

Reflective Practice in Nursing

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Philip Esterhuizen





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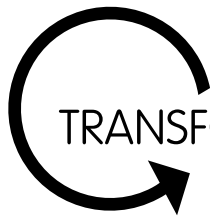
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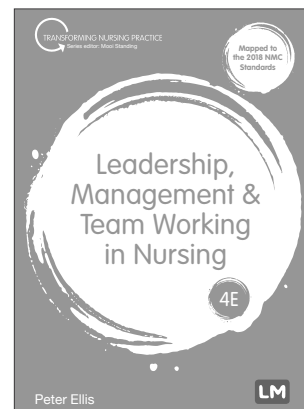
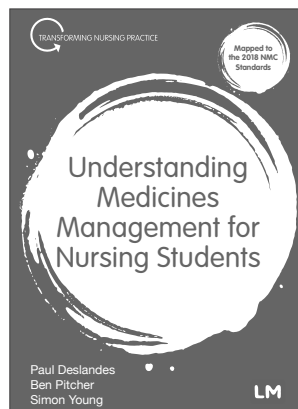
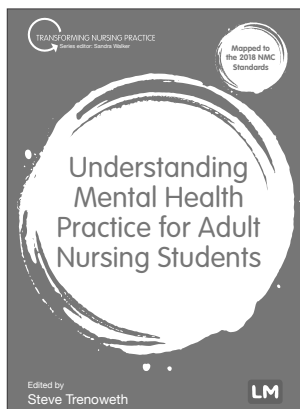
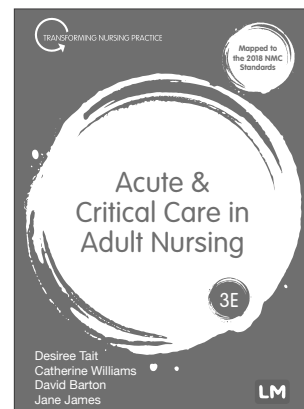
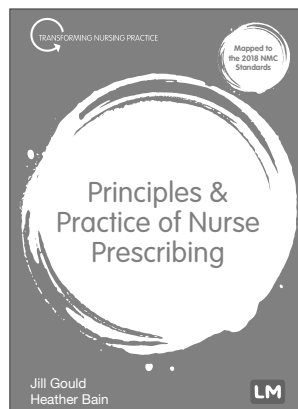
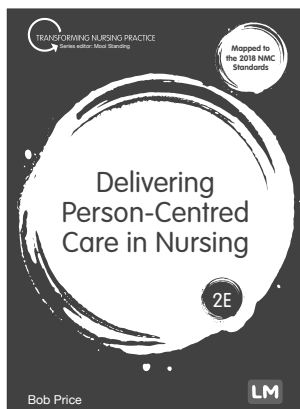
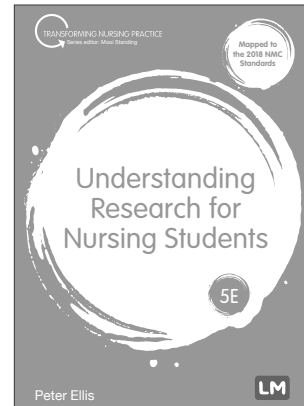
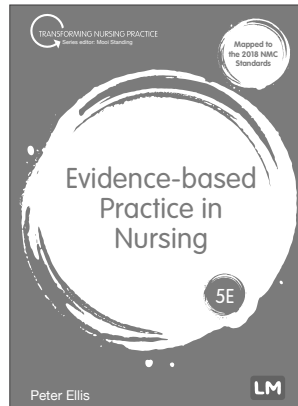
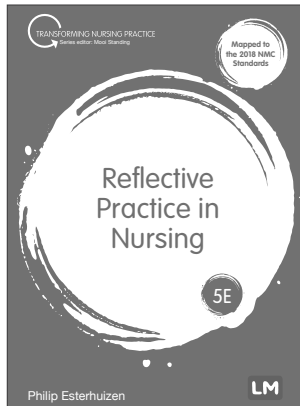
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Chapter 5

Creating space for reflection

NMC Future Nurse: Standards of Proficiency for Registered Nurses

This chapter will address the following platforms and proficiencies:

Platform 5: Leading and managing nursing care and working in teams

5.9 Demonstrate the ability to challenge and provide constructive feedback about care delivered by others in the team and support them to identify and agree individual learning needs.

