

tool for developing clinical leadership

Although reflective practice is met with resistance by some practitioners,
it is “pivotal to successful clinical supervision.” by Dawn Freshwater

REFLECTIVE PRACTICE, which continues to grow in popularity across a variety of professions, is now firmly embedded within the language of nursing. However, while it is often referred to within curriculum documents, codes of practice and policy initiatives, many clinicians struggle to engage in what Rolfe, Freshwater, and Jasper (2001) term “critical reflection.”

Although we may all, at times, reflect on our practice, how often do we employ those reflections to learn from our actions, to challenge theory and, importantly, to modify our practice?

Reflective practice has its own body of literature, available to those wishing to go beyond this brief discussion (Freshwater, 2002; Johns & Freshwater, 1998; Rolfe et al., 2001). Freshwater (2003) defines reflection as “thinking about your practice,” with critical reflection requiring that practitioners “think about how they are thinking about their practice.” That is to say, the practitioner is reflecting on his or her reflections, attending simultaneously to the influences of the dominant discourses within which he or she is operating. Reflection is essentially a problem-solving, intuitive method using interaction and a developmental process with transformatory potential.

No debate surrounding reflective practice can begin without reference to Donald Schön. His work is of particular importance in that he wrote of reflection on action and reflection in action (1983). These twin aspects can be linked not only to the notion of external clinical supervision, closely associated with reflective practice (Rolfe et al., 2001), but also to that of the internal supervisor (Casement, 1985).

Reflection on action can be defined as “the retrospective contemplation of practice undertaken in order to uncover the knowledge used in a particular situation, by analyzing and interpreting the information recalled” (Fitzgerald, 2000, p. 216). While Fitzgerald focuses on the knowledge used in practice situations, other writers are concerned with the development of self through reflection (Boyd & Fales, 1983; Freshwater, 2000, 2002).

Reflection in action involves a much more sophisticated and complex activity, as Rolfe et al. (2001) point out: “The advanced practitioner is not only conscious of what she is doing, but also of how she is doing it” (p. 128). Reflection, then, can be divided, albeit artificially, into basic reflection on action and deeper reflection in action. Reflection on and in action both facilitate the emergence of the internal supervisor, which can be used in practice to watch, listen



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and understand ourselves, as well as our peers and patients.

I have noted elsewhere that “reflective practice provides a way for caring individuals to explore and confront their own caring beliefs and how these are executed in practice.” Moreover, it is about transforming self and thereby caring in practice (Freshwater, 2000, p. 28).

The fact that reflective practice involves a transformation of self means that it may represent a threat to many practitioners, who largely survive—understandably—by not allowing themselves to reflect too deeply about their own responses to patients. Briant and Freshwater (1998) link such defensiveness to institutionalized attitudes toward not coping, deemed by such organizations to be negative.

While it is not surprising that reflective practice brings about a degree of fear in practitioners, such apprehension makes clinical supervision—and indeed clinical leadership—difficult because, for many authors, reflective practice is pivotal to successful clinical supervision (Binnie & Titchen, 1995; Fitzgerald, 2000; Johns & Freshwater, 1998; Rolfe et al., 2001).

Currently, both clinical supervision and reflective practice are viewed with suspicion and cynicism within some nursing circles. Although midwives in the United Kingdom have been involved in supervision for many years, most would agree this is mainly managerial supervision, as opposed to a regular protected time for reflection on practice.

Reflective practice and education

One of the functions of reflective practice and clinical supervision is that of enabling practitioners to identify their own professional practice needs and to translate these into action. This includes the identification of further training and educational needs. Though most post-graduate courses require a degree of reflective practice, not all foster the more in-depth and rigorous process of critical

reflection and reflexivity (Freshwater & Rolfe, 2001; Rolfe et al., 2001).

Nurses wishing to learn new skills to complement their practice can embark upon training programs to help get them started, and those practitioners who are already functioning at “expert” level may find that they wish to refine their skills or develop further specialist skills. Reflective practice is a process of experiential learning and, as such, is closely aligned to the philosophy of transformatory education through student-centered modalities (Freshwater, 2000).

Nurse education is also a key component of developing emerging nurse leaders, leaders who aim to transform their own practice and inspire others to do the same. Such leaders require the skills of reflective practice to enable other practitioners to identify contradictions between desired practice and actual practice.

Sherwood and Freshwater (2004) note that if education—more specifically, doctoral education—is to develop transformational leaders, there must be fundamental changes in the thinking, philosophy and delivery of the curriculum and the educational model to incorporate the processes of reflective practice and critical reflection.

