

Reflective Journal Writing: Nursing Students' Perspectives

**A Thesis Submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements for the Degree**

Master of Nursing

**By: Marilyn Klimczak
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Reflective Journal Writing: Nursing Students' Perspectives

BY

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**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree**

of

MASTER OF NURSING

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ABSTRACT

The purpose of this qualitative study was to explore nursing students' perspectives on reflective journal writing. Ten third and fourth year nursing students, with clinical practice and reflective journal writing experience, were interviewed. The conceptual framework, symbolic interactionism, provided direction for the development of the semi-structured interview questions. Furthermore, symbolic interactionism guided the interpretation of the findings. One of the advantages of using the symbolic interactionism framework was that it provided a means of understanding how nursing students' perspectives on reflective journal writing were developed through interaction with self and with others.

Through the application of Burnard's (1991) method of qualitative data analysis, one major theme, three related themes, and several categories were identified. The major theme was "becoming a professional". "Becoming a professional" was influenced in an inter-related way by: learning about reflection, learning about self, and learning about nursing. This study revealed the complexity of learning about the practice of nursing. Furthermore, the most significant finding was that all of the nursing students believed reflective journal writing enhanced their learning about becoming a professional. The findings of this research were found to be consistent with the literature that described nursing students' perspectives on reflective journal writing. Implications for nursing education and recommendations for nursing research were discussed.

DEDICATION

This thesis is dedicated to the memory of my Mom and Dad, Flora Johanna and Sigtyggur Erickson, who taught me home is where you want to be with the people you love the most; and to the future of my children, Michelle Ericka, Lori Louise, and Kevin Richard. I will love you forever.

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Chapter One

As we move into the twenty-first century, a huge knowledge explosion, spawned by the growth in technology, continues to make the world a complex environment for any profession, including nursing. One of the major challenges for nurse educators is to prepare nursing students to practice in the dynamic real world where well-defined problems are not always present. Professional education should ultimately aim at preparing individuals who can apply theoretical knowledge to practice under varied and novel conditions (Wong, Kember, Chung, & Yan, 1995). "Surface learning derived from coverage of enormous amounts of content simply will not do. Nursing practice requires deep learning of important concepts, the type of understanding that comes only with time to think, reflect on, connect with previous learning, and extend in practice" (Tanner, 1998, p. 384). Reflection is critical to turning each experience into a potential new learning situation and enhances the development of professional competence (Atkins & Murphy, 1994; Burns & Bulman, 2000; Jarvis, 1992; McCaugherty, 1992; Mezirow, 1991; Powell, 1989; Schon, 1987). Yet, my experience as a nurse educator tells me that there is variation in nursing students' ability to reflect on their practice. To emphasize the variations in nursing student reflection two examples are presented. Nursing students are approached individually in the clinical area and are asked to respond to the comment, "tell me about your day."

Nursing student Pam responds, "I've done my assessments, given my medications and done one dressing, just like they showed us in lab. I'll do my second dressing later."

Nursing student Erin responds, "Today is so neat. I got to remove staples. My buddy nurse showed me how. It's not hard at all, just like in the lab. Brian, my second patient with the pneumothorax might be going home later. I read that smoking might be a cause of his problem. I want to talk to him about smoking before he's discharged."

Clearly, the depth of response varied in the two scenarios. Pam related events, giving evidence of surface learning, whereas Erin applied concepts and asked questions to enhance her knowledge base. What can I do, as a nurse educator, to promote nursing students' reflective ability so that the goal of deep knowledge is attained?

There is an abundance of literature encouraging practitioners to be more reflective, yet there is limited practical advice on how this may be achieved (Glen, Clark, & Nicol, 1995). Journal writing has been identified as the most widely used expression of reflection (Patton, Woods, Agarenzo, Brubaker, Metcalf, & Sherrer, 1997). However, research regarding the purposes and the effectiveness of the reflective journal writing strategy in nursing education is limited to several studies. Of these studies, only four studies specifically sought nursing student input to illuminate the student's reflective journal writing experience (Richardson & Maltby, 1995; Riley-Doucet & Wilson, 1997; Shields, 1995; Smith, 1998). More research using qualitative methods is needed to describe students' interpreted experiences as they develop and grow (Sedlak, 1997; Smith, 1998; Teekman, 2000). Therefore, nursing students' perspectives on their reflective journal writing experience will be explored qualitatively to further the understanding of reflective journal writing as a learning strategy.

Purpose of the Study

The purpose of this qualitative study was to examine nursing students' perspectives on reflective journal writing. The data gathered through this examination will contribute to a deeper understanding of nursing students' experiences with reflective journal writing. It is expected that this knowledge may then be applied to enhance the application of reflective journal writing as a learning strategy in nursing education.

Research Questions

The overall research question that guided the study was:

What are the critical experiences for nursing students in writing reflective journals?

The following questions addressed the specific aspects of the research question:

- 1) What are nursing students' perspectives on reflective journal writing?
- 2) Do nursing students value reflective journal writing as an aid to learning, and if so, what do these students value about the reflective journal writing experience?
- 3) What has contributed to the development of nursing students' perspectives on reflective journal writing?
- 4) What has hindered nursing students' abilities to write reflective journals?
- 5) Has reflective journal writing influenced nursing students' perspectives on clinical practice?

Significance of the Study

There has been a tremendous increase in the number of published articles about reflection in the last ten years. One explanation for the increased interest in reflection in nursing is the realization that exclusive use of the nursing process does not adequately facilitate a holistic understanding of patient care. "Nursing decisions are not only the

result of linear problem solving but are also arrived at through a process of synthesizing different points of view" (Baker, 1996, p. 20). Reflective learning tends to support such a synthesis (Baker; Duraghee, 1996).

The literature review for this thesis revealed three major research issues. First, there is still confusion about the definition of reflection (Pierson, 1998). Reflective writing has been introduced into the curricula of many nursing programs. Nursing students are frequently asked to reflect on their clinical experience, but there is no common understanding of what constitutes reflection. What is their meaning of reflection when there are so many diverse interpretations of reflection in the literature? What are nursing students learning about the definition of reflection as they experience reflective journal writing? A second issue is that there is little practical guidance on teaching strategies for the development of the reflective learner. Third, there is no evidence to suggest journal writing promotes reflective skills amongst students (Clarke & James, 1993; Scanlan & Chernomas, 1997).

More specifically, only four research articles reviewed on the effectiveness of reflective journal writing in nursing education included research questions posed to elicit student feedback about the nursing students' experiences with reflection and reflective journal writing (Richardson & Maltby, 1995; Riley-Doucet & Wilson, 1997; Shields, 1995; Smith, 1998). These studies indicated beginning nursing students valued reflection and secondly, these students were developing reflective skills. However, incidents in this researcher's experience as a clinical educator led her to question these findings. Nursing students' comments about reflective journal writing have included the following statements:

- *We are asked to write too many journals, it seems like busy work.*
- *Different teachers have different expectations. We only write what we think the teachers want to hear; sometimes we make it up.*
- *I am so tired after practice. Journal writing takes too much time.*
- *How much theory do we have to apply?*
- *I think about my day on the way home. It seems repetitive to then write a journal.*
- *Journals should not be graded.*
- *If I have a bad day I am not sure how much I want my teacher to know.*

Despite the positive reviews of reflective journal writing in the literature, it was obvious from a student perspective that there were issues with the strategy. However, most of this literature was presented from a teacher point of view or from a conceptual perspective. Limited empirical work about nursing students' perspectives on writing reflective journals appeared in the literature. Therefore, the first step in the identification of the learning issues was to explore student perspectives of reflective journal writing. Secondly, it is hoped that relevant teaching strategies may be proposed to encourage nursing students to deliberately implement reflective techniques to promote learning from experience throughout their nursing career (Powell, 1989).

In a broader professional context, many professional nursing bodies advocate for the development of reflective practitioners (Glen, Clark, & Nicol, 1995). In fact, the Australian Nurse Registering Authority Committee and the United Kingdom Central Council for Nursing has endorsed reflective practice as a registering prerequisite competency for beginning practitioners (Stockhausen, 1991). The College of Nurses of Ontario adopted reflection as the cornerstone of their quality assurance program in 1996

(Rideout, 2001, p. 131). In October 1998, the National Working Group in Continuing Competence for Registered Nurses was formed in Canada. This committee's mandate is to articulate the beliefs, principles, and definitions concerning continuing competence (Wilson-Mate, 1999). One of the beliefs they share is that nurses advance their competency by reflecting on their practice. How this belief will be implemented is still to be determined. An increased understanding of the meanings of reflection and reflective journal writing held by nursing students may help to inform the discussion, and subsequent decisions made by the Canadian National Working Group in Continuing Competence regarding the influence that reflection on practice has on competence.

In summary, the significance of this study was threefold. First, an increased understanding of reflective journal writing from the nursing student's perspective might help educators determine if the educational objectives of the reflective strategy are being met. Second, more knowledge about what promotes and hinders reflective journal writing might assist educators in implementing teaching-learning strategies to assist in the development of reflective thinking. Third, as reflection on practice is being considered as a component of continuing competence, more knowledge about reflective journal writing may benefit the examination of the issue of how to nurture continuing competence.

Conceptual Framework

Symbolic interactionism provided the conceptual focus for this study. Symbolic interactionism gave direction to the methodology and aided in defining the concept of "perspective". Symbolic interactionism is a perspective about human behaviour from the field of social psychology (Charon, 1998). It emphasizes the uniqueness of human

students attribute to reflection. Psychological elements may contribute to the reflective writing experience, but the meaning students have for reflection is core.

- 2) "The meanings of such things is derived from, or arises out of, the social interaction between people" (Blumer, 1969, p. 2). Symbolic interactionism sees the development of meaning as a product of social interaction. For example, the meanings nursing students have developed for reflective journal writing have been formulated through interaction. Also, reflective journal writing is a form of interaction with the self and with the teacher. Nursing students may have interacted with a wide variety of people in their clinical practice. As nursing students write their reflective journals these interactions will influence the content of the journal. Furthermore, to discover the nursing students' meanings of reflective journal writing this researcher must interact via semi-structured interview with the nursing students.
- 3) "Meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things the person encounters" (Blumer, 1969, p. 5). Symbolic interactionists believe the concept of self is unique to humans. People learn about their sense of self from childhood through social interaction. The concept of self leads to meaning and self-directed behaviour. People must identify to themselves the things that have meaning. By the nature of communication with the self, interpretation becomes a matter of handling meanings. Communication with the self is in play continuously during waking hours. Interpretation is not automatic, but should be regarded as a reflexive process involving self-interaction in which meanings are developed, used, and revised in forming and guiding

behaviour (Blumer). We act according to how we are thinking in a specific situation (Charon, 1998). The individual's acts are constructed out of what s/he takes into account. Communication with oneself and with others provides the mechanism for sharing the established meanings that influence individual's actions. To understand nursing students' perspectives about the interpretive process encountered in the experience of reflective journal writing, interaction with nursing students is required.

The advantage of symbolic interactionism as a conceptual framework for this study is that it provides both a definition of reflection, and a means of exploring nursing students' perspectives of reflective journal writing through interaction with the students. One must understand what is relevant from the participant's point of view. The researcher in this study interviewed nursing students to explore their perspectives of reflective journal writing. The interaction was analyzed to seek an understanding of the shared perspective. Furthermore, this conceptual framework added to the understanding of how individuals establish a perspective.

Assumptions

The assumptions that underlie the study were the following:

- 1) Nursing students have developed a perspective on the reflective journal writing experience through their interaction with self and others.
- 2) Nursing students will be open to sharing their perspective on reflective journal writing.
- 3) Nursing students will recall factors that facilitate their reflective journal writing experience.

- 4) Nursing students will recall factors that hinder their reflective journal writing experience.

Limitations

The limitations that underlie the study were the following:

- 1) Nursing students will only recall what they want to recall (Newell, 1992).
- 2) Nursing students may not always do what they say they do.
- 3) Nursing students may know more than they report.
- 4) The findings may be unique to one geographic setting.

Definition of Terms

The following terms were defined for the purposes of this study.

Perspective: is a basic part of everyone's existence and acts as a filter through which everything around us is perceived and interpreted. Perspectives are made up of words that are used to make sense out of situations. Perspectives influence what we see and how we interpret what we see (Charon, 1998).

Nursing Student: a student currently registered in a professional nursing program.

Reflection: is a deliberately purposeful act requiring open-mindedness, whole-heartedness, and responsibility (Dewey, 1933); an important human activity in which people capture their experience, think about it, mull it over, and evaluate it (Boud & Walker, 1991); a means of developing expertise which arises from the constant examination and analysis of performance (Andrews, 1996); is not habitual action; is symbolic interaction, that is the taking note of objects and or experience, and the interpretation of experience through interaction with the self and with others, new

meanings are developed, used, and revised in forming and guiding behaviour (Blumer, 1969, p. 5).

Reflective Journal: is a written document that describes, interprets, and analyzes experiences and allows for mutual dialogue with the teacher (Holly, 1989; Tillman, 1987).

Reflective Practice: is the “process of turning thoughtful practice into a potential learning situation. The professional reflective practitioner is always trying to ensure that the outcomes of any action are close to what is anticipated by the theory and previous experience combined” (Jarvis, 1992, p. 178).

Summary

Given the increased complexity of client's nursing care, ongoing growth in technology, and cost of health care; nurses must have a strategy to examine their practice to determine whether their professional expectations are being met. Reflection has been described in the literature as one strategy. How does a clinical educator foster reflection on practice amongst nursing students and encourage its lifelong adoption? This study explored nursing students' perspectives on reflective journal writing to add to the growing body of knowledge needed to answer this question. It is hoped that this understanding may contribute to the development of teaching-learning strategies aimed at promoting nursing students' reflective journal writing ability.

This chapter included the introduction to the thesis, the purpose of the study, the research questions, the significance of the study, the conceptual framework, assumptions, limitations, and the definition of relevant terms. The three tenets of the conceptual framework, symbolic interactionism, were used to develop the research questions. A

visual summary of the conceptual framework and its relationship to the literature review is presented in Figure 1 (p. 48). The literature review follows in Chapter Two. Chapter Three describes the methodology of this qualitative study. The findings of the study are included in Chapter Four. The final chapter, Chapter Five, discusses the findings in light of what is known about reflective journal writing.

CHAPTER TWO

REVIEW OF THE LITERATURE

The primary purpose for reviewing relevant literature is to gain a broad background of information that is available related to the question being investigated (Burns & Grove, 1993). "Qualitative researchers have different opinions about the extent to which the literature should be used to guide qualitative research" (Morse & Field, 1995, p. 45). Morse and Field shared three viewpoints to illustrate their opinion. The first view is the researcher does not consult the literature prior to fieldwork. The argument supporting this view is the literature may influence the researcher's perception of the research setting. The disadvantage for the researcher is the time spent studying what may already be known. A second view is that all major literature is incorporated into the review. The problem with this view is that some of the literature may not be relevant given a different perspective, setting, or time. The third view, and the view recommended by Morse and Field, is the literature review should critically examine previous research and selectively use this work. The selected literature is then used to guide the researcher in conceptualizing, designing, and interpreting an investigation.

Morse and Field's third recommendation and the conceptual framework, symbolic interactionism, guided this literature review. The meaning of reflection and reflective journal writing was explored and interpreted by the researcher through self-interaction. To add to the development of an understanding, research articles as well as anecdotal literature on reflection and reflective journal writing were examined. A computer search using CINAHL, ERIC, and Medline indicated 1484 references to reflection from the years 1990 to 1997, 1034 references from 1998 to 1999, and an additional 755 references

from 2000-2001. Selected research from education, occupational therapy, and medicine were included. Key articles were identified and reviewed initially to gain an understanding of the meaning of the concept of reflection. More specifically, questions that arose from this step revolved around reflective journals and nursing education. A number of studies written about this issue were reviewed in depth (Andrew, 1996; Burrows, 1995; Duraghee, 1996; Glen, Clark & Nicol, 1995; Jasper, 1999; Lowe & Kerr, 1998; McCaugherty, 1991; Richardson & Maltby, 1995; Sedlak, 1992; Smith, 1998; Teekman, 2000; Wong, Kember, Chung & Yan 1995; Wong, Loke, Wong, Tse, Kan & Kember, 1997). Across these articles little empirical evidence was found to support the impact of reflection on knowledge and practice. Many anecdotal articles about reflection and reflective journals were also included in this review. The analysis of the literature review reflected major themes in the existing literature and will be presented in the following segments: processes of reflection, levels of reflection, reflection and nursing practice, strategies to promote reflection, and students' perceptions of reflective journals.

Processes of Reflection

The concept of reflection is not new. Philosophers and educators have been developing views of reflection since Aristotle first introduced practical judgement and moral action (Stockhausen, 1994). Yet there is no consistency in the literature regarding the conceptualization of the processes of reflection (James & Clarke, 1994; Lyons, 1999). One way that the development of a conceptualization of reflection may be assisted is by considering the processes of reflection (James & Clarke, 1994). Therefore several processes of reflection described in the literature were reviewed.

Loughran (1995) reviewed Dewey's (1933) five phases of reflection. The phases included: (a) suggestions, the ideas that spring to mind as a consequence of a puzzling situation; (b) problem, seeing the big picture; (c) hypotheses formation, reconsideration of a suggestion in terms of what can be done or how it can be used; (d) reasoning, the linking of information, bringing to bear existing knowledge to expand thinking on suggestions and hypotheses; and (e) testing, trying the hypothesis to determine whether the hypothesis was appropriate. Dewey believed the phases might overlap. Several authors referred to Dewey's (1933) book How we think: A restatement of the relation of reflective thinking to the educative process to aid in clarifying the definition of reflection (Davies, 1995; Graham, 1995; Richardson & Maltby, 1995; Shields, 1995; Smith, 1998; Stoddart, Cope, Inglis, McIntosh, & Hislop, 1996). However, no studies examined for this review referred to Dewey's processes of reflection as part of the theoretical framework.

Another perspective on the reflective process is represented in the work of Donald Schön (1983, 1987). Schön (1987) identified two aspects to the process of reflection. The first aspect is reflection-in-action. He saw reflection-in-action as "the thinking that serves to reshape what we are doing as we are doing it" (p. 26). The second aspect is reflection-on-action. Schön (1987) described reflection-on-action as the thinking back on an event. He compared the processes of reflection to the rungs of a ladder. "Climbing up the ladder, one made what had happened at the rung below into an object of reflection" (p. 114). At the base of the ladder was the experience. One level up, reflection on the experience takes the form of description. The third level, reflection on description, includes questioning the meaning of the description or posing alternatives to the

described experience. The fourth rung, reflection on reflection on description, includes the reframing of problems and the testing of newly developed hypotheses. Reflection-on-action is similar to the processes of reflection as described by Dewey. The difference lies in Schön's description of reflection-in-action.

Glen et al. (1995) utilized Schön's ladder of reflection as a framework to review the nature of a student teacher's reflective tutorial. The strategy resulted in the student teacher's increased ability to reflect on teaching and make sense of the experience. However, the exercise was costly and required a more intensive teacher-student relationship. The effectiveness of Schön's model was not mentioned in the discussion.

In an anecdotal article on reflective learning, Baker (1996) described the process of reflection identified by Boyd and Fales (1983). The stages were: (a) a sense of inner discomfort triggered from some life experience, (b) identification or clarification of the concern, (c) openness to new information from internal and external sources, (d) resolution, the aha stage, (e) change in oneself as a result of internalization of a new perspective, and (f) deciding whether to act on the outcome of the reflective process. Empirical literature that had implemented these stages was not located. However the inclusion of Boyd and Fale's stages is relevant, as there is a possibility these stages may later be identified during the data analysis.

Hart and Clinton (1996) (see Appendix A) developed criteria for evaluating the level of reflection evidenced in practice incidents based on the reflective process described by Boud and Walker (1991) (see Appendix B). The reflective process included three steps: (a) returning to the experience, making sense of a practice incident from the perspective of all involved; (b) identifying feelings and re-evaluating the

experience, analysis of an incident is validated with reference to relevant resources such as the literature; and (c) outcomes of reflection such as a new perspective.

