Reflection: an educational strategy to develop emotionally-competent nurse leaders

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Aim This paper explores educational strategies for nurses that focus on reflectivity and promote the development of self-awareness, relationship and communication skills and ability to lead with presence and compassion in the midst of change.
Background Today nurses move rapidly from carefully-controlled educational experiences to a fast- paced clinical world of increasing patient complexity amid calls for improved quality of care. Making the transition to clinical competence and leadership in practice requires a strong sense of self and emotional intelligence.
Evaluation Pedagogies that integrate theoretical and data-based textbook learning with experiential learning and reflection are a foundation for the development of emotionally- and intellectually-competent leaders and requires new ways of assessing learner outcomes.
Key issues Reflection is a key instructional strategy for preparing transformational nurse leaders for interdisciplinary settings where they lead patient care management. The remarkable global spread of reflection in nursing education, practice and research follows an emphasis on developing self-awareness as a leadership strategy for improving individual and organizational performance.
Conclusions Empirical, experiential and anecdotal evidence suggests that reflection has the potential to prepare emotionally-capable nurse leaders.
Implications for Nursing Management As educators create more reflective and nurturing learning environments, they will promote the development of emotionally-competent nurse leaders who will, in turn, inspire individual and organizational growth and positive change in society.

Keywords: nursing leadership, presence, reflection, self awareness

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Introduction

Emphasis on developing self-awareness as a leadership strategy has contributed to the global spread of reflection in nursing education, practice and research. With primary roots in Australia, New Zealand and the United Kingdom, reflective learning is increasingly becoming a part of leadership development in nursing worldwide. Pedagogies that integrate theoretical and data-based, textbook learning with reflective

experiential learning and self-awareness are central to the development of emotionally-competent leaders (Sherwood & Horton-Deutsch 2008).

Reflection is about learning from experience, a critical aspect of knowledge development and a skill essential to leadership development. Reflection goes beyond just empirical knowing, also bringing together personal, aesthetic and ethical ways of knowing (Carper 1978, Johns 1995). Reflection involves thinking about experience, which leads learners to a fuller understanding of what they know and increases their potential for leadership. Thinking about practice in the context of theoretical learning helps narrow the gap between theory and practice and puts learners in a continual learning cycle. This reflective cycle of learning uses the multiple ways of knowing to develop self-awareness, motivation, empathy, meaning and purpose and social responsibility essential to transformational leadership (Sherwood & Freshwater 2005).

This paper examines reflection as a learning strategy for the development of emotionally-competent nurse leaders and looks at theories of reflection and methods for application to nursing. It also describes ways in which reflection can help learners increase their awareness of perceptions, reactions and assumptions that limit thinking and foster conscious decisions about responding to others and situations in a way that is open, flexible and congruent with values. As educators create more reflective and nurturing learning environments, they will promote the development of emotionally-competent nurse leaders who will, in turn, inspire individual and organizational growth and positive change in society.

Applying reflective theories in nursing education

Gaps in traditional education

The knowledge explosion of the 20th century has led to content-laden nursing curricula with more emphasis on learning facts than on developing active learning processes that improve critical reasoning and leadership skills. The fast pace needed to cover content, the focus on efficiency and the educator shortage offer few opportunities to engage students in fully examining the range of knowledge needed for practice or reflecting on experience in order to change future actions.

Early work by Bevis and Watson (1989) as well as other educators (National League for Nursing 1989) noted that emphasis on empirical outcomes tended to overshadow adult learning principles built on active learning and leadership. Students received little assistance in learning how to cope with the intense emotional labour of nursing and little attention to building emotional intelligence to manage the multiple demands of practice. Reflective learning began in nursing in Australia in the mid-1980s with the quest for a new approach to nursing education to better integrate experiential learning into classroom learning with further development in the United Kingdom (Freshwater *et al.* 2008). Could increased application of reflective learning contribute to the leadership readiness of new graduates and provide a path for professional sustainability, fulfilment and growth?