Platform 6: Improving safety and quality of care

6.9 Work with people, their families, carers and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive outcomes and experiences, mistakes and adverse outcomes and experiences.

6.11 Acknowledge the need to accept and manage uncertainty and demonstrate an understanding of strategies that develop resilience in self and others.

Chapter aims

After reading this chapter you will be able to:

- define the concept of transitional space;
- identify some barriers and limitations to reflection and strategies for overcoming these;
- examine the kinds of relationships that exist between people and how these might be more caring and compassionate;
- consider how you negotiate your position within healthcare;
- identify what makes spaces compelling for reflection and learning.

Introduction

Scenario 5.1: George

George had worked for some years as a registered nurse on a neurological ward where he had nursed Ms Gillespie. Ms Gillespie had, at that time, been newly diagnosed with a brain tumour and was admitted for investigations and to stabilise her on medication. At first Ms Gillespie was very emotional and confided in George that, as she, too, had been a nurse and knew what was in store for her, she did not want to live with any disability or burden her long-time partner. Some time later, Ms Gillespie was admitted again with quite a severe hemiplegia, hemianopia and dysphagia. She recognised George and became quite emotional on seeing him. George was somewhat surprised and relieved to see that Ms Gillespie indicated that she was content and seemed to have found a level of acceptance of her condition and that he could still make her laugh.

A few years later George was working night duty with the community's palliative care team and was allocated a client whose name rang a faint bell. When he arrived at the address, it turned out to be Ms Gillespie, who had been assigned care as she was nearing the end of her life. Ms Gillespie recognised George and he could see she was pleased to see him. Ms Gillespie's partner, Ms Tucker, seemed worn down and non-communicative; George could only guess that the years and strain of Ms Gillespie's illness had left a mark on her and on their relationship. George was assigned several shifts and at the end of his final shift, Ms Gillespie took his hand and, tearfully, communicated that they would not see each other again because she felt sure that she would die before the day was out. Going home, George felt uneasy and sad at leaving Ms Gillespie because he felt they had developed a bond over the years. That evening, George was called by the palliative care team's coordinator to say that Ms Gillespie had, indeed, died that afternoon.

Activity 5.1 Reflection

Think about Scenario 5.1: you may find that questions arise for you. For example, what do you think of the way in which the service user seemed to reset her boundaries as her illness progressed? What could the potential challenges be in supporting Ms Gillespie and her partner, Ms Tucker? Try to put yourself in George's position: how would you feel about this situation?

Make a note of where/when you think you could have the most beneficial reflection.

This is your own reflection, but an outline answer has been included at the end of the chapter.

Scenario 5.1 illustrates how we are sometimes confronted by situations where people's reactions can resonate with emotions and/or uncertainties we are experiencing. Finding the

time or a suitable place for reflection is difficult as it is often easy to prioritise other things, perhaps because reflection reveals things that make us uncomfortable. It is easy to ‘ignore’ these feelings but continuing with familiar and comfortable ways of thinking and doing things keeps us from exploring alternatives and considering change. Transition means moving from one position, or point of view to another and this shift between positions can feel uncomfortable and uncertain. As you progress through your nursing programme and your career, more is expected from you in terms of knowledge, skills and decision making.

This chapter introduces the concept of reflection as a **transitional space** in which you are encouraged to explore, develop and grow. The chapter considers some of the barriers and limitations to reflection and strategies you can use to overcome these. Chapter 5 asks you to examine relationships that exist between individuals, and how you negotiate your place in diverse healthcare situations. Finally, the chapter explores care and compassion for yourself and others, and what makes spaces compelling for reflection and learning.

Finding the time and space for reflection

Finding the time and space for reflection requires interest, motivation and commitment, as discussed in previous chapters. Taylor (2010) suggests that reflection should be undertaken daily and making reflection part of your routine means that you are more likely to continue with it and be able to see trends and changes taking place in both your practice and learning. This view suggests that, just as in Activity 5.1, space for reflection can be found at some point in the day. However, spaces for reflection frequently appear at the margins of activity and are necessarily often brief and hurried.

