

**BACHELOR OF MIDWIFERY (BM) STUDENTS' EXPERIENCES OF REFLECTIVE PRACTICE:
A GROUNDED THEORY STUDY**

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**A thesis submitted in partial fulfilment of the requirements of the degree of
Master of Midwifery**

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Statement of Authorship and Sources

This thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded another degree or diploma.

No parts of this thesis have been submitted towards the award of any other degree or diploma in any other tertiary institution.

No other person's work has been used without due acknowledgement in the main text of the thesis.

All research procedures reported in the thesis received the approval of the relevant Ethics Committee or a relevant safety committee if the matter is referred to such a committee.

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Candidate's signature: _____

Date: _____

Statement of appreciation

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Abstract

There is a strong focus on the promotion of reflective practice and the development of critical thinking skills within nursing and midwifery practice, both within the profession and throughout university education (Nursing and Midwifery Board of Australia [NMBA], 2008; Nursing and Midwifery Board of Australia [NMBA], 2006). The Australian Catholic University's (ACU) Bachelor of Midwifery (BM) course into which I teach incorporates, teaches and supports reflective practice and acknowledges reflective practice as a defining characteristic of a professional midwife.

The focus on the promotion of reflective practice throughout the ACU BM course aims to build a framework for reflection as the student moves from novice to practitioner through the duration of study and beyond. In order to facilitate reflective practice, midwifery students are encouraged to keep a reflective journal as part of the development of a professional portfolio and as a way to review and evaluate their clinical practice experiences. The process of reflection is supported by midwifery governing bodies such as the Nursing and Midwifery Board of Australia [NMBA] and the Australian College of Midwives [ACM] (2008). The NMBA National Competency Standards for the Midwife (2006) describe reflective practice as integral to the midwife's understanding and ability to identify the impact of their own culture, values and beliefs on the provision of care while recognising the power relations that exist within the community and the health system (p.2).

Anecdotal evidence, however, suggests that BM students' experience of engaging in contemporary reflective practice as required by the

curriculum is viewed by many as a burden. The midwifery students report that there is no time for the type of written reflection required, while also acknowledging that reflection is beneficial. This study was initiated to explore if and how BM students understand and participate in reflection, along with factors that may act as barriers to and enablers of this process.

The aim of this grounded theory study was to explore 2nd year ACU Bachelor of Midwifery (Melbourne) students' experience of reflective practice. Eight students agreed to participate in semi-structured interviews; analysis of the data identified that the students' first impressions of reflective practice and subsequent ongoing support to participate in reflective activities had a significant impact on when and how they undertook reflective practice. The study identified the core category of "becoming a reflective midwife", which incorporated the major categories of 'learning', 'practising', 'valuing' and 'adapting'.

Overall, the study concluded that contrary to anecdotal reports that reflective practice was a tiresome chore or a burden; all midwifery student participants appreciated the value of reflective practice, undertook reflective practice activities in one way or another, and voiced their intentions to continue to become reflective practitioners. This insight prompts consideration of how reflective practice is taught at university and the timing of its introduction and ongoing inclusion throughout the course. Additionally, strategies to promote and facilitate ongoing reflective practice activities within the general population of midwifery students could be reviewed and implemented.

Glossary

ACM - Australian College of Midwives

ACU - Australian Catholic University

ANMAC – Australian Nursing and Midwifery Accreditation Council

ANMC – Australian Nursing and Midwifery Council

BM – Bachelor of Midwifery

CTG - cardiotocography. Monitoring of the fetal heart rate and uterine activity

Debriefing - sharing stories, talking about clinical experiences in a group, seen as reflection or a way to reflect

FTJ - Follow Through Journey. Midwifery students are required to follow 20 women (through their pregnancy, labour and birth and postnatal time) accruing an average of 15-20 hours per woman, over the three year degree, this is referred to as FTJ. This time is counted as clinical practice hours but may occur in any setting the woman chooses ie. hospital, private obstetric care, antenatal clinic etc.

NMBA – Nursing and Midwifery Board of Australia

PPH - post-partum haemorrhage

RPG - reflective practice group

Chapter One

By three methods we learn wisdom: first by reflection, which is noblest; second by imitation, which is easiest; and third by experience which is bitterest

(Confucius 551-479BC)

Introduction

As a midwife I have come to value reflective practice, not only in the form of documenting but in other creative ways such as art and craft, in informal group debriefing with colleagues, and used as a tool for facilitating learning with students. Therefore, a study exploring midwifery students' experiences of reflective practice was of immense interest to me.

There is a strong focus on the promotion of reflective practice and the development of critical thinking in midwifery through the professional and regulatory frameworks (Nursing and Midwifery Board of Australia [NMBA], 2008; Nursing and Midwifery Board of Australia [NMBA], 2006). The Australian Nursing and Midwifery Accreditation Council [ANMAC] (formerly known as the ANMC) is the peak nursing and midwifery organisation which works in conjunction with State and Territory regulatory authorities to develop and implement national standards which form part of the regulatory frameworks to support nurses and midwives in the provision of safe, accountable, responsible and competent practice (NMBA, 2006). The NMBA National Competency Standards for the Midwife (2006) are supported by and should be read in conjunction with the companion documents the *Code of Professional Conduct for Midwives in Australia* (2006) and the *Code of Ethics for Midwives in Australia* (2008). The National Competency Standards consist of four domains in the provision of woman-centred care, namely: *legal and professional*

practice; midwifery knowledge and practice; midwifery as primary health care; and ethical and reflective practice. These central documents highlight the importance of the midwife having reflective skills and utilising reflection as a component of their practice.

ACU has been educating midwives in a Bachelor program since 2002. Throughout the duration of the three year Bachelor of Midwifery course each student undertakes around 1000 hours of clinical practice placement; in addition working within a continuity of care experience model, known as the Follow Through Journey (FTJ) program with 20 women (accounting for around 300 clinical practice hours). During these clinical placement hours, in order to satisfactorily complete course requirements and be deemed competent to practice as a beginning level midwife, each student is required, under supervision, to:

- be the primary caregiver for 40 women giving birth vaginally;
- assist up to another 20 women giving birth;
- experience caring for 40 women with complex needs across pregnancy, labour and birth, and the postnatal period;
- perform 100 antenatal assessments;
- perform 100 postnatal assessments;
- participate in caring for babies requiring additional care; and
- assist in neonatal resuscitation (where the opportunity arises) (Ryan, 2009, p.21).

At the end of the first year of the course students participate in their first clinical placement, usually of 160 hours (four weeks full time). In the weeks

leading up to their clinical practice placement students are prepared by participating in laboratory classes and practising their midwifery skills under supervision of the midwifery teaching team. Students are first introduced to the concept of reflective practice in first year as part of their practical unit and as part of a theoretical unit. Several models or frameworks for reflection are explored in the practical class, from which the students choose one as the basis for their reflective activities. Initially, they are encouraged to reflect on their thoughts, feelings and development as a beginning midwife. As students progress to working with childbearing women (as part of the FTJ program), and then onto clinical practice placement, critical reflective skills are developed. These reflective skills are then assessed as a component of the clinical practice placement, with students asked to identify and reflect on an event they were involved in using a reflective framework (such as Gibbs, 1988) [see Figure 1.1]. The framework guides students to describe and evaluate the event, discuss their feelings about the event, make sense of what happened, and identify what else could have been done and what may be done differently next time.

