Is Reflective Practice a Useful Task for Student Nurses?

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Background Reflective practices have been advocated as a method to bridge the gap between nursing theory and practice, and as a tool to develop knowledge embedded in practice.

Aim The aim of this study was to examine the perceptions of student nurses towards reflective practice in their clinical practice.

Methods A cross sectional descriptive survey was carried out to examine the perception of a cohort of 108 final year, pre-registration Diploma of Nursing students towards reflective practice. A structured questionnaire was used to collect the quantitative data. The questionnaire consisted of two parts; part A: perception of students towards reflective practice; and part B: issues reflected by students. Data collected were analyzed using descriptive statistics. All (n = 98) students completed the questionnaire.

Results The mean score of perception to reflective practice was 4.07. Students found reflective practice useful to them with a mean score of 3.82, despite the perceived barrier to good reflective practice with a mean of 3.60. The perception on the appropriateness of reflective practice as a tool to assess was 3.47. The validity of reflective practice as an assessment tool for practical examinations was not conclusive, as the mean score was only 3.47.

Conclusion The results indicated that even though some students were skeptical with reflective practice, they found it useful. The College of Nursing should review the content of reflective practice and prepare nurse educators for their role in teaching this subject more effectively. [Asian Nursing Research 2009; 3(3):111–120]

Key Words nursing students

INTRODUCTION

Reflective practice has become a key issue which is mentioned regularly within the context of nursing and nurse education programs (Smith, 1998; Gustafsson, Asp, & Fagerberg, 2007; Howe, 2006). There has been a great increase in interest of reflective practice in the field of nursing and many researchers have emphasized and enlighten us on the advantage of reflective practice (Smith, 2005; Chamney, 2008; Clouder & Sellars, 2004; Platzer, Blake, & Ashford, 2000). Reflective practice has been used to overcome the gap between nursing theory and practices, and to articulate and develop nursing knowledge.
embedded in practice (Johns, 2002). Reflection could be the means to challenge and change values or beliefs (Green, 2002). Gustafsson et al. asserted that the capability of reflective practice is vital in delivery and improving ethical and holistic nursing care. The definition of reflective practice and reflection remains debatable despite regular citations in the literature of practice professions. What is reflective practice?

**Definition**

The definition of reflection is “thinking deeply and carefully, especially about possibilities and opinions” (Cambridge International Dictionary of English, 1995). In the area of education reflection, John Dewey (1933) as cited by Cotton (2001), had defined reflection as the “active, persistent and careful consideration of any belief or supposed form of knowledge, in light of the grounds that support it and the further consequences to which it leads”. Dewey’s conceptualization of reflection is supported by Schon (1987), that it is an important learning strategy to help professionals become aware of their implicit knowledge base. Maclean (2006), describes reflection as involving thinking about, and critically analyzing our experiences and actions, with the goal of improving our professional practice.

As for nursing, Johns (2002), has defined reflection as, “a window through which the practitioner can view and focus themselves within the context of her own lived experience in ways that enable her to confront, understand and work towards resolving the contradictions within her practice, between what is desirable and actual practice. Through the conflict of contradiction, the commitment to realize desirable work and understanding—why things are as they are, the practitioner is empowered to take more appropriate action in future situations.” In short, reflective practice is associated with relationships and to individual needs and to a larger extent emotional and personal feelings that have impacted on the intellectual reflective learning (Boud & Walker, 1998; Mezirow, 1998). Nurses could be empowered through reflective practice (Issitt, 2003), to enable them to render nursing care with better understanding, foster self awareness, become more competent, and to motivate changes and improve the quality of holistic nursing care (Gustafsson & Fagerberg, 2004; Marrow, Hollyoake, Hamer, & Kenrick, 2002).

**Components of reflective practice**

Reflective practice should be a continuous cycle in which experience and reflection on experiences, are inter-related. This is illustrated by a model developed by Boud, Keogh, & Walker (1985) that reflection involves “returning to the experience, attending to the feelings and re-evaluating the experience based on current knowledge and intent and integrating this new knowledge into your conceptual framework”. There are more examples of models in the literature by Burnard, 1991; Gibbs, 1988a, and Mezirow, 1998. Burns, Bulman and Palmer (2000), suggest that Gibbs’ (1988) model is useful because many practitioners have used it and found it to be successful.

**The reflective cycle**

Reflective practice is a dynamic process which requires a cyclical approach. Gibbs’ (1988) model illustrates a framework for experiential learning and guides the user through a series of questions which provides a structure for a reflective experience.

