



ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Reflecting differently. New dimensions: reflection-before-action and reflection-beyond-action

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Abstract

Background: This article attempts to move reflection forward from a process currently identified as two-dimensional (reflection-in-action and reflection-on-action) to a four-dimensional process by adding reflection-before-action and reflection-beyond-action. In nursing clinical practice reflection-in-action is the required skill, but reflection-on-action is often advocated in nurse education through the application of reflective models in assignments. Nurse education draws on practice but generally, when using reflective practice, applies some sort of method or guide to direct student learning. This approach does not fully recognise that much learning arises from individual students' own clinical practice experiences. The notion that undertaking reflection-on-action assignments develops the reflection-in-action skills needed for clinical practice is not demonstrated in the literature. Yet it is reflection-in-action that can aid professional practice and enhance learning. This is why it is important to explore a broader approach to reflection.

Aims: To show more value can be gained from engaging with two additional dimensions of reflection – those of reflection-before-action and reflection-beyond-action, and to demonstrate how these can be linked to the better known concepts reflection-in-action and reflection-on-action, and to the author's doctoral research, practice experience and practice development activities.

Findings: Nursing reflection-on-action is widely used for a range of purposes, but restricting reflection in nurse education to this neglects the full potential of a broader application of reflection. A lifelong application of reflection can demonstrate its value for a more holistic and practical development approach.

Conclusions: This article expands reflection and provides two additional dimensions. Instead of identifying reflection as two-dimensional, this article proposes that reflection can better serve learning from practice and developing professional practice with four-dimensions: reflection-before, reflection-in, reflection-on and reflection-beyond-action.

Implications for practice:

- Reflection as a four-dimensional process can give access to improved professional practice that would otherwise remain hidden
- Through reflecting differently, nurses can process their reflection before-action, in-action, on-action, and beyond-action as a means to expand and deepen their understanding of professional practice
- Nurses can benefit from being allowed to engage in reflection freely and without constraint

Keywords: Reflection, reflection-in-action, reflection-on-action, new dimensions

Introduction

Reflection-on-action is often used as a medium for reflective assignments in nurse education. In these assignments students tend simply to report experience, 'reconstructing' it after the event, rather than 'constructing' it in more significant ways while it is happening. Reflection-in-action is a way of 'constructing' practice while it is happening that can facilitate the development of moment-to-moment decision making. This author's continuous exposure to practice experience over time, making decisions while it is happening at the bedside, has contributed to development as a professional and expert practitioner. The difficulty is in clarifying how these processes develop over time and thereby enable the development of professional practitioners.

Prioritising the practical decision making that takes place during patient care is one way to aid the development of reflection-in-action. Developing reflection is essential for professional practice, and student assignments advocating reflection-on-action and clinical practice experiences that facilitate reflection-in-action are both essential, as they promote diverse kinds of learning. However, the clinical setting is a complex and often difficult place for novice nurses, who are expected to learn and develop professionally within it when reflection-in-action is not a skill that is encouraged during nursing studies.

Students and qualified nurses are involved in reflection on a daily basis, so they need suitable tools to access and preserve their 'lived experience', which can then be used to adapt to a variety of practical situations. Therefore, 'reconstructing' practice before and beyond its happening can help nurses explore their practice and become better able to understand their professional lives and development. At the same time, reconstructing practice before and beyond can provide effective ways of expressing emotions and of overcoming and articulating difficulties that occur in practice.

This paper suggests that value can be gained from engaging with these two additional dimensions of reflection. Students can then learn to think about the theory related to practice before action and follow on by reflecting in action (during the event), on action (after the event) and beyond action (considering the impact the experiences have had on them), in terms of the contribution made to their nursing journey, lifelong learning and professional practice.

Reflective practice

Boud (2010) highlights the suitability of reflection for practical professions such as nursing and teaching. According to Carr (1995), Schön's (1983) analysis of reflective practice has helped professional nursing practice to be recognised not just as a set of practical skills, but as a form of intelligence – a complex form of professional creativity involving reflection-in-action and on-action. Reflection has certainly helped raise the status of nursing as a profession, and this is due in no small part to Schön's innovative thinking. The practice elements of nursing require dexterity and coordination, the application of sometimes complex theoretical understanding, competence and linking to other knowledge.

But, with the implementation of reflection in nurse education programmes, some of the issues around reflection-in-action have been ignored or played down, and, in an attempt to find a place for theory, the emphasis on reflection-on-action has become dominant, and the role played by assessment in this respect more prominent (Edwards, 2014).