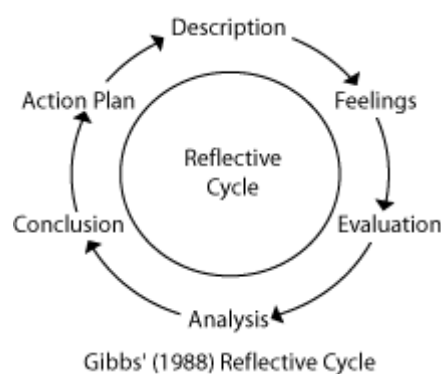


Figure 1.1 Gibbs' Reflective Cycle (1988)

As articulated within the *Reflective and ethical practice* domain of the NMBA National Competency Standards for the Midwife (2006), midwifery students

are educated to become graduate midwives with the ability and skills to analyse and reflect in, on and about their knowledge and practice. The development of this skill is aided by reflective processes developed during their studies. The process of reflection was also embedded within a theoretical unit undertaken by midwifery students. In that unit they were required to undertake a range of reflective activities based on readings and activities provided. Essential to being an effective reflective practitioner is one's ability to understand and identify the impact of their own culture, values and beliefs. The capacity to assess the effectiveness of the work being undertaken and to understand lifelong learning as a key to ongoing professional development are also regarded as central professional attributes. A defining characteristic of the graduate midwife is the development of critical self-awareness, an essential component of the reflective process (NMBA, 2006).

Reflective Practice – History of the Approach

Living day to day life is a source of reflection; it contributes to cognitive development and allows humans to live and act in relation to other people, and to learn from experiences, mistakes and successes (Nakielski, 2005; Taylor, 2010). Schön (1998; 2011) describes reflection as a way for professionals to bridge the so-called theory-practice gap. When healthcare practitioners are supported to make their working knowledge explicit by reflecting, using systematic processes and guided experience, they can maximise what they do well and make amendments to knowledge or practice deficits (Schön, 2011).

In Victoria, Australia, direct entry education (Bachelor of Midwifery) to be a midwife without prior qualifications as a nurse has been available only since

the early 2000s (Tracy, Barclay & Brodie, 2000). Before this time midwifery was viewed as a part of nursing. James & Clark (1994) describe their difficulty in sourcing historical accounts of nursing practice; what they were able to determine was the identification of three phases of practice: habituated practice, research-based practice and reflective practice. They found that in the 1940s and 1950s nurses were not encouraged to question practice; rather what they did was ritualistic and habitual (James & Clark, 1994). Research in nursing practice made its beginnings in the 1950s, but it was not until the 1970s that nurses began to accrue research based knowledge (James & Clark, 1994). James & Clark (1994) argue that the beginning of reflective practice in nursing arose from the debate around whether or not nursing was considered an art or a science. It appears as though Dewey first drew attention to reflection as a way of thinking in the 1930s (Macintosh, 1998; Clarke, James & Kelly, 1996) but it was not until the 1980s that Schön (1998) among others, documented reflective practice as an essential component of professional action. Since that time reflective practice has been applied to many areas of nursing and midwifery: in practice and practice development (Thorpe & Barsky, 2001; Freshwater & Stickley, 2004; Gilbert, 2001; and Taylor, 2010); clinical supervision (Todd & Freshwater, 1999; Heath & Freshwater, 2000; and Johns, 1995); and education (Kim, 1999; Clegg, 2000; and Platzer, Blake & Snelling, 1997). Reflective practice as a professional activity has given rise to some controversy. While the meaning and process of reflection and reflective practice seem to be accepted and institutionalised within health care professions, its value continues to be questioned (Macintosh, 1998; Clarke et al., 1996). Macintosh (1998) argues that without a clear, universal definition and framework its practice is of unproven benefit to professional practice.

However, despite the debate surrounding reflective practice, it remains a graduate attribute in many university curricula and its inclusion as unit content remains significant.

The term 'reflective practice' is used extensively throughout this thesis. As Taylor (2010) asserts, reflective practice involves deep internal thought processes, making sense of events, experiences and relationships with others and assisting in orientating us toward our personal goals. Other scholars describe reflection and reflective practice as one that involves drawing on current knowledge, experience and emotions to create new knowledge. It is a process of contemplation and understanding of potentially complex ideas or problems that appear to have no apparent solution (Lockyer, Gondocz, & Thivierge, 2004). Reflection is believed to enable practitioners to solve issues through a conscious thought pattern which ultimately leads to practice-based knowledge (Mantzoukas & Jasper, 2004).

Schön (1998), one of the foremost exponents of reflective practice, states that reflection is central to the art through which some people cope with the challenging aspects of practice. Taylor (2010), a renowned reflective practice advocate, describes the importance of reflective practice as assisting the health care practitioner to be mindful of the complexity of their practice as well as enabling them to provide safe and effective evidence-based care. It is apparent from the professional and scholarly literature that the utilisation of reflective practice processes contributes to the development of critical self-awareness, a defining characteristic of midwives (NMBA, 2006). This reinforces the need for exploration of the reflective practice support needs of BM students during their education and clinical practice experiences.

The Researcher – My Background

From 2003-2005 I completed the Bachelor of Midwifery course at ACU in Melbourne. As students we were encouraged to keep a reflective journal, which was to be submitted for evaluation at the end of first year. Having kept a journal and finding it was a positive experience, I was perplexed to hear other midwifery students talking about how they had only written in it the night before it was due to be submitted for assessment. Anecdotal reports were that students only wrote in their journal because it was a requirement and they had not seen any benefit to keeping one. Many students acknowledged that there was no time or commitment to write about their clinical practice-related thoughts and feelings. This period was when my more critical interest in reflective journaling began.

I completed my Graduate year as a midwife at a tertiary level hospital in Melbourne and continued to work there as a Clinical Midwife Specialist for six-and-a-half years. In this role I was encouraged to continue to participate in reflective practice. My preferred way was to write in a reflective journal and I did so regularly. Maintaining a journal helped me to make sense of what had happened day to day, to learn from observing how other midwives did things and to identify characteristics of my own practice, good and bad. I continued to hear my peers speak negatively about the process of reflection; that they did not want to write things down and had no time to keep a journal. As time went on my own reflective practice continued but not always in the written form. I found I wrote down the extremes; difficult or traumatic experiences and really positive experiences. At other times my reflective practice took the form of a conscious thought pattern, critiquing my day and how I felt at the end of it. If something important came out of that, I would write it down in my journal.

Two years after I completed my midwifery degree I was invited to do some teaching at ACU with first year Bachelor of Midwifery students. Reflective practice was being taught in first year, in both nursing and midwifery subjects. It appeared that students continued to view the reflective process in a negative light and as additional work. My personal experiences of reflective practice formed the basis of my interest in this as a research topic. Predominantly questions that arose for me about reflective practice included: What are students' experiences of reflective practice? How do they regard it? How do they participate in it? These questions crystallised into the major question driving this study:

What are Bachelor of Midwifery students' experiences of reflective practice?

Related questions linked to this major research question to be explored in this study include:

- Do students undertake reflection as instructed throughout the practice units in the BM course?
- If not, do they reflect in more informal ways?
- If they do participate in reflective practice: How do they reflect? When do they reflect?
- How often do they reflect?
- What are their thoughts and feelings about reflective practice? Are there any barriers to reflective practice?
- Is there anything that might make reflective practice more positive or beneficial?