Emerging interest of reflective practice, has been recognized as an important concept to consider in the review of the Nursing Diploma Programme curriculum by the University of Malaya Medical Centre. Reflective practice based on Gibbs’ (1988) model has been integrated into the three year program, since 2003. The first group of students who were involved in the practice, are now in their final year of the program. Every semester, reflective practice is used to assess the students’ clinical performance as a continuous assessment of their practical examinations. A majority of the students did not do well in their reflective practice. Only a minority of students felt comfortable with reflection, as the course progressed. The implementation of reflective practice in the Diploma of Nursing Programme has not been evaluated, hence this study was carried out to examine the student nurses perception and to find out
the strengths and weaknesses in implementation of reflective practice during practicum.

The aim of this paper is to report on how a group of student nurses perceived and interpreted reflective practice in a preregistration nursing curriculum in a college of nursing, in a teaching hospital in Malaysia.

METHODS

Study setting
The study setting was in the College of Nursing, University of Malaya Medical Centre. The college offers a preregistration Diploma of Nursing program with a student population of 600, with three year levels: Year 1, Year 2 and Year 3. Reflective practice was integrated into the curriculum and the main concern was in the clinical area, as it focused on practice. Students were encouraged to write or record as many reflections as possible with a minimum target of one every two weeks, with supervision in level one of one posting per semester. Subsequently, students were encouraged to write one report at each posting in the clinical area. There were tutors in each respective area of clinical placement, to assist students. The ratio of tutors to students was approximately 1:20. There was no specific time allocated during clinical hours for reflective writing and students were supposed to record/write their reports after working hours. Discussion on the outcome of their reflection was scheduled for students.

This study setting was chosen because the researcher had been involved in teaching nursing students in the Diploma program and participated in the advocacy of reflective practices.

Study design
A cross sectional descriptive study was carried out to examine the perception of the final year preregistration Diploma of Nursing students towards the usefulness of reflective practice.

Population and sampling
In this study, the target population was 108 preregistration student nurses who were enrolled in 2003 and underwent a three year Diploma of Nursing program. They were in semester 3 of their final year and had experienced writing reflectively since year 1, semester 1. They were assessed on reflective practices in year 1, semester 2 and 2 and year 2, semester 1, 2 and 3. This cohort was selected because they were the first group of students to have reflective practice integrated in their nursing practice. Students who were involved in the pilot study were excluded from this study. The sampling method was universal convenience sampling. The sample selection criterion was to include students who had written at least five reflections.

Ethical consideration
The Director of the University of Malaya Medical Centre gave a permission to undertake the study. Approval from an Ethics Committee was not required.
as there were no patient involvement. A briefing on the information about the study, its aims, focus and the rationale was given to all respondents in the lecture hall. Instructions for competition of the questionnaire were also given to respondents. Informed consent was obtained directly from all respondents.

**Data collection**
The survey was conducted in a cohort design and the method used was quantitative. Data collection was carried out from 2 November 2006 to 8 November 2006. All questionnaires were distributed personally to the students at the lecture hall. The students were given a brief explanation of the study before the questionnaires were distributed. The respondents were kept anonymous and they were given one week to answer the questionnaire. A total of 98 sets of questionnaires were distributed and returned.

**Instrumentation**
The data was collected based on self explanatory structured questions. A total of 37 items were used in this study. A five point Likert scale was used to indicate relative agreement for each item. Responses ranged from 1 (strongly agree) to 5 (strongly disagree). The questionnaire was categorized into three parts: Part One comprised of 24 items relating to students’ perception towards reflective practices. Part Two consisted of seven items related to assessment of reflective practice and finally, Part Three related to issues that students most commonly reflected on.

**Validity and reliability testing**
The instrument was measured and tested for its status of validity and reliability to yield a representative data. The questionnaire was tested for validity and reliability. Face Validity was used to determine whether the questionnaire looked relevant, to measure the appropriate construction (Polit & Beck, 2004), student nurses from year 2 were invited to participate in the evaluation of the construction. The questionnaire was validating by five nursing lecturers for content validity. The inclusion criterion, to determine the panel of experts, was a minimum of five years teaching experience in nursing. The invitation letter, the objectives of the study, consent form for accepting to be part of the panel and a set of questions were given to them with a return addressed postage paid envelope. Coefficient alpha or Cronbach’s alpha was used in this study which yielded the coefficient value of 0.8, which illustrated an acceptable degree of internal reliability. Minor amendments were made to question wordings to maximize clarity.