Theories of reflective learning

The educator and philosopher John Dewey (1933) defined reflection as, 'active, persistent and careful consideration of any belief or supposed form of knowledge in light of the grounds that support it and the further conclusions to which it tends' (p. 9). Reflective thinking is purposeful, encouraging the learner to challenge beliefs by applying deductive reasoning with the unique addition of consideration of feelings. People tend to make quick decisions which are strongly influenced by environment and culture; thus culture influences learning and responses in leadership situations. In the context of learning, reflection is a generic term for intellectual and affective activities in which individuals use their experience to create and clarify meaning in terms of self, resulting in a changed conceptual perspective (Boyd & Fales 1983, Boud *et al.* 1985). This changed conceptual perspective is, in fact, a definition of transformational learning (Cranton 1996).

Taylor (2000) defines reflection practically; cognitive acts such as thinking, contemplation, meditation or other forms of attentive consideration are systematically reviewed and analysed for sense-making that can lead to contextually appropriate changes. Thus, reflective thinking is more than being thoughtful; it is a learning experience through a rational and intuitive process leading to positive change. Although numerous frameworks and models conceptualize reflective learning (Goodman 1984, Boud *et al.* 1985, Driscoll 1994, Jay & Johnson 2002), Johns (2000) cautions they are not intended to impose restrictions on ways to reflect but are simply devices to guide reflection. A comprehensive review of the definitions and theories of reflective thinking can be found in the resource paper, *The Scholarship of Reflective Practice* (Freshwater *et al.* 2005) and in the *International Textbook of Reflective Practice* (Freshwater *et al.* 2008).

Applying a reflective stance for leadership education

The role of the educator is to contribute to learner development of emotional competence, a collection of perceptions, behaviours, knowledge and values that enable leaders to manage themselves and others (Sherwood & Freshwater 2005). Emotional competence is a learned capability. Mezirow (1981) describes four ways in which educators can facilitate development by helping learners: (1) identify and examine the assumptions underlying their beliefs, feelings, and actions; (2) assess the consequences of these assumptions; (3) identify and explore alternative sets of assumptions; and (4) test the validity of assumptions through participation in reflective dialogue. This self-development occurs congruently with scientific learning as learners examine their experience, their roles in the experience, their responses and the applicability of theoretical knowledge. In a cycle of continuous learning, learners think and respond in the moment of action based on the thinking and learning they did after previous action.

Critical reflection, like critical thinking, prepares learners to think and to discriminate between beliefs that rest on empirical evidence and those that do not. With the on-going questioning of assumptions, values and perspectives, reflection leads the learner to understand the choices of actions and responses. Reflection thus includes higher order cognitive thinking but with a valuable addition: self-awareness.

Mezirow's (1991) theory of transformative learning asserts that individuals can be transformed through the process of critical reflection. Becoming more reflective and critical, being more open to the perspectives of others and being less defensive and more accepting of new ideas also lead to transformational leadership (Sherwood & Horton-Deutsch 2008).

Reflection helps the learner move from technical expertise to a meaning-intensive context using interpretive knowledge (Cranton 1996, Sherwood & Horton-Deutsch 2008). Although psychomotor learning is largely non-reflective, transformative learning continually assesses 'why we do what we do'. The learner learns about his/her work and practice and grows beyond mere techniques to deeper reflection and understanding of what knowledge means in the real world. Transformative learning comes through the person's ability to question the assumptions undergirding practice and to derive self-directed, meaningful perspectives about their practice.

Reflective learning is a gradual developmental process that comes with growing maturity (Davies & Sharp

Table 1
Mezirow's levels of reflectivity (Mezirow 1981)

Thoughtful action without reflection	
Level 0	Non-reflective thoughtful action. Student describes experience without analysing or evaluating the experience.
Consciousness: 'how' questions regarding process and content	
Level 1	Reflectivity: awareness, observation, description
Level 2	Affective reflectivity: awareness of feelings
Level 3	Discriminant reflectivity: assessment of decision making process or evaluation of planning or carrying out of nursing care
Level 4	Judgmental reflectivity: being aware of value judgments and the subjective nature of these
Critical consciousness: 'why' questions looking for reasons and consequences of perceiving, thinking or action	
Level 5	Conceptual reflectivity: assessment of whether further learning is required to assist in decision-making
Level 6	Psychic reflectivity: recognizes the habit of making precipitant judgments about clients based on limited information
Level 7	Theoretical reflectivity: awareness that routine or taken-for-granted practice may not be the complete answer, obvious learning from experience or change perspective

