# THE USE OF REFLECTION IN PRACTICE: THE EXPERIENCES OF 3RD YEAR BACCALAUREUS TECHNOLOGIAE (BTECH) NURSING STUDENTS AT A NURSING EDUCATION INSTITUTION IN THE WESTERN CAPE PROVINCE

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**DECLARATION**

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# ABSTRACT

Developing reflective skills leads to the development of critical thinking skills. It is imperative that the student nurse develops these skills in order to deliver effective, reliable, appropriate, professional and quality healthcare services.

Reflective writing forms an integral part of the Academic Development Programme module in the curricula for the first year of training undergraduate nurses at a nursing education institution in Cape Town, South Africa in order to improve reading and writing skills. Various reflective practices, such as reflective writing, free-writing and journaling are introduced to the students during their 1st year of Baccalaureus Technologiae (BTech) undergraduate nursing studies and the students are encouraged to use reflective practices in healthcare environments. The aim of this study was to explore the experiences of 3rd year BTech nursing students regarding their own use and application of reflective practices.
The objectives of the study were to:

- Explore the experiences of 3rd year BTech nursing students on their own use of reflection in practice.
- Describe the influence of reflective practices on the lives of 3rd year BTech nursing students.

A qualitative approach with a descriptive design was applied and a purposive sampling method was used to select fifteen participants for three focus groups. Data was collected during focus groups interviews with the use of a semi-structured interview guide to explore the experiences and diverse perspectives of the use of reflection in practice. Permission to conduct the study was granted by the Ethical approval was obtained from the Health Research Ethics Committee of Stellenbosch University and permission from the Institutional Ethical Review Board at the specific nursing education institution and individual study participants where the study was to be conducted. Data collection was completed by two trained fieldworkers who were not affiliated with the nursing education institution under study. Thematic analysis of the data was performed and six themes emerged.

The findings of this study revealed that participants have a good understanding of reflection and admitted to engaging in various forms of reflective practices. Their preferred method of reflection is dependent on the situation and the needs of the undergraduate student nurse. Participants articulated the benefits of the use of reflection which was evident in the personal and professional growth they identified within themselves. Developing cognitive skills leads to

enhanced clinical skills and transformative behaviour. Self-reflection is important in the development of the individual's identity. This is required for the further development of the professional person, who in the process of development should be able to make critical decisions about patient care and service delivery. Therefore, it is imperative that nurse educators stimulate the development of reflective thinking in the classroom setting and the students should utilise this skill in their personal and professional capacity to develop character and a sense of morality.

Keywords: Reflection, reflective practices, critical thinking, student nurse

## OPSOMMING

Die ontwikkeling van reflektiewe vaardighede lei tot die ontwikkeling van kritiese denkvaardighede. Dit is gebiedend noodsaaklik dat die studentverpleegster hierdie vaardighede ontwikkel, ten einde effektiewe, betroubare, geskikte, professionele en gesondheidsorgdienste van gehalte te kan lewer.

Reflektiewe skryfwyses vorm 'n integrale deel in die kurrikula van die Akademiese Ontwikkelingsprogram module vir die eerste jaar van opleiding van voorgraadse verpleegsters, by 'n inrigting vir Verpleegkunde in Kaapstad, Suid-Afrika, om lees- en skryfvaardighede te verbeter. Verskeie reflektiewe praktyke, soos reflektiewe skryfwyses, kreatiewe skryfwerk en joernalisering word aan die voorgraadse verplegingstudente gedurende die eerste jaar van Baccalaureus Technologiae (BTech) bekend gestel en hulle word aangemoedig om reflektiewe praktyke in gesondheidsorgomgewings te gebruik. Die doel van hierdie studie is om die ervaringe van die derdejaar-BTech verplegingstudente ten opsigte van hulle eie gebruik en toepassing van reflektiewe praktyke te ondersoek.

Die doelwitte van hierdie studie is om:

- Die ervaringe van die derdejaar-BTech verplegingstudente oor hul eie gebruik van refleksie in die praktyk te ondersoek
- Die invloed van reflektiewe praktyke op die lewens van die derdejaar-BTech verplegingstudente te beskryf.

'n Kwalitatiewe benadering met 'n beskrywende ontwerp is toegepas en 'n doelgerigte steekproef met vyftien deelnemers vir drie fokusgroepe is gebruik. Data is gedurende onderhoude met die fokusgroepe ingesamel deur gebruik te maak van 'n semi-gestruktureerde onderhoudsgids, om die ervaringe en uiteenlopende perspektiewe oor die gebruik van refleksie in die praktyk te ondersoek. Toestemming om die ondersoek te loods, is verkry van die Gesondheidsnavorsingsetiekkomitee aan die Universiteit van Stellenbosch, die Departement Verpleegkunde se Gesondheidsnavorsingsetiekkomitee en individuele studie-deelnemers. Data-insameling is voltooi deur twee opgeleide veldwerkers wat nie verbonde was aan die inrigting vir Verpleegkunde wat ondersoek word nie. Tematiese analise van die data was uitgevoer en ses temas het daaruit gespruit.

Die bevindings van hierdie ondersoek het getoon dat deelnemers 'n goeie begrip van refleksie het en hulle het erken dat hulle op verskeie maniere van reflektiewe praktyke gebruik maak. Hulle voorkeurmetode van reflekise is afhanklik van die situasie en die behoeftes van die

voorgraadse verplegingstudente. Deelnemers het melding gemaak van die voordele van refleksie wat duidelik in hulle persoonlike en professionele groei bespeur kon word. Deur kognitiewe vaardighede te ontwikkel, word kliniese vaardighede en transformatiewe gedrag verbeter. Self-refleksie is belangrik vir die ontwikkeling van die individu se identiteit. Dit word vereis vir verdere ontwikkeling van die professionele persoon wat in die proses van ontwikkeling is om kritieke besluite oor pasiëntsorg en diensverskaffing te kan maak. Dus, is dit noodsaaklik dat verpleegopvoeders die ontwikkeling van reflektiewe denke in die klaskameropset moet stimuleer en die studente behoort hierdie vaardigheid in hulle persoonlike en professionele kapasiteit te gebruik om 'n goeie reputasie en 'n sin vir moraliteit te ontwikkel.

Sleutelwoorde: Refleksie, refleksiewe praktyke, kritiese denke, studentverpleegster

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## ABBREVIATIONS

ADP          Academic Development Programme

BTech        Baccalaureus Technologiae

NEI          Nursing Education Institution

SANC         South African Nursing Council

**CHAPTER 1**

**FOUNDATION OF THE STUDY**

## 1.1 INTRODUCTION

The study of nursing not only includes the mastering of theoretical knowledge, but also the practical knowledge, attitudes and skills to provide safe, accountable, responsible and competent care for patients, families and communities. Futhermore, the general aim of nursing practice is to promote critical reasoning skills, analytical and evaluative abilities in students through reflective practice (Potgieter, 2012:4). Reflective practice is a learning approach that integrates or links thoughts and actions. This skill involves thinking about and critically analyzing one's actions with the goal of improving one's professional practice (Branch, 2010:328).

At a nursing education institution in Cape Town, South Africa, reflective writing forms an integral part of a module in the curricula for the first year of training undergraduate nurses and is known as the Academic Development Programme (ADP). During the ADP module, reflection is introduced to the students by using various activities that stimulate and encourage the use of reflective writing, including free-writing and journaling. In addition to scientific evidence on the value of reflective practice in nursing, researchers believe that nurses who reflect seem "to do better" in delivering nursing care by learning from their own experiences (Potgieter, 2012:4; Bulman, 2013:6).

Even though reflective writing forms an integral part of a module in the curricula for the first year of the training of nurses at this nursing education institution, the question about the experiences of the 3rd year BTech nursing students regarding their own use and application of reflective practices in their 3rd year of their BTech study remains unanswered.

## 1.2 SIGNIFICANCE OF THE PROBLEM

The experiences of 3rd year BTech nursing students working in the healthcare settings regarding the use of reflective practices have not previously been explored at this nursing education institution. A better understanding of the knowledge and comprehension of reflective practices amongst undergraduate nursing students will influence nurse educators to adapt the nursing curricula to impact teaching and learning positively. Teaching and learning practices should support students in the utilization of reflective practices in their lives daily and especially when rendering patient care in healthcare practice environments. The researcher trusts that this study would describe the experiences of nursing students regarding their own reflective practices. The findings of this study will assist policy makers and curriculum

designers to make decisions based on scientific evidence in order to adapt policy and curriculum development, transform nursing education perspectives and teaching and learning methodologies that will produce nursing graduates with critical thinking abilities and reflective practices that are imperative to deliver effective, reliable, appropriate, professional and quality healthcare services.

## 1.3    RATIONALE

Reflection refers to a period of time that a person sets aside to contemplate their own action and evaluate the consequences thereof (Park & Millora, 2012:222). Dewey, a renowned and influential American philosopher of education of the 20th century was one of the first to recognize the value of reflection (Finlay, 2008:3). He sees it as a "specialized form of thinking" that stems from uncertainty, reservation or confusion. Dewey identified the close relationship between reflection and critical thinking (Ruth-Sahd, 2003:489). On the other hand, Kolb (1984:26) notes that reflection, when used effectively, allows the student to derive knowledge and create new knowledge from reformed thought processes. Kolb further describes Paulo Freire's work that embraces the notion that reflection will bring about transformation and adaptation in behaviour (Kolb, 1984:29).

Self-reflection, if engaged actively, brings about development within the individual's own identity and leads to an increased sense of self-awareness. Additionally, the individual's character and sense of morality are stimulated and enhance their clinical reasoning skills and the ability to deal with morally-blurred situations (Wald, Borkan, Scott, Anthony & Reis, 2012:41).

The professional nurse educator is instrumental in bringing the "real life situations" into the classroom when engaging with various teaching-learning strategies, such as case studies, concept mapping, group discussions and reflective exercises (Potgieter, 2012:4; Maas, 2015:357). This allows the student nurse to put the theoretical knowledge obtained in the class into practice in the healthcare setting. However, students tend not to understand the significant usefulness of this educational tool. Nurse educators and clinical facilitators should also play a part in furthering the reflective process of students (Walker, Cooke, Henderson & Creedy, 2013:511).

Nursing practice requires advanced cognitive levels and critical thinking skills in a person to enable them to create a therapeutic environment in which to deliver effective care for the patient, the family and the community (Potgieter, 2012:4). During the last decade, the roles and responsibilities of the Registered Nurse in the South African context had to change and

adapt, to remain aligned with development in our own healthcare system and the rest of the world (Harris, 2005:47; Petersen & Merckel, 2013:716). The importance and impact of reflective practices have recently been added to the list of competency recommendations of the South African Nursing Council (SANC). Legislature demanding practitioners to "provide a framework for reflection on the influences of ethical values" and to "provide a framework for ethical decision-making for practice" have been published (South African Nursing Council, 2013:4). Nurse educator competencies also include demonstration of critical and reflective thinking as part of its specific competencies (South African Nursing Council, 2014:2).

The Academic Development Programme (ADP) was instituted at universities to establish and promote teaching and learning approaches to an increasingly diverse population of students entering into the field of higher education with historical educational inequalities, during the post-apartheid era (Boughey, 2010:4). While the aim of ADP was to support and strengthen the students' capacity to succeed in the field of higher education, the focus initially was on curriculum, language, literacy and pedagogy which transformed over time to meet the needs of both the student and the faculty in terms of academic and scientific writing, critical thinking and problem solving (Boughey, 2010:4).

The researcher, who is a lecturer at this nursing education institution in the Western Cape of South Africa observed that ADP formed part of the Fundamentals of Nursing Science programme during the first year of nursing training. The presentation of ADP followed a communicative approach, which encouraged dialogue both in speech and in writing, between the facilitator and the student. The ADP course is divided into two modules: English for Academic Purposes and Language Applied to Health Care. Students' classes consisted of 15 sessions of two hours each per semester. Futhermore, students were expected to follow each of these sessions up with an additional two hours of reading, writing and studying as part of self-directed learning in their own free time. Students' progress and understanding of the concept of reflection were monitored through keeping a learning diary and regular submissions of their diaries to the facilitators for feedback.

The aim of keeping these diaries was to improve writing skills, sharpen learned reflective skills and explore the use of writing as a tool for discovery and make meaning of everyday situations. In addition, students were also expected to write essays and do oral and written presentations which were assessed during the semester. Reflective skills were only taught and assessed in their first year of training and did not appear to be particularly applied in the following three years of training.

The experiences of how 3rd year BTech nursing students at this nursing education institution use and apply the reflective skills that they have been exposed to during their 1st year of study have not been explored. Not exploring the use of reflective practices could result in uncertainty as to whether students have the necessary reflective skills to effectively implement reflection in their daily lives and nursing care practice. Findings in this study may shed light on a largely unexplored area about the use and application of reflective practices in their healthcare practice. Therefore, through this study the researcher endeavours to explore the experiences of nursing students of their own use and application of reflective practices in their 3rd year of study.

## 1.4    PROBLEM STATEMENT

Undergraduate BTech nursing students are exposed to reflective practices during their 1st year of study. Simultaneously, these undergraduate nursing students have clinical practice exposure during their nursing studies during which time it is expected and assumed that the learned reflective skills are used and applied in their healthcare practice areas, inclusive of social environments and personal encounters.

As a nursing lecturer at this specific nursing education institution, the researcher observed and encountered that even though students are taught the skill of reflection and reflective writing in their first year of study, their ability to demonstrate this skill again in their third year of study had not met the expectations of nurse educators and the researcher. This is evident in a practical experience task which requires the student to reflect on their nursing care of patients that they have cared for in a healthcare environment.

It was unclear what happens between year one and year three with regards to the students' use of their reflective skills. The lack of clarity in this situation challenged the nurse educator in this nursing education institution to explore this area to provide scientific evidence about reflective practices in nursing, as well as how students can be assisted in increasing their utilisation of their respective reflective practices in their everyday lives.

However, research on the experiences of 3rd year BTech nursing students working in the healthcare settings regarding the use of reflective practices has not been explored at this nursing education institution. It was against this background that the study to understand the experiences of nursing students in their third year of training regarding their own use of reflective practices was conducted.

## 1.5    RESEARCH QUESTION

What are the experiences of 3rd year BTech nursing students at a Nursing Education Institution (NEI) in the Western Cape regarding the use of reflection in practice?

## 1.6    RESEARCH AIM

The aim of the study was to explore and describe the experiences of 3$^{rd}$ year BTech nursing students regarding the use of reflection in practice.

## 1.7    RESEARCH OBJECTIVES

The objectives of the study were to:

- Explore the experiences of 3$^{rd}$ year BTech nursing students on their own use of reflection in practice
- Describe the influence of reflective practices on the lives of 3$^{rd}$ year BTech nursing students

## 1.8    RESEARCH METHODOLOGY

The research methodology will be described briefly in this chapter, followed by a more detailed discussion related to the implementation of the methodology as is described in chapter 3.

### 1.8.1    Research design

A descriptive qualitative research design was applied to explore and describe the experiences of 3$^{rd}$ year BTech nursing students regarding their own use of reflection in practice.

### 1.8.2    Study setting

This study was conducted at a nursing education institution in the Western Cape Province of South Africa; the largest one of three nursing education institutions in the Western Cape Province to provide BTech Nursing Science training.

### 1.8.3    Population and sampling

The target population were all the BTech nursing students (N = 102) in their third year of training who have had at least 12 months to practice their reflective skills after completing their first year of training successfully. The population also included male and female students, as they naturally formed part of the student population of this nursing education institution.

A purposive sampling method was used to identify participants in their 3$^{rd}$ year BTech nursing training in order to conduct three focus groups with five participants each to ensure that a range of experiences were explored. The 3$^{rd}$ year BTech nursing students were purposefully

selected to share their specific knowledge and experiences about their own use of reflection in practice.

No exclusion criterion amongst the students in their 3$^{rd}$ year of training was used, as all experiences were deemed valuable.

### 1.8.4    Data collection tool

The interview guide consisted of open-ended questions and probing words based on the objectives set for this study and were used as a guide to engage participants in discussion during focus group interviews (Appendix E).

### 1.8.5    Pilot interview

A pilot interview was conducted by the fieldworker to test the interview guide and to ensure that the questions and probing words yielded the data required to meet the objectives of the study. The data collected during the pilot interview was included to form part of the raw data as all data is considered valuable in qualitative studies.

### 1.8.6    Trustworthiness

Lincoln and Guba's criteria for trustworthiness were applied in this study. Through adherence to the concepts of credibility, transferability, dependability and conformability; the trustworthiness of the study was increased (De Vos, Strydom, Fouché & Delport, 2011:419-421).

### 1.8.7    Data collection

To avoid the possibility of bias, three focus group interviews comprising of five participants each were conducted by two fieldworkers who are in possession of a master's degree in nursing and are not affiliated to the nursing education institutions under study. Both are trained in how to conduct focus group interviews. One fieldworker fulfilled the role as a focus group facilitator while the other one acted as the moderator during the focus group discussions that were conducted at a time, date and venue convenient to the participants. Focus group interviews were audio-recorded with permission from participants while fieldworkers took notes of important incidents they observed during the group discussions. Audio-recorded data of focus groups interviews were transcribed verbatim by a professional transcriptionist.

### 1.8.8    Data analysis

The researcher used Tesch's eight steps to guide the data-analysis process (Cresswell, 2014: 198). Colour coding was used to group similar thoughts together and to find common themes through an analytical thought process (Streubert & Carpenter, 2011:45).

## 1.9     ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Health Research Ethics Committee (HREC) of Stellenbosch University: reference number S16/10/221 (Appendix A) and permission from the Institutional Ethical Review Board (Appendix B and C) at the specific nursing education institution where the study was conducted.

Data collection was commenced after ethical approval was granted. In adherence to the Helsinki declaration (World Medical Association Declaration of Helsinki, 2008:3), the ethical principles of the right to self-determination, right to confidentiality and anonymity and right to protection from discomfort and harm were upheld throughout the study.

### 1.9.1    Right to self-determination

The participant's right to self-determination was ensured as participation in this study was voluntary and participants were informed of their right to withdraw from the study at any time and without any punishment or prejudice. Participants received an information leaflet (Appendix D) during the recruitment process which informed each participant of the objectives and background of the study.

### 1.9.2    Right to confidentiality and anonymity

A signed informed consent form was obtained from each willing participant prior to data collection (Appendix D). To support the participant's right to privacy of information, the researcher ensured that all data remained secure and protected. Data was kept locked and stored in a safe place to which only the researcher had access. All audio-recorded data was downloaded onto a laptop after each focus group interview and deleted from the recorder. All transcribed data are kept safe in a locked filing system and stored for a period of five years. The computer, on which data is stored, is password protected and only accessible to the researcher and her supervisor. Moreover, the researcher also took steps to disguise participants' identity by providing pseudonyms and a confidentiality agreement was signed by the transcriptionist (Appendix G).

### 1.9.3    Right to protection from discomfort and harm

A potential risk of breach of confidentiality within the focus group discussion existed. The risk was minimised by an open discussion of ground rules, including confidentiality to which all participants unanimously agreed upon. The fieldworkers monitored the interview process carefully and assessed the participants' level of comfort and used clinical judgement in deliverance of emotional support and or debriefing after the interview as the need aroused.

### 1.10    OPERATIONAL DEFINITIONS

The following terms are defined within the context in which they have been applied in this study.

**Academic Development Programme (ADP):** An additional module added to a student's training programme that enables the student to develop their proficiency in using English as a language effectively and to improve their engagement with people through language.

**Free-writing**: An opportunity given to students to write without concern for the conventional rules of writing. This could include various languages and drawing pictures. Free writing helps the individual to overcome thought-block and encourages creativity.

**Journaling**: To daily or as often as possible engage in a written record of personal experiences, thoughts and observations.

**Nurse educator**: A nurse educator also referred to as a lecturer is a registered nurse employed at the nursing education institutions to provide theoretical and practical training to nursing students with the purpose to prepare them for duties as a registered nurse.

**Undergraduate nursing student:** A person registered for the 4-year Baccalaureus Technologiae (BTech) programme at the specific nursing education institution.

**Staff nurse:** Also known as 'enrolled nurse' - a person educated to practise basic nursing in the manner and to a level prescribed by their scope of practice based on R2175 of the Nursing Act, No 33 of 2005 (SANC Regulation 2175. November 1993, as amended).

### 1.11    DURATION OF THE STUDY

Ethical approval from Stellenbosch University HREC was obtained on 9 December 2016. Thereafter, ethical approval was sought from the Institutional Ethical Review Board CPUT at the specific nursing education institution, and received on 26 June 2017. Data was collected from 10-12 July 2017. The final thesis was submitted for examination on 1 December 2017.

### 1.12    CHAPTER OUTLINE

**Chapter 1:    Foundation of the study**

This chapter discusses the background and rationale for the study with a brief overview of the research methodology and ethical and operational parameters that guided the study.