While, in Chapter 9, we discuss reflective writing in more detail, at this point it is pertinent to add that theorists such as Dewey, Kolb, Schön and Johns all discuss reflection as something we should internalise, meaning that it can occur at any time and as a more or less continual process. Stevens and Cooper (2009) discuss this in some detail, highlighting Dewey’s (1933) idea of developing a *habit of thinking in a reflective way*. Similarly, Kolb (1984) and Schön (2009) discuss learning from experience, a key source in developing professional attitude, dexterity and critical thinking in nursing. Johns (2017) takes this idea further and suggests that being a reflective practitioner is a ‘way of being’ and follows on from practising reflection and understanding ourselves. With this in mind, please consider Scenario 5.2 to help you identify where such spaces might appear in both personal and professional life.

Scenario 5.2: After hours with George

After leaving Ms Gillespie, George cycled home, showered, had breakfast and went to bed to sleep for the day. Sleeping was fitful so, when the phone rang at 18.30 and it was the palliative care team’s coordinator to say that Ms Gillespie had died at 16.00, it was not a shock

for George – somehow, he had expected it. George called friends to meet them in the pub later and went for an hour's run along the beach. The pub with friends was great fun as it turned out to be karaoke evening and everyone was keen to have a turn with the microphone. It was late to bed for George that night.

Activity 5.2 Reflection

- Which activities could have offered George possibilities for reflection?

Please write down how you deal with situations that you find distressing. What strategies do you use to reach closure?

There is an outline answer to this question at the end of the chapter.

Through this scenario you may have identified that there is scope and space for reflection. It is, however, your focus, willingness and commitment to reflect that are necessary to maximise your learning. When time is limited, other priorities take over and it becomes difficult to maintain the discipline required for reflecting on learning in different situations both inside and outside the classroom and in practice.

One way to maintain reflection is to use supportive mechanisms, such as reflecting with others, either in groups or by choosing a critical friend, who can invite commitment and provide additional support (Bulman and Schutz, 2013). Such support makes it easier to face and deal with the changes that reflection inevitably brings. Peer support is important to reflection in that it offers the opportunity for a two-way process of learning from dialogue (Johns, 2017). Such dialogue involves reflective telling as well as reflective receiving. For example, when discussing how you feel with someone, they are likely to ask you what sparked that emotion, which will stimulate you to reflect on some of the surrounding reasons and issues. Equally, your listener may then think about your reasoning and offer their own experiences after reflecting on what you have said. In this way, reflection is mutually beneficial. In Scenario 5.1 the transition being experienced by Ms Gillespie and her partner resonated with George's uncertainties of emotional boundaries as a nurse. The reflective questioning in George's example was primarily internal and it may have been helpful for George to share his thoughts with a colleague or, in the case of a student nurse, with their practice supervisor.

As nurses, it is important to recognise that practice is complex, constantly evolving and full of surprises. This means that it is essential for self-reflection to be a part of everyday practice (Crabtree, 2003). Therefore, peer-reflective dialogue needs to be recognised as a normal part of professional practice. Although we might realise the importance of

peer-reflective dialogue from a theoretical perspective, we often do not take the time to initiate or engage with colleagues to discuss our experiences. We might think that this moment of contemplation is only necessary for the inexperienced, but nothing could be further from the truth. Let us consider the kind of space created by reflection.

Transitional space

Transitional space is, as the name suggests, a place where we are in the process of change. Jarvis (2006) identifies that learning means that people move from a position of 'being' to one of 'becoming'. This means that, in the process of adjustment, a person enters a transitional space where there are possibilities for development and where they become changed as people. This learning is not coincidental but needs to be negotiated and to do this requires self-awareness and self-knowledge and a discussion with a practice supervisor, lecturer or colleague. For example, you probably entered your nursing programme with an understanding of who you were but, as the programme progressed, this understanding may have shifted as you 'became' a nurse. Similarly, if you are an experienced practitioner, you have an idea of the kind of practitioner you are. Nevertheless, as you gather experience you become more expert, perhaps as a manager, a nurse specialist, an advanced practitioner or a nurse educator.

