

## **Regular Protected Time for Reflective Practice in Nursing and Midwifery**

This is a joint statement by Florence Nightingale Foundation, Foundation of Nursing Studies, Point of Care Foundation and The Queen's Nursing Institute Scotland on the importance of regular, protected time for reflective practice in nursing and midwifery.

### **Introduction**

In 2019, statutory regulators of health and care professionals described reflection as the thought process where individuals consider their experiences to gain insights about their whole practice. They stated “reflection supports individuals to continually improve the way they work or the quality of care they give to people. It is a familiar, continuous and routine part of the work of health and care professionals”.<sup>1</sup> In the statement, opportunities for multi-professional teams to reflect and discuss openly and honestly were encouraged. This was based on evidence which suggests valuable reflective experiences help to build resilience, improve wellbeing and deepen professional commitment<sup>2</sup>.

In a joint statement, signed by 15 healthcare Arms-Length Bodies and Unions, the health and wellbeing of NHS staff was described as “in its most fragile state ever”<sup>3</sup>. Access to reflective practice was named in this statement as one strategy to facilitate a proactive and organisational approach to addressing the unparalleled demands which continue to be experienced by the healthcare workforce. Building on this, the need for reflective practice is a core aspect of Nursing and Midwifery Council registration revalidation. We are also aware of substantial UK wide policy level commitment and investment in models which are increasing access to and embedding an evidence based forum for reflective practice known as clinical supervision. Furthermore, clinical supervision has been a longstanding quality indicator monitored by the Care Quality Commission in England. A policy and regulatory level commitment to reflective practice is therefore clearly established.

### **Our Experience**

Charities which exist to support the development of the nursing and midwifery professions and amplify their voices, have focused their activity on providing forums and development opportunities which enable reflective practice. These have included the provision and expansion of [Schwartz Rounds®](#), [Resilience Based Clinical Supervision](#), [Nightingale Frontline®](#) and [winter wellbeing sessions hosted by the Queens Nursing Institute Scotland](#). The nature and structure of these forums are different; however, they all provide a psychologically safe space which enable nurses and midwives to reflect upon their practice, including the personal and professional impact of their role.

Our insights, gained from the facilitation of these services, inform us that despite the significant regulatory support and top down directive, forums which enable reflective practice can still be perceived as a strategy for performance appraisal, assessment of individual clinical practice, a remedial intervention for those who are identified by occupational health as experiencing symptoms

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<sup>1</sup> Multiple authors (2019) [benefits-of-becoming-a-reflective-practitioner---joint-statement-2019.pdf \(nmc.org.uk\)](#) (Accessed 14/03/2022)

<sup>2</sup> Maben J, Taylor C, Dawson J, Leamy M, McCarthy I, Reynolds E, *et al.* A realist informed mixed methods evaluation of Schwartz Center Rounds® in England. *Health Serv Deliv Res* 2018;6(37) <https://doi.org/10.3310/hsdr06370>

<sup>3</sup> Multiple Authors (2021) One Voice – Joint Statement on Health and Care Staff Wellbeing Available at: <https://www.rcn.org.uk/about-us/our-influencing-work/position-statements/one-voice-joint-statement-on-health-and-care-staff-wellbeing> (Accessed 07/03/2022)

of stress, or a self-indulgent luxury for those who aren't busy enough with the 'real' work. Our feedback demonstrates the challenges nurses and midwives experience in securing and protecting the time to attend internal local provision or our externally provided services. All too often nurses and midwives accept that they will need to access this type of learning and support in their own time if they are to guarantee their ability to attend. This results from chronically excessive workloads across settings and sectors exacerbated by the unprecedented system pressure that is currently affecting all professional groups. A reframing of this perception within the professions is essential.

This longstanding challenge, described by those who have participated in our reflective practice forums, has led us to support a joint imperative to urge leaders influencing workforce resourcing and structures to act urgently to protect time for nurses and midwives to engage in reflective practice. This will need to suit their personal preference and professional needs and will go some way to establishing parity with fellow health and care professionals where prioritising reflective practice is considered more accepted. Currently, despite the recognition that reflective practice is important in nursing and midwifery, there is a lack of equality between different employment settings, the various levels of seniority and fields of practice in nursing and midwifery. The following discussion sets out our rationale for a call to action which we recognise will require investment and a concerted whole-system effort.

## Discussion

**Professional identity** - For students and early career nurses, reflective practice forums offer an opportunity to explore and confirm the values which contribute to their motivation to pursue a career in nursing and midwifery which has positive implications for retention. Opportunities to critically discuss the ethical and professional tensions as they arise in a safe forum facilitates the acculturation of professional identity. This is also true of other transition points when a nurse or midwife moves into a different area of practice or acquires additional leadership, decision making accountability or responsibilities for governance. At these points, a readjustment of how nurses and midwives perceive their contributions to care is required. Reflective practice enables the development of new skills to influence high quality care and manage this increased responsibility.