**Chapter 2:    Literature review**

Chapter two provides a more detailed literature review related to the history and value of reflective practices, the role of the nurse educator and students in reflective practises, as well as the uses of reflective practices in healthcare settings.

**Chapter 3:    Research methodology**

In this chapter a more detailed description of the research methodology applied to conduct this research study is presented.

**Chapter 4:    Findings**

The findings of the study are presented in chapter four.

**Chapter 5:    Discussion, conclusions and recommendations**

Chapter 5 provides the discussion of study findings according to the objectives of the study, followed by the conclusion drawn and recommendations.

**1.13    SIGNIFICANCE OF THE STUDY**

Reflection forms an integral part of nursing education and is needed to foster critical thinking skills. The researcher is of the opinion that by exploring the students' use of reflection in nursing practice, valuable information will become available. This information will guide the nursing education institution to understand the effect of the use of reflection, its impact on nursing education and nursing care as a whole.

**1.14    SUMMARY**

As indicated in literature previously discussed, critical thinking enables reasoning skills, analytical and evaluative abilities which improves one's professional practice and this signifies its importance in the curriculum. This study will give an indication of how reflection is being utilised and how it influences these students' lives and practice, thus influencing the nursing care they will provide.

**1.15    CONCLUSION**

In this chapter the objectives for the study were identified and serve as a guide for the rest of the study. The following chapter will describe the literature guiding this study in more detail with its focus on the use of reflection and its impact on the lives of the users.

**CHAPTER 2**
**LITERATURE REVIEW**

## 2.1    INTRODUCTION

The literature review is an important process to assist the researcher in presenting a written report on what information is known about the research topic (Burns & Grove, 2011:189; Polit & Beck, 2012:95). The intention of compiling a literature review is to gain knowledge of the practical and theoretical issues related to the concept of reflection, to create a picture of data available on this topic and to prevent involuntarily duplication of other studies. This chapter contains a wide range of literature regarding the reflection and reflective practices internationally and nationally.

A literature review is a continual process and takes place before, during and after the research to compare the research findings. This literature used in support of this study is presented in this chapter.

## 2.2    ELECTING AND REVIEWING THE LITERATURE

Data-base searches revealed volumes of literature on reflection, current and dated, both useful, e.g. the theory reflection as stipulated by the philosopher John Dewey in 1910 and Donald Schön in 1983 forms the backbone of many other theorists' works. This is evident in a spectrum of disciplines in the midst of others e.g. social science, education and health (Hickson, 2011:830). It is for this reason that the researcher reviewed and selected articles relevant to the general spectrum of the nursing field in respect of its influences and associated impact on the general student, as well as the care provided by the nursing student. Various internet search engines were used such as Science Direct, Google Scholar and PubMed.

The literature review is presented under the following headings:

- Historical overview of reflection
- Value of reflection
- Uses of reflective practices
- Reflective practice in Healthcare environments
- Social media and reflection

### 2.2.1    Historical overview of reflection

Dewey, a renowned and influential American philosopher of education of the 20th century was one of the first to recognize the value of reflection (Bulman *et al.,* 2011: e8; Finlay, 2008:3; Goulet, Larue & Alderson 2015:140). He saw it as a "specialized form of thinking" that stemmed from uncertainty, reservation or confusion. Dewey identified the close relationship

between reflection and critical thinking (Ruth-Sahd, 2003:489). Reflecting encourages a person to engage in vital examination and problem-solving consideration in everyday activities, emotions or behaviour. Schön built upon Dewey's reflective practice by exploring how professionals could learn from their experience (Finlay, 2008:3). He recognised that professionals are faced with difficult situations daily and with limited problem-solving skills. He theorized on reflection-on-action (thinking about the event after it has happened) and reflection-in-action (thinking of the event while it is happening) notion. It is understood that through the process of reflection, professionals seek to connect with their feelings and emotions and shape their understanding of the situation unfolding-hereby validating and informing future actions (Ruth-Sahd, 2003:489).

By the same token, Hébert (2015:367) describes Dewey's definition of reflection as "turning a subject over in the mind and giving it serious consideration". He sees it as a process of centring thoughts on a situation and thinking about it with the aim of understanding the situation. This state of doubt, hesitation and mental difficulty supports Finlay's definitions of reflection (Hébert, 2015:363).

Various definitions for reflection are found. Hébert (2015:361) states; as also noted by many other theorists that it is challenging to form a definite definition of reflection, midst the many definitions available in literature (Bulman *et al.,* 2011: e8; Dubé, 2015:91; Tracey, Hutchinson & Grzebyk, 2014:315). Black and Plowright (2010:246) previously also reviewed the works of various major theorists, e.g. Dewey, Kolb, Mezirow and Schön, amongst others, in an attempt to develop a definition and understanding of reflection. The database searches he conducted revealed many terms used in association of the practice of reflection of which the meaning differs based on the context of its use such as critical thinking and transformative reflection (Power, 2016:238; Ryan, 2013:145).

Reflection is a process of engaging with learning and professional development in a manner that allows opportunity to critically analyse and evaluate learning and practice (Black & Plowright, 2010:246). Purposeful reflection results in transformational learning, mindful consideration of norms and actions, and it is evident that transformation of learning has occurred (Power, 2016:245). This expands on the notion that reflection nurtures a way of thinking that changes practices and is not just a routine activity (Schuessler, Wilder & Byrd, 2012:96).

Moon, an author eminent in the field of educational psychology and reflection, describes the practice of reflection as a process of learning and what it represents of that learning. We reflect

to learn something from it. When we reflect on an event, an emotion or action, we review it in more detail to make better sense of it. This implies that the process of reflection is goal driven, that we have an end result in mind which has a positive useful outcome (Moon, 2013:5).

### 2.2.2 Value of reflection

Reflection, when used effectively, allows the student to derive knowledge and create new knowledge from reformed thought processes (Kolb, 1984:26). Kolb (1984:21) addresses reflection as experiential learning, while Dewey's model of learning is very similar to the Lewinian model of action research. In a study conducted in a medical education setting, the use of reflective practices based on Dewey's model on adult education points out the importance of the correct and thoughtful use of this practice (Wear, Zarconi, Garden & Jones, 2012:603). In a study amongst liberal art students in Thailand, this researcher found significant evidence that when a structured approach to reflective journal writing was used, clear evidence was noted on the progress in reflective writing (Power, 2016:246).

Reflection is an important factor in the learning sequence and educators play an important part in helping students to develop meaning from their practices (White, 2012:140). He identified that the value of an experience lies in the perception of the relationship between the 'what we do' and 'what happens to us' in consequence (Soltis, 2002:2).

The role of reflection in the development of a reflective practitioner was investigated in an American university amongst students in an instructional design course. This study explored the use of reflection of first year students related to building their professional identity (Tracey *et al.,* 2014:315). These researchers found that reflection is essential in allowing the student to solve complex problems related to their practice. Being a reflective practitioner is similarly important to allow the student to learn, to solve problems, to define and redefine their own belief and value systems (Tracey *et al.,* 2014: 333). This finding is supported by Oluwatoyin (2015:28) who conducted his research at a university hospital in Nigeria, exploring the concept of reflection and its impact on nursing. Here too, this researcher established that reflection aims to align personal beliefs and values with the development of professional actions (Oluwatoyin, 2015:28).

### 2.2.3 Use of reflection

The literature describes the use of reflection in various situations. Of significant importance is the advanced cognitive levels that nursing practice requires to enable the creation of a therapeutic environment for effective patient care delivery (Potgieter, 2012:4).

### 2.2.3.1    Cognitive development

Nurse educators are responsible to facilitate and nurture cognitive development of students in a process of facilitating learning (South African Nursing Council, 2014:3). Reflection is closely related to learning as described by Moon (2013:4) who states that reflection lies in the process of learning, and that learning lies in the process of reflecting. Learning itself is a process, building from external experiences onto our framework of internal experiences. When we learn, things are "taken in", "absorbed" and retained (Moon, 2013:16). This process builds upon each layer of 'new knowledge' and if retained effectively, brings about assimilation of knowledge known as "scaffolding" (Ryan, 2013:148). A person is said to become increasingly more knowledgeable and understands situations previously exposed to (Moon, 2013:18). Ryan (2013:145) argues that students should be taught how to reflect critically deeper to produce sustainable learning practices. Superficial reflection has no meaning for, or impact on future learning.

Stemming from the scaffolding narrative, various levels of reflection have been identified by Boud in 1999, whose work on levels of reflection was preceded by Van Manen in 1977 (Bulman, 2013:4). Van Manen described three (3) levels of reflection with technical rationality referring to the application of technical knowledge as the first level, followed by practical action, whereby the individual analyses actions and assumptions to achieve the next level called critical reflection, which describes the individual taking on a non-defensive stance to moral and ethical considerations in the learning process (Usher, Tollefson & Francis, 2001:16). Van Manen outlines five (5) stages of learning when constructing reflection (Moon, 2013:17). This includes: noticing every day events; making sense of events; making meaning by understanding and interpretation; working with meaning by reflecting on how we reflect and transforming learning by reflecting on the conditions that shape our experiences (Moon, 2013:17).

Reflection is a mental process of continually assessing and examining circumstances and is vital to individual learning (Wallace, 2016:44). This understanding suits Dewey's statement that we reflect to make meaning of a situation, event or emotion. Reflection involves complicated mental processing of issues for which there is no obvious solutions (Dewey, 1933: np). A reflective person is someone who can easily engage with the mental activity of reflection and can make decisions that are well thought through (Moon, 2013:5).

Reflection is an act of thinking critically for both personal and intellectual growth (Ryan, 2013:144). Reflection, at times, is referred to as "thinking on your feet", "let me think about

this" or "let me ponder on this". This creates the form of 'sitting back' from a situation to review it more critically (Moon, 2013:5). Dewey describes it as a form of thinking that consists of turning a subject over in the mind and giving it serious thought. Hullfish and Smith (Moon, 2013:13), built on this view of reflection as a process of searching for "the solution of a problem" (Moon, 2013:12). Furthermore, they argue that reflective thinking can be used to draw together thought and knowledge to produce immediate action in a situation, and not only the conscious belief that is based on evident rationality (Moon, 2013:13).

### 2.2.3.2    Moral development

Reflecting on ethical aspects has been found useful in the workplace as it enhances ethical awareness of a situation, thus ensuring that the individual delivers quality healthcare (Söderhamn, 2015:195). Results of a study amongst physiotherapists in Australia illustrate the importance of incorporating reflection in clinical practice, that while the individual continuously thinks and reflects on actions, emotions and responses, it elicits deeper meaning from their experience (Paterson & Chapman, 2013:132). Students are encouraged to reflect on their belief systems, values and choices (Power, 2016:235).

Findings on research conducted in America amongst a group of physicians indicated that reflective writing feedback had a significant impact on their education (Wald *et al.,* 2012:41). At this time Wald *et al.* (2012:41) developed analytical rubrics to not only assess the usefulness of the reflective writing, but also the professional educators' feedback to the students during formative assessment. A previous study conducted amongst first year Harvard medical students showed empirically how the programmes were successful, and the potentiated changes it brought about in professional values and attitudes (Branch, 2010: 332). Students showed evidence of increased humanistic behaviours, improved communication skills and psychosocial mindfulness (Branch, 2010:331).

### 2.2.3.3    Critical-thinking development

Dewey identified the close relationship between reflection and critical thinking (Pai, 2016:157; Ruth-Sahd, 2003:489). He recognised that reflecting encourages vital examination and problem-solving consideration. Ryan (2013:145) discusses how Schön's work built upon this concept of reflective practice by exploring how professionals learn from their experience. He states that professionals are faced with difficult situations on a daily basis, and have limitations in solving these situations. He theorizes on reflection-on-action (thinking about the event after it has happened) and reflection-in-action (thinking of the event, while it is happening). It is understood that, through the process of reflection, professionals seek to connect substantially with their feelings and emotions and shape their understanding of the situation as it unfolds,

hereby validating future actions and reactions (Ruth-Sahd, 2003:480; Thorsen & DeVore, 2013:88).

Following on this premise of critical thinking, Barnett, a leading analyst in higher education, who focusses on social philosophy, views reflection as "a tool for evaluating and criticism of society", hereby contrasting the opinions held in higher education that sees reflection as "evaluation of knowledge" (Moon, 2013:15). He argues that a person who reaches the full potential through the integration of knowledge, self and the world will be better adjusted in the world (Moon, 2013:16). Barnett points out that reflection supersedes that of criticism, as it implies a measure of self-monitoring (Moon, 2013:16).

To achieve effective bridging of the theory-practice-gap, Wallace (2016:43) suggests scaffolding of the reflective skills process. This is achieved by using reflective journals. This form of reflection allows the individual to apply the concepts, e.g. new competencies learned, and by achieving the clinical competencies through insight and reflection. This permits the student to gain confidence in practice and stimulates critical reflective skills (Wallace, 2016:44).

### 2.2.3.4   Professional development

Reflection is the continual development of professional knowledge, understanding and practice that is part of an insightful form of transformative and empowering form of learning (Black & Plowright, 2010: 246). In a recent study conducted by Pandya in South Africa, the effectiveness of the reflective portfolio is illustrated and states that it aids the knowledge-management process in bridging the gap between the theory and practice. Reflective portfolios have been utilised in support of reflective practice, enhancing self-growth, as well as critical thinking. It has also been effective in bridging the theory-practice-gap (Pandya, Slemming & Saloojee, 2017:78). This is also supported by studies conducted by Dubé (2015:94) and Oluwatoyin (2015:33).

Andersen (2016:32) describes the importance of the clinical instructor to guide the learning process of the student while in the clinical environment. The clinical educator can assist students by guiding their reflective practice while they reflect on the experiences of the day or after an event. This action will assist the student to become a competent critical thinking nurse (Bulman *et al.,* 2011:e12).

### 2.2.4    Reflective practice in healthcare environments

Nursing is described by Vasuthevan (2013:112) as both a science and an art, as it requires both theoretical, as well as practical preparation in order to create a competent and safe practitioner. More so nursing practice requires advanced cognitive levels and critical thinking skills in a person to enable them to create a therapeutic environment in which to deliver effective care for the patient, the family and the community (Potgieter, 2012:4). During the last decade, the roles and responsibilities of the Registered Professional Nurse in the South African context had to change and adapt to remain aligned with development in the national and international healthcare system (Harris, 2005:47; Petersen & Merckel, 2013:716). The importance and impact of reflective practices is on the agenda of the South African Nursing Council (SANC). Legislature demanding practitioners to "provide a framework for reflection on the influences of ethical values" and to "provide a framework for ethical decision-making for practice" have been published (South African Nursing Council, 2013:4).

Maddison and Sharp (2013:123) state that reflection is an effective tool in a flexible learning environment, where the student has to learn in the classroom setting, as well as in the healthcare setting. In this way the students can learn more from their experiences, as well as develop more personal and professional capabilities. To become reflective beings, students need sufficient space, time and support to develop these capabilities in order to put learning into action (Moon, 2013:16).

### *2.2.4.1    Role of nurse educator and clinical facilitator in reflective practice*

Reflection is an important factor in the learning sequence and educators play an important part in helping students to develop meaning from their practices (White, 2012:140). Bulman (2013:19) states that the educator should focus on nurturing the critical being rather than the process of critical thinking. He argues that this will encapsulate not only the development of critical thinking, but also the development of the self.

The professional nurse educator is instrumental in bringing the "real life situations" into the classroom when engaging with various teaching-learning strategies, such as case studies, concept mapping, group discussions and reflective exercises (Potgieter, 2012:4; Maas, 2015:357). This allows the student nurse to put the theoretical knowledge obtained in the class, into practice in the healthcare setting. However, students tend not to understand the significant usefulness of this educational tool. Nurse educators and clinical facilitators should also play a part in furthering the reflective process of students (Walker, Cooke, Henderson & Creedy, 2013:511). Not to mention, reflective practices play an important role when engaging with healthcare communities and clinical areas. Such interactions can empower the student

to learn about professional behaviour and attitudes (Walker, *et al.*, 2013:504). The support from mentors is considered an essential aspect in guiding the student in reflective practices (Caldwell & Grobbel, 2013:323).

Dewey viewed emotions and feelings as part of the reflection process (Bulman, 2013:2). He acknowledged that reflection is more that cognitive or intellectual thinking and that it is fused with emotions (Bulman, 2013:6). Gardiner and Sheen (2016:7) conducted a study in Australia and investigated the nurses' experience of support rendered to them during their training. Their findings concluded that lack of support and difficulties in the placement areas gave rise to high stress levels of the student nurse. However, support from the clinical facilitators and educators enabled a more effective transition from student to graduate nurse. Adequate support assisted the student to make better sense of the world and the challenges they face on a daily basis (Gardiner & Sheen, 2016:11).

The students' abilities to handle and process own emotions allow them to objectively evaluate the world around them. Conversely, lack of support leaves the student unsure of themselves and anxious about their role and responsibilities. This was highlighted in a study conducted in the Western Cape Province, South Africa among novice newly-qualified Professional Nurses regarding their role transition (Roziers, Kyriacos & Ramugondo, 2014:92). Participants in this study expressed how insecure and anxious they felt because of previous challenges they encountered when they were students that might be repeated. Recommendations were that nurse managers should promote positive learning environments and offer sufficient coaching (Roziers *et al.,* 2014:97).

Nurse managers should have the ability to organise the work unit, handle conflict expertly and possess effective problem-solving skills (Jooste, 2018b:153). However, leaders promote power sharing by their interactions with colleagues and they act as mentors for lower levels staff (Jooste, 2010a:223). In a study conducted in Gauteng, South Africa, Jooste and Cairns (2014:532), investigated the perceptions of self-leadership amongst nurse managers. This study focused on professionals' development of self-leadership through self-ownership, self-motivation and self-regulation. Self-ownership is dependent on self-awareness of own actions, which contribute positively to strengthening self-leadership. Maddison and Sharp (2013:127) note that it would be unfair to expect the student nurse to develop self-awareness in a theoretical setting. Here the educator's role is to offer strategies to help the student to develop self-awareness skills.

### 2.2.4.2    Role of students in reflective practice

A students' role in reflective practice is to take a dialogical and intellectual stance in everyday practices and to enact change in both personal and at professional level (Ryan, 2013:145). Peterson and Merckel (2013:717) focused their study on "Post-basic nursing students' reflection on their experiences of dialogical mediation", whereby they found that initially student nurses were frustrated with their dialogical mediation, working in small groups and taking charge of their own learning. However, they gradually understood and appreciated the value of small group interactions with continual support and meaningful teaching techniques, such as reflection (Petersen & Merckel, 2013: 728).

Student nurses need to reflect, to learn to think critically and to become self-directed active learners through using various teaching-learning techniques, such as concept-mapping, group discussions and reflective practices amongst others (Potgieter, 2012:4). A study conducted at a nursing college in the Western Cape Province of South Africa, amongst male student nurses, found that self-leadership is acquired through self-reflection, which encompasses the notion of recalling previous events and thinking about it, whilst looking at and exploring own mistakes to learn from it (Jooste & Mia, 2015:63). Besides, this "learning through error" developed into meaningful professional growth and development for students (Jooste & Mia, 2015: 62).

### 2.2.4.3    Role modelling reflective practices

The student-educator relationship is characterised by cooperation and exploration of knowledge, which requires both parties to reason in a mutually beneficial way (Petersen & Merckel, 2013:717; Harris, 2005:49). To achieve this, students need support as they "deconstruct prior simplistic ways of thinking" and attempt to reconstruct more "complex meaning-making systems" (Park & Millora, 2012:233). Potgieter (2012:4) is of the opinion that if educators fail to stimulate critical-thinking principles in student nurses, they will produce habits, rather than skills. The educator acts as the facilitator to help the students develop their reflective skills by providing them with the support to develop and assess their learning (Maas, 2015:358). The educator helps the student to think of knowledge not as facts that need memorization, but as a dynamic and ever-changing view of the world that we live in (Maas, 2015:358). Concurrently, the educator takes the student from a level of a novice where reflection occurs after the event, to a level of an expert where reflection occurs during the event (Paterson & Chapman, 2013:135).

However, in a study conducted by Kirk and Pitches, it became evident that many educators have various levels of understanding of the concept of reflection (Kirk & Pitches, 2013:217). The skills and abilities of the nurse educator are important to improve the skills of the student in their reflective practice (Coward, 2011:886).

### 2.2.4.4   *Social media and reflection*

Social media can be described as electronic communication whereby users create online communities to share information, generate ideas and other content (Duke *et al.,* 2017:8). This position of social media is ideal to revolutionize healthcare delivery by means of the sharing of knowledge as well as generating new knowledge. Platforms such as Facebook and Twitter, blogging and others are used to share health issues in the form of medical care, public health education and research (Decamp, 2015:97).

Kirk and Pitcher (2013:213) conducted a study on the use of digital technology to facilitate reflection on creative art discipline. The use of digital technology allowed students the opportunity to express themselves more creatively while reflecting on their experiences throughout the process. Students found it beneficial to capture their activities and use them to re-look their creation. Students also reported feeling embarrassed when seeing or hearing themselves, which allowed them the opportunity to reflect on their behaviour or actions and critically analyse themselves (Kirk & Pitcher, 2013:228).

