

Reflective writing, 2021

Purpose

The purpose of this document is to provide guidance for nurses and midwives writing a reflective account of their practice.

Overview

NZNO, as a bicultural partner to Te Tiriti o Waitangi, acts to ensure the obligations of active protection are upheld and honoured through supporting ways that are culturally specific to enhancing and empowering identity. NZNO is an organisation that seeks to improve the health status of all people in Aotearoa New Zealand, through participation in health and social policy development. We share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities. Further ensuring recognition standards of cultural safety through adopting culturally appropriate approaches that recognise Māori as tāngata whenua, and acknowledge the diversity of all cultural needs, and guarantees positive equitable outcomes.

Introduction

Reflection on practice has become an important part of nursing training and the continuing competence process. Reflection is linked to the skill of self-monitoring and involves purposefully paying attention to one's thoughts feeling and judgements (Smith, 2020, p. 242). The underlying argument is that reflecting on practice helps nurses to gain new insights, foster self-regulation, and contribute to the development of accountable professional practitioners (Mahon & O'Neil, 2020, p. 778). A lack of insight has been found to be a cue to unsafe practice (Blair, 2021) and reflection has been identified as a component of, or precursor to, insight (Taylor, 2001). Reflection has been defined in various ways but for the purposes of this guide, it is defined as the deliberate process of thinking through and interpreting one's thoughts, memories, actions and activities in order to make sense of them, learn from them and make changes if required (Taylor, 2000; Regmi & Naidoo, 2013).

Reflective writing is a tool used to assist in the process of reflection. Reflection and reflective writing are useful in developing critical thinking skills, building a greater understanding of why we do things, documenting professional practice experiences, emphasising the link between theory and practice, and supporting nurses to cope with critical incidents (Taylor, 2000; Craft, 2005; Regmi & Naidoo, 2013; Naber & Wyatt, 2014). Clinical skills may be improved by using reflection as nurses gain greater awareness of themselves and their experiences (Rykkje, 2017). Many organisations encourage reflective writing to demonstrate competence to practise. Reflective writing is not limited to students, those completing professional development programmes or those going through competence assessment but should be undertaken by all nurses seeking to develop and improve their practice.

Reflecting on practice through reflective writing enables the practitioner to identify areas in their practice that have been done well and areas that could be improved on. The process of returning to an experience, taking note of and addressing feelings and emotions associated with it, and re-evaluating the experience can result in increased self-awareness, improved outcomes or performance and can lead to improved learning (Regmi & Naidoo, 2013). Reflective writing has been shown to enhance inter-professional communication (Peeters & Sexton, 2020). Reflection on practice also

supports learning and the development of self-awareness to deepen understanding and shape culturally safe practice (Fyers & Greenwood, 2016).

In this guideline we outline some approaches to reflective writing, provide links to useful resources and include some examples to help you on your way.

How to write reflectively

There are several different frameworks or models that can be used to write reflectively. Popular models include Kolb's (1984) model of reflective learning, Gibb's (1988) reflective cycle, John's (2004) model of structured reflection and Borton's (1970) reflective framework. Summaries of these are located in appendix one.

Most of these frameworks outline a cyclical process of activities that must be completed in order. However, some writers have criticised reliance on a cyclical process as failing to recognise that reflection is an integrated and iterative process that occurs continuously, as an individual makes sense of the world (Regmi & Naidoo, 2013). Others suggest frameworks are useful for those requiring initial guidance on the process but caution that their use may limit the creativity of the individual and the importance of 'thinking outside the box' (Fowler, 2014).

Understanding cultural needs when engaging in reflective writing that considers outcomes of populations such as Māori, Pacific, Asian, requires adopting culturally specific values and principles (Brannelly, et al., 2014). Particularly when working with and supporting the representation of those particular communities, that is reflecting on and addressing the impacts on nursing care and protection in relation to the health consumer's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability (Haitana, et al., 2020).

Kaupapa Māori generates an explanation culturally grounded in relationships that recognises the embedded critical and decolonisation theories that often marginalise indigenous voices (Wilson et al., 2021). Considerations of te ao Māori (Māori world view) perspective requires applying a kaupapa Māori theory to reflective writing. The context of kaupapa Māori is a framework that asserts tino rangatiratanga (self-determination) through upholding and validating a cultural world view that is Māori (Pihama, 2001; Smith, 1999) and is a cultural prerequisite for asserting and establishing identity (Durie, 2008).