Schön's original work (1983) has been the subject of considerable critical scrutiny, particularly in regard to the role of theory (Edwards, 2014). Edwards (2013) points to the relatively sparse empirical evidence on which claims for reflection have been based. Because of this, Schön's analysis has been built on further to develop practice, and discussion of such issues in the research literature has produced some interesting suggestions for how reflection might be conceptualised differently in the future.

Billet and Newton (2010) propose a new model of reflection termed ‘learning practice’, which considers reflection as a lifelong professional learning process. Boud (2010), meanwhile, suggests a new development termed ‘productive reflection’, advocating reflection as an organisational rather than an individual pursuit (Table 1). These two ways of viewing reflection continue to connect with Schön’s two main concepts (1983) – reflection-on-action and reflection-in-action. Nevertheless, while ‘learning practice’ (Billet and Newton, 2010) and ‘productive reflection’ (Boud, 2010) offer a broader range of structures to identify learning from practice, they are not widely employed. This may be because the current focus is on reflection that occurs within higher education rather than engagement in the practice of healthcare.

Table 1: Re-conceptualising reflection		
Re-conceptualising reflection	Devised by/ Author	Discussion
Productive reflection: explores ways of considering reflection in workplaces that are not focused on the independent individual learner	Boud (2010, p33) outlines its generative rather than instrumental focus; it is ‘open, unpredictable, dynamic and changing’	The focus is on organisational intent, involving multiple stakeholders and connecting players
Learning practice: to consider professional learning that occurs throughout a professional’s working life	Billet and Newton (2010) focus on learning in practice, rather than learning that takes place separately from practice	The concept of learning practice suggests that it is not sufficient to rely on individual personal reflection or professional support for guidance. This model goes further than individual learning efforts to embrace ongoing professional learning

New dimensions of reflection

Schön (1983) separates ‘reflection-in-action’ from ‘reflection-on-action’ and from both a theoretical and an empirical perspective; hybrid models have developed as an attempt to tie the two together. For example, in teaching, it is sometimes assumed that if students reflect on action in the classroom, they will be able to reflect in action when they are in practice and improve their ability to care for patients (Edwards, 2014). That stems from the idea that reflection-in-action can be developed by theory-based reflection-on-action and that one aids the other. However, it is unclear whether this actually works and Schön (1983) appears to deny it. This, and the fact that much professional preparation has to occur in academic rather than clinical environments, has led to reflection reverting to the process Schön most criticises – individualistic, cognitive, detached from practical settings and guided by others who are themselves guided by theoretical accounts, assessment-led target setting and managerialism (Edwards, 2008; 2013). Thus, reflection needs to move forward and be re-conceptualised to aid practice development and understanding. This paper proposes that this can be achieved by using a four-dimensional approach.

Reflection-before-action

The criticisms levelled at reflection by Edwards (2014) and others may be viewed as harsh, but perhaps the chronology of reflection could be modified, with teacher, mentor and student reflecting in advance (reflection-before-action) of the learning event and not merely during (reflection-in-action) or following it (reflection-on-action). Reflection-before-action requires learners to reflect before entering into clinical practice work. There is little mention in the literature about reflection-before-action, although in this author’s narrative of coming to professional practice through engaging with personal stories of clinical practice (Edwards, 2015) a pre-narrative is acknowledged. Also, in the author’s doctorate work (Edwards, 2013) reference is made to a pre-reflection stage; both provide some of the foundations for reflection-before-action.

Alden and Durham (2012) consider pre-reflection and use the phrase reflection-before-action to refer to students' expression of emotions about previous personal experiences before entering into simulation. These authors propose that such pre-reflection is necessary for students to examine previous knowledge and experiences, understand what is being asked of them and relieve any anxieties, and as a means for briefing about the patient.

On a day-to-day basis students may not notice the possible experiences of practice or recognise their potential for learning and future development. In reflection-before-action, students can begin to pay attention to, gain an awareness of, and participate in, early reflection. Reflection-before-action can help to build an awareness of and appreciation for what is going on around them and begin to help students to take notice of practice situations; a mindfulness whereby nurses can become attentive towards their actions prior to their taking place. Mason (2002) presents 'noticing' as how we perceive what is around us and as something we do all the time. Once noticing takes place through the application of reflection-before-action, students can start to remember the theory engaged with in the classroom or a similar patient they had previously cared for. After the stage of noticing reflection-before-action begins to emerge, the students are not so much learning as learning to notice.