**Safety critical professionals**- Nurses and midwives who have the confidence in their ability to act upon the unfamiliar, recognise the deterioration of a person in their care, raise concerns and express advanced self-awareness in their communications with others, have increased influence as part of the health and care workforce. This outcome of reflective practice offers the hallmark of professional accountability which is essential to the positioning of nurses and midwives as safety critical professionals<sup>4</sup>

**Retention**- Our evaluations suggest that the opportunity to access a psychologically safe space has positive implications for the maintenance of the longer-term commitment and motivation to the profession. Organisations which prioritise the structures, resources and processes required to ensure that time is protected for reflection perpetuate a message that they value the individual and that their personal and professional support needs are central to the quality of care they can

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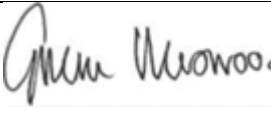

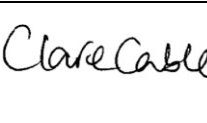

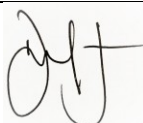
<sup>4</sup> Rafferty A M, Holloway A. (2022) A prescription for nursing: five measures to remedy the ills of the profession BMJ 376:o357 doi:10.1136/bmj.o357

deliver<sup>56</sup>. We are all aware of the concerns regarding the reasons why 'intention to leave' figures are increasing. A survey by the NMC has identified too much pressure and workplace culture were given by 22.7% and 18.1% respectfully as the primary factors influencing their decision to leave<sup>7</sup>. It is essential that influential leaders of the professions respond proactively to reverse this workforce trend. The investment and prioritisation of protected time for reflection is one part of a wider workforce strategy required to address attrition, including fair pay, improved working conditions and access to continuing professional development.

**Maintaining compassion-** Kindness, empathy, courage and compassion for others are a vital part of our professional practice. Our experience of providing these reflective forums confirms the restorative value of being heard, sharing challenges and having opportunities to safely process the emotional impact of practice enables the ability to continue to express compassion to others and themselves. This therefore represents an ethical responsibility of employers to support the wellbeing of the nursing and midwifery workforce<sup>8</sup>.

### Conclusion

Protected time for reflective practice will require a system wide commitment to the resources and processes needed to embed and sustain access for nurses and midwives working in all sectors and at all levels of responsibility and authority. We are committed to maintaining a focus on this issue by developing the evidence and raising awareness to justify the resourcing, delivery, and evaluation of reflective practice. We urge professional and care regulators, employers, commissioners, and policy makers to follow up their commitment and act immediately to enable protected time for nurses and midwives to engage in reflective practice. We have argued this is critical for safe practice and professional development. Furthermore, it represents an ethical commitment, on the part of the employer, to an organisational culture which prioritises wellbeing and contributes to the wider workforce strategy to address attrition from the professions<sup>9</sup>.

				
Chief Executive Florence Nightingale Foundation	Director of Academy Florence Nightingale Foundation	Chief Executive Queen's Nursing Institute Scotland	Chief Executive Foundation of Nursing Studies	Head of Staff Experience Programmes The Point of Care Foundation

<sup>5</sup> Stacey, G. Cook, A. Aubeeluck, et al., (2020) The Implementation of Resilience Based Clinical Supervision to Support Transition to Practice in Newly Qualified Healthcare Professionals, Nurse Education Today, <https://doi.org/10.1016/j.nedt.2020.104564>

<sup>6</sup> Bond C, Stacey G, Matheson J, Westwood, G. (2022) Development of Nightingale Frontline: a leadership support service for nurses and midwives during the COVID-19 crisis, BMJ Leader doi:10.1136/leader-2021-000502

<sup>7</sup> NMC (2021) 2020 Leaver's Survey: Why do people leave the NMC register? Available at: <https://www.bing.com/newtabredir?url=https%3A%2F%2Fwww.nmc.org.uk%2Fglobalassets%2Fsitedocuments%2Fcouncilpapersanddocuments%2Fleavers-survey-2021.pdf> (Accessed 07/03/2022)

<sup>8</sup> West, M. et al (2020) Courage of Compassion: Supporting Nurses and Midwives to deliver high quality care. The Kings Fund. Available at: [The courage of compassion | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/courage-of-compassion) (Accessed 07/03/2022)

<sup>9</sup> Health and Social Care Health Select Committee (2021) How can we tackle staff burnout in the health and care sectors? Available at: <https://houseofcommons.shorthandstories.com/health-and-care-staff-burnout/index.html> (Accessed 07/03/2022)