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CRITICAL COMMENTARY

Reflection and person-centredness in practice development

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In 2003, Kim Manley and Brendan McCormack wrote that practice development needed to be underpinned by critical social science that would enable 'sustainable change through practitioner enlightenment, empowerment and emancipation and an associated culture' (Manley and McCormack, 2003, p 22). In this article they drew on the work of Habermas to argue that technical and practical knowledge is essential to human practice, but is of limited value in achieving social transformation. Transformation occurs at the level of emancipatory knowledge, where the practitioner becomes aware of the power embedded in social relations and uses this critical awareness to transcend immediate self-interest and work towards systemic change. This requires an unflinching and honest assessment of values and beliefs, and a questioning of the taken-for-granted assumptions (and the sometimes hidden power) that underpin practice (Manley and McCormack, 2003, p 26). This is especially the case in healthcare systems and cultures like nursing, which have a long history of uneasy power relations between practitioners, and between practitioners and patients (Holmes and Gastaldo, 2002; Perron et al., 2005). Practice development was therefore envisioned as an emancipatory approach to transforming the nature of nursing work and the cultures within which that work occurs (Manley et al., 2014). This has been particularly important in the move to person-centred care, which is not just a technical approach to health service delivery but an authentic moral and ethical recognition of the rights of the individual. Enabling health practitioners to engage with their practice at this deep, socio-political level requires a truly emancipatory approach, supported by methods and tools that facilitate transformative learning and critical self-awareness. Reflective practice, or critical reflection, is one of those tools.

A history of critical reflection
Reflective practice has become a standard part of nurse education and professional development, and is now used regularly in undergraduate and postgraduate programmes, and in continuing education and re-registration processes. Drawing originally on the work of US educationalist John Dewey (1910, 1916), 'reflective practice' as a technique is now well supported by a plethora of theories and models, from Kolb and Fry (1975), Schön (1983, 1987) and Gibbs (1988), to Rolfe et al. (2001), Driscoll (2007) and Johns (2009).

For Dewey, people learned not just by thinking but by doing – by thinking about what they were doing and why they were doing it that way. Reflection was therefore part of the process of 'doing something overtly to bring about the anticipated result and thereby testing the hypothesis' (Dewey, 1916).

This was an active process, not a passive one, and it stressed the importance of practitioners' own experience in the learning process. Later, Schön (1987) expanded on this way of thinking to develop his idea of reflection-in-action, a process by which professionals make decisions in the course of their work. In this conception there is a continual interplay of thought and action, and the ability to be more than reactive in real time, which exemplifies the truly reflective practitioner.

Rolfe (2014) argues that the way in which reflective practice has come to be understood and used in the health sciences, and in nursing in particular, is far removed from this original conception. Although healthcare professionals are now required to 'reflect' as part of their registration and professional development, this has become a fairly toothless exercise, done once a year rather than in everyday practice. He laments this turn of events, arguing that reflection should be the means of 'radical critique based on the premise that knowledge generated by practitioners reflecting on their own experiences is of at least equal value to knowledge derived by academics from empirical research' (Rolfe, 2002, p21).

Reflection as a radical technology
In her history of reflective practice Siobhan Nelson also draws on Habermas to demonstrate that it was once considered a 'radical technology' (Nelson, 2012), capable of creating healthcare practitioners able to provide person-centred care and act as agents of social change, placing health and wellness in their broader social context. This outward-looking and change-motivated aspect of reflective practice has been lost, she argues. Rolfe and others attempted to move beyond today's static, self-focused and passive approach to reflection by developing the concept of 'critical reflection' (Rolfe et al., 2001). Critical reflection incorporates levels of technical and practical reflection (Shiel and Jones, 2003), but then extends practitioners through a consideration of the moral, ethical and socio-historical contexts of their practice (Gardner, 2009; Hickson, 2011). The aim is to create 'reflexive' practitioners, drawing on principles of participatory and appreciative action to enable them to be both teachers and researchers (Finlay, 2002; Ghaye, 2007). The aim of this way of thinking is for students and practitioners to ask critical questions of themselves and their practice, to be aware of themselves as agents and actors in clinical, education and research settings, and to become empowered to address the significant issues encountered in their lives and workplaces.

Reflection for person-centred care
When we think of reflection in this critical way, we can see the connection between person-centred approaches to care and the principles of practice development. The recognition of autonomous personhood is at the core of the human rights agenda, which has established legal precedents for the delivery of ethical healthcare. Person-centredness in nursing is therefore an essential component of ethical practice, in which personal autonomy and safety are the paramount goals of health service provision. This is a core aim of practice development, which seeks to effect a transformative approach to cultures of health through the concept of person-centredness (McCormack et al., 2015).