According to Mason (2002), our attention is highly selective, otherwise we could not cope, for there is often too much to attend to or notice in any interaction. Therefore, students can notice many things, but with the application of reflection-before-action are able to filter through these so they can be recorded and begin to make sense of concerns, problems and learning needs before going into practice situations.

Reflection-before-action can encourage students to single out and structure clinical experiences, and to acknowledge and identify the tacit nature of learning from practice and develop strategies for making it explicit. The student engaging with reflection-before-action can move from a stage of undifferentiated awareness, to conscious appreciation of the potential situation about to be experienced. It can allow analysis of the situation prior to its taking place with the potential to enrich learning and practice development.

Through advance critical examination of a practice situation, such as a clinical placement or undertaking a particular skill, a student or nurse can consider any anxieties and the specific skills they may need. They can apply previous knowledge and experiences of what they may be faced with – for example, the possible challenges presented by a patient, dealing with pain, suffering, dying, healing and loss, and also their own emotional reactions. Learning can take place before the event in preparation for making sense of it during the event (reflection-in-action) or following it (reflection-on-action) or pursuing the event later (reflection-beyond-action). This can lead to an enhanced understanding of practice circumstances. The difficulty is in trying to understand or explain what is occurring in this rather complex process, when undifferentiated events begin to be seen differently – when the tacit is made overt or the implicit explicit. This is where reflection-in-action can be developed.

Expansion of reflection-in-action

Schön (1991) considers how more experienced practitioners could create the conditions for a student to incorporate theory and practice as 'reflection-in-action'. Vygotsky (1978) and later Daniels (2001; 2005) postulate that expert clinicians could help the student grow into the intellectual life around them and engage in the complex business of practice. The argument is that reflection-in-action can make overt what would otherwise be tacit (moment-to-moment decision making). This helps nurses to develop the kind of professional skills Schön (1983) argues for, whereby practical wisdom and intelligence are, or should be, of equal value to theoretical knowledge.

Reflection-in-action helps this author to connect elements of theoretical and practical learning together from both clinical practice and as an educator. By advocating the value of reflection-in-action to students and nurses it may be possible to develop a connected and more focused approach to the understanding of their clinical practice. They can then shape their experiences and build on them to develop their own professional practice. In this way, reflection-in-action can become an aid to expressing learning, which in turn reinforces and reconstructs that learning. Then it may be possible to make visible the unique and individual ways a student comes to be both a nurse and a professional.

The difficulty of teaching reflection-in-action

Following on from this is the difficulty of teaching reflection-in-action, which, by its nature, takes place in clinical practice and is difficult to replicate outside it. With regard to the professional knowledge of the teacher, it is essential that those leading reflection sessions are fully aware of the different comments in the literature regarding how reflection-in-action is understood and implemented.

The extensive spread of a managerialist culture (Stobart, 2008) into most aspects of academic life has also presented serious challenges for how reflective practice can be taught. This is not to criticise the teaching of reflection, but rather to acknowledge that a top-down approach, such as that embodied in most managerialist regimes, determines the nature of the reflective practice that any programme or individual teacher is able to pursue, that is reflection-on-action.

The use of reflection-in-action in developing professional practice

Developing professional practice is central to Schön's (1983) analysis. This has consequences for how nursing practice is developed and how nurse educators approach the question of reflection-in-action, if indeed they do at all.

At the same time, managerialism seems to pose a threat to doctors, nurses and nurse teachers' self-esteem as professionals. The emphasis is on 'performativity', 'maximising efficiency', 'control', and all regimes of management (Lyotard, 1984). Structures have been implemented that constrain professionals in practice (Edwards, 2008), with the emphasis on ever-more rigorous scrutiny of data, audit trails, and on setting guidelines for practice, such as care bundles and pathways (Deem et al., 2007). Friedson (2006) indicates that these developments are seen by some as heralding a crisis, in which many professionals are being de-professionalised.

The inclusion of reflection-in-action as a means to facilitate nurses' development of professional practice is essential in the ever-changing healthcare environment, but this is difficult due to the individual nature of reflective practice. The aim now for professional practice is to find a means whereby tacit knowledge and knowledge based on theory can be fruitfully combined. This requires the development of strategies for uncovering how the tacit knowledge of the practitioner has been built up and consolidated, and to work out how a practitioner can be led to identify, and therefore revise and develop this knowledge. This latter task is a formidable one, for as Clouder and Sellars (2004, p 267) conclude:

'Qualified practitioners who have developed expertise operate at such a tacit level that their capacity to analyse their interventions and, perhaps more importantly, discuss their conclusions and teach colleagues might be impeded.'