Significance – formulation of the research question

As a midwife, I have come to value reflective practice, not only in the written form but in other creative ways such as art and craft, and informal group debriefing with colleagues. I also value it as a tool for facilitating student learning. The various versions of the Australian Catholic University's (ACU) Bachelor of Midwifery course curriculum from 2002 to current times incorporate the promotion of reflective practice within clinical practice units. Students are encouraged to critically reflect on their self and their practice experiences, and the development of clinical skills as they progress from student to beginning level practitioner. As articulated in this recent document:

The midwife has the ability and skills to analyse and reflect on and about practice. This includes interpreting evidence as a basis to inform practice, policy, guidelines and decision-making. This implies an understanding about the way that knowledge and evidence are continuously created, applied and recreated. The development of critical self-awareness is essential to this reflective process and is a defining characteristic of a professional midwife (ACU, Bachelor of Midwifery, Course description, 2011, p 4).

The course focus on the promotion of reflective practice aims to build a framework for reflection as the student moves from novice to practitioner. In order to facilitate reflective practice, midwifery students are encouraged to keep a reflective journal as a component of a professional portfolio, and in preparation for lifelong learning and continuing reflective practice (Nakielski, 2005).

As noted, anecdotal evidence suggests that BM students' experience of engaging in contemporary reflective practice as required by the curriculum is viewed by many as a burden. The result is that students engage in reflective

practice on differing levels and some view it as a complex and time consuming chore. The students report that there is no time for the type of written reflection required, but at the same time acknowledge that reflection is beneficial. This study was initiated in order to find out how Bachelor of Midwifery students find the current approach to reflection and if they conceive of, and in fact use, other reflective processes and frameworks. The focus of this study is to explore Bachelor of Midwifery students' experiences of engaging in reflective practice.

Purpose of the study

As reflective practice had become an area of interest for me I decided to explore the topic in detail as a Masters of Midwifery (Research) research project. The study aimed to explore 2nd year ACU Bachelor of Midwifery (Melbourne) students' experience of reflective practice.

This exploratory study employed a Grounded Theory methodology to identify concepts and generate emerging theories about Bachelor of Midwifery students' experiences of reflective practice. Grounded Theory methodology provides the conceptual framework used to plan, conduct and interpret the results of the interviews.

Overview of the thesis

This thesis is presented as a series of chapters describing the process undertaken in the study exploring Bachelor of Midwifery students' experiences of reflective practice. Chapter Two presents the findings of a review of the literature related to reflective practice. The different approaches to reflection are explored including individual reflection, reflective practice groups and

reflection in and on practice. Chapter Three describes the methodological approach and methods used in data collection and analysis. The qualitative approach using Grounded Theory principles is discussed. Chapter Four presents the findings of the analysis process, a major category of *Becoming a reflective midwife* emerged. That category linked to four core categories; 'learning', 'practising', 'valuing' and 'adapting'. This helps to understand and explain the students' experiences of engaging in reflective practice. Chapter Five presents a discussion of the findings, including the study's strengths and limitations, recommendations and concludes with suggestions for future research.

Conclusion

This chapter has described reflective practice in the context of university education for BM students and the importance of reflection becoming part of the practice of the health care practitioner. A review of the history of reflective practice in the healthcare setting precedes a description of my own interest and experience in undertaking reflective activities. The process of formulating the research question has been identified and the purpose of the study explained. A summary of the chapters and key concepts is presented above; chapter two presents the findings of the literature review.

Chapter 2

Literature review

Introduction

This chapter presents the findings of the literature review exploring BM students' experiences of engaging in reflective practice. This study is influenced by the constructivist approach of Charmaz (2006), which takes a more flexible approach to the timing of the literature review than more traditional grounded theory where the literature review is not attended to until after the analysis is complete. This literature review was performed on three occasions, the first prior to commencing the study and to choosing a methodology. This helped to inform and refine the research question. An additional review of the literature was performed twice after the data analysis phase (McGhee, Marland & Atkinson, 2007) with the dual purposes of updating and situating the findings in context. The debate regarding the timing of a literature review in a Grounded Theory study is acknowledged; as will be elaborated on in Chapter Three. The aim of this literature review is to identify and explore what previous studies have articulated about reflective practice, and to synthesise prevailing knowledge and understanding of reflection in midwifery practice. An outline of the process undertaken in the search is addressed, followed by the analysis of the literature.

Searches were made of electronic databases for journal publications between 1995 and 2013. The electronic databases Ovid, CINAHL, Medline, Wiley Interscience, and Ebrary were searched using the terms 'reflective practice', 'reflect*', 'debriefing', 'student midwives', 'midwifery student', 'midwifery' and 'nursing'. Information on nursing and reflective practice dominates the literature, so for the sake of this review, literature involving both nursing and

midwifery was referred to, while still acknowledging midwifery as a profession in its own right. None of the literature accessed was found to have a specific focus on reflective practice and Bachelor of Midwifery students. There is extensive information on nursing and reflective practice and to a lesser degree midwifery and reflective practice. When the second literature review was completed after data collection and analysis, reflective practice papers in other health disciplines such as social work and psychology were sought, and a final review to incorporate the most up-to-date studies was undertaken in 2013.

It is acknowledged that utilisation of reflective practice processes contributes to the development of critical self-awareness, which is a defining characteristic of a midwife (NMBA, 2006). The terms 'reflective practice' and 'reflection' are used extensively throughout this thesis. The literature describes reflection and reflective practice as drawing on current knowledge, experiences and emotions to create new knowledge.

Definition

Within the scope of this study 'reflective practice' incorporates the act of 'reflecting' or 'reflection', 'critical reflection' and also 'debriefing' which is considered to be a reflective activity. It is difficult to find a single definition suitable to describe reflection or reflective practice in midwifery. Lyons (1999) described frustration at trying to understand reflection as a teaching and learning strategy as its complexity defies simple definition and description. Specifically, Lyons was unable to identify a satisfactory depiction in the literature of midwifery students' experience of embarking on reflective education and practice. For the current study, a definition of reflective practice crucially includes the involvement of 'self' and the personal development of

insight and awareness into one's own beliefs, attitudes, behaviours, skills and practices. The process of 'reflection' involves participation in an activity or activities (written, verbal, cerebral, creative or other) that helps the individual engage in a reflective process to consider their own and other's roles in a situation, provide clarity, identify learning or make sense of experiences, and identify how that process contributes to self-development.

Schön (2011) describes reflection as occurring in two ways; reflection *in action* and reflection *on action*. Reflection *in action* occurs during the experience when the individual engaging in the process draws on their existing knowledge to problem solve in that situation. Reflection *on action* occurs after the event, as a way to engage in the process of continual learning. Reflection *in action* is thought to be a more sophisticated skill while reflection *on action* is common among students and beginning practitioners.

Critical reflection can be implicit, where a choice or assessment is made without much thought or explicit, where the situation is examined and assessed in more detail in order to make a concluding analysis (Mezirow, 1998). Mezirow (1998) describes critical reflection as distinct from reflection due the inclusion of the process of making an assessment of what is being reflected upon, this falls into the category of reflection *in action*.

While reflection is frequently depicted as a deeply personal and individual act, debriefing is another form of reflection that can include group members of similar experience involved in a retrospective analysis of events or experiences and sharing thoughts and feelings to critique clinical incidents (Ireland et al., as cited in Cant & Cooper, 2011; Magnone, King, Croft & Church, 2005).

Debriefing that is facilitated and has structure has been found to be of significance to student learning (Cant & Cooper, 2011). For the purpose of this study, debriefing involved students sharing stories in facilitated groups while on clinical placement, or sharing stories with their peers outside the clinical setting. This process provided the opportunity for discussion of positive and negative experiences with the potential to enhance learning and find meaning in practice; this situates debriefing as a reflective activity and students' commentaries on this process form part of the thesis data.