These criteria were implemented by Hart and Clinton (1996) to assess the reflective ability of 77 nursing students and 71 registered nurses. Both groups received information about reflection and were asked to reflect on a practice incident. The student's reflective score was significantly higher ($p=.001$) than the registered nurse cohort. Two reasons provided by the authors for this difference were firstly, the variations in applying the reflective teaching strategy, and secondly, the evaluation of the criteria by different staff members. However, the validity of the evaluation criteria was not indicated in the article.

Wong et al. (1995) also implemented the reflective process model developed by Boud et al. (1985) to assess student nurses' level of reflection from reflective journals. The findings indicated it was possible to assess the presence of reflective thinking. However, coders found it difficult to differentiate the fine distinctions of reflection in the Boud et al. model. Reliability was reported to range from 0.5 to 0.75 indicating a concern with the coder's grading consistency.

Atkins and Murphy (1993), who reviewed the literature on reflection, provided a broad perspective on reflective processes. They concluded it was possible to identify three key stages of reflection. The stages are (a) awareness of uncomfortable feelings and thoughts, (b) critical analysis of feelings and knowledge, and (c) a new perspective (see Appendix C).

Although the previous authors cited use different terminology to describe the process of reflection, the three stages documented by Atkins and Murphy (1993)

represent the key aspects of reflection reviewed in this study (see Table 1). "These stages seem to be the most useful for nursing education" (Scanlan & Chernomas, 1997, p. 1139).

Table 1: Similarities in the stages of reflection as compared to Atkins and Murphy

Similarities	1. Awareness of uncomfortable feelings	2. Critical analysis of feelings and knowledge	3. New perspective
Dewey, 1933	Suggestions, ideas that come to mind as a result of a puzzling situation	Seeing the big picture, hypothesis formation, reasoning and linking information	Testing, trying the hypothesis
Schon, 1987 Reflection-on-action	Description of experience	Questioning the meaning of experience	Reframing of problems, testing new hypothesis
Boyd & Fales, 1983	Inner discomfort triggered from experience	Identification of concern, openness to new information	Resolution, new perspective, decision on whether to act
Boud & Walker, 1991	Return to experience	Identifying feelings, re-evaluating experience	New perspective

Levels of Reflection

To add to the clarity of the meaning of reflection, Van Manen (1977) and Mezirow (1981; 1990) described levels of reflection. In the nursing literature reviewed, these levels were referred to anecdotally. Mezirow's levels of reflectivity were used to

assess the development of reflective ability. Because of their relevance to this study, both frameworks are elaborated further.

Van Manen (1977) described three levels of reflectivity: (a) technical applications of educational knowledge whereby concerns are more to do with means rather than ends, (b) interpretive understanding both of the nature and quality of educational experience and of making practical choices, and (c) moral, ethical, and political principles involved in educational thought pertaining to practical action (p. 226). James (1992) added a fourth domain: (d) personal: emancipation and liberation. No studies using Van Manen's levels of reflectivity were found.

Mezirow (1981), in an article written about learning theory and perspective transformation, identified seven levels of reflectivity. He wrote that the concept of critical reflectivity needed phenomenological study. The seven stages described by Mezirow are:

- (a) "reflectivity: awareness of a specific perception, or behaviour of our own; (b) affective reflectivity: awareness of feelings, (c) discriminate reflectivity: awareness of problem solving process and our relationships in these situations;
- (d) judgmental reflectivity: making and becoming aware of our value judgements;
- (e) conceptual reflectivity: becoming aware of our awareness and critiquing it;
- (f) psychic reflectivity: recognition of factors influencing our perceptions thoughts and acts; and (g) theoretical reflectivity: awareness of taken-for-granted cultural or psychological assumptions, reconstituting these assumptions and acting to move toward a new perspective" (p. 12).

Mezirow referred to the first four levels as “consciousness” and to the last three as “critical consciousness”. The last three were considered as higher level reflection.

Mezirow's framework has been applied in a number of empirical studies. Powell (1989) used Schön's reflection-in-action work to qualitatively study the everyday practice of diploma program registered nurses. In this study, Mezirow's levels of reflectivity were used as a research tool to measure the extent of the use of reflection-in-action by eight practising registered nurses. Powell reported that it was difficult to apply Mezirow's theoretical approach to the practice of nursing, and recommended modifications to the framework. Level five and six were amalgamated and called conceptual reflectivity. Conceptual reflectivity was described as the assessment of whether further learning was required to assist in decision making. Level two was also altered to include the awareness of the nurse's and patient's feelings (see Appendix D). In Powell's study, all subjects were observed in practice for two hours and then immediately interviewed. The interview questions were directed at eliciting the thinking coinciding with nursing action. The interviews were analyzed by interpreting the nurses' reflection-in-action according to Mezirow's adapted levels of reflection. The results indicated reflection-in-action was present in the lower levels of Mezirow's model. Of 148 reflection-in-action scores only 28 occurred in the higher levels of four, five, and six. Powell questioned if higher levels of reflection would be found in university prepared nurses. Other factors related to the inconclusiveness of the results were the small sample size, and the lack of reported validity of Mezirow's levels of reflectivity. Also, there was no mention of any tests for reliability and validity of the coding process.

Richardson and Maltby (1995) used Powell's adapted reflective level tool to qualitatively study thirty undergraduate nurse's levels of reflectivity in their written reflective diaries. A random sample of 30 diaries was chosen from consenting students who had written the reflective diaries during a four- week period of community health care practice. The diaries were coded for each level of reflection using the research instrument. The results indicated students reflected on their practice according to Mezirow's levels of reflectivity. The highest number (94%) of reflections occurred at the lower three levels of reflectivity.

Later Mezirow (1990) referred to three levels of reflection. These were: (a) non-reflective action, included habitual action, such as typing, and thoughtful action without reflection, such as thinking about what one already knows about an action without deliberate appraisal of it; (b) reflective action, action predicated on a critical assessment of assumptions, or ex-post facto reflection described as the looking back on prior experiences and focusing on assumptions about a problem or the problem solving process and; (c) critical reflection, focusing on our presuppositions of our thoughts, feelings and actions about experience (p. 7). An explanation for the collapse of the original seven levels to three levels is not evident in the literature reviewed. One may conclude when comparing the definitions that reflectivity, affective, discriminate, judgmental, and conceptual reflectivity would be considered in the broader definition of reflection. Psychic and theoretical reflectivity would fit best in the level of critical reflection.

Using Mezirow's revised framework, Wong et al. (1995) conducted a study to determine if Mezirow's three levels of reflectivity could be used to assess the level of nursing student reflection from reflective journals. The researchers analyzed 45

reflective journals from a group of registered nurses taking a course on education in nursing as part of a BScN program. Five coders were involved in allocating the reflective journals into the non-reflector, reflector, or the critical reflector categories. To establish reliability the number of coding agreements were compared to the number of coding disagreements. The reliability co-efficient was 0.88. Of the 45 coded reflective journals, six were categorized as non-reflective, thirty-four as reflective, and five as critically reflective. Replication of this study is required to establish the general reliability of the coding instrument.

As more courses in nursing education incorporate a reflective component, a means of establishing nursing students' reflective ability is important. There is little research depicting accurate measures to identify the extent of reflection in written work. Specific descriptors of reflective levels would assist educators in identifying nursing students' reflective ability. More research in this area would benefit nursing education.

Reflection and Practice

The concept of the reflective practitioner has been applied within nursing practice as a strategy for ongoing professional development, and as a component of professional accountability (Clarke, 1986; Greenwood, 1993; Jarvis, 1987; Powell, 1989). There is an assumption reflection is linked to the practice of expert nurses (Benner, Tanner, & Chesla, 1996). Benner et al. suggested nursing students need the opportunity to develop skills in reflection on practice to stay true to practice issues.

McCaugherty (1991), in an action research study, developed and evaluated a teaching model that aimed to improve the integration of nursing students' theory and practice. Experimental groups of nursing students participated in reflective tutorials three

to four times a week. The focus of the tutorials was on the students' clinical experience on a general surgical unit. The nursing students were asked reflective questions about their clinical practice. The aim of the tutorials was to facilitate the link between theory and practice. The control groups consisted of comparable students on an adjacent clinical area. The control groups were not exposed to the reflective tutorials. Both groups' understanding of patient care were checked by two spot-checks over a nine month period. Nursing students' responses were scored on their ability to reason and display a depth of understanding about the patients for whom the students were caring. Twice as many experimental students scored in the "good" category. Twice as many control group students scored in the "poor" category. McCaugherty concluded this method encourages a discussion of nursing as it is in practice, not how it is portrayed in theory. Nursing students, through their reflection on their experience, were encouraged to develop a holistic view of the patient. Through reflection on practice, nursing students were able to integrate theory and practice.

McCaugherty's study did not indicate the specific questions posed to elicit the nursing students' reflective responses. What it reinforces is that the application of theory can be enhanced through tutorial work immediately after practice. Such a method may then serve as an alternative to reflective journal writing. Nursing students may appreciate this strategy to reduce the amount of written work associated with a clinical practice course. The results of a comparative study examining nursing students' reflective responses in a journal verses a reflective tutorial might add to the number of strategies that are known to promote reflection. Further study on more diverse strategies would

also enhance clinical educators' beliefs about the validity of the various reflective strategies in education.

Short and Rinehart (1993) studied the reflective process in a graduate program in educational leadership for developing administrators' thinking and decision making in building expertise. Results indicated that a statistically significant change occurred in the complexity of thinking about problems and their solutions when students engaged in a reflective process (p. 519). The authors recommended that additional research should be done to determine the relationship of reflection to the advancement of expertise.

No studies were found comparing student nurses' level of reflectivity with their ability to practice. Clearly this is an area requiring further investigation in nursing.

Strategies to Promote Reflection

The literature suggests there are several strategies to promote reflection. The more we understand about reflective thinking, the more we can take from these strategies and weave them into our reflective journal writing processes. The strategies are reviewed to display the innovative ideas educators have created to develop students reflective abilities. However, how one assesses whether a student is reflective is problematic (James & Clarke, 1994).

Cruikshank (1995) used drawing as a means for students to express learning that occurred in their clinical practice. While the drawings reflected experiences representing different forms of knowledge, the drawing exercise took time, as students needed an opportunity to develop this form of expression. Students also found emotions hard to portray. Another criticism of the strategy was the drawing required verbalization to clarify its meaning. Cruikshank recognized that students required the right environment

to feel comfortable to talk about their insights and feelings. An advantage of this strategy was that students, through drawing, brought to their consciousness a greater number of issues that had previously been held at the unconscious level. As Cruikshank's work was not empirical, further research on the reflective drawing strategy is recommended. One should consider incorporating this idea as an option for those students who may be able to express themselves more clearly in pictures, rather than in words, or as an activity to promote reflection prior to discussion.

Morgan (1995) reported the use of a mythic journey scenario within a student nurse group-work session. The approach was introduced to facilitate interpersonal sharing and self-knowledge to develop critical reflection. Ten reflective groups participated in the project over two weeks. Students were introduced to a sketch of a mythic journey within which they were asked to interpret their experiences in a Bachelor of Nursing program. Students participated with enthusiasm. As this strategy was not studied scientifically, one cannot make any conclusions about its effect on reflective abilities. The approach was creative and the students enjoyed the exercise. Further study on this strategy's effect on reflection is recommended.

Bowles (1996), in a paper written about storytelling in nursing, concluded this strategy may be more practical than reflection. He stated the rhetoric surrounding reflective practice is confusing, whereas storytelling is simple and straightforward. Although he has no scientific evidence, he stated nurses' understanding of themselves, their peers, their profession, and their patients can benefit from storytelling. If storytelling is simple and straightforward, it may be a strategy to assist the development of beginning reflective skills.

One empirical study on storytelling was reviewed. Alnervik and Sviden (1996) studied the videotapes of five qualified occupational therapists during a treatment session. The aim of the study was to examine if occupational therapists' descriptions of a treatment session differed cognitively depending on whether they were asked to tell a story or to reflect on the session. Both quantitative and qualitative analysis showed procedural reasoning was predominant in storytelling and reflective practice. Procedural reasoning was described as problem identification, goal setting, and treatment planning. One conclusion reached by the authors was the subjects did not realize the need for different cognitive activities when storytelling or reflecting on practice. Subjects revealed standard procedures without comments indicating the suitability of the stereotyped actions. This study has relevance as it indicated the need for education about reflection. It also indicated subjects might reveal what they think the researcher wants to hear. The authors recommended the results be transferred with caution due to the small sample size ($n=5$).

Arseneau (1995) explained a strategy for turning experience into learning through reflection. He stated medical students must be provided with the theoretical rationale for the use of reflection in learning. One suggested reflective strategy was exit rounds. Exit rounds focused on what students learned by caring for recently discharged patients. Students were encouraged to reflect on the "big picture". Reflection was enhanced when students' reports of learning were not assessed for grades and when students reported on problematic cases. Although this paper was not empirical, it was included in this review as a strategy worthy of further investigation.

Another study examined the educational outcomes of learning by reflection (Lowe & Kerr, 1998). In an experimental design, a control-group of nursing students was taught a biological health science course by conventional methods, while the matched experimental group was exposed to reflective teaching methods. Nursing student achievement was measured using a test paper. No significant difference was found between the groups ($p < .05$). The researchers concluded that reflective teaching was as effective as conventional teaching, but the potential for enhancement of learning when using reflective teaching strategies was evident. Unfortunately the specific reflective teaching strategy was not described in the article and nursing students' perceptions of the method were not shared. Consequently, the potential of reflective learning was not made clear, and further exploration is needed.

Several authors in the anecdotal literature about reflection included cue questions to promote student's reflection on practice (Burrows, 1995; Callister, 1993; Hurtig et al., 1989; Johns, 1995; Paterson, 1995). Examples of questions were (Paterson, 1995): (a) what did you learn today and how will you apply that learning in your practice as a nurse? (b) describe a significant situation that occurred in your clinical day, why was it important to you, explain what you think happened and why (p. 215)? An alternative approach was developed by Johns (1995) who utilized Carper's (1978) ways of knowing: the aesthetic, personal, ethical, and empirical to frame the process of understanding through reflective experience (see Appendix E). Hence, Johns added reflexivity to Carper's model to guide the nature of learning through practice.

No studies were found revealing the effectiveness of cue questions to promote reflection, although the authors indicated their positive impression of increased student

understanding of reflection following the review of cue questions. More research regarding the effectiveness of these cue questions is needed. Educators need to have some proven strategies on hand to guide the students' reflection on their experience.

Two authors, Davies (1995) and Shields (1995), used a combination of debriefing and journal writing as strategies to promote reflection. Davies used a grounded theory approach to study the effect reflection on clinical practice experience had on six first year students as learners and care providers. The reflective processes of debriefing at the end of each clinical day and journal writing during the clinical practice experiences were used. Students were individually interviewed three times over a six month period to assess the effects reflection had on their clinical practice. Results indicated reflective sessions influenced the environment of learning, the process of learning, and the focus of learning. Anxiety associated with the learning environment was reduced by peer and faculty support given during the debriefing sessions.

This finding was similar to the findings of Stoddart, Cope, Inglis, McIntosh and Hislop (1996) who, in a qualitative study of 19 nursing students' views on reflective groups, found students liked the strategy for the support they received. The objective of stimulating reflection-on-action in this study was not attained. Stoddart et al. indicated the students might have misunderstood the purpose of the reflective groups.

Students in the Davies (1995) study demonstrated effects of reflection beyond peer and faculty support. By the third interview, students were identifying their own learning needs, exploring resources to meet these needs and focusing on their patients holistically. As this study was qualitative, it represented a small number of student experiences. Therefore, transferability may be an issue. One does not know if similar

students would have made the same progress without reflective debriefing and journal writing. What is recommended is the replication of the methodology as the growth in reflective ability demonstrated by the sample is worthy of further study.

Shields (1995) in a qualitative, descriptive, and participative study, asked eleven diploma-nursing students about their perspectives of reflection. Three students indicated mental rehearsal was useful in preparing for difficult clinical situations. Mental rehearsal was defined by the students as reflecting by looking forward and doing some mental work prior to the experience. Eight students highly valued debriefing after clinical practice. The debriefing process included an individual review of clinical experience with a study supervisor. Students were given some direction in the debriefing process to guide their reflective journal writing. Initially students found journal writing to be difficult. Over time they recognized the difference between writing about experience descriptively and writing reflectively. Overall, the students' reflective skills increased. This study revealed student perceptions of reflection such as, insight, is gained through reflection, and reflection promotes learning. One wonders how teachers managed to debrief individual students, how often were journals submitted to the faculty, were the journals graded, and what were the thoughts of students having difficulty with the reflective process? This study is worthy of replication with consideration given to the previous questions.

Wong et al. (1997) used an action research methodology to explore how teaching and learning strategies could be arranged to maximize reflective learning among post registration nurses. Three cycles of the planning-evaluation-reflection action research spiral were completed. Seventy-three nursing students in a professional issues class were

asked to identify one theme from a list of eight. Students were asked to submit four journals, and a final reflective paper related to their theme. Only the final paper was graded. Also, students were scheduled to attend four dialogue sessions. It was observed that both journal writing and dialogue facilitated reflection. Journals were assessed for levels of reflectivity using the Wong et al. model (1995). Among the reflectors, one seventh were at the critical level and six tenths at the reflective level. The research team noted the reflectors possessed the qualities of open-mindedness, willingness, and commitment. The strategy described by Wong et al. (1997) makes intuitive sense. One would be more convinced if the levels of reflectivity were reported at the end of each phase. As the journal entries were not graded, students may not have given good effort until they were writing their final paper.

Teekman (2000) qualitatively studied reflective thinking in the actual practice of ten registered nurses. He implemented a qualitative research method called "Sense-Making". The nurses analyzed ten non-routine self selected nursing situations. The interview questions focussed on the explanation of the evolving situation, feelings, concerns, and anything that helped or hindered the understanding of the situations. The thinking processes were analyzed. The study uncovered three hierarchical levels of reflective thinking. Reflective thinking-for-action, described as the thinking on the here and now, was the most common form of reflection. Next, the reflective thinking-for-evaluation was described as the realization of multiple perspectives. The third level was the thinking-for-critical inquiry, which was not demonstrated by the registered nurses (p. 1125). Teekman concluded, "learning from reflection is not automatic. It requires active involvement and a clinical environment supportive toward the learner's need" (p. 1134).

These findings are similar to the findings of Wong et al. (1995). A study implementing the Sense- Making methodology with nursing students as a sample would add to the understanding of undergraduate nurses' level of reflective ability.

Uses of reflective journals. Several purposes for journal writing have been described in the literature. These purposes included: the examination of learning needs (Sedlak, 1992); the connection of thought, feeling, and action (Lukinsky, 1990); the integration of theory, research, and practice (Lukinsky, 1990); the release of feelings about clinical practice, and to increase observational skills (Callister, 1993); the enhancement of faculty-student dialogue (Lukinsky, 1990; Paterson, 1995); and the diagnosis of students' writing skills (Heinrich, 1992).

Most of the literature on reflective journals is anecdotal. However, there have been a few studies on the strategy of journal writing. Sedlak (1992) used a descriptive study design to examine the learning needs of non-traditional and traditional nursing students during their first clinical experience. Traditional students (n=10) were female, single, less than twenty-one, and recent high school graduates. The non-traditional students (n=10) were over twenty-one, married, and included some males. Students wrote a weekly log for ten weeks about their reactions to clinical experience. Analysis of the logs resulted in the finding of differences between the two groups. The traditional students were more focused on the technical aspects of nursing, and used external motivation in the form of client feedback. The non-traditional students were more able to look outside themselves, and focus on the client and contextual issues of practice. This latter group used internal motivation through self-evaluation of their accomplishments.