Box 1 presents a situation from this author's own practice and shows how a nurse working from a practical tacit model constructed in her mind, uses her skill and dexterity in organising and preparing a patient for computerised tomography (CT). This situation can reasonably be described as reflection-in-action, moment-to-moment decision making at the bedside in that, although it conforms to standard practice, was fully 'internalised' in the nurse's own expanded professional repertoire.

This is where the use of reflection-in-action can be developed to enhance professional practice and may be able to help. Yet, reflection-in-action is underplayed and in some instances almost forgotten, as in education much emphasis is put on reflection-on-action.

Box 1: A practice situation demonstrating reflection-in-action

I was visiting one of my clinical areas to see some students in their clinical placement. The unit was very busy, as a 32-year-old, 23-week pregnant woman had been admitted early that morning. I put on a set of scrubs and went in and helped. The pregnant woman had collapsed in A&E, with one pupil that was fixed and sluggish to light, suggesting some severe brain injury. The neurological team was uncertain why this had happened.

The patient needed to go for a CT scan of the brain. She had already had one, but the results had been inconclusive as the swelling of the brain was so great. She was having multiple infusions of drugs to maintain stability; she was fully ventilated, being fed by a tube involving the multiple use of technology, which needed to be converted to a source that would enable the patient to be monitored during transport to CT scanning.

I helped, taking instructions from the qualified nurse who was organising all this. No book or any amount of skills laboratories could have helped the nurse do this. Her instructions to me were clear and concise, she knew exactly what she was doing – it was planned and internalised in her mind (moment-to-moment decision making). It was pure artistry happening before my eyes. And all the time, she was watching the monitors to ensure the patient's blood pressure, heart rate and oxygen levels were not compromised. The nurse's understanding and competence at this demanding level of practice were outstanding.

Reflection-on-action

Students have to engage with reflection-on-action, mainly in the form of written assessments, as a tool to develop reflection-in-action skills, but Schön (1983) denies this link. This can be because reflection-on-action in this current format does not contribute significantly to reflection-in-action, which takes place in the real context of clinical practice.

The impact on assessment of reflection-on action

Reflection-on-action has become an integral reflective approach and is largely implemented by means of the assessment strategies that students are subjected to (Edwards, 2013). Nowhere is this more glaring than in the way in which radical thinking behind reflective practice has been supplanted by the need to make it fit into a top-down, measurable part of an accountability system, dominated by predetermined learning outcomes. This links to the culture of learning in higher education in which the curriculum is viewed as a set of modules, with students having to meet a set of learning outcomes for each module, achieved using a number of assessments (Hussey and Smith, 2002; Edwards, 2008).

The prioritisation of assessment presents genuine dilemmas for those teaching – and learning – reflection-on-action (Edwards, 2013) and, as such, raises a number of questions and issues. On one hand, what exactly is being assessed – the skills of reflection or standard academic writing conventions? If it is the former (as all courses would presumably claim), what precisely are these skills and how can they actually be assessed? On the other hand, if reflection-on-action is not formally assessed, will it be taken seriously, by making time and resources available for it in the case of management or, for students, bothering to do any more than go through the motions when completing assignments or participating in classroom discussion?

In addition, students are unlikely to reflect openly on their actions on situations where their practice may well have been below the standards established by the profession (in other words, those situations on which it is most necessary for them to reflect) if doing so is likely to place them in a situation where they might be failed. Instead, they are far more likely to 'write what examiners want'.

Students are quick to sense what the 'answer' should be and write to this end, irrespective of whether the content of their accounts mirrors the realities they have experienced during their practice.

Reflective frameworks used to explore reflection-on action

As part of their practice assessment within higher education, student nurses are expected to make academic commentary on events in practice, using a cognitive model of reflection or guide to reflection, such as Gibbs (1985), Johns (1995) or Driscoll (2007). Such an approach sets out a list of stages a student has to go through in a reflective assignment. These models or guides do not, however, accurately articulate the complex activity of learning from practice. In this author's experience, this use of reflection for assessment serves to erode students' willingness to express their true feelings, and in doing so often restricts space for the expression of genuine emotions.