Overall, reflection can be defined as a process utilised by health professionals to evaluate practice and learning needs, to create a greater understanding of new concepts, to implement and monitor changes in practice or as a way of interpreting complex practice issues (Lowe, Rappolt, Jaglal, & Macdonald, 2007). The process of reflection can be undertaken either as reflection *in action* or reflection *on action* in various forms; debriefing, critical reflection, written reflection or in reflective practice groups.

Reflective practice in contemporary practice

Theoretically, reflective practice is promoted and valued in nursing and midwifery and has been widely discussed in the literature over many years (Burton, 2000; Chirema, 2007; Donovan, 2007; Ferrari, 2006; Jasper, 1999; Johns, 1995; Mantzoukas & Jasper, 2004; McGrath & Higgins, 2005; Nicholl & Higgins, 2004; Lockyer et al., 2004; Lowe et al., 2007; Phillips, Fawns & Hayes, 2002; Rich & Parker, 1995; Spencer & Newell, 1999). Johns (1995) suggests an ideal partnering is that of clinical supervision and reflective practice. This partnership is thought to enable the practitioner to develop competence and

maintain high quality clinical experience through a process of facilitated critical reflection. Reflection is argued to have the potential to create new knowledge and action by transforming experiences and ideas (Lockyer et al., 2004).

Interestingly, reflective practice is not always viewed in a positive, empowering light, with criticisms of both reflection and reflective practice emerging over the years (Clinton, 1998). There are also reports that reflective practice may in fact be counter-productive or even harmful (Rich & Parker, 1995), exposing the participant to potential criticism due to the exposure of their actions. Other concerns include that there is very little empirical research into clinical outcomes consequent to reflective practice (Burton, 2000; Lowe et al., 2007; Nicholl & Higgins, 2004; Paget, 2001), and that it does not provide an adequate tool to explore the dynamics of social episodes in professional learning (Phillips, Fawns, & Hayes, 2002). Taylor (1997, p. 21) recommends caution in teaching reflective processes and observes that the limits of reflective practice may include what she calls 'big battles for small gains'. Lockyer et al (2004), Taylor (1997) and Taylor, Stewart and King (1995) suggest that there are several obstacles in the way of reflective practice, for example little time for critical analysis or a lack of understanding of its importance.

Author	Year	Country	Participants	Study information
Chirema	2007	UK	42 nursing	Qualitative/written
Donovan	2007	Ireland	5 nursing	Qualitative/GTM/RPG
Duffy	2008	Ireland	7 nursing	Qualitative/RPG
Ferrari	2006	UK	4 nursing	Qualitative/RPG
Glaze	2001	UK	14 science	Qualitative/written
Hill et al.	2012	Australia	52 speech therapy	Written journals
Jasper	1999	UK	12 nursing	Qualitative/GTM/written
Knight et al.	2010	UK	40% of 297 Clinical psych	
Lowe et al.	2007	Canada	41 phase 1 10 final phase Occupational therapy	Qualitative/Quantitative
Mangone et al.	2005	Australia	15 nursing	Qualitative/RPG
Manning et al.	2009	UK	2 x groups	Qualitative/RPG
McGrath & Higgins	2005	UK	40 nursing	Qualitative/RPG
Nichol & Higgins	2004	Ireland	20 teachers	Descriptive/exploratory
Paget	2000	UK	72 nursing	Qualitative/Quantitative RPG
Phillips & Morrow	2008	Australia	PG 20 midwifery students	Online use of discussion boards and journal
Platzer (a & b)	2000	UK	30 nursing	Qualitative/RPG
Smith & Jack	2005	UK	8 nursing	Focus group/online
Spencer & Newell	1999	UK	19 nursing	Quantitative/ written
Taylor	1997	Australia	7 nursing	Critical theory/RPG
Taylor-Haslip	2010	USA	30 nursing	Journals
Turner & Beddoes	2007	Australia	10 nursing	Focus groups/written
Wolf	2010	Australia	51public relations	Survey/bloggng

Table 2.1 – Reflective practice studies

Studies generally focus on the implementation of a reflective practice group (RPG) (Duffy, 2008; Donovan, 2007; Ferrari, 2006; McGrath & Higgins, 2005; Manning et al., 2009), or an exploration of reflective activities in written form such as a reflective journal (Chirema, 2007; Jasper, 1999; Spencer & Newell, 1999) or portfolio (Smith & Jack, 2005), with fewer exploring other reflective

activities such as the use of the internet in the form of blogs (Wolf, 2010) or discussion boards (Phillips & Morrow, 2008). Few studies specifically explored individual reflective practice activities. Table 2.1 summarises the main studies identified and reviewed in this chapter.

Reflective practice groups

Some studies explored the efficacy of nurses and midwives participating in group reflection. The practice of group reflection (*reflection on action*) is designed to provide a space where group dynamics can operate and the participants have the opportunity to develop greater growth and understanding of themselves and their practice (Paget, 2001; Platzer et al., 2000a). Benefits and barriers of both structured and unstructured reflective practice groups (RPGs) have been described (Knight, Sperlinger & Maltby, 2010; Mangone et al., 2005; Manning et al., 2009; McGrath & Higgins, 2005; Mountford & Rogers, 1996; Platzer et al., 2000a). Many studies describe participants' finding the opportunity for reflective discussion beneficial (Donovan, 2007; Ferrari, 2006; Mangone et al., 2005; Manning et al., 2009; McGrath & Higgins, 2005). This access to peer support was found to provide space away from the stress of busy wards to identify positive experiences and assist in the transition from novice to expert (Mangone et al., 2005). Knight, Sperlinger & Maltby (2010) found RPGs valuable not only for learning about personal and professional development but also for building experience and knowledge around group processes. Lowe et al. (2007) found that health care professionals are more likely to use reflection if they acknowledge its value and have the awareness, motivation and ability to use and promote the reflective process. Manning et al. (2009) identified that junior members of the group

benefitted from attending RPGs as it was thought to help make sense of the overwhelming nature of practice. Learning from others in RPGs was described as helping to bridge the 'theory-practice' gap (Ferrari, 2006; McGrath & Higgins, 2005; Platzer et al., 2000a). Participants were provided the opportunity to explore their existing clinical knowledge and how it related to the experiences in the practice setting. Factors thought to facilitate learning within the RPG included positive feedback regarding practice, which provided reassurance and validated said practice (McGrath & Higgins, 2005; Platzer et al., 2000a). The feedback and discussion that occurred within the RPG enabled students to feel comfortable and less isolated in dealing with complex issues in clinical areas. In addition the group sharing and discussion also provided support and encouragement, and highlighted positives in an otherwise bad situation, which in turn facilitated learning. Another effect of the group process was learning from the experiences of others during critical thinking and discussion time (Manning et al., 2009; Platzer et al., 2000a). Exposure to a range of contradictory perspectives illustrated benefits to the students involved, including showing that there may not necessarily be a right or wrong answer. This in turn encouraged a greater tolerance of uncertainty and promoting active listening (Platzer et al., 2000a). Attendance at RPGs was found to be a way of developing professional and interpersonal relationships (Mangone, 2005). Preparation and ongoing support to attend RPGs was vital (Donovan, 2007; Nicholl & Higgins, 2004), particularly for junior staff.

