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Teaching reflection to nursing students: a qualitative study in an Irish context

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Teaching nursing students to reflect on their practice is now officially considered an essential component of nursing education in a number of countries. The aim of this study was to explore nurse teachers' perceptions and experiences of using reflection with diploma nursing students in an Irish context. One of the central themes to emerge, upon which this article is based, is the manner in which reflection is actually taught and/or facilitated by nurse educators in diploma nursing programmes, and the factors that influence this. Intensive interviews were conducted with 11 nurse teachers and data were analysed using a strategy resembling grounded theory. Findings indicated that the teaching of reflection was influenced by structural and human resource requirements and a lack of organisational commitment within the schools of nursing. Reflective practice did not permeate throughout the curriculum, but was instead an isolated, episodic classroom activity. The prospect of integrating reflective practice, as taught in the schools, with nursing practice in the clinical realms was problematic because of a range of cultural impediments. The repressive culture within the schools of nursing seemed to subvert discussion and debate about the status of reflective practice in the nursing curriculum.

Introduction

Nursing education in the Republic of Ireland is currently undergoing considerable change and in the process of educational reform, reflection is considered a vital learning strategy to advance the professional development of nurses (Wellard & Bethune, 1996). While the notion of reflection has been constructed in a variety of ways in educational literature (see O'Connor *et al.*, 2003), Mezirow's (1981) model captures the complexity of reflection through seven hierarchical levels of reflectivity involved in the dynamics of transformation. These include (1) the act of *reflectivity* or awareness of a particular perception, meaning or behaviour relating to the self or of a habit in relation to seeing/thinking/acting; (2) *affective reflectivity* or awareness of how one feels about the way one perceives/thinks/acts; (3) *discriminant reflectivity* or assessing the efficacy of one's perceptions/thoughts/actions and habits of doing things; recognising reality contexts of situations and identifying immediate causes and relationships within situations;

(4) *judgemental reflectivity* or making and becoming aware of value judgements related to perceptions, thoughts, actions and habits; (5) *conceptual reflectivity* or critiquing one's own awareness having become aware of something, such as questioning the concepts one uses to evaluate another person; (6) *psychic reflectivity* or recognizing in oneself the habit of making premature judgements about others based on limited information, as well as recognising the interests and anticipations which influence the way one perceives/thinks/acts; and (7) *theoretical reflectivity*, namely an awareness that a set of taken-for-granted cultural or psychological assumptions is responsible for the habit of making premature judgements and conceptual inadequacy.

The widespread appeal of adopting reflection as a teaching and learning method within nursing education is largely influenced by the many claims regarding its merits for the nurse practitioner. In addressing the purpose of reflective practice, Johns states that reflection represents a mirror to practice and the purpose of reflective practice is

> to enable the practitioner to access, understand and learn through his or her lived experiences and as a consequence, to take congruent action towards developing increasing effectiveness within the context of what is understood as desirable practice. (1995, p. 226)

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Implicit in the status currently given to reflective practice is the belief that it leads to better practice (James & Clarke, 1994). Reflective practice purports to quell the auto-pilot routine activity of the nurse, which is the automatic think/action response in which certain patterns are followed which govern and direct nursing actions (Street, 1992; Palmer, 1994; Fernandez, 1997). Through reflection, the practitioner is deemed able to turn the focus away from quick-fit solutions to problems, generate different options for acting and make informed decisions which guide nursing actions rather than rely on routine procedures (Saylor, 1990; Street, 1991; Snyder, 1993).

