Reflection, the way to professional development?

Christine Gustafsson MA, RNT
Lecturer, Department of Caring and Public Health Sciences, Mälardalen University, Eskilstuna, Sweden

Ingegerd Fagerberg MSocSci, PhD, RNT
Associate Professor, Department of Caring and Public Health Sciences, Mälardalen University, Västerås, Sweden

Submitted for publication: 13 May 2003
Accepted for publication: 3 October 2003

Correspondence:
Christine Gustafsson
Department of Caring and Public Health Sciences
Mälardalen University
PO Box 325
SE-631 05 Eskilstuna
Sweden
Telephone: +46 16 15 3469
E-mail: christine.gustafsson@mdh.se

GUSTAFSSON C. & FAGERBERG I. (2004) *Journal of Clinical Nursing* **13**, 271–280

Reflection, the way to professional development?

Background. Many studies have focused on reflection and the advantages that can be gained from the practice of reflection among Registered Nurses (RNs) but, what are the implications of the nurses' reflections, what do they reflect about, and how do they deal with their reflections?

Aims and objectives. The aim of this study was to describe the RNs' experiences of reflection in relation to nursing care situations, and to understand how RNs use reflection in their daily work. What are the implications of the nursing care situations that the RNs' reflect upon? What consequences did the practice of reflection have in nursing care situations in relation to the RNs professional development?

Design and method. The study was carried out with interviews and the phenomenographic method. Interviews were carried out with four RNs. The choice of informants was made with purposive sampling with the aim of finding informants who could bring the kind of knowledge that was necessary for the study.

Results. The qualitative differences regarding the RNs' experiences of reflection were categorized as follows: to reflect (to think back – consider, mirroring, to reflect before and reflect after, to use experiences), nursing care situations (ethical considerations, to have courage, to use one's imagination, empathy) and consequences (to meet the unique, empathy, development). Finally, the findings were implicated in the model of professional development.

Conclusion. By using reflection as a tool, many advantages can be gained in the development of nursing care. Encouraging RNs to reflect upon nursing situations, in order to promote the nurse's professional development, will imply better nursing care for the patients. The model for professional development implies a simplified representation of the thoughts pertaining to professional nursing development.

Relevance to clinical practice. The relevance for clinical practice will be to understand the contents of the RNs reflections, to recognize the advantages of reflective practice and how and when to use such measures. Furthermore, to show how the model for professional development can be used in order to create a framework for evaluating these observations and consequently, for expressing tacit knowledge.

Key words: development, nursing care, professional development, reflection, reflective nursing care, reflective practice

Introduction

Johns (1999a) refers to A. A. Milne's, *Winnie-the-Pooh*, and the story of Edward Bear being dragged downstairs behind Christopher Robin bumping on the back of his head, to explain the empowerment reflection can give. Milne noted that:

> As far as Edward Bear knew, it was the only way of coming downstairs, although he sometimes felt there was another way, if only he could stop bumping for a moment and think about it (p. 241).

Johns (1999a) writes that, when he uses this story in workshops, Registered Nurses (RNs) easily identify with Edward Bear in terms of their own experience concerning the need for reflection. To have a break and to 'stop bumping for a moment' is an act of reflection. What do the RNs reflect about, and what are the implications of the RN's reflections?

Reflective nursing

Life-long learning is a prerequisite in a profession that is in constant change, enabling professionals to be prepared for these changes. In professional nursing, the suggested implications are continuous development, both in the profession of RN as well as one's personal development (Kolb, 1984). Durgahee (1997) and Woodward (1999), in different studies, have found that it is necessary for clinical RNs to develop their profession by using self-insight and self-awareness, with the act of reflection. Experiential learning (Kolb, 1984) is characterized by the RNs' professional development in their profession. Reflection is a tool or an instrument to promote the process of continuous development. Many theoretical models of reflection have been presented, for example, The Reflective Cycle by Gibbs (1988) Cycle of experiential Learning by Kolb (1984) and The Model for Structured Reflection by Johns (1999b).

Bengtsson (1998) suggests that reflection can be understood and used as thinking and self-reflection. For a RN, self-reflection implies being able to establish a distance from the person and the practice. Self-reflection helps RNs to learn about the actual practice of the profession, and might possibly help them to consider their own performance. The RNs themselves learn from these experiences and by doing so, they may acquire the competence that is needed to teach others.