The study indicated that maturity and life experiences might influence differences in reflective ability.

Landeen, Byrne, and Brown (1992; 1995) evaluated the use of journals as an educational strategy, quantitatively and qualitatively. The quantitative segment compared a group of nursing students keeping a journal to two other nursing student groups not keeping journals. Results indicated the journal writing group attained a greater change in comfort level pre-to-post clinical experience. The qualitative segment examined the content of the journals to explore their usefulness in the identification of student nurse issues arising from the clinical experience in psychiatry. Students were given twenty minutes at the end of each clinical day to reflect and write about a significant clinical experience. Journals were submitted bi-weekly to teachers for feedback. Written teacher feedback enhanced student learning through clarification and the offering of alternative views. Landeen et al. found the journals rich with examples of the range of student experiences. Some students did not reflect, whereas others appeared to write about what they thought the teachers wanted to hear. Some students did progress beyond the description of experience to analysis, with the incorporation of varied perspectives.

One factor influencing these results may have been the time available for reflective writing. Initially the twenty-minute reflective time frame used in this study looked like an appealing strategy. One can see from the results that this may have been insufficient time for nursing students. Students may have been tired, and therefore, uncommitted to the task. Reflectors may have had the ability to reflect due to previous experiences. Student perceptions of the exercise were not specifically addressed.

Tryssenaar (1995) completed a similar study with a sample of twenty-one occupational postgraduate students in the area of mental health practice. Students were required to submit a journal biweekly for eight weeks. The journals were graded for twenty percent of the final course grade. At the end of the course, students were asked to submit their journals voluntarily for a retrospective content analysis. Over time, reflective ability changed from an egocentric focus to a more critical understanding of mental health practice. As student trust developed, increased self-disclosure occurred. Faculty members in their feedback to students were able to model reflectivity. Overall, students in their final evaluations viewed the journal writing strategy as positive. Tryssenaar concluded the journal writing strategy had the potential to promote reflection.

In a qualitative study, Smith (1998) investigated undergraduate nursing students reflection about practice over three years. Nursing students revealed, through written critical incidents, the complexity of learning about becoming a professional and as a consequence, what they learn about themselves. Preoccupation with the emotional aspects of nursing care was evident. This study is the one study located that used symbolic interactionism as its conceptual framework. Therefore, this is a key study to be considered during the data analysis.

The literature reveals that reflective journal writing is used in nursing education for many reasons. However, students' perspectives on reflective journal seem to be generally lacking in the literature reviewed up to this point.

Limitations of reflective journals. Reports of the limitations were primarily in the anecdotal literature with the exception of a study by Kitchener and King (1981). They reported most college students were not ready for mature critical reflection. Kitchener

and King postulated reflective judgement begins in the pre-teen years and progresses through seven stages with the seventh stage occurring after the age of twenty-five. Nurse educators may be asking nursing students to reflect at a level they have not yet developmentally achieved.

Andrews (1996) identified three problems inherent in reflective journal writing. Firstly, individuals may find it difficult to verbalize the rationale for their actions. Secondly, they may only recall what they want to (Newell, 1992), and finally, they do not always do what they say they do.

Another limitation of reflective journals discussed by Paterson (1995) was the student's level of trust in the teacher. Students may write non-reflectively until they have established the trustworthiness of the teacher. Landeen et al. (1992) wrote this level of trust takes time. Confidentiality of journals must be assured (Tryssenaar, 1995). Paterson stated students must know the purpose of journal writing, for if they do not know the purpose, they may regard the activity as busy work.

Holmes (1997) suggested the benefits of journal writing might be negated by evaluative teacher comments. She suggested teacher comments should be non-judgmental, should provide alternative insights, and should model reflection.

James and Clarke (1994) wrote there was no evidence to support journals, and educators had no means to assess if reflection had taken place. Despite the limitations identified, the literature reviewed to this point has indicated reflection occurred given the right learning environment, student maturity, and teacher support.

Students' Perceptions of Reflective Journals

There was little empirical evidence in the literature about students' perceptions of reflective journal writing. Several authors reported nursing students' responses to reflective journal writing. However, the means of measurement of these responses were not indicated. Cameron and Mitchell (1993) wrote that not all students responded positively to journal writing. Students started enthusiastically, and became indifferent after several weeks. Paterson (1995) stated some students never seemed to understand the journal writing expectations. Baker (1996) contended students viewed the expected sharing of feelings as an invasion of privacy.

Short and Rinehart (1993) interviewed graduate students and reported many had an increased sense of multiple perspectives in framing issues and alternative courses of action following a reflective experience. Shields (1995) interviewed eleven diploma students to determine their perceptions of reflection and journal writing. The conclusions indicated students valued reflection, and developed reflective skills through journal writing, mental rehearsal, and debriefing.

As only one study qualitatively measured student perceptions of reflection, this is an area in need of further study. More nursing practice courses are including reflective journal writing as an assignment. What is unclear is how the reflective journal writing strategy should be managed so nursing students effectively learn from their practice.

Visual Summary

A schematic representation of the literature review is included (see Figure 1). The context of the literature review is the conceptual framework, symbolic interactionism. Through interaction with self, nursing students note aspects of clinical experience. The

aspects of experience noted may be influenced knowledge, past experience, time, and interaction with others. Nursing students interpret the experience through interaction with self and others. As a consequence of the interpretation, a new perspective develops. Reflective journal writing and other reflective strategies may enhance the development of this new perspective. According to the literature, the level of reflectivity is influenced by interaction with others, time, trust, grading, and one's ability to apply knowledge. The literature also reveals several outcomes of reflective journal writing. These include ongoing interpretation of experience, continuing competence, application of theory, and ongoing questions. The experience of writing a reflective journal is a form of self-interaction. The process of interpretation of experience to uncover the meaning of clinical practice is continuous.

Summary of the Literature Review

Literature related to the processes and levels of reflection, reflection and nursing practice, strategies to promote reflection, and student perceptions of reflective journals has been reviewed. Various conceptual models, depicting reflection, were reviewed. All have three elements in common. Atkins and Murphy (1993) identified these as awareness of uncomfortable feelings and thoughts, critical analysis of feelings and knowledge, and a new perspective.

Several qualitative studies on reflection were critiqued. The conceptual framework, symbolic interactionism, guided this critique. Through examination of the qualitative studies and self-reflection on the content, an understanding of what is known and not known about reflection and reflective journal writing was developed. In summary, the studies indicate reflection can be learned given the appropriate learning

environment; levels of reflection can be assessed; and reflective ability can be influenced by maturity. Teacher influences on reflection were not addressed in this review.

Questions requiring further study included: does reflection have an effect on one's ability to practice and what are student nurses' perceptions of reflective journal writing? Do students view reflective journal writing as a learning opportunity or as tedious busy work? Are students able to describe changes in their practice occurring as a consequence of reflection? To what extent do students write to please the teacher and why do they do this? The development of a qualitative study focusing on nursing students' perspectives of reflection will add to the increased understanding of the value of reflective journal writing.

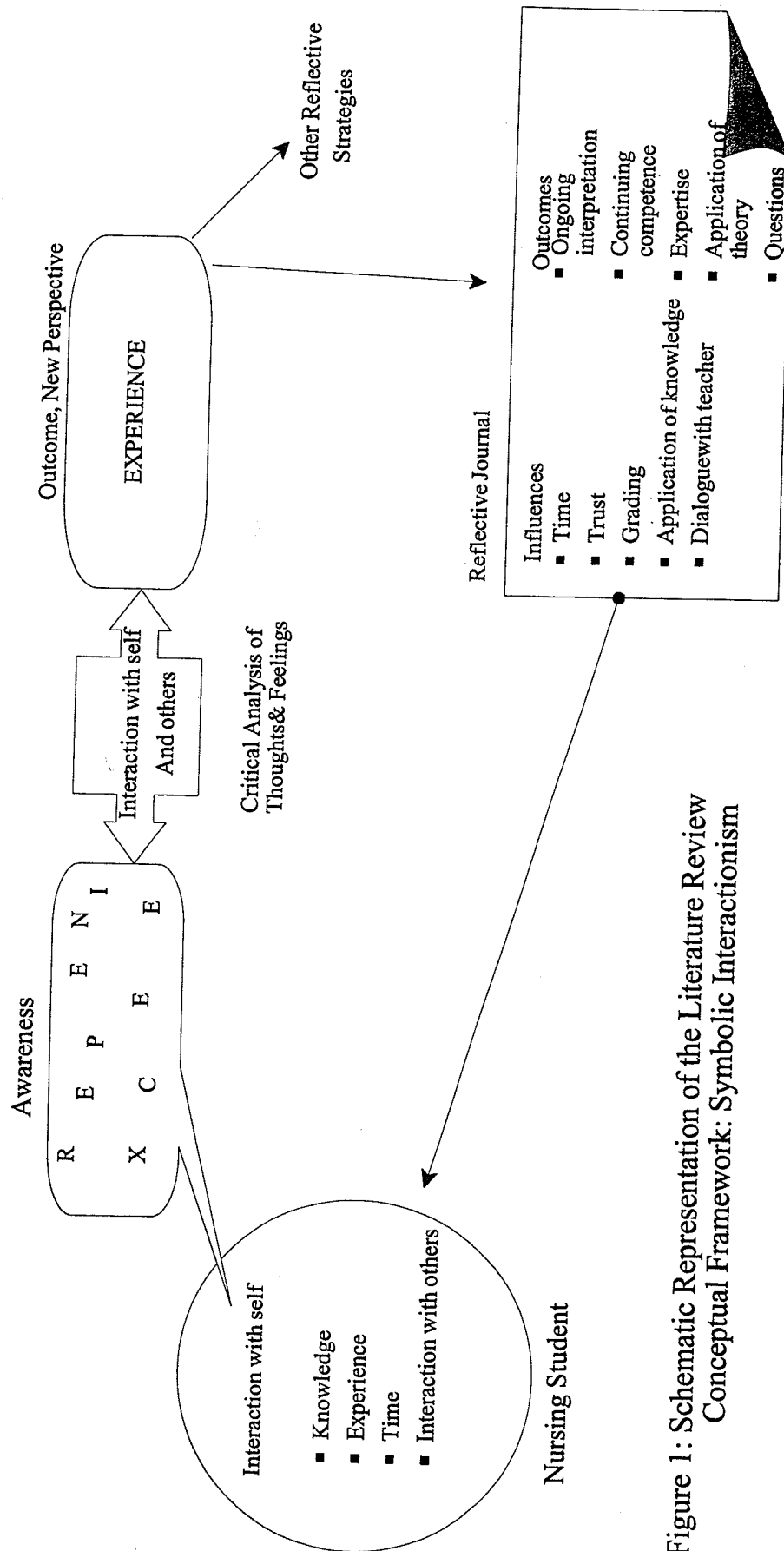


Figure 1: Schematic Representation of the Literature Review Conceptual Framework: Symbolic Interactionism

Chapter Three

Methodology

A qualitative exploratory design based on the conceptual framework of symbolic interactionism was selected as the best approach to explore the critical issues for nursing students in writing reflective journals. Nursing students' perspectives on reflective journal writing were explored through interaction via a semi-structured interview. Exploratory designs assist the researcher in "asking about the previously unexamined, everyday occurrences, trying to tease-out the essence of what is going on" (Brink & Wood, 1989, p. 142). In this chapter, the rationale for the chosen methodology is reviewed. The participant selection process, data collection, data analysis, the means of establishing trustworthiness, and the ethical considerations for this study are presented.

Research Design

"Qualitative research is undertaken when there is little known about a phenomenon, or when the investigator believes that the present knowledge may be biased" (Morse & Field, 1995, p. 10). Qualitative researchers have identified several characteristics of their research. The characteristics include: (1) belief in multiple realities, that is participants come to know phenomenon in different ways, (2) commitment to the participant's viewpoint, (3) commitment to understand the varied meanings the participants may hold of the phenomenon under study, (4) acknowledged participation of the researcher in the research and consequently, the presence of subjective bias as the researcher is the interviewer and interpreter, and (5) commitment to report the findings in a literary style rich with participant quotations, commentaries, and stories (Streubert & Carpenter, 1999).

The rationale for choosing a qualitative approach is directly related to the characteristics of qualitative research. As the findings of the two nursing studies on students' perspectives of reflective journal writing differ from this researcher's experience and some of the anecdotal literature, a qualitative research study was indicated to clarify what is known about this phenomenon (Chenitz & Swanson, 1986). The conceptual framework, symbolic interactionism, guided the exploration of each participant's perspective on reflection to uncover critical issues in writing reflective journals. Although each participant's perspective will be unique, "patterns do exist as people tend to make sense of their experience in similar ways" (Mateo & Kirchoff, 1999, p. 280).

Methodological Decisions

Several qualitative approaches were considered for this study. An exploratory design was chosen as it offers the most flexibility (Brink & Wood, 1989). Exploratory studies are designed to illuminate the various ways in which phenomena and the underlying processes of the phenomena are manifested (Polit & Hungler, 1999). When a problem has been identified, and there is little empirical literature on the topic, the exploratory design assists the researcher in uncovering the participant's perspective. Therefore, the exploratory design was chosen as the most appropriate method to investigate the research question to develop a deeper understanding of nursing students' perspectives of the reflective journal writing experience.

Participant Selection Process

The strategy for the participant selection process in this qualitative, exploratory study was purposive. Morse and Field (1995) describe two guiding principles for qualitative sampling. The first principle is appropriateness. The researcher must make a decision regarding who can best respond to the research question. The second principle is adequacy. There must be enough data to develop a full and rich description of the phenomenon.

The literature on exploratory studies suggests the target population is anyone who has experienced the concept under study (Brink & Wood, 1989). Participants must have a perspective on reflective journal writing, and be willing to share their perspective with the interviewer (Brink & Wood; Coyne, 1997). Brink and Wood suggest a small purposive participant selection strategy be implemented when the study is exploratory. Polit and Hungler (1999) indicate a sample size of ten is sufficient in a qualitative study if the sample is homogeneous. Further, Polit and Hungler recommend a larger sample size if disconfirming evidence is sought. The two nursing studies reviewed in Chapter Two that included evidence of nursing students perspectives of reflective journal writing had a sample size of eleven (Shields, 1995) and eight (Richardson & Maltby, 1995).

Therefore, 10 third and fourth year University of Manitoba nursing students were asked to participate in this study by sharing their perspectives of reflective journal writing in a semi-structured interview. As reflective journal writing is a requirement in second year clinical courses, all third and fourth year nursing students have used the reflective journal writing strategy. The development of a perspective takes time and experience. The time frame for the data collection was mid-2000. Therefore, the more experienced

third and fourth year students were the most appropriate choice to ensure rich and complete data collection.

Recruitment

The Dean of the Faculty of Nursing, University of Manitoba was contacted in writing to request access to third and fourth year nursing students (see Appendix F). This letter included a brief description of the study, and information about how students would be contacted. This letter also included information about how the students would be ethically protected during the research process. This letter was sent after the study was approved by the Ethical Review Committee of the Faculty of Nursing, University of Manitoba. Once approval was granted, third and fourth year clinical course leaders were contacted to ensure understanding of the study, and request ten minutes of class. The class time was used to explain the study and to invite the nursing student's participation (see Appendix G). Students were given a letter outlining the study and including the researcher's phone number and e-mail address. Attached to the letter was a response sheet that interested students completed with their name, phone number, and a suggested time for a researcher follow up call. An envelope labeled with the researcher's name was circulated for the students to submit their forms. All students were asked to submit their forms whether complete or not, to protect student confidentiality. Students requiring more response time were asked to contact the researcher by phone or by e-mail. The researcher left the room when the envelope was circulated. One student was asked to seal the envelope, and to give it to the researcher. As more than 10 nursing students volunteered, the participants were drawn randomly. Students not interviewed were thanked for their willingness to participate.

Setting

Given that all participants were nursing students at the University of Manitoba, the interviews were conducted in a private office to protect confidentiality. Plans were made to ensure the interview site chosen was free from interruptions and distractions (Chenitz & Swanson, 1986).

Data Collection

Researchers may collect qualitative data from interviews, observations, documents, or from a combination of these sources (Streubert & Carpenter, 1999). The conceptual framework, symbolic interactionism, guided the exploration of the participant's perspectives on reflection to uncover critical issues in reflective journal writing. Although each participant's perspective was unique, "patterns do exist as people tend to make sense of their experience in similar ways" (Mateo & Kirchoff, 1999, p. 280). Therefore, in this study, data were collected by semi-structured interviews.

"The semi-structured interview is used when the researcher knows most of the questions to ask but cannot predict the answers" (Morse & Field, 1995). There are several advantages of interviews. The interview is useful for uncovering the subjective side or the "native's perspective", discovering complex interconnections in social relationships, obtaining large amounts of rich data quickly, detecting data on non-verbal communication, and facilitating co-operation from the participants (Burns & Grove, 1993). Also, because the interview is face to face contact, any participant misunderstanding can be clarified.

Burns and Grove (1993) indicate two weaknesses in the interviewing strategy that are relevant to qualitative research. The first weakness is the interview does depend on

the honesty of the participants. Secondly, the researcher must depend upon the cooperation of a small number of informants.

Douglas (1976) contends it may be problematic to know reliably that people are being open and honest. How truthful are the participant's responses? He states "conflict is the reality of life, suspicion is the guiding principle" (Douglas, 1976, p. 55). Lofland and Lofland (1995) assert that Douglas's view is on one end of the continuum and the view of most qualitative researchers somewhere in the middle. They contend qualitative researchers should "adopt a stance combining trust with a heady dose of skepticism and suspicion mixed in large portions of faith" (Lofland & Lofland, 1995, p. 55). There is no basis for the participants to lie about their reflective journal writing experience. The researcher has no power over the students. As the nursing students volunteered to participate in the study, they must be interested in the topic, and therefore, had no reason to lie (Lofland & Lofland, 1995). Nursing students were asked to share their perspectives in an open and honest manner to aid in revealing rich data.

The goal of the semi-structured interview is to seek out, through interaction, the participant's experience of a particular topic (Lofland & Lofland, 1995). As the conceptual framework of this study was symbolic interactionism, interaction with the participants about their perspective of reflective journal writing through a semi-structured interview was the most appropriate data gathering strategy. The relationship between the semi-structured interview questions and the conceptual framework is described in Appendix K.

The interviews were comprised of three stages. The first stage was the introduction. The introduction started with social conversation, and then proceeded to an

explanation of the purpose of the study and an explanation about confidentiality. The confidentiality explanation included assurance that all transcripts would be labeled with a code number and the participants' names and matching code number will be stored in a locked filing cabinet separately from the transcripts. Participants were informed that it would be necessary for the researcher to follow-up any previously unreported unsafe practice situations shared in the interview. Additionally, participants were told that any reference to an educator would be deleted from the transcripts. Time was taken to review and sign the consent, and to collect demographic data (see Appendix I). The participants were encouraged to answer all the questions freely or not answer questions if they so chose. All interviews were tape-recorded.

The second stage consisted of the composed interview questions (see Appendix J). To aid in eliciting specific information from the respondents more general questions were asked initially (Chenitz & Swanson, 1986). Throughout the interview, probes were used to encourage the participants to share more detail about their experience. A probe is a communication technique that is used to assist in examining what is on the other person's mind, what the person really thinks and feels. Once a probe is used the researcher must be silent to give the participant a chance to interact with the self, or in other words to mull over what has been said and think about what will be said next (Lefton, Buzzotta, Sherberg, 1980). Neutral probes keep the flow of information going or encourage the participant to think more deeply. Examples of neutral probes are; "tell me further, and tell me more". Another type of probe that was used to encourage the participant to continue sharing, or to draw out further information is termed brief assertions of interest (Lefton et al., 1980). Brief assertions of interest included comments

such as; “hmm-m-m, I see, that’s interesting”, and non-verbal techniques such as; leaning forward, an appreciative smile, nod of the head, and eye contact. Summary statements are another type of probe that may be used to ensure understanding of the participant’s comment. Summary statements included probes such as; “as I understand, and if I hear you right”.