A key action to ensure critical analysis is undertaken with a te ao Māori perspective is utilising tikanga that validates and draws on the cumulative narratives of Māori. Furthermore, when applying a kaupapa Māori perspective there should be direct input from a kaupapa Māori expert (Kaumātua, iwi, hapū hauora member and cultural nursing, hauora advisor), and scholars, to guide and support the delivery of a kaupapa Māori approach. This will mitigate any risks of cultural miss-appropriation that often leads to many critiquing the construction of Māori knowledge (Smith, 1999).

Kaupapa Māori frameworks reflect several components that many define as elements that form a widespread collective theory. Learning outcomes that you benefit from when adopting a kaupapa Māori approach, ensure those you are engaging and seeking participation from will start by feeling a sense of inclusiveness and respect. Partly because in the first instance you operated knowing that the tikanga principle of whanaungatanga allowed for relationships to flourish and partnerships to grow. See Leonie Pihama, Linda Smith, Graham Smith discussions on Kaupapa Māori theory and methodology for further reading related to this (<https://library.nzfvc.org.nz/cgi-bin/koha/opac-search.pl?q=se.phr:%22Kaupapa%20M%C4%81ori%20Online%20series%22>)

To lead with a kaupapa Māori approach to reflective writing means you are considering the cultural value in upholding the partnering of Te Tiriti o Waitangi, through establishing mutual benefits and understanding. Please seek advice from appropriate person(s) and a cultural advisor within in your region and NZNO when considering using this approach.

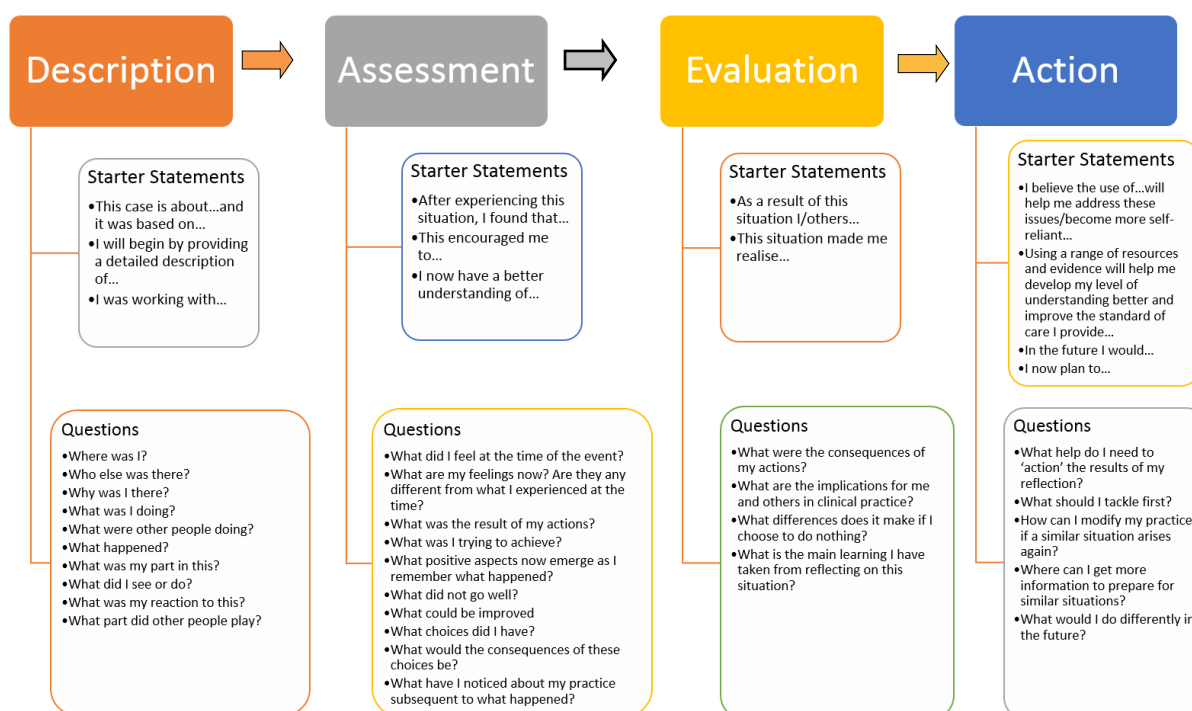
Given the purpose of this document is to provide nurses and midwives with an easy approach to writing a reflection, we have based our model on the four generic steps involved in any reflective framework. These are:

- > description
- > assessment
- > evaluation
- > action

A series of “prompt” questions at each step can guide the nurse or midwife as they frame their work. The prompt questions included in the diagram below are drawn from the models in appendix one and can be used in the reflective writing process.

Remember, they are a guide only and you do not have to answer all of them – some may not be appropriate for your situation. Appendix two lists the prompt questions and starter sentences in bullet point format.