**Pilot study**
A pilot study was conducted on 15 October 2006, in the same setting, with 10 students from the same cohort being selected to pre test the instrument which required minor correction on typographical errors. The two reproducibility tests that were done were test-retest validity and inter-rater validity. The pilot sample was not used in the actual study.

**Data analysis**
Data were analyzed using the SPSS Statistical Package, version 16. Frequency, percentage, mean and tables were used to describe the data. The characteristics of the participant’s perceptions towards reflective practice were calculated and summarized by using mean percentages and frequency. Likert scales were recorded using only three points instead of five points, to make the data more meaningful. Strongly agree and agree were combined as agree. Uncertainty, strongly disagree and disagree were combined to become disagree.

**RESULTS**

1. **Perceptions on reflective practice**
All 98 students participated in this study and the overall findings have shown a positive perception towards implementation of reflective practice in the Diploma of Nursing Program. The mean score of perceptions on reflective practice was 4.07. Most students found reflective practice useful to them with a mean score of 3.82, despite the perceived barrier to good reflective practice with a mean of
3.60. Students did not encounter serious undesirable effects of reflective practice as the mean score was only 3.48. The majority of students felt mentor play was an important role in facilitating reflective practice in clinical areas with a mean score of 3.77. The perception on the appropriateness of reflective practice as a tool to assess was 3.47. The validity of reflective practice as an assessment tool for practical examination was not conclusive, as the mean score was only 3.47.

As shown in Table 1, the perceptions of respondents on reflective practice were divided into four groups: 1.1. Usefulness of reflective practice, 1.2. Undesirable effects of reflective practice, 1.3. Barriers to good reflection and 1.4 Mentors in reflective practice.

Most of the respondents responded very positively over the subgroup of usefulness of reflective practice, with only less than 10 students disagreeing with all the items in this subgroup, whilst the others were uncertain. This item most of the respondents (83.6%, n = 82, mean = 3.98) agreed, fostered responsibility and accountability. Many of the respondents (84%, n = 79, mean = 3.92) agreed that reflective practice encouraged them to make a conscious attempt to identify and learn from what was happening. There were 72 (73.4%, mean = 3.83) respondents who agreed that reflective practice allowed them to view clinical situations from different perspectives. Sixty-seven (68.3%, mean = 3.63) of them viewed that reflective practice motivated them to be more self-directed learners. Some of them (68.3%, n = 67, mean = 3.73) agreed that reflective practice could enable them to identify their own learning needs. They (72.4%, n = 71, mean = 3.87) agreed that they could apply appropriate theory into nursing practice through reflection. Seventy-five (76.5%, mean = 3.89) respondents felt reflection helped them to improve decision making. Many respondents (79.5%, n = 78, mean = 4.01) agreed that it could help them to review both positive and negative experiences. Seventy-one (72.4%, mean = 3.86) of the respondent agreed that by practicing reflection it could really encourage critical thinking. More than half of the respondent (51%, mean = 3.47) were not too sure that with experience, their reflective practice developed from a descriptive to a more critical and analytical practice.

As for the subgroup of the undesirable effects of reflective practice, more than 60% of respondents agreed with the items except item 1.2.2. Only 30 respondents agreed with the statement that reflective practice may cause psychological stress. Sixty (61.2%, mean = 3.54) of the respondents agreed that the process could be manipulated to meet the expected outcomes of their practice. Sixty-one (62.2%, mean = 3.21) agreed that they usually reflected on negative issues. Some of them (66.3%, n = 65, mean = 3.68) felt frustrated when they were not able to solve problems that were identified during reflection. Seventy-six (77.5%, mean = 3.67) of the students agreed that the most significant barrier that put respondents off from reflective practice, was time constrains. Another area of concern was that they were unable to identify learning issues to reflect upon and 71 (72.4%, mean = 3.85) agreed with this item. Other barriers were not so significant. Fifty-five (56.1%, mean = 3.54) of them agreed that they felt uncertain in using an unfamiliar learning approach. Fifty-six (57.1%, mean = 3.43) of the respondents agreed on inadequacy of briefings, as a barrier to reflective practice. Fifty-eight (59.1%, mean = 3.53) of them perceived the lack of a supportive environment, as deterring them from practicing reflectively.