The third stage, or closure, occurred within the one-hour time frame. Chenitz and Swanson (1993) recommend that the end of the interview be handled as an interruption, not a termination. Participants were asked for permission to make a follow-up call phone for clarification of data as necessary.

Data Treatment

The tape-recorded interviews were reviewed immediately by the researcher in privacy. Memos regarding non-verbal participant behavior and immediate researcher reactions to the data were initiated. A hired transcriptionist transcribed the interviews. The transcriptionist was instructed to double space and leave a right-sided three to four-inch margin to facilitate the beginning of the data coding (Streubert & Carpenter, 1999). The audiotapes and the transcriptions were assigned a code number. The participant’s names and corresponding code numbers were kept under lock and key, and separated from the data. Following transcription, the tapes were listened to again to check for any errors in transcribing the interviews. Any changes in the participant’s voice inflection and/or pauses were noted. By listening to and reading the whole interview, rudimentary analysis began (Sandelowski, 1995). Memos were included with the transcript of the interview.

Data Analysis

The data analysis for this study can be described as a method of thematic content analysis (Burnard, 1991). "This approach has been adapted from the work of Glaser and Strauss on grounded theory as well as from various work on content analysis" (Burnard, p. 461; Glaser & Strauss, 1980). When using thematic content analysis, it is assumed that the data are collected by semi-structured interviews, the interviews are recorded in full, and the entire recording has been transcribed. In this study all of these assumptions have been addressed.

The aim of the data analysis is to "produce a detailed and systematic recording of the themes and issues addressed in the interviews and to link the themes and the interviews together under an exhaustive category system" (Burnard, 1991, p. 462). To assist in the researcher's analysis, a reflective journal was kept. The purposes of the reflective journal were to help in the development of the meaning of the emerging themes, to assist in bracketing personal preconceptions or biases about reflective journal writing, and to record questions as they arise from the data.

The actual method of analyzing the qualitative interview data was a stage-by-stage process. Initially, the topics covered in each interview were noted immediately in memos. The memos were dated, titled, and filed (Chenitz & Swanson, 1986). The audiotapes were replayed as a review and transcribed. The transcriptions were read several times until general themes emerged from the data. The themes were identified with a descriptive phrase using the participant's language, where possible. Next, open coding of the interview transcripts occurred line by line. Issues unrelated to the content, or dross, as described by Field and Morse (1985) were excluded from the coding. The

categories were reviewed and collapsed into broader categories. The new categories were reviewed and similar categories, where possible, were collapsed to produce a final list. The lists were compared and adjusted as necessary. Several transcripts were re-read alongside the finally agreed list of categories to ensure all aspects of the interview were covered. Adjustments to the categories were made as necessary. The categories were highlighted with different colour markers to identify the various categories. To assist in broadening the thinking about the data, the Committee Chair transcribed one interview. Furthermore, one participant was asked to check the appropriateness of the categories and further adjustments were made as necessary. Each category was described with various examples from the data. The original interviews were referred to as necessary to ensure the expressed meanings of the participants were maintained. A secondary literature review was completed to compare the findings with previous research. The secondary literature review assisted in filling any gaps (Streubert & Carpenter, 1999). Going back to the literature enhanced the development and explanation of the categories (Strauss & Corbin, 1990).

The completion of the stages resulted in a thematic content analysis as described by Burnard (1991). It is assumed it is reasonable to compare the interview data to develop the common themes.

Means of Establishing Trustworthiness

Lincoln and Guba (1985) suggested four criteria for establishing the acceptance of qualitative data and analysis as trustworthy. The four criteria are credibility, transferability, dependability and confirmability.

Credibility is defined as “confidence in the truth of the data” (Polit & Hungler, 1997, p. 304). To implement the credibility criteria the researcher must “carry out the inquiry in such a way that the probability that the findings will be found to be credible is enhanced and the researcher must demonstrate the credibility of the findings by having them approved by the constructors of the multiple realities being tested” (Lincoln & Guba, 1985, p. 296). Briefly, the researcher must report the perspectives of the participants clearly and accurately.

Transferability may be compared to generalizability in quantitative research (Lincoln and Guba, 1985; Polit & Hungler, 1999). “It has been widely held that qualitative research is inherently ungeneralizable or that the term generalizability is not appropriately applied to qualitative methods” (Morse, 1997, p. 191). It is the researcher’s responsibility to provide proper thick description so that transferability decisions are made by potential appliers of the data (Lincoln & Guba). A purposive sample was selected to ensure the data were rich.

Dependability may be described as the “stability of the data over time and over conditions” (Polit & Hungler, 1997, p. 306). In qualitative research, the unique experiences of the participants are examined. Repetition of these same experiences can never be met, “just as one can never cross the same stream twice” (Lincoln & Guba, 1985, p. 299). Another researcher, though, should be able to examine the data, categories, and category definitions and arrive at similar conclusions.

Confirmability refers to the degree to which the “findings, conclusions and recommendations are supported by the data” (Polit & Hungler, 1997, p. 307). The perspectives of the participants must be objectively reported in a manner free from

researcher bias. The exceptions or outliers in the data must be considered by asking the question, "do any data oppose the conclusion, or are data inconsistent with this conclusion" (Miles & Huberman, 1994, p. 27)? The consideration of outliers may add variation and depth to the understanding of nursing students' perspectives of reflective journal writing (Lincoln & Guba, 1985; Morse & Field, 1995).

To meet the criteria for trustworthiness the following techniques were implemented:

1. Prolonged Engagement: Lincoln and Guba (1985) suggest that prolonged engagement is an activity that will make the findings more credible. Prolonged engagement is described as building trust with the participants and learning their culture. This researcher has over 15 years of education experience with nursing students in practice settings. Five of these years included working with nursing students as the students developed and wrote their clinical practice based reflective journals. As a consequence, this researcher was aware of the overall nursing student practice experience, and had an understanding of practice variations from course to course within the nursing program. Although nursing students may not know the researcher personally, they may recognize the researcher as a former clinical education facilitator or as a course leader of a nursing clinical practice course. To enhance the development of trust the interviewed participants did not have an academic link with the researcher.

As a consequence of prolonged engagement, and the researcher's role as a nurse educator, the possible effects of the insider were acknowledged. On the practical side, the insider may gain access easily, may take less time to "learn the

territory”, will speak “the language” of the participants, and can also verify participants’ reports against personal experience. As insiders are so accustomed to the many aspects of their culture it is possible to lose objectivity (Morse & Field, 1995). Therefore, this researcher wrote assumptions and beliefs about reflective journal writing in a personal reflective journal prior to the first interview (see Appendix H). By acknowledging previous knowledge, values, and beliefs the researcher was more open to the experience of the participants, not the preconceptions of the researcher (Rew, Bechtel, & Sap, 1993). The researcher’s reflective journal helped to identify areas of potential bias. Also, through recording thoughts and feelings about reflective journal writing in a personal journal, the researcher bracketed individual ideas and therefore ameliorated the impact of the insider perspective on the data analysis.

2. Peer Debriefing is suggested as another technique by Lincoln and Guba (1985) to enhance credibility. Debriefing with the thesis chair helped to keep the researcher “honest” through the probing of researcher biases, researcher definitions, and methodological decisions. These interactions assisted the researcher in reaching clarity of thoughts, but also assisted in the development of coping strategies to aid in the completion of a quality project.
3. Member Checks are both formal and informal, and occur continuously (Lincoln & Guba, 1985). This technique is crucial for establishing credibility. Member checks include the checking of data, interpretations, and conclusions with the participants for completeness and for correctness. In this qualitative study, the researcher periodically rephrased the participant’s responses during the interview, to ensure

the correct understanding of the participant's remarks. In the termination stage of the interview, data were summarized to check again for accurate researcher interpretation. Prior to closure of the interview, participants were asked if they had any additional comments to make.

4. The development of the audit trail has been emphasized recently to clearly document the researcher's decisions, choices, and insights (Morse & Field, 1995). Rodgers and Cowles (cited in Morse & Field, 1995) describe several methods to develop an auditable trail. A personal reflective journal was written about data collection, data analysis procedures, and questions that arose from the data. This journal clearly indicated at what time and for what reasons any changes were made. In accordance with ethical standards, the audit trail will be stored for ten years.

In summary, four techniques were applied in this research study to meet the criteria of trustworthiness. The techniques included prolonged engagement, peer debriefing, member checks, and an audit trail.

Ethical Considerations

Polit and Hungler (1999) identify three principles of ethical research. The principles include beneficence, respect and human dignity, and justice. Beneficence is freedom from harm and exploitation, and a reasonable risk ratio. Respect and human dignity are described as the rights to full disclosure and informed consent. Justice is described as the right to fair treatment, privacy, and confidentiality. The three principles are discussed in more detail in the following sections. The application of the principles in this study are also reviewed. Furthermore, to ensure that this study is

ethically sound, the research proposal was reviewed and approved by the Ethical Review Committee, Faculty of Nursing, University of Manitoba.

Beneficence. It is difficult to determine specifically at the outset of the qualitative study the risks and benefits to the participants. Qualitative research is important in the generation and refinement of nursing knowledge (Burns & Grove, 1993). One benefit to the participants is an increased understanding of qualitative research due to their involvement (Mateo & Kirchoff, 1999). The participants may also identify, through the sharing of their reflective experience, their ability to think critically. A potential benefit is a clearer understanding of the process nursing students' experience as they write reflective journals. An understanding of the process may result in effective teaching strategies to help students develop their reflective ability. An increase in the student's reflective ability might result in an improvement in student's clinical practice. Also, nursing students' could opt to receive a summary of the research findings.

The risks the participants may experience were minimal. The participants volunteered one hour of their time to be interviewed. This may have resulted in some inconvenience. All efforts were made to interview the participants at their convenience in a suitable location.

Respect and human dignity. All research participants have the right to informed consent. Consents must contain four criteria: 1) disclosure of essential information, 2) comprehension, 3) competency, and 4) voluntarism (Burns & Grove, 1993). All participants were asked to sign a consent form prepared with consideration given to the four criteria (see Appendix L). All study participants have the right to privacy and confidentiality (Polit & Hungler, 1997). All data, memos, tape recordings and transcripts

will be kept confidential. Participants were informed that only the thesis committee, and the transcriber had access to the raw data. The transcriber was asked to sign a confidentiality pledge. Participant code lists and participant demographic data will be known only by the researcher, and stored separately from the taped interviews and transcripts. All data will be stored in a locked filing cabinet for ten years.

Justice. All participants have the right to fair treatment (Polit & Hungler, 1999). In this study several aspects of fair treatment were applied. Participant selection was based on the research requirements and not on convenience. In addition, all participants were informed of their right to withdraw from the study at any time, the right to access the researcher to clarify information, the right to refuse to answer any question, and the right to have access to the research findings.

Summary

In this chapter the research design and the methodology was presented. Additionally the chapter has elaborated on the measures to enhance trustworthiness and on the ethical considerations taken into account.

The impact of reflective journal writing on nursing students has been minimally studied. Much of the literature on reflective journal writing in nursing education is anecdotal. The following chapter includes the analysis on nursing students' perspectives on reflective journal writing and the impact of reflective journal writing on the development of their nursing practice. This research contributes to the knowledge in this area.

CHAPTER FOUR

Findings of the Study

The purpose of the study was to explore nursing students' perspectives of reflective journal writing to further the understanding of reflective journal writing as a learning strategy in nursing undergraduate programs. To understand nursing students' perspectives of reflection, it was essential to interview nursing students to uncover their meaning of reflection, how their meaning of reflection developed, the language and symbols used to describe their reflective journal writing experience, and how reflective journal writing redirected their nursing practice (behaviour). This dynamic process of uncovering the meaning inherent in the experience was informed by the conceptual framework symbolic interactionism, as described by Blumer (1969).

The analysis of the data provided by 10, third and fourth year nursing students, revealed the major theme "becoming professional." Throughout the reflective journal writing experience nursing students interpreted their clinical practice. These interpretations were incorporated into their own view of self as a professional. The nursing students' view of self as a professional was developed through three aspects of inter-related learning. The three aspects of learning were developed as the sub-themes: (1) learning about reflection, (2) learning about self, (3) learning about nursing practice. Within each theme several categories were identified. This chapter includes a description of the participants (nursing students), as well as a description of the findings within each of the themes. The words of the nursing students are used to exemplify the categories. A summary of the major findings concludes the Chapter.

Description of the Participants

Ten third and fourth year nursing students in the Faculty of Nursing, University of Manitoba were recruited. All of the nursing students had written reflective journals about their clinical practice. Personal experience with reflection beyond the nursing course requirements varied. Several participants revealed they reflected “all the time,” whereas two participants stated that reflection was predominant in specific stages of their life, such as times of “increased stress” or times of “monumental change”, for example, graduation. The nursing students ranged in age from 21-36 years. The number of clinical courses completed by these students ranged from three to six. The students had been in university from three to seven years. Pseudonyms for the participants are used throughout this chapter. One male student participated in the study. To protect his identity all participants are referred to as “she”.

(see Table 2)

Participant #	Age	Years of University Education	Present year in Faculty of Nursing	Number of clinical courses completed
1 Sue	22	5	4	6
2 Mary	21	4	4	6
3 Betty	33	7	4	5-6
4 Cindy	25	5-6	4	4
5 Karen	24	6	4	4
6 Sandy	21	3	3-4	3
7 Louise	36	3	3	3
8 Bev	21	3.5	3-4	3
9 Anne	24	4	3-4	3
10 Carol	23	6	3	3

Table 2: Description of the participants (nursing students)

Qualitative Findings

The analysis of the interview data revealed the major theme “becoming professional.” Although “becoming professional” was identified as a major theme it was not evident until after the learning themes were recognized. “Becoming professional” was revealed through nursing student’s reflective journal writing about clinical practice. Through reflective journal writing, students became aware of “the nurse they wanted to be.” Their recognition occurred as they learned about reflection, learned about self, and learned about their nursing practice. They learned to uncover the meaning of their clinical practice. The meaning of their clinical practice was uncovered through self-interaction and interaction with others. The process of uncovering the meaning of nursing practice through interaction was consistent with symbolic interactionism.

Their learning about reflection, self, and nursing practice was complex and inter-related. One theme impacted the other. However, the interaction of the learning themes resulted in professional growth (see Figure 2, p. 95).

The themes and categories related to “becoming professional” were:

- I Learning about reflection
 - Meaning of reflection
 - Learning how to reflect
 - Writing a reflective journal
- II Learning about self
 - Becoming self aware
- III Learning about nursing practice
 - Meaning of nursing
 - The practice of nursing
 - Valuing of reflective journal writing

Learning About Reflection

The data indicated that, through the reflective journal writing experience, students arrived at an understanding of the meaning of reflection, and they learned how to reflect. They learned, predominantly, through interpretation of interaction with self and interaction with clinical education facilitators. The two categories (1) the meaning of reflection and (2) learning how to reflect will be presented in detail.

The Meaning of Reflection

To understand the nursing students’ perspectives of reflective journal writing it was important initially to explore their understanding of reflection. All of the participants readily defined what reflection meant to them. “Looking back” was the predominant phrase used to define reflection.

Sue: To reflect on something that you’ve done, to look in your past and maybe

assess how you overcome situations or how you dealt with them or what has happened.

Cindy: Reflecting, thinking, processing what happened in a clinical day. What does that mean to you? Looking internally.

The meaning of reflection was enhanced by the inclusion of “on-the-spot” thinking.

Anne shared, “it’s almost an automatic thing,” whereas Karen indicated she thought about her experience retrospectively, as well as when it was happening.

Karen: I guess the word reflection, I think it’s looking back at your experiences and as you’re looking back on it seeing some meaning in it, as an afterthought. Or even at the time as well. And learning from that as well, and your experiences.

Carol included “on the spot” thinking in her definition of reflection. However, she interacted with other health care team members to seek validation. Her “on the spot” thinking was activated by a sense of uneasiness related to her patient. She asked questions to resolve the uneasiness. Consequently, the validation of her uneasy thoughts contributed to her learning.

Carol: I’ll question the nurse, I’ll say “why did it happen” or, to someone else standing in the room, “did you pick up on the same thing too that I did?” And if you can talk about something then it’s not just sitting in the back of your head.

Reflection also was described with reference to “the way you feel” or “emotions about something”.

Betty: Reflection um. To me it means the way you feel. And bring it up and talk about it. To share with someone, someone you know.

Louise: I think reflection can take a lot of forms. It can take the form of being reflective about an incident, or it can be reflective about my own emotions about something.

Additionally, pre-thought was used to describe the meaning of reflection. Nursing students self-questioned before clinical practice and/or before writing a reflective journal to seek awareness of learning opportunities. Louise used reflection to enhance her preparation prior

to clinical practice, and to alert herself to possible issues. If she had any patient care concerns, she did the appropriate research to overcome her uneasy feelings.

Louise: But you know as you're sitting down or you're doing that pre-thinking, do you have any questions in your mind? Is there something that's bugging me? . . . I'm going to surgery next week, but I will read about the surgery ahead because I feel like I'll know and I'll understand that much more. And then it helps me to absorb . . . so I like that line of thought, I know I'm going to do the journal and sometimes that helps me to be more alert.

Finally, reflection was described as an internal thinking process, not just a chronology of the day. The reflective process was described as a re-analysis of clinical experience to determine the meaning of the experience. Carol described the re-analysis of clinical experience as critical thinking to gain insight and self-evaluate.

Carol: A lot of it really means looking back and re-analysing the way that I've done something, or the way something's going on to maybe put it into a better context in your head. Because I think a lot of the things that we do, especially in clinical, we're not always thinking about at that moment. Being young nursing students, a lot of our focus is on the skill. And this is what we're doing, we don't actually think of "well wait a minute, this is why I'm doing it", or "this is how I did it correctly or incorrectly", or "this is how I can do it better." So by reflecting, we can actually even gain insight into why we do things, and either have a positive or negative outcome and "yeah I did that really well and I gotta continue to do that, or maybe I should change." It allows self-critical thinking, self-criticism. You can say "well wait a minute" because I think the best criticism comes internally. When you say "this is the way I am" because we don't always believe what other people say about us.

Overall, the nursing students readily shared their meaning of reflection. The common thread within the nursing students' transcripts was the description of reflection as "looking back." They used their reflective journal as a strategy to look for the meaning of their clinical practice. Through the analysis of their clinical practice they self-evaluated as a means to improve their nursing practice to reach their goal of becoming a professional.

Learning How to Reflect

Overall the nursing students had previous experience with reflection. The experience ranged from reflecting everyday to reflecting at monumental stages of their life. Within their nursing program, the students wrote reflective journals as a clinical course assignment. With the exception of one nursing student, all agreed that they had learned to write a reflective journal as one written component of their clinical practice. Anne was uncertain if she had learned how to write a reflective journal given the differing expectations of her clinical education facilitator (CEF).

Anne: I'm not sure I've learned yet, because every time I get a new facilitator (CEF) it's different and that is really, really, hard. So, I'm not sure as of now (if I have learned).

The nursing students identified several factors that influenced their learning about reflective journal writing. The factors included: reflective journal guidelines, nursing student characteristics, clinical experience, workload, and interaction with self and others.

Reflective journal guidelines. All of the nursing students agreed that the clinical course syllabus gave guidelines and hints. At times, the guidelines directed the students to reflect on specific topics.

Mary: We had a guideline we had to follow. You looked at a scenario that you advocated for a patient and how that made you feel, how that made the patient feel, and what did others around you think?

Mary added, she preferred the guidelines because they stimulated her to reflect at a deeper level. She analyzed more of her clinical experience. Consequently, she learned more.

Mary: I think it took more reflecting when there was actually set guidelines. As to what we had to do, because you actually had to think more. It wasn't so superficial. It was more in depth and I think that was more beneficial. It made you analyze more of your whole day.