So influential are the writings on reflection and reflective practice in nursing, that professional regulating bodies have advocated the development of a more reflective practitioner. Reflective practice has been identified as a prerequisite competency for nurses in Australia (ANRAC, 1990), Great Britain (English National Board for Nursing, Midwifery and Health Visiting, 1989) and more recently New Zealand (Nursing Council of New Zealand, 1996).
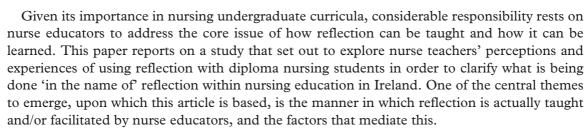
Although much slower than other countries to embrace the concept of reflection, recent nursing documentation in Ireland has given support to promoting reflection within nursing education and practice. Ireland's professional regulating body, An Bord Altranais, includes reflective practice as one of its learning outcomes for pre-registration nursing programmes

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within its document, *Requirements and standards for nurse registration education programme* (1999). This document states that these programmes should enable students to 'demonstrate development of skills of analysis, critical thinking, problem-solving and reflective practice' (An Bord Altranais, 1999, p. 13). As nursing education developments in Ireland continue apace with the commencement in September 2002 of a pre-registration graduate degree programme as a basic qualification for *all* nurses, the document produced to provide a strategic framework entitled *A strategy for pre-registration nursing education degree programme* (Government of Ireland, 2000) also emphasised the need to develop student nurses' reflective ability. Clearly much certitude abounds about the value of reflection as a learning tool in nursing, despite limited empirical evidence to support its use (Page & Meerabeau, 2000; Teekman, 2000).

Given its importance in nursing undergraduate curricula, considerable responsibility rests on nurse educators to address the core issue of how reflection can be taught and how it can be learned. This paper reports on a study that set out to explore nurse teachers' perceptions and experiences of using reflection with diploma nursing students in order to clarify what is being done 'in the name of' reflection within nursing education in Ireland. One of the central themes to emerge, upon which this article is based, is the manner in which reflection is actually taught and/or facilitated by nurse educators, and the factors that mediate this.

The study was undertaken in the context of rapid changes in nursing education in Ireland, and the partial incorporation of nursing education into the higher education sector (universities and colleges of higher education). Complete incorporation of nursing into the higher educator sector in Ireland occurred in September 2002, when traditional hospital-based schools of nursing were disbanded. At the time of data collection for this study, traditional nursing schools attached to training hospitals continued to engage in teaching student nurses some aspects of their programme, alongside teaching at an affiliated university or third-level institution.

Literature review

Two broad strategies frequently referred to in nursing literature by which the practice of reflection may be facilitated in nursing students are by means of writing tools (such as keeping diaries, logs and so forth) and by exploring experiences with others through group interaction. Although less popular than writing tools, the use of reflective group sessions facilitated by a nurse teacher have a widespread appeal in developing the reflective abilities of nursing students (Mingella & Benson, 1995; Rich & Parker, 1995; Durgahee, 1996; Morgan, 1996; Parish *et al.*, 1997; Murrell, 1998; Platzer *et al.*, 2000). A number of writers (McGill & Beaty, 1995; Platzer *et al.*, 2000) have asserted that group processes and group dynamics have the potential to generate powerful insights and understandings into complex professional issues by means of sharing, support, challenge and feedback. Snowball *et al.* (1994) argue that group work enables public testing of students' ideas and assumptions leading to enhanced learning. According to Mezirow (1981), learners require access to alternative meaning structures to enable them to critique their own assumptions. Small supportive groups with the utilisation of Socratic questioning and discussion of shared problems are advocated for such learning to occur (Mezirow, 1981).

Weekly reflective group sessions for nursing students are favoured by several nurse authors (Cruickshank, 1996; Durgahee, 1996; Morgan, 1996; Parish *et al.*, 1997). Rich and Parker (1995) recommend small groups with continuity of structure and time. Parish *et al.* (1997) suggest that the aims and objectives of the reflective group need to be clearly identified and explicit ground rules for conducting the sessions agreed by all parties (Rich & Parker, 1995; Parish *et al.*, 1997). Hendricks *et al.* (1996, p. 99) argue that reflection 'is not a process that the facilitator can do for the group'; rather, the role of the facilitator is one of promoting the conditions which foster reflection.