In the subgroup related to mentors in clinical practice, almost all (95.9%, n = 94, mean = 3.07) of the respondents agreed that tutors should be equipped with knowledge on reflective practice. They (86.7%, n = 85, mean = 4.25) also agreed that consistency by tutors, in giving advice on reflection, was important to avoid confusion. Seventy-three (74.4%, mean = 3.80) of them agreed that they needed assistance from the tutor to help achieve a more critical level of reflection. Fifty-one (52%, mean = 3.30) of the respondents needed assistance from the tutor to help them identify issues for reflection. Only 38 (38.7%, mean = 3.07) of the respondents agreed that supervision by a mentor for the introduction of reflection was essential, whilst 29 (29.5%) of them disagreed with this statement.
Table 1
Distribution of Respondents on Perceptions on the Reflective Practices Based on Frequency, Percentage and Mean (n = 98)

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td><strong>Usefulness of reflective practice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1.1</td>
<td>It encourages me to make a conscious attempt to identify and learn from what is happening</td>
<td>4 (4.0)</td>
<td>15 (15.3)</td>
<td>79 (84.7)</td>
<td>3.92</td>
</tr>
<tr>
<td>1.1.2</td>
<td>It allows me to view clinical situations from different perspectives</td>
<td>5 (5.1)</td>
<td>21 (21.4)</td>
<td>72 (73.4)</td>
<td>3.83</td>
</tr>
<tr>
<td>1.1.3</td>
<td>It motivates me to be a more self-directed learner</td>
<td>6 (6.1)</td>
<td>32 (32.6)</td>
<td>60 (61.2)</td>
<td>3.63</td>
</tr>
<tr>
<td>1.1.4</td>
<td>It enables me to identify my own learning needs</td>
<td>5 (5.1)</td>
<td>26 (26.5)</td>
<td>67 (68.3)</td>
<td>3.73</td>
</tr>
<tr>
<td>1.1.5</td>
<td>It fosters responsibility and accountability</td>
<td>5 (5.1)</td>
<td>11 (11.2)</td>
<td>82 (83.6)</td>
<td>3.98</td>
</tr>
<tr>
<td>1.1.6</td>
<td>It allows me to apply appropriate theory into nursing practice</td>
<td>2 (2.0)</td>
<td>25 (25.5)</td>
<td>71 (72.4)</td>
<td>3.87</td>
</tr>
<tr>
<td>1.1.7</td>
<td>It helps me to improve decision making</td>
<td>4 (4.0)</td>
<td>19 (19.3)</td>
<td>75 (76.5)</td>
<td>3.89</td>
</tr>
<tr>
<td>1.1.8</td>
<td>It helps me to review both positive and negative experiences</td>
<td>2 (2.0)</td>
<td>18 (18.3)</td>
<td>78 (79.5)</td>
<td>4.01</td>
</tr>
<tr>
<td>1.1.9</td>
<td>It encourages critical thinking</td>
<td>8 (8.1)</td>
<td>19 (19.3)</td>
<td>71 (72.4)</td>
<td>3.86</td>
</tr>
<tr>
<td>1.1.10</td>
<td>With experience, the reflective practice develops from a descriptive to a more critical and analytical practice</td>
<td>3 (3.0)</td>
<td>51 (52.0)</td>
<td>44 (44.8)</td>
<td>3.47</td>
</tr>
<tr>
<td>1.2</td>
<td><strong>Undesirable effects of reflective practice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.1</td>
<td>The process can be manipulated to meet the expected outcomes of the practice</td>
<td>6 (6.1)</td>
<td>32 (32.6)</td>
<td>60 (61.2)</td>
<td>3.52</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Reflective practice may cause psychological stress</td>
<td>3 (3.0)</td>
<td>65 (66.3)</td>
<td>30 (30.6)</td>
<td>3.54</td>
</tr>
<tr>
<td>1.2.3</td>
<td>I usually reflect on negative issues</td>
<td>6 (6.1)</td>
<td>31 (31.6)</td>
<td>61 (62.2)</td>
<td>3.21</td>
</tr>
<tr>
<td>1.2.4</td>
<td>I feel frustrated when I am not able to solve problems that were identified during reflection</td>
<td>5 (5.1)</td>
<td>28 (28.5)</td>
<td>65 (66.3)</td>
<td>3.68</td>
</tr>
<tr>
<td>1.3</td>
<td><strong>Barriers to good reflection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3.1</td>
<td>Uncertainty of using an unfamiliar learning approach</td>
<td>7 (7.1)</td>
<td>38 (38.7)</td>
<td>55 (56.1)</td>
<td>3.54</td>
</tr>
<tr>
<td>1.3.2</td>
<td>The briefing of reflective practice was not adequate</td>
<td>20 (20.4)</td>
<td>22 (22.4)</td>
<td>56 (57.1)</td>
<td>3.43</td>
</tr>
<tr>
<td>1.3.3</td>
<td>Lack of supportive environment</td>
<td>14 (14.2)</td>
<td>26 (26.5)</td>
<td>58 (59.1)</td>
<td>3.53</td>
</tr>
<tr>
<td>1.3.4</td>
<td>Time constrains</td>
<td>13 (13.2)</td>
<td>9 (9.1)</td>
<td>76 (77.5)</td>
<td>3.67</td>
</tr>
<tr>
<td>1.3.5</td>
<td>Unable to identify learning issues to reflect upon</td>
<td>11 (11.2)</td>
<td>16 (16.3)</td>
<td>71 (72.4)</td>
<td>3.85</td>
</tr>
<tr>
<td>1.4</td>
<td><strong>Mentors in reflective practice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4.1</td>
<td>Supervision by mentor for the introduction of reflection is essential</td>
<td>29 (29.5)</td>
<td>31 (31.6)</td>
<td>38 (38.7)</td>
<td>3.07</td>
</tr>
<tr>
<td>1.4.2</td>
<td>I need assistance from the tutor to help me to identify issues for reflection</td>
<td>31 (31.6)</td>
<td>16 (16.3)</td>
<td>51 (52.0)</td>
<td>3.30</td>
</tr>
<tr>
<td>1.4.3</td>
<td>I need assistance from the tutor to help me to achieve a more critical level of reflection</td>
<td>8 (8.1)</td>
<td>17 (17.3)</td>
<td>73 (74.4)</td>
<td></td>
</tr>
<tr>
<td>1.4.4</td>
<td>The different tutors should be consistent in giving advice on reflection, to avoid confusion</td>
<td>4 (4.0)</td>
<td>9 (9.1)</td>
<td>85 (86.7)</td>
<td>3.80</td>
</tr>
<tr>
<td>1.4.5</td>
<td>Tutors should be equipped with knowledge on reflective practice</td>
<td>1 (1.0)</td>
<td>3 (3.0)</td>
<td>94 (95.9)</td>
<td>4.25</td>
</tr>
</tbody>
</table>
2. Appropriateness of reflective practice