Betty identified that her reflection was more in depth when she considered questions regarding her clinical practice and sought answers. These answers were included in her journal as “referenced rationale”. Cindy liked the guidelines initially, but as her experience with reflective journal writing grew, she stated, “let me write about what I want to write about.”

Karen agreed with Cindy. She wanted some structure. However, in addition, she wanted the flexibility to address aspects of her clinical practice that promoted her growth.

Karen: When you make a reflective journal really structured, it does not provide the student the opportunity to show growth. There are so many points we have to make. Maybe something happened that would not cover any one of those points. Maybe there is a different area that they wanted to talk about that they really learned from.

To meet the structured guidelines, Anne made up a reflective journal when she did not have the clinical experience on which to draw. Creativity may have been enhanced, but certainly not reflection.

Anne: I feel like I am pulling things and I am making things up to write a journal, which I don't like doing.

Sandy used the recommended page limit in the guidelines as her cue for her reflective journal.

Sandy: I pick a topic that I have more than two pages to write about.

Nursing Student Characteristics. “Being open” and “willingness to share thoughts and feelings” were identified as assets as nursing students learned to write reflective journals, whereas “not being open” was seen as a hindrance. Nursing students were concerned about the potential outcomes of “exposing themselves openly.” The participants were aware of this phenomena among their peers. They considered themselves to be open, except when they were uncertain about the trustworthiness of the CEF. At these times they would not share behaviour they were “not proud of.”

Karen: Some students don't want to be in touch with that side of themselves, they don't want to share their feelings, and they don't normally share their feelings.

Louise, the oldest nursing student at age 36 stated, "I am reflective in general, perhaps because of my age." Age was not mentioned by any other participants. Another factor that enhanced reflective journal writing was past experience. Several participants had written diaries or logs prior to their nursing practice and were comfortable with the process.

Cindy: I journal lots, probably since high school. I need to journal, I need to reflect and go okay, "let's put this together, let's work this out," so then I feel more at peace with what's inside.

Carol added that she also had journalled a lot, but recognized nursing wanted more depth, given the reflective journal was an assignment.

Carol: I've written a journal a lot before . . . This is the way I thought and this is the way I acted . . . but nursing has driven me to look at it more critically . . . to go into more depth . . . to keep probing.

Karen had taken previous university level English courses in which she had to do journal writing. Although the expectations in nursing were different, she found her past experience helpful as well.

Clinical experience. Another factor that enhanced reflective journal writing was ongoing experience in a clinical area.

Anne: I felt I wouldn't reflect as much in that area because I just didn't have any experience. I tended to list things. I thought if I had more experience with things that have happened in an area, it was easier to reflect on them.

Sandy: Journal writing is easier to do when you have more of a background, you understand more of the things that are going on. Experience helps, but also journal writing helps you build on experiences.

Ongoing experience in a clinical area helped nursing students identify something that stood out in their practice. As a consequence of reflecting on this episode, knowledge was

enhanced.

Sue: I need to write about something that interests me. During the day I'll see something and if it really touches me . . . or stands out to me . . . then I know that is what I'm going to write about . . . And every situation that I have written about, and that I reflect on later, it enhances my knowledge like what I could be doing differently.

Reflection, according to Mary, was enhanced if she liked the clinical area and if her experience was not boring, "reflective journal writing is boring on the rotations that you like the least." This aspect of reflection was not evident in the discussion with other participants.

Nursing students' workload. All of the nursing students commented on the time required to think about, and then write a reflective journal. The time frame varied from one half hour to an entire day. When other assignments were due, reflection was hindered.

Betty: I would love to sit down (to write a journal) because I find it helpful. But when I have tons of assignments, there is just no time. Sometimes I hear from students, "they like journal writing, but there is too much to do, there is no time for journals."

Sandy identified that the issue she wrote about was "too big." She wanted to think and write about the entire issue in her reflective journal, but did not have the time. Given a heavy workload, Sandy forgot to submit a reflective journal in a clinical course. She recalled hastily writing to complete her reflective journal assignment in the practice setting. Consequently, reflection was hindered and the assignment felt like a demanding chore.

Sandy: Sometimes (reflective journal writing) feels like a stone around my neck. Like on the day I had forgotten to do my journal. I was in (clinical practice) and was trying to finish my journal as I was trying to participate in clinical practice. I ended up having one topic after another totally unrelated . . .

Taking note of experience. Nursing students revealed various cues they developed to note, or to remember clinical experience for their reflective journal assignments. The most common strategy was self-questioning. Self-questioning is described by symbolic interactionism as interaction with oneself (Blumer, 1969). Nursing students used self-interaction to understand the meaning of reflection and the process of developing a reflective journal. They would look at their clinical day as a whole and ask themselves, "What did I learn? What was really important? What grabbed me? Did anything happen that I've never heard of before? Did I question any decisions?" Carole mentally "noted anything that didn't seem quite right". She then documented the situation in her clinical notes to help her remember the situation later as she wrote her reflective journal.

Betty: In my mind I was questioning and answering. When I was writing I went back and said "I did this, why did I do that?" Well I thought about this, why did I? So I went back and researched. I think it increased my knowledge about my practice.

Furthermore, nursing students asked questions about their own performance and the impact of their performance on their patients.

Anne: Sometimes I get stuck in ruts where I think this is the way and this is the only way. I have to look at it and say, "Why could I be wrong? Why am I not right?"

Bev: Was I doing the best for the patient? Was I doing that because I was in a hurry? Was I feeling burned out? How did that affect the patient? What was the result?

Questions also were raised about the practice of other members of the health care team.

Carol: What is the other side? Yes, I see myself as a nurse, but put myself in the shoes of the doctor.

Sue: The IV [intravenous] exploded and I thought, "What did the nurse do?" "What would I do next time?"

Louise: I don't understand why the nurse didn't do it (administer analgesia). I'll try to find that out so I understand her thinking process, her clinical judgement . . . respecting that was her choice to make for that situation, and that may not be the choice I'd make... realizing this is what I do think about this, and develop a plan about how to deal with something.

Finally, nursing students raised questions about their feelings in response to clinical practice. Feelings were explored to increase self awareness.

Sandy: It (clinical practice) was something that really frustrated me. So I used the reflective journal as a vent, it worked out my feelings. It helped me understand better why I felt the way I did.

Questioning and answering were referred to by the participants as the process of writing a reflective journal. Louise describes the process as moving:

Louise: But you have to move towards something, 'cause if you're not, you're not doing anything with what you thought anyway. So I think you have to be moving, it's gotta be a moving reflection, it's got to work towards an end, or at least understand that eventually realizing that should move.

Interaction with the clinical education facilitator (CEF). To understand their clinical experience, nursing students searched for its meaning. According to symbolic interactionism, meaning is established through self-interaction and interaction with others (Blumer, 1969). Verbal interaction with CEFs occurred prior to the nursing students' reflective journal writing, as well as in written responses to students' journal submission. Reflection was enhanced prior to reflective journal writing when facilitators "triggered" or "sparked" ideas for reflection.

Bev: . . . but if the facilitator is there sparking your interest, then you'll think back about those more and you'll research those areas a little more to come back to when you do your journal writing.

One method of "triggering" ideas for reflection was through the use of questions. The CEFs asked questions to help nursing students understand why things were happening in practice and to guide the students in their knowledge development.

Carol: The last couple of facilitators I've had have been great in asking questions, rather than providing answers. They will come out of a situation, and you will be discussing something, and the (CEF) will say, "why did that happen?" That really forces you to think maybe it is this. (The facilitator responds), "why don't you look it up a little more and come back?" They are triggering you, guiding you along, leading you along to understanding why did it happen? Reflective journal writing allows me to look back and maybe make it (clinical practice) a little more concrete.

Questions raised by facilitators in post conference promoted interaction. The ensuing discussion assisted Anne and Bev in developing their written reflection.

Anne: . . . the facilitators will ask, "what about, what if, why is it important?" And we get into a debate. It might pull something up (for reflective journal writing).

Bev: I had a strong facilitator. She watched you throughout the day, and looked at your patients, and thought of issues that could be applicable, and challenged you to think about those in terms of research . . . the CEF encouraged critical thinking during the day and challenged you to think about your whole patient instead of dressing change at 1000, vital signs at 0900.

Bev described this facilitator's actions as critical to her reflective journal writing.

Through interaction nursing students developed relationships with their CEF. Nursing students talked about a "feeler-out stage". This stage occurred as the nursing students became acquainted with a new CEF.

Louise: You get your new facilitator and you see if they are accepting. Sometimes you do not do the right thing, and to be able to safely say that, and then move on from it. If you can reflect that, then that is a reflection . . . based on the feedback (on my first journal) I know if I can pursue my reflection, not your (the CEF's) reflection.

In becoming acquainted, or getting to know a CEF, nursing students would look at the CEF's humanness, their past experiences, and their willingness to share personal feelings.

Carol: . . . if you can see the facilitator as a person, rather than an instructor, that is the biggest thing. They work on this floor, and you see them sometimes, and their hair is ruffled, and they have a life outside; they are a person, not just a

teacher. They are open enough to express their feelings about situations too. It really helps me (enhances reflection) if I feel they are comfortable, then I'm going to be comfortable . . . if you have a good relationship (with a CEF) then you are free to express your honest feelings.

Bev added that her reflection was enhanced when the CEF's humanness was shared through the admission of mistakes.

Bev: I will share more in a reflective journal if she (the CEF) had experience with the issue and if she is willing to admit mistakes that she has made.

If nursing students perceived that they had a "good relationship" with a CEF, reflective journal writing was enhanced. Good relationships were developed with CEFs who opened the nursing students' eyes to an awareness of learning through interaction between the CEF and the nursing students.

Bev: When I read the CEF comments, and why they thought this, that made sense to me, and helped me to improve myself . . . that was another way of learning and I said, "I never thought of that."

Another factor that contributed to a good relationship with a CEF was related to the feedback documented on a nursing student's reflective journal. Feedback perceived as thought provoking, and challenging, encouraged ongoing reflection and connection with the CEF. One nursing student labelled this form of feedback as "gentle coaching."

Cindy: So she (CEF) challenges me. I want to be challenged, I want to be spoken to so I can grow. So if she sneaks into my life and challenges me it is okay, I am going to try that. I think it is good to have input. So she can focus me or challenge me in my thinking . . . I like it when my CEFs read my journal because then they can encourage me. I need that from my facilitator. It is another way to connect with them.

Nursing students appreciated the CEFs who assisted their learning about reflection by sharing examples of "good reflective journals" and literature references on journal writing.

Overall, nursing students valued CEF feedback that encouraged ongoing reflection.

The grading of reflective journals by CEFs was only considered positively by the nursing students as a motivator to complete the assignment.

Bev: I think it is good (to grade) in some ways because if it is not graded the people won't bother to do any research, or bother to follow the criteria because if they don't follow the criteria there is no penalty . . . I might put a little extra effort into the stuff that is graded.

For a number of reasons, the nursing students did not like the grading of reflective journals. One reason shared by the nursing students was the varied expectations of the CEF. Although the assignment criteria were the same for nursing students within a clinical course, a number of CEFs supervised the nursing students practice and graded the reflective journals. Nursing students stated that the CEFs were different in "every possible way." Therefore, the students would try to determine what a CEF expected and would develop their perceived expectations into a reflective journal to submit for grading.

Carol: I think the only thing that hinders reflective journal writing is the subjectivity between facilitators who are marking the journals. You never really know what each one wants. You get the syllabus and you think, these are the characteristics. But when you talk to the facilitator, each one will tell you a different thing. In a way you are writing for the facilitators to achieve the best mark you can. It may not be the way I want to reflect on something, but if it is what the facilitator wants, I may go towards that because as students, we are trying to achieve the best we can.

Louise indicated that she "is a self-directed learner" and "reflects anyway." Therefore, she wanted to know the "rules" of reflective journal writing so she could play the game fairly, give the CEF what they wanted, and receive her desired A.

Louise: Just tell me what you want. Let's play the game. If this is what you want, and this is what it takes to get an A, and it means I'll get all of my next year paid for . . . I can write about what the CEF likes, I've got no problem with that.

The pressure to achieve high grades to increase financial award possibilities prompted Louise to

reflect privately to continue to be “true to herself.” However, she wrote a reflective journal and submitted it to her CEF with the individual CEF expectations in mind, not necessarily her own reflections.

Another frustration with varied CEF journal expectations occurred when nursing students did not do well. This frustration arose when nursing students were uncertain about how to meet the expectation to receive a “good” grade. Also, participants expressed their disagreement over the grading of their thoughts and feelings.

Anne: I don’t know about the whole grading thing because it frustrates me. I tend to be an A student, so if I don’t do well on my journals it frustrates me because maybe it is something I cannot do.

Bev commented that grading influenced her reflection, although for a different reason. She did not always share troubling clinical incidents in her reflective journal for fear the CEF would think less of her clinical performance.

Bev: Perhaps I wasn’t so nice and kindly to the patient as I would have been, well I wouldn’t share that. It may affect the way the CEF looks at you. I might not want to discuss that. Not all of us bare our deepest, darkest thoughts to everybody else. Just because. We’re human, and we have common sense.

Generally all the nursing students agreed that giving marks for the reflective journal encouraged some degree of reflection. In all cases the CEF who marked the nursing students reflective journal, also graded their clinical practice. Therefore, the sharing of mistakes was purposely omitted if nursing students were concerned about the effect on their clinical course grade.

In summary, the nursing students reported they learned how to reflect on their clinical practice. First, they learned about the meaning and purpose of reflection. Reflective journal guidelines facilitated this understanding. Next, they determined the aspects of clinical practice

that warranted reflection. Interaction with self and others, particularly their CEF, influenced this decision. The nursing students interacted about clinical practice events by asking themselves questions and by answering the questions. Dialogue with their CEF in clinical practice also resulted in questions to consider. Furthermore, the CEF interacted with the nursing students through their written feedback. Reflective learning was enhanced when these comments were perceived as challenging and thought provoking. On the other hand, inconsistent CEF expectations, and low grades on the reflective journals, served as distractions to the reflective process. Although the nursing students commented that their reflective learning was fostered when they trusted their CEF, the nature of the development of this relationship was not explored in this study.

Writing a Reflective Journal - Getting Into the Zone

All of the nursing students wrote their journals a day or two after their clinical practice at home, in a quiet and comfortable place. Betty stated "if it's more than that it seems like you are trying to remember, but you can't, and your feelings aren't there and you know it's just kind of fading out." Actual time taken to write a reflective journal varied from 45 minutes to a whole day. Bev took up to two hours to write her reflective journal.

Bev: It usually takes me a long time to get into it, once I'm into it I'm ready, sort of a zone I have to get into.

All but one nursing student preferred to hand write their reflective journals. The rationale for hand writing was clearly stated by Carol, "I find that it's when you're sitting at a computer, things don't quite flow as frequently. You have to think about the key positioning and your fingers and it just hinders my thoughts." Bev observed a relationship between her hand writing and the emotions shared in her journal, "If I'm really getting into what I'm saying, my letters will

be big and messy and if I'm feeling quite precise about it, then small and precise." Louise was the one nursing student who preferred to use the computer for reflective journal writing.

Louise: On the computer, I like that because I can change. I find if I write something I'm not quite happy with I like to be right in front of the computer and change it. I usually like it in front of the computer because I can do it pretty fast and I can change the thoughts. I don't like (hand) writing the journal. I like typing the journal because it can change and as I think about it more, I develop it more by being able to type it.

The development of a reflective journal was affected by the time, place, and tools used to "write". However, nursing students learned about reflection through interaction with the self and with others. The interpretation of the meaning of the interactions resulted in their understanding of reflection and how to write a reflective journal.

Learning About Self

According to symbolic interactionism, nursing students interact within themselves to understand the meaning of events (Blumer, 1969). As a consequence of the thinking about themselves through reflective journal writing and as a participant in the events of clinical practice, self-awareness grew.

Cindy realized that all of the activity in her personal life, and in her life as a nursing student overwhelmed her. Through reflection, she recognized her high stress level and was able to restore some order in her life. She was less stressed as a result.

Cindy: You have to be aware of what's going on within you. So I do, I need the journal just to help me get my life in order and sort out what's going on, there's all this confusion going on. Like in clinical right now there's always clinical stuff going on but there's other stuff going on in my life. And I need to journal, I need to reflect and go, "okay let's put this together, let's work this out," so then I feel more at peace.

Sue suggested her self awareness about her values was increased as a consequence of

reflective journal writing. She was caring for a patient and became involved in a discussion about an elderly patient and the value of life. She discovered through reflection that she valued life.

Sue: There was a situation where there was an elderly man in the bed and he had several complications. He's about 90. (Another nurse came into the patients' room and) she has the value that anyone who's incapable of thinking for themselves or was a certain age should be helped and supported to die. The nurse's reaction was, " tsk, I can't even be in here," and she left. That's not my values. I respect people's health and I respect life . . . I want to be the nurse that will care for people in their life and cherish life. How do you end someone's life?

Karen discussed the impact of reflective journal writing on her recognition of issues in clinical practice. She realized there were many issues that were too complex to consider during her clinical experience. Reflective journal writing encouraged her to think about the issues to determine her stance.

Karen: It's important to discuss how you were feeling so you recognize it . . . learning where you stand in certain issues, like euthanasia.

Mary talked about the self-awareness about her learning. She concluded reflective journal writing brought her learning about nursing to her awareness.

Mary: I look at my day and try to think out things that I can actually comment about myself . . . I don't think as a student you realize those things. You come home and you feel, that was my day! Because you're learning, and you don't realize that you're learning sometimes. So instead of just coming home, like when I was a kid, and I used to come home from school and my Dad would say, "What did you learn today?" I'd say, "Nothing," because you learn and you don't realize you're learning. So I think reflective journal writing is the same thing. You don't realize you're learning or doing this stuff until you actually sit down and think about it.

Furthermore, Betty recognized reflective journal writing helped her to recognize what she learned in clinical practice and remember it.

Betty: You're doing it, but you don't know in some situations why you did it - you

write about the experience, you think about why you did it, and you try to answer that! The situation comes up again and because I wrote about it I remembered it, so I can apply it now. It clicks. But, if I don't write about it, I tend to forget, or maybe I won't even be aware of it . . . journal writing helps me be aware of myself, my actions, my thoughts, what kind of person I am. (Reflective journal writing) is finding out about my own learning.

Another aspect of self-awareness, raised from reflective journal writing concerned the issue of variation between what was taught in class versus the varied application in clinical practice. Nursing students commented reflective journal writing increased their awareness of the variations in practice. They looked at both sides and wondered about the appropriateness of their actions. Carol did not state whether the issue was resolved. Given the documentation of the issue in a reflective journal, one would expect the CEF to provide some additional insight.

Carol: There's a large difference between what we're taught at school and what happens in the clinical setting. And you're wondering to yourself, why am I doing this?

Finally, through reflective journal writing nursing students learned about their own perception of their nursing actions by self-evaluating. Nursing students examined their practice to further their understanding regarding what they were doing well, what needed improvement, and how their goals could be accomplished. Carol called the examination of self in clinical practice "self-critical thinking."

Carol: . . . By reflecting, we can gain insight into why we do things, "yeah I did that well and I gotta continue to do that, or maybe I should change." It allows self-critical thinking, you can say "wait a minute, I think the best criticism comes internally." When you say, "this is the way I am" because we don't always believe what other people say about us.

Sandy: I see the points I'm not strong at. It sometimes helps to realize how much work I have to do, how far you have to go and how far you have come.

Cindy: When I journal I say this is how I want to be, I can learn to be a better individual and I'll set goals because this is how I want to be.

Nursing students believed they learned about themselves through dialogue with self and with the CEF when they wrote reflective journals. In clinical practice, nursing students encountered events that challenged their preconceived ideas about their values, issues, and their own performance as a nurse. Reflective journal writing assisted them to explore their preconceived ideas to determine if new meanings had developed as a consequence of their interpretation of clinical practice. In this way, through reflection on clinical practice, nursing students' self-awareness grew.