A study conducted in rural parts of South Africa, explored the use of technology when using reflection. A group of nurses found their mobile phones useful for reflection and sharing of their experiences. Students and facilitators also shared their experiences by means of photos taken and then discussing it later in class (Pimmer, Brysiewicz, Linxen, Walters, Chipps & Grohbiel, 2014:1400). This study concluded that there is a definite potential for the use of technology in the process of reflection.

## 2.3    SUMMARY

This literature review focused on reflection and reflective practices. A widespread range of literature is available nationally and internationally. Even though literature review describing reflection in various settings was conducted, a focal point of this study was the reflection practices of nursing students. In this chapter, a historical overview of reflection is presented. As companion, literature is presented on the value and the use of reflection, especially with regards to clinical practice as well as critical reflection.

## 2.4    CONCLUSION

Chapter 2 provided an overview of relevant literature on the topic of reflection and the uses and impact of reflection on learning. Chapter 3 will describe the research methodology and processes followed by the researcher to explore and understand the perceptions of the undergraduate student nurses regarding the use of reflection.

**CHAPTER 3**
**RESEARCH METHODOLOGY**

## 3.1    INTRODUCTION

The research methodology contains the process that directs researchers in preparing and implementing a study in a manner most likely to accomplish the study aims and objectives (Grove, Burns & Gray, 2013:195). This chapter aims to describe the research methodology and processes followed by the researcher to explore and understand the perceptions of the undergraduate student nurses regarding the use of reflection at a nursing education institution in the Western Cape, South Africa.

## 3.2    AIM AND OBJECTIVES

The aim of the study was to explore and describe the experiences of 3$^{rd}$ year BTech nursing students regarding their use of reflection in practice.

The objectives of the study were to:

- Explore the experiences of 3$^{rd}$ year BTech nursing students on their own use of reflection in practice
- Describe the influence of reflective practices on the lives of 3$^{rd}$ year BTech nursing students.

## 3.3    STUDY SETTING

This study was conducted at a nursing education institution in Cape Town in the Western Cape Province of South Africa. This nursing education institution educates 1$^{st}$ to 4$^{th}$ year BTech nursing students to complete and qualify with the Baccalaureus Technologiae Nursing Sciences degree, also known as BTech Nursing Science. The official training language of this institution is English. Furthermore, the nursing education institution also facilitates the training of various postgraduate diploma students. The student population comprises of varied age groups, ranging from students entering the programme directly after successful completion of senior secondary schooling, to those entering the programmes at a later stage in their lives.

## 3.4    RESEARCH DESIGN

The researcher applied a qualitative descriptive research design to explore the experiences of 3$^{rd}$ year BTech nursing students about their use of reflection in practice. Qualitative research presents an opportunity for a naturalistic inquiry to gather sufficient data in order to capture the essence of the events in question (Polit & Beck, 2012:505). Sandelowski states that this approach allows a researcher to gain deeper meaning of the data compared to other qualitative research designs commonly used (Polit & Beck, 2012:505). Besides, it can also be

described as a form of design offering comprehensive summaries of an event, presenting the facts in everyday language. This enabled the researcher to identify areas of concern that required investigation to gain new insights expanded understanding and improved comprehension of reflection as a whole (Grove et al., 2013:69).

Qualitative research is essential in gathering data that alludes to the understanding of how people make sense of the world around them. Also, qualitative research aims to make sense of feelings, experiences and social situations as the 3$^{rd}$ year nursing students experienced reflective practices (Terre' Blanche *et al.,* 2006:287). A qualitative descriptive design was therefore appropriate to explore the in-depth and rich experiences of these 3$^{rd}$ year undergraduate BTech nursing students (Streubert & Carpenter, 2011:81). For the purpose of this, study information was gathered by engaging groups of individuals together on a specific topic during three focus group interviews (Polit & Beck, 2014:290).

The focus group setting allowed the generation of information in a setting that is non-threatening with a homogenous group who provided one another support and freedom to express their thoughts and feelings. Group dynamics produces a lively interaction between members and created a pleasant environment during the interview sessions (Burns & Grove, 2011:87).

## 3.5    POPULATION AND SAMPLING

The study population was a group of individuals who met the sampling criteria for being included in the study (Grove *et al.,* 2013:351). In this study, the target population was all BTech nursing students (N = 102) in their third year of study who had at least a period of 12 months (during their second year of training), to practise their learned reflective skills after completing their first year. The population included males and females as they naturally formed part of the student population of this nursing school.

A sample is described as a part of or a fraction of a whole student nurse population (Brink, Van Der Walt & Van Rensburg, 2012:131), selected to participate in a research study. They were selected to represent the larger 3rd year student population at the nursing education institution. This implied that the sample had to be similar to the population as the researcher wanted to generalize from the sample to the population in question (Brink *et al.,* 2012:133).

Purposive sampling technique is described as a method of "conscious selection of certain participants to include in the study" (Grove *et al.,* 2013:355). Conscious selection in this study was based on the fact that the researcher possesses knowledge about the study population

which referred to the participants' final examination marks of their previously successfully completed academic year (Polit & Beck, 2012:279). After institutional permission was received, the researcher with permission from the management team of the nursing education institution approached the Student Matters Officer at the nursing education institution to obtain a class list and contact details of all 3rd year BTech nursing students who successfully completed their 2nd year. The researcher, with permission from the 3rd year Head of Department, sent out an email letter to inform all eligible candidates and raised awareness of the study and invite interested students to a meeting, where further detailed information of the study would be presented. Various students initially showed interest in the study but did not arrive at the meeting place. The following day a second attempt was made to generate interest in the study and this time a number of students availed themselves for an information session.

At the information session the researcher provided details of the intended study to the students. Broad explanations were provided regarding "who will do the interviewing", "who will be interviewed", "why the interview will take place" and "where the interview will take place" to all the prospective participants.

The researcher identified and categorised all willing participants based on their 2nd year academic performance and grouped them to ensure that their similar characteristics led to more open discussions and interaction during focus group interactions (Grove *et al.,* 2013:345). Participants were grouped according to their academic performance at the end of their second year. Categories according to the successful final results averaged as follows: group A results with results between 64% and 50% (lower achiever group), group B results between 74% and 65% (average achievers), and group C participants with results above 75% (higher achievers) as shown in table 3.1 below.

**Table 3.1: 2nd year academic performance results categories**

| Categories | 2016 Academic Performance (2nd year results of 3rd year students) | 3rd year student Population | Number of willing participants in focus group |
|---|---|---|---|
| A – low achievers | 50% - 64% | 66 | 4 |
| B – average achievers | 65% - 74% | 25 | 5 |
| C– high achievers | ≥ 75% | 11 | 5 |
| **TOTAL** | | **N= 102** | **n=14** |

To achieve purposive sampling the researcher drafted an invitation email to all 3rd year students who qualified with their 2nd year academic performance results according to categories reflected on table 3.1 to participate in this study. All willing, interested and available participants who acknowledged their use of reflective practices, supplied the researcher with their contact details (cell phone numbers) which were used to set up interview times and dates for the focus group sessions. Dates and times were set as per the students' availability as to avoid any disruption of their academic and personal programmes.

Brink *et al.* (2012:144) argued the point that in qualitative studies the sample size needed were generally unknown and that a too big or too small sample size would be fruitless and that a sample size of about 10 - 20 participants was adequate. A sample size of 15 third year BTech nursing students was used to conduct three focus group interviews that allowed the participants the opportunity to express, clarify and explore their views in a non-threatening setting amongst individuals of more or less equal standing to their own (Grove *et al.,* 2013:361). Sample size was also determined by the data saturation. Data saturation referred to the point at which no new information was obtained and redundancy was achieved (Polit & Beck, 2012:521).

### 3.5.1    Selection criteria

Sample criteria are a list of criteria essential for eligibility in the target population (Grove *et al.,* 2013:352). The participants in this study are nursing students in their 3rd year BTech nursing training and have met the academic performance criteria according to table 3.1. Meanwhile, participants have engaged in unsupervised experience in the application of reflective practices. To create variability of participants the sample aimed to include students of any

gender, race and culture representative of the student population that allowed the researcher to generalise the study findings (Brink *et al.,* 2012:133).

No exclusion criteria amongst the nursing students in their 3rd year of BTech training were used as all experiences were deemed rich and valuable. Excluding criteria would have limited the generalization of the study findings (Grove *et al.,* 2013:345).

## 3.6    INTERVIEW GUIDE

A semi-structured interview guide with open-ended questions and probing words was deemed appropriate and used during focus group discussions to understand the experiences of participants regarding their own use of reflection. This arrangement allowed some structure while still providing the interviewer the opportunity to deviate as to allow for more and deeper experiences and perceptions to be shared between focus group participants. A register was completed where participants indicated their pseudonym preference and biographic data (gender, age, race, contact number and email address).

The researcher and fieldworkers constructed clear, concise questions set out in a conversational manner to ensure that it was jargon free and single dimensional, and was formulated based on the study objectives (De Vos, Strydom, Fouché & Delport, 2011:308). These five open-ended questions allowed participants to answer in their own words (Polit & Beck, 2014:184). Questions elicited responses and discussions around the meaning of reflection and experiences in the uses of reflection, benefits of and barriers for the use of reflective practices. Probing words were used to probe or search for deeper meanings of the interviews to increase richness of information received (De Vos *et al.,* 2011:290). These probing words assisted the fieldworkers and researcher in understanding the participants' perceptions of reflection and clarifying their experiences in the various ways in which the participants engaged with reflective practices. A full interview guide with probing questions is included as appendix E.

## 3.7    PILOT INTERVIEW

A pilot interview forms a smaller version of the proposed study design (Burns & Grove, 2011:49). This was important to identify problems in the design and flow of questions as well as the procedure for recording responses of the participants. A pilot interview is done to refine the interview guide by identifying flaws and irrelevant questions (Brink *et al.,* 2012:57).

The pilot interview was conducted under more or less the same conditions as planned for the subsequent focus group sessions. A private setting was selected and the interview was

conducted at a time that suited the pilot interview participant. The facilitator, who conducted the pilot interview, was one of the fieldworkers that was responsible for conducting the consecutive focus group sessions. The interview was recorded with the prior consent of the participant. The interview guide was used to assess any unclear questions and to test the flow of the interview process. Based on the outcomes of the pilot interview the interview guide was refined, probing words reviewed and one additional question was added to allow participants to include any further comments they deemed appropriate and that were not addressed during the interview. The rest of the interview appeared appropriately designed as it elicited valuable information imperative to the study.

All data collected in qualitative research was rich in content and valuable to the researcher, therefore the pilot interview data was included as part of the raw data. Although it was tested on only one individual and not in a group session, the information received was rich in substance and contributed to meeting the objectives of the research question. The pilot interview thus strengthened the main study (Burns & Grove, 2011:49).

## 3.8    TRUSTWORTHINESS

Trustworthiness of this study was proposed through the use of the principles of credibility, dependability, confirmability and transferability. This ensures that the research process is truthful and that a level of excellence is maintained throughout.

### 3.8.1    Credibility

Credibility refers to the confidence in the true value of the data and interpretation of it. Lincoln and Guba suggested that a study be carried out in such a way that it enhances believability of the findings and demonstrates credibility to its external readers (Polit & Beck, 2014: 323).

To ensure credibility, firstly, the researcher spent time reading the transcripts while listening to the audio-recording to check for accurate reproduction of content. Secondly, the researcher ensured member checking as participants were contacted via social media (WhatsApp, SMS) and informed that the transcripts were available for their verification. Additionally, focus interview member-checking sessions were scheduled at a time and place that suited participants.

The participants had the opportunity to read his/her own transcript and they were allowed opportunity to indicate if it was a true and accurate reflection of the interview (Streubert & Carpenter, 2011:48). Participants concurred in general that the transcriptions were true

reflections of their input during the focus group sessions. Some participants added a few thoughts, while others opted to leave their contributions unchanged.

### 3.8.2    Transferability

Transferability relates to how well the context and detail of the study findings were described to ensure it could be utilised in other contexts. For transferability to be effective, the researcher gave as much description of the data for users to assess how much of the findings are applicable in their own situations (Polit & Beck, 2014:323).

The study aimed to provide a thick description of information on the research setting, research methodology and a thoroughly described research report, data collection and findings, to allow for a clear comparison and alignment to other possible contexts (De Vos *et al.,* 2011:347).

Although the study was conducted in a single nursing education institution in the Western Cape Province, various commonalities are present to allow for transferability to other institutions and other provinces. This study helped to explore and compare with other similar and related studies to build new meaning and further learning and programme development.

### 3.8.3    Dependability

Dependability refers to the stability of the obtained data over a period of time and under different conditions. The findings of the study should be reproduced if repeated by similar participants (Polit & Beck, 2014: 323).

Dependability was ensured by the use of audio recording to confirm that the information given by the participants was accurately recorded. The moderator's notes during and after the focus group interview were also used for collaboration in understanding the context within which to analyse the data. After each focus group interview, data was downloaded onto a laptop, transcribed verbatim and analysed.

The researcher verified the transcriptions of the recordings, as well as the codes and themes with the focus group facilitator and moderator to check for its legitimacy and truthfulness.

### 3.8.4    Confirmability

The accuracy and relevance of the obtained data were objective and congruent, and the researcher ensured that no data was invented or untrue by checking that the findings echoed the participants' views and not that of the researcher (Polit & Beck, 2014:323). Transcribed

data from audio recordings were returned and checked with focus group participants to confirm that typed transcriptions were a true replication of information they provided.

Confirmability guaranteed that the findings, conclusions and recommendations were supported by the data and that there was harmony between the researchers' interpretation and the actual data (Brink *et al.,* 2012:119).

The researcher and fieldworkers kept a journal diarizing the study process, personal reflections and any other significant events that might have had an influence on the researcher's frame of mind during the study. This was done to prevent bias and to ensure that the "students' voice is heard" (Polit & Beck, 2014:323).

## 3.9    DATA COLLECTION

Focus groups were conducted to explore the perceptions and experiences of the participants on uses of reflective practices. The idea of the focus group was to create a safe space and this helped the shyer individuals to feel more comfortable to share their views and experiences. The focus group method was efficient and could generate lots of dialogue (Polit & Beck, 2014:290).

As the researcher was known to the 3rd year BTech nursing students, it was more appropriate that the fieldworkers, not affiliated to the nursing education institution, facilitate and moderate these focus group interviews to reduce the participants' discomfort and to minimize opportunities for bias (Burns & Grove, 2011:88).

Focus group interviews were conducted by a facilitator assisted by a moderator who both held Master Degree qualifications of which one was an academic lecturer for Postgraduate Nursing Education students at a higher education institution. The facilitator and moderator were provided with thorough training of the research objectives to ensure they followed the interview guide developed by the researcher and facilitator (Burns & Grove, 2011:88). These focus group sessions were conducted in a setting that was comfortable, well ventilated, private and non-threatening (Grove *et al.,* 2013:510). Participants were seated in a semi-circle to ensure all participants had eye contact with one another and with the facilitator. All focus group interviews were conducted in English as all participants acknowledged that they felt comfortable with and were able to express themselves in English. The presence of the moderator was explained to the participants as she formed an important role in ensuring quality in the data collection process.

Many different forms of communication other than verbal, took place in the group sessions, such as teasing, joking and various forms of non-verbal body languages and cues were displayed. The moderator was instrumental on picking up and used a notebook to record these subtle activities, to allow for the facilitator to lead the interview discussions undisturbed (Grove *et al.,* 2013:515).

The facilitator and moderator met at the agreed-upon venue and time and waited for the participants to arrive. The facilitator issued consent forms for all participants, who reviewed and signed it while the facilitator availed herself for any potential questions from participants. The facilitator ensured that the participants were comfortable and relaxed and started the interview process through building a relationship of trust by introducing herself and the moderator and allowing participants to prepare themselves a cup of tea or coffee or water, before the commencement of the recorded interviews.

The facilitator indicated that she preferred being addressed by her first name. She stated her role in the interview as well as the purpose of the research again. The participants were also allowed to indicate how they wanted to be addressed (Mr…., Mrs…. or first name, etc.), to which some preferred their first names, while others opted for their pet names or initials. This helps to establish a sense of respect and cultural sensitivity and to further build a relationship of trust (Burns & Grove, 2011:84).

The researcher started off the interview by thanking the participants for their willingness to partake in the interview. The procedure was explained again and an indication of the expected time allocation of +/- 45 minutes was expressed. The confidentiality aspect of the interviews was negotiated by the facilitator and all participants verbally agreed upon it, thus ensuring the psychological safety of the participants after disclosure of their perceptions and experiences. The participants were reassured that they were free to terminate the interview at any time, should they not feel comfortable during the proceedings.

The focus groups sessions were audio-recorded in order to be transcribed afterwards, to ensure as much data as possible is captured. The semi-structured interview guide questions and probing words allowed some structure for the facilitator and all participants were allowed to share their experiences and voice their perception without fear of judgement or prejudice. Data collection continued until the facilitator found that data saturation had been reached. This meant that no new themes emerged and the data was repeating itself (Streubert & Carpenter, 2011:90).

The facilitator and moderator made notes before and after each interview detailing anything significant about the setting, observed group dynamics, the participants, observations or own feelings and emotions. This was important information to reflect back onto, to determine if all focus groups were equally and fairly managed. Besides, these notes contained observations of the interview as a whole, as well as the attitudes and non-verbal nuances of the participants (Terre' Blanche *et al.,* 2013:299).

## 3.10    DATA ANALYSIS

Audio-recorded data of the focus groups were made available to a transcriptionist who transcribed the focus group interviews verbatim (Appendix F). The researcher read the typed transcripts while listening to the recordings to ensure no errors were made during the transcription process. Errors identified were corrected by the researcher first, and the participants later during member checking. This also allowed the researcher to start engaging with the data in more depth and the process of data analysis was stimulated (Streubert & Carpenter, 2011:46).

The researcher used themes and codes to sort through the focus groups transcriptions, using colour coding to sort similar thoughts together and to find common themes through an analytical thought process (Streubert & Carpenter, 2011:45). Tesch's eight steps in data analysis, described as follows, were used:

1. The researcher read through all of the data carefully, jotting down ideas as they came to mind; reading field notes to familiarise herself with the group dynamics during focus group interviews. The researcher immersed herself in the data, to become "as one" with the data, listening to the recordings while reading and re-reading the transcripts.

2. To get a general feel for the data, the researcher started to identify the underlying meaning of the data. During this time, the researcher wrote her thoughts in the margin to get an overall impression of the content.

3. After doing this for several documents and having generated several codes, the researcher made up a list of all topics, clustering similar topics and forming them into columns that might be grouped as major topics.

4. Returning to the data, the researcher abbreviated the topics as codes, writing the codes next to the corresponding segments in the data, trying out the preliminary organizing and checking for emerging trends, categories and codes. At this stage, the researcher found herself to be deeply immersed in the data that she struggled with to formulate themes.

5. The researcher with the assistance of the focus group facilitator found the most descriptive wording for the topics and turned them into categories. During this process

the total list of categories were reduced by grouping together topics that related to each other. Lines were drawn between the categories to show interrelatedness of the topics.

6. The researcher made a final decision on the abbreviations and alphabetical order of these codes.

7. The data material belonging to each category was aligned or themed together and a preliminary analysis was performed.

8. Recoding data was not necessary at this stage.

Thematic analysis, a common form of analysis used in qualitative research, emphasizes and identifies emerging patterns within the data set. Theme indicates levels of patterned responses. At this stage the researcher worked closely with the facilitator to verify and confirm the various themes and subthemes as an accurate representation of the transcriptions. Direct quotes extracted from the transcriptions are included in the narrative to display the full meaning of the points of the analysis.

## 3.11   SUMMARY

A qualitative descriptive research design was appropriate in exploring the in-depth and rich experiences of the 3$^{rd}$ year undergraduate BTech nursing students (Streubert & Carpenter, 2011:81). The 3$^{rd}$ year BTech nursing students were also purposefully selected to share their specific knowledge and experiences about their own use of reflection in practice as they are seen as the experts in this study (Streubert & Carpenter, 2011:90).

Focus groups were conducted to explore and understand the perceptions and experiences of the participants on the use of reflective practices. This method was efficient and could generate lots of dialogue (Polit & Beck, 2014:290). Tesch's eight steps in data analysis were used to formulate and code the themes and subthemes emerging from the interviews.

## 3.12   CONCLUSION

Chapter 3 provided a detailed description and discussion of the research methodology used during this study whilst ensuring the aim and objective of the study are reached. The following chapter provides details of the actual findings presented in themes and subthemes which emerged from the focus group interview discussions.

## CHAPTER 4
## FINDINGS

### 4.1    INTRODUCTION

The aim of this chapter is to describe the experiences of 3rd year Baccalaureus Technologiae (BTech) nursing students at a nursing education institution in the Western Cape Province, regarding their own use of reflection in practice. Description of findings of the focus group's discussions and various verbatim transcribed quotes to verify the trustworthiness are presented.