Reflection also needs to aim not just to improve practice but to extend it towards a certain external goal. As nurses, this goal is exemplified in the movement towards person-centred care, which overtly requires that health practitioners put aside their own judgements, beliefs and attitudes in order to develop care that takes seriously the idea that the person being cared for has the greatest expertise about their own experience, and that this expertise is an essential component of the healing process (McCormack and McCance, 2010). These are complex and sometimes contradictory ideas, and introducing them into health education can be a challenging task. As McCormack and McCance note, the structural components of modern healthcare systems often form the biggest barriers to the provision of truly person-centred care, and this can be frustrating for many healthcare practitioners and students. Practice development, designed to empower practitioners within these systems, offers a tangible and transformative framework for person-centred nursing.

Reflection and practice development
This link between reflection, person-centredness and practice development is the focus of the papers in this issue. Each of the authors seeks to move beyond reflection as a rote task and develop critical insights into their own practice as health educators and researchers, facilitating their own growth and that of their colleagues and students. The articles traverse a number of common themes and experiences: the use of critical reflection for person-centred care and practice development; the importance of existing theories or models of reflection, in particular those that facilitate both personal and cultural transformation; and the development of creative capacities through new teaching and learning methods exemplified by a practice development approach. They also tackle often-overlooked aspects of education, practice and research, such as creative writing, play, music, narrative, emotion and compassion.

The papers by Lansdell and Martin deal with the challenges of introducing new approaches in clinical settings and demonstrate the variety of ways in which practice development can be a liberating and empowering approach to new learning. Lansdell focuses on attempts to develop a more holistic, person-centred approach to nursing assessment using practice development, drawing on a theory of change aimed at transformational learning to explore how this can be implemented. The use of Mezirow (1990) is significant and is seen in a number of articles in this collection, reflecting the desire of the authors to connect with theories that can help them design interventions or programmes that will facilitate meaningful personal and cultural transformation. However, as Lansdell demonstrates, this is not an easy process and requires active 'ownership' from all potential participants. Practice development can only be meaningful to the extent to which participants engage in the process and this is really the goal of 'transformational leadership' – not simply to examine one's own practice but to effect cultural change.

Martin's paper deals with the attempt to introduce a new tool to facilitate adult learning in a health service, using the idea of play to develop 'enabling questions'. This project was framed by the need to present the tool at the Enhancing Practice 2014 Conference, which required critical self-reflection about the theory and principles that had informed the development of the tool. The idea of enabling questions as the key to transformational learning is combined with the playfulness of a tool that evokes childhood memories in participants and colleagues, which reminds us that traditional education methods can be stifling rather than expansive. This realisation in the authors, as the result of using Gibbs' reflective model (1988), is the starting point for further research on the idea of play in adult learning, which can then be used to inform future practice development – a truly reflective and reflexive cycle.

The particular issue of developing principles of person-centredness through practice development in higher education is the concern of articles by Price et al., LeGrow et al. and Waddington. Price and her colleagues explore the challenge of introducing a creative writing element to their facilitation of practice development within a masters programme. The authors here also draw on Mezirow's theories of transformational learning, combined with theories of narrative, to underpin the introduction of a creative writing assignment for graduate students. Narrative as a learning and reflection tool has been used with some success in medicine (Greenhalgh, 1999; Charron, 2006) but is slow to find purchase in nursing. The experience of the authors of this article suggest that it is an extremely useful technique for transformational learning within a practice development framework, as it encourages self-honesty, self-awareness, self-criticism, and the creative and free flow of ideas not usually encouraged within traditional healthcare professional programmes.

This issue of creative imagination is also explored in the work of LeGrow and colleagues, who attempt to introduce practice development techniques into a postgraduate programme in Canada, where practice development is still relatively new. The creative element was used to develop activities for students undertaking their clinical practicum; it encouraged them to explore their hopes and fears as they set

about developing their final projects. Students were taken through meditation exercises and then encouraged to write creative reflections in order to expand their thinking and facilitate engagement with the emotional aspects of their work. This was a person-centred approach in that it encouraged each student to work through their own particular set of circumstances, but it also encouraged them to think about how their projects could and should be more person centred. The tendency of health professional education, especially in clinical settings, to be focused on tasks and interventions can mean that person-centred approaches are neglected or considered too difficult. Practice development techniques that open up practitioners' connection to self and encourage empathy and compassion can help bridge this gap.