Learning about Nursing

Through reflective journal writing nursing students learned about nursing. They came to the clinical setting with one understanding, involved themselves in nursing practice, and then looked back at their experience to determine the difference. Marks-Maran and Rose (1997) suggested that the difference in knowledge and understanding is "learning, and the difference is identified through the process of reflection" (p. 120).

Sue: Choosing the situation for reflection and talking about it really helps me to think about it. I look back on what I did and then think about what I learned that was different, and what I could have done.

Two categories arose from the data regarding this theme: awareness of the meaning of nursing practice and learning how to practice nursing through thinking, feeling, and doing. These findings are congruent with symbolic interactionism.

Meaning of Nursing

Nursing students indirectly shared some aspects of the meaning of nursing. Overall nursing students emphasized that nursing was more than the "completion of skills, we have to learn about people." Reflective journal writing encouraged the nursing students to look at their

clinical experience as a whole, and their clients as individuals, to consider the emotional response, as well as the physical response to care. These activities contributed to their learning about becoming a professional.

Bev: Nursing is supposed to be an art. I find nursing challenging, very demanding, very scientific in a lot of ways. Everything is precise, you want to know it precisely. And with journal writing you can't really be precise, you are evaluating emotions, you are evaluating behaviours.

Sandy: You can learn lots about skills and it takes time to learn how to apply them and you do that. But this is a way of learning about people, and how you can be effective. Reflective journal writing is more the personal aspect of nursing.

Reflective journal writing helped Cindy identify the meaning of nursing, and the kind of nurse she wanted to be. She learned about what nursing meant to her through theory, through observation, and through journalling.

Cindy: I want to be the kind of nurse where I can say to the client, "let's get down, let's sit." I want to be able to give you that feeling that I want to listen to you. I want to communicate with you. I want relationships, I need to have connections with people. That is one of the ways I want to be a nurse. I want to be able to just sit down and say "Hi, I care," hand on the shoulder, "How are you doing?" I want to portray caring and warmth. I have seen that in nurses. That is what I want to do. I want to remember that, to journal that.

Nursing students learned about the meaning of nursing by analyzing their practice. They specifically analyzed their actions, their thoughts, and their feelings. Writing their analysis in a reflective journal assisted nursing students to see the "whole picture" of nursing practice.

The Practice of Nursing

Reflective journal writing helped students learn about nursing practice through self questioning and answering. Examples of questions that guided the nursing students' reflections on practice included: "What happened? What intrigues me? What do I not know much about? What would I like to learn more about? How do I feel about a certain issue? What would have

been better? What is the other side?" Through the process of self-questioning and answering, writing the reflective journal, and interacting with the CEF within the reflective journal, nursing students learned from the doing, feeling, and thinking components of their nursing practice.

Doing. In preparation for their reflective journal writing, nursing students reviewed what they had done in clinical practice. Although they reflected on skills generally, they preferred to write about more complex skills. The complex skills referred to by the nursing students included: advocacy, communication, and pain control assessment.

Mary: (Reflection on advocacy) It (reflection) really taught me about advocacy and how important it is and how you should have to do it.

Betty: (Reflection on communication) I'm a little bit shy interacting with family members. Now I am getting better. One time I went in (to the patient's room), introduced myself to the patient, and did not talk to the family members. I concentrated on the patient. I saw the family were worried, but because I am a student, I left the responsibility to my buddy nurse to talk to them more. I could have talked to the family, and sat down, to see how they were feeling, but I didn't. I was scared. I didn't know what to say. That made me think about it. And now if the situation comes again, I sit down, and try to say something instead of just checking the patient and walking out. I realized I should have done more.

Louise reflected on the actions of another nurse. She reflected on a pain control incident to explore what could have been done differently, and what she would do given the responsibility.

Louise: You write a journal, and you look back, and you know you could have changed something. The next time you come into the situation you could make it better. I had a gentleman who was in pain, and my buddy nurse did not want me to give him more pain medication. From everything I had learned there was no reason why this man should have been in pain. I felt I didn't do justice to this man. When I am in the position to make that decision, I will not let that happen. I know what we did wrong.

Feeling. All of the nursing students were asked to reflect on their emotional response to nursing practice in their reflective journal. Reflection assisted the nursing students to recognize

their emotional reactions to clinical situations, and to examine their emotional response.

Betty: In theory we learn how to do a skill, but the emotional (aspect)? Sometimes I get stressed out. I don't know why. (Reflection) helped me to learn to cope with the situations, to find out how I can make it easier on myself. I do things okay. But how do I feel about it? So (reflective journal writing) relieves some of the stress.

Some of the nursing students shared that their more memorable reflections were provoked by their emotional responses. These clinical stories were described vividly. The emotions during the interview were so intense that two students cried, but wanted to continue with their story telling. The telling of the stories to the researcher helped to ease some of the associated stress with the story in the same way as the writing about the story in their reflective journal ameliorated the stress for other participants.

Louise: It helps people in life to work through problems . . . just by looking at the journal I can totally remember exactly how bad that day was, or exactly what I was thinking, or exactly the problem . . . so now occasionally I will look back and you see how much further you've come along, so that's a gain for me, it's like a motivator, it's like, "wow, yeah, but I remember that moment too." I think, well this is what I really learned from this patient because he might die, and I know that's reality. But I said "I'll remember the dressing I did on you because you taught me this", and after the whole painful thing of it, he came over and said "thank you so much", and I felt terrible because he was in pain so. Anyways, but uh [CRYING]. It's OK, it's just a bit of a tear. But yeah so that's what I felt like, I want to remember him for that. I know when I look at that journal I'll remember him.

Carol: When I write the journal there's always emotion involved. Maybe you're angry, maybe you're upset about something, so you write something . . . It's forcing me to expand and say "yes, there are other reasons for this. Don't just get upset because it is happening. Think about it and adapt." It really helped me to adapt to see the facial features of someone when they are in pain, to realize that when they are reaching out their hand you should be holding their hand. There is a comforting aspect to nursing, as well as dealing with the dressings and the medications and sure, I can give morphine, but maybe holding their hand is good enough to do it . . . that stands out in my mind.

Carol later shared that writing a reflective journal allowed her to see and recognize

thoughts and feelings. She stated that sometimes in clinical practice one is so busy doing, there does not seem to be time for the identification of feelings, whether they be positive or negative.

Another nursing student recognized that clinical practice scared her. Upon reflection, she realized that she did not know enough and was not well prepared for clinical practice. She realized, through reflective journal writing, what she had to do to relieve the fear.

Anne: If (clinical practice) affected you emotionally then you want to draw on that (experience). It is almost something that scared you. Well, maybe I wasn't prepared, I should do it this way.

Sue was also frightened as a consequence of her reflective journal writing. She was unable to determine realistically how she was performing.

Sue: Reflecting made me afraid . . . will I be a good nurse? I didn't know this, I should have done something differently. It also made me sad, maybe nursing isn't for me.

It seemed the nursing students needed a safe place to discuss their feelings. The sharing of feelings in the reflective journal relieved some of the stress for the nursing students. The relief of the stress provoked by strong emotions also was dependent on the CEF's response. For other participants, the reflective journal assisted them in becoming aware of the cause of their emotional response, and then helped them in determining, "what is going on here?" Finally, some nursing students were not comfortable in sharing their emotional response to clinical practice and felt frustrated by the unresolved stress.

Anne: Sometimes it's really frustrating. It's an added stress, that we don't need.

Thinking. Reflective journal writing fostered the nursing students' learning about nursing through their thinking about clinical practice. Cindy described the thinking about clinical practice in preparation for reflective journal writing as:

Cindy: Processing your clinical time. To really look at it, not just the tasks . . . I can process my thoughts in my head but they don't seem concrete to me until I get them out. So journal writing contributes a lot to my learning.

The outcomes of this processing were described as "making practice concrete" or "seeing the whole picture." The whole picture of clinical practice was enhanced when nursing students thought about their clinical practice, their classroom theory, and made connections between the two.

Bev: What happens is I learn something in class, but where I really learn is on the ward. Because if I have the experience it sticks in your head far better than anything I learn in class. I learn about a disease process in class. I study for the exam, write the exam, and I will often forget after the exam . . . but if I do a journal, then I start to evaluate the ward way versus what I learned in class. And maybe the journal writing helps me in connecting those two roads.

Anne shared that reflective journal writing helped her identify several issues related to the care of dying patients. She asked herself many questions to increase her understanding of dying and the impact of dying on the patient, family, and health care team. She recognized that her perspective was not necessarily the perspective of others. Reflective journal writing helped her to understand that in some situations there may not be a right answer as there was no "clear line."

Anne: I just wrote a journal on death. In most of the situations that I worked with dying people, they were in palliative, or long term care. You know they are going to die so you make them comfortable. You don't try to stop it. But in acute care, it is different. You are trying everything to save them even though it may not be the best thing. I started thinking . . . does this patient want to live? Are we harming them? Or are we saving them? When is enough, enough? Who decides this? How do you decide it? What factors do you look at? Do we as nurses have the right to go to tell a doctor "this is enough", and do they listen to us? What do they base (the decision on)? If the family doesn't want them to die, who do you listen to? If they have a DNR (do not resuscitate) and they are really adamant about not letting their family member die, do you listen to them or do you listen to the patient? Whose side do you take? What makes some people think death is okay and what makes other people think that it is not okay under any circumstance? And then I'd add in what I would do, and then how I'd feel about other people who think the opposite to me? People have awful experiences with

death, whereas some people have had good experiences with people dying, and it makes a difference. I need to understand, I can't always be right. Not everybody is going to agree with my reasons. I should be thinking of other people's reasons so that I can understand the situation better. My questions made me think about the next time, why things happen the way they happen? It is not a clear line.

Several nursing students found that they were able to answer their questions in their reflective journal by doing some research. Consequently, their learning was enhanced.

Anne: One of the journals I wrote was about people on acute wards who tended to get pressure sores. That made me think, maybe they are being neglected, or the nurses are not doing their job. Once I was on acute care, I thought maybe this was not the case, maybe nurses are so busy it doesn't get done. I researched this and I found a journal article that said a lot of people don't really know whose job this is. It is like something that nobody does, somebody thinks somebody else should do it. I changed my mind, I do not think that it is neglect all the time, because truly there is no time.

On the other hand, Carol researched clinical questions. However, she felt that this was not reflection. She stated that reflection and critical thinking were two different things.

Carol: I think reflective journals are more for me to learn about what I have been doing . . . if my facilitator says, "don't incorporate your feelings as much, go into more depth, more concrete research" then that will take away from the way I am actually feeling about the situation to give them what they want . . . you should grade the student on what they critically think, not on the way they reflectively write, because they are two different things.

Finally, reflective journal writing prompted nursing students to think about how they would improve their nursing practice. They looked at the knowledge they had, what they did not know, and what they would change.

Betty: It (reflective journal writing) helps me to find out about my strengths and weaknesses, it is a learning experience, finding out about my own learning.

Valuing Reflective Journal Writing

Initially several nursing students did not like writing reflective journals. These nursing students stated, "In the nursing program a lot of people don't want to do it, I found it a lot of

work at first, very, very difficult, sometimes it's just a stone around your neck, they're kind of a pain in the butt." However, once the nursing students learned how to write a reflective journal, they commented positively about the experience.

Sandy: When you have something to say, it is good, I guess they help you learn, I think it is (beneficial) if it is done right.

Nursing students saw reflective journal writing as a strategy to promote their learning about nursing practice.

Sue: I like journal writing. I think it is educational and should be done.

Betty: Because I wrote about my experience, I remember it, it sticks in my head.

Cindy: Reflection helps to see how you have grown, slowly, it does in baby steps.

Some of the nursing students indicated that they kept a reflective journal, and would do so regardless of course expectations. Others, despite their recognition that learning was enhanced as a consequence of reflection, would not write a journal. Given that they had "tons of assignments", these nursing students shared that a reflective journal would not be a priority if it was not acknowledged, or graded, as part of their clinical work.

In summary, the participants learned about the meaning of nursing and the practice of nursing through dialogue with self and others. The participants saw the clinical practice area as a complex learning environment. There was so much happening, they needed help to understand the meaning of all the activity. The reflective journal was used as a strategy to consider their actions, thoughts, and feelings about their nursing practice. Once the nursing students established the meaning of the events on which they were reflecting, they explored alternatives that could be applied in another experience. Consequently, the nursing students believed the reflective journal influenced the development of their learning about becoming a professional.

Summary

This chapter described the major theme of the study, "Becoming Professional" and the three sub-themes: learning about reflection, learning about self, and learning about nursing practice. Several categories and subcategories emerged from the themes. All of the categories were discussed in detail, and exemplified with associated nursing student quotes. Through the experience of reflective journal writing, nursing students engaged in interaction with self and others. As a consequence of this experience, nursing students developed an understanding of the meaning of reflection, the meaning of nursing, and increased self-awareness. As nursing students interpreted their clinical experience in their reflective journal, they were able to acknowledge their growth. The interpretation of their clinical experience was supported by the conceptual framework, symbolic interactionism.

Becoming a Professional

"Swampy Lowlands" of
Clinical Practice

Learning about Self

Learning about Reflection

Learning about Nursing

Figure 2: Becoming a Professional: Impact of Reflective Journal Writing

CHAPTER FIVE

Discussion of the Findings

The findings of this qualitative exploratory study contribute to the understanding of nursing students' perspectives of reflective journal writing. The results revealed the experience of writing about clinical practice in a reflective journal enhanced one's interpretation of the meaning of "becoming a professional". Becoming a professional is impacted in a complex way by learning about reflection, learning about self, and learning about nursing practice. The major sections of this chapter discuss the results in relation to the sample; in relation to the conceptual framework, symbolic interactionism; and in relation to nursing education literature. Implications for nursing education and recommendations for further research are suggested. Finally, personal reflections are included.

Summary of the Findings

"Becoming a professional" was the major theme identified in this study. Nursing students used reflective journal writing as a strategy to learn about reflection, to learn about self, and to learn about nursing. This learning influenced the process of "becoming a professional" in a complex manner. The complexity was difficult to understand initially. It was clear nursing students learned, but the inter-relationships of the learning themes, and their effect on becoming a professional was not easy to visualize. The relationships between the themes initially appeared hierarchical. It seemed that through reflection, nursing students were constructing knowledge as part of their professional development. Therefore, the major theme, "becoming a professional"

was identified. However, the process of becoming a professional was not clear. Upon further reflection and review of the data, the relationship between the themes evolved.

Nursing students learn about the meaning of reflection and how to reflect through self-interaction, and interaction with others. Developing this understanding is consistent with the interactive mechanisms described in symbolic interactionism. Their reflection on clinical experience encourages nursing students to consider their learning about self. Nursing students' self-awareness increases as they reflect on issues, values, and their performance in clinical practice. Learning about reflection and learning about self influences the learning about the meaning of nursing. This learning appears as an intersecting triple helix (see Figure 2, p. 95). The loops in the triple helix represent nursing students' ongoing reflections in clinical practice. The pictorial representation is chaotic, similar to the clinical experience on which nursing students are reflecting. Schön (1987) describes the practice area as the "swampy lowlands". These words add to the description of the chaos in the visual depiction. Somehow, nursing students have to learn in this environment. They do so by continuously searching for the meaning of their clinical experience. Continuous movement towards becoming a professional is dependent upon ongoing clinical practice and the interpretation of practice through reflection. Reflective journal writing is a process through which nursing students learn to become a professional.

The Conceptual Framework Revisited

To guide the exploration of nursing students' perspectives of reflective journal writing, symbolic interactionism was used to interpret the data. The purpose of symbolic interactionism is to provide a framework for the understanding of human behaviour. The

three premises of symbolic interactionism described by Blumer (1969), guided the interpretation of the data. The three premises are: (1) people act towards things on the basis of the meanings established for these things, (2) meanings arise from interaction with self and with others, and (3) meanings are handled and revised through an interpretive process that is ever changing (p. 5). To understand and interpret the data, the meanings nursing students have established for reflection and reflective journal writing had to be uncovered. Nursing students believe reflective journal writing is a process used in becoming a professional.

Given the first premise of symbolic interactionism, nursing students establish their meaning of reflection. They learn how to write a reflective journal through self-interaction and interaction with others, particularly their Clinical Education Facilitator (CEF). Meaning is clarified to the self through language. Words are attached as symbols to explain the meaning. In the writing of the reflective journal, nursing students examine their clinical practice. This interpretive process increases their self-awareness, or learning about oneself. As well as learning about oneself, the interpretive process facilitates nursing students' learning about the meaning of nursing and practice of nursing. Secondly, given that meanings arise from interaction with self and others, Interaction with health care team members and the CEF is instrumental in the development of the nursing students' understanding of clinical practice (Blumer, 1969, p. 5). Thirdly, meanings are handled in and revised through an ever-changing, interpretive process (p. 5). Therefore, learning about reflection, oneself, and nursing practice assist the nursing students in interpreting what must be done to become a professional.

Learning is continuous as long as the nursing student is taking note of clinical experience, is giving the experience meaning, and is using the meaning as a basis for action.

Symbolic interactionism gave meaning to the process of reflection and assisted in the development of the semi-structured interview questions. The three premises of symbolic interactionism guided the interpretation of the findings. Therefore, it was an appropriate conceptual framework to guide the study of nursing students' perspectives of reflective journal writing.

Relationship of the Findings to the Participants

The participant summary was presented in Chapter Four. Two of the demographic characteristics warrant discussion: the first is age, and the second demographic characteristic is gender. Age is considered a variation in the data, and is included in this discussion to broaden the understanding of the participant's perspectives of reflective journal writing. One nursing student mentioned her age (36) as a contributing factor to her reflective ability. The remaining nursing students in this study did not mention age when discussing their reflective journal writing experience. However, they did share their frustration over the inclusion of critical thinking in their reflective journals. It does seem plausible that age will affect one's ability to critically reflect. This is noteworthy given the reports by Kitchener and King (1981) and MacKearcher (1998) indicating critical reflective ability should not be expected until age 25 or Year 4, of a post-secondary program. Sedlak (1992) found a difference in the level of reflectivity behavior between two groups of nursing students. One group was over 21 years, the other group under 21 years. Sedlak was only able to conclude that life experience and age might account for the difference. Burrows (1995) research indicates

students, under 25 years, may lack cognitive readiness and the experience required to reflect at the critical level. Additionally, Richardson and Maltby (1995) examined the levels of reflectivity in the diaries of second year nursing students. They concluded the students only reflected on their nursing practice at the lower levels of Mezirow's levels of reflectivity (Appendix D). Hence critical inquiry was not frequently demonstrated in the nursing students' reflective writing. Therefore it is reasonable to expect nursing students, under 25 years, will be frustrated when asked to critically reflect.

Secondly, the findings related to gender require comment. There was one male participant in the study. At the outset of the study it was assumed that gender would be discussed as a factor hindering reflection. None of the nursing students commented on the influence of gender. The nursing literature does not refer to the influence of gender on one's reflective ability. It would seem, given this information, the influence of gender on one's learning through the use of a reflective journal warrants further investigation.

Relationship of the Findings to the Nursing Literature

Although the literature about reflection and reflective nursing practice has increased, there is still no clear definition of reflection as a concept (Atkins & Murphy, 1993; Burton, 2000; Newell, 1994; Pierson, 1998; Scanlan & Chernomas, 1997; Wong et al., 1995). Also, little research has been conducted on reflection and its impact on the learning about the practice of nursing. Burns and Bulman (2000) shared that there has not been "a large evaluative study of the effectiveness of critical reflection as a learning technique in nursing because research funding in health care is usually secured by researchers whose work is directly related to health outcomes" (p. 20). As a result, the research reviewed for this study tended to be small qualitative studies that have not added

up to the conclusive evidence to justify the effectiveness of reflection. Nonetheless, for the most part, the literature is consistently supportive of the findings in this study.