The findings are described under two sections: Section A describes the biographical data of participants and focus group dynamics and section B contains the themes and subthemes that have emerged from focus group discussions.

### 4.2    SECTION A: BIOGRAPHICAL DATA

### 4.2.1    Age

The group of participants ranged between the ages of 21 and 34 years, with the mean age being 24 years of age. Four participants were aged 22 years, which puts in total seven (7) participants under the age of the mean age of 24 years. This was half of the participants.

Within the group distribution, it was interesting to notice that there was no significant difference of opinions with regard to the use of technology in reflective practices with regard to their ages. It was more the participants' views of their sense of privacy and trust that were more indicative of their use of social media when reflecting.

### 4.2.2    Gender

The study group consisted of a much larger number of females, eleven (11) than the group of males, four (4). The male–female ratio was also representative of the study population, as well as in the general population of this nursing education institution. It was interesting to note that more females were willing to participate in the study than males. Gender could also not be seen as relevant in the use of reflection, as all males indicated their use of it; however one participant referred to reflection as mostly a female thing.

### 4.2.3    Ethnicity

The sample group displayed an almost equal split between the two most prominent ethnic groups, being the African and Coloured groups, evident in the study population of seven Coloureds and eight African. Even though the study population consisted of only two White

3rd year BTech nursing students, none of them volunteered to participate in the study. One participant classified himself as African Black; however, he was originally from a country in Central Africa.

### 4.2.4 Language

The language of instruction at this nursing education institution is English, one of the 11 official languages of South Africa. Participants in the study population were comfortable with and preferred to be interviewed in English, even though English was for some their second or even third language.

The home language of one of the participants, from Central Africa, was French; with the result that this participant spoke English with a heavy accent. However, this was not unique to this participant only as it was also displayed in the other African participants.

In some cases, these heavy accents made the audibility of the recording challenging to decipher during the transcription. However, this was overcome by the researcher and focus group facilitators when transcriptions were checked as well as verified by the participants themselves during the process of member checking. This ensured trustworthiness of the transcriptions to represent a true version of the focus group interviews.

### 4.2.5 Residence

This nursing education institution offers residence to students during the course of their studies. Individuals, who live more than 50 km from the campus could apply to live in the residence, should they prefer to. However, due to the high demand for accommodation, this is not always granted. Other students, due to personal reasons, choose to live at home and commute daily between the nursing education institution and clinical areas. This significantly impacts on their time as they spend many hours commuting between destinations, leaving them with less time to rest or spend time with families or friends.

Nine of the participants in this group resided in the student residence, while six resided outside the student residence in either private or own homes. Of the six who resided outside, five were unmarried and lived with their parents, while one was married and lived with her family.

### 4.2.6 Focus group dynamics

The study participants were purposely selected and grouped together based on their academic performances. However, one of the participants ended up in a different group than originally planned because of similar surnames and initials. Nonetheless, the researcher did not perceive this negatively as the participant was well received and comfortable engaging on the

topic amongst her group of friends. What's more, within the sample there were two relatives, a brother and sister, who participated in different focus groups.

*Day 1 - Pilot Interview*

The pilot interview was conducted with a 22-year-old Coloured male student in his 3rd year BTech nursing training. This young single male felt at ease and was quite open and willing to share his deepest thoughts on the topic with the facilitator. During this session, the facilitator could test the research question and interview guide to assess its usefulness and establish the ease of the flow of the interview process. This interview was relaxed and the flow fitting, to enable proper engagement with the content.

*Day 2 - Focus Group 1*

The group consisted of four BTech nursing students in their 3rd year of training who were homogenously categorized according to their academic achievement and ensured a productive cohesive group. This lower achiever group comprised of diverse cultures, such as two African males, one Coloured female and one African female. All participants were able to actively participate in group discussions and managed to share personal experiences effortlessly within this group. One invited member of the group fell ill on the day of the scheduled interview and was unable to join the group on that specific date and time. Although the member was available to participate, no follow-up appointment was scheduled with the member as the researcher was of the opinion that data saturation had been reached after completion of the focus group interviews.

*Day 3 - Focus Group 2*

In this group of 3rd year BTech nursing student participants categorized as the average academic achievers, the participants classified themselves as friends. The group consisted of one Coloured male, one African female and three Coloured females. Two females were aged in their early thirties, whilst the rest of the groups were in their early twenties. The natural friendship amongst the focus group members enabled them to share experiences with one another much sooner than other groups. The atmosphere in the interview was friendly, joyful and with a warm, supporting mood.

*Day 3 - Focus Group 3*

The 3rd year BTech nursing students in this group comprised of five female participants, one Coloured and four African females. This group of higher academic achievers was able to critically engage with semi-structured questions already at the start of the group session. These females were in their early twenties between 21-25 years and demonstrated the ability

to apply critical thinking on reflection and were able to articulate their experiences in a warm and friendly environment, varying between social talk and academic discussions.

## 4.3    SECTION B: THEMES EMERGING FROM THE INTERVIEWS

Six (6) major themes emerged from the focus group interviews namely, moral development, critical-thinking development, professional development, personal skills development, relationship development and challenges for reflective practice. Subthemes emerged from the six major themes and are displayed in table 4.1.

**Table 4.1: Themes and subthemes**

| Themes | Subthemes |
|---|---|
| Moral development | • Moral compass<br>• Moral distress<br>• Ethical decision making |
| Critical-thinking development | • Critical judgement development<br>• Transformative learning experiences |
| Professional development | • Continuous professional development<br>• Improved clinical practice<br>• Theory-practice gap |
| Personal skills development | • Personal growth<br>• Interpersonal skills development |
| Relationship development | • Clinical nursing care team<br>• Peers<br>• Family<br>• Spiritual affiliation |
| Challenges for reflective practice | • Time limitations<br>• Heavy workloads<br>• Mentoring support<br>• Language barriers |

### 4.3.1    Theme 1: Moral development

Overall the participants experienced that reflective practices stimulate moral development within them. The ability to reflect and remember their experiences or interactions with others enabled participants at a later stage to evaluate their own actions and the effects of their actions on others, especially the patients in their care. This resulted in the opportunity to

reconsider a different and better reaction and response in future similar situations. The use of reflective practices enabled the awareness of a moral compass guiding participants through events of moral distress and the development of ethical decision making and conflict management skills.

### 4.3.1.1   Subtheme 1: Moral compass

Participants identified that using reflection and reliving experiences helped them build their morality as it guided their practice and informed their actions. Reflection helped to keep their actions and behaviour as 3rd year undergraduate nursing students morally sound as indicated by a participant.

 "…reflection is like a moral compass; it's like a star in front of us" (focus group 1, participant 2).

"…help you continue of your journey ….and how to deal with it in future" (focus group 2, participant 3).

"…it points out the good also, not only the bad, like this is the good thing that came of us, so I could use it again for practice" (focus group 3, participant 4).

### 4.3.1.2   Subtheme 2: Moral distress

As nursing students engage and care for patients in clinical healthcare practices, many opportunities can arise where the action of self and others can cause moral distress for them and others. Participants acknowledged that engaging in regular reflective practices enabled them to identify situations that caused them much distress. That even for the sake of their clients or others and future healthcare practice, they were willing to address these situations to correct the wrongs of senior staff.

"You are shaking, and you don't know what to do. She did not see that... She did not call us into the side to talk to us. She... she yelled so that everybody, even the patients, could hear how loud she was...And I cried. I just got out of the ward and I cried that day. But I told myself that I must go back and do my work but I asked someone to show me how to write an entry, so that I can know for the next time" (focus group 2, participant 2).

Other participants described their feelings of insecurities and how reflecting helped them to make decisions.

"…for me it is like, if I do not address that situation and tell her that: What you are doing is wrong, then she is going to do it to the other students." (focus group 2, participant 4).

"I remember I also experienced in first year where a doctor said something to a patient which I thought was not appropriate but I didn't know how I could have addressed it as I was like a first year student" (focus group 3, participant 3).

One specific participant shared her reflection with the group and described how she experienced its usefulness in various incidents of moral distress, where she was unable to handle herself effectively and needed some assistance to guide her through effective management of moral distress.

"…in my first year … because I was angry for something else that happened during the day, I told her: No. I'm not going to do this. You can leave the patient on the chair, she can sleep there and die there, I don't care. And I left" (focus group 1, participant 3).

Moral distress may need to be guided and controlled in order for the individuals to learn to handle it effectively, in a professionally acceptable manner. Professional help is sometimes needed to attain the level of professionalism expected of the nursing student in training.

"...so I went to the psychologist, and the psychologist said: but this student, she was not necessarily wrong but, it's just, she needs to work on her emotional intelligence" (focus group 1, participant 3).

This participant acknowledged that through regular use of reflective practices and exploring different forms of reflection, she was able to master the skill by becoming more assertive and less disruptive.

"...and if I know that what I'm doing is right...I would tell them, you know I'm busy doing this and once I'm done with this, I will go and do that one…and from that day on, I never got any problems in any of my placements" (focus group 1, participant 3).

### 4.3.1.3   Subtheme 3: Ethical decision making

The ability to make ethical decisions plays a vital role in healthcare practice when working with the lives of others. In addition to, It also allows an opportunity for self-monitoring that is centred around own norms and values. Participants voiced how they are able to make ethical decisions when they reflect on previous actions and outcomes of situations; a case of valuable lessons learned.

"I was going to do the blood pressure and if I'm not even sure that time, because I was not totally clear with the abnormalities, what I was going… I was just maybe telling my colleague that this is what is happening. And that thing, it continued, so when I was out there, when I reflect back, I said Hey, no man that thing I was doing, it was wrong. So that thing, like I did reflect, so reflection gave me the opportunity to identify, you see, where I did poor" (focus group 1, participant 4).

Another participant recalled how she learned the value of patient identification, when she reflected on her actions and what the possible consequences could have been.

"I once made a mistake in giving the patient the injection, so when I was doing it again, I was thinking about what happened previously and … how to avoid what happened" (focus group 3, participant 3).

Participants in all focus groups expressed how reflecting on interaction in healthcare practice and certain specialized healthcare environments empowered them to advocate for the ethical principles of confidentiality and protection of the patients' human rights and dignity in clinical practice.

"...can you please just give her a chance; maybe she'll go and sleep later. She said you also, you have to leave the patient and go, and sit somewhere maybe at the nursing station...and the patient said I won't be able to go to sleep now, it's not, I don't feel like I can sleep. And the nurse wanted to – to take the patient by force and go and sleep…and later I came back to the Sister, I said – to the Staff Nurse, I said what you did there, it was wrong. And as a student I can tell you, because I'm not at that level I was at first year, I can tell you it's wrong" (focus group 1, participant 2).

"Also, when you are advocating for a patient, maybe the situation was, the patient did not want the family to know that diagnosis, everyone wants to know what is going on, everyone is standing outside the door. You are standing there; you do not know what to do: Should I tell them? This patient has got the confidentiality. You are not supposed to tell the family what is going on" (focus group 2, participant 1).

"He (the patient) wanted to actually be physical with me so I wanted to post (on Facebook) that, because I didn't (owe him money), but I thought maybe no … too much attention. (focus group 3, participant 3).

### 4.3.2    Theme 2: Critical thinking development

Critical thinking in this context means looking at a situation in a more analytical manner, especially by using effective communication and problem-solving skills, and forms an integral aspect of any nurse's daily routine during clinical practice. Many of the participants could describe how they perceive growth and improvement in their critical-thinking abilities over the years. Growth is evident in critical judgement, and it was illustrated how their level of reflection had developed and infused their learning experiences.

#### *4.3.2.1    Subtheme 1: Critical judgement development*

The clinical environment lends itself to many encounters where nurses have to make judgement-calls. Consensus was reached amongst the participants that regular reflecting brings about improvements in judgement-calls and they agreed, that with regular reflection, further critical judgement development is possible.

> "...if you take time when you are busy with an impulsive thought and if you take two minutes or just one minute to actually reflect on why you want to do, what you are about to do, it can get you out of a lot of trouble" (focus group 1, participant 1).

> "Because in first year, like I did... at first it is like you are standing there, you don't know what to do…But as, like I have said, as your training continues it makes you a better person to think critically, like: What is my next step?" (focus group 2, participant 5).

Participants used reflection to self-monitor their actions and behaviour by recollection of information and evaluating their actions and behaviours. The 3rd year nursing students often engaged in critical judgement of their own behaviours and actions. The critical judgement development was emphasized in all the group discussions.

> "And then when you sit back and you, and you think about it in depth, then you realize that I should have actually done something about this" (pilot interview).

> "...because I got beat so many times by a patient throwing me with something, and then as I would write whatever happened and the event that took place, how it started, where it started, what triggered the patient, it makes you reflect on what you could have done differently in order for the patient's reaction to be different. So, the free writing worked (as a form of reflective activity) for me," (focus group 1, participant 1).

> "...if you are in that situation and you reflect back to that, it makes you a better person at the end of the day. Because then, like I have said, you know, if you approach someone, for

example, how to handle that situation the next time you are placed again in that situation. So, I would say yes it helps you… And it makes you a better person at the end of the day" (focus group 2, participant 5).

### *4.3.2.2    Subtheme 2: Transformative learning experiences*

Reflective practices stimulate and create opportunities to transform students' behaviours and actions. The majority of the participants emphasized that through the use of reflection, their behaviours have changed for the better. Participants described the changes in their attitudes and decisions that stemmed from being able to reflect:

"I want to know why we are doing so I actually have a book that is in, in my possession all the time and I write down, I don't, I didn't know what this is, I couldn't remember what that was, and this is why I have to do that. So, I go back and I go and read, and go and research whatever it might be," (pilot interview).

"Like now in third year and if you look back what you did in first year, you sometimes ask yourself, now where in your right mind would you even think of doing something like that? Was I blind, what?" (focus group 1, participant 1).

"...but like in your first year, you do not know what, you are still new at this …you don't know how to approach the situation like that…you go to approach them. It is like you are the first year, and you look at the one side…that kind of attitude you get from the wards, from others, and so on…And I am just: I'm just going to leave it. So, but as now (in 3rd year) right now, I know how to talk to them… just speak to them in a nice, calm manner" (focus group 2, participant 5).

Learning from one's actions and the willingness to change behaviour and actions represent growth. By reflecting, participants realized that growth in critical judgement had occurred. Participants shared the awareness that they have the ability to examine their actions and try to improve themselves.

"…and as I am approaching the end of the programme, I realise that you are going to be responsible for so many people…now that I am looking back on what I have done previously in my previous years of study, now I see I could have, should have paid more attention to certain things, especially things on a practical sense" (pilot interview).

"I can see reflection also helps you to grow" (focus group 2, participant 4).

"Reflection helps me grow as an individual. Uhm like the way I tackle thing now then I would have before (focus group 3, participant 3).

### 4.3.3    Theme 3: Professional development

Developing from a novice 1st year to a more experienced 3rd year BTech nursing student is essential, as is displaying and taking more responsibility, as well as the ability to act autonomously. Professional growth and development is crucial for student nurses after their 4th year of training, when they are registered as professional nurses. Effective use of reflection encourages learning and the acquisition of new knowledge and skills. This is perceived as an ongoing process incorporating theory received in the classroom with the practical procedures they are exposed to in the clinical field.

#### *4.3.3.1    Subtheme 1: Continuous professional development*

Continuous professional development is an essential awareness for nurses. The healthcare provider is expected to adapt in an ever-changing healthcare environment. Participants were of the opinion that the more they are exposed to their clinical surroundings while reflecting, the more they learn and are able to cope in this changing environment.

"We had to do what they call, be the acting professional nurse within the ward and then I realised that this is not, this is not a joke. Because people are now, instead of you saying: Sister what must I do, people are coming to you now and asking what do I need to do? So that is what actually gave me a bit of a wakeup call that you need to, you need to get with the program ... and it's not just freelancing it you know." (pilot interview).

More participants experienced that they learned more when they engaged in active reflection. While one participant shared that he felt uneasy if no reflection took place.

"The more you grow the more you get experienced, the more you get knowledge" (focus group 1, participant 2).

"There are some other times when, by the way we speak, we can hurt the next person, so it is very important for us in the profession, as we grow, to grow up in becoming a different person, to act professionally" (focus group 2, participant 2).

"It is of cardinal importance that I need to, to follow on what I am doing, because sometimes it all becomes just a grey area you know, and you are not really paying attention to, to what is happening so for them it might be a manner of I need to get things off our chest, you know this is what happened but for me, I try to incorporate it into my professional practice as well as on a social level" (pilot interview).

Continuous engagement in reflective practices ensures the maturation, growth and continuous professional development of nurses. A participant narrated how an introduction to reflective practice made more sense over time:

> "I began to realise that it is, it is an active part of practice you know and so, when you have that, almost a lost link when we had our first year, it was, there was some missing information but I think the manner in which they, they kind of left the blank, allow us to grow a little bit in the practice and in the third year when it was brought up in more depth, it actually made more sense. You know, so the, a time, it was left in a grey area, we coloured it in for the better part of two years and when we were moving to a more senior position in our studies, it actually just came together pretty nicely" (pilot interview).

### 4.3.3.2  Subtheme 2: Improved clinical practice

Reflection is viewed as a process of conscious awareness of ourselves and our interactions with others and is closely linked to critical thinking and behavioural changes, inevitably leading to improved clinical practices. The majority of participants identified the effect of using reflection as a means of changing their clinical practice in a positive manner. By the same token, they acknowledged that the deeper they engaged in reflection, the more improvement in their nursing practice was visible.

> "There are standards and we all try to reach those standards…so the uhm reflecting, in that capacity helps to, to improve my practice you know" (pilot study 1, participant 1).

More participants were able to express how they expanded on their knowledge base and how it affected their patient-care delivery in a positive manner.

> "But you have to reflect back and especially now, third year, you do things differently because you think back of how you did it in the first year, but now you'll change your ways, you're doing it better" (focus group 1, participant 1).

> "Our patient has a low temperature, so now you know to act like, you know, more blankets, etcetera. So, that makes you better with regards to critical thinking..." (focus group 2, participant 5).

A participant fell back on certain experiences to learn from it; this improved the quality of patient care:

*"*I once made a mistake in giving the patient the injection so when I was doing it again I was thinking about what happened previously and uhm how to avoid what happened so I think that's also using reflection" (focus group 3, participant 3).

### *4.3.3.3  Subtheme 3: Theory-practice gap*

While nurse educators strive to teach nursing as reality-based as possible, inevitably there would be a difference between the theoretical aspects covered in the classroom and the reality of nursing experienced in an ever-changing healthcare environment. Participants voiced their increased confidence in mastering clinical skills. When they are able to remember and recall knowledge, this allows them to bridge the theory-practice gap as a positive response to the use of reflection.

"…what I like about reflection, I like to take my theory and revert it to practice. You see, we work in service, and it is very helpful when it comes to nursing, because you learn something, and you say… let me see and then you want to reflect it in practice and it grants you the opportunity to discover like the difference, or improvement, you see compared to what you have leant in your text book or in class…" (focus group 1, participant 4).

"...and when you are in the clinical placement, you always remember what was taught in class." (focus group 3 participant 5).

Participants expressed how they received positive feedback when they were able to display evidence of successfully integrating their theoretical knowledge with the practical skills.

"When I reflect back to the important aspects, you see, of history taking that we were taught in class, that thing it makes my history taking very genuine compared to other students, even the Sister in charge you see, like he was very impressed you see, with the way that I took patient history, because of I reflected back on what I was taught in class …" (focus group 1, participant 4).

A participant reflected during the focus group interview and also shared a negative and confusing experience when trying to implement theoretical knowledge in the clinical environment:

"And then the Sister told me that I should do the full wash. I did what I was taught, that is to close the curtains, privacy and all that stuff. But then I just thought to myself, that done... I was busy with this patient; this patient was like half naked… And then it is like, they just in and out by the curtains and so... At that time I was first year, I told myself I am still new in this ward, they are not going to take me seriously, so I just left..." (focus group 2, participant 5).

### 4.3.4    Theme 4: Personal skills development

While BTech undergraduate nurses are in training, developing various nursing care skills and competencies, they are also developing various attitudes, knowledge and personal skills, in order to be empowered to deal with the demands of being in a professional nursing care practice.

#### *4.3.4.1  Subtheme 1: Personal growth*

Participants described how the reality of being a professional nurse can be very stressful and daunting during the undergraduate phase of training:

> "...you become hyperaware of what you are doing for that time being you know…when you are thinking like, it can become rather intense you know" (pilot interview).

> "But you go back and you reflect on like: Why did I speak to my mother or my brother or whoever in that manner? Or: Why did I do wrong that set off the situation? Was it me or was it the next person? It does not matter; I will always go and apologize or try to set things right because the next day you are still going to see that person" (focus group 2, participant 1).

#### *4.3.4.2  Subtheme 2: Interpersonal development*

Participants expressed how reflective practices enabled interpersonal growth development through their exposure to different challenges during their nursing educational programme.