Activity 5.3 Reflection

Please consider your development since starting the programme or, if you are a registered nurse, your development in the past few years. Make a note of if, when and how you negotiated this learning. Could you have made more use of situations to learn? Were you proactive in your learning? How could you do things differently if you were able to turn back the clock?

As this is a personal reflection, there is no outline answer to this activity.

Transitional space, originally conceptualised by Winnicott (1965), is also defined as the point where subjective inner experience interacts with objective outer experience (Hunt and West, 2007; Andrew et al., 2009). For example, George was faced with an emotive situation in which Ms Gillespie shared awareness of her transition. For George, each contact with Ms Gillespie over the years, and in their final moment of farewell, meant that he was also experiencing transition:

- in his relationship with the service user;
- in needing to realign his emotionality with the external cues provided by Ms Gillespie and her partner;

- by learning to deal with his own emotions and ‘reinterpret’ them in terms of what he interpreted as ‘professional behaviour’.

The transitional space of learning is framed by how organisations and individuals:

- help to create such a space;
- perceive themselves;
- interact.

The following case study provides an example to illustrate these processes.

Case study: Ellen’s experience of failure

Ellen was at the end of the first year of her nurse apprentice programme and had recently received results that required her to retake the clinical science examination. The classes had been difficult to concentrate on, and Ellen acknowledged that she did not like the subject.

Ellen was disappointed because she had worked hard and felt there was limited feedback as to where she had gone wrong. Her initial thought was that expectations of the apprentice were unfair and she felt angry towards the tutor who, she felt, had not explained things clearly. Ellen was tempted to quit the programme because this felt so insurmountable. As her anger subsided, she started considering what she could do. Her friend Mitch had passed the exam and encouraged Ellen to take the second attempt and offered to help with her revision.

During revision Ellen realised that she had focused on a few body systems in too much depth but had not revised the module’s learning outcomes. Her knowledge of the systems she had covered was good and she started to feel more in control and confident. Ellen learned that her study technique needed adjusting and, by focusing on the module’s learning outcomes, she felt confident of passing the examination. In all, Ellen had learned a valuable lesson; namely, how to deal with disappointment and keep going; she had become more resilient when confronted by adversity.

This case study and scenarios demonstrate that transitional space is a place where we learn and develop from situations by reviewing the interaction between:

- our subjective experience and
- the feedback from the external world; namely the people we interact with and the circumstances we need to deal with.

Activity 5.4 helps you identify where transitional space might be within your own life and how you are learning and changing.

Activity 5.4 Reflection

Activity 5.4 has two elements to it. Firstly, think of a time of significant change or learning in your life and answer the following questions:

- What were the circumstances?
- How did you feel at the time?
- What did you learn?
- What change was brought about?
- Have you changed as a person as a result of the event?
- How did what you learned influence the change?
- Have you noticed any further changes; when and where have these occurred?

There is an outline answer to this activity at the end of the chapter.

For the second part of this learning activity, choose and write down information about a situation in which you met unexpected challenges or changes in practice. An example of this might be to reflect on a situation that occurred during a very busy time, such as working in an unfamiliar setting, using extensive personal protective equipment (PPE) or having to deal with extremely ill and dying patients, such as during the recent Covid-19 pandemic. Please answer the same list of questions as in the first part of this learning activity and write down your answers, as you will return to this in Activity 5.5. Now consider any similarities and differences between the first and second parts of this learning activity.

As the second part of this activity is based on a specific personal situation there is no outline answer at the end of the chapter.

The first part of Activity 5.4 may have focused on personal circumstances, such as:

- how you developed as a person before and/or during your nursing programme (and after it if you are an experienced practitioner);
- on learning.

The second part is focused on learning through experience in your professional capacity. In both activities you may recognise that learning from those around us places us in a transitional space because we are challenged to adjust our subjective meaning of what is being asked. By identifying where transitional spaces have appeared in your life, you can consider which barriers and limitations impact on your ability to reflect and learn.

Barriers and limitations to reflection

Although reflection offers opportunities for us to develop our learning, it may be inhibited by certain challenges. Some of the difficulties that may create barriers to reflection include:

- not knowing how to reflect: you get stuck with how things feel and cannot make sense of things;
- tiredness: too much effort is required to maintain mental focus;
- lack of time: life gets in the way;
- not realising that reflection and learning can occur subconsciously and may result in the reinforcement of 'negative' ideas;
- lack of insight: it is difficult to recognise how personal actions might affect others;
- distractions: it is difficult to find a quiet space;
- lack of motivation: you cannot see the relevance of reflection;
- finding it difficult to deal with the consequences of reflection: reflection is too painful or revealing.