2000). In designing instructional approaches, Mezirow's (1981) seven levels of reflectivity (Table 1) can be applied to guide learner progression and evaluate learning. Level (0) is defined as thoughtful action without reflection or as the absence of reflective thought. Levels (1) to (4) are defined as consciousness in which questions begin to arise about content and processes. Levels (5) to (7) are defined as critical consciousness, with questions about why something happened and the consequences of actions and events. Critical consciousness is linked to transformed perspectives and matches expectations of growing maturity. Perspective transformation involves developing an understanding of reality that leads to a sense of responsibility for decision-making; this, then, becomes the essence of education. Benner *et al.* (1996) used exemplars to illustrate the transformed perspectives of nurses as they progress from novice to expert with advancing clinical judgment through critical examination of reflective narratives, analysis and synthesis. Application of these reflective learning processes based on real world situations can provide students/learners the tools they need to become competent nurses and ultimately transformative nursing leaders.

Reflective perspectives in leadership development

Reflective practice and reflexivity are pedagogical approaches in which students learn through inquiry

rather than being prepared for inquiry. However, reflective practice is a state of mind, an attitude and an approach – therefore a bit elusive as an educational method (Bolton 2005). It is a systematic way of learning from experience by examining what we think about a particular experience and how we think others perceived the experience; it involves opening an experience to the scrutiny of others and studying the experience from a broader perspective, bringing rationality and feelings together.

The goal of traditional nurse education has been to teach specific skills and knowledge and then assess students based on a certain standard (Stickley & Freshwater 2002). Reflective education teaches students to identify their implicit, often unconscious intentions and motivations. It facilitates the process of identifying personal theories that underpin everyday practice so that student's beliefs and values become a part of rational thinking and acting (Esterhuizen *et al.* 2008). Through critical reflection, students engage in a dialogue with texts, evidence, beliefs and practice, using the logic of hypothetical reasoning, in order to create new combinations and connections between personal theories and the beliefs held by others (Freshwater & Avis 2004). Students and educators frequently do not know what their personal theories and/or assumptions are until they engage in a dialogue that involves critical reflection and move to self-awareness.

Reflective learning can reduce trial and error in choosing interventions and leadership actions for building a more deliberate, evidence-based practice by learning from experience (Atkins & Murphy 1993, Atkins 2008). Reflection is enhancing critical analytical skills by coming to terms with the emotional toll (Smith 2000). In using reflection, learners have reported 'a sense making' relative to the new practice world, reduced anxiety, integration of theory into practice and movement from a passive to a more active mode of learning over time (Davies 1995, Wong *et al.* 1995). Johns (1995) found that reflective clinical supervision contributed to practitioners' self-improvement, self-management and self-esteem. Further, Bond and Holland (1998) found that enhanced self-awareness helped learners develop insight into their behaviours and responses to particular situations and relationships with others.

In practice settings, nurses become emotionally competent leaders by continuously applying reflective strategies to clinical practice in their organizations. For example, the emotionally-competent leader is mindful of past practices, past reactions of others and the implications of these reactions. The nurse leader is able to identify patterns of behaviour, interpret their meaning and respond in a way that is growth producing for individuals and organizations. In addition, the nurse leader is able to facilitate the development of emotional competence in others through active listening, being available for dialogue, sharing thinking, questioning and reframing situations.

Reflective learning skills for developing leadership capacity

The skills described by Atkins and Murphy (1993) as the building blocks for reflection are consistent with those for developing competent nursing practice and leadership capacity: self-awareness, description of experiences, analysis of situations, synthesis to develop new perspectives on a situation and evaluation of the learning experience. Reflection is like the academic process of describing, analysing, synthesizing and evaluating with the addition of self-awareness. Reflection includes the emotions and feelings that are an integral part of practice but are often ignored. Similarly, leadership goes beyond management to envisioning and setting the context for a positive, enabling environment.