Reflective leaders

Current leadership approaches tend toward the three-stage process of individual transformation, namely, self-directed learning, critical reflection and transformative learning. Nurse educators, practitioners and researchers all share responsibility for facilitating self-directed learning. Reflective learning is also self-directed and provides the foundation for transformation, with learners assuming responsibility and accountability for their own processes.

This process of interpersonal and intrapersonal dialogue permits a mutuality of learning during which both the learner and the facilitator move forward, through critical reflection, to

learn from experience. By recalling, reflecting, analyzing, theorizing and recontextualizing, they arrive at a transformed perspective. Through critical self-reflection, the practitioner articulates embedded assumptions and, in turn, questions those assumptions to develop and create a dynamic practice environment.

When related to clinical leadership, the transformational process takes the learner on an internal journey of self-awareness as well as an external voyage of interpersonal discovery. This passage has been defined as a journey of self-development. Sherwood and Freshwater (2004) observe that leaders have, in the main, been taught to manage people. Twenty-first-century leadership demands that leaders motivate and manage movements to achieve lasting change.

Leading a movement that effects change requires a reflective practitioner and an individual willing to engage in a constant critical dialogue with their practice. Transformational leadership, then, is closely aligned with health care improvement and practice development, both of which are linked to clinical leadership and reflective practice.

Transformational leadership helps capture the elusive, tacit quality of managing movement and dynamism and requires constantly evolving individuals. Reflective practice also offers an opportunity to develop effective teamwork and a shared vision. Reflection does not take place in isolation but is a dialogical process. In the short term, it might seem labor-intensive, requiring a great deal of commitment and motivation, but long-term benefits have been demonstrated in a number of studies (Freshwater, 2000, 2002; Randle, 2003).

Challenging institutional attitudes demands a great deal of commitment and energy, as well as support from peers and colleagues. Confronting the organizational and professional culture of coping, accepting the fact that we don't always “know,” and resisting

pressure to work additional hours are some ways of avoiding burnout.

It is said that we teach what we most need to learn. It is important that, as nurses, we model to our patients ways of being healthy. Thus, practitioners are urged to attend to their own physical, psychological, emotional and spiritual needs.

Reflective practice is one way of enabling and fostering this process of self-care. Effective nursing leaders are transformational not only in their management and leadership styles, but also in their very being. Not only are they advocates of critical reflection, they are also living examples of reflection in and on action. *RNL*

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- Binnie, A., & Titchen, A. (1995). The art of clinical supervision. *British Journal of Nursing*, 4, 327-334.
- Boyd, E., & Fales, A. (1983). Reflective learning the key to learning from experience. *Journal of Humanistic Psychology*, 23(2), 99-117.
- Briant, S., & Freshwater, D. (1998). Exploring mutuality in the nurse patient relationship. *British Journal of Nursing*, 7(4), 204-211.
- Casement, P. (1985). *On learning from the patient*. London: Routledge.
- Fitzgerald, M. (2000). Clinical supervision and reflective practice. In C. Bulman & S. Burns (Eds.), *Reflective practice in nursing*. Oxford, UK: Blackwell Scientific.
- Freshwater, D. (2000). *Transformatory learning in nurse education*. Portsmouth, UK: Nursing Praxis International.
- Freshwater, D. (Ed.). (2002). *Therapeutic nursing: Improving patient care through reflection*. London: Sage.
- Freshwater, D. (2003, November). *Facilitating reflective nursing narratives in nurse education*. Paper presented at The University of Texas, Houston, TX.
- Freshwater, D., & Rolfe, G. (2001). Critical reflexivity: A politically and ethically engaged research method for nursing. *NResearch*, 6(1), 526-537.
- Johns, C., & Freshwater, D. (Eds.). (1998). *Transforming nursing through reflective practice*. Oxford, UK: Blackwell Science.
- Randle, J. (2002). Transformative learning: Enabling therapeutic practice. In D. Freshwater (Ed.), *Therapeutic nursing* (Chap. 5). London: Sage.
- Rolfe, G., Freshwater, D., & Jasper, M. (2001). *Critical reflection for nursing and the helping professions*. Basingstoke, UK: Palgrave.
- Schon, D. (1983). *The reflective practitioner*. London: Temple Smith.
- Sherwood, G., & Freshwater, D. (2004). Using doctoral education to develop transformation leaders in a global context. In S. Ketefian & H. McKenna (Eds.), *Doctoral education in nursing: An international perspective*. London: Routledge.