The benefits of reflection in both groups and individually is widely acknowledged. However, Fejes (2008) raises the point that during group reflection, the individual is encouraged to contribute their knowledge in a way

which was likened to ‘confessing’ to others. By engaging in the group process, one makes oneself vulnerable and open to public scrutiny. However, to balance this argument, Fejes states there is no need for others to make a public confession, as one can confess to one self through individual reflection. Individual reflection is argued to be desirable in terms of working to improve the personal and professional self. Gilbert (2001) also sets out to challenge the bases on which reflective practice and clinical supervision are promoted, expressing the concern that there is little critical debate about such practices. He argues within the context of Foucault’s concept of governmentality that reflective practice and clinical supervision are forms of surveillance. Gilbert suggests the encouragement of participation in reflective practice is a subtle yet powerful way to maintain a sort of surveillance on the clinical practice of health professionals. In this instance he refers to the private reflections of health care professionals being shared with and opened up to critical examination by supervisors. Reflective practice can occur in a variety of ways, the sharing of private thoughts and descriptions of clinical incidents with a supervisor is only one pathway for reflection on practice, as argued by the authors above, the involvement of another person is not always necessary.

Many studies have described the importance of a skilled RPG facilitator (Donovan, 2007; Duffy, 2008; Manning et al., 2009; McGrath & Higgins, 2005; Paget, 2001). This includes that the facilitator should demonstrate skill in being supportive and non-judgmental (Manning et al., 2009) and ensure all group members are comfortable in the RPG environment (McGrath & Higgins, 2005). Duffy (2008) discussed the importance of facilitators receiving adequate support to ensure their effectiveness in managing RPGs and ensuring that

group facilitators had sufficient training, with adequate methods of reflective practice development available (Knight et al., 2010). Participants in RPGs described the benefits of being challenged by the facilitators and that receiving constructive criticism encouraged them to look more deeply into certain issues with support from the group facilitators (Platzer et al., 2000a).

Those who teach reflective practice to students in healthcare have identified the need for additional support and guidance when implementing reflective activities. Respondents in a study exploring a group of teachers' perceptions and interpretations of reflective practice and how it was taught in preregistration nursing curricula often considered teaching reflective practice exhausting and identified the need for formal and informal support networks to assist with this (Nicholl & Higgins, 2004). An important finding was the need for the educator to have the appropriate passion, skills, support and training to properly and adequately teach, promote and support reflective practice amongst the student body (Nicholl & Higgins, 2004). The researchers highlight the potential danger of a continuing emphasis on the theory of reflective practice and not its application in practice. Group size was also of interest, with Knight, Sperlinger & Maltby (2010) suggesting limiting groups to 10-13 participants for greater member effectiveness and satisfaction.

One of the main barriers identified to the type of learning in RPGs is the difficulty experienced by participants in engaging in adult learning processes without previous educational experience in doing so (McGrath & Higgins, 2005; Platzer et al., 2000b). Additionally, some members of RPGs found the process particularly difficult in the absence of a framework for reflection (McGrath & Higgins, 2005) or where the facilitator had little or no experience (Duffy, 2008;

Nicholl & Higgins, 2004). Further impacting on this lack of guidance was the feeling that as nurses the culture in which they worked did not always foster such sharing and openness, potentially posing difficulties for group reflection processes (Manning et al., 2005; McGrath & Higgins, 2005; Platzer et al., 2000b). Participants expressed a sense of fear and vulnerability related to openly discussing their practice in a critical manner, despite the fact that confidentiality and a non-judgemental attitude were included in the ground rules of the group work and the study protocols (McGrath & Higgins, 2005; Platzer et al., 2000b). The participants' main concerns were that they may be seen as unprofessional when areas of their practice they were unsure about were critically evaluated, while others felt it was particularly difficult to discuss any area of uncertainty in their practice. Still others described fear of the consequences of disclosure of sensitive information as a concern (Manning et al., 2005).

If clinical processes and practice contexts are conducive to reflection, this can increase the likelihood of the reflective process occurring (Lowe et al., 2007). However, Mangone et al. (2005) found that participants described the effectiveness of RPGs to be limited by their difficulty in attending these monthly sessions due to timing or lack of support by senior staff for junior staff to attend. Junior staff would have liked the opportunity to attend more sessions but found timing, the nature of shift work and a lack of awareness of the sessions as restricting their attendance (Mangone et al., 2005). A major implication of this study, which has been noted elsewhere (Dawber, 2013; Platzer et al., 2000b) was the need to incorporate this type of reflective

learning within the institution or employment setting in order to influence the work culture and to overcome some of the identified barriers.

Written reflective activities

Three categories of reflective ability have been identified (Chirema, 2007; Hill, Davidson & Theodoros, 2012) – reflector, critical reflector or non-reflector. One who undertakes critical reflection goes beyond surface or descriptive reflection to a deeper synthesis in their reflection (Mezirow, 1998). Hill et al. (2012) found the majority of participants in their Australian study to be reflectors (94% of 52 participants), with 3% reflecting at a critical level and 3% identifying as non-reflectors.

Reflective activities undertaken in the written form are often referred to as ‘formal reflection’ and may be presented as part of a professional portfolio, a critical reflection, assignment or reflective journal and are often part of an assessment task. Similarly to other forms of reflection, opinions differ as to the effectiveness of written reflection. Studies have found journal writing to be useful and assist with learning (Constantinou & Kuys, 2012; Jasper, 1999), while others have found written reflection as growth promoting, positive but at the same time challenging (Turner & Beddoes, 2007). A clear correlation has been identified between the clinical performance and the level of writing. Reflective skills develop from a surface level as a novice, toward a deeper level as the student moves to graduate level (Hill et al., 2012; Taylor-Haslip, 2010). Similarly Scholes et al. (2004) found that if the approach to practice assessment in the early stages of the students’ careers is too complex it can detract from clinical learning. This highlights the need for the level of evidence and experience to

match the students' stage of clinical and academic development. Beginning students reflect at a lower level and as they become more experienced they find reflective writing to be more beneficial (Smith & Jack, 2005).

Students found written reflective activities difficult in the absence of structure and guidance (Hill et al., 2012) highlighting the need for clear instruction regarding journal writing (Taylor-Haslip, 2010) and thorough pre-placement preparation (Turner & Beddoes, 2007). Studies have documented the need for clear facilitation and guidance on both the purpose of reflection and how to complete reflective practice assessment tools (Getliffe, 1996; Scholes et al., 2004). Other students have reported benefits to reflective writing, but were limited by the time needed to write in their reflective journal, some expressed a preference to reflect orally rather than write (Chirema, 2007). Students have also been found to be less motivated to undertake written reflection if their work was not graded (Getliffe, 1996).

Glaze (2001) explored advanced post graduate nurse practitioner students' perceptions of reflection. From a sample of 14 participants all but one described their experience as positive, and likened it to going through a period of transformation, becoming more confident and aware. They described reflection as a way to develop insight into how their reflections shaped their actions. The study concluded that the integration of reflective practice is beneficial to most students and that the development of reflective skills is a complex process, depending on both the students' willingness to participate and the process being well enough supported to address clinical issues (Glaze, 2001).

Reflective groups & reflective writing

Some studies have explored the combination of written reflection and participation in RPGs (Taylor, 1997; Collington & Hunt, 2006; Reimann, 2005). The healthcare practitioner maintains a written reflective journal and then participates in facilitated reflective groups. As a long-time supporter of reflective practice in nursing and midwifery, Taylor (1997) described concerns that the limitations of this practice have not been fully explored or acknowledged. Her study involved seven midwives in a distance education Bachelor of Health Sciences (Nursing) unit in Advanced Nursing Practice, Midwifery. The aim was to explore the reflective process where the midwives examined their work practice and took into consideration any options for positive change. The researchers took on roles as facilitators and critical friends of the midwives and used regular meetings to explore their roles. Participants made entries into a reflective log and spoke on a weekly basis to their facilitator to discuss the reflective process. Discussion between the facilitators and the participants involved analysing clinical events or incidents and the sense participants made of them, then discussing and summarising any benefits resulting from this process. This research demonstrated the complex nature of implementing and maintaining reflective practice by busy clinicians. Despite positive responses to facilitated reflection, concerns were expressed that without facilitators, it was unlikely that individuals would continue reflective practice unless they found ways to deal with various constraints. This concern was particularly related to time, as participants reported working full time and studying part time in addition to other personal and family commitments (Taylor et al., 1995).