Developing self-awareness

Self-awareness underpins all competent nursing practice and leadership. Nurses must contend with their own developing self-awareness under the intense emotional strain of being with patients undergoing the highs and lows of illness amid the complexities of human relationships in the work environment. Reflection is a way of examining this emotional onslaught alone or with others to help diminish emotional burnout (Atkins 2008). Self-awareness thus is a pillar of emotional competence (Porter-O'Grady & Malloch 2007).

Self-awareness is the foundation for reflection and is the consciousness of one's values, strengths and limitations. The use of self-awareness distinguishes reflection from other types of learning and mental activities, such as logical thinking and problem-solving. Self-awareness is critical for therapeutic relationships with patients and accomplished nursing leadership. Honesty about oneself requires courage, confidence and support from others that are trusted. Through developing self-awareness, nurses become able to more fully engage in and lead in their work. Self-awareness is central to nurses' ability to integrate feelings with knowledge and experience. Nurses who can process their own subjective experience can remain focused on relating to and understanding needs of patients. Integrating awareness of self and others with the environment creates the

openness necessary for authentically being present. By considering feelings and attitudes, self-awareness makes use of the positive and deals with the negative aspects of situations, moving towards a more authentic way of being in caring relationships (Cumbie 2001). Over time, nurse leaders use this same knowledge of self and others to appraise situations and to understand and appreciate uncertainty, ambiguity and contradictory ideas.

Describing experience

The ability to accurately define and describe the accompanying details of the experience of concern is a second essential skill. There is no single way to learn this. Many use narrative descriptions; others may use poetry, prose, drawings or montage (Table 2). Regardless of the method chosen, it is essential to give a clear, accurate and comprehensive account of what happened (Atkins 2000). One can set the context by identifying significant background factors, details of how the event unfolded throughout the situation, one's feelings in the situation and the outcomes in such a way that someone who was not a part of the situation can understand what happened from the learner's perspective. Nurse leaders can use this activity in practice to understand their own decision-making and communication styles and to appreciate the perspectives of others.

Critically analysing situations

To critically analyse a situation, the third skill, one must take it apart to see the separate components and ask questions about each one. Viewing the constituent parts allows one to see the whole of the experience differently. Here, one makes judgments about the strengths and weaknesses of the event, one's reactions and the outcome. Skillful analysis involves identifying and bringing to bear existing knowledge, examining feelings about what happened, challenging assumptions underlying the situation and determining a new course of

Table 2
Describing experience

Exercise: describing experience
Spend time thinking about an event you were recently involved in. Give a detailed and clear, but concise description of what happened. Use any form of self-expression that can convey the experience:
  Where and when did it occur?
  Who was involved?
  What were the specifics of any care interventions?
  What was omitted?
  How did you feel about the event at the time?
  What were your actions in the event?
  What have you thought about and felt since the event?
(Adapted from Atkins 2000)

action (Atkins 2000). At this stage, it is helpful to use argument to examine what happened, lay feelings out for examination and honestly recall how one acted to be able to consider altered responses.

All ways of knowing (Carper 1978) help to open the mind about assumptions and think outside the box, that is, take new perspectives on a situation. Empirical knowledge is factual, descriptive and theoretical, and is developed through a rigorous process of research. Aesthetic knowledge is more subjective and is derived from unique situations that may evoke art, literature or dance. Personal knowledge comes from within the self and from recognizing how the self is used in therapeutic relationships. Ethical knowledge refers to knowing what is right in a given situation, just as one would know what is wrong using judgment based on values (Atkins 2000). Nurse leaders embrace new information and perspectives on a situation and see these as essential for growth. The process of being able to filter and manage information with openness can serve as a guide for decision-making with a positive impact.

Developing new perspectives

Synthesis brings new knowledge, feelings and attitudes together with what one already knows and feels to develop a new perspective (Atkins 2008). The new perspective brings new choices and changes in behaviour and attitudes. Behaviour is transformed; change occurs. Nurse leaders serve as role models for others through their own willingness to adapt and change.

Evaluating the learning process

Evaluation involves making a value judgment about something according to a set of criteria. Evaluation is aligned with self-assessment of the personal process of reflection in which one examines an event, feelings, attitudes and knowledge to transform or validate one's view (Atkins 2000). The evaluative process is continuous and applies equally to educational and practice settings. Questions include these: How well was the learner able to describe the event? Were positive and negative feelings explored adequately? Was critical analysis applied? Did existing knowledge answer the questions raised, or is this a chance to explore new knowledge? What assumptions were not upheld? What replaced them? How is the new perspective defined? Will it sustain actions and responses in the future?