Johns (1994) maintains that reflection is profoundly difficult to achieve without expert guidance. Several authors emphasise the requirement of sound knowledge and skill on the part of the nurse teacher/facilitator (Rich & Parker, 1995; Hendricks *et al.*, 1996; Parish *et al.*, 1997). Often reflective learning involves drawing the student towards a search for greater clarity

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about the learning experience, possibly 'reframing' the situation and raising issues for further exploration (Glen *et al.*, 1995). Without prior knowledge of the students' learning experiences, the teacher is required to deal with whatever emerges in the reflective sessions (Smith & Russell, 1993; Mingella & Benson, 1995). Consequently, the teacher requires 'a wide repertoire of teaching approaches and the ability to think quickly and creatively, to offer and help select appropriate methods and facilitate the process of reflection through analysis to new learning' (Mingella & Benson, 1995, p. 210). Rich and Parker (1995) remark that whatever reflective strategy is utilised, it is vital that the teacher has the confidence and capacity to deal with all possible outcomes of reflection in order to ensure safety and meaningful learning. According to Riley-Doucet and Wilson, the teacher 'becomes a risk-taker who shares the control of the learning process with the student' (1997, p. 965). Indeed, the more student-centred the approach, the less control and predictability for the teacher (Mingella & Benson, 1995). Doll (1993) argues that teachers cannot engage in reflective relationships with students unless they are prepared to let go of their position as the authoritative knower. Only then can they engage in building collaborative relationships in which they interact to explore the meaning of the situation together. However, Wallace (1996) contends that not all nurse educators have the inclination, training, qualifications or skills to take on such a role.

Despite expectations of nurse educators' pivotal role in the development of reflective ability within nursing education, there are few studies of their role in facilitating student nurses in this regard (Hyräkas *et al.*, 2001). An exception is Burnard's (1995) British qualitative study in which nurse educators' perceptions of reflection and reflective practice were explored with a purposive snowball sample of 12 educators from a range of institutions. Reflection and reflective practice were mainly described in terms of looking back on clinical practice in a questioning fashion. Some participants viewed it as an automatic process which occurred naturally. Its usefulness was perceived in terms of linking theory and practice, 'unpacking' the day's events, and avoiding stagnation by getting nurses to think about and tell their stories.

In spite of widespread commentary on the topic of reflection in nursing literature, the paucity of empirical data on nurse educators' perceptions and experiences of using reflection with nursing students prompted the present study.

Method

The study used a methodological approach resembling Glaser and Strauss' grounded theory (Glaser & Strauss, 1967; Glaser, 1992). Eleven nurse teachers were selected at two schools of nursing that were involved in delivering pre-registration general nursing programmes and where the concept of reflection was included in a formal way in the curriculum. These teachers were based in the traditional schools of nursing that were in the process of fully integrating with affiliated universities or institutes of higher education. Ethical approval for the study was granted by the Directors of Nurse Education who managed the two schools of nursing. Inclusion criteria were that potential participants be qualified as teachers for at least two years, and hold current responsibility for utilising the process of reflection with student nurses. Inclusion criteria were set out to delineate the characteristics of the sample and minimise differences between comparison groups in order to bring out the basic properties of a category. They also ensured that the informants' experiences were current and relevant and that such experiences related to some

form of structured approach to reflection. Informed consent was obtained from the informants, and anonymity ensured.

Data were collected using intensive interviews that were conducted in a private room at each of the nursing schools. An interview guide was used and the interviews audiotaped. The interview guide facilitated 'the guided conversation' of the intensive interview. The loose structure of the interview guide allowed optimal flexibility to the interviewer and helped retain the character and contour of informants' accounts. Interviews were tape-recorded and later transcribed verbatim.