According to Maggs & Biley (2000), evaluating practice through reflection can bring advantages. The challenge is to recognize and use these advantages, together with the knowledge they generate. When nurses rely solely on factual, research-guided models, they fail to integrate the intuitive principles that complete the healing process. These intuitive principles involve feeling, ways of knowing answers to problems that are either not provable, or defy scientific law. This involves integrating theory, research, and praxis. To develop the ability to integrate reflection is of vital importance. Ekebergh (2001, p. 51) describes this as: 'vivid reflections in the life-long learning or development of profession.' Having 'living' reflections, means that the reflections are experienced, not merely cognitive. The lived and learned reflection engages the person as a whole. In order to integrate the caring science and to make it personal, the RNs need to approach this in a way that engages the self, together with their thoughts, feelings and actions. Perhaps a structure of how the reflections can be used could facilitate the use of reflective nursing. According to Kim (1999) the complexity of practice, in terms of knowledge use and knowledge production, claims the need for nursing as a human science and practical discipline, to develop an inquiry method that involves practitioners in the inquiry. Reflective nursing is a contemporary and interesting issue, in the context of the development of professional nursing care. Many studies have focused on reflection and reflective nursing (Durgahee, 1997; Platzer *et al.*, 1997; Heath, 1998; Johns, 1999a, 2001) and the researchers agree that reflection is an instrument that should be used, but how can it be used in everyday nursing? According to Platzer *et al.* (1997) knowledge about reflection does not necessarily enable RNs to use reflection in a meaningful way in practice. What happens after the reflections?

A model for professional development in nursing

The following model of professional nursing development (Fig. 1) is an attempt to construct a picture of how the RNs practice nursing care and how they can improve professional nursing care with the use of reflection.

The concept 'nursing care' is developed in caring science (Eriksson, 1997, p. 10) and it describes three different nursing traditions, which have different resources of concepts based on the different research traditions. The different nursing traditions are: 'caring nursing', 'nursing care', and 'nursing nursing'. 'Caring nursing' means the innermost part of nursing. This caring is without prejudice and it aims at prioritizing the patients and their suffering and needs. The caring relation is a communion and the caring profile is caritas. 'Nursing care' is based on the nursing process, and it aims at responding to the patient's needs. The reasoning is based on illness and diagnosis. This kind of nursing becomes good care when it is controlled by the innermost part of caring. 'Nursing nursing' is based on the structures of nursing care planning, and it aims at systematic planning of patient care. Good nursing must include all three perspectives (Nordman *et al.*, 1998).

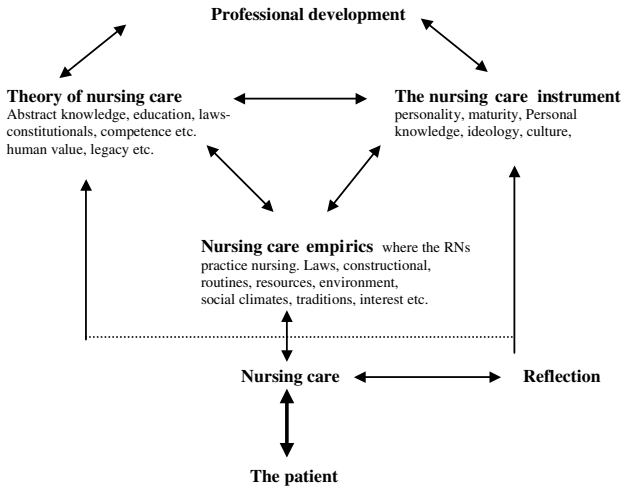

Figure 1 Model for professional development in nursing (Gustafsson, 1998©, 2000©).

This study's model for professional development implies a simplified representation of the thoughts about professional nursing care development, and it aims at structuring the content of the RNs' reflective process. However, reality is more complex than the model describes, and it is not really possible to separate the different areas in the model. The model emphasizes the importance of reflection as a tool in professional development. The areas in the model are: the theory of nursing care, the nursing care instrument, nursing care empirics, nursing care, reflections, and professional development. The model for professional development is focused on the activity of *reflection*, which is considered as a tool for improving professional development.

The model of professional development focuses on the implication of the reflections, and nursing care demands a nursing situation, a meeting, between the nurse and the patient. Orlando (1961) has defined a nursing situation:

> Nursing situation, three basic elements make up a nursing situation: (a) The patients behaviour, (b) the nurses reaction, and (c) the nursing actions designed for the patient's benefit' (p. 51).

This definition is the foundation for this study.

Aim and questions

The aim of the study is to describe the RNs' experiences of reflection in relation to nursing care situations, to understand how RNs use reflection in their daily work:

- What are the implications of the actual nursing care situations that RNs' reflect upon?
- What do the RNs feel were the consequences of reflection in nursing care situations, in relation to their professional development?

Method

In order to describe and understand how RNs use reflection and the content of their reflections, the qualitative approach of phenomenography was used. Phenomenography is based on pedagogical research (Marton, 1986) and it is an accepted and frequently used method in nursing research (Barnard *et al.*, 1999). Marton (1986) has stated that phenomenography describes qualitative, different ways, in which people experience, think, conceptualize, remember, perceive and understand the various aspects of a phenomenon. Phenomenography makes a distinction between what something is and how that something is perceived. A focus on reality, as such, is called the first order perspective, whereas the second order perspective is concerned with the individual's view of reality. Phenomenography focuses on the second order perspective, and the difference between these two perspectives is important in this approach (Marton, 1986).