Applications of reflection in working with others

Nurse leaders can apply reflection in interdisciplinary care situations to develop professional identity and

communication skills (Institute of Medicine 2003). A guided reflection exercise asks questions about interactions within the team. Team members may use reflecting-on-action to discuss what just happened in a patient interchange, bringing together multiple points of view and ways of knowing to quickly assess potential new behaviours to guide future interactions (Sherwood *et al.* 2002). Team reflection is similar to debriefing, although debriefing is more spontaneous and without the chance for deeper thoughts in the moment of interchange. Both allow for further reflection later. Reflective questions for the team may include these:

- What is a description of the event from the perspective of each team member?
- What went well? What did not go well?
- Did we work as a team? What were the positive and negative aspects of the interaction?
- How did the interaction make me feel?
- What are feelings experienced by other team members?
- How can I be more sensitive to the perspective of other team members? How can I promote inclusion of all members?

A reflective model for leadership instruction

Reflection involves self-examination by looking back over what happened in practice with the goal of professional growth (Ruth-Sahd 2003). It offers a creative, non-linear way to recapture an experience for the purpose of developing professional practice and leadership. Although reflection is deliberate and systematic rather than idle, free-form thinking, it cannot be reduced to a set of mechanistic procedures. Reflection is a complex activity developed over time that can be done as an individual or with another person or in a group. These fundamental questions can be applied in multiple ways to move through a reflective process:

- What did I/we do?
- What should I/we have done that we did not?
- How would I/we act differently, what would I/we do next time?

The emotionally competent and reflective leader moves beyond self-awareness and considers group processes and ways to integrate the emotions of others. Over time he/she uses this understanding to gain greater self-control and manage his/her own feelings and responses to others. Eventually, the nurse begins to think and feel simultaneously, demonstrating the capacity for reflection-in-action.

Instructional strategies to develop reflectivity

Reflective writing is the most frequently cited reflective instructional strategy. Ruland and Ahern (2007) used reflective writing to help students in a BSN completion programme change their views of their practice. Benner *et al.* (1996) coached nurses in writing exemplars of their practice experience not only for their own learning, but also to share with other nurses to stimulate thinking about practice. Storch *et al.* (2002) used a similar approach to foster nurses' development of an ethical perspective on their work.

Learners may be asked to write a one to two-page paper on caring for someone in a situation in which they lacked the information needed. Learners describe the situation and how they felt, how they managed without the information and what the safety risk was. Learners can be guided to realize their potential in working through solutions, bringing to bear what they know to arrive at new conclusions about how to provide care (Warren 2007).

There are many examples in the literature. Sherwood (1997) asked students to use a reflective guide after viewing a commercial movie, to examine the central character's inner conflict and spiritual needs and to reflect on whether the character resolved these spiritual needs and to think about how they could apply those lessons to themselves. Sherwood (2000) also used a critical incident technique to help nurses explore patient encounters to better understand professional identity formation and use the self therapeutically with patients. Picard (1991) suggested creating narrative about one's life through story-telling and thus learning from one's experience. Cohen *et al.* (2000) also used this strategy. Chinn and Watson (1994) described multiple aesthetic approaches. Parker (1994) used a reflective exercise with clay to help students centre on self-awareness.

Challenges to reflective learning

The reflective process of breaking situations apart and putting them back together is challenging and the many meanings of reflection preclude recommending a single approach or method. Some wish for more rigorous evidence that reflection improves a person's work and leadership (Gustafsson *et al.* 2007). Many educators may not have experience with reflection and may lack preparation for integrating it into their teaching. Finally, learners may become mired in analysis of an event (Hannigan 2001) so educators must be ready to guide

learners through the arduous process of reflection and negative emotions to help them see the situation from multiple perspectives and emerge with a new view.