When we engage in reflection, different factors could limit the learning we accomplish. According to Smith and Jack (2005), these factors constitute the following:

- Some learning styles help you engage with reflection more readily and in more meaningful ways than others.
- It is not always easy for practitioners to articulate the knowledge they have and you may not always be able to discern your supervisor's decision-making thoughts and process.
- You may not have evidence-based up-to-date knowledge.
- Reflection may be used for instrumental purposes and discontinued; in other words, reflection may remain focused on a course requirement, limiting you to a specific way of thinking.

Several of these factors relate to personal understanding of what reflection is and what your role is within the process, with some being remedied by deepening your knowledge of reflection. We can overcome other factors, such as taking time and space for reflection, but it takes effort and motivation to create the necessary space. Taking steps to overcome the barriers should come from recognising this as an opportunity to design our own learning. Limitations to reflection often result in the depth of reflection we achieve and engaging in a reflective cycle without fully analysing what is happening and why, results in limited learning due to the reflection being superficial or unconscious (Loughran, 2002).

An alternative to overcoming these barriers and limitations is to ask a colleague or practice supervisor to help you with reflective processing. This means being able to share your thinking with someone else in a way that challenges your thinking as something that is developing, as illustrated in Scenario 5.1. This could expose elements of your 'becoming' to others, but it is an important part of demonstrating progression and articulating how you are applying your knowledge in different situations. The next section considers how you might do this in diverse healthcare settings.

Negotiating your place in diverse healthcare settings

A key aspect of ‘becoming’ is through negotiating your position in different settings. This occurs through developing your role and idea of who you are and who you need to be in different arenas. For example, the role of the nurse in an accident and emergency (A&E) department will be quite different from working in mental health, paediatric, learning disability or community settings. In A&E, the nurse’s role focuses on rapid problem solving, whereas in other settings the nurse will be working collaboratively with the patient and problem solving may take longer. Although you would be caring and empathetic in all situations, you may need to be more assertive in A&E, and this could result in a different development. To negotiate your position within a particular setting, you need to understand your role in relation to your stage of preparation and the nurse’s role within the multiprofessional healthcare team. This involves:

- preparing to enter the new setting: understanding key care priorities of the setting and identifying potential learning opportunities;
- being aware of ongoing changes and embracing these and the opportunities they offer;
- reflecting on your current knowledge: mapping your knowledge to that of the care priorities of the setting and planning to address any deficits, possibly through drafting a **learning contract**;
- reflecting on what you are doing, the feedback you get and how you see yourself developing, whilst in that care setting;
- summarising what you have learned about the care setting and yourself;
- reflecting on how any knowledge you have gained might be applicable in different settings.

Preparing, reflecting and summarising are important features to help us make sense of how we develop meaning from different activities and settings. Activity 5.5 allows you to apply and think about some of these issues, in order to learn from your experiences.

Activity 5.5 Reflection

This learning activity consists of two parts. Firstly, consider the different placements you have had (or if you are an experienced practitioner, the different positions you have held). How did you:

- prepare for the placement or role?
- experience change?
- identify others’ expectations of you?
- understand your position in the setting?
- develop your learning in the setting?

- develop your identity?
- feel when you left the setting and why did you feel that way?
- plan what to do next?

For the second part, please answer the same questions in relation to the scenario that you chose for the second part of Activity 5.4. Write down your answers. Now consider any similarities and differences between the first and second parts of this learning activity.

As this activity is based on your own experiences, there is no outline answer at the end of the chapter.

Perhaps you prepared differently for a planned change of work environment or an unexpected change. Maybe you had to cope with personal anxieties and perceived dangers; if so, how did you cope and did this impact on your quality of care? You may have left one setting with a more positive feeling than another. Working through how you prepared to enter the setting, reflecting on what you learned and your developing identity while you were there, you can connect the past with the present and a potential future. Discussing these issues with your practice supervisor or colleague is an important aspect of negotiating a transitional space for learning as it allows you to understand and identify areas of past, current and future development.