The research method does not separate the experience, and the experienced, from the content. According to Dahlberg (1993) the phenomenographic content oriented aspect is the reason why it is not possible to formulate a general principle of the phenomenographic method. The current research problem affects the design of the research method. The content oriented aspect can be understood as flexibility towards things or could be considered as an open question. In nursing and caring research, the phenomenographic method is applicable where people's experiences and perceptions of a phenomenon are of interest, either by describing experience or understanding it (Marton, 1981; Dahlberg, 1993).

Ethical considerations

Approval to carry out the study was obtained from the head physician at the respective clinics. Approval from the ethical committee was not sought since the authors felt that the RNs were competent enough to decide whether or not to participate. The authors were not involved in the process of selecting the RNs. Clinical lecturers asked the RNs if they would be interested in participating and the informants gave their informed consent. The ethical guidelines for nursing research (SSN, 1993) have been considered throughout the study.

Study outline

Two clinical lecturers from different clinics (psychiatry and surgery) were contacted. They selected two RNs each that they believed used reflective practice and the interview group consisted of four female nurses. Two of the nurses were selected because they have systematic nursing care supervision

at work, once a week (psychiatric clinic). The interview group had different lengths of experience as nurses, i.e. more than 10 years (A:1) almost 1 year (A:2) 4 years (B:1) and 1.5 years (B:2). The nurses had professional experience from different contexts and these were: psychiatry (A:1–A:2) nephrology (B:2) intestinal surgery, and vascular surgery (B:1–B:2).

The interviews were semi-structured and conducted in line with the general description of phenomenography (Kroksmark, 1987). The interviews started with a short presentation of the model of professional development in nursing, and the focus was placed on reflection (Gustafsson, 1998, 2000). This was justified by the findings from other studies that have focused on reflection and reflective nursing (c.f. Durgahee, 1997; Platzer *et al.*, 1997; Heath, 1998; Berg & Hallberg, 1999; Johns, 1999a, 2001) as these studies have also described the benefits of reflective practice. The purpose of the presentation of the model of professional development in nursing was to help the nurses' focus on the act of reflection and the implications of their reflections. An introductory question about reflection (see Appendix 1) together with follow-up questions that were adjusted to the interview, were asked, and then the informants were encouraged to take the initiative and influence the progress of the interview. This was achievable since the informants were encouraged to speak at length, to clarify and to give examples. The interviewer tried to be as open as possible in order to give the informants the opportunity to talk freely about their experiences. The interviews lasted approximately 45–60 minutes; and they were audio taped and transcribed verbatim.

Adaptation and analysis

The analysis phase entails reading and re-reading whole interview, before condensing the material into sections, or excerpts, that convey the most significant information. The analysis includes some consecutives steps, despite the fact that the process is somewhat difficult to describe because of the mutual relationships between the different procedures (Sjöström & Dahlgren, 2002). The analysis of each transcribed interview text was read through several times. The repeated reading gave a sense of the content and a first understanding, in order to reach a grasp of the whole. Thereafter, the material began to form an entity and the reading was concentrated on the questions of interest (Berg, 1989; Burnard, 1991). The questions derived from the aim of the study (How do nurses reflect? What nursing situations do they reflect about? and What do they consider to be the consequences of their reflections?) formed a framework for the analysis. Mutual differences and similarities became visible, implying a systematic search for the content of meaning: the 'what' aspect of the studied phenomenon (What is reflection? What kinds of nursing situations do the nurses reflect upon? and What are the consequences of their reflections?) The next step involved analysing the 'how' aspect of phenomenon (How do the nurses reflect? How do the nurses reflect about nursing situations? and How do they contemplate the consequences of their reflections? In the following step, the material was formed into the categories of experiences, conceptualizations and understandings resulting from the analysis. The research questions also served as a guide in this phase and they were used as a framework during the analysis. Finally, the first author reflected on the implications in the text, to understand it and find patterns. The focus was placed on finding qualitative similarities and differences. The RNs' experiences appeared in different description categories and sub-categories. Together with the second author, the qualitative differences were sorted and experiences of reflection were placed in the structure: to reflect, nursing situations and consequences. The categories include sub-categories, which are presented in Table 1. As a conclusion, an approach to implement the findings in the model of professional nursing care development was carried out.

Findings

The findings will be presented under the categories: to reflect (to think back – consider, mirroring, to reflect before and reflect after, to use experiences), nursing situations (ethical considerations, to have courage, to use one's imagination, empathy) and consequences (to meet the unique, empathy, development). In order to illuminate the findings, some categories are exemplified with quotations. Finally, the

Table 1 Overview of categories

How do RNs reflect upon nursing care situations	The content of the RNs reflections	Consequences of reflective nursing care
To think back – consider	Ethical considerations	To meet the unique
Mirroring – clinical nursing supervision	To have courage	Empathy
To reflect before and after	To use one's imagination	Development
To use experience		

findings will be placed in the model of professional nursing care development, to abstract the findings further.

RNs reflections about nursing care situations

The concept reflection appeared in four sub-categories: to think back, mirroring, to reflect before and after and to use experiences. These descriptions are partly from a perspective where the nurses reflect individually, but also from situations where they practiced reflection together with others. The RNs who receive systematic nursing supervision describe supervision as discussions involving an exchange of experiences, featuring all four sub-categories.