Assessing reflective learning

Assessment of reflection refers to the ways in which learners are tested in their ability to reflect on their own and others' practice (Schutz *et al.* 2005). Reflection is an ongoing process of growth and change, and thus assessment should examine the formative, progressive nature of growth in a particular area. Being clear about a model or framework to guide the process of reflection and what the outcomes are is fundamental to educational design (Mezirow 1981, Lowe & Kerr 1998). Educators first should determine what is to be assessed. A starting point could be Mezirow's (1981) levels of reflection (Table 1), which require formal assessment to determine the learner's reflective level. The ability of students to reflect develops over time. Reflection will come more naturally for some than for others. Students can be introduced to a range of tools that support their reflective growth while educators can monitor each learner's capacity for reflection over time.

Learners may apply a reflective process such as drawing or reflecting on their private journals and writings without submitting the original 'raw' reflections so that learners have both a private and public version of their thoughts. Traditional tools for formative assessment include reflective discussions in small learning groups or with mentors. Summative assessment tools include reflective case studies, a reflective journal or diary, reflective essay or critical incident analysis and these can be used with both novice and experienced learners (Bulman & Schutz 2004, Bolton 2005).

Winter's Patchwork Text (Winter 2003) is a recently developed assessment tool that requires learners to present a series of summaries created from their learning experiences. Learners synthesize these summaries into a final submission with the opportunity to create links between subjects that may initially seem to be separate. This learning activity offers assessment of the learning process as well as the product (Smith & Winter 2003). The assessment criteria are listed below:

- Detailing careful observation of events and situation.
- Empathizing with the standpoint of other people.
- Noticing the various emotional dimensions of events and situations.
- Addressing the complexities of issues, events and situations.

- Making connections between different events and situations and between specific details and general principles derived from a range of professional knowledge.
- Demonstrating learning, in response to both professional experience and the process of reflecting upon/writing about it (Winter *et al.* 1999, p. 108).

Portfolios have the benefit of engaging learners in more complex thinking and self-evaluation by choosing representations of what they have learned (Johnson *et al.* 2006). Learners are required to submit real world artefacts and reflections that demonstrate achievement of learning competencies. In an ePortfolio (McNelis A. & Horton-Deutsch S. unpublished data), students electronically submit an assignment and accompanying reflection at the end of each learning segment, creating a matrix of the student's work. Learner prompts for reflection include: 'I have chosen to include this work sample because... If I did this assignment over, I would...because... Completing this reflection has helped me increase my knowledge and understanding of ...because...'. Prompts requiring higher levels of critical reflection can be introduced incrementally as students' progress through the programme. Lower levels of reflection can be revisited for students who are progressing at a slower pace.

Warren (2007) suggested a rubric for evaluation and assessment of student reflective writing. Using a scoring of 1 (lowest) to 5 (highest), student reflections are rated according to depth of reflection, use of evidence, language and conventions of how it is put together. Another scale uses Advanced Proficient, Basic and Below to evaluate reflection, exploring/analysing, writing strategies and coherence and style. Written assignments such as reflective diaries or journals, critical incident analysis, reflective essays, or case studies are assessed based on analysis of thoughts and feelings, description of the situation and evidence of personal and professional development with implications for practice. Other models are outlined by Davies and Sharp (2000).

As learners progress through their educational programme, they may advance to higher levels of reflection and embrace broader issues including the application of theory to practice. Powell (1989) adapted Mezirow's (1981) seven-level descriptors of reflective progression to a nursing programme to show how the stages develop from description and observation to evaluation and judgment. Other models include Boud *et al.*'s (1985) levels of reflection, Duke and Appleton's (2000) reflective marking grid and Paget's questionnaire (Paget 2001).

Summary

Educators find reflection a beneficial strategy for helping students and nurses learn from experience and merge education, research and practice. Although there is little rigorous evidence of outcomes from reflection, learners report personal and professional transformations that include new perspectives on experience, changes in behaviour, readiness for application and commitment to action (Davies & Sharp 2000) all of which are attributes of emotional competence. Ruth-Sahd (2003) recommends that future research address the conditions that foster reflection, responsibilities and risks for nurse educators and the ways in which reflection affects learner outcomes. Ultimately, the goal of reflection in nursing education is to improve nursing practice and create competent nurse leaders; this is where most research is needed.

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