Another aspect of negotiating your position relates to the levels of dependence, independence and interdependence that you may adopt, or be allowed to take on. When negotiating our position, previous experiences (as highlighted in Chapter 3) influence our perceptions of others and ourselves (Hunt and West, 2007; Andrew et al., 2009). This could result in projecting the role of parent on to the supervisor, which can distort some of our responses. This process is illustrated within Scenario 5.3.

Scenario 5.3: Ravi's experience of two practice supervisors

Ravi, a third-year mental health nurse, was working in a specialised crisis intervention unit. He had returned to this unit to make up placement time he had lost due to sickness and needed to be assessed. His practice assessor, Sylvia, had been critical of his performance during the placement and was, again, allocated to Ravi; he now felt very apprehensive as she had asked to have a formal meeting with him.

During their discussion, Sylvia commented that Ravi was not meeting her expectations of his assessment objectives. She went through these individually and identified that Ravi needed constant guidance. At this stage Sylvia expected him to organise the care of several patients and hand over their care independently. She was concerned whether Ravi would pass the

(Continued)

assessment and told him he needed to become more proactive in his dealings with patients and staff.

Ravi explained that he knew what to do but wanted confirmation that this was correct. After the meeting, Ravi was demoralised, unsure how he could improve and felt that everything he did was wrong. Ravi was due to work with another supervisor for the next 2 weeks as Sylvia was on leave.

Ravi met with his new supervisor, Wendy, on Monday the following week. Wendy explained which patients she wanted Ravi to look after and organise the care for, and asked Ravi to explain what the main priorities were. Wendy joined Ravi for aspects of care such as drug rounds, multidisciplinary meetings and handover. She allowed Ravi to give the main information and added points if necessary. By the end of the first week Ravi's confidence had grown. He began to think that he could pass this assessment because Wendy told him he was working more independently. On the last week of his placement Sylvia was not available, so Wendy undertook Ravi's assessment. Although there were a few areas for development, Wendy was satisfied that Ravi had passed his assessment.

Activity 5.6 Reflection

- In what ways were Ravi's responses distorted? What else could he have done to help in negotiating his position?

There are outline answers to these questions at the end of the chapter.

As is noted in this scenario, the quality of interactions can have a marked effect on our responses and ability to learn. When we are treated in what seem to be negative ways, we may often respond less confidently.

Activity 5.7 Reflection

- Please look back at your reflections in the second part of Activities 5.4 and 5.5. On reflection, how was your perception of the new environment influenced by your practice supervisor or staff members who were familiar with that clinical area? What was your role in negotiating a safe and supportive learning and work environment?

As this activity is based on a specific personal situation there is no outline answer at the end of the chapter.

Creating spaces for reflection includes using care and compassion to create a meaningful space for learning. Let us consider issues relating to care and compassion within spaces of reflection.

Care and compassion

Care and compassion in terms of learning relate to how cared for you feel. Although the 6 Cs were developed for nurses caring for patients, we should also extend these to how we interact with each other. Nursing practice is sometimes so hectic that you barely have time to think, so you feel under constant pressure. Creating space for reflection is a form of care that allows you to take stock of what is happening and grasp the opportunity to learn, enabling you to reach a different view of yourself (Schmidt, 2008). As discussed in Chapter 3, biographical construction and reflection have the potential to change impressions and develop your learning in affirming ways that are compassionate. The ability to explore 'self' is an important element of self-caring (Chan and Schwind, 2006). Activity 5.8 can help you to read situations differently and identify opportunities to become self-caring.

Activity 5.8 Critical thinking

Look again at the case study of Ellen's failure and Scenario 5.3, Ravi's experience, and consider the following:

- Who showed care and compassion?
- How were care and compassion demonstrated, if at all?
- What were the results for Ellen and Ravi?
- What did they take forward from their situations?
- If care and compassion are absent, what is, or is likely to be, the outcome?
- How can we show care and compassion for ourselves and others as part of reflection?

There are outline answers to this activity at the end of the chapter.