The idea of compassion and its fundamental importance to person-centredness underpins the remaining three articles in this collection, by Pithie, Waddington, and Roddy and Dewar. As a student, Pithie shows remarkable insight into the therapeutic use of music for anxiety in people living with dementia. He uses a practice development framework to think through the theory and evidence underpinning the development of a music programme, arguing that choices around the type of music and the involvement of families and the healthcare team are essential to making this a truly meaningful, compassionate and person-centred intervention. Pithie then uses Driscoll's (2007) model of reflection to explore his own assumptions and feelings during this research process, and considers how a practice development approach will help shape the project moving forward. Waddington takes the idea of compassion out of its clinical setting and into the higher education sector, making the astute observation that practice development and person-centred care can often ironically parallel the structures and processes of higher education. For academics and educators who are trying to encourage person-centred approaches to healthcare, the challenge is to do this in an authentic way, modelling these behaviours and attitudes in our approach to our students. Only in this way can we earn the right to school students in how to be person-centred practitioners and colleagues; if these attitudes are not exemplified in the education system, we should not be surprised when healthcare systems become toxic. Importantly, Waddington reminds us that 'care giving' begins in universities, in our relationships with colleagues and students. She draws on creative and narrative techniques to give space to the hidden stories of toxic higher education environments, and argues that these stories of corrosion must be transformed into stories of compassion.

In their paper, Roddy and Dewar demonstrate the centrality of compassion to reflective practice. In many ways it is the yardstick against which a critical reflection of self can be measured. If our goal through reflection is to create compassionate, person-centred practitioners, this means moving from the idea of 'reflective' to 'reflexive', where reflection is not just a one-off tool but a 'way of being' in the workplace, and in the world. Roddy and Dewar draw on the 7 Cs framework to shape the facilitation of compassionate practice among care home managers and inspectors, finding that participants are naturally attracted to concepts such as 'considering other perspectives' and 'celebrating' as being central to the transformation of workplace cultures. This paper is a thoughtful and theoretically informed reflection about reflection, and moves our thinking away from static self-examination towards a truly reflexive practice, or praxis.

What is most striking about this collection of papers is the way in which all the authors use a reflective framework for their articles, combining theory and practice with reflexivity. They employ a variety of reflective frameworks – Rolfe, Gibbs, Driscoll, Mezirow – yet all focus on the 'critical' aspects of these models to explore the changes they had attempted to make within their clinical, education or research activities. They focus on the extent to which their own practice is reflexive and person-centred, and how their own values, judgements and preconceptions have affected the development of their work. All the authors conclude with a consideration of the ways in which critical reflection of their own practice mirrored the skills and principles they hope to develop in their programmes. This creates a series of authentic and nicely circular papers where the authors model the principles they are trying to instil in their colleagues and students. For me, as an educator and theorist about reflection and ethics,

this is the true power of the link between practice development, person-centredness and critical reflection. Reflexivity is only learned through the practice of practice, through trial and error. But it must be underpinned by willingness, compassion, honesty and a commitment to changing not just the self, but the culture within which healthcare is provided.

Many of my own students find this overwhelming and frightening – too big, too hard. Yet the move towards person-centredness exposes the ethical dilemmas at the heart of nursing, as a practice with the authority to exert power over other human beings, over bodies and minds (Holmes and Gastaldo, 2002; Perron et al., 2005). Ethicality in nursing is exemplified by person-centredness and facilitated through practice development. Ethical practice involves more than just consulting the evidence or following procedures, it requires a compassionate engagement of the self and a commitment to transforming culture. This may seem like too much to ask but nurses have always been agents of social change, advocating for their patients' rights as human beings, not just a collection of symptoms. These papers are testament to the power of practice development to remind healthcare practitioners that even the smallest things can effect major change, and that this change begins with the self.