In their qualitative study, Collington and Hunt (2006) explored students' and midwives' perceptions of undertaking critical reflection. The authors identified a superficial understanding of critical reflection within both groups and some inconsistencies in how the participants engaged in reflective practice. Multiple methods were used in gathering data including reflective journal writing, group discussions, semi-structured interviews and analysis of journal entries. The authors found that students reported a positive experience of reflection and midwives who undertook reflective practice during their training generally maintained it during their career. However, the authors concluded that further strategies needed to be implemented to promote and facilitate reflective practice within the general population of midwives (Collington & Hunt, 2006).

Riemann's (2005) paper reports on his work with social work students in Germany and his attempts to help them become more self-reflective ethnographers in their own affairs and in their social work practice. The processes reported on included developing competencies in observing, analysing and writing; the students then shared and discussed their written observations, in the form of field notes, and reflections with their peers in a critical yet supportive environment. Riemann reported that the majority of students spent a lot of time and energy on their work, despite moments of insecurity and frustration, particularly at the beginning when they were unfamiliar with the processes employed. The paper concluded that this type of reflection assisted the students' professional development, contributed to learning and support from each other, and that their work could be used as resources for the training of social work students in the future.

Reflection in online forums

The use of online forums as a way to engage with and support students to reflect or debrief has been explored. Two Australian studies, one exploring postgraduate midwifery students (Phillips & Morrow, 2008) and the other public relations students (Wolf, 2010) evaluated the use of an online journal and blog space respectively. Both studies developed guidelines for participation in the online environment to ensure discussions were relevant and respectful of others (Phillips & Morrow, 2008; Wolf, 2010). Phillips and Morrow (2008) discuss the importance of debriefing and reflective practice in their study evaluating an online journal space for post graduate midwifery students to share stories with each other and their lecturers. The students had access to a discussion space and a personal journal space in the online environment which was password protected, providing security for potentially personal information. Thoughts and emotions were shared; students engaged in discussions with their peers and posted stories about their experiences. The study found that a strong sense of community was created. In addition the online environment provided a 'sense of belonging'; the students valued sharing their experiences, learnt from hearing about the experiences of their peers and the discussions contributed to and strengthened the cohesion between the teacher and students. Students indicated they preferred face-to-face interaction, but this was outweighed by the convenience of the online environment and being able to access it in their own time and space (Phillips & Morrow, 2008).

Wolf (2010) used online technology to encourage ongoing reflective practice. The public relations students in this study participated in the use of a reflective

blog as part of a compulsory professional placement unit. The aim was to improve student learning and create an awareness of the need for continuing professional development by engaging in reflective practice - something largely ignored in the past in this discipline. These students had relatively structured guidelines, with each student expected to contribute four original posts and four responses over the duration of their placement; essentially an online diary of their experiences. The students were assessed on quality of writing, reflection on their placement and links to additional material. The study concluded that after a slow start all students joined the blog without major problems, with the majority being reflective posts. The student response overall was very positive, particularly the opportunity to exchange ideas and thoughts with other students, thereby expanding their knowledge and insight into their chosen industry. Placement was identified as potentially giving rise to feelings of isolation and loneliness but the online interaction and reflections provided those students with a feeling of connectedness. Wolf (2010) concluded that there was a relatively strong case for continuing the use of blogs as part of placement units despite a small number of students being not as familiar with online learning environments as others. To address this concern, further guidance and information could be provided to address this knowledge gap.

Conclusion

The literature has displayed broadly similar findings in relation to reflective practice, not only within healthcare disciplines but in other people-focussed fields. Interestingly, despite the widespread promotion and importance placed on reflective practice within the people-orientated fields of nursing and

midwifery, several studies discuss concerns that there is insufficient evidence to support its practice. Reflection in the group setting opens up the individual to the possibility of confrontation or criticism about their practice, or participants may lack the confidence to share within the group. Yet students do report finding support and connection via this process. Individual and written reflection has its own problems, including lack of inspiration, support and/or direction. The importance of an experienced, appropriate facilitator, coupled with adequate background information and training with regard to reflective processes to provide an adequate environment for the promotion of reflection, whether within a group or as an individual written exercise, is acknowledged throughout the literature. The use of online forums as a way to provide support and opportunity for reflection and debriefing and has more recently been explored as an adjunct to face-to-face activities.

Chapter Two has discussed how the majority of the literature maintains a focus on nursing and reflective practice, with less related to midwifery practice and even fewer studies examining midwifery students and reflective practice. Midwifery education programs reflect the standards outlined by the governing bodies and include a strong focus on and promotion of reflective practice throughout the duration of the course. This reality supports the need for the proposed study exploring the engagement or non-engagement of Bachelor of Midwifery students in reflective practice and, to further analyse its suggested benefits, barriers and implications for its continuing inclusion within the curriculum. Chapter Three will present in detail the research methodology and research process as well as the role of the researcher within this study.

Chapter 3 – Method & Methodology

Research approach

Introduction

This chapter presents the qualitative research approach chosen for this study, that being grounded theory, and includes a description of its origins, methods, and particular usefulness as the methodology for the study. The aim of the study was to explore 2nd year ACU Bachelor of Midwifery (Melbourne) students' experiences of reflective practice. Questions linked to this major research question to be explored in this study include:

- Do students undertake reflection as instructed throughout the practice units in the BM course?
- If not, do they reflect in more informal ways?
- If they do participate in reflective practice: How do they reflect? When do they reflect?
- How often do they reflect?
- What are their thoughts and feelings about reflective practice? Are there any barriers to reflective practice?
- Is there anything that might make reflective practice more positive or beneficial?

As discussed within the literature review, reflective practice within midwifery education is an area that has been subjected to limited research. The challenge was to identify a research methodology that would enable in-depth exploration of the area and the generation of new knowledge and insights into this under-researched area.

Research approach

In the late 1960s the sociologists Anselm Strauss and Barney Glaser documented the beginnings of grounded theory (Covan, 2007 and Stem, 2009 as cited by Birks & Mills, 2011), now one of the most widely used qualitative research designs for nursing and midwifery studies. The aim of grounded theory is to generate new theory from data (Birks & Mills, 2011). Influenced by interactionist and pragmatist writers, Strauss and Corbin's approach to grounded theory focuses on theory derived from data that has been gathered and analysed systematically throughout the research process (Strauss & Corbin, 1998). Participants in a grounded theory study have all experienced the process being investigated and the development of a theory may help to explain the practice or provide a framework for further research (Creswell, 2007). By using this qualitative design the researcher generates an explanation, or theory, of a process, action or interaction shaped by the participants (Strauss & Corbin, 1998). As grounded theories are drawn from data they are likely to offer insight, provide greater understanding and a meaningful guide to action (Strauss & Corbin, 1998). There are several variations of grounded theory but a set of methodological strategies are shared – data collection and analysis occur simultaneously using comparative methods, data is coded analysing actions and processes, and theoretical sampling occurs, where new data is checked to confirm the developing properties of a category (Charmaz & Bryant, 2011).