A Tool for Reflective Writing



Professional practice in reflective writing

Nurses and midwives undertaking reflective writing must be aware of their professional responsibilities in relation to this practice. It is important that patients cannot be identified from reflective writing and NZNO recommends nurses and midwives read the

NZNO *Guidelines on Privacy, Confidentiality and Consent in the Use of Exemplars of Practice and Journaling*. These guidelines outline the responsibilities of the nurse or midwife in terms of confidentiality, privacy, and consent.

Carefully consider the purpose of your reflection and who the intended audience is. If you are writing a reflection for a professional development portfolio, the purpose is to demonstrate competent (and above) practice. If you are writing a reflection for a competence review process on the other hand, it is important you demonstrate taking responsibility for poor practice and what you might do differently. Nurses Should seek professional advice before submitting a reflection to a regulatory authority review panel.

A nurse or midwife reading another's reflective writing must be aware of their responsibilities if they identify practice that puts a person at risk. Reflective writing should be a learning experience and if the reader sees the need to address an identified issue with the writer, it is important to do this sensitively. It is possible elements in the written material that may indicate unsafe practice do not include the full context, and it is important this is clarified and discussed.

Useful online resources

- > <https://www.youtube.com/watch?v=QoI67VeE3ds>
- > http://www.nottingham.ac.uk/nmp/sonet/rlos/placs/critical_reflection/models/index.html

Examples of reflective writing

See appendix three for an example of reflective writing. The example is based on a medication-related incident in an aged-care facility and is an example of a reflection submitted as part of a competence review process. This example is linked directly to the four-stage model outlined above.

Two further useful examples – this time of student reflections – can be found here:

- > <https://www.brookes.ac.uk/students/academic-development/online-resources/reflection/>
- > http://uk.sagepub.com/sites/default/files/upm-binaries/54814_Example_reflective_essay.pdf

Finally, some useful reflections can be found on the internet. Here are some examples:

- > <https://workingwellsolutions.com/reflection-gibbs-model-applied-example/>
- > <https://www.nursinginpractice.com/professional/how-to-reflect-on-your-practice/>

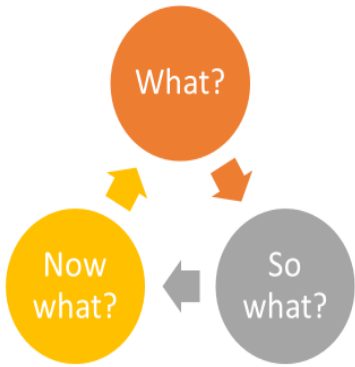
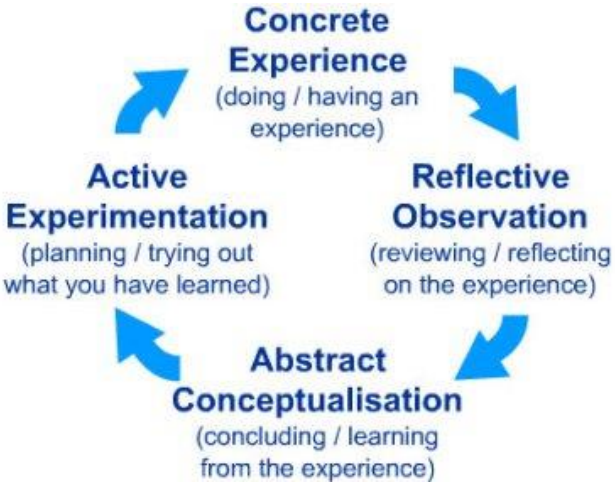
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Appendix 1

Common reflective frameworks

Framework	Primary Characteristics
Borton's (1970) reflective framework	<ul style="list-style-type: none"> > Also known as the “what, so what, now what”, framework. > Useful for beginning practitioners <div style="text-align: center; margin-top: 20px;"> <p>Borton's (1970) reflective framework</p>  </div>
Kolb's (1984) model of reflective learning	<ul style="list-style-type: none"> > Recognises the principles of ‘adult learning’ > Highlights continuous learning and acknowledges that new knowledge is often gained through experience in practice <div style="text-align: center; margin-top: 20px;">  </div>

<p>Gibbs (1988) reflective cycle</p>	<p>> Based on Kolb's experiential cycle > Commonly used by health professionals</p> <p style="text-align: center;">Gibbs Reflective Cycle</p>
<p>John's (2004) model of structured reflection</p>	<p>> Based on Carper's patterns of knowing:</p> <ul style="list-style-type: none"> • Aesthetics (the art of what we do) • Personal (self-awareness) • Ethics (moral knowledge) • Empirics (scientific knowledge) <p>> Adds in reflexivity (how does it connect with previous experience)</p> <p style="text-align: center;">JOHN'S MODEL OF STRUCTURED REFLECTION</p>

(Regmi & Naidoo, 2013; Craft, 2005; Fowler, 2014; Taylor, 2000)

Appendix 2

Description

Where was I?
Who else was there?
Why was I there?
What was I doing?
What were other people doing?
What happened?
What was my part in this?
What did I see or do?
What was my reaction to this?
What part did other people play?