> "The reflection helps us to see things on another way around, not to judge everything that we see. Also in whatever we do we have to think twice before doing whatever we want to do and also teaches us a lot about assertiveness, the way we speak to other people" (focus group 2, participant 2).

While learning how to approach and interact with people in a professional manner, participants related to situations where they could clearly identify how their behaviour had changed positively.

> "So, for me placements were not nice, and hence I stayed out of work all the time, I didn't want to go. So I thought the other day, how would it be like when I do what I'm expected to do, and not have to argue with someone else? …And from that day I never got any problems, all my placements, it's just nice, and everyone would be like, Yo, you know, so for me now it's changed to that." (focus group 1, participant 3).

Interpersonal and professional skills development occurs in people at different stages in their lives. One participant acknowledged that by reflecting on previous events in her nursing career, she was still learning to develop these much-needed interpersonal skills:

> "But, I guess I am trying to figure out how to approach these people. I haven't learned that skill yet...but I guess now in the situation like last year's stuff, I have learned to bite my tongue and not say what I am thinking… And then choose my words wisely because you can't take it back, at the end of the day" (focus group 2, participant 3).

Participants engaged mostly in private reflection. This included reviewing the incident or events and replaying it in their heads. Participants expressed the negative aspect of engaging with reflective practice. One participant found that the emotional baggage was too much to bear at times:

> "Sometimes reflecting back stirs up, stirs up emotions, that one does not want to deal with at that particular time...[laughing]" (pilot interview).

### 4.3.5    Theme 5: Relationship development

The nature of nursing care practice is teamwork and healthy group dynamics. An ability to work effectively in teams is crucial in order to create healthy professional healthcare environments to provide quality care for one's patients. Besides the professional relationships development, participants in this study also acknowledged the role reflective practices played in developing relationships with their peers, family and their God.

#### *4.3.5.1    Subtheme 1: Clinical nursing care team*

Participants responded in a positive tone regarding the support or interventions received from the clinical facilitators in stressful situations. They reflected and recalled how, in times of distress, the clinical educator was available and assisted them efficiently and how they built relationships with their mentors.

> "In the ward that I worked that was very horrible for me the work there, because I was like the only staff... I was like this staff / sister [Professional nurse] in that ward. And the mentor actually took me out of that ward because I could not take it anymore, because I was keeping to myself. I was just, me, myself and I…So then I stood up for myself… And I called in my mentor, and I just... We had to talk about it….and she took me out of the ward." (focus group 2, participant 1).

> "It also depends because sometimes you do speak to your mentors, maybe when they come in and you tell them about something that happened…" (focus group 3, participant 3).

Building relationships with colleagues are supported during reflective practices. One participant recalled how, when the wards became very busy and the morale of the students were low, some of the other categories of staff would take the lead and attempted to uplift her spirits, by encouraging teamwork:

> "There is always that one nurse or ENA or staff nurse that is going to help you, going to assist you" (focus group 2, participant 1).

> "Then you get your students, when your colleagues are working with you, hand in hand. That is nice" (focus group 2, participant 1).

However, not all colleagues are open to support different and better ways of healthcare practices that students learn in classroom teaching and aim to implement in practice.

> "You come in with your theory from school here, remember this hospital has rules. And I can report you to the manager, but you're still a student" (focus group 1, participant 2)

> "But I do not have the patience to address these [health professionals in the wards] people, because they are always like: 'You don't know what you are doing…I am the Sister [Professional Nurse] …So you cannot tell me what to do'. But, for most of the time, I just walk out the ward, you know? Then I will go and stand behind the door to calm down" (focus group 2, participant 3).

### 4.3.5.2 Subtheme 2: Peers

Within this study population, participants who had been in the same educational programme for at least three years, formed supportive clusters of friends. The purpose of these peers is to support, and guide one another. All focus groups were sure that the selection of those in your inner circle of friends depended on what value system they brought with them. A participant revealed how her use of reflection enabled her to evaluate interactions between her peers and felt at ease to select a smaller circle of friends.

> "Because of reflection I have a very small circle of friends because of decisions they made and decisions that I made, and reflect that this is not going to get me anywhere in life, they're just going to hold me back" (focus group 1, participant 1).

Some participants also communicated their experiences of how friends were valuable during engaging with their reflective processes. In some cases, the participants would seek the company of particular peers to reflect on their experiences with them.

"Because some things I will reflect and I will think about and I will find solutions to it and that's fine in my head and then some things I am comfortable enough to go to my friend and say this is what is wrong so please advise me on this" (focus group 3, participant 4).

"After hours I will go to my friend… and then I will tell her what happened in the ward that I didn't like, or what I have loved on that particular day. … and she will say: You know what? You must always, when you are in the ward, whatever is making your day feel so bad, always have that positiveness that something good is going to come out of it. So, she is always there to encourage me to see things, take things easy, not to stress a lot," (focus group 2, participant 2).

Peer support had been experienced by participants as a valuable activity in reflection. While engaging by keeping a reflective diary, a participant expressed the need for support and guidance:

"So, when it becomes or when I feel like I need to reflect on emotion and things like that I would prefer it being with another person you know. Because I don't know, the paper and the pen is not responding to what I am saying ...[laughing] so when it comes to things of that nature it is better to have, for me, it's better to have somebody that is not necessarily answering me, but that, that is hearing me out you know" (pilot interview).

Additional to face-to-face reflection encounters, some participants also used technology to reflect with their friends, even though various participants had reservations regarding the use of reflection on social media, for various reasons.

"So, I would say to my friends, [and that's how I'm reflecting], if it's not my phone then I'm repeating to my friends. But I don't really have time now to write it all down, no. Sometimes it gets very busy, but I'll definitely reflect on it" (focus group 1, participant 3).

However, not all participants were keen to use social media for reflection. They viewed the use of social media in general, in a negative way.

"You know technology has become a means of so much, I don't know, social corruption you know, that, to tell somebody that you can use it for that purpose would, I don't think it would be very, a very effective way of reflecting…Personally I, it's not something that I would, actually would advise somebody as to say, listen here record yourself or, and people are blogging these days you know, everyone is vlogging or whatever" (pilot interview).

Participants are hesitant to use social media during their reflective practices due to their sense of privacy and trust issues.

> "I also used the thinking method when thinking back and find solutions in my head because I'm a very private person so I don't like to share very personal information. I keep it to myself… (Laughing)" (focus group 3, participant 4).

> "It's nice you see because writing doesn't help because it doesn't answer you and then on social media your problems get exposed to other people you see so rather talk to someone that you know who you trust. I will talk to them." (focus group 3, participant 5).

### 4.3.5.3  Subtheme 3: Family

The family context is the most natural setting in which to reflect on the daily activities. Some participants felt that they can be themselves amongst family, away from their professional roles. Participants revealed how they depended on family when they reflected and the support and understanding they received, as well as the strengthening of family cohesion. Family was also experienced as the environment that stimulated the practice of reflection particularly in exploring their own feelings and emotions.

> "It is the same with me, family and T (friends), those are the only ones that I speak to if I have a bad day at work." (focus group 2, participants 5).

> "Like I have said I am the bubbly person and even though I keep to myself, when it comes to my family I would always reflect on what I say or whatever, because family is family, no matter what." (focus group 2, participant 1).

> "But my mother usually like drags it out of you. ... [Laughter] When you are, you know, like in your room and she is like: Now I can see something is wrong" (focus group 2, participant 3).

### 4.3.5.4  Subtheme 4: Spiritual affiliation

Spirituality is experienced by some people as a very private matter. One participant described how she even reflected on spiritual matters and how it assisted her in understanding her situation and enabled her to deal with it effectively later in related situations:

> "You will hear something maybe at church…they will preach a sermon and then you will reflect on it and maybe you come into a situation where you remember this is what they said and this is how it applies now to my current situation" (focus group 3, participant 4).

### 4.3.6 Theme 6: Challenges for reflective practice

Although participants described their uses of reflection, it is however not always a smooth and easy process. They encountered many obstacles that at times hindered their use of reflection or their ability to reflect. Some of these challenges included time to reflect due to busy workload and busy ward routines. Other challenges that were expressed included the support or perceived lack of support during their reflective processes. Language barriers also appeared to pose as a challenge to some of the participants.

#### 4.3.6.1 Subtheme 1: Time limitations

Participants remarked that they do not always reflect or pay attention to an event at the time it occurs due to busy ward activities. The healthcare environments are many times not conducive to the use of reflection in practice. They have to reflect later or at a quieter time to make sense of the situation or event that occurred.

> "Because sometimes we are not, how can I say synced with what is, with what is happening during the day because everything is just a rush but when you actually sit down, you write down okay this is what happened, this is how I feel. … these are the things that are bothering me" (pilot interview).

Participants acknowledged that reflecting after a shift, at a quieter time, allowed them to get a better understanding of a situation.

> "Sometimes we work in very busy wards…at that time I will not, you know, fully give my attention to that, but when I go to tea time or lunch and then when I sit down then I'm trying to think of the events that happened during the morning or in the afternoon" (focus group 1, participant 3).

> "I've learned that it is important to actually reflect after a shift and then look back at the good, not only the bad because I'm like very. I always like note what did I do wrong and whatever to improve" (focus group 3, participant 5).

#### 4.3.6.2 Subtheme 2: Heavy workloads

Participants explained that heavy workloads and numerous activities in the wards prevented reflection in practice during the activity and that they engaged in reflection on practice, after the event.

> "But I don't really have time now to write it all down, no. Sometimes it gets very busy, but I'll definitely reflect on it" (focus group 1, participant 3).

> "And I loved that because it was fast-paced and there wasn't much time for reflecting but when you get a moment to sit down, because we have reports that we write during the day, so when you sit down and you write, that is actually the moment you're reflecting,

because now you write what has happened to the patient during the day" (focus group 1, participant 1).

### 4.3.6.3  Subtheme 3: Mentoring support

Support and guidance are important to allow the individual to make sense of their experiences. This support is expected from ward supervisors, educators or any related healthcare practitioner. Some of the participants mentioned how support was perceived from mentoring and clinical personnel:

> "You're trying to find yourself as a person, and then you have to try and find yourself as a nursing student, and it's very difficult sometimes, because the Sisters at the hospitals don't make it easy for you. Because they know you're first year, but yet they treat you as if you're supposed to be fourth year" (focus group 1, participant 1).

> "I think it also depends because sometimes you do speak to your mentors maybe when they come in and then you tell them about something that happened last week that uhm I saw this nurse doing this and this …and I didn't like it and she will ask you: did you speak to her, which is also part of the solutions for reflection, what did you do about it" (focus group 3, participant 3).

### 4.3.6.4  Subtheme 4: Language barriers

Many nursing students use English as their second or third language. Language barriers create limitations in what you learn and how you interact with others. If the information is given to you on a second-hand basis it could mean that the information is filtered and not always a true reflection of the original message. A participant disclosed how he perceived this as a hindrance in his learning process and sometimes healthcare practice encounters:

> "…the Sister that was supervising me was Afrikaans speaking, so they interact with Afrikaans, so they, even if they explain, they will explain it in – you know mos, you can say something but if have to go with the chain. When it reaches the person…it is different" (focus group 1, participant 4).

> "She (professional nurse in charge) was angry, she started saying things in Afrikaans and then I started in English, then it was a whole, you know"…[later] … "and then you reflect on a certain event…as I learnt to work with her, I realized that she's a person that wants to teach you and she wants you to know what is right….so when I was reflecting back on what she did on my first placement, she was actually helping…" (focus group 1, participant 3).

## 4.4    SUMMARY

This chapter represented the perceptions and experiences of the 15 of the 3rd year BTech nursing students registered at a nursing education institution in the Western Cape, in South Africa. Focus group discussions allowed for the extraction of rich and integrated knowledge from various participants. Biographical data of the participants were presented and the researcher elaborated on certain significant factors, such as age, language, gender and ethnicity.

Participants' responses to their understanding of what reflection is all about were very similar in nature. Their perceptions are discussed in this chapter under the different labels identified by the researcher, to demonstrate the various opinions emanating from their understanding of reflection. Participants appeared to have experienced reflection positively and this was illustrated by the various quotes aligned with the identified labels. They demonstrated differences in their use of reflections in their personal and professional lives. Holistically, the impact of reflection was perceived in a positive manner, with participants acknowledging the growth and maturity they had reached.

## 4.5    CONCLUSION

The researcher attempted to illustrate the findings of participants with regard to their use of reflection in personal, as well as professional environments in this chapter.

Participants identified various reflective practices that were more suitable or unique to them. They also acknowledged levels or growth and maturity reached, through their reflective practices.

Participants also presented their views on the use of reflection in technology. These were directly linked to either personal experiences or professional stances. On a personal level, some participants placed more value on their privacy than others. They opted not to use technology as a tool to reflect on. Others had a more flexible stance on sharing their personal views via social media. However, high standards of professional and ethical behaviour were still maintained.

In chapter 5 the researcher will further discuss findings, draw conclusions drafted from the participants' responses and present further recommendations based on the findings and conclusions.

# CHAPTER 5
## DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

## 5.1    INTRODUCTION

In this chapter the researcher presents discussions of the study findings and draws conclusions regarding the use of reflective practices by 3rd year BTech nursing students. Recommendations based on the research findings are presented and limitations of the study are indicated.

## 5.2    DISCUSSION

The Academic Development Program (ADP) was introduced at universities to support and strengthen the students' capacity to succeed in the field of higher education, with the focus on language, literacy and pedagogy, which transformed over time, to meet the needs of both the student and the faculty in terms of academic and scientific writing, critical thinking and problem solving (Boughey, 2010:4).

Students are expected to continue engagement of these reflective practices during their second year of nursing training, and to reflect on their actions or a situation they found themselves in, in an attempt to develop into critical thinking professionals (Power, 2016:235). This critical thinking individual should be able to handle the challenges of the current healthcare system (Power, 2016:246).

The aim of the study was to explore and describe the experiences of 3rd year BTech nursing students regarding the use of reflection in practice. Further discussions of the findings will be presented according to the following objectives for the study.

### 5.2.1    Objective 1: The experiences of the 3rd year BTech nursing students on their own use of reflection in practice

The use of reflection was introduced to the 1st year undergraduate nursing students with the aim to improve overall academic performances, especially by improving reading and writing skills.

Students are also introduced to various forms of reflective practices, such as to support their learning journey. Participants indicated that they generally use reflection in daily practices.

### 5.2.1.1   Understanding of own use of reflection in practice

Focus group discussions generated various definitions and descriptions of how participants view the act of reflection. Descriptions provided by participants in this study were similar to those found in literature, such as free-writing, keeping a journal and mental processing of events and emotions (Ruth-Sahd, 2003: 489). Reflection is a process of active engagement with previous experiences (paragraph 2.2.1) and participants were able to narrate stories of the use of reflection where they were able to handle current situations based on previous experiences and what they learned from actively engaging with reflection. The use of reflection was presented as a regular activity by 3rd year BTech nursing students. However, not all participants engaged in conscious reflections and indicated that they use it unconsciously and have been doing so without realising it. Participants in this study also referred to it as looking back, exploring actions or a process of self-improvement or self-evaluation (Jooste & Mia, 2015:63).

BTech undergraduate nursing students in this study were exposed to various forms of reflective practices during their first year of training ADP module (paragraph 1.1). The aim of this programme was to assist and strengthen academic performances of students (Moon, 2013:16). Fixating on one style of reflective practice is discouraged and changing styles as the situation changes are found to be more effective and rewarding (Power, 2012:647). Even though the use of reflection is introduced to students during their first year of nursing training, it became apparent that students use the process without awareness and it has become more of a habitual action, rather than deep critical reflection (paragraph 2.2.4.3). The educator is responsible to stimulate reflective skills development (Potgieter, 2012:4).

Participants in this study indicated their preferred style of reflective practice to be, free-writing, diary writing and/or journaling. However, most participants preferred to use a more private style, which was referred to as mental reflection (paragraph 2.2.3.1) as part of cognitive development (Moon, 2013:5). Participants elaborated on how using various forms of reflective tools helped them to become more comfortable with the process in an attempt to master the skill of reflection (paragraph 2.2.4.2).

Participants conversed how they change their style of reflection according to the situation they find themselves in, and also according to what they need to get from the activity. Not to mention, the healthcare practice environment and workloads are often demanding, challenging and emotionally taxing, especially for novice undergraduate nursing students, creating challenges for reflection (paragraph 2.2.3.4). When these undergraduate student nurses needed to make sense of a situation they could reflect and relive the experience and

critically evaluate themselves privately. Other times they would seek out the comfort of the human contact and this form of contact also differed. Human contact could be recognized in the form of a friend, to confide in on a personal level, or supervisor to seek professional assistance. Daily reflection and reliving an emotionally challenging situation, whether alone or with others (a friend and confidant) envelopes the common understanding of reflective practice (Black & Plowright, 2010:246; Finlay, 2008: 3; Hébert, 2015:363 and Tracey *et al.,* 2014: 333).

### 5.2.1.2    *Moral development*

Reflective practices have proved to be prudent in moral development (Söderhamn, 2015:195). Ethical awareness (paragraph 2.2.3.2) guides the choices and decision-making process of students in healthcare practice environments. Participants in this study referred to reflection as a moral compass, which guided their nursing-care practice and professional choices (paragraph 4.3.1.1). By using this moral compass, it allowed them to make positive decisions and kept them out of trouble. These moral values displayed were closely linked with ethical behaviour, such as justice, beneficence and advocacy (Branch, 2010: 332; Paterson & Chapman, 2013:132 and Power, 2016:235). Participants clearly demonstrated these values during their interview discussions of how they advocated for their patients and patient care (paragraph 2.2.3.4).

However, participants also experienced times of distress while using reflective practice (paragraph 4.3.1.2). Mulling over events and situations brought feelings and emotions to the fore, which they might not always have felt ready to analyse (Bulman, 2013: 2; Paterson & Chapman, 2013:132).

Clients seek health care when they are in a state of disequilibrium and vulnerability. The actions and decisions of the healthcare provider should be aimed at doing good for the clients and they should not cause their clients any harm (South African Nursing Council, 2013:4).

Nursing education and training programmes emphasise inclusion of principles of ethical decision making (paragraph 2.2.3.1). Participants use reflection to guide sound ethical choices for the benefit of their clients and families (paragraph 2.2.4). A strong sense of advocacy for clients was evident during the interviews with the participants (Harris, 2005:47; Petersen & Merckel, 2013:716).

### 5.2.1.3    *Critical-thinking development*

Reflective activities in healthcare practice are building blocks for critical-thinking development (Vasuthevan, 2013: 112; Pai, 2016:157; Ryan, 2013: 145 & Ruth-Sahd, 2003:489). Effective

nursing-care practice demands that the healthcare providers are able to make decisions and show respect for the rights of the healthcare clients. Participants were able to recall incidences where inappropriate decisions were made (paragraph 2.2.3.3). They were able to critically evaluate their actions and by reflecting back on events, they were able to learn from their experiences and demonstrated transformation of their behaviour, as it is stated in the definitions of reflection (Power, 2016:245).

Participants were also able to describe situations where they relied on their classroom teaching to guide their actions (paragraph 2.2.3.3). This clearly displayed the participants' attempts to bridge the theory-practice gap (Wallace, 2016:44). One participant could describe how he thought back to his classroom teaching to recall how to treat a person with an elevated temperature (Ruth-Sahd, 2003:480; Thorsen & DeVore, 2013:88). Another participant described how he had to revise some of the classroom teaching while in practice to be able to identify the abnormalities in blood-pressure readings of patients (paragraph 4.3.1.3).

### 5.2.1.4    *Professional growth*

Participating in reflective practice plays an important role in professional growth and development (Walker *et al.*, 2013:504). Reflection is seen as the continual development of professional knowledge (paragraph 2.2.3.4). Participants in the current study experienced various forms of difficult situations and they described how they learned to handle it effectively, especially by engaging in active reflective practices (paragraph 4.3.1.1). Social interactions with other professionals are seen as important in the further development of professionalism (Wood, 2016:41).

The various forms on interaction that the students were exposed to in the practical area each played a role in the development of the students into professional nurses at the end of their training. This is supported by Maddison and Sharp (2013:123) who states that reflection is effective in a flexible learning environment. Participants could recall various incidents which they handled differently in their third year compared to their first year of nursing training (paragraph 4.3.2.2).

This was evident in the participants' responses with regard to their views of their professional behaviour (paragraph 4.3.3.1). Even though they had not yet reached professional maturity, they sought this by engaging with reflective practices. To have achieved this level of maturity, participants sought professional help where needed (paragraph 2.2.3.6). However, poor supportive environment created high stress levels amongst students (Gardiner & Sheen, 2016:11).

The process of reaching professional maturity is not always easy. Participants expressed feelings of anger and frustration towards ward team members. Later, through reflecting, they realised that their behaviour constituted improper professional conduct, and they were able to view the situation in a better perspective, and behave accordingly based on their new understanding of the situation (paragraph 4.3.1.2).