To think back – to consider

The informants experience that they think back, consider and mirror the situation that they have experienced and what they have said or done. The nurses use themselves and their feelings about how the nursing care situation was experienced in relation to the patient and whether they had a relationship that is some form of contact with the patient. The nurses described this as contemplation about what could have been done better or differently. During the interviews it was found that the nurses tended to focus on situations, which they regarded as 'poor nursing care'. On occasions where they regarded the care as 'good nursing care' – the situation seemed to pass unnoticed, without reflection.

Reflective practice involves learning alone, to see situations in different ways and from different perspectives. Conscious reflection can be used in this way, and systematic nursing care supervision, can be a way to use reflection as a tool for improving professional development:

> You really reflect about everything you do, I think…in systematic supervision meetings, I often say the same thing, maybe ten times about the same situation but in different ways, I have to think and think about it for a while // (A:1) (In nursing supervision) 'You juggle with words, with your own thoughts, I usually try to think through what I have said and what I have done (B:2).

The nurses described their reflections and this included incidents where they reflected upon what they had said or done, or whether they had forgotten some tasks. This could also involve reflection regarding relationships with the patients, meetings, nursing care situations, and other incidents. It could also consist of reflections concerning technical tasks. Reflections about technical tasks helped the nurses' to consider whether they had done what was expected of them, and if their actions had been carried out correctly. The RNs reflections were mainly focused on tasks (nursing technology) and nurses that had worked for only a short period of time (almost 1–1.5 years) tended to reflect in the following way:

> Partly, reflection means that you think back and wonder if you have missed something. and…//…Then maybe you consider or reflect upon the situation and think…what did I do and what did the patient say… maybe…
>
> Things like that, and then you sort of get a picture in your mind of the experience…between the patient and yourself (B:2).

Mirroring and systematic nursing care supervision

Three of the RNs talked about mirroring, a type of organized meeting at the end of the shift, where all members of the team reflected upon situations and events. These were described as reflective conversations, designed to help the nurses with the psychological burden of their work. These conversations were regarded as important and a good way to exchange experiences and develop nursing care discussions.

Reflecting before and after actions

In reflections before actions were taken, the nurses used their knowledge and experiences. This knowledge was a part of the nurses' work and was evaluated by practicing reflection after the action was carried out. The evaluation included the feeling of *how* the nursing situation was experienced. Assignments and situations that the RNs are required to participate in, involve prereflection. After the assignment or situation has been completed, an evaluation takes place. This category illustrates that the RNs reflect before they enter a nursing situation, and that they reflect about what has occurred afterwards in relation to their prereflections. The following quotation is significant for this sub-category:

> You look back on the situation, what you…got out of it…when you reflect, but then you also need to think about the thoughts you had before…did it turn out the way you thought it would?…later on you talk about it somehow – with your self. It is a process where you teach yourself something on each occasion. Reflection is a kind of evaluation (A:2).

To use experiences

Two of the nurses related reflection to experience, partly through reflecting individually about their experiences, and partly through informal meetings, in order to obtain an exchange of experience with others. In this category, experience also exists as a wish to discuss their psychological burden, or nursing care situations, especially situations of 'poor' nursing care, or situations that did not turn out as the RN had expected.

Content of nursing care situations

In the interviews the RNs were asked to describe nursing care situations that they had reflected upon. Depending on whether the nurses described a 'poor' or a 'good' nursing care situation, the nurses were then requested to describe a reverse situation. The nursing care situations that the nurses talked about were divided into the sub-categories: ethical considerations, to have courage and to use one's imagination. The sub-categories are derived from both 'good' and 'poor' nursing care situations.

Ethical considerations

This category includes considerations about the role of the nurse and about what is perceived as right and wrong in nursing care. In the narratives, situations emerged where the nurses did not believe that the patient had been treated in the best possible way, as a unique individual. The category also describes how the nurses, for different reasons, could not act according to their own convictions, their own knowledge, their personal opinions or their own responsibilities when carrying out nursing tasks. In some situations (the psychiatric context) the nurse is not only a nurse, but also has a responsibility, which is similar to that of a probation officer and this exemplifies other nursing care ethical considerations. Nurses' wants to support and back up the patients and show trust in them. However, they are prevented from doing so because of the legal obligations that limit the patient's freedom of movement.

Nursing care situations often involve giving information to patients and to their relatives. Information is a difficult area; the nurses want to 'reach' patients in order to be able give 'appropriate' information. One nurse asks: 'do we need to reach everybody?' Is it really possible for us to be certain that the patient does not feel well, or simply does not want to be given the proper information?'

> Maybe some patients…need this distance or protection, in order to cope with the situation. To protect themselves, to be a part of the process?…// this may have been his way of surviving until he died (B:1).

The nurses also experience that they are 'caught up' in routines, situations where routines controlled the nurses' actions. This can be experienced as disruptive when trying to meet the unique patients' needs.

