

Reflective Learning: A Teaching Strategy for Critical Thinking

Charles R. Baker, RN

ABSTRACT

Most nurse educators claim that ability to critique one's clinical practice is a skill which must be acquired if nursing students are to continue to learn and develop as practitioners after they have graduated. This skill is of particular relevance for nurses who will be working independently in the community. The author reviews recent literature on critical thinking and reflective learning and identifies the results of one baccalaureate nursing school's use of reflective journals.

Reflective learning has been described as a process whereby an individual responds to a lived experience and cognitively reviews and explores the experience in such a way as to create and clarify meaning in terms of self (Boyd & Fales, 1983). This process, in turn, leads to increased self-awareness, increased sensitivity to the environment, and a change in conceptual perspective.

Such a process not only improves critical thinking skills, but also contributes to growth in self-awareness, self-actualization (Maslow, 1979) and the development of new knowledge (Boyd & Fales, 1983). Despite these benefits, reflective learning has not been well discussed in the North American nursing literature to the extent that it has been reviewed in British nursing literature.

Charles R. Baker, RN, is Professor, Centennial College and a staff nurse at Scarborough Grace Hospital, Scarborough, Ontario, Canada.

This article was written while the author was completing a master's degree in community nursing at D'Youville College, Buffalo, New York.

Address reprint requests to Charles R. Baker, RN, PO Box 613, Station A, Scarborough, Ontario, Canada M1K 5E9.

Reflective learning has been partially addressed in the nursing literature on critical thinking, although it has only been listed in the Cumulative Index of Nursing and Allied Health Literature (CINAHL) since 1989 (Hartley & Aukamp, 1994). As nursing moves into more autonomous community-based practice, the challenge for nurse educators is to assist students to develop greater critical thinking skills, improve awareness of self and environment, and to facilitate nurses' ongoing learning from their daily practice.

Critical Thinking

Numerous authors have proposed definitions for critical thinking relative to their own disciplines. One of the earlier teams to write about critical thinking viewed it as a composite of knowledge, skills, and attitudes (Watson & Glaser, 1964). This team went on to develop the Watson-Glaser Critical Thinking Appraisal tool which is presently used by researchers of critical thinking in nursing (Hartley & Aukamp, 1994; Pless & Clayton, 1993). This tool measures skill in performing inference, recognition of assumptions, deduction, interpretation, and evaluation of arguments, all of which are used during the process of reflection. In fact, some theorists believe critical thinking is a cognitive process grounded in reflection (Jones & Brown, 1993).

Reflection

Boyd and Fales (1983) provide a working definition of reflection which suggests that it is a process of thinking about and exploring an issue of concern, which is triggered by an experience. The aim of one's deliberations is to make sense or meaning out of the experience and to incorporate this experience into one's view of the self and the world. The exploration of an experience to create

meaning (reflection) inevitably focuses on something of central importance to the individual where there is potential for significant learning and growth.

Part of the uniqueness of reflection lies in the fact that it has the potential for generating new knowledge, whereas application of content knowledge does not (Boyd & Fales, 1983). This quality is an important feature for nurse educators to keep in mind as they develop curricula and teaching strategies to assist nurses to work as independent clinicians and researchers in the community.

Reflective Learning

The work of Boyd and Fales (1983) assigned the following six aspects to the process of reflective learning:

1. A sense of inner discomfort is triggered from some life experience. It has been described as being similar to the experience of knowing there is something that one must do but being unable to remember what it is.

2. Identification or clarification of the concern makes the nature of the problem or issue more evident. The conceptualization of the problem in relation to the individual is what distinguishes reflective learning from other cognitive activities.

3. Openness to new information from internal and external sources, with the ability to observe and take in from a variety of perspectives, is a hallmark of reflective learning. This openness implies that time is needed in order to take in information from a variety of sources and then allow it to "percolate" for a period. One must be willing to forego a quick resolution or closure (Boyd & Fales, 1983) on the issue and allow for lateral thinking by reading things that are apparently unrelated to the issue, postponing decisions until the issue can be looked at from all sides, and involving oneself in different types of activity, such as shifting from mental to physical pastimes.