Gibbs' (1985) reflective cycle does include an area for students to express their feelings. Yet students are often not able to express their true feelings – for example, anger, fear or animosity – as this can go against what is considered as 'professional behaviour' and affect their grade. So the opportunity to express any emotion is often lost, leading to superficial reflection in assignments that do not engage students in an expression of how they really feel. Boud (2010) asserts that for educational purposes, students are expected to learn from such reflective assignments to help them in the future. However, what is expected is a cogent account of what may be learned from the experience in the cosy and comforting language of nursing discourse.

The reflective assignment has to be written using vehicles of expression that the student has played no part in choosing (Saltiel, 2010). For example, the language of academia is required to fit the reflective account into a model using a set number of cue questions, such as those advocated by Driscoll (2007). This use of cue questions and other guides to reflection (Gibbs, 1985; Johns, 1995) can help novice nurses to develop reflection skills and value their practice experiences as a means of learning. Conversely, the guides used for reflection-on-action can undervalue nursing care, as the reflections themselves become procedural, as if the student is compliantly following a recipe. As each cue question/stage/cyclical process is dealt with, the student moves onto the next, rather than questioning and challenging the experiences they are describing.

Reflective frameworks can also restrict exploration of practice insofar as they can suppress creativity and thinking (Nicholl and Higgins, 2004). Engaging in critical reflection can lead to uncertainty about self (Parahoo, 2006), and the emergence of self-doubt may result from students being faced with incidents that exceed the scope of questions posed within the reflective framework.

Learning through reflection-on-action can be a laborious and formulaic process (Palmer et al., 1994) and can become just another tool of technical rationality (Rolfe, 2001; Rolfe and Gardener, 2006). While reflection-on-action can be used to relate theory to practice and practice to theory, much student reflection remains superficial (Field, 2004).

Overstressing of the negative side when engaging in reflection-on-action

Given the focus of reflection-on-action on the role of the individual as well as on inbuilt assumptions concerning the potential of the individual to make decisive change for good, there is a danger of overstressing the negative side of reflection-on-action, with a risk that practitioners will see themselves as 'not good enough' (Hargreaves, 1997, pp 6-7).

Ixer (1999) and more recently Edwards (2013; 2014) argue that the potential of reflection-on-action to generate learning from practice in nursing is limited, as it relies too much on such negativity, with the focus on self-criticism (what a nurse did not do well) rather than on self-praise (what a nurse did well). However, this is far from inevitable and, in the hands of a skilled teacher, can be avoided. But the potential for playing down the achievements of a student in favour of what 'improvements' are required is a very present one. This negativity toward one's own practice and oneself may hint at a limitation of reflection-on-action as presently conceived. Nevertheless, not all of the above will be experienced by all student nurses as each person's learning may be different due to individual emotions, personality and past experiences.

Reflection-beyond-action

One of the criticisms levelled at reflection-on-action concerns the validity of so-called 'true accounts' that are produced in reflection assignments, which, it is suggested, do not take into account sufficiently the constructed and subjective nature of practice situations (Edwards, 2014). According to Edwards (2013), reflection-on-action accounts of practice are generally taken as giving unmediated access to the objective world of the practitioner; they are treated as merely 'after-the-fact' accounts of experience that make practice accessible to the reader/listener, without any critical consideration of the claims embodied in the account or how the student has developed/improved as a consequence. To see such accounts as reflecting 'what really happened' is to overemphasise the space available for free choice and agency, as well as assuming that any such reality is ever accessible (Rolfe, 2001). Perhaps it is time to move forward and use different terminology, and here reflection-beyond-action using story might help.

Reflection-beyond-action using story

This article proposes that reflection-beyond-action can incorporate the use of stories, as according to Edwards (2013; 2014) students' own and others' stories of clinical practice can be a useful aid to learning. In short, what is being suggested is that story can be incorporated in reflection-beyond-action in clinical practice with mentors and in nurse education, and should be viewed as an aid to such practice. The example given in Box 2, a real story from this author's own practice, is meant to illustrate how a story can be used to make the reflective learning process more meaningful.

Box 2: Practice situation demonstrating sharing of professional practice

I was working on the intensive care unit with a staff nurse who was caring for a patient. I was going through the renal system with her as she was undertaking a postgraduate intensive care nursing course and wanted a better understanding of this body system.

The patient deteriorated and became disorientated and confused, and her blood pressure dropped to lower than her normal reading. Immediately the nurse acted, intervening by giving the patient a fluid challenge to correct her blood pressure and increasing the inotropic support. This worked, and the patient came round, but more fluids were needed to replace circulating volume and maintain stability.