Since Glaser and Strauss first documented classic grounded theory, Birks and Mills (2011) refer to a second generation of grounded theorists who have written about their interpretation based on an extension of the original

description. Among them is Charmaz (2006), who documents a contemporary version of Glaser and Strauss' classic statement - constructivist grounded theory. In remodelling the original methodology, Charmaz describes the use of an interactive process to create analyses of the data where a shared reality is created between the researcher and participant (Breckenridge, Jones, Elliott & Nicol, 2012). Rather than study a single process as Strauss and Corbin described, Charmaz prefers a social constructivist perspective, one which lies within the interpretive approach of qualitative research, with flexible guidelines, and more emphasis on the views, beliefs, feelings, assumptions and ideologies of the participants and researcher than a focus on methods (Creswell, 2007). That is not to say Charmaz does not describe the use of gathering and coding data and memoing, rather she considers that complex terms, jargon, systematic approaches and the like may detract from grounded theory and may minimise the role of the researcher (Creswell, 2007). The voice of the participants is a central component of constructivist grounded theory when exploring their lived experiences (Breckenridge et al., 2012). Charmaz (2000) describes the involvement of the 'viewer' as a crucial difference in constructivist grounded theory. By interacting with participants and analysing data, rather than being separate the researcher becomes part of what will be defined (Charmaz, 2000), creating a shared reality (Breckenridge et al., 2012). An insider's view of the research problem, setting and participants is a result of extensive, rich data collection and constant interaction during the analysis phase (Bryant & Charmaz, 2007).

In contrast, positivist grounded theorists believe that detailed data distract researchers from discovering and pursuing analytic focus and that they therefore may not attend closely to data collection (Bryant & Charmaz, 2007).

Only enough data is gathered to find an emergent category or categories. The original intent of the classic methodology is to identify and explain conceptually, an ongoing behaviour which seeks to resolve an important concern rather than to tell the participants' stories (Breckenridge et al., 2012). A conceptual understanding of social behaviour is the aim of the original grounded theorist rather than the constructivist focus on interpretive understandings of participants' meanings (Breckenridge et al., 2012). Essentially, the classic methodology is more about patterns of behaviour than about the people involved (Breckenridge et al., 2012).

Although it would seem that the systematic approach to grounded theory as described by Strauss and Corbin (1998) would suit a beginning researcher, the more flexible, less structured approach of Charmaz (2006) was used in this study. Her approach to grounded theory builds upon a symbolic interactionist theoretical perspective within a constructivist epistemology. As noted by Creswell (2007), this method is designed to encourage researchers' persistent interaction with their data, while remaining constantly involved with the emerging analyses. Data collection and analysis proceed simultaneously and each informs and streamlines the other (Bryant & Charmaz, 2007). The essential qualities of grounded theory methods involve the use of flexible strategies for focusing and expediting qualitative data collection and analysis (Charmaz, 2006). Grounded theory methods enable the direction, management and streamlining of data collection in order to construct an original analysis (Charmaz, 2006).

Constructions of reality are formed within the constructivist approach, taking grounded theory analyses, implicit meaning and experiential views into

account. The initial plan cannot be tightly prescribed, as the research process is emergent and during any phase a shift or change may be experienced; for example questions, data collection techniques or participants. The important factor is a focus on learning from the participants' experience of the problem or issue (Creswell, 2007). As Grbich (1999) outlines, the grounded theory approach is best used in a small-scale study, where little research has previously been undertaken and where the focus is on processes, relationships, meanings and adaptations; this study fits those criteria.

Social and psychological processes cannot be known exactly, so the researcher begins with a certain area of interest. From that point, preliminary interview questions are formed which then guide further questions relating to the concerns of the participants. These concerns are explored and examined, with further questions arising (Charmaz, 2003). The process is repeated several times during the research process which assists in keeping the researcher close to the data gathered and aids in the elimination of previous assumptions regarding the subject. Throughout the process the researcher must maintain a focus on learning the meanings the participants ascribe to the issue (Creswell, 2007). Constructivist grounded theory encourages the researcher to be reflexive about constructions such as preconceptions and assumptions that may inform their inquiry (Charmaz, 2003). The data and analysis created from the shared experiences of researcher and participants and the relationships between each party have priority in Charmaz's approach to constructivist grounded theory. How the participants construct meanings and actions is studied from as close to the inside of the experience as possible. Data analysis is viewed as a construction that does not only locate data in time, place, culture and context but also reflects the researcher's thinking (Charmaz, 2003).

Rather than portraying an exact replica of the studied world, Charmaz's (2003) approach provides an interpretive portrayal of that world.

The researcher

Researching in one's own culture can be problematic and lead to allegations of bias and coercion. As a midwife and lecturer with a strong interest in reflective practice I was aware of my role and took steps to reduce any such accusations. Those steps included acknowledging my own beliefs and presumptions about reflective practice by writing them down in my own reflective journal. This was a way for me to remain mindful of the impact this may have when conducting interviews with the participants. This is not to say I acknowledged my background in order to 'bracket' it from my data collection; but rather, and consistent with Charmaz's (2006) approach, keeping close to the data and being aware of my own previously held assumptions reduces the likelihood of the latter dominating and/or framing the research findings.

A further potentially complicating element in this study is that the student participants were known to me as I had previously taught some of them; this may have been a conflict of interest if they felt obligated to participate, therefore their voluntary participation was re-iterated. Another midwifery lecturer informed the students about the study and invited them to contact me about participating in order to avoid any feelings of coercion that might have arisen if I were to personally promote and recruit for my own study. Additionally, at the time of the interviews I was not teaching any of the student participants. Their participation or non-participation in the study was information not made available to anyone else in the student group; it was completely at each student's discretion as to whether or not they informed

their peers of their involvement. A clear delineation between the role of teacher and role of researcher was upheld; this was why it was particularly important that the student chose the location for the interview, that being a neutral location or one where the student would not see me as teacher, but rather as researcher.

Research participants

Following ACU Human Research Ethics Committee approval (see Appendix A), students enrolled in 2nd year, Bachelor of Midwifery at ACU (Melbourne) were approached by another midwifery lecturer (not the researcher), and invited to participate in the study (flyer Appendix B). By the time they commenced the second year of the course, the students have completed a year of the course which has both informed and guided them in the process of reflective practice. They have all completed at least four weeks of clinical placement, have cared for a number of pregnant women in the community and have been encouraged to reflect on their practice. Therefore this cohort had some experience of engaging in reflective practice to draw on. While the students' experience of both midwifery practice per se as well as reflective practice was limited, their perspective was deliberately sought as they were engaged in the early stage of developing their relationship with reflective practice. Later cohorts might be less critical of this process and/or have a more entrenched view, as opposed to the prospect of capturing some of the emergent experiences of reflective practice made possible by the stage of professional development of the study cohort.

An information letter (Appendix D), as a plain language statement clearly outlining the purpose and objectives of the study and requesting expressions of

interest in participation was distributed to second year students in the middle of semester one 2010 by one of the senior midwifery lecturers. Students were provided with the researcher's contact details so that those interested could discuss the project and their involvement and seek any necessary clarification. Informed written consent (Appendix C) was obtained by the researcher from those interested in being involved in the study prior to commencement of the interview process. Many students initially expressed their interest however due to study commitments, exam periods, clinical practice placement and vacation time, their availability was limited and making time for interviews became a challenge. Eight participants eventually participated (approximately 10% of the second year cohort); five were interviewed over a period of 3 months and a further 3 interviews were performed in the following 2 months. The participants were aged from in their early twenties to their mid-fifties; about half of the group were school leavers (or recent school leavers) at the beginning of the course and half mature age. So, within the group the participants brought a range of life experience and areas of interest, but what they principally shared was the study of midwifery.