4. Resolution is the "aha" stage where one feels he or she has changed or learned something that is personally significant. Although it may not be a final answer, it provides the individual with a comfortable position in relation to the issue (Boyd & Fales, 1983). Resolution is spontaneous, unpredictable, and a manifestation of creativity. It usually comes when one is alone and not actively seeking it, yet is psychologically ready to see the new perspective. The new view has meaning, affords a new perspective, and is self-affirming. The individual is rewarded with a sense of joy that comes at the moment of closure.

5. As a result of internalization of a new perspective, there is a change in oneself. One attempts to explain how the new self relates to or can be explained in terms of the old self. Establishing continuity of oneself with the past, present, and future provides integrity and connectedness within a changing world.

6. Deciding whether to act on the outcome of the reflective process most closely parallels decision-making and problem-solving (Boyd & Fales, 1983). It is here that the changed perspective or new insight is analyzed for its

ability to be operationalized. How would it work in practice? Would it fit my values and goals? How would it be received by others? After some deliberation, a decision is made to incorporate the changed perspective or new insight into behavior immediately or to simply allow it to exist without acting on it.

Reflective Learning and Nursing Education

The nursing process has emerged from the scientific method which has long been regarded as the only legitimate means of problem-solving in medicine (Jones & Brown, 1993). Indeed, nursing textbooks, most nursing curricula, many state boards of nursing, and the National Council Licensure Examination for Registered Nurses (NCLEX-RN) are all modeled on the nursing process (Jones & Brown, 1993). Recently, there has been an increasing awareness that the exclusive use of reductionistic Cartesian thinking, which is inherent in the scientific method and nursing process, does not adequately serve the nursing profession in its efforts to work with individuals and communities holistically. 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 and contradictory lines of reasoning (Pless & Clayton, 1993). Reflective learning tends to support such a holistic synthesis (Palmer, Burns, & Bulman, 1994).

Reflective Journals: A Strategy in Nursing Education

The writer notes that in one baccalaureate nursing program, students are instructed and guided in structured reflective-journal writing during their clinical experiences. Students are directed to include the following four components in each journal entry: (1) identification, (2) description, (3) significance, and (4) implications. Students reflect upon activities, conversations, events, and thoughts or feelings experienced during or in response to clinical practice. Because "identification" is the beginning point, one is frequently not conscious of what experience would provide the richest growth. To assist in raising issues to a conscious level, students are encouraged to write poems, tell stories, and/or draw pictures. Next, students subjectively and objectively "describe" in detail what they have felt, thought, and done in that particular moment. Students are encouraged to be creative in expressing this description in a manner which most suits their unique experience. For example, drawing pictures might be used for a portion of a journal entry to 'describe' what was felt during a particular experience. Next, the student analyzes the 'significance' of the experience by considering feelings, thoughts, and uncovering possible meanings from the experience. Finally, students are asked to address at least one of the following 'implications' of their experience in terms of their: (1) own clin-

ical practice, (2) self-perceptions as nurse and/or learner, and (3) own learning as a human being.

Teachers look for developmental trends and give feedback based on the six aspects of reflection outlined by Boyd and Fales (1983). Teachers report that the analytical aspects of the reflection, such as, "openness to new information," "resolution," "establishing continuity of self," and "deciding whether to take action" may all be delayed if the new perspective has major implications for changing the existing pattern of one's life. Students must be guided to see that closure is not likely to come as a neat package with every journal entry. Attempts to rush closure will close the student off from new information and reduce chances of a satisfactory resolution and integration of the present self with the past self.

Teachers' comments tend to be very supportive, non-judgmental, and do not confirm right or wrong thinking. Comments are intended to assist the student to focus or encourage deeper analysis of a balance of thoughts and feelings. A "rule of thumb" is that, what the student has uncovered as significant to reflect upon, is accepted by the teacher as the appropriate focus.