In analysing data, memos were written, codes created and the constant comparative method used. Codes were collapsed into a smaller number in the course of the analysis. Four categories were generated, which accounted for most of the variation in the data. Clear explanations of the researcher's role and status during the study illuminated the decision trail, thus ensuring auditability of the findings (Lincoln & Guba, 1985). Credibility was maintained by supporting interpretations of data with excerpts from participants, and by consulting with experienced academics for constructive criticism on the evolving analysis (Denzin & Lincoln, 2000).

As has been the case in other studies guided by the strategies of grounded theory (Robrecht, 1995; Hyde, 1998), integration of the various theoretical themes occurred without identifying a core category. At the end of the research process, the four categories were linked to one another which was essential to developing a central argument that captured nurse teachers' perceptions and experiences of using reflection with diploma nursing students. As indicated, for dissemination purposes, this article focuses on one of these categories—participants' experiences of the manner in which they facilitated reflective learning in their students, and the factors that influenced this. Data sets for the other categories are published separately (O'Connor *et al.*, 2003).

Findings

All 11 nurse teachers were involved in classroom sessions that were entitled 'reflective practice' with pre-registration general nursing diploma students. The reflective practice sessions consisted of a two- to three-hour introductory session on the theoretical aspects of the concept, followed by two hours of reflective small-group sessions each time students returned from a clinical placement. Nurse teachers made a clear delineation between the 'theory' sessions and the post-clinical placement group sessions. The majority of the teachers' experiences related to the post-clinical placement reflective sessions only.

> 07: X is still doing the theory part of it … so all I can tell you about are the sessions we have … when they come back into block [college] … to review their experiences on the ward and to select an experience from practice that they wish to discuss.

The data above suggest that the reflective group sessions appeared to be organised in the context of using the reflective process as a means of reviewing clinical experiences each time student nurses returned to the classroom from clinical placements. Consequently, as indicated below, they were an occasional activity since such reviews only occurred two or three times a year following clinical placements.
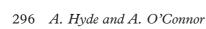
> 05: They [students] went out [to the clinical areas] in September and by Christmas they had not met anyone [teaching reflection] … there is a long gap there.

Another stated:

> 03:   We gave them two sessions in May and two more in September when they come back again into block [college].

The infrequent nature of the reflective sessions appeared to be influenced by resource implications:

> 10:   This just doesn't happen in a vacuum … you have to have enough classroom space, you have to have enough teachers to take the small groups, you have to have staff who want to do it … who aren't being forced into the room because there's no one else to do it.

The willingness of nurse teachers to become involved in the reflective practice sessions appeared to vary within the two schools of nursing. In one school, one of the nurse teachers took responsibility for the theoretical introductory sessions. A pool of 10 nurse teachers was available for the facilitation of the two-hour reflective group sessions, although about seven teachers were utilised at any one time, in line with a 10:1 student–teacher ratio. At this particular school, there appeared to be no difficulty in getting nurse teachers involved.

> 10:   They're nearly all involved here and it's not hard to involve them because … they're open and they'll go along with a thing and they'll try it, a good team…

In contrast, at the other school of nursing, three nursing teachers who were interested in reflection as a way of learning were involved. It appeared that other nurse teachers had resisted requests to get involved maintaining that they were too busy with preparation for other course modules. Class sizes comprised approximately 40 students and the logistics of dividing the class into smaller groups at specified times in order to teach/facilitate reflection required considerable energy and commitment from the individual nurse teachers involved. Such commitment appeared to contrast with the apparent lack of support from those managing the school of nursing:

> 09:   There again, what position has it [reflective practice] within the organisation? There has been at least 46 hours gone into reflective practice with myself and my colleagues, 46 hours that were very engaging, greatly challenging and sometimes difficult but that isn't acknowledged within my teaching complement. In a curriculum, there should be fair distribution, shouldn't there? Reflective practice is extra on to my work. I have not downloaded anything because of it … Is the organisation committed to reflective practice if there isn't that acknowledgement and recognition of the hours?

The use of reflective practice was largely confined to these occasional classroom sessions. Although diary-keeping was advocated to students as a way of extending reflection beyond the classroom, students did not actually keep diaries.