To have courage

Working with people means being flexible and occasionally it involves testing methods, procedures, or acts that are new for the nurse. This category describes how nurses with experience of situations where courage was needed have reflected over the positive outcome of these nursing care situations. The nurses who took risks and had the courage to try something new gained more confidence and this meant that they became less afraid in other situations when trying something new. Certain subjects and certain situations involved in the work can be difficult to talk about with the patient, especially 'embarrassing' situations where the nurse needs to talk about a matter that has been especially difficult for the RN. Another example of situations regarded as 'difficult issues' could be, for example, where the nurses had to start a conversation with patients on the subject of sexuality. The nurses developed and matured in their profession, because they had the courage to talk about this. Having the courage to do something once boosts the nurses' confidence and therefore, they are not as afraid to use their imagination and their self in their work. According to the nurses in psychiatric care, they have to be 'themselves' in order to carry out their work. This can be difficult at times, when the nurses feel that they have to 'open' themselves and let down their guard. The nurses feel that reflection has guided and strengthened them, and given them the courage to use their 'self' and their identity as a tool in nursing situations. By using their 'self', they do not need to feel vulnerable in the situation.

To use one's imagination

This sub category describes being 'open' and using one's imagination in nursing situations. According to the nurses, to be open and rely on one's feelings and one's imagination implies that the nurse is mature. The nurses use their feelings according to what can and should be done and they can train themselves to move beyond certain restrictions.

> //…Dare to use your imagination in practice? – You will grow, if you use your imagination, anyway, if you do not… you will act in a stiff fashion, you need to try…you consider and feel. // How could this work? I mean you cannot just sit down and decide that; now I will do this and that // no I think that you must use your imagination, that is what I think. And have the courage to try new things (A:1).

The nurses who receive systematic nursing care supervision and maintain that supervision helps them to use their imagination and increases the scope of their professional activity. One nurse describes how this includes learning to express and train your thoughts and ideas about nursing care, with the aim of telling others about it. It is important to be able to explain what these thoughts and ideas are about and what they might possibly imply in nursing care.

Consequences of reflective nursing

The nurses' experience that reflection allows them to develop and mature professionally, and the sub-categories: to meet the unique, empathy and development, appeared in this

category. All nurses described the consequences of reflection in terms of what would have occurred if they had not used reflective practice.

To meet the unique

The RNs described that they would not be able to see the unique person in every situation with the patient if they did not practice reflection. This would imply that nurses 'cut off'; stopped thinking and stopped using their knowledge, their experience, and themselves. By doing so, they would not be able to adjust nursing care actions according to the unique patient. The nurses maintained that they would certainly not be able to mature in their profession without reflection. One nurse said:

//Reflection gives me an instrument to meet the unique, in every situation, with every individual person…// (A:2).

Empathy

To be able to relate to someone else's situation, to communicate with feelings and take actions that help the person, and to have insight and be able to feel with the patient, is considered important in this sub-category. The nurses describe this as reflecting upon their ability to empathize, in relation to their knowledge and experience. One nurse explains that she has to *feel* with the patient, in order to act. Another nurse with more experience explains that it is very important that she becomes involved and feels empathy with the patients' personal situation and the appropriate type of nursing care, in order to accomplish her work:

If I did not reflect, then I would not be emotionally committed…Because then I would just cut of my feelings // I wouldn't reflect whether the nursing situation was good or bad, I would just carry on (B:2).

Development

This sub-category describes development within the profession. The nurses develop by practicing the technique of reflection in relation to their experiences:

You grow in this profession, you really do. It is important to reflect, // maybe not only this patient will benefit from my reflections, and what happened between us, or…however, I have definitely learned something //(A:1).

Working in a reflective way is something that nurses can learn. Nurses with short working experience had learned about the value of reflection during their nursing education. One nurse explained that reflection is the pedagogy that permeates their entire nursing education. Another nurse also related reflection to education:

// I have not considered the actual concept…but everything is about reflection at the university, during our nursing education // (B:1).

The findings implemented in the model of professional development

The model of professional development (Gustafsson, 2000) implies a simplified representation of the nurses' development in their profession. The purpose of the model is to provide a structure for the contents of the nurses' reflections. However, reality is more complex than a theoretical model can describe and the different areas in the model are difficult to keep separate. In an attempt to visualize the model, the findings from the study are to be implicated in the model of professional development.

Nursing practice is built on skills which involve competence in the following three areas: the theory of nursing care, the nursing care empirics, and the nursing care instrument. The first nursing context – the theory of nursing care-includes the nurses' theoretical knowledge and competence from many different sciences and areas: caring, nursing, ethics, pharmacology, sociology, and medicine. Nurses use knowledge from these areas implicitly, in their reflections before, during and after, nursing care situations. This area also includes ethical considerations, based on theoretical knowledge about ethics. The findings in this study did not indicate whether the nurses had reflected about needing more information on this subject.

In the second nursing context – nursing care empirics – several situations are possible for the nurses in this study. These situations are categorized as: to reflect before and after, ethical considerations, and to have courage. The nurse that felt caught up in routines exemplifies this. Finding better ways to meet the unique patients needs, in nursing care situations, is hindered by the recommendations involved with these routines.