### 5.2.1.5   Interpersonal development

Participants confirmed that their active use of reflection contributed to their personal growth. In addition, participants acknowledged a form of emotional maturity that allowed them to handle situations better if it should present itself again (paragraph 4.3.3.1). This is supported by Bulman (2013:6), who noted that reflection does not only develop cognitive or intellectual thinking, but it is also closely related to the emotional development of the student nurse (paragraph 2.2.4.1).

Individuals could identify areas of their personality that matured, such as assertiveness skills (paragraph 4.3.4.2). Participants recalled how they learned to become assertive over a period of time, and demonstrated this during the times that they advocated for their patients or for others in similar situations as themselves. Another way they displayed assertiveness was when they protected patient confidentiality by respecting the patient's rights to privacy.
However, as students were exposed to various challenges in the clinical environments, not all the clinical experiences were deemed positive. Participants expressed how they were made to feel incompetent, but despite these experiences, participants were able to draw upon these experiences to learn from them, either with the support of peers, educators or colleagues (paragraph 2.2.3.5).

### 5.2.1.6   Improved nursing-care delivery

Improved service delivery and patient care can be seen as the end result of critical reflection and professional development when put into action (Vasuthevan, 2013: 112). Healthcare needs of clients and society changes continually, and the nursing personnel should be equipped to handle the needs of the healthcare recipients. Reflective behaviour has the capacity to keep the individual seeking and exploring ways and means to handle situations, thus making the reflective nurse continually seeking solutions to problems (Petersen & Merckel, 2013:716).

Participants endeavoured to improve service delivery, by continually searching for answers or solutions for the various positions they found themselves in (Moon, 2013:12). Group members

described how they improved their knowledge base by taking note of what they do not know, and finding answers or explanations either by seeking advice from educators, and other members of the healthcare team or from peers (paragraph 4.3.5.1).

Engaging in active reflection involves a process of self-monitoring and self –evaluation (Jooste & Mia, 2015:63). This further develops critical thinking of the undergraduate nurse's healthcare service delivery (paragraph 2.2.4). This is believed to ensure effective and safe healthcare, which is provided by a practitioner who is able to evaluate a situation and apply reasonable thought to action as required by legislature (South African Nursing Council, 2013:4; Potgieter, 2012:4; Ryan, 2013:145).

### 5.2.1.7    *Challenges for reflective practice in healthcare environments*

Reflection is a process of engaging with learning and making meaning of experiences. However, engaging with reflective practice is sometimes met with challenges. Reflection in practice aims to develop a critical-thinking practitioner (Vasuthevan, 2013: 112). Nevertheless, participants stated that they could not always reflect when and how they would have preferred to, due to various obstacles (paragraph 4.3.6).

Busy ward routines prevented the opportunity to reflect on action and the chance to evaluate their actions in order to make it a learning experience. Participants indicated that they would attempt to reflect after their shift or when the ward becomes quieter (Moon, 2013:5). The undergraduate nursing students acknowledged that sometimes, due to the busy ward routine they were not able to ponder on what is happening around them, and that they might evidently miss cues from the patients (paragraph 4.3.6.1). During the process of reflection, participants identified deficits in their service delivery and noted that they could have done more for their clients (Ryan, 2013:144).

### 5.2.2    Objective 2: The influence of reflective practices on the lives of 3ʳᵈ year BTech nursing students

Reflection interactions can be life-changing both personally and professionally (Ryan, 2013:145). The use of reflective practices plays an important role in the continuous development of professional and personal practices (Bulman, 2013:123). This research study aimed to establish whether growth and development were achieved by using reflective practices (Usher, Tollefson & Francis, 2001:16). Undergraduate nurse participants were able to respond positively on how they experienced personal and professional growth because of their reflective behaviours (paragraph 4.3.3.1).

### 5.2.2.1  Personal development

Engaging with reflective practice is expected to lead to personal growth (Oluwatoyin, 2015:28). This expectation is evident in the current findings where participants described their own personal growth experiences, as well as their interpersonal relationship development (Jooste, 2018a:154; Ryan, 2013:144). Growth was expressed by their ability to handle conflict, in handling stressful situations, as well as handling own personal crises (paragraph 4.3.5.1).

Undergraduate nurse participants also described how they learned to engage with the different personality traits of the colleagues they worked with in different practice areas (paragraph 4.3.5.1). This clearly had a positive effect on their assertiveness skills development (paragraph 4.3.2.1). This was evident in the data gathered during the focus group interview reactions (Ruth-Sahd, 2003:480; Thorsen & DeVore, 2013:88).

### 5.2.2.2  Relationship development

The reflective practitioner is expected to deliver competent nursing care. Yet, participants expressed the difficulties and stressful situations in the clinical area they experienced and how discouraged they felt at times. Through the use of reflection, choices were made in terms of friendship circles some placed in the inner circle, while others to the outer edges of the circle (paragraph 4.3.5.2). This was important to maintain a sense of privacy and trust. The focus groups mostly agreed on the importance of upholding privacy in reflection and only sharing when and with whom they felt comfortable with (paragraph 4.3.6.3). Educators should facilitate and provide support in the process of reflection of the students (Maas, 2015:358).

Interactions with family also played a role in personal development. Participants expressed the closeness of family and their importance in their existence (paragraph 4.3.5.3). They described how family bonds were important for them to preserve and how reflecting with family gave them a sense of comfort (paragraph 4.3.1.3). Participants indicated how they depended on family for support and guidance when they reflected (Moon, 2013:16).

### 5.2.2.3  Social media and reflective practice

Most participants preferred to keep their innermost feelings private and preferred to keep it in their headspace (paragraph 4.3.4.2). This preferred style was based on a sense of mistrust. Those who opted to use diaries or free-writing also kept it to themselves. Technology allowed the individual to become more creative in self-expression (Kirk and Pitcher, 2013:213).

However, not all reflection was done privately and participants expressed the value they found in public or peer reflection. Some participants indicated that their choice of reflective style was

dependent on its context. If advice was needed, participants would seek it out. Others indicated that they would use technology to reach out, such as texting short messaging service (SMS) or WhatsApp via their cellular devices (paragraph 2.2.5).

Participants in this study used mobile devices to seek additional information or make a text note or voice note as reminders for later use. This is supported by a study conducted in rural South Africa regarding the use of technology, which demonstrated the benefits for health-care delivery (Pimmer *et al.,* 2014:1400).

Professional growth was also demonstrated by the way the participants engaged with social media and technology (Duke *et al.,* 2017:8). Social events would be shared on a public platform, such as Facebook, but participants indicated that they would not divulge any patient related information on social media (paragraph 4.3.5.2). It could be seen as breaking patient confidentiality. This distinction of what gets posted on public social media platforms is related to their strong sense of professionalism and ethical requirements of keeping patients safe and free from harm (paragraph 2.2.5).

## 5.3    LIMITATIONS OF THE STUDY

Data collection for this research study was completed in only one group of students at one of the three nursing education facilities associated to the higher education institution and only one of the ten subcampus sites of which 3 are nursing education institutions. Exploring the experiences of students at other nursing education institutions could add more value or possibly a different perspective of the use of reflection. This could add to the transferability of the research findings.

## 5.4    CONCLUSIONS

This study explored the experiences of the 3rd year BTech nursing students regarding the use and impact of reflection. The literature revealed vast amounts of studies conducted in the field of reflection and the various forms and impacts it has on peoples' behaviour.

The result of this study was greatly similar to that of the literature on the subject matter. In conclusion, data gathered revealed that the use of reflection does have an effect in changing behaviour positively. Participants freely described their experiences and the changes it brought about in their behaviour.

## 5.5    RECOMMENDATIONS

With the exploration of the use of reflection amongst the 3rd year BTech nursing students at this nursing education institution the researchers' findings highlighted issues pertaining to curriculum development, teaching and learning and the educator's role. The significance of reflection, a concept planted in first year, needs to be nurtured to blossom into a well-rounded critical thinking professional. This can only happen if it is carried through to the following 3 years of training with the same amount of importance.

### 5.5.1    Curriculum development

Incorporating reflection in the teaching and learning practice should include guided reflection over the four (4) years of training in most of the major subject modules, as this would allow for the concept of reflection to be spread over the 4 years of training. Continuous encouragement and engagement in reflective activities will enable novice undergraduate nursing students to mature in moral development and cognitive development of their critical- thinking skills. Critical thinking and reflective nurses are needed to engage on healthcare environment and provide effective quality nursing care for patients. These critical-thinking individuals will also be able to engage as moral and critical thinkers in their social environments with family and friends.

### 5.5.2    Teaching and learning

A range of reflective practices should be made known to the undergraduate students who would identify one or two of these styles that they are comfortable with to continue using. Developing their own style of reflection allows the individuals to develop their own identity in their reflective practice. The nurses use this reflection to guide their understanding of their professional role in the nursing profession. It will also establish and maintain a model for lifelong learning, which is critical in the ever-changing healthcare environment.

### 5.5.3    Educators' role

Educators are responsible for bringing the practical area into the classroom. This requires the educator to probe the students on actions and consequences of actions during formative assessments.

Educators should be able to encourage and guide the students through the process by engaging with students by using assignments with a reflective aspect of self-evaluation. Scenarios can be presented in class where students can discuss and debate or predict the outcome of a situation.

The educator stimulates the notion of reflection and assists the undergraduate student nurse to identify and develop their own style of reflection by supporting and motivating the student.

The educator is tasked to be the student advisor and enabler, by implementing knowledge transformation and creating an atmosphere conducive to teaching and learning.

### 5.5.4    Incidental discoveries

Initial exploration of the participants' views on the use of reflection, yielded valuable information which was not directly posed to the participants. This was due to the focus group data gathering tool, which provided participants the freedom to express their thoughts and feelings (Polit & Beck, 2014:290).

### 5.5.5    Curriculum development

One of the participants indicated that the teaching of reflective practices should not end in the first year. He was of the opinion that it could be incorporated in the teaching and learning of the psychology and sociology modules in the second year as well. This was valuable information and has great potential in application.

Participants were of the opinion that during their second year of study reflection fell by the wayside and that they were left alone to develop their skills in reflective practices. This expression was in line with the researcher's impression of the use of reflection of the students at the nursing education institution. Literature supports the role of the nurse educators in stimulating and guiding the development of reflective skills (White, 2012:140).

### 5.5.6    Future research

The following areas for future research are proposed:

- A comparison between 1st or 2nd year to that of 3rd and 4th year students regarding their use of reflection in nursing
- The experiences and use of reflection of the nursing educators
- The experiences and use of reflection for clinical facilitators
- Guided journal reflection investigated over 12 months to establish the impact of reflection on education and learning of nursing students
- The inclusion of reflective practices in teaching and learning curricula and assessment practices.

### 5.6    DISSEMINATION

A copy of the thesis will be made available in the library to be accessible to all staff and students. Findings will also be published in an accredited journal to contribute to available literature on the subject matter. Research findings will be presented at the nursing education

institution to illicit further discussion. This study will be submitted for consideration to present a paper at a conference.

## 5.7    CONCLUSION

This study explored the experiences of the 3rd year students regarding the use and impact of reflection. The literature revealed vast amounts of studies conducted in the field of reflection and the various forms and impacts it has on people's behaviour.

The findings of this study were greatly comparable to that of the literature on the subject matter. In general, the use of reflection does have an effect in changing behaviour positively. BTech undergraduate nursing students freely described their experiences and the changes it brought about in their behaviour. Behavioural change experiences also echoed amongst the participants regarding experiences of reflection in professional and personal development.

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**APPENDICES**

# APPENDIX A: ETHICAL APPROVAL FROM STELLENBOSCH UNIVERSITY

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

**Approval Notice**
**New Application**

09-Dec-2016
Adams, Gayroun G

Ethics Reference #: S16/10/221

Title: The use of reflection in practice: the experiences of 3rd year Baccalaureus Technologiae (BTech) nursing students at a School of Nursing in Western Cape

Dear Mrs Gayroun Adams,

The **New Application** received on **26-Oct-2016**, was reviewed by members of **Health Research Ethics Committee 1** via Expedited review procedures on **22-Nov-2016** and was approved.
Please note the following information about your approved research protocol:

Protocol Approval Period: **30-Nov-2016 -29-Nov-2017**

Please remember to use your **protocol number** (**S16/10/221**) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

**After Ethical Review:**
Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.
Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

**Provincial and City of Cape Town Approval**

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel:

+27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.
For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at .

**Included Documents:**
General Checklist(Eng)_V2.1 April 2016.doc
2016 Abridged CV Gayroun Adams.docx
Synopsis of the proposed research. G ADAMS docx.docx
GAInformedConsentGeneralEng (00000002).doc
supervisor declaration.pdf
Proposal.docx
principal investigator decalaration.pdf
SIGNED APPLICATION FROM NEW PROTOCOL.pdf
2016 ABRIDGED CV L FURST.docx

Sincerely,

Franklin Weber
HREC Coordinator
Health Research Ethics Committee 1

**APPENDIX B: PERMISSION OBTAINED FROM INSTITUTION**

Cape
Peninsula
University
of Technology

Office of the Deputy Vice Chancellor:
Research, Technology Innovation & Partnerships
Bellville Campus
P O Box 1906
Bellville 7535
Tel: 021-9596242
Email: NhlapoC@cput.ac.za

26 June 2017

**Ms Gayroun Adams**
Klipfontein road,
Athlone
Cape Town
8000

Email: adamsg@cput.ac.za

Dear Ms Adams

RE: PERMISSION TO CONDUCT RESEARCH AT CPUT

The Institutional Ethics Committee received your application entitled "The use of reflection in practice: the experience of 3rd year Baccalaureus Technology (BTech) nursing students at a school of nursing in the Western Cape" together with the dossier of supporting documents.

Permission is herewith granted for you to do research at the Cape Peninsula University of Technology.

Wishing you the best in your study.

Sincerely

**APPROVED**
Chair Senate Ethics Committee

2 6 JUN 2017

Cape Peninsula
University of Technology

Sign ..................................

PO Box 1906 Bellville 7535 South Africa
086 123 2788

**APPENDIX C: PERMISSION OBTAINED FROM HEAD OF DEPARTMENT**

**Gayroun Adams**

| | |
|---|---|
| **From:** | Julia Davids <Julia.Davids@westerncape.gov.za> |
| **Sent:** | 06 July 2017 08:17 AM |
| **To:** | Gayroun Adams |
| **Cc:** | Betty Rafferty; Theresa Bock; Martha Leonard |
| **Subject:** | FW: Requesting permission to conduct Research at WCCN (Athlone Campus) |
| **Attachments:** | FINAL  PROPOSAL 2016 docx (3).docx |

Dear Gayroun,

Permission has been granted for you to conduct your research atthis campus.
Best wishes until the end
Regards
Julia


Mrs Julia M.Davids
HEAD OF DEPARTMENT :POST BASICS
WCCN
Julia.Davids@westerncape.gov.za
021 684 1216


**From:** Theresa Bock
**Sent:** 05 July 2017 13:01
**To:** Julia Davids; G Adams (gadams500@gmail.com)
**Subject:** Fw: Requesting permission to conduct Research at WCCN (Athlone Campus)

Dear Julie
Can you please assist in Betty's absence
T M Bock
Deputy Director
Metro East
Stikland Hospital
Bellville
Theresa.Bock@westerncape.gov.za

Tel 021 940 4567
Fax 021 940 4543
Cell 0836027097

**APPENDIX D: PARTICIPANT INFORMATION LEAFLET AND DECLARATION OF CONSENT BY PARTICIPANT AND INVESTIGATOR**

**TITLE OF THE RESEARCH PROJECT:**

**The use of reflection in practice: the experiences of 3$^{rd}$ year Baccalaureus Technologiae (BTech) nursing students at a Nursing Education Institution in Western Cape Province.**

**REFERENCE NUMBER: 14843900**

**PRINCIPAL INVESTIGATOR: Gayroun Adams**

**ADDRESS: 6 Beach Road,**

**Brooklyn**

**7405**

| CONTACT NUMBER: | CELL: | 078 760 3178 |
| --- | --- | --- |
| | HOME: | 021 510 1275 |
| | OFFICE: | 021 684 1322 |
| | E-mail: | gadams500@gmail.com |

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the research investigator any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines

and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

**What is this research study all about?**

At this school of nursing in Cape Town, South Africa, reflective writing forms an integral part of a module in the curricula for the first year of training undergraduate nurses and is known as the Academic Development Programme (ADP). During the ADP module, reflection is introduced to the students, by using various activities that stimulates and encourages the use of reflective writing, free-writing and journaling. Even though reflective writing forms an integral part of a module in the curricula for the first year of nursing training at this nursing school, the question about the experiences of BTech nursing students regarding their own use and application of reflective practices in their 3rd year of their BTech study remains unanswered.

The study is guided by the following question: What are the experiences of 3rd year nursing students regarding their own use of reflection in practice?

**Interview procedure:**

- You have been purposefully selected to participate in this research study
- An appointment date will be scheduled with all interested participants to conduct focus group sessions at a venue of the participants' choice.
- Sessions will be audio-recorded and transcribed.
- During the sessions, a research assistant will take notes and assist the interviewer to enhance the accuracy of the data.
- All participants will be given a pseudonym in order to enhance protection of identity and confidentiality, and thus ensure anonymity.
- Participation is voluntary and may be terminated at any time.

**Why have you been invited to participate?**

As a 3rd year student you have the knowledge and expertise of the skill of reflection. You have been exposed to reflective practices during your 1st year of study. Furthermore, you have had clinical practice exposure during your 2nd year of nursing studies, during which time it is expected and assumed that the learned reflective skills

are used and applied in your health care practice areas. These practice areas include health care settings, social environments and personal encounters.

**What will your responsibilities be?**

- Read this leaflet.

- Think about and reflect honestly on your understanding, experience and use of Reflection.

- Participate in the focus group sessions which could be between 45 to 60 minutes in duration.

- Complete and sign this consent form in duplicate. Keep one form for yourself and give the other to the researcher.

**Will you benefit from taking part in this research?**

The information provided during the focus group will assist the researcher to become more aware of the use reflective practices amongst 3rd year nursing students at the institution. This knowledge and understanding gained during this research study will strengthen the foundation of and encouraging the use of reflection within the nursing curricula for all students at this nursing school.

**Are there risks involved in your taking part in this research?**

There are no risks involved in this study.

**If you do not agree to take part, what alternatives do you have?**

There are no alternatives – either you participate or not. You may withdraw your consent at any time and discontinue participation without penalty. Participation is voluntary.

**Who will have access to your medical records?**

All information collected during the focus group sessions will be treated as confidential. The identity of all participants will remain anonymous at all times, including in any publication or thesis resulting from the study. All data will be locked up in a safe for a period of five years and will only be made available to the supervisor, co-supervisor and research ethics committee upon request.

**Will you be paid to take part in this study and are there any costs involved?**

No, you will not be paid to take part in the study. There will be no costs involved for you, if you do take part. You will be reimbursed for travelling expenses to the maximum of R50. Refreshments will be served.

**Is there anything else that you should know or do?**

You can contact the **Human Research Ethics Committee of the Faculty of Medicine and Health Sciences at 021-938 9207** if you have any concerns or complaints that have not been adequately addressed by the interviewer.

If you have questions regarding your rights as a research participant, contact **Ms Laetitia Fürst [lfurst@sun.ac.za; 021 938 9822] at the Division of Nursing, Stellenbosch University.**

You will receive a copy of this information and consent form for your own records.

**Declaration by participant**

By signing below, I …………………………….…………. agree to take part in a research study entitled "The use of reflection in practice: the experiences of 3rd year Baccalaureus Technologiae (BTech) nursing students at a Nursing education institution in Western Cape Province"

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ...............................…………. on (*date*) ……………..……….
2017.


Signature of participant     ………………Signature of witness……………………

**Declaration by investigator / Interviewer**

I *(name)* ………………………………..…….………… declare that:

- I explained the information in this document to ………………………………….
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*

Signed at (*place*) ...............................…………. on (*date*) ……………..……….
2017.


**Signature of investigator Signature of witness**

**Declaration by interpreter**

I *(name)* …………………………………………..……… declare that:

- I assisted the investigator (*name*) …………………………………… to explain the information in this document to (*name of participant*) …………………………………… using the language medium of Afrikaans/Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.


Signed at (*place*) ...............................…………. on (*date*) …………..………2017

**Signature of interpreter**………………  **Signature of witness**……………………

**APPENDIX E: INTERVIEW GUIDE**

**SEMI STRUCTURED INTERVIEW GUIDE**

**Title: The use of reflection in practice: the experiences of 3rd year Baccalaureus Technologiae (BTech) nursing students at a Nursing Education Institution in Western Cape Province.**

You have been trained in reflective practices during your 1st year of BTech Degree training in your ADP module. Examples of reflective practises you used where reflective writing, free writing, keeping a diary, journaling.