> 08:   They [students] want me to approve of them not keeping the diary … they all have jobs and say they have very little time.

There appeared to be significant impediments with regard to extending the concept of reflective practice beyond the classroom. This is problematic because the development of reflection within the clinical area is a key requirement (Driscoll, 1994). Limatainen *et al.* (2001, p. 656) assert that 'in order to support students' reflection, clinical mentors and teachers need to be committed to reflective practice and to be sensitive to their students' learning needs'. However, most nurse teachers in this study believed that nurses in the clinical area had little formal knowledge

of the concept, may not have valued it, or believed that they were already engaged in reflective practice.

> 04: My feeling is that reflection is not known of with qualified [clinical] staff.
> 02: Some of the ward sisters [clinical nurse managers] wouldn't be agreeable to it … I think they would see it as a waste of time.
> 10: What I'm saying is they're not ready for it … here is a big barrier to break down there … because they don't know what it is and they'd be the classic people who would say, 'What, sure we're doing that all the time'.

One nurse teacher, who had succeeded in organising student nurses to present weekly ward-based case studies using a reflective format, commented on the difficulties experienced by colleagues who attempted a similar undertaking.

> 06: I know some of my colleagues express difficulty because of the culture within certain areas. In many areas where people haven't been able to introduce what I've introduced, they've failed because of the culture on the ward. There is an ownership of the ward being expressed and there's an ownership of ideas, that is, if the idea doesn't come from the person running the ward, the idea isn't worth running with.

Another nurse teacher maintained that the organisational culture within the hospital was not conducive to the development of reflective practice and that staff nurses themselves felt unsupported and oppressed by the system. Such a climate would be unlikely to foster reflective practice.

> 08: There are many excellent staff nurses … when I meet them in the canteen, they say, 'We're getting no help, we're just oppressed' … there's a lot of that feeling around … they do not feel supported at all.

A minority of nurse teachers raised questions and expressed dissatisfaction about the way reflection was represented within their organisations. The dissatisfaction centred on the infrequent nature of the reflective sessions and the curricular representation of reflection. The long periods between the reflective sessions were considered problematic by a minority of nurse teachers. For one nurse teacher, the infrequent inclusion of reflective practice on the timetable portrayed it as a 'gimmick', and threatened its usefulness.

> 02: There's no follow-through on a regular basis … when you see it on the timetable as 'reflective practice', that definitely looks like a gimmick. I do think it's useful but I don't know if it's useful in that fragmented way … like if it was on the timetable every week, I would feel it would be more meaningful.

Another nurse teacher asserted that reflection was utilised in a compartmentalised way rather than permeating the whole curriculum.

> 04: …it's compartmentalised, but I see it as a continuum of experience … it can't sit in a box, it has to permeate everything we do, all the subjects … I have a concern that reflection is seen as taught, done and ticked off.

The need for discussions relating to the role of reflection within the curriculum was identified by a small minority of teachers.

> 04: We need to take that step backwards and look at what and where its place is in the curriculum as an ideological stance.

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It seemed that the reflective practice sessions were organised in the absence of such discussion. Furthermore, it also appeared that the need for such a discussion was not widely recognised by nurse management or by many of the teachers themselves.

> 04: …it's not a living curriculum … to me you debate curricula, you debate the philosophies of the curriculum, it's the challenge of the whole thing … I think it is essential that we debate … and that there is a parameter of consensus and yet I have never had that discussion here and I don't anticipate having it.

The lack of discussion on the place of reflection within the nursing curriculum may have serious implications for the way nurse teachers engage in reflective activities with student nurses. It appeared that the organisational culture within the schools of nursing may not encourage this kind of discussion and may play a role in constructing ways to impede it. At one school of nursing, counter-productive forces were described as follows:

> 06: The culture here is 'power over'.
> 04: Within this environment … part of being included in the process of curriculum planning and development is … when I am here long enough then I will be in a position to have influence … but currently it's a very slow diplomatic process of being included in that decision making.