I wanted to use the situation and link it to the renal system, integrating theory into the nurse's practice. I said to the nurse that what had occurred in front of my eyes was amazing and showed expert clinical practice at work. I asked her: 'How did you do it?' The nurse could not answer me. 'I do not know, I will reflect on it later,' was her reply.

As this example demonstrates, the nurse was engaged with reflection-in-action, but had difficulty explaining to others the learning gained through her on-the-spot reflection. If she had recounted the above instance as a story, it would have aided reflection and enabled her to share her expert practice. Edwards (2014) identifies that story can facilitate the sharing of professional practice in a way that reflection alone cannot, creating a supportive environment where lively discussion can develop a better understanding.

Chan (2005) proposes that, instead of turning to reflection-on-action, we should begin by sharing stories, as a basis for understanding caring in nursing. According to Edwards (2013) in telling stories, students are interpreting, and reinterpreting, what they have experienced.

The inclusion of story as the basis for reflection-beyond-action combines the value of having an 'open' view of learning, resembling the productive reflection described by Boud et al. (2006), and the ideas of Billet and Newton (2010), who embrace a more ongoing form of learning throughout a professional's working life. The latter stress the significance of individuals' unique experiences as learning resources and the importance of their interactions with other experienced practitioners.

The work of Dreifuerst (2009) and Alden and Durham (2012) on simulation proposes that reflection needs to continue after reflection-on-action and following the experience. They devised and incorporated the term reflection-beyond-action to use with simulation. However, taking reflection-beyond-action out of the context of simulation and applying it in terms of developing professional practice means it can expand as a means to incorporate self-exploration, practice development, and transformative and lifelong learning, whereby the individual seeks to find meaning and understanding in their practice experiences.

The use of reflection-beyond-action to facilitate self-exploration

In the case of self-exploration, it is the student's role in the learning process that is stressed. Self-direction of learning is encouraged, and the development of self-evaluation strategies is promoted through students working alongside the lecturer. Engaging in reflection-beyond-action without any predetermined stages or model to go through can contribute to undergoing some change through self-exploration, which may lead to a change in each student, and the setting of new goals and achievements to become a better nurse.

The value of reflection-beyond-action can be its potential to evaluate self or actually change practice in the light of learning and experience. Taking time to engage in reflection-beyond-action can draw on real events to help reveal a nurse's self. Reflection-beyond-action can reveal something about a nurse's individual personality in such a way that self-exploration and professional development is a real possibility. Students can become more aware of their own values and beliefs, improving the ability to deal with complex emotional situations and thereby learn more about themselves.

Reflection-beyond-action can be used to facilitate individual learning in the Piagetian tradition of learning (Piaget, 1962). This can help students to internalise, make sense of and learn from their experiences, and add the new elements of learning to existing knowledge. These can then be connected together; a stage in the conceptualising of knowledge Piaget refers to as 'schematic' (Edwards, 2013). This can permit students to identify gaps in their own learning and so identify learning needs, and be used to inform reflection-before-action. The student can become aware of the tensions of modern-day practice, which in turn raises awareness of professional development needs and goals, providing a potential mechanism for continuing learning as a lifelong process.

Reflection-beyond-action as a means to lifelong learning

Writing before the Second World War, Dewey (1938, reprinted 1997) points out that our experiences are developed through time, in that we are forever going forwards and backwards from a point in time in order to make sense of, and learn from, our experiences. The idea of lifelong learning was first presented by Hutchins (1968), bringing opportunities for developing people's education through all stages of their life. Edwards (2002) proposes that learning to be a nurse can be viewed as a collection of different experiences of professional practice, and evolves from decades of collective experience. If so, then reflection-beyond-action is a process whereby students can be encouraged to make links between their past and present experiences, using these to inform future experiences. The past and present become accessible to actions in the future, making the links between them more explicit and less tacit. Reflection-beyond-action can help the student to understand the present in the context of the past and the future, and act as an important step in lifelong learning and career development.

Clandinin and Connelly (2000) assert that our experiences are called on temporally over a period of years or even a lifetime. Thus, looking ahead and recognising possible consequences is about future learning and planning future action that takes place as part of lifelong learning. Reflection-beyond-action can encourage students to identify future learning needs and to undertake additional reading, as well as endeavouring to develop their clinical judgement skills to facilitate reflection-in-action, in a way that reflection-on-action has failed to demonstrate. Reflection-beyond-action can combine the

influence of the past on the present in order to illuminate, and perhaps guide, the student's future. In other words, the student's learning from reflection-beyond-action can be contextualised within a longer-term historical narrative, implying progression and continuity.