References
Charon, R. (2006) *Narrative Medicine: Honoring the Stories of Illness*. Oxford: Oxford University Press.
Dewey, J. (1910) *How We Think*. Boston, US: D.C. Heath.
Dewey, J. (1916) *Democracy and Education: An Introduction to the Philosophy of Education*. London: Macmillan.
Driscoll, J. (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*. (2nd edition). Edinburgh: Bailliere Tindall Elsevier.
Finlay, L. (2002) 'Outing' the researcher: the provenance, process and practice of reflexivity. *Qualitative Health Research*. Vol. 12. No. 4. pp 531-545. doi:10.1177/104973202129120052.
Gardner, F. (2009) Affirming values: using critical reflection to explore meaning and professional practice. *Reflective Practice*. Vol. 10. No. 2. pp 179-190. doi:10.1080/14623940902786198.
Ghaye, T. (2007) Is reflective practice ethical? The case of the reflective portfolio. *Reflective Practice*. Vol. 8. No. 2. pp 151-162. doi:10.1080/14623940701288859.
Gibbs, G. (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: Further Education Unit, Oxford Brookes University.
Greenhalgh, T. (1999) Narrative based medicine in an evidence based world. *BMJ*. Vol. 318. No. 7179. pp 323-325.
Hickson, H. (2011) Critical reflection: reflecting on learning to be reflective. *Reflective Practice*. Vol. 12. No. 6. pp 829-839. doi:10.1080/14623943.2011.616687.
Holmes, D. and Gastaldo, D. (2002) Nursing as means of governmentality. *Journal of Advanced Nursing*. Vol. 38. No. 6. pp 557-565. doi: 10.1046/j.1365-2648.2002.02222.x.
Johns, C. (2009) *Becoming a Reflective Practitioner*. London: John Wiley & Sons.
Kolb. D. and Fry, R. (1975) Toward an applied theory of experiential learning. *In* Cooper, C. (1975) (Ed.) *Theories of Group Process*. London: John Wiley. pp 33-58.
Manley, K. and McCormack, B. (2003) Practice development: purpose, methodology, facilitation and evaluation. *Nursing in Critical Care*. Vol. 8. No. 1. pp 22-29. doi: 10.1046/j.1478-5153.2003.00003.x.
Manley, K., O'Keefe, H., Jackson, C., Pearce, J. and Smith, S. (2014) A shared purpose framework to deliver person-centred, safe and effective care: organisational transformation using practice development methodology. *International Journal of Practice Development*. Vol. 4. No. 1. Article 2. Retrieved from: fons.org/library/journal/volume4-issue1/article2. (Last accessed 1st May 2016).
McCormack, B. and McCance, T. (2010) *Person-centred Nursing: Theory and Practice*. Oxford: Wiley Blackwell.
McCormack, B., Borg, M., Cardiff, S., Dewing, J., Jacobs, G., Janes N., Karlsson B., McCance T., Mekki T., Porock D., van Lieshout F. and Wilson V. (2015) Person-centredness – the 'state' of the art. *International Practice Development Journal*. Vol. 5. Suppl. Article 1. Retrieved from: fons.org/library/journal/volume5-person-centredness-suppl/article1. (Last accessed 1st May 2016).

Mezirow, J. (1990) *Fostering Critical Reflection in Adulthood*. San Francisco: Jossey-Bass.

Nelson, S. (2012) The lost path to emancipatory practice: towards a history of reflective practice in nursing. *Nursing Philosophy*. Vol. 13. No. 3. pp 202-213. doi: 10.1111/j.1466-769X.2011.00535.x.

Perron, A., Fluet, C. and Holmes, D. (2005) Agents of care and agents of the state: bio-power and nursing practice. *Journal of Advanced Nursing*. Vol. 50. No. 5. pp 536-544. doi: 10.1111/j.1365-2648.2005.03432.x.

Rolfe, G., Freshwater, D. and Jasper, M. (2001) *Critical Reflection in Nursing and the Helping Professions: A User's Guide*. Basingstoke: Palgrave Macmillan.

Rolfe, G. (2002) Reflective practice: where now? *Nurse Education in Practice*. Vol. 2. No. 1. pp 21-29. doi: http://dx.doi.org/10.1054/nepr.2002.0047.

Rolfe, G. (2014) Rethinking reflective education: What would Dewey have done? *Nurse Education Today*. Vol. 34. No. 8. pp 1179-1183. doi: http://dx.doi.org/10.1016/j.nedt.2014.03.006.

Schön, D. (1983) *The Reflective Practitioner: How Professionals Think in Action*. London: Temple Smith.

Schön, D. (1987) *Educating the Reflective Practitioner*. San Francisco: Jossey-Bass.

Shiel, C. and Jones, D. (2003) *Reflective Learning and Assessment: A Systematic Study of Reflective Learning as Evidenced in Student Learning Journals*. Poole, UK: University of Bournemouth Business School. Retrieved from: tinyurl.com/shiel-jones. (Last accessed 1st May 2016).

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