The third nursing context – the nursing care instrument – is closely interrelated to nursing care empirics. The basis in this context, involves the nurses' personal characteristics and what forms a 'self', for example, human ideology, culture, courage, and maturity. One nurse described conversations with patients where she initiated discussions about sexuality. The nurse matured professionally, because she had the courage to talk about this subject. It is in the empiricism that the nurses practice their skills and make use of their own knowledge and experience. Together, these areas converge in a nursing care practice, in a relationship with the patient. The nurses make use of their personal characteristics in their relationship with the patient, built on the knowledge and experience that they have reflected upon. During and after a nursing care situation, the nurse obtains feedback, which is an evaluation of the nursing care situation. In the area

reflection, the nurse reflects upon the nursing care situation, the relationship – the encounter with the patient, the patient's behaviour, and the RNs own behaviour. Thereafter, the reflections relate to the different areas in the model; the theory of nursing care and the nursing care instrument: which factors, in relation to the areas in the model, contributed to making the nursing care situation feel 'good' or 'poor'?

The RNs' professional development is the concept at the highest level in the model and is the most significant regarding reflective practice in nursing care. Professional development is that which occurs with reflection as a starting point, together with the previously mentioned areas. This development may occur in different ways, but the fundamental idea is that the individual nurses, either alone, or together with others, reflect upon the nursing care situations that are related to the areas in the model. The purpose of using the model is to relate the RNs individual reflections to the area of competence within the model, and to the structure of the reflections and experiences. This, subsequently, becomes a circular movement in professional development and in due course leads to good care for the patient, because the professional nurse has reflected upon the nursing care.

Discussion

Methodological considerations

The qualitative method of phenomenography was used. Qualitative methods do not have the purpose of finding generalizable results; instead, they aim at understanding the lived experience of others. The lived experience can have similarities with how other experiences are understood and therefore help us to understand the other (Fagerberg, 1998). Polit & Hungler (1995) have described qualitative research as being more concerned with a good representation of theoretical constructions, rather than what is considered to be a proper representation of people. The problem with this choice could be that only a specific group is represented. However, since the group of informants in this study only consisted of four nurses, it was important to find persons that could contribute with the required knowledge and experience. Fagerberg (1998) and Ebbeskog (2000) state that in small studies, it is necessary that the persons involved can contribute with specific and unique knowledge.

Discussion of the findings

The nurses in the study experience reflection as a conscious activity. Reflection is mainly practised after nursing situations, but it can also take place before a nursing situation. Reflection was also experienced as an activity that was present during the nurses' actions or nursing practices. Schön (1983) describes this as 'reflection-in-action' where the nurses experienced situations, which they had reflected about and learnt something from. It is important that abstract knowledge and clinical experience, is combined with a reflective ability and an ability to integrate this with one's own self. This integration can be further developed in the context of systematic nursing care supervision, where reflection occurs (Wilson, 1996; Durgahee, 1997; Johns, 1999b; Maggs & Biley, 2000). Carlsson *et al.* (2002) have found that tacit knowledge can be described and understood through reflection with re-enactment. Bengtsson (1998) suggests that reflection can be understood and used as thinking and self-reflection. Self-reflection helps the nurses to learn about their own achievements within their profession, and it provides an opportunity for the nurses, not only to learn from this, but it may also provide them with the competence to teach others.

The nurses in this study experienced that reflection helped them to develop and mature professionally. However, the nurses were not able to describe what result reflection had on their professional development. Instead, the nurses described what they believed would happen if they did not use reflection in nursing care situations. In the interviews, differences were found among nurses with limited working experience, concerning the content of the reflections. Benner (1984) maintained that the novice and the advanced beginner's reflections were focused on tasks (nursing technology) compared with the reflections of nurses with longer working experience. Our findings shows that the RNs reflect in different ways, depending on whether the RN is a novice or competent and skilful. The differences can also be related to the environment in which the nurses work, since the psychiatric context does not have the same technology as that found in the surgical context.

One nurse in this study explained that in nursing education 'everything is about reflection' and, therefore, she has not considered the actual concept. This could imply that the nurses use reflection, but are not aware of it. According to Carlsson *et al.* (2002) the nurse has tacit knowledge about reflection. Through awareness of our own perception, we can make explicit what has, up until now, been hidden and tacit. An opportunity to practice reflection must be created, if tacit knowledge is to be revealed for future use (Carlsson *et al.*, 2002).

In this study, it was found that the nurses tended to focus on situations involving 'poor nursing care'. Situations involving 'good nursing care' seemed to pass unnoticed, without reflection. The author's interpretation from these findings is that in 'good' nursing care situations, the RNs tended not to reflect upon the ethical considerations. However, in the contents of the nurses' reflections, it was apparent that there

were situations where the nurses had deliberated about ethical considerations. The nurses described nursing care situations as inadequate, in relation to the patients' unique needs. These contemplations often come from the nurses' conviction and knowledge, that nursing care should be based on the unique patients' needs.