1. Can you tell me what does reflection means to you?
    - (Probing words: own definition, looking back, reviewing actions, critical reasoning, critical thinking)

2. Tell me how you have experienced the use of reflective practices
    - (Probing words: in classroom, in clinical areas, hospitals, clinics, in documenting patient care reports, interaction with patients, care giving to patients, engaging with superiors and colleagues)

3. Which practice did you find most suitable to your style and why?
    - (Probing words: Reflective writing, free writing, keeping diary, journaling)

4. Does reflecting on the experience of a difficult situation help you in anyway?
    - (Probing words: generate more ideas, new insight into the situation, assist in future actions or reactions)

5. What are your views about the use of reflection in other personal situations?
    - (Probing words: social interactions with friends, interaction with family, religious practices, any other personal situations)

6. What place does reflective practice have in the nursing profession?

7. What is your opinion about using technology in reflective practice?
    - (Cell phone voice recordings, Facebook, blogging, vlogging)

**APPENDIX F: EXTRACT OF A TRANSCRIBED FOCUS GROUP INTERVIEW**

| | | | |
|---|---|---|---|
| **NAME OF AUDIO** | : | **VOICE 0018** | |
| **DATE  OF AUDIO** | : | **11:07:2017** | |
| **LENGTH OF AUDIO** | : | **1:46:48** | |
| **TRANSCRIBER NAME** | : | **CYBER TRANSCRIPTION** | |
| **TRANSCRIPTION LEGEND** | : | **RESEARCHER** | **R** |
| | : | **MODERATOR** | **M** |
| | : | **PARTICIPANT 1** | **C** |
| | : | **PARTICIPANT 2** | **E** |
| | : | **PARTICIPANT 3** | **Z** |
| | : | **PARTICIPANT 4** | **X** |

R        All right fine. So the other... thank you so much once again for doing this, and I have explained, remember whatever you say, there is no right or wrong answers today, it's only about your experience, so everybody has their own unique experiences and we're looking at that. It's not about you want to say what he's whatever comes to your heart and mind, that's is what it is about. So I'm going to facilitate and my job is just to engage the interaction, guide the conversation, keep you guys on track, keep time, because remember we said you guys have to be somewhere, and ja. Then M over there, she's my assistant, she's moderating me, she's making notes, because as we talk I don't have time to make notes; and at the end I'll ask her if there's anything she wants to ask, and then, and she'll also read back to us so we have an idea, if what we said, if it what we said, or what you said and what she recorded what you said, is the correct information, so we'll do that. Just some rules, like I said, have the cell phones off, and if you have to take a call, you just have to take it outside though, and all discussions that we have here is really confidential, okay, because we've agreed, I have to see if you all agreed, we'll keep it confidential, it won't go out of this room. "What happens in Vegas stays in Vegas?" (*Laugher in agreement*) All right, fine. And we're going to respect one another, we're not all going to agree on the same thing, but the purpose over here is not to argue about stuff, it's just to share your experiences, and if one person can speak at a time it will be great. So what I have in front of you are the questions I'm going to ask you, and I'm giving it to you because of there's no surprises, there's no catch out. So if you already want to make a note of something that you want to add and so, you're welcome to use it and when your time comes, just talk about it. So that is why you have the questions, all right? It's quite transparent. So before we start, any question?

         ALL responded in unison …      No.

R        All right. No questions, fine. Then I'd like you to just introduce yourself and maybe just say, what was the last clinical place that you worked at. All right, you can go C.

C        I'm C and I'm a third year student, and my last clinical placement was at ▮▮▮▮ Clinic, ja ▮▮▮▮ Clinic.

| | |
|---|---|
| R | Okay. |
| X | I'm X, I'm third year B Tech student, originally from Eastern Cape Port Elizabeth. I just came here in Cape Town just to pursue my studies, nursing science degree, I'm a third year student here in... |
| R | Thanks is it X▮▮▮▮ you said hey? |
| X | X▮▮▮▮. |
| R | So what was the last practical clinical placement you worked at? |
| X | For me Ma'am, like I can say it was not fully enjoyable to language barrier, you know ja because I was placed in an Afrikaans space, whereby you find out the patients, like a lot of them they do not like, understand English, ja and the Sister that was supervising me was Afrikaans speaking, so they interact with Afrikaans, so they, even if they explain, they will explain it in – you know mos, you can say something but if have to go with the chain. When it reaches the person, it is not believed. |
| R | It is something different? |
| X | Ja it will be different. |
| R | Can you tell me what was the name of that place? Not that I want to... |
| X | It was ▮▮▮▮▮▮▮. |
| R | Was it ▮▮▮▮▮▮▮? |
| X | Yes. |
| R | A clinic, was it a clinic? |
| X | Community Health. |
| R | Community Health, okay. Thanks X. Z, introduce yourself? |
| Z | I'm S, I'm also doing third year B Tech, here, W▮▮▮. My last clinical placement was in... I'm not sure if it's only clinics or we can also include hospitals? |
| R | Any place where you last worked in the practice, you know, that is the idea. |
| Z | Oh, in practice. Okay my last placement was in ▮▮▮▮▮▮▮▮▮ ward, I was working with those patients that can't stand trial but now they... |
| R | Yes, awaiting the date? |
| Z | No they're not necessarily awaiting their date but they are State patients okay, because they've been found incompetent to... ja, stand trial or go to prison or anything, but they committed a serious crime, maybe killing someone or all those crimes of that nature, and rape and all those... |
| R | Wow! |
| Z | Ja so my last placement was there. |
| R | Okay thanks for sharing. |

E        I'm student ▮▮▮▮▮▮▮▮, originally from DRC. I'm a C▮▮▮ student, and er... I've been here already for 4 years. My last clinical placement was at ▮▮▮▮▮▮▮ Hospital and I worked in ▮▮▮ and it was Emergency Psyche, Psyche Ward. And in that ward we have psychotic patients who have different problems like schizophrenia, mood disorders, sexual disorders, yeah those kinds of problems. Ja and I was there for my short-term placement.

R        Okay. Thank you so much. Thanks for sharing everyone, it's just to get to know who, where you're at and what was your last experience when you practiced whatever. So you've been trained at as I've said before, in reflective practice and it's your first year, in the AD part of the ADP model. What does ADP stand for again, I'm not sure?

Z        Academic Development...

R        Development Programme yes, that was in your first year, and they've taught you some reflective practices which was for example how to do reflective writing, how to write freely, free writing they call it, you were taught how to keep a diary, you can remember, and how to journal. And that's all part of how to do reflective practices, so the idea is to talk about that, so maybe if, Z, maybe you can start and tell me what reflection means to you, and we'll go around the table and just see what we all, we all feel the same.

Z        Okay, for me reflection is er... keeping track of my everyday life, like when in the evening, when I go to sleep and then try to think about the events of the day. And sometimes it means er... when something happens in a ward, because sometimes we work in very busy wards, and then a doctor or a senior staff would say something and at that time I will not, you know, fully give my attention to that, but when I go to tea time or lunch and then when I sit down then I'm trying to think of the events that happened during the morning or in the afternoon, then I would go to that particular thing and then I would let my mind go show it what happened, what I could have said or because my first year I was always in trouble, I was always like being reported, then the ward, from the hospital, they would send an email to the HOD, Z did this and it was wrong, so for me I would not necessarily did it in my first year, but now when I think back I'll be like, maybe I could have done this better, so reflection to me means going back.

R        Ja.

C        Reflection for me would be stepping back from a certain day or a certain event that would have happened to me, and see myself through that, playing through that specific event, and taking pieces out, things that I could do differently like Z said, and searching for solutions for better ways I could have handled it. And going through the day with... going through the emotions, going through... because for me reflection would be that if I went through something terrible and I reflect on it, I want to get over it, so I would go through that emotion again and just to get over it so that I can move forward.

R        Anybody else? Thanks for sharing C.

E        Reflecting for me also is also stepping back from what you did during the day, during your meeting with all the people in the ward, what you have been doing for your patients, and in that time when you are alone, you try to – to see what good experience did you see, did you experiment with that experience, and not only the good, the bad experience, and how you can do to better manage the situation than what you did, and be it implemented in the ward. When you reflect, when I reflect

on something, I try also to... to sit and see, is this method which has been implemented by the previous people, is it the only way we can do this, and from that I can write something and go and ask the expert, or ask other people if what I wrote is correct and what has been done is correct. So we can carry on with new, or er... carry on with that, that experience which has been implemented, or carry on or wait until there's a new event of doing something, will be carry on.

R       Thank you. So Mr X you've heard everybody else's now, do you want to add to that or your own interpretation?

X       Well I can say like it will be much similar as I can capture there. To me reflection it means like the evaluation of the recent tasks or event which gave me the opportunity to identify where did I miss, or where did I perform poor, or where did I perform good, so that a similar mistake or problem may not happen in future. I don't know actually if you catch me a little bit?

R       Yes, yes, that's good. So I get from all of you that you say you use reflection as a feedback and evaluating and like you say looking back at where mistakes was made, or not mistakes, but how you've done something and how you can improve on that. So that brings us to the second question I would have asked you, so where in practice would you have used it, but I think all of you referred to an experience in practice, you're saying the senior people, you say the work, but if there is anything else you want to add on that, for example where you used reflection maybe in practice you're welcome to share, specifically in the environment, the working environment.

X       Ma'am as we work in the general wards sometimes in hospital, you find that in the general ward, they go with a daily routine. So as you... as you have been placed in there, let me talk about myself, I was placed in there, you see at Somerset Hospital, and then there I was given a task you see, that I should do a blood pressure. I went to talk about when I doing my first year, when I was doing ...(Indistinct) I was allotted with a task to do blood pressure daily and to report abnormalities to the Sister in charge of the ward, but what I will do, I was going to do the blood pressure and if I'm not even sure that time, because I was not totally clear with the abnormalities, what I was going, like what I was doing there, I was just maybe tell my colleague that this is what is happening. And that thing it continued, so when I was out there, when I reflect back, I said Hey, no man that thing I was doing, it was wrong. So that thing, like I did reflect, so reflection gave me the opportunity to identify, you see, where I did poor.

R       Yes.

Z       Okay for me, okay I will reflect on my first year. When I was – my first placement I was in ████, ████████████ Hospital, so I was placed in a medical ward in ████ there. So what happened on my first day when I walked in, the Sister told me no, go back home, you are not supposed to be here, you are only working tomorrow. So I didn't have money to come back, and then I was asking my colleagues for R10 to go back, so I was borrowed money and then I came back. So the following day I went back to the ward, but that, to me, gave me an impression that maybe the Sister doesn't like me. But then, okay you must remember it was my first day, so the Sister didn't even know me. Then when I went back the following day, I was... they didn't orientate me on the ward, so I didn't know where, what is where, so I was looking for a key for the linen room store, so I was asking the Sister, did you see, do you perhaps know where the keys are? Then she said to me, 'no you've got big eyes, why you are not looking for it?' So I searched and searched, and then I found it. In the afternoon when we had to do the turnings again, so I

was... when I went to the place where the keys were, the keys weren't there, so the Sister was forever on the phone, so I was, because I didn't want to go to her and ask her, because she told me that no, go find it yourself. So I was... and then she said,' why are you busy fumbling in the nursing station?' and I said 'no I'm looking for the linen room key,' and then it was in her pocket. She took it out and then she threw it to me. And I was so angry! I thought, you know, I'm going to get you. So then I took the key and I started doing the daily work. And then in the evening she left, because she was the Operations Manager, so they leave at 16:00, she left and then in the evening the staff nurses they were telling me to do an admission, and then I couldn't do an admission because that was my first placement, then I told them no, I couldn't do the admission. And then the staff nurse got angry, you know what, you're going to leave this patient on that chair, and then I said you have to supervise me, and then she said no, you are, how many weeks are you here, this is your second week, you should be able to know how to do the admission because our first week I was at ward ▮, but that was my first day there, and at 17 there are no admissions. And because I was angry, for something that happened during the day, I told her; 'no I'm not going to do this, you can leave the patient on the chair, she can sleep there and die there, I don't care.' And then I left. So she reported me to the OPM and then in the morning the OPM, I went to the file in the morning, we're supposed to do a wash, a full wash, so I went to the files there, because we were told that before you wash a patient you need to know the diagnosis, because that was the procedure for first years, so I thought okay before I'm doing the full wash, I'll go to the files, but that's not how it's done mos in the hospital, you just go to the patient, you don't even greet, you just wash the patient, but for me it was my first time, so I didn't know. So I went to the files, and the Sister, the OPM, Hey, hey, what are you doing there, come back! And I was angry, because yesterday I told myself that I'm going to get you, and then I went away and I said, listen here if you want to tell me something, you don't scream your lungs out, you come to me or you call me and I will come to you. Yo she was angry, she started saying things in Afrikaans and then I started in Xhosa, and then it was for the whole, you know, and then she called me to her office, and from the office the rest is history, it was just a mess. So they kicked me out of the placement and said, you will never work in ▮▮▮▮▮▮▮ again, and then it was a whole lot of disciplinary actions and everything and everything, and the HOD asked me, what would you do if we said you must go and apologise, and I said I can go and apologise. And then she asked me, would you mean it and I said no, I'm not going to mean it, I'm going to do it because you say I must do it. And then she said, what happens if we kick you out of the nursing profession? I said no you can kick me out of the nursing profession, I don't at this point, I don't care. So she said no we're going to refer you to the psychologist in Bellville, and then from there and then, so I went to the psychologist and the psychologist said, no but this student, she was not necessarily wrong, but it's just she needs to work on her emotional intelligence because the Sisters there, they were pushing her and she's a first year, but she could have handled the situation better. So that was my first year. And then my second year, there was a staff nurse, so I couldn't go back to ▮▮▮▮▮▮▮ so they found me a placement in ▮▮▮▮▮. So my second year there was a staff nurse similar to the OPM at GSH, and I would be angry, but I would think of the, you know, the events in ▮▮▮▮▮▮▮, and then I developed now a style how to handle it. When I'm angry, someone does something to me, I would go to a particular student, a very quiet one, ask her out, and then I would tell her how I feel and all of this, you know, just give it all out, and then go back to the ward, but that was my second year. So it continued, and ▮▮▮▮▮▮, she is in our class, she knows, I would end up and say it happened again, and she wouldn't even say "What", because she knows I'm about to lose my temper, and then we would go out and I'd tell her, you know how I hate her, she is like this, she is, you

know, I would say all these things. And then, but towards the end of the year, when I said, it was, I think we were having a sort of a break, but we were not in hospitals and we were not in class. So I was thinking, you know, I can't go on like this, because it's making my placements er... unpleasant, because if someone, if a particular person says things like this, I will go all angry and then I will tell myself I'm going to get you, I'm going to... you know, I would say all those things. So for me placements were not nice, and hence I stayed out of work all the time, I didn't want to go. So I though the other day, how would it be like when I do what I'm expected to do, and not have to argue with someone else? And if I know that what I'm doing is right, the person would come to me and they would shout all they can, I would tell them, you know I'm busy doing this, and once I'm done with this I will go and do that one, so if you have got a problem with that, you're welcome to go and report me to your senior. And from that day I never got any problems, all my placements, it's just nice, and everyone would be like, Yo Z, you know, so for me now it's changed to that.

R          And as you say – thank you for sharing that – it's all because you reflected back?

Z          Yes.

R          And thought about, looked at the situation and thought, what could be done about it?

Z          Ja.

R          It's amazing. You were going to add?

C          I want to add, everything they said is... because in first year you – you bump and you fall and you make mistakes, but further in the years, like now in third year and if you look back what you did in first year, you sometimes ask yourself, now where in your right mind would you even think of doing something like that? Was I blind, what? And all the knowledge is there, but you don't take it in all at once in your first year, because you're trying to find yourself as a person, and then you have to try and find yourself as a nursing student, and it's very difficult sometimes, because the Sisters at the hospitals don't make it easy for you. Because they know you're first year, but yet they treat you as if you're supposed to be fourth year. And sometimes I don't understand, because I think, or sometimes I ask myself, weren't you also a first year student, you're supposed to know exactly what we're going through, why are you trying to make our lives difficult by doing this, or torturing, and skelling, even though it's our first time we're doing it, but you make it difficult. But you have to reflect back and especially now, third year, you do things differently because you think back of how you did it in the first year, but now you'll change your ways, you're doing it better.

R          Ja.

E          Ja the more you grow the more you get experienced, the more you get knowledge. Here, my last placement in ████, I was in that psyche ward, and the way that they were treating one patient, I was reflecting on that. It was a female patient, 21 years old, and it was a... it was sleeping time, and the patient, when it comes to sleep, they said (*Hand clap*) come, even if you feel that you won't be able to go to sleep, the Staff Nurse was the one allocated for that task, was come and clap, everybody must go to sleep.

R          That is, the patients must all go to sleep?

E        Ja, male and female, males must go in their beds, the females in their beds. And that Staff Nurse came and she said, you don't know how to sleep? And the patient said, I don't feel like I can sleep now. She said, you must go sleep now! And I was standing near to the patient, and she said is it because this (*laughter*) this young man, this young boy is standing next to you, now you don't want to go to sleep? She said, why are you saying that? I was standing there and I said, okay let's, can you please just give her a chance, maybe she'll go and sleep later. She said you also, you have to leave the patient and go, and sit somewhere maybe at the nursing station. I said it's fine Sister, its fine, and the patient said I don't be able to go to sleep now, it's not, I don't feel like I can sleep. And the nurse wanted to – to take the patient by force and go and sleep, and the patient said please (*laughter*) if you want me to respect you, I'm in a psyche ward, but remember, I'm fully awake now, I'm not – I'm not like at the time when I came in this ward, please don't touch on me. And I felt a little bit angry, and later I came back to the Sister, I said – to the Staff Nurse, I said what you did there, it was wrong. And as a student I can tell you, because I'm not at that level I was at first year, I can tell you it's wrong, because even you, if someone tells you go sleep now, you can't go and sleep because you don't feel like you can sleep. And remember, this patient, when the patient came in, the patient was a little bit psychotic, she couldn't remember where she is and what she's doing. Now the patient is fully awake, her mood is orientated and she, her mind is on the right way, so you're not supposed to force someone to... to go and sleep. You could ask, do you – if you don't want to go and sleep, go and sit in your bed rather. And the nurse said to me, you, you come in with your theory from school here, remember this hospital has no rules. And I can report you to the manager, but you're still a student. I said no it's fine, you can report me, I don't care. Later the patient called me and said, I won't – because that patient was a medical student, can you please sit next to me because I'm feeling like to best, can you please sit next to me and listen what I'm going to tell you? I said yes, no problem.  She said I'm going to tell you something, since I'm in this ward, I've been in this ward for 2 weeks, I came as an involuntarily patient, which means someone who came in not by her own, and then I was very psychotic, now I'm aware what I'm doing and in which ward I am. But can you tell me if all the nurses treat the patients like they were treating me this time? I said, please carry on. I asked her why are you asking me this question? She said I'm asking you this question because yesterday's day team, all the nurses were very, very respectful, they could talk to someone very politely, and if you don't like some things they will ask you and please er... please respect what the hospital wants you to do, but if you don't feel like to do such please go in your bed, but this one wants to show me that she is capable in the hospital, but I'm going to show her also. I said now listen to what I'm going to tell you. In this hospital we have different levels of nurses, and those nurses have different knowledge, but please don't take each and every one like you're taking that one who is trying to force you to not like. And the patient said, now I'm in my third year, I'm medical student, I think I will come back and change everything in this hospital because of this nurse. I said to her, I hear what you are saying, I know you are angry, but please respect her and take into consideration what she was saying, but even me I was not happy. She said, she suggested me, please go and have it down when you are writing your feedback and please send that feedback to the manager, it will help you in your career and in your...

R        Development?

E        Yes, evaluation. And when I arrived home I sat and I was thinking now, according to our psycho-social to a patient, that nurse, what did she do for that patient? She was the one who could put that patient to... to not er... to not feel her warmth in the hospital, so when a patient is in the hospital it's not only for treatment, it's er... you find in real life, you can't brutalise someone when it's not the time to do that. Ja that's one of my experiences.

R        Thanks for that. Thank you all for sharing, you must tell me if I'm right or wrong, but I get from that, because you all spoke about I was a First Year and I'm there, so it shows that reflection helps you to look back and what I get from that is that what reflection does for you is it helps you to think critically and it's developing critical reasoning, which is important for maturity that you also can put yourself in the place of an individual. And that is naturally what reflection sometimes does for us and that's good to have. So I want to take you back on another line, because our time is maybe going quickly now, I did give you examples of the types of reflection you were exposed to like diary keeping, journaling, free writing and also reflecting, reflective practices, so I want you maybe to select or tell me which one of those best suits your own style and why you would naturally lean towards that one. Anybody is welcome to share.

C        I am more... what do you call that? It's a type of writing, er...

X        I didn't hear the question, sorry Ma'am.

R        No problem, I'm saying, like remember the types of reflection activities in your first year, which is reflecting, reflective writing, free writing, diary, keeping a diary and journaling. Maybe select which of those best suits your style and that is what you're practicing. And if you are practicing, is it one of those or is it something that you've developed?