Responses to Reflective Learning Strategies

The nursing faculty report that students opt for the reflective journal versus other learning strategies based on the kind of the clinical setting they are in and the individual student's personality. Students more frequently elect to write reflective journals when they feel there is a larger affective component to their clinical learning such as in mental health nursing. On the other hand, students who naturally tend to be more reflective opt for reflective journals more often. Initially, students' entries are largely descriptive with little analysis (resolution, establishing continuity, and deciding on action). Many students lose focus before they have clarified the concern and the reflective process does not evolve. Teachers report that students' concern about covering all the course objectives often distracts students from genuine reflection. Anxiety about meeting course objectives inhibits some students from listening to their sense of inner discomfort. These writings tend to lack the emotional energy or passion, and the focus is lost before reaching the stage of analysis.

Many teachers have reported they are overwhelmed by the entries that describe feelings of helplessness and guilt, particularly related to interactions with physicians who would not acknowledge assessments and clinical judgments of the nurse. Occasionally, students have viewed the relating of feelings in their journal as an invasion of privacy. For these students, it is helpful to take specific examples and demonstrate that exploration of the affective domain is an essential part of reflection and learning. On a positive note, teachers generally agree that students who use the reflective process explore a greater variety of issues than those who use other learning strategies. Teachers also find it easier to identify important

themes for conference discussions. Much passion has centered around students' reflections on caring for clients, dealing with ethical dilemmas, being assertive to resolve or move a conflict forward, and around the growth in self-awareness.

Students report that they enjoy the reflective process and find greater meaning in what they are doing in the clinical area. Students who continue to practice part time as nurses report "the reflective journal has helped me to view my work in a new way," "I am thinking about issues at work, instead of just going home," "work has become more than a means to a salary," "I find I can make a greater impact on my colleagues than I thought possible," and "I actually enjoy writing the analyses."

It is significant to note that students tend to use written text exclusively to express their reflections. When asked why they have not incorporated other modes of expression, students indicate that they feel very self-conscious about doing so and are afraid they may appear "childish." It is crucial then, to incorporate specific exercises involving the use of a variety of visual, oral, and aural media to facilitate students' use of a greater variety of forms of expression in their reflective journals.

Reflective Journals and Critical Thinking

In recent years there has been a shift away from what Schön (1983) refers to as "technical rationality" and what Dreyfus and Dreyfus (1985) call "calculative rationality." These ways of thinking are characterized by their focus on "objectivity," "detached," "analytic stance" (Darbyshire, 1993), and linear thinking. This approach to problem solving is taught in most schools (Van Manen, 1991) but this approach is not always helpful to nurses who must consider cognitive and affective variables in a holistic non-detached manner rather than a detached linear fashion. Reflective journaling offers a teaching strategy which helps provide balance to the objectification and linear thinking skills that we currently develop.

Critical thinking has been defined as "reasonable reflective thinking that is focused on deciding what to believe or do" (Ennis, 1987, p. 10) and as "the skill and propensity to engage in an activity with reflective skepticism" (McPeck, 1981, p. 81). Tanner (1993) identifies that critical thinking has been wrongly conceptualized as problem-solving or the nursing process. Currently, no clear conceptualization of critical thinking in nursing has been established (Pless & Clayton, 1993). However, many experts conceptualize critical thinking along the dimensions of "cognitive skills" and "affective dispositions" (Facione cited in Pless & Clayton, 1993). The "ideal critical thinker" has been characterized as being inquisitive, self-confident in ability to reason, open-minded regarding divergent world views, flexible, honest, diligent, and reasonable (Facione cited in Pless & Clayton, 1993). Reflective journal writing, as a reflective learning activity, is a teaching strategy which can nurture many of

these qualities and promote mindful and thoughtful nursing practice.

Summary

Reflective practice is an increasingly valuable tool in nursing education where independent practice places a growing emphasis on the affective and cognitive domains of learning. Although individual students vary in the extent to which they naturally reflect upon life experiences, all students benefit from strategies which develop the skill of reflection. Increased involvement of the affective domain is highly desirable in a humanistic profession such as nursing. Reflective journaling using various media is one strategy that students and nurse educators alike find stimulating and rewarding. A key element to the success of this strategy lies in the fact that it allows students to relate to aspects of their experience which most profoundly speak to them at the moment. Tapping into central concerns creates the greatest potential for growth.

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