Activity 5.9 Reflection

When you have completed answering the above points, write a reflective summary of what you have learned using the pro forma from Chapter 1, and include an action plan for how you can show care and compassion. Please use this action plan to work towards the goals you have set yourself and reflect on your learning as you progress.

As this activity is based on your learning experience, there is no outline answer at the end of the chapter.

By working through Activity 5.9, you may have viewed the situations in more positive or affirmative ways. Reading situations from a more positive perspective can help to open a space that is more conducive to learning, not coercively, but by being open-minded and engaged. Now we will consider space for reflection and learning, which draws all the parts already discussed into a whole.

Space that is compelling for reflection and learning

Space might be described as a **compelling space** (Horowitz, 2004, p155), where people initiate opportunities by engaging with each other to learn something new. Such acts of initiation may relate to choosing

- whether or not you reflect and learn;
- which design you use in your reflection.

In other words, do you choose to reflect with others, in written form or by thinking things through on your own? A compelling space is one that stimulates and invites meaningful learning and where people feel able to acknowledge that they do not know (Howatson-Jones, 2010). In such a space you are empowered to become proactive, and develop curiosity, enquiry and meaning. Here, you have autonomy as to how you develop your own knowledge and take control of your learning. To do this you need to integrate the personal with the professional, as outlined in Chapter 3, and, in so doing, create a compelling space. In Scenario 5.1 George recognises his autonomy by allowing himself to reflect on his relationship with Ms Gillespie and how the situation impacts on his way of being. This illustrates how we can take more control of our own transitions to become a qualified nurse or within the context of life-long learning. The following case study offers an example of how a compelling space is created.

Case study: Jared's experience of a compelling space

Jared was working in an ambulatory cancer care centre for his final placement at the end of his adult nursing programme. He was enjoying this placement because there did not seem to be any hierarchical distinctions between the medical and nursing staff. They all worked as a team in a person-centred way. A poem written by one of the patients was displayed in the waiting area and seemed to sum up these impressions. Jared looked at this poem every day when he came on duty and it inspired him. Before finishing the placement his practice supervisor, Abby, asked Jared to share his reflections and learning with the team. Inspired by the poem and the person-centred attitude of the team, Jared began with the poem that had so inspired him and his reflections emanating from this and his observations of the

team and his learning about person-centredness. The team gave Jared positive feedback. He left the placement feeling affirmed and valued. When writing his reflective diary, he considered what had helped his learning. It was a mix of the positive atmosphere, the team working together, the inspiration of the poem that had motivated him and the team's feedback on his practice. All these combined to make the space compelling for his learning.

Chapter summary

This chapter introduced the concept of transitional space and the activities offer opportunities to examine transitional spaces in your own life. Barriers and limitations to reflection are addressed and include suggestions to overcome these to increase your reflective opportunities. The chapter examined how you negotiate your place within diverse healthcare settings and raise issues of care and compassion that influence the quality of the learning experience. Compelling spaces for learning and reflection are created through empowering individuals and Chapter 6 continues this theme by looking at reflection and reflexivity.

Brief outline answers

Activity 5.1 Reflection

You may have identified the following places/times for reflection:

- while eating breakfast – contemplating your current knowledge base in a new setting;
- while cycling – consider what information you want/need to find out;
- while exercising – combining physical and mental activity by revisiting new knowledge while doing repetitive exercises;
- while out with friends – through being in the midst of life and fun you would be placing life and death in perspective and realising that, as a nurse and even though you have an affection for a service user or their carer, you cannot carry the whole world on your shoulders.

You may not have taken up these opportunities for reflection because of a lack of time, because you wanted to do something else or because you were tired; however, these suggestions could help you to combine everyday activities with reflective moments.

Activity 5.2 Reflection

You may have considered the following activities as offering scope for reflection:

- undertaking systematic reflection using a recognised model, as discussed in Chapter 4;
- talking about practice with others: reflecting on observed practice and how this compared with knowledge;

Creating space for reflection

- talking about the day with others: identifying emotions and highlighting positives and areas for further reflection;
- working with an expert/specialist: reflecting on differences between settings.