The nurses also experience that they are 'caught up' in routines, situations where routines control the nurses' actions, and the planning of nursing care. May be these situations are related to the patterns of power within the health care organization? Elmcrona & Kilbrand Winroth (1997) suggests that systematic nursing care supervision counteracts negative workload. Systematic nursing care supervision is an emotional support that helps the nurses to develop personal and professional skills, and it aims at strengthening the nurses' identity, leading to reduced stress. Benner (1991) found that systematic supervision in groups also helped the nurses to learn from each other. Maggs & Biley (2000) suggest that systematic nursing care supervision has three main functions: to develop competence in practice, to protect the patient, and to provide structured support for professionals.

Reflections about the use of courage, in various situations, emerged from the interviews. The nurses described how using courage and reflecting on the use of courage was vitally important, in relation to their professional development. Having had the courage to try something once seemed to strengthen the nurses and they were not as afraid of trying something new or doing something differently. They were not as anxious to move beyond their usual boundaries, and to take courageous actions. Nurses who received systematic nursing care supervision, seemed to think about the value of reflection more and they considered how it could be used. Reflection provides the RNs with a tool, to help them use courage and meet the unique patient. Aristotle (1998) suggests that courage is concerned with confidence and fear, but not with both simultaneously. Being accustomed to something, prepares us to despise things that we perceive as fearful and by standing firm against them, we become brave. According to Merleau-Ponty (1962) this could be explained in relation to the fact that the limits in the perception of space have moved forward, to a wider perception of space. The experience of using courage and imagination, gives the nurses the strength to recognize opportunities, and the perception of space widens. According to Nåden (1990) it could also be exemplified as the art of nursing.

The model for professional development can be used as a tool to help emphasize the meaning of reflection, and to use the contents of the nurses' reflections about nursing care. Reflective practice, offers a powerful milieu for enabling the practitioner's empowerment and development of clinical nursing care. Caring for patients is an essential part of the nurses' work, and the quality of the care can be dependent on how far the nurse has come, in his/her professional development.

Acknowledgements

The authors would like to thank the clinical lecturers Ms Cecilia Rydlo and Ms Ann-Christine Falk, at Mälardalen University, who helped us to find and select nurses using the practice of reflection. We also would like to thank the nurses that participated in the study – *without you this would not have been possible*. For the linguistic revision, our heartfelt thanks go to Ms Julie Hammarwall.

Contributions

Study design: CG, IF; data analysis: CG, IF; manuscript preparation and literature review: CG, IF.

References

Aristotle (1998) *The Nicomachean Ethics*. Oxford University Press, Oxford.

Barnard A., McCosker H. & Gerber R. (1999) Phenomenography: a qualitative research a for exploring understanding in health care. *Qualitative Health Research* **9**, 212–226.

Bengtsson J. (1998) *Fenomenologiska utflykter (Phenomenological Excursion)*. Daidalos, Göteborg.

Benner P. (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Addison-Wesley, Menlo Park, CA.

Benner P. (1991) The role of experience, narrative, and community in skilled ethical comportment. *Advances-in-Nursing-Science* **14**, 1–21.

Berg B.L. (1989) *Qualitative Research Methods for the Social Sciences*. Allyn and Bacon, Boston.

Berg A. & Hallberg I.R. (1999) Effects of systematic clinical supervision on psychiatric nurses'sense of coherence, creativity, work-related strain, job satisfaction and view of the effects from clinical supervision: a pre-post test design. *Journal of Psychiatric and Mental Health Nursing* **6**, 371–381.

Burnard P. (1991) A method of analysing interview transcripts in qualitative research. *Nurse Education Today* **11**, 461–466.

Carlsson G. Drew N., Dahlberg K. & Lützén K. (2002) Uncovering tacit caring knowledge. *Nursing Philosophy* **3**, 144–151.

Dahlberg K. (1993) *Kvalitativmetod för vårdvetare (Qualitative Method for Caring Science)*. Studentlitteratur, Lund.

Durgahee T. (1997) Reflective practice: nursing ethics through story telling. *Nursing Ethics* **4**, 135–146.

Ebbeskog B. (2000) *Eldery people's daily living with leg ulcer. Evidence and suffering*. Lic. Thesis, Karolinska Institutet Neurotec, Department of Clinical Science, Occupational Therapy and Elderly Care Research, Stockholm.

Ekebergh M. (2001) *Tillängnade av vårdvetenskaplig kunskap (Acquiring Caring Science Knowledge)*. Doctoral Thesis, Åbo Akademi, Åbo, Finland.

Elmcrona M. & Kilbrand Winroth M. (1997) Klinisk handledning. Tio sjuksköterskors upplevelse av tvåårs processorienterad handledning (Clinical supervision. Ten nurses experiences of two years process oriented supervision). *Vård i Norden* **17**, 4–9

Eriksson K. (1997) Understanding the world of the patient, the suffering human being – the new clinical paradigm from nursing to caring. *Advanced Nursing Practice Quarterly* **3**, 8–13.