There are eight items related to the appropriateness of reflective practice as a tool to assess learning outcomes as shown in Table 2. Most of respondents were quite uncertain in responding to these statements. Eighty-four (85.7%, mean = 4.13) of the respondents agreed with the statement: “A good reflective practitioner does not necessarily mean a good practitioner” and “I need feedback on my reflective practice report” whilst 50 (51%, mean = 4.24) of the respondents agreed that feedback on their reflection assessment was inconsistent with the grade given. Only 40 (40.8%, mean = 3.0) of the respondents agreed that the time given to complete their reflective report was sufficient, however 36 (36.7%) of them disagreed with these statements.

3. Issues for reflection

Respondents based the distribution of responses regarding issues for reflection, on three most common reflective issues. Table three shows that the most common issues (51%) were acting professionally/nursing skills and nursing actions or decision-making 50%; emotional reactions 45%; communication with patient 42%; learning about oneself 35.7%; relationships with other health care workers 23.4%; death and dying 15.3%; organization of care 13.2%; coping mechanisms 8.1% and learning approaches 42.8%.

DISCUSSION

Some of the findings from this study were quite consistent with the findings in the literature, although everyone suggested that a reflective diary was difficult to effectively maintain because of the time constraints and lack of supervision from mentors or lecturers.

Students from this study had positive perceptions towards the usefulness of reflective practice, which is consistent with Smith’s (2005) findings on the study of perceived benefits associated with reflection. She asserted that students, who felt it was beneficial to them, were more inclined towards reflectors than their counterparts.
Students also perceived both positive and negative experiences as reported by Wilkinson (1999), and Smith (2005). Reflective practice could also be a means to develop self-directed learning which enabled them to use this skill to make a conscious attempt to identify and learn from what was happening and identifying their own learning needs (Burns et al., 2000; Hughes, 2001; Johns, 2002). It also allowed viewing clinical situations from different perspectives via critical thinking (Andrews, 1996; Smith, 2005). A review by Wong, Kember, Chung, & Yan (1995) on the evidence of reflective thinking has confirmed that reflectors were found to be able to support their description with valid assumptions and opinions more than non-reflectors. Critical reflectors were capable of relating their experiences with discussion conceptualizing it and able to draw and capture a wider scope of resources (Smith, 2005; Wong et al., 1995).