Learning About Reflection

Symbolic interactionism describes reflection as continuous self-interaction to uncover the meaning of events of which one takes note. The participants briefly discussed all the definitions of reflection presented in the literature. First, the participants made reference to "pre-thought" as a form of reflection prior to clinical practice. "Pre-thought" is identified in the literature as mental previewing or mental rehearsal (Shields, 1995). Shields, in a qualitative study, asked 11 diploma-nursing students about their perspectives of reflection. Some nursing students described mental rehearsal as reflection. Their reflection was described as looking forward and doing some mental work prior to clinical experience. When used with other forms of reflection, for example, reflective journal writing, nursing students concluded that their learning about clinical practice was promoted.

Secondly, the participants mentioned on-the-spot thinking as a form of reflection while engaged in practice. Schön's (1987) description of "reflection-in-action" is similar to the nursing student's description of "on-the-spot" thinking. Schön described "reflection-in-action" as "the thinking that serves to reshape what we are doing as we are doing it" (p. 26). For example, reflection-in-action occurs in practice when nurses encounter a puzzling event that is unique, contains uncertainty, or values conflict (Greenwood, 1993). The nurse interprets the situation and decides to change their course of action. Reflection-in-action happens to solve real life problems in the "messy, swampy lowlands" of nursing practice (Schön).

Thirdly, the most common words used by the participants to define reflection were “looking back”. Schön described “looking back” on past experience as reflection-on-action (1987). The participants looked back at their clinical practice to understand its meaning. This internal review helped them recognize and make sense of their experiential learning. The actual writing of the reflective journal helped to make nursing practice “more concrete”.

The participant’s understanding of the meanings of reflection are supported by the literature. Although pre-thought and on-the-spot thinking may trigger ideas for reflection, the reflective journal tends to be composed of retrospective thinking about nursing practice.

To add to their description of the meaning of reflection, the participants briefly described how and why they reflect. They recognized the reflective journal was more than a report of their activities. It included their thoughts, feelings, questions, and answers about the clinical practice they had noted as requiring further exploration. The exploration of their thoughts, feelings, and questions resulted in greater insight regarding what they had learned about themselves and about nursing practice. It is interesting to note the reflective process described by the participants is similar to the processes of reflection described by Atkins and Murphy (1993) (see Appendix C). Scanlan and Chernomas (1997) suggest Atkin’s and Murphy’s three stage process of reflection “seems to be the most useful for nursing education” (p. 1139). This study supports this contention.

Furthermore, levels of reflection are described in the literature to add to the understanding of reflection (Hart & Clinton, 1996; Johns, 2001; Wong et al., 1995). The

participants revealed that a description of the activities of clinical practice was not reflection. They mentioned the expectation that they reflect at the critical level. As the interviews were scheduled for one hour, it was difficult for the participants to cite a clear example of critical reflection. Therefore, a content analysis of nursing students' reflective journals would be a more appropriate method to assess levels of reflectivity.

The literature emphasizes reflection is a skill that can be taught (Burns & Bulman, 2000; Callister, 1993). With the exception of one participant, all agreed they had learned how to write a reflective journal. One participant stated she was not sure if she had learned how to write a reflective journal, as she perceived there were inconsistencies in the CEF's (clinical education facilitator) expectations. The others learned by interpreting the course guidelines, examining examples of reflective journals, and by interacting with their CEF. Initially, the participants found reflective journal writing difficult. They did not know what to write about and what was expected. There is ample literature to support this finding (Burrows, 1995; Hodges, 1996; Paterson, 1995; Shields, 1995; Smith, 1998). Further to this, Jasper (1999) stated that registered nurses in a professional course initially had difficulty with their reflective writing. This lends support to the fact that nursing students need consistent guidance as they learn how to write reflectively.

The participants stated their reflective journals tended to be hand written, in a quiet and comfortable place, a day or two after clinical practice. They recognized that any further delay in reflective journal writing would hamper recall of clinical practice details. Participants reported a variation in the time required in developing a reflective journal, anywhere from two hours to an entire day, a finding supported by the anecdotal literature (Burton, 2000; Paterson, 1995; Newell, 1994). Heinrich (1992) suggests

nursing students should write their journals in a quiet, reflective place at a scheduled time. Further to this, she recommends nursing students should be prepared to spend a 2:1 ratio of time on homework per course credit hour. This homework included reading and journal writing. Hodges (1996) mentions several hours are allotted to nursing students for reflective journal writing. It is clear that reflective journal writing requires concentrated thinking. To fully reflect on their nursing practice, nursing students need time and a quiet, comfortable environment. The amount of time is variable from the participant's perspective and in the literature.

The participants believed the personal characteristics of "being open" and "willing to share" enhanced reflective journal writing. Atkins and Murphy (1993) concur, but added self-awareness, description, critical analysis, synthesis, and evaluation as crucial skills for higher level reflection. Moreover, some authors believe that the skills required for reflective practice remain unclear (Burton, 2000; Clarke et al., 1996). Therefore it is reasonable to expect nursing students may not have insight regarding the skills essential for reflection.

Whereas "being open" enhanced reflective journal writing, "not being open" was seen as inhibiting reflective journal writing. The potential outcomes of "exposing themselves openly" concerned the participants. There were two reasons suggested by the participants related to why they could not be entirely forthcoming: (1) they indicated openness was not consistent with their personality type, and (2) they were concerned about the implications associated with sharing their shortcomings with the CEF for fear it would have an adverse impact on their clinical grade. These findings are congruent with comments made Platzer, Blake, and Ashford (2000) in a qualitative study examining

learning through reflection in groups. They discovered that the post diploma nurses never felt sufficiently safe to reflect on some aspects of their practice, particularly aspects about which they were unsure. One possible reason stated for the discomfort was that the facilitators were also the practice evaluators.

In addition, the participants had mixed feelings about the influence of reflective journal guidelines on their learning about reflection. They found guidelines helpful in developing their reflective journals when they knew the purpose and procedure of reflective journal writing, a finding that is supported by several authors (Durgahee, 1998; Heinrich, 1992; Paterson, 1995; Richardson & Maltby, 1995). Further to this, Durgahee (1998) suggests that the purpose of reflection should be at the core of the curriculum philosophy (p. 161). Nonetheless, reflective journal guidelines hindered the participant's reflective journal writing when they were "too structured". The participants wanted the control over events on which they were to reflect. In this case, the structured guidelines inhibited their ability to report and then reflect on valuable experiences. Usher (1985, cited in Burns & Bulman, 2000) supports this contention by stating, "when students do not have autonomy they look to the teacher for direction and learn what they think the teacher wants them to learn" (p. 12). Consequently some of the participants indicated their reflective journals became more of an exercise in writing what they perceived the CEF wanted to read, rather than a means towards facilitating a rich learning experience.

Past clinical experience assisted the participants with reflective journal writing. However, as novices experiencing clinical practice for the first time, participants were overwhelmed, and needed help in recognizing an event to discuss in their reflective journal (Benner, Tanner, & Chesla, 1996; Sedlak, 1992). Durgahee (1998) states nursing

students need help to uncover their subconscious and conscious practice. One should expect that novice nursing students will require assistance in the development of their initial reflective journals. They need help in identifying what to write, and how to write about their reflections on clinical practice.

Finally, the learning about reflective journal writing was influenced by interaction with others, particularly their CEF. The reflective journal was viewed as another opportunity to dialogue with the CEF (Lyons, 1999). On the other hand, negative feedback and low grades discouraged the relationship building with the CEF (Holmes, 1997; Richardson & Maltby, 1995; Wellard & Bethune, 1996). The participants shared that when they saw their CEF as human, a gentle coach, willing to admit mistakes; their reflective writing on the more troubling aspects of their clinical practice was enhanced. The participants had to develop a trusting relationship with a CEF before anything considered "risky" was divulged in a reflective journal. The development of a trusting relationship takes time, anywhere from six to ten weeks (Landeem et al., 1992; Paterson, 1995; Pierson, 1998). "Trusting relationships develop within an atmosphere of mutual respect and care" (Pierson, p. 108). If a trusting relationship was not developed with a CEF, reflective writing was hindered, as the participants were reluctant "to tell it how it is". The participants felt particularly vulnerable about sharing negative practice incidents when the same CEF graded their reflective journals and evaluated their clinical practice. Burns and Bulman (2000) state, "students may be caught between a rock and a hard place when journalling about their practice" (p. 12). The relationship developed with a CEF has a significant impact on nursing student's reflective writing.

Further to the grading issue, there is no consensus in the literature regarding the impact of grading on nursing students' reflective development (Holmes, 1997; Brown, Matthew-Maich, & Royle, 2001; Paterson, 1995). Participants did not agree with the grading of their reflective journals, especially the feeling component. This issue warrants further exploration.

Learning About Self

The nursing students revealed that reflective journal writing contributed to their development of self-awareness. They reflected, in their journals, on their values and clinical issues, for example, euthanasia. Furthermore, they examined their clinical practice and evaluated their performance. In evaluating their clinical performance, participants had to consider the variation in their theory compared to what they saw in practice, and decide on their actions. There is ample literature to support these findings (Davies, 1995; Greenwood, 1993; Jasper, 1998; McCaugherty, 1991; Shields, 1995; Teekman, 2000). Consequently, reflective journal writing is one strategy to further one's self-awareness.

Another aspect of self-learning was the participant's awareness that writing was an important part of reflection. The participants commented the act of writing raised their awareness of their thoughts, and helped them understand and remember the answers to the questions they explored. Writing, as a means of reflection, is supported by Allen, Bowers, and Dickelman (1989), who suggest it strengthens one's ability to understand nursing content.

Learning About Nursing

Through reflective journal writing the nursing students learned about the meaning of nursing. The conceptual framework of this study, symbolic interactionism, shed light on how nursing students interpreted their clinical practice to develop an appreciation of what constitutes becoming a professional. Durgahee (1996) concurred that reflection enabled nursing students to actively learn about themselves and nursing practice.

Similar findings are reported in a longitudinal qualitative study (Smith, 1998). She investigated the ways in which undergraduate nursing students reflected about their practice. The nursing students in Smith's study also reflected on the meaning of nursing. Smith labeled this theme "acting professionally". Nursing students learn about becoming a professional as an outcome of reflective journal writing. However, the question that still remains is whether reflective journal writing results in better patient care and outcomes (Andrews et al., 1998; Burnard, 1995; Burton, 2000; Jarvis, 1992; MacIntosh, 1998).

The participants in this researcher's study shared their perceptions about the impact of reflective journal writing on their learning about the doing, feeling, and thinking aspects of nursing practice. Furthermore, the participants believed their learning about nursing was slow and purposeful. One participant described this growth as occurring in "baby steps". The purposeful examination of their practice was addressed by reflecting on clinical events to review what had happened, what their response was in terms of their thoughts and feelings, and what their alternatives were. The participants commented on practice situations where they had the opportunity to enact some of the alternatives they had considered previously. They were demonstrating how one acts as a

professional. The findings of Smith's study (1998), where she described the theme of "acting professionally" concur with the findings above.

Through the thinking about clinical experience, self-questioning and answering, and reflective journal writing, participants stated that they had an "understanding of the whole picture" and that nursing practice became more "concrete". The participants called this thinking "critical thinking". Although they described aspects of critical thinking in their recall of reflective journal entries, some of the nursing students did not like the inclusion of critical thinking as criteria for the grading of their reflective journal. In fact, one nursing student stated, "critical thinking and reflection are two different things." Perhaps part of their disagreement with the inclusion of critical thinking into their reflective journal goes back to the explanation of the reflective journal's purpose. Another aspect may be related to terminology. Terms such as critical reflection, critical thinking, and critical analysis are used interchangeably (Atkins & Murphy, 1993; Burton, 2000). Consequently, there may be some confusion about the meaning of the terms. What continues to be unclear is the conceptualization of reflection and critical thinking.

Within this study, participants commented that their learning about nursing was accompanied by their emotional responses to clinical practice. Smith (1998) discovered the nursing students in her study were preoccupied with the emotional aspects of learning. The emotional aspects of learning included feelings about death, guilt feelings about perceived inadequacy, fear, and powerlessness. Participants in this study reported similar emotional responses. These findings indicate that learning about nursing is accompanied by emotional responses to clinical practice.

Specific strategies for educators to respond effectively to the nursing students' emotional aspects in their reflective journals are missing from the literature. Burton (2000) commented that the sharing of emotional responses might threaten nursing students' coping mechanisms if they are not given competent support, and that, in turn, may actually increase anxiety, rather than relieving it (p. 1014). However, this researcher's study suggests reflective journal writing can be a therapeutic exercise. Some of the participants shared that by documenting their emotional responses they were able to gain a valuable perspective. Therefore, it may be inferred that reflective journal writing can be a helpful coping mechanism.

Given appropriate guidelines, a trusting relationship with their CEF, and adequate time, participants valued reflective journal writing as a strategy to enhance their learning about nursing. However, the participants found reflective journal writing difficult initially. It was interesting to note several participants would not write a reflective journal if it were not a course requirement. Shields (1995) and Jasper (1999) concur with these results. Therefore, it may be inferred that reflective journal writing is a valuable strategy to learn about becoming a professional. However, without the mandated obligation to complete a reflective journal, this learning opportunity may be lost.

Summary

This study adds to what is known about reflective journal writing from nursing students' perspectives. Overall, nursing students believe that the experience of reflective journal writing contributes to their becoming professional. Qualitative studies and anecdotal literature support many of the findings.

Limitations of the Study

The interview process was an effective strategy to explore nursing students' perspectives of reflective journal writing. However, one weakness of the interviewing strategy in qualitative research identified by Burns and Grove (1993) was the dependence on the honesty of the participants. Lofland and Lofland (1995) commented researchers should "adopt a stance combining trust with a heady dose of skepticism and suspicion mixed in large portions of faith" (p. 55). Nursing students were open, they explained the negative and positive aspects of their reflective journal writing experience. There were no indications the students were untruthful. The data were full with consistent examples. However, one must consider this possibility as a limitation as the nursing students recalled and shared only what they wanted to share.

Another limitation is the sample size of 10 participants from one Faculty of Nursing. Although the data collected were rich and meaningful, it is possible the nursing students who do not like reflective journal writing did not volunteer to participate in this study. Negative cases were not apparent. It is possible the entire scope of nursing students' perspectives of reflective journal writing was not revealed as a consequence of those who did not talk to me (Groger, Mayberry, & Straker, 1999). Nonetheless, given the participants were recruited from one Faculty, it is interesting to note that the findings were similar to a study by Smith (1998) in England.

Personal Reflections

My interest in reflective journals has spanned several years. As a nurse educator I have been curious about the development of nursing students' sense of inquiry. Why is it that some nursing students have insight into their abilities to practice nursing? What

motivates nursing students to ask the questions that are critical to their patient care? How do students learn to question? Do students relate practice to theory, theory to practice, or are the two concepts enmeshed? How do nursing students learn to get a sense of the “whole picture” of clinical practice? What are the most effective strategies to enhance nursing students’ professional growth?

Unfortunately few of these questions are answered in the nursing education empirical literature. Over the span of my career, I have incorporated critical thinking, problem solving, and decision making strategies into my clinical practice work with nursing students to assist them in enhancing their learning about nursing practice. However, some nursing students were better at these processes than others. My intuitive feeling was that those mature students, with varied life experience, had an “edge” over the younger, less experienced students. Many students did not feel like they had a “sense of the big picture” of clinical practice until graduation, or until they were into their first year of nursing practice as a registered nurse.

Several years ago, I was introduced to the reflective journal assignment through my work with baccalaureate nursing students in clinical practice. My first impression was “Wow, this is another way of getting to know the nursing students.” The nursing students’ sharing their reactions to their clinical experience overwhelmed me. Again, there was variation in the degree of sharing. Some students simply listed what they did and what they saw. Others, through the writing of their reactions to practice, revealed the depth of their thinking and learning. My personal reflection encouraged me to go to the literature to find out what was known about reflection and reflective journal writing. I discovered many anecdotal articles, but only a few empirical articles on the topic of

reflective journal writing. It seemed many nurse educators such as myself, intuitively felt that reflective journal writing enhanced student learning. However, there was little research to support the strategy.

Consequently, I chose to try to answer some of my questions through this research project. It was not until I began this research project that I kept a reflective journal. However, I would concur with the nursing student participants who stated "I reflect all the time, I live my life reflectively". My personal reflective journal writing was enlightening to me for several reasons:

- I discovered the impact reflection had on my development as a nursing clinical educator;
- following reflection on my literature review for this project, I became "in touch" with my assumptions regarding reflection and reflective journal writing;
- my understanding of the conceptual framework symbolic interactionism, and its application to this study was enhanced through reflective journal writing;
- throughout my data collection phase, I reflected in my journal on my effectiveness as an interviewer. Following interviews one, two, and three, I was concerned about the nursing students not always understanding the intent of my questions. I considered alternative words to simplify my questions and incorporated more verbal and non-verbal strategies to enhance nursing student's responses. The remaining interviews were smoother, with few questions from the nursing student. For example, comments like "what was the question again", and "is that what you are getting at" were not expressed.

Additionally, following my interviews I reflected and documented the nursing student's non-verbal communication, as well as my initial interpretive responses to the data;

- as I worked through the process of data analysis, I reflected on the development of the themes and categories. This process assisted me in connecting with the data. When I was encouraged to look at the data more conceptually, I had to take the time to reflect on my initial coding to take my analysis to a deeper level. Again I connected with the nursing students' comments related to reflective journal writing. [Anne: "it takes time, it is really, really hard, but I felt I couldn't reflect as much in that area because I didn't have any experience."]; and
- the experience of going back to my data, thinking about it, and reviewing my previous journal entries all helped me in analyzing and conceptualizing my data.

In conclusion, reflection and reflective journal writing enhanced my growth as a novice nurse researcher. Furthermore, it contributed to my understanding of the use of reflective journals as a strategy to assist nursing students in becoming a professional.

Implications for Nursing Education

The study findings have implications for nursing educators and nursing students. If reflective journal writing is incorporated into the curriculum as a strategy to enhance nursing student's experiential knowledge, and to assist their development in becoming a professional, the following recommendations should be considered. The reflective journal guidelines should clearly indicate the purpose and procedure of reflective journal writing.

The pros and cons of grading reflective journals should be discussed. If reflective journals are graded, a marking strategy should be developed to aid the facilitators in giving consistent feedback. Consideration should also be given to the time required for nursing students to reflect on experience, develop, and write a reflective journal.

A second implication relates to the emotional aspects of learning about nursing practice. Given nursing students are asked to include their feelings in response to clinical practice, the educator must be prepared to recognize nursing students who are distressed and provide the student with appropriate resources.

Finally, faculty involved with clinical practice should be encouraged to write a reflective journal according to the student guidelines. The sharing of the reflective journals with colleagues might facilitate the learning about clinical teaching (Scanlan & Chernomas, 1997). Clinical educators should be encouraged to reflect on their role and the development of working relationships with nursing students. Furthermore, nursing students should be placed with the same clinical educator for several weeks to aid in the development of a trusting relationship.

Recommendations for Nursing Education Research

Over the last several years the published literature about reflection and reflective journal writing has grown tremendously. However, much of this literature is anecdotal. There is a paucity of research concerning reflective journal writing and its effects as a strategy to enhance learning about nursing. This study has begun to uncover nursing students' use of reflective journal writing as a strategy to assist them in the development of becoming a professional. Further research is needed to provide clear direction for the incorporation of reflective journal writing into the curriculum of a nursing education

program. Ongoing assessment of the impact of reflective journal writing on professional growth would continue to add evidence to support the decision making about its use.

Therefore the following research recommendations are made.

First, a concept analysis of reflection and reflective practice is needed to contribute to the overall understanding and clarification of these terms. If reflection and reflective practice were consistently operationalized, study findings would be more convincing.

Secondly, a longitudinal, descriptive study with a significant sample size to examine the level of reflection across the academic years in a nursing program would add to the understanding of the development of reflection. One method could be a content analysis of nursing students' reflective journals. An understanding of the journal content across the academic years would assist in developing realistic reflective journal guidelines.