Fagerberg I. (1998) *Nursing Students'Narrated, Lived Experiences of Caring, Education and the Transition into Nursing, Focusing on Care of the Elderly*. Doctoral Thesis, Karolinska Institute, Neurotec, Department of Clinical Science, Occupational Therapy and Elderly Care research, Stockholm.

Gibbs G. (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford Further Education Unit, Oxford.

Gustafsson C. (1998) *En modell för omvårdnadsutveckling, en litteraturstudie med syfte att beskriva modellens teoretiska antaganden samt de begrepp vilka modellen omfattar (A Model for Nursing Development, A Literature Review With the Aim of Describing the Models Concepts and Theoretical Assumptions)*. Bachelor Thesis, Mälardalen University, Eskilstuna.

Gustafsson C. (2000) *Sjuksköterskor och reflektion, en intervjustudie med syfte att beskriva sjuksköterskors upplevelse av reflektion över omvårdnadssituationer (Nurses and Reflection, An Interview Study With the Aim of Describing Nurses' Experiences of Reflection in Nursing Situations)*. Master Thesis, Mälardalen University, Eskilstuna.

Heath H. (1998) Reflection and patterns of knowing in nursing. *Journal of Advanced Nursing* **27**, 1054–1059.

Johns C. (1999a) Reflection as empowerment. *Nursing Inquiry* **6**, 241–249.

Johns C. (1999b) Unravelling the Dilemmas With Everyday Nursing Practise. *Nursing Ethics* **6**, 287–298.

Johns C. (2001) Depending on the intent and emphasis of the supervisor, clinical supervision can be a different experience. *Journal of Nursing Management* **9**, 139–145.

Kim H.S. (1999) Critical reflective inquiry for knowledge development in nursing practice. *Journal of Advanced Nursing* **29**, 1205–1212.

Kolb D. (1984) *Experiential Learning: Experience in the Source of Learning and Development*. Prentice-Hall, Englewood Cliffs, NJ.

Kroksmark T. (1987): *Fenomenografisk didaktik (Phenomenographic Didactics)*, Doctoral Thesis. ACTA Universitas Gothoburgensis, Göteborg.

Maggs C. & Biley A. (2000) Reflections on the role of the nursing development facilitator in clinical supervision and reflective practice. *International Journal of Nursing Practice* **6**, 192–195.

Marton F. (1981): Phenomenography – describing conceptions of the world around us. *Instructional Science* **10**, 177–200.

Marton F. (1986) Phenomenography: a research approach to investigate different understandings of reality. *Journal of Thought* **21**, 28–49.

Merleau-Ponty M. (1962) *Phenomenology of Perception*. Routledge, London.

Nåden D. (1990) *Sykepleiens kunstdimension (The Dimension of Art in Nursing)*. Universitetsförlaget, Oslo.

Nordman T. Kasén A. & Eriksson K. (1998) Reflective practice – a way to the patient's world and caring, the core of nursing. In *Transforming Nursing Through Reflective Practice* (Johns C. & Freshwater D. eds). Blackwell Science, Oxford, pp. 161–184.

Orlando I.J. (1961) *The Dynamic Patient–Nurse Relationship*. National League for Nursing, New York, USA.

Platzer H., Snelling J. & Blake D. (1997) Promoting reflective practitioners in nursing: a review of theoretical models and research into the use of diaries and journals to facilitate reflection. *Teaching in Higher Education* **2**, 103–122.

Polit D. & Hungler B. (1995) *Nursing Research Principles and Methods*. J.B. Lippincott Co., Philadelphia, PA.

Schön D.A. (1983) *The Reflective Practitioner, How Professionals Think in Action*. Arena, London.

Sjöström B. & Dahlgren L.O. (2002) Applying phenomenography in nursing research. *Journal of Advanced Nursing* **40**, 339–345.

SSN (1993) Sjuksköterskors Samarbete i Norden. *Etiska riktlinjer för omvårdnadsforskning i Norden* (Nordic Nurses Cooperation, Ethical Guidelines for Nordic Nursing Research).

Wilson J. (1996) Reflective practice: a guide. *Accident and Emergency Nursing* **4**, 135–138.

Woodward V. (1999) Achieving moral health care: the challenge of patient partiality. *Nursing Ethics* **6**, 390–398.

Appendix 1

Interview guide

Ethical information (confidentiality, opportunity to interrupt the interview).

Presentation and explanation of the model of professional development (Fig. 1) focusing on reflection. Information about the purpose of the interview – to understand more about reflection in nursing situations.

- Can you describe, to a student nurse who has never been in a nursing care situation, how you reflect upon nursing care situations?
- Can you describe a nursing care situation that you have reflected upon? What were the contents of the reflections? ('Good' or 'poor' nursing care situation?)
- (Depending on the answer from the question above) Can you describe a nursing care situation that is the opposite of the above example? ('Good' or 'poor' nursing care situation?)

Can you describe your experience of the consequences that reflections have had in your profession? What would happen if you stopped practising reflection in your work?