

Editorial:

Being reflective, being professional, becoming beyond today

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Nursing practice today is complex and ever- changing. As Frenk et al. (1) note, health science education has undergone major changes in the past century from the science-based focus, to problem-based curricula to competency-driven systems-based curricula. However, a constant in nursing practice has been and continues to be reflection in and on practice (2).

Reflection promotes life - long learning and is recognized as a pivotal component of all experiential learning (3). Professional practice engages the nurse and colleagues from other members of the health care team in a dialogue with patients and families who are encountering a health care experience. This dialogue occurs verbally and non-verbally within the minds and hearts of all who are engaged in the process. Meaningful reflection enables participants to consider: What? So what? and What now? as individuals remember, understand, analyze, apply, evaluate and create new understandings (4) within the context of health care practices.

Activities to promote reflection involve reading, writing, doing and telling (5). Schon (2) describes *reflection on action* and *reflection in action* to promote self reflection and self monitoring (6). These practices promote professional growth and build confidence for professionals to become skilled experts in their field of practice. We challenge our colleagues to consider these questions for their professional practice:

1. How can we ensure that nursing students appreciate and develop the attitude, knowledge and skills to value, learn and practice reflective practice?

Within educational environments and practice settings, students, faculty and practitioners need to implement multiple strategies to pursue greater understanding of incremental reflective levels described by Mezirow as reflectivity, affective reflectivity, discriminant reflectivity, judgemental reflectivity, conceptual reflectivity, and theoretical reflectivity (7). Students and teachers create a trust environment using mutual reflection in action to promote convergent meaningful learning (8, 9).

Reflectivity promotes ongoing development of the mind monitored by self. Mezirow (1981) categorized a person's habit of seeing, thinking and doing into multiple levels of reflection that engaged consciousness and critical consciousness. Initially, consciousness stimulated awareness of feelings about our habits (affective reflectivity), then with discriminate reflectivity the mind and self assessed the efficacy of one's functioning in relationships. Judgemental reflectivity incorporated awareness of how positive and/or negative values influence subjectively a person's habits of seeing, thinking and doing. Shifting to critical consciousness stimulated the mind to critique one's habits either conceptually which acknowledged gaps in learning or theoretically in which one transforms previous learning or alters perspectives within one's context. Ultimately the goal is to achieve Broughton's "theoretical self-consciousness" so one can explain and/or justify one's ideas in the real world of practice. Reflective progression is linked to "Erikson's "identity crisis" in late adolescence and "integrity" in adulthood; as well as to Kohlberg's adult stage of principled "morality" (10). Nursing education has a mandate to develop and guide the developmental goals of their students and graduate practitioners.

2. How can we ensure that nursing faculty practice reflection in their own research, teaching and clinical practice?

Faculty as responders to reflections of learners should make timely responses, encourage and value student reflections and reward the effort as students develop reflexivity (9). Binding and others (2010) identify outcomes of reflection as enhanced critical thinking, integration of theory to practice and increased confidence in relationships with patients in complex health care situations. Faculty and health care preceptors for nursing students need to use structured reflective questions to enable students to acknowledge the relevance of reflection in promoting quality practice (12).

3. How can we ensure that employers and work settings value and reward reflective practice?

Moreover employers need to recognize and value reflective actions of professionals in their settings as part of ongoing professional development to create a cadre of skilled collaborative practitioners. Some agencies recognize quality of practice annually amongst their professional teams.

One jurisdiction that has incorporated mandatory reflective practice into the self-regulation of nursing practice is Ontario Canada where the College of Nurses of Ontario developed a Reflective practice portfolio (13). According to the standards of professional practice, all nurses are expected to engage in ongoing learning and to maintain the competencies for providing safe client care, and include individualized reflective practice in their quality assurance standards. A nurse participating in Reflective Practice performs self-assessment, receives peer feedback and develops, implements and evaluates a learning plan. The global benefit of being reflective practitioners is to build personal practice wisdom. "Personal wisdom comes into play after experienced nurses reflect on their own practice, and learn from their experiences, thereby increasing their personal knowledge"(14) which impacts positively the delivery of quality care at the bedside.

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