Students found reflective practice could improve their decision making ability, however MacLaren et al., (2002) argued that students may face difficulty in decision making using reflection, due to lacking in intuitive knowledge of making intuitive decisions.

Most of the students perceived reflective practice had played a role in applying appropriate theory into nursing practice. Could it be meaningful in generating a practice theory gap, which when recorded, could be accessible to support the growing body of knowledge to inform nursing practice? Reflective practice has certainly been advocated as a way of tackling the divergence between nursing theory and practice, and as a means of integrating and deriving knowledge embedded in practice (Boud & Walker, 1998; Johns, 2002).

This study revealed students generally do not perceive undesirable effects of reflective practice; they are more inclined to reflect on positive issues which is contrary to Smith’s (2005) findings that students reflect on negative issues more often than positive issues. Some of the students perceived that the process could be manipulated to meet the expected outcome, which is supported by Cooney’s (1999) findings. Perception on psychological stress was not a concern of this cohort of students. Unlike Newell’s (1992) study which found that psychological stress can be associated with reflection. He asserted that reflection may be distorted due to repression and students may also feel dissatisfaction and frustration when they are not able to solve problems that were identified during reflection.

The main barriers to reflection in this study were time constrains similar to Glaze’s (2002) study that students believed they needed time to change their perspective and she further argued that transformation of reflective abilities did not happen overnight (Glaze). Lack of support in clinical areas was perceived to be an obstacle in reflective practice. This issue was also highlighted in Glaze’s (2001) work, where she explained that when staff in clinical areas felt unsupported, it was difficult to maintain full commitment in reflective practice.

Reflective ability may be formally assessed, although students may feel inhibited when writing about practice (Glaze, 2002) and may launder reflective diaries, writing what they think is expected rather than what they truly feel. It could be concluded from the literature that although reflection may be actively open to critics, the process enables practitioners to examine their actions and also that this effectively achieved more in a supportive environment.

### Table 3

<table>
<thead>
<tr>
<th>No</th>
<th>Issues for Reflection</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Learning about oneself</td>
<td>35 (35.7)</td>
</tr>
<tr>
<td>3.2</td>
<td>Acting Professionally/nursing skills</td>
<td>50 (51.0)</td>
</tr>
<tr>
<td>3.3</td>
<td>Nursing action/decision making</td>
<td>50 (51.0)</td>
</tr>
<tr>
<td>3.4</td>
<td>Death &amp; dying</td>
<td>15 (15.3)</td>
</tr>
<tr>
<td>3.5</td>
<td>Emotional reactions</td>
<td>45 (45.9)</td>
</tr>
<tr>
<td>3.6</td>
<td>Coping mechanisms</td>
<td>8 (8.1)</td>
</tr>
<tr>
<td>3.7</td>
<td>Organization of care</td>
<td>13 (13.2)</td>
</tr>
<tr>
<td>3.8</td>
<td>Relationships with other health care worker</td>
<td>23 (23.4)</td>
</tr>
<tr>
<td>3.9</td>
<td>Learning approach</td>
<td>7 (7.1)</td>
</tr>
<tr>
<td>3.10</td>
<td>Communication with patient</td>
<td>42 (42.8)</td>
</tr>
</tbody>
</table>
This study has found that mentor support in successfully implementing reflective practice in the clinical area, is important. Students felt mentors should be equipped with relevant knowledge of reflective practice, which must be consistent among the mentors and they also needed feedback from mentors, on their reflective writings.

There is a call for teachers to participate in continuing education as highlighted by Nicholl and Higgins (2004), where they suggested teachers needed to upgrade their knowledge on the topic, both educationally and practically, to enable them to teach confidently.

As educationalists, we must also ensure that students are educated to critically appraise their practice through this route. Purposeful reflection can provide an opportunity to examine practice and identify new knowledge. It is through this activity that practice theory will be generated to contribute to the nursing profession’s body of knowledge. Newell (1992) suggests that educationalists should evaluate the process with students, offering practical tips and encouraging them to apply critical consciousness.

CONCLUSION

The findings of this study indicate that student nurses have a positive perception towards reflective practice in the clinical area. By practicing reflection, it would enhance their learning activity and motivate self directed learning which could develop students’ ability to identify their own learning needs and foster lifelong learning.

To ensure effective and successful implementation of reflective practice, nurse educators should study and examine course content, teaching methodologies, preparation of tutors, clinical instructors and resources to support the learning needs of students.

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REFERENCES