The notion of learning through time using reflection-beyond-action can create an ongoing process from the students' remembered past in one place to a present moment in another place, all the while constructing an identity for the future. Students' individual learning needs to be connected to their former experience in terms of its being able to improve their practice in the future, as is assumed by exercises in reflection-on-action or theory-based reflective practice.

Reflection-beyond-action as a means to improve practice

Felton and Royal (2015) express concerns around the abilities of newly qualified nurses' clinical skills, and highlight the standards framework set by the Nursing and Midwifery Council in 2010 as a means to address these concerns. The flexibility of the new standards allows the opportunity for innovation and creation, and the integration of reflection-beyond-action can facilitate this.

Felton and Royal (2015) suggest linking in to patterns of knowing can help to identify the themes of nursing skills and so enhance practice development. In this respect individual learning may be enhanced in a number of ways through the use of reflection-beyond-action, which could lead to improvements in the understanding of reflection in general and its role in transforming practice development.

Reflection-beyond-action as a means to transformative learning

Kear (2013) uses transformative learning approaches in nurse education as a means to opening students' minds through different experiences with others. McAllister (2015) uses transformative learning by engaging students in dialogue to enable them to rethink problems and change practice. This may allow for a more personal approach to learning than reflection-on-action allows, such as theory-based reflection-before-action, and reflection-in-action. This is because engaging with reflection-beyond-action is a way in which students can relive experiences and come to understand them. The direct impact of this style of learning is transformative in that it may signal a kind of learning that rarely leaves the nurse unchanged.

Reflection-beyond-action can produce the type of learning that may be vital if students are to move beyond the limited confines of mechanistic reflection in the current form of reflection-on-action. With the inclusion of story, the development of professional practice can be enhanced; it can aid reflection-in-action and reflection-beyond-action, and enable the sharing of expert clinical practice in a way that reflection-on-action alone cannot. Students can become aware of their actions as recounted to themselves and others during reflection-beyond-action, and thereby learn more about themselves.

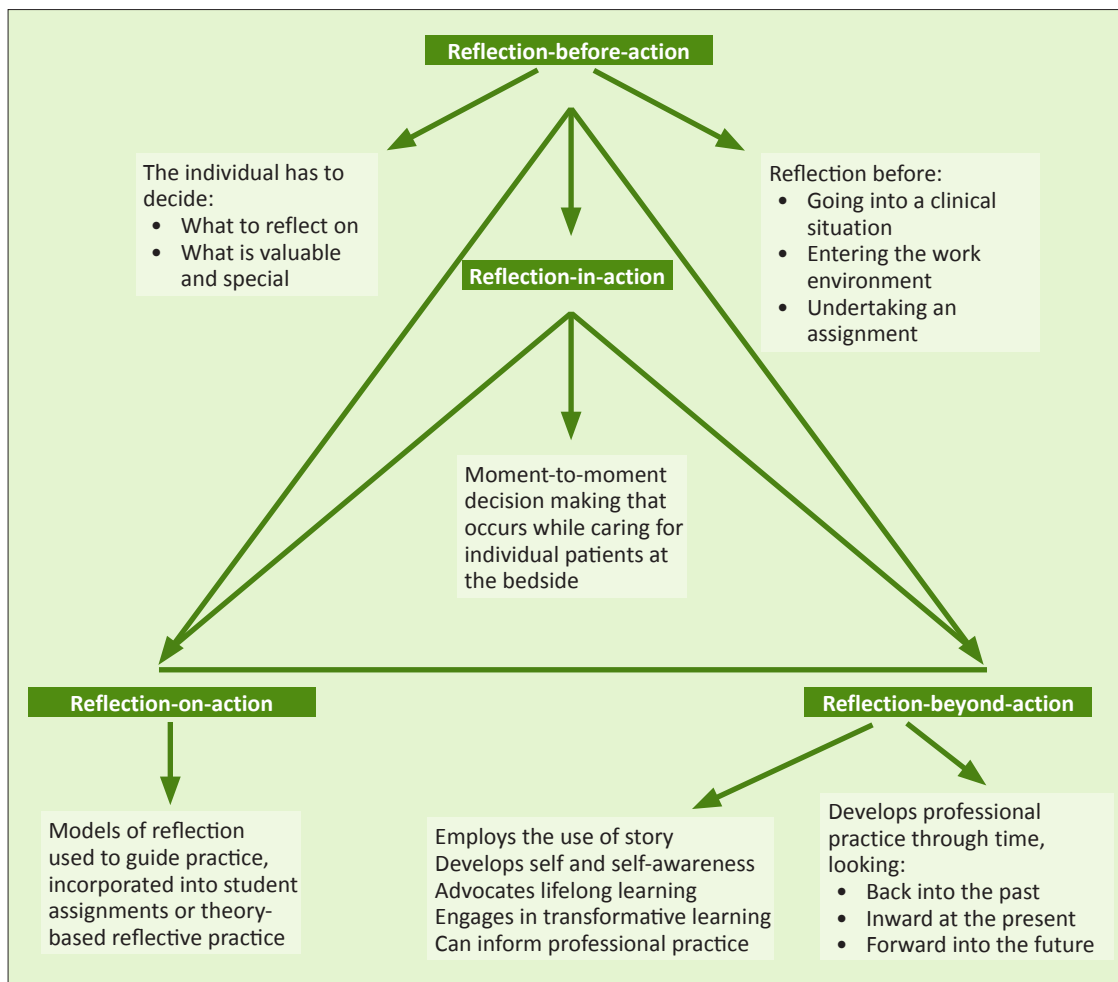
Nevertheless, although reflection-beyond-action can usefully link past and present circumstances to the future, students need to be encouraged to focus on reflection-in-action – the present. For what matters in reflection is not simply connecting past, present and future, even though this is important, but also preparing for an experience prior to it (reflection-before-action), fixing a 'present' moment (reflection-in-action) in such a way that it can be studied (reflection-on-action) and learned from (reflection-beyond-action) as a lifelong process.