Starter statements

This case is about...and it was based on...
I will begin by providing a detailed description of...
I was working with...

Assessment

What did I feel at the time of the event?
What are my feelings now? Are they any different from what I experienced at the time?
What was the result of my actions?
What was I trying to achieve?
What positive aspects now emerge as I remember what happened?
What did not go well?
What could be improved?
What choices did I have/what else could I have done?
What would the consequences of these choices be?
What have I noticed about my practice subsequent to what happened?

Starter statements

During this situation, I felt...
I know feel...
The things that went well were...
The things that did not go well were...

Evaluation

What were the consequences of my actions?
What are the implications for me and others in clinical practice?
What difference does it make if I choose to do nothing?
What is the main learning I have taken from reflecting on this situation?

Starter statements

As a result of this situation I/others...
This situation has made me realise...
If this situation arose again I would...

Action

What help do I need to 'action' the results of my reflection?
What should I tackle first?
How can I modify my practice if a similar situation arises again?
Where can I get more information to prepare for similar situations?
What would I do differently in the future?

Starter statements

I believe the use of ... will help me address these issues.../become more self-reliant...

Using a range of resources and evidence will help me develop my level of understanding better and improve the standard of care I provide...

In the future I would...

I now plan to...

(Regmi & Naidoo, 2013; Craft, 2005; Fowler, 2014; Taylor, 2000)

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Appendix 3

An example of a reflection written following a medication incident in the workplace (with thanks to the contributor).

I am writing this reflection because of an incident that happened on the night of XXXX.

One of the residents, Mrs X, was put on the toilet by two carers. At this time, the syringe driver Mrs X was on dropped on the floor. One of the carers came to me and informed me of this. I went and looked at the syringe driver and found the case that surrounds the pump had loosened and was not locked anymore. I got the keys and locked the case again. I looked at the pump and cannot recall what was on the screen but reset the pump and it started to go again. The green light was going, and the pump was working again. I looked at the rate on the pump and it had changed. I knew something wasn't right, so I went to see another Registered Nurse who was still in the building from afternoon shift. I asked her if she could come and have a look at the pump. She agreed and came into the room and I asked her to look at the pump, I said the pump didn't look right to me and that the rate had changed. She said, "that it looked ok to her". We discussed that the rate may have changed, due to only having half the amount left in the syringe when it dropped, and that it may only need to be half the rate to infuse it. As she thought the pump was fine and working ok, I did not do anything further, other than check during the shift that the pump was working. I recorded this in the infusion chart. I did not record it four hourly as specified in the facility's policy but did check it twice during the shift and recorded this on the infusion chart.

When the incident was discovered and I was informed that the incident was of concern, I fully admitted to the mistake and took responsibility for what I had done. I realised my mistake and was open to doing any training or education to learn from this experience.

Since this incident, I have attended a syringe driver course, where I learnt a great deal about syringe drivers. I learnt that if a syringe driver is dropped, it should be stopped immediately and sent away for testing as the pump may malfunction if dropped. Possibly, that is what happened to the syringe driver in this incident. A new syringe driver should then be set up for that resident. I was told that if anything goes wrong with the syringe driver, it is best to stop the syringe driver and set up a new one and not to try and change the rate, or anything else on them.

Description

Assessment

Evaluation

If such an incident occurred again, I would just stop the pump and redraw up the medication and start the pump again. If I did have any problems with the pump being dropped again, I would never attempt to restart it, I would just stop the pump and get it sent away for testing and set up a whole new pump. If I was unsure about anything to do with syringe drivers, I would look up the instruction manual or ring the hospice for advice. I would also contact the clinical manager for advice as well if I was unsure what to do. I did not knowingly give the incorrect rate to the resident – I would never knowingly put a resident at risk.

I also recognise that, at the time of this incident, I was feeling shaken following a break in at my property. I rang my work and informed them of this, however, they still wanted me to come to work. In hindsight, I should have taken time off work, as I was not in a state to make clear decisions. In future, if anything like this happened again, I would call in sick.

Action

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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