A similar culture appeared to operate in the other school:

> 10: The system [at the school of nursing] doesn't really accommodate reflective practice … we need more ownership of it…

A sense of powerlessness to change matters was expressed by one nurse teacher as well as a commitment to continue to stimulate dialogue within the present constraints.

> 04: I do feel powerless both from a peer point of view and from a hierarchical point of view … and in some ways all I can do is to continue to ask my questions and be asked what my questions mean as a way of stimulating debate.

Discussion

All 11 nurse teachers were involved in classroom sessions entitled 'reflective practice' which consisted of an introductory theoretical session and two hours of reflective group sessions when student nurses returned to the classroom from clinical placements. Such limit-setting seemed to be influenced by structural and human resource requirements and a lack of organisational commitment within the schools of nursing. The prospect of extending reflective practice into clinical areas seemed to be problematic because of a range of cultural impediments. A minority of nurse teachers expressed difficulties about the infrequent nature of the reflective practice sessions and the way it was subject-mattered within the curriculum. The place of reflective practice within the curriculum was not discussed or debated and the need for such discussion was not generally recognised. The culture within the schools of nursing appeared to play a role in subverting discussion.

Nurse teachers' accounts suggest that the utilisation of reflective practice with diploma nursing students rarely extended beyond occasional small-group classroom-based sessions, designed to review students' clinical experiences in the aftermath of their clinical placements. Thus, weekly reflective group sessions favoured by nurse educationalists (Cruickshank, 1996; Durgahee, 1996; Morgan, 1996; Parish *et al.*, 1997) were not a feature of this study. Several

authors have emphasised the need for continuity and time to foster reflective ability (Jarvis, 1992; Rich & Parker, 1995; Haddock & Bassett, 1997; Pierson, 1998). However, a distinct lack of continuity was a characteristic of this study.

Physical and human resource issues emerged as factors that affected the frequency of the reflective group sessions. These seem to be very real difficulties that organisations confront when deciding whether or not to support reflective learning and are likely to affect the level of support given. Regrettably, articulation on the problems associated with resources are infrequently alluded to when authors such as Morgan (1996), Cruickshank (1996) and Stoddart *et al*. (1996) advocate reflective group sessions as a way of learning from experience. An apparent lack of support from those in management positions within nursing education seemed to play a significant role in the way reflective practice was constructed and operationalised within the schools of nursing in this study. This is likely to have been a significant factor in influencing the occasional nature of these sessions. It is of interest that few nurse teachers expressed difficulties with the way reflection was represented within their organisations and only a minority questioned the usefulness of these reflective activities as a way of learning in their current mode of delivery. However, the lack of questioning apparent within the accounts of the nurse teachers may be influenced by the culture within which nurse teachers perceived themselves to operate.

The setting in which an individual works can have a significant influence on the development of reflective practice (Clarke *et al.*, 1996). According to Jarvis (1992) nursing is faced with a dilemma with respect to reflective practice—it wants to encourage reflective practice and to claim that it has it; however, the structures within which it operates seem to inhibit its development. The dilemma as explicated by Jarvis (1992) seems to have some significance here. The organisational structure and culture within the schools of nursing as experienced by nurse teachers did not appear to be conducive to the development of reflective practice. This was exemplified in one school of nursing, by the assertion that teaching hours relating to the reflective group sessions were not acknowledged within nurse teachers' teaching complement, and were additional to their existing workload. In the other school of nursing, the culture was described as 'power over'. Such a culture seemed to prohibit discussion and debate and may evoke a sense of powerlessness as expressed by one nurse teacher. Rogers (1983) suggests that the need for managers of institutions to have power over others relates to a mistrust of the individual, and until trust is established in organisations, those in power will feel compelled to exercise control. Gordon and Wimpenny (1996) contend that giving power to others may be threatening, as those who manage feel this dilutes their own power and their ability to control. Glen (1990) maintains that it is essential that nurse teachers address power relations within nursing education and the larger political domain that influence and constrain them. Emancipatory reflection is heralded as one way to deal with oppressive and constraining forces and structures. One informant's account of powerlessness while at the same time continuing to question and engage others in dialogue, seems to suggest the use of such reflection.