Activity 5.4 Reflection

In considering the question about significant change in your life, you may have thought about when you were an adolescent, or maybe when you became a parent for the first time. Some of the feelings evoked are likely to have been anxiety and uncertainty. You may have learned new skills and this in turn may have helped you to grow in confidence. You are likely to have become increasingly independent and able to make decisions for yourself. Modifications to these changes are likely to have ensued from problems you encountered and successes you experienced, so that there will have been further uncertain times, but also greater ability to direct your progression.

Activity 5.6 Reflection

Ravi's previous experience on the ward with Sylvia had been anxiety provoking because of the way he perceived her constant criticism of him. Subconsciously, he was adopting a child's role of waiting to be told what to do, not to make mistakes. He perceived Sylvia in a parent's role of knowing best. With Wendy, Ravi was able to move to an adult role, recognising that he had space to make decisions, but that Wendy was available if he encountered anything he did not understand or if he was uncertain. This situation should be recognisable; as student or qualified healthcare professional we will always encounter people who trigger this kind of response. Ravi should have spoken to Sylvia about their working relationship and negotiated how they could move forward. This might be difficult to do but it shows the characteristics of a professional; it takes courage and commitment (two of the 6 Cs) to address a situation where you feel vulnerable. If he felt unsure, Ravi could have spoken to the university tutor about his experience as a way of helping him to negotiate his position and prepare for the meeting. He could also have asked the university tutor to chair the meeting with Sylvia and, in so doing, would have created a learning situation for himself and Sylvia – a situation in which he could ask the tutor for feedback on his communication and interaction strategies. This would have been appropriate and proactive for Ravi as a final-year student nurse.

In your reflections on the second parts of Activities 5.4 and 5.5, you may have recognised the tensions that Ravi encountered. Please consider how you responded to expectations in the new work environment and under the prevailing crisis conditions that were present during the Covid-19 pandemic. It is also worthwhile considering whether you discussed how you felt or your needs. Naturally, we should remain mindful that dealing with difficult or sensitive issues takes practice and confidence. It is, therefore, wise to start practising from the beginning of your programme so that, by the time you reach year 3, you will have built the necessary confidence and techniques. In this regard, please read the section *Practise efficiently: Work cooperatively* of *The Code* (NMC, 2018b), which deals with appropriate referral of care to colleagues, and inter- and intraprofessional communication to ensure safety and quality of care (items 8.1–8.6).

Activity 5.8 Critical thinking

Your answers may have included the following.

- Mitch showed care and compassion towards Ellen in the case study by helping her to revise, and Wendy showed care and compassion in working with Ravi by supervising at key points to ensure that he was not undermined, but supported.
- Ellen adjusted her study and revision techniques, and Ravi functioned more independently.
- Ellen become more resilient to adversity and Ravi saw himself as a capable practitioner.

- Without care and compassion, people feel insecure and less capable and are more likely to make mistakes.
- Showing ourselves care and compassion involves getting to know ourselves better through some of the techniques suggested in this book. Showing care and compassion for others involves looking for positives rather than being negatively critical.

Further reading

Honey, P and Mumford, A (2012) *The Learning Styles Questionnaire: 80 Item Version*, revised edn. Maidenhead: Peter Honey.

This book explains different learning styles and offers the opportunity for identifying your own learning style.

Knud Illeris, K (2018) *Contemporary Theories of Learning: Learning Theorists in Their Own Words*, 2nd edn. Abingdon: Routledge.

This book offers an interesting overview of contemporary learning theories.

Jarvis, P (2006) *Towards a Comprehensive Theory of Human Learning: Lifelong Learning and the Learning Society, Vol. 1*. London: Routledge.

This book offers a broad examination of different types of learning and is helpful for understanding how and why we learn.

Moon, J (2000) *Reflection in Learning and Professional Development: Theory and Practice*. London: Kogan Page.

This book discusses the application of reflection as a learning process. It would be useful to registered staff taking on the role of practice supervisor and practice assessor.

Thompson, C and Spenceley, L (2019) *Learning Theories for Everyday Teaching*. London: Learning Matters (SAGE).

This book provides a straightforward approach to learning theories.

Useful websites

BBC Key Skills: www.bbc.co.uk/keyskills/extra/module1/1.shtml

This website identifies different ways of learning relating to key skills.

BBC Learning Styles: www.open2.net/survey/learningstyles

This website offers another view of learning styles and includes an online survey to help you determine your style.