Reflecting differently

This article is not suggesting that reflection-on-action be replaced as a means to develop professional practice by the other three dimensions but that these should be viewed as another way of aiding such practice (Figure 1). Keyko et al. (2016) propose that work engaged in during professional practice is important. Nurses want to engage in reflection, as a reflective nurse is better than a non-reflective nurse. The current situation in nurse education where reflection-on-action is employed as a means for

assessment via a set of cue questions or a model of reflection means students cannot truly reflect on what really happened and have limited space available for free reflection and choice. In addition, this may restrict students' access to the reality of practice and their ability to attain a deeper understanding of and meaning from it.

Figure 1: Re-conceptualising reflection



Nevertheless, reflection has a particularly important role to play in developing professional practice because it can represent and articulate the experience well, showing the wide range of experiences that nurses live through in their professional work. Yet, according to Bulman et al. (2016) reflection does not yet provide a sufficient foundation of knowledge to guide professional practice. Conceptualised differently, though, it could give access to areas of professional practice that would otherwise remain hidden, even to the nurses themselves.

This article proposes that reflecting differently can help to enhance professionalism in practice, but can also serve as a medium for understanding professional practice, something reflection-on-action alone has failed to demonstrate. Through reflecting differently, nurses can process their reflection, before-action, in-action, on-action, and beyond-action, as a means to find meaning in and from practice, and to expand and deepen their understanding of it.

Reflecting differently can enable a broader interpretation of students' experiences, and so become a fruitful way of exploring complex, integrated and interrelated professional issues more effectively than is allowed by reflection-on-action alone. In other words, teaching students and nurses to reflect

differently can aid the development of professional practitioners. If learning to become a nurse involves making sense of our experiences and then building on this understanding to improve patient care, and reflection-on-action is not currently delivering this, then we need to begin to reflect differently. This article is a move in that direction.

Conclusion

In the development of students and nurses' practice learning, reflection can play an extremely productive role. Reflection-on-action, the current method for students, has not proved sufficient and its role is under scrutiny. Nurses need to be able to reflect in their own language, not in that of the academic, in order to gain a clearer insight into their learning, grapple with often-overlooked issues concerning ethics and values, and begin the challenging task of making explicit and transferable learning that has been implicit and often unacknowledged. Thus, the focus now needs to be on reflecting differently and how this can be facilitated.

This article proposes that when nurses begin to reflect differently their experiences can appear very different, and begin to clarify the nature of their learning. Thus, if reflection is to maximise its potential to advance professional practice, as argued here, it needs to be extended.

In summary, this article proposes that reflection-on-action can remain as a means to assessment using a guided model. However, to deliver full value, reflection needs to be expanded to include reflection-before-action, which can help novice professionals choose and then think about situations before entering into practice. Improving reflection-in-action can help nurses find meaning in their own day-to-day experiences, while reflection-beyond-action advocates the use of story to enhance self-exploration and awareness, promote lifelong learning, advance practice development and lead to transformative learning.

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