Thirdly, an exploratory study to investigate the clinical educator role in the facilitation of reflective journal writing would add to the knowledge about strategies to support the use of reflective journals as a tool to assist nursing students in becoming professional.

The final recommendation is a study that explores the impact of reflective journal writing on patient care and outcomes. This present study concluded that reflective journal writing does influence nursing student's learning about becoming a professional. The effect of reflective journal writing on patient care and outcomes is not known.

Conclusion

Nursing students learned about reflection, self, and nursing practice through reflective journal writing. Ultimately this learning contributed to their development of self as a professional. Nursing students learned about the profession of nursing, “the kind of nurse they wanted to be”. Initially reflective journal writing was difficult. As the nursing students gained experience through writing and through their nursing practice, reflective journal writing became easier, and at times, less time consuming. The nursing students’ reflective journal writing experience was enhanced and hindered by several factors. These factors included student characteristics, reflective journal guidelines, and CEF interaction.

Overall the nursing students valued reflective journal writing as a strategy to learn about becoming a professional. However, given their heavy workload, they would not put the time into writing a reflective journal if there was not some external motivation to do so.

Within this chapter the conceptual framework was revisited. The findings were linked to the literature, recommendations for research, and implications for nursing education were suggested. A universal thread throughout the reflective literature is the sentiment regarding the need for “robust empirical research” on reflection to validate its use in nursing education and nursing practice. This study has added to the understanding that nursing students believe reflective journal writing enhanced their learning about becoming a professional nurse.

The completion of this thesis brings to an end another journey in my nursing career. Several times throughout the research process, I have taken time to think about where I was at, and where I needed to go. Slow steady process was made. My guide, or

map was my reflective journal. Reflective journal writing enhanced my growth, and therefore, assisted me in reaching my destination, the completion of this project.

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Appendix A

Hart and Clinton (1996)

CRITERIA FOR EVALUATING THE LEVEL OF REFLECTION EVIDENCED IN PRACTICE INCIDENTS

Please circle the number corresponding to the description which most accurately reflects the level of reflection evidenced in each step of the reflective process.

1. IDENTIFICATION OF FEELINGS

The student identifies and reports personal feelings that occurred in response to the practice incidents. There may be one or more feelings identified. Conflicting feelings that change over time may be reported. It is not acceptable to only report the assumed or described feelings of other individuals who were involved in the incident.

- 0 - no personal feelings identified
- 1 - personal feelings identified but not explored
- 2 - feeling(s) linked to observed behaviour within the context of the incident
- 3 - a range of personal feelings identified and explored
- 4 - a range of feelings explored and linked to behaviour, attitudes, and values or beliefs within and beyond the context of the incident (association)

2. SEARCH FOR MEANING

The student attempts to make sense of the incident from the perspective of all who were involved. They may use the feelings they identified to trigger an analysis of their personal response to the incident. This analysis may incorporate an exploration of personal beliefs and attitudes. They may speculate about the meaning other participants attributed to the incident on the basis of their observations of behaviour.

- 0 - no analysis of incident provided
- 1 - judgement or interpretation of incident made from personal perspective
- 2 - personal judgement justified with links to observed behaviour
- 3 - a range of perspectives and alternative interpretations considered to explain the incident
- 4 - alternative interpretations justified/supported with attention to the behaviour, values, beliefs and attitudes of self and others

3. VALIDATION OF MEANING

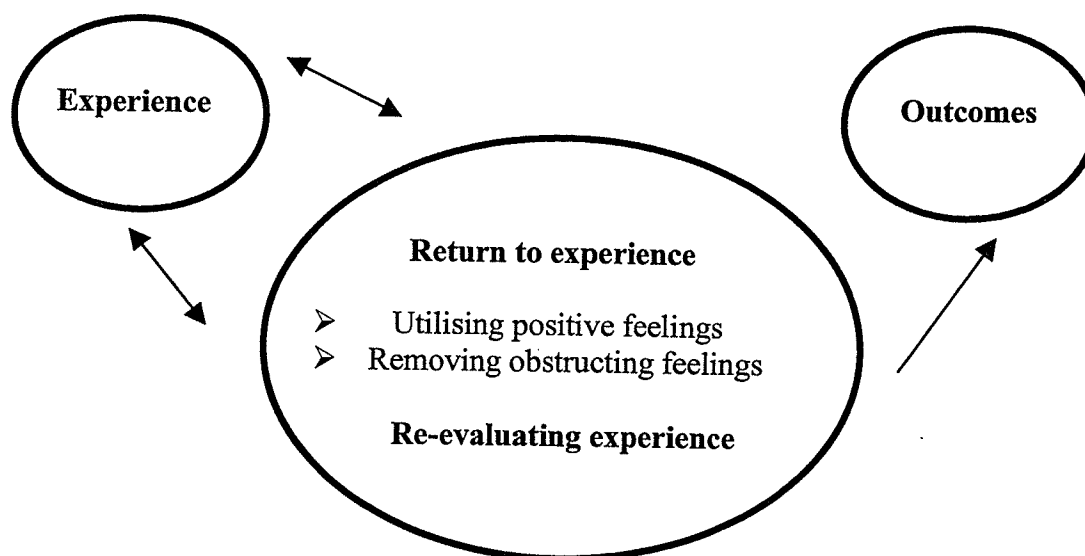
The student attempts to validate their analysis of the incident with reference to relevant literature or by asking for feedback from other participants, peers or experts. In other words, the meaning attributed to the incident is confirmed with reference to the ideas and perspectives of others. This may also be achieved by linking the incident to related experiences as a means of providing support for a particular interpretation of an event or observed behaviour.

- 0 - no validation attempted
- 1 - validation of understanding is sought from an appropriate source
- 2 - the source of support is clearly outlined and discussed with examples or illustrations
- 3 - validation of understanding is sought from more than one source with reference to others and/or relevant literature
- 4 - the comments and behaviour of others and/or references to the literature are clearly linked to support the meaning attributed to the incident

4. OUTCOME OF REFLECTION

The student indicated how the incident and/or reflections on the incident have influenced their approach to practice, their perspective on a particular health care issue, their motivation for further learning, or contributed to a shift in their values, beliefs or attitudes. Analysis of incident provided.

- 0 - no outcomes of the reflective process identified
- 1 - an outcome from the reflective process noted
- 2 - the identified outcome is clearly and logically linked to the incident and past/present attitudes, values, beliefs or behaviours
- 3 - a range of outcomes are identified which may include an affirmation of or change to attitudes, values, beliefs and behaviours
- 4 - examples are provided to illustrate the range of outcomes identified from the reflection

Appendix B**Boud and Walker Model**

Appendix C**Atkins and Murphy (1993)****Awareness of uncomfortable thoughts and feelings****Critical analysis of feelings and knowledge****New perspective**

Appendix D

Powell (1989) Adaptation of Mezirow's (1981)

Levels of Reflectivity

- 1) *Reflectivity* – awareness, observation, description
- 2) *Affective reflectivity* – awareness of feelings (subject's)
- 3) *Discriminant reflectivity* – assessment of decision making process, or evaluating
of planning or carrying out of nursing care
- 4) *Judgemental reflectivity* – being aware of value judgements and the subjective
nature of these
- 5) *Conceptual reflectivity* – assessment of whether further learning is required to
assist in decision making
- 6) *Theoretical reflectivity* – awareness that routine or taken-for-granted practice
may not be the complete answer, obvious learning from experience or change
in perspective.

Appendix E

John's Reflective Cue Questions

Model of structured reflection (10th version)

Write a description of the experience

Cue questions

- | | |
|-------------|--|
| Aesthetics | What was I trying to achieve?
Why did I respond as I did?
What were the consequences of that for:
the patient?
others?
myself?
How was this person feeling? (Or these persons?)
How did I know this? |
| Personal | How did I feel in this situation?
What factors were influencing me? |
| Ethics | How did my actions match with my beliefs?
What factors made me act in incongruent ways? |
| Empirics | What knowledge did or should have informed me? |
| Reflexivity | How does this connect with previous experiences?
Could I handle this better in similar situations?
What would be the consequences of alternative actions for:
the patient?
others?
myself?
How do I <i>now</i> feel about this experience?
Can I support myself and others better as a consequence?
Has this changed my ways of knowing? |

Appendix F

Letter Requesting Access to Nursing Students

Date:

(Dr. D. Gregory Dean)

(Dr. D. Care, Associate Dean, Undergraduate Studies)

Dear-----:

As you know, I am a student in the Master of Nursing Program at the University of Manitoba and I am writing to request access for research purposes, to the third and fourth year students enrolled in the University of Manitoba Baccalaureate in Nursing Program. The purpose of my study is to explore nursing students' perspectives of reflective journal writing. The data gathered through this examination will contribute to a deeper understanding of reflective journal writing. It is expected that this knowledge may then be applied to enhance the application of reflective journal writing as a learning strategy.

I would like permission to invite third or fourth year students who are enrolled in the program for the academic year 2000 to participate in my study. Data collected from the students will include demographic information, and responses to semi-structured interview questions. All data sheets will be coded to ensure confidentiality and anonymity. Data will be stored in a locked filing cabinet in my home. Coded data will be shared with my Thesis Committee to enhance the credibility of the analysis. I have attached a copy of the research proposal for your referral.

I do not anticipate extensive involvement of the Faculty of Nursing staff other than collaboration with Course Leaders and Clinical Education Facilitators in order to plan appropriate dates and times for orientation and recruitment. Requirements of space will be limited to the use of a private office in the Faculty of Nursing.

The study is being supervised by a Thesis Committee consisting of Dr. J. Scanlan, Faculty of Nursing, University of Manitoba; Dr. W. Chernomas, Faculty of Nursing, University of Manitoba; and Dr. L. Taylor, Centre for Higher Education Research & Development, University of Manitoba. The study has been approved by the Ethical Review Committee of the Faculty of Nursing, University of Manitoba. A copy of this approval is attached.

Data collection is planned to begin in July, 2000. A copy of the results will be made to the Faculty of Nursing upon request. If you wish further information regarding this study please contact me at 474-8747 or .

Yours sincerely,
Marilyn Klimczak, RN., BN.

Appendix G

Explanation of the Study to Nursing Students and Participation Request

My name is Marilyn Klimczak. I am a Lecturer in the Faculty of Nursing and a student in the Master of Nursing Program at the Faculty of Nursing. As part of my Nursing Program, I am conducting a study to explore nursing students' perspectives of reflective journal writing. The study has been approved by the Ethical Review Committee of the Faculty of Nursing, University of Manitoba.

I would like to invite you to participate in this study. The study will consist of a semi-structured interview about your reflective journal writing experience and some questions that describe you (e.g. age, gender). The interview will take place in a private office on the University of Manitoba campus. The interview will take approximately one hour and will be audio-recorded. One follow-up telephone call may be necessary for clarification of data.

Your participation in this study is voluntary. If you volunteer and then upon reconsideration, decide to withdraw, you may do so at any time. Non-participation, or a decision to withdraw from the study will in no way effect your standing as a student in the Faculty of Nursing. Participation in this study will result in no direct benefits to you, but it may provide you with an opportunity to learn more about the research process. The data gathered through the examination of your perspectives will contribute to a deeper understanding of reflective journal writing. It is expected that this knowledge may then be applied to enhance the application of reflective journal writing as a learning strategy. There are no known risks associated with participation in this study.

Your involvement in this study will remain strictly confidential. All data will be locked in a filing cabinet in my home. Only the members of my thesis committee; a transcriptionist; and I will have access to the audiotapes and the transcripts of the interviews. A code number will identify the audiotapes and transcripts. Therefore your name will not appear on any of this information.

At this point I will pass around copies of my presentation to everyone. Please do not complete it until I have left the room. If you wish to participate please write your name and phone number in the space on the **second page** of the letter. I will be in touch with you to arrange an interview time. If you do not wish to participate please tick off the "no" choice. I am asking for a response from all students to protect confidentiality and to ensure that the volunteers are participating free from any pressure. I will pass around an envelope labelled with my name and address to insert your folded forms. May I ask for one person to seal this envelope and then give it to the instructor? I will be available after the class so that the instructor may pass the sealed envelope directly to me.

If you have any questions about this study, I can be contacted at 474-8747 or you can E-mail me at Marilyn_Klimczak@umanitoba.ca. You do not have to identify yourself when you call. If you need further time to consider participating in this study you may submit your form to my mailbox in the Faculty of Nursing. Thank you for your time and attention.

I wish to participate in Marilyn Klimczak's research study titled *Reflective journal writing: The nursing students' perspective*.

No_____

Yes_____

If Yes, please include your name and phone number:

Name:_____

Phone number:_____

Suggested time to telephone:_____

Thanks for your time and consideration,

Marilyn Klimczak

Appendix H

Assumptions about Reflective Journal Writing

1. Reflective journal writing enhances the linkage of theory to clinical practice. True understanding comes from reflecting on one's experience.
2. Reflective journal writing encourages students to think about their clinical practice (reflection-on action).
3. Reflective journal writing is a tool that fosters critical thinking among nursing students.
4. Nursing students may be taught to write journals at the reflective level. Critical reflection may not be possible for some students given the maturity of their cognitive thinking.
5. Gender may have an influence on the "feelings" content of reflective journals.
6. Reflective journal writing is facilitated when nursing students have developed a trusting relationship with their facilitator.
7. Reflective journal writing is only one strategy to promote reflective thinking.
8. Reflective journal writing is time consuming. Therefore nursing students may tire of the strategy.
9. Grading reflective journals is essential as a motivator to encourage nursing students to submit their reflective journals.
10. Clinical educator facilitator feedback should include examples of reflective thinking, examples of feelings and reactions to the nursing student's practice, as well as one or two questions to foster the student's in-depth thinking about clinical practice.
11. Reflective journal writing may foster the nursing student's self-evaluation ability and therefore prepare them for the professional challenges of continued competence.

Appendix I

Demographic Questions

Age_____

Gender_____

Years of university education_____

Present year in nursing_____

Number of clinical courses completed_____

Appendix J

Interview Questions

1. I want to know about your perspective on reflective journal writing. What does reflection mean to you?
2. What are some of the times in your life when you have been reflective?
3. There is little information available about how to guide the development of nursing students' ability to write reflective journals. Tell me how you learned about reflective journal writing.
4. How do you go about writing a reflective journal?
5. What questions do you use to guide you in your reflective journal writing?
6. How do you select aspects of clinical experience to write about?
7. As part of your clinical practice you have been asked to reflect on your experience. Have you ever changed the way you do something or think about something in clinical practice as a consequence of reflective journal writing? Tell me about a situation in which your clinical practice was influenced as a consequence of your reflective journal writing.
8. Do you think that the writing of the reflective journal helped you to analyze your clinical experience? Tell me about how you specifically experienced this analysis. How did you go about the analysis?
9. What role has reflective journal writing played in your learning to become a nurse? Share an example with me.
10. In terms of the way you best learn, where would you place reflective journal writing?
11. What has the grading of your reflective journals meant to you?

12. In summary, if you were to describe the critical aspects of reflective journal writing for you as a nursing student, what would they be?
13. Do you have any final thoughts about this topic or this research that you wish to tell me?

Appendix K

Relationship between the Semi-Structured Interview Questions and the Conceptual Framework

Each question was designed to reflect the three premises of symbolic interactionism as described by Blumer (1969). The semi-structured interview questions were developed to shed light on the overall research question: what are the critical issues for nursing students in writing reflective journals? The manner in which each premise will guide the exploration of nursing students' perspectives of reflective journal writing will be reviewed.

The first premise of symbolic interactionism describes the role of meaning in the formation of behaviour. One has to understand the meaning attributed to reflection and reflective journal writing from the participant's perspective. Interview questions one, two, nine, and ten were designed to shed light on nursing students' perspectives on reflective journal writing.

Secondly, symbolic interactionists believe that meanings are developed as a product of social interaction (Blumer, 1969). The impact social interaction has on the development of nursing students' meanings of reflective journal writing will be explored through interview questions three, six, and eleven. These questions will specifically probe the interactions nursing students may have had with others, for example their clinical educators, as they learned about reflective journal writing.

Thirdly, and most importantly, symbolic interactionists believe that meanings are handled in and modified through an interpretive process used by the person (Blumer,

1969). Blumer described this interpretive process as a reflexive process. To understand the nursing students' perspective on this reflexive process, or interaction with the self, questions three, five, six, seven, and eight were developed. All of these questions ask the nursing students to recall an aspect of the interpretive process experienced as their reflective journals were developed.

It is possible that the interview questions one to eleven will not stimulate the nursing students to reveal their entire perspective on reflective journal writing. As questions three to eight are answered by participants it is possible that further thoughts may be provoked. Therefore, the inclusion of question twelve will give the participants the opportunity to voice any previously unstated thoughts, thereby ensuring the collection of rich data.

Appendix L

Consent to Participate Form (Draft)

This document certifies that I, _____,
Having met the criteria for a suitable participant, consent to participate in the study
entitled: *Reflective journal writing: The nursing student perspective*. The Ethical
Review Committee of the University of Manitoba has approved this study proposal. In
consenting to participate in this study, I understand and agree to the following:

1. The study will be conducted by the researcher, Marilyn Klimczak, as part of the requirements for the Master of Nursing Program. The members of Ms. Klimczak's thesis committee are: Dr. J. Scanlan, Chair; Dr. W. Chernomas, Internal Committee Member; and Dr. L. Taylor, Centre for Higher Education, Research, and Development, External Member.
2. The purpose and the process of the study have been clearly explained to me.
3. I understand I will participate in one interview of approximately one hour in length. I understand that if, by mutual agreement, the researcher and I wish to continue the interview, the session can be lengthened, or a second interview scheduled.
4. I understand that after the initial interview (s), the researcher may telephone me once for no longer than 15 minutes, so that I can clarify and confirm data collected for accuracy.
5. I understand that one participant will be chosen by convenience, and asked to meet the researcher for one hour in the data analysis phase to check the appropriateness of the categories generated from the data.
6. I understand that each interview will be audio-recorded, and that the researcher will make occasional hand-written notes during the interview.
7. I understand that the researcher's thesis committee has approved the questions that will guide the interview.
8. I understand that I may refuse to answer any study question.
9. I understand that I will be free to withdraw from the study at any point with no penalty to me. Deciding to withdraw will in no way effect my standing as a student in the Faculty of Nursing.
10. I understand that my anonymity will be protected. In the event I share a previously unreported unsafe practice incident with the researcher, I understand the researcher

may have to report this incident to the appropriate course leader in the Faculty of Nursing.

11. I understand that the confidentiality of any data I provide will be guaranteed except in the circumstance out-lined in # 10.
12. I understand that the only people who will have access to the raw data will be the researcher, the members of the researcher's thesis committee, the individual who assists with transcribing the interviews.
13. I understand that all the tapes and other data will be coded, so that none of the people, outside the researcher and myself, who have access to the data, can identify me as a study participant.
14. I understand that the researcher will store all materials related to the study in a locked file cabinet in her home, when she is not physically with the data.
15. I understand that the researcher will destroy all data associated with this study after seven to ten years.
16. I understand that the results of this study may be published and may be presented at conferences. As the data will be grouped, I understand that my individual responses will not be recognisable.
17. I understand that I am entitled to a copy of a summary of the study results, should I wish one.
18. I understand that I will be provided with a copy of this consent form.
19. I understand that I can contact the researcher, Marilyn Klimczak, at any time during the course of this study should I have any questions related to the study or my participation in it. Her numbers are;

Home:

Office: 474-8747

E-mail: Marilyn_Klimczak@umanitoba.ca

My willingness to participate is indicated by my signature.

Participant: _____

Researcher: _____

Date: _____

My willingness to meet with the researcher, for no longer than one hour, to check the appropriateness of the categories generated from the data is indicated by my signature.

Participant: _____

I would like to receive a summary of the results of the study. Yes _____ No _____

If yes please mail the summary of the results to:

Name _____

Address _____

Thank you for your willingness to participate in this study.

Marilyn Klimczak