Clarke *et al*. (1996) maintained that an organisational culture which emphasises collaboration as a way of working is likely to encourage reflective practice, while a desire to control and an unwillingness to accept new ideas, suggest a culture that may inhibit reflectivity. The 'power over' culture referred to above may constitute a significant impediment to the development of reflectivity. Such a culture may risk frustrating the enthusiasts who persist with these reflective activities, in the midst of a lack of recognition and support from management.

Driscoll (1994) contends that the blanket adoption of reflective practice within nursing educa-tion without considering how it can be accommodated within the clinical environment may ensure its failure. Driscoll argues that such an approach may risk the prospect of reflective practice becoming part of the problem associated with the theory–practice gap, rather than part of the solution. Hence, there is a need for structures in the clinical realm that support the development of reflective practice (Jarvis, 1992; Driscoll, 1994; Clarke *et al.*, 1996). However, informants' accounts suggest that the implementation of reflective practice at the clinical level was not a real-ity. Nurse teachers perceived that clinical staff in their institutions had little knowledge or interest in the concept of reflective practice and would probably claim to be doing it already. However, Reid (1993) argues that the utilisation and acceptance of reflective practice within the clinical area relies on facilitators having a constructive response to assertions by clinical staff that they are already engaged in reflective practice. Pierson (1998) maintains that finding ways for students to reflect while on clinical placement will always be a challenge for nurse educators. Among other strategies, Pierson suggests using short debriefing sessions between teacher and student during clinical visits to explore aspects of clinical practice. With the exception of one nurse teacher who conducted reflective case study sessions as part of a link teacher role, nurse teachers did not report the utilisation of reflective strategies with student nurses in the clinical area.

Recommendations

In order for reflective learning and reflective practice to have any prospect of reaching their asserted potential, there is a need for organisational structures that support it rather than pay lip-service to it, both in the schools of nursing and in the clinical areas. Such a commitment requires sensitive attention to the possibility of continual refinements and adaptation within the curriculum (Abegglen & O'Neill, 1997). This will involve time and a significant amount of it. However, there may be a dilemma for nursing management—although their professional nurs-ing body is now advocating these notions, they may have very real concerns and reservations about embracing them. Bringing their concerns to the table for discussion and debate may be a very good starting point. In the spirit of critical inquiry, it is vital that no concepts reach a status where they are beyond question, as the consequence of this hegemony may be that debate on reflection and reflective practice may become sterile (Gilbert, 2001). There are other issues that need to be addressed in advancing the development of reflective learning and reflective practice. In light of the significant resource implications associated with reflective groups, other means of promoting reflective learning will be necessary and desirable. Because reflection is a philosoph-ical approach to learning rather than an isolated subject, there is a need for continuity through-out the curriculum and incorporation into teaching methodologies which promote critical enquiry. Finally, if reflection is not to represent another example of the theory–practice gap, there is a requirement for dialogue and collaboration between nursing education and nursing practice to consider how the development of the reflective practitioner can be actualised.

Conclusion

The findings of this study are likely to reflect the context of nursing education in the Republic of Ireland. Many of the problems identified around traditional hierarchical management

structures within the schools may well dissolve with the transfer of nursing to higher education. However, if reflection is ever to move beyond an occasional classroom activity, an exploration of the clinical area and the relationship between nursing education and nursing practice in the context of developing the reflective practitioner are also required. Furthermore, as the skills involved in reflection transcend the reflective group sessions, it would be useful in future research to examine how other aspects of the curriculum might facilitate their development.
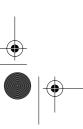
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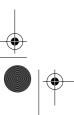
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