential that the department help assist with the reflective processes to make sure all staff are actively participating (Workforce Support, 2010). The service head would have to make sure that the staff in the department are undertaking some form of reflection and can build ways to help implement some reflective practice activities within the department for all staff to

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engage in. Implementing these practices will help shape the management of the department.

## **Examples of reflection documented**

Many journals have been written that propose the use of reflective assignments and journaling as tools to improve reflection and thinking skills in healthcare (Chapman et al, 2008). Forms of reflection can be very useful in understanding how practitioners can improve both their professional practice and the organisation in which they work in (Workforce Support, 2010). Reflective practice can be made formal through such processes and underpins the process of continuing professional development (CPD) (White, 2003). Pee et al (2003) states that journal writing is a technique for individuals to express their experiences and to use the reflective and analytical, or critical thinking process for learning. Reflective journals are an ideal way to be actively involved in learning (Millinkovic & Field, 2005) and can be implemented to allow practitioners to write down events in practice and their thoughts and actions on daily situations, and how this may impinge on their future practice (Williams & Wessel, 2004). Reflective clinical journals also present a method in which health care professionals may write about clinical learning experiences and reflect on them (Millinkovic and Field, 2005). Practitioners can progress their skills in reflective thinking and writing, which will allow the practitioners to become self- directed in their learning (Chapman et al, 2008). This is also in agreement with Kennison and Misselwitz (2002) as they state that reflective journals can be considered a helpful tool of reflection, as it can help develop the health care professional's writing skills, reflect on their practice, discover reactions and bring new



meanings to past experiences. Reflective workplace diaries can also be used to promote reflective practice. Workplace diaries can be used to note down events that occurred within a clinical setting for example a critical incident or a patient interaction (Chapman et al, 2008). It is a daily record of day by day personal experiences and observations and from these thoughts, ideas and feelings can be expressed. From this, questions such as what happened and why? How do I feel about it? What can I learn from it? Can be asked, and this will allow the practitioner to reflect on their topic in a deeper more thought processed structure. Chapman et al (2008) stresses that it is also important that when using the reflective diary, the health practitioner has to be able to reflect, are willing to reflect and to make changes from this reflection. A review of the diary will help practitioner's progression of reflective writing, and more levels of critical reflection can be undertaken.

## **Ways to improve reflection**

Reflection can be improved in a number of ways to help benefit the practitioner. Appraisals can be implemented within the department, for all health practitioners to take part in. The appraisals will encompass the practitioner to talk about their practice and how they are using their skills, and to reflect on the work that they are undertaking, taking note of any improvements that can be made to better the practice. An increase in knowledge can be demonstrated through reflective practice with the focus of reflective reports including involvement in audits and research (Snaith and Hardy, 2007). Snaith and Hardy (2007) also write that reviewing local practice initiatives among many other possible activities may help improve reflection. Continuing professional Development (CPD) essential to the

enhancement of clinical skills (Chapman et al, 2008) and is mandatory to the HPC in order to retain registration. Imaging departments can implement ways for practitioners to engage in CPD activities that are accessible to all practitioners. CPD will help keep professionals up to date and will also help practitioners engage in ways in which they can reflect in the activity undertaken, which will enhance their reflective and thinking skills. This will benefit to lifelong learning (Chapman et al, 2008). Reflection can be incorporated into a CPD as a means to enhance and maintain reflective practice in a clinical setting. The Society and College of Radiographers CPD tool offers some direction to practitioners that want to present reflective evidence of their increasing knowledge base and a framework of how it may be planned (Kelly, 2005). Tutorials can be implemented in the department for practitioners that want to become involved in reflective practice, the different ways to reflect, and some frameworks that are used for reflecting. Not many practitioners are aware of how to reflect on practice (Workforce Support, 2010). There are different ways of reflecting and by making these ways become known to practitioners, it can help decide which framework is best suited for their learning, and can undertake better reflection on their work.

## **Conclusion**

Although experience is at the centre of learning in imaging departments, reflection is fundamental to deeper learning from experience. Reflective practice is becoming an essential skill that is incorporated into clinical practice and continuing professional development (CPD) and it is therefore important that the imaging department understand the role and the

potential of reflection. The adoption of a reflective approach to clinical work is important since it is an effective means of highlighting best practice, whilst furthering professional development. Different ways to reflect in practice can be approached and adopted that will benefit future practice of the professional and how it implements their daily work lives; however, there are evident barriers to reflection within an imaging department. This includes time because of the busy environment a hospital encompasses and lack of motivation if the vast majority of health care practitioners are not undertaking it. Imaging departments have to implement ways in which the practitioners can reflect in their practice to enhance patient care and promote effective service delivery. Reflection can be a powerful mover in the process of learning, which can lead to change and the development on a professional and personal level and various measures have to be taken into account to achieve this.