C        I think I'm free writing most of the time, I tried diary, it didn't work. Free writing is more my style, because if there's a certain event that happened that day, I would write it just as it is that day and I won't continue the next day, continue. And I'm a very descriptive writer, ja that's the word I was looking for, I'm very descriptive in the sense, I would always, the last detail I'll write, and it works for me because my last placement before clinics was at █████, █████████, because we had very psychotic patients, it was a 72 hour hospital, the ward, meaning if you're just diagnoses with schizophrenia or bipolar, you would come there and they would do the 72 hour assessment check, if you are on drugs, when the drugs has pulled out, are you still psychotic or – and I loved that because it was fast-paced and there wasn't much time for reflecting but when you get a moment to sit down, because we have reports that we write during the day, so when you sit down and you write, that is actually the moment you're reflecting, because now you write what has happened to the patient during the day, and er... because I got beat so many times by a patient throwing me with something, and then as I would write whatever happened and the event that took place, how it started, where it started, what triggered the patient, it makes you reflect on what you could have done differently in order for the patient's reaction to be different. So the free writing worked for me.

Z        Well for me, I'm a person that always loves to write, so when I write in, I would write this very long you know...

R        Story.

Z  But now as the years, you know, from second year to third year, I've developed this urge to make a recording and then record myself. I would just say it all on my phone, and then because I'll, you know I love making stories, so I would try to imitate all the characters, how you were saying something, and how I felt. So for me now I'll just, I will take my phone, make a recording and say it you know, all of it, and then I will listen to the recording again and then laugh if I need to laugh, or it will just make me angry again. And if I don't do that, I would tell my friends, because for me everything that happens, I would always go to someone else and repeat it. So at night when I come back from the services, because they would always go to my room, they know I have something to say, I would tell them, you know this happened, and when I'm saying something I'm very descriptive, I want to go to the last detail and how you were looking at me when you were doing something, so I would say to my friends, [and that's how I'm reflecting], if it's not my phone then I'm repeating to my friends. But I don't really have time now to write it all down, no. Sometimes it gets very busy, but I'll definitely reflect on it.

R  Thanks Z…, I like that because even I was thinking, in the technology age that we are, how do you guys feel about reflecting with technology, I mean there's blogging, and ... blogging and Facebook and... maybe just speak about that? How do you feel about technology, using technology to reflect? And I know you've now said, but you're welcome...

Z  It makes life easy, for me when you go to your phone, make that recording even if it's on Whatsapp, and you send the recording to your friend, and then she sends the recording back, you know because we don't really have time to sit and then make all of this writing. Because most of the time I'm on my phone, so it's easy for me to do something on my phone.

R  You go.

C  For me it's – it's easy and difficult in a sense, because if I have someone on the other side to reflect with, that's my sense of being easy, then I can reflect to that person, and I will tell them exactly what, because if there is someone else to send a message to then I tell them exactly and this is how I felt, but in the same breathe I'm saying that, I'm solving my own... my own situation. They say nothing, I'm just sending my feelings and everything, and in that same breathe I'll be like, but this I could have changed and this I ... then you're sorting yourself out in that same moment. But reflecting like on social media I wouldn't advise, because sometimes people use it to their advantage and they will try to get you back with that certain information that you've given them, but if like the notebook on your phone and you can use it to write quickly because as she says there's no time to take a pen and...because you're chatting and you're busy with something, and then you get a thought and then you can just go to Notebook and write it down, because its personal, it's on your phone and no-one will get it, so it's a 50/50 for me.R  Mr X you were going for it?

X  Yes Ma'am, to me I mean reflecting on social media, I view it very essential, as er... it is, I mean it is capacitating the friends, the citizens of the nation you see, about the life experience that one is experiencing, so that the nation become aware of what is going on, you see, yes to fellow citizens, you see? Hence I am saying that it is very important to reflect on the media, so this technology is assisting us. Really, really, really.

R  Yes I hear you. E… Do you feel the same, do you use technology like that?

E          Yes you see, as I'm here I know what's going on in my country, in my city, so technology is very, very interesting, because you'll see everything that's going on, via Facebook, via Whatsapp, via Instagram, so it's very, very important and you'll reflect more and you'll see other comments which are very, very more mature than what you – you wouldn't even think about.

R          Okay. Anybody else want to add on?

Z          Ja, and sometimes when you reflect using maybe your Facebook ne, and then you reflect on a certain event, some people will give you the positive side of the circumstance, you know? As I was saying what the Staff Nurse at ████████, as I learnt to work with her, I also realised that no she's a person that wants to teach you and she always wants you to know what is right. But for me at the time I always like took her negative, because I was thinking of the OBM in ████████ so for her, but as I got to know her, no she's a very nice person, not necessarily the person that I thought she was. So when I was reflecting back on what she did on my first placement, no she was actually helping, because everything that she taught me, I still know it now. So when you reflect on the social network, other people will tell you, no can't you see this person is trying to teach you something? And then you'll be like, oh. Even if you don't acknowledge it at that time, when you think back, you're like oh okay, you see? So some people will give the positive side of things and then obviously the other one they will give you all the negative stuff, the one that you want to hear, so it's...

R          So if I get from you, even though reflection is such a personal thing, you guys are quite comfortable with reflecting on social media? It's not like oh my word they're going to know how I feel about it, nothing, no fear like that at all? ALL simultaneously agree …No.

Z          That's how you use, the times that we are in now.

E          Let's say for example me, last time in Congo a very popular musician died on the scene when he was dancing, and via social media, people commenting and saying no, and no people we must grow up and how can someone can just die dancing there and there is no-one can guess, where was the emergency team, no-one could phone, no-one could do this, and from that I hear people are aware what's going on in other countries, ja.

R          Does this reflective practice that you have, does that flow into your personal and social interaction with friends and family?

              ALL     enthusiastically agree …Yes.

R          And how?

X          Ma'am I can say that you know, I want just to respond to your first question before what you have said now, that I want just to say that it depends on your situation as you asked that how does it make us to talk about our like, personal, ja, things, and I'm saying that like it depends on the situation you see? It is the situation that will determine, you see, that should I maybe do it in a public perform or should I keep it on a professional, speaking with a private and on a professional friend, or a close friend, you see, it depends on the situation. But er... in terms of er... what are the questions that you were asking again?

R          The second one?

| | |
|---|---|
| X | Yes the second one. |
| R | Was about, do you use this practice in your social environment, with your family, your friends as well? Reflecting, the practice of it, do you use it like that? |
| X | Yes. |
| Z | You know, I was, it was very interesting in a way for me, this weekend I've got a friend, she's also in my class, so I was bored on Friday, so she told me, she told me no, I mean can you come to Vangate? I went to Vangate, I thought I was going to buy myself a big cake because I was a bit depressed, but then when we got there, there was all this stuff about makeup, I wanted makeup, I wanted lipstick, I want... so you know, so but we ended up going to Cape Town. So we were sitting, she invited her friends, there were maybe six or eight of us, we were in a table. Everyone had a phone, we were all, you know, chatting, there was little conversation going on around us, everyone was on her phone. So I was checking her status, she was writing about how she was not really happy about her life and all that, you know? So we were all on the table, we were all commenting on what she wrote. |
| R | Wow? |
| Z | But we were still on the table! So that's how to us in this age, technology is, you don't talk too much when you're... you're just on your phone, on your phone, and we would be chatting with one another but you don't really make that conversation, but you're doing it on your phone. |
| R | So you mean it can still stay personal, even though technology is the way you use it, that it can still...? |
| Z | Ja it can, it can still stay personal. |
| R | Really? |
| C | For me, I use it a lot. Because of reflection I have a very small circle of friends because of decisions they made and decisions that I made, and reflect that this is not going to get me anywhere in life, they're just going to hold me back. Three years ago my parents divorced and reflection helped a lot to overcome it, and you, because it changes your way of thinking of your values, your norms, because it's a commitment and then it broke, and then you need to think, what does this mean for you, how do you see it, so I – the family and friends we would always communicate and then they would say, it shouldn't change your way of life now, because it just happened now, your values and your norms are still the same, but just because this happened now, it seems as if it's changing, so it helped a lot. |
| R | Reflective practice? |
| C | Yes. |
| R | So do you guys thing reflective practice has a place in the nursing practice? |
| X | No, it's helped. |
| C | I think we should use it every day. |
| Z | We should use it every day. (*Laughter*) |

E          It make us good nurses,

X          because you know what, what I like about reflection, I like to take my theory and revert it to practice. You see, what I mean we work in services, so it is very helpful when it comes to nursing, because you learn something and you say Yo! Let me see, and then you want to reflect it in practice, and it grants you the opportunity to discover like the differences, or improvement, you see, compared to what you have learnt, you see, on your desk book or in class you see? Yes it does got it's place in practice. .

R          You're emphasising that maturity that comes from reflecting, but I wonder if when you were in your first year, did you have this understanding about how reflection can be so valuable?

           ALL agreed…No.

R          You were just doing it because they say do it?

Z          Not at all.

X          I remember, no Ma'am, remember that as individuals, remember that we think according to our level of exposure. You see, so in first year we were not that much exposed, you see, to things?

Z          Ja.

X          So at least now we are so exposed, hence how we were able to, to do our reflection, you see?

R          Yes. I wanted to ask you a last question but I see you were going to comment on something?

E          Ja as he said, er... the more you're exposed to see something, the more you're going to be used to do it. In first year, when we were exposed to patients, we were even afraid, ...(Indistinct) when a patient calls you for I need your help, even to take him to the toilet, you are not even of how, what kind of problem that patient can have. Sometimes the more you get information the more you know, huh-uh I can't do this. Some patients can put you into trouble, ja, you remember er... when a patient for example want to tell you, hey can I go and smoke, whilst it is not even one of the rules of the hospital, in fact you can say no you can help yourself, while in fact you don't know, you don't know the rules of the hospital. (*Laughter*). Now a patient can't tell you, can I smoke, can I take my cigarettes, you just tell him huh-uh, remember you are under this kind of treatment and you... we have oxygen here, you're going to make big trouble for this hospital. So the more you're exposed, the more you have theory, you would think and you'd get a good reflection practice.

R          Yes.

Z          And with what I've noticed with my psychiatric patients, you are scared of the patient because anything, they can slap you, they can do... so but then there is you know, the profession, things you can do and cannot do. So a patient will come to you and want a cigarette. You know you're not supposed to allow the patient to smoke, but then you are, at the same time you're scared, but you don't want to show the patient that you, you know...

E          Skip it.

Z       Mmm, for me that happened, that happened a lot. So it happened on my first day, I ended up saying to a patient, no but make sure no-one catches you smoking (*laughter*). So I allowed the patient to go and smoke because I didn't want him... and he was a very angry person, so I said just make sure no-one allows you. And then the following day he came, he wanted my cell phone number. You know, I gave him my number, and I gave him the right number, he's still on my Whatsapp now. So as I was reflecting in my room, I thought no, you know, let me be in control of the situation. I can, at the same time, tell the patient no, in a manner that the patient will not be angry. So when I went back to the ward, I went to the patient, a patient will come, oh I need a cigarette Sister, and then I will tell them, you know what, this is High Care, you're not smoking mos, right? But when you go to Ward 4 and 7 they allow patients to smoke there. It's just that you need to pass this stage. So you need to behave, when they tell you to eat, eat your food. When they tell you to interact, don't stay in your corner, just interact. So the patient was like, so how long am I going to stay here, and I said no you won't stay long. And you'll be surprised, when I went back for my long-term placement, some of them, they were like... with my long-term placement, they were in Ward 4. Yo, you helped me Sister. I said no don't be angry, just behave and then you will go to Ward 4 and you'll smoke 20 cigarettes per day. So now when I went back, they were walking around, smoking, you know, you helped me, Sister, I was just cooperating, you know they're fools, but then I wanted to go. I said ja they're fools, but just do what they want you to do. So ja reflecting sometimes it can be helpful, also for your patients.

R       Yes.

X       Can I just add here?

R       Ja sure.

X       Like I want just to talk about the reflection, and specifically in the nursing profession, and how it has developed me and assisted me, you see, in that regard. You know I want just to, on first year we were taught about history taking, the importance of history taking, and value, and valuable expense of history taking, we must make sure that we capture when we are viewing the patient and taking that history. You see, now when I was on practice, when I reflect back to the important aspects, you see, of history taking that we were taught in class, that thing it makes my history taking very genuine compared to other students, even the Sister in charge you see, like he was very impressed you see, with the way that I took patient history, because of I reflected back on what I was taught in class in 2014 you see, that's what assisted me. Although I am still in a third year and last year I was in a third year because of I was suspended, ja I come from suspension, due to leading a strike (*Laughter*) but now after everything, I want to be in the fourth year, because of...

R       Ja that's not, that's not – ja.

E       Ja, more about reflecting, when we're sitting with our senior nurses or our senior colleagues, we also reflect and we talk about what is our career and placing, and sometimes I – when I'm alone I think maybe I chose the wrong career because won't this sometimes... all the time people are suffering and people are sick, and ja my last time I was at ▮▮▮▮▮▮▮ (hospital), they gave me a patient to do dialysis, and that patient was a psychiatric patient, and on my way I was alone, there was no security, all the security was busy, and I was thinking, this guy, he's a drug addict, he might punch me on my way, and

then I was thinking, oh my God, and then I went on the dialysis ward, and I was there, I was thinking, what am I doing in nursing really? And then I met a dialysis nurse, he said you guys in psych, you're lazy, you only come to accompany the patient just for that, why shouldn't you stay in the ward and tell the patient to go alone, because the patients know this place. I said how can you tell us we are lazy? He said yes, you guys you are lazy, we know you guys at psych wards. And then I asked him, what can you advise me as a young nurse who's still on their studying, he said no, I would say yes to you guys, after you've failed your fourth year, don't specialise in psych, because it's for lazy people. And I'm thinking, is it true that psych is for lazy people? I said now tell me, what do you think the health is more important than the psyche, because now with us, psyche nurses, we not there, how could you handle this patient if we weren't with? He said, look here, us we work near to the patient, we know what we're doing, you see? And he was trying to show me, before you become a dialysis nurse, because it's a speciality, first you have to work in intensive care for 2 or 3 years, and I said for me I never worked in intensive care, how am I going to be able to handle someone in intensive care? He said ja, now this is your reflection for you, go and sit and think if you are able to manage or to take care of a patient in intensive care, and I said yo, intensive care is someone who is... and I was thinking, uh-uh intensive care is someone who you really have to go and sit with him and ask him more questions about what is intensive care, what is dialysis, what is the advantages of being...

R       Reflecting in a big way?

E       Ja, what is the advantages of being an intensive care nurse or a dialysis nurse and what is bad about being a psychiatric nurse, and from that I was thinking, so ja later I'll go and see him.

R       Awesome, so I mean you're using your reflective practice again.

E       Yes.

R       Guys thank you very much, maybe just before we close, I want to say, after everything that we've heard, maybe everybody can just quickly, in short, just tell me one thing from everything that came out here, it could be from something you said, something from what somebody else said, that really hit home or that you felt that stood out about reflection, for you?

X       I can say that the most important thing about reflection, it equips you, you see with the information to analyse a situation, you see yes.

R       Your situation and yourself?

X       Yes, I can say.

R       Thank you.

C       For me it would be, sorry, for me it will be, it can save you from doing a lot of bad things, because if you take the time when you're busy with an impulsive thought, and if you take that 2 minutes or just 1 minute to actually reflect on why you want to do what you're about to do, it can get you out of a lot of trouble.

Z       Ja for me, reflection, it helps you to think critically, about anything and everything, because I was just listening to E and the incident with the dialysis nurse. Sometimes when you meet people you need to, you need to you know, not really argue with the person but when you go back and think, how can a

qualified nurse say that a psychiatric nurse is not important, because we're living with people that, you know, are mentally ill, and we cannot run away from that. But in my first year I would have said, but why are you saying this, how can you say, how stupid you are! I would have done that, but now as I'm maturing in the profession, reflection also helps me to go back and think, I still need to study, because how can there by people like that, you know, because you –you are a multi-disciplinary team, without the other I cannot be functional, we need all these, you know, so ja reflection it... and after this session I'm thinking, you know it's good, because every aspect, it just gets...

R        Helped?

Z        Yes.

R        E? In short yes.

E        Ja reflection is like a compass, it's like a star in front of us, to guide where to go and to look behind where we are from.

R        Awesome, awesome. Guys thank you very much, I'm going to ask the Moderator quickly just to recap, it's a lot of minutes but if she can just highlight what we really meant or what we really said. M if you can just – if you want to ask any questions, or anything that was unclear, you're more than welcome.

M        Can I just...?

R        Come, bring the other chair.

M        I think I'm going to give an overall view, I'm not going to go individually, because I think I understood pretty much what everyone was saying, everyone was very clear. But firstly I found that if you may allow me to say that you all viewed reflection in a positive manner, none of you thought oh no, reflection is a waste of time or it's not something that I would like to do, each of you thought that reflection is a positive and it's helped you to mature, and it's helped you to grow because as the facilitator was saying, from the first year to third year you've seen the growth yourself, you've seen how you've improved, you've seen how reflection, Z you said you've seen how reflective thinking has helped you to, you know develop critical thinking, which is something I think both of you said which is that with the reflective thinking comes a critical aspect in that you are now, you don't just become angry, but now you actually think about your actions, you think about how can I do something differently, so all of you were very positive in your thoughts on reflective thinking. And also all of you have mentioned that you've grown and you've matured through reflective thinking. And I think something that stood out is X you mentioned that with reflective thinking you are able to correlate your theory to your practice. You mentioned that every time you learn something in class, you are able to reflect on what you learnt and then it helps you to actually apply that knowledge into your practice, and that is how you also develop improvement in your practical skills as well. And Z also mentioned again, you found out that reflection not only helps you as a nurse, but it helps the patient as well because now you are able to think on their part, and you are able to – you know, the patient also benefits from your reflecting. There is something that B said, I am trying to get to it, Z said a lot ne, but basically what I'm trying to say is that your thoughts are very similar, your thoughts are very similar on reflection. And there also came a part where you said that you're not only thinking on the here and now – that it gives you a bigger picture, like you mentioned now with the psyche, you're not only

thinking of what you're doing now but it gives you perspective, a broader perspective of nursing as a whole. And the... when I bring in social media and technology, you're all a bit 50/50 on that one, because you mentioned that not everything is appropriate for social media, because some people will take it in a completely different manner and they'll use it negatively. But on the other aspect, social media can be very helpful because different opinions are brought in, you get a different perspective, because what you didn't see about the staff nurse, someone else will bring it up because of their maturity that you didn't notice. So social media, if I may say, you say that it does have a part in reflection as well. Ja. Yes.
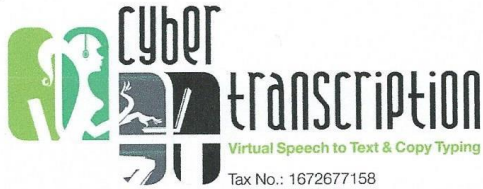
R    That's it?

M    Yes.

R    You think that is it that we all discussed? Is there anything else you want to add?

Participants  (*ALL responding at the same time*) …She summed it up. Good capturing. Yes.

R    Thank you very much.

**END OF RECORDING**

## APPENDIX G: CONFIDENTIALITY AGREEMENT WITH DATA TRANSCRIBER

**cyber transcription**
Virtual Speech to Text & Copy Typing
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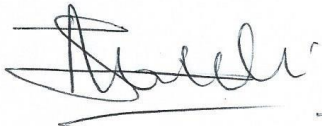E:  juliamb1@mweb.co.za

02 October 2017

To whom it may concern:

I hereby confirm that I was responsible for transcribing all audio recordings of Focus Group Interviews for Mrs. Gayroun Adams.

I, Julia Marianne Martinelli of Cyber Transcription, agree to hold any information contained in any audio recording/documents related to this research by Mrs. Gayroun Adams, in confidence, as well as regarding individuals and institutions involved in the research study.

I understand to violate this agreement would constitute a serious and unethical infringement on the informant's right to privacy.

Sincerely,

Julia M. Martinelli

**APPENDIX H: DECLARATIONS BY LANGUAGE EDITOR**

# Lona's Language Services

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English/Afrikaans
Afrikaans/English

\* Translations \* Editing \* Proofreading
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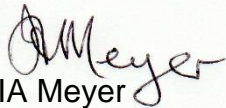\* Preparation of Website Articles

*TO WHOM IT MAY CONCERN*

This letter serves to confirm that the undersigned

**ILLONA ALTHAEA MEYER**

has proofread and edited the document contained herein for language correctness.

Signed

Ms IA Meyer

12 November 2017

**APPENDIX I: DECLARATIONS BY TECHNICAL EDITOR**

### CERTIFICATE OF FORMATTING AND EDITING

This is to certify that the thesis titled
"The use of reflection in practice: The experiences of 3$^{rd}$ year baccalaureus technologia (BTech) nursing students at a nursing education institution in the Western Cape Province" written by GAYROUN ADAMS (Neé SHAIK)

Was reviewed for technical formatting and editing by Rukshana Adams.

DATE: 15 November 2017