Data Collection

Typically in grounded theory studies interviews are used to obtain data, but observations, documents and audio visual material may also be used (Creswell, 2007). In-depth qualitative interviewing fits well within grounded theory methods; the researcher is required to take control of data collection and analysis which then gives more analytic control over the material (Charmaz, 2003). The data collection sequence may be repeated several times during a research project. This grounded theory method keeps the researcher close to

the gathered data rather than previously held assumptions or expectations about the topic (Charmaz, 2003). Guided in-depth individual interviews were used in this study with a focus on understanding the participants' experience of reflective practice. The basic question driving a grounded theory study is – 'What is happening?' In a constructivist grounded theory study the interview starts with the central issue then proceeds with the researcher and participant co-constructing the direction of the study (Charmaz, 2003). The interviewee is thought to have substantial experience about an aspect of life that is explored using in-depth, open-ended questions. This type of interview relies on a flexible, emergent technique where ideas and issues emerge and can be followed by the interviewer as they arise. The grounded theorist then looks for ideas to answer analytic questions by studying the data and filling in conceptual gaps (Charmaz, 2003).

Charmaz suggests asking carefully chosen questions, slowly, to foster participants' reflections (2003). The interview must be used to explore, rather than interrogate. Questions must explore the topic and fit the participants' experience. The researcher may only need to ask one question if the participant starts talking and keeps talking, perhaps only requiring the occasional clarifying question, or comments that may keep the story coming if the interviewee wants to tell it. The questions are designed to identify individual experiences and should reflect a symbolic interactionist emphasis on learning the participants' subjective meanings (Charmaz, 2003). An interview protocol was created, and tested in a practice interview with a midwifery colleague in order to both practice the interview technique and identify any questions that might need to be included or altered. A copy of the semi-

structured interview protocol used in this study can be found in the Appendix E of this document.

The location of the interview was chosen at the discretion of the interviewee, being a place where they felt comfortable and the atmosphere was conducive to a relatively private conversation. Prior to commencing the interview, the purpose and process of the study was explained again with time given for final clarifications, following which written consent was obtained, and a copy of the findings identified at the end of the study was offered to the participant (Creswell, 2007). All participants consented to the interview being recorded; the recording was stored securely on a password protected personal computer. Of the eight interviews undertaken, approximately half took a full hour (or slightly longer) to obtain an in-depth account of the student's experience of reflective practice. The remainder of the interviews lasted between thirty and forty-five minutes. Participants were only interviewed once as saturation of data was evident. The majority of interviews proceeded without difficulty; as Charmaz (2003) suggests the first question was enough of a prompt for the participant to begin talking about their experience of reflective practice and then questions flowed as part of the interview conversation. Some participants initially struggled to articulate their responses, providing one word or a short sentence for an answer. It was only after rephrasing questions that I was able to stimulate conversation and obtain a more in-depth account of reflective experiences from those participants. In an early interview one participant provided one sentence answers to a number of questions about her experience of reflective practice; in order to obtain a more detailed answer I asked her if she could recall a time or experience that prompted her to reflect and asked her to describe that to me, including how she reflected and how she felt

afterwards. This strategy assisted the participant to articulate her experience in detail. At the completion of each interview, thoughts about how the interview progressed, difficulties encountered or strategies that worked well were noted as a memo to be addressed prior to undertaking the following interview. Each interview was transcribed by the researcher. The initial analysis commenced as the interviews were transcribed in order to inform and streamline both data collection and analysis (Bryant & Charmaz, 2007).

Memos

The use of memos in a grounded theory study helps both to keep the researcher involved and facilitate the emerging analysis. It is considered a pivotal step between data collections and writing the draft of the paper. Memos are written in a way that suits the writer, informal and free flowing, long and descriptive or short and to the point. They enable the development of comparisons, growth of ideas, the maintenance of a focus and creating a space for engaging with the work (Charmaz, 2006). Early memos capture what is seen in the data, exploring and filling out the codes, asking questions about what is going on, what are people doing or saying and what connections can be made (Charmaz, 2006). Advanced memos become more descriptive; exploring how the category is emerging or changing, identifying beliefs or assumptions, or making comparisons between the people, the data or the categories (Charmaz, 2006). Memos can be written as soon as the writer has an idea and can be revisited or revised later; they can remain personal and private; they can help to encourage the writer to stop and think, to develop a voice, to link data or demonstrate connections, to keep involved and to increase confidence (Charmaz, 2006). My initial memos were very basic explorations of my

thoughts about the research process and what I felt was emerging from the data. They appeared to become more detailed as time went on and a greater understanding of the concept of what was actually happening occurred. Later, most of what I consider to be memos took the form of drawings, sketches or diagrams hand-drawn onto sheets of paper. These were usually completed after long periods of time focusing on one area of the study; drawing or writing memos in this way enabled me to transfer ideas in a simple way onto paper rather spending more time in front of a computer screen. Some of these diagrams and visual representations can be found below in the consideration of data analysis methods, while others are contained in Appendices F and G.

Data analysis

Charmaz (2003) notes that data analysis occurs not at a singular defined stage, but in an ongoing fashion throughout the research process. She acknowledges coding as pivotal; the researcher paying close attention to data, moving from description to conceptualisation. In this study the transcribed data was collected and analysed simultaneously from the first interview. When preparing and organising data for analysis, coding was used to reduce the data to a series of themes which could then be presented as figures, tables or discussion (Creswell, 2007). Grounded theory coding is at least a two-stage process involving initial or open coding, where the researcher starts to make analytical decisions about the data, ideas or concepts emerge. Focused or axial coding follows, where the emerging ideas or concepts are sorted, synthesized and conceptualised into categories or themes. The essential properties are maintained during this dual process even though events and meanings are distilled (Charmaz, 2003).

Coding is the first analytical step where the researcher moves from description toward conceptualization of the description. The data is closely attended to; with the researcher identifying codes that are not only of interest but also reflect the participants' perspectives in the information gathered (Charmaz, 2003). The text was examined manually in the open coding phase to identify categories; events and meanings being distilled without losing their essential properties (Charmaz, 2003). The constant comparative approach is used to 'saturate' the categories, until there is no new information identified (Creswell, 2007). Overall, the process reduces the information to a small set of themes or categories (Creswell, 2007, p. 160). Axial coding must take into account the initial or open codes carefully. A central phenomenon of interest is identified, with further information gathered from the database or from further interviews to understand categories related to this phenomenon. Information is then organised to present a theoretical model of the process being studied (Creswell, 2007, p. 161).

Study evaluation

When a researcher becomes immersed in their work; the final product makes sense to them as they have been immersed in the process. By evaluating the process and outcomes of the work the quality and accuracy is defined and clarified for the reader (Charmaz, 2006). Expectations for grounded theory studies vary, with many terms used to describe criteria used in the evaluation process, for example: credibility and authenticity (Lincoln & Guba, 1985), trustworthiness (Eisner, 1991 as cited in Whittmore et al., 2001), rigour and reliability (Creswell, 2007). Creswell (2007) describes the use of the following as strategies for validation that were used in this study: peer review and

debriefing; clarification of researcher bias; and external audits. Creswell (2007) suggests using at least two of these strategies to evaluate a study. The three strategies used for this study will now be described.

The process of peer review or debriefing provides an external check of the research process (Lincoln & Guba, 1985). This provides an opportunity for questioning and listening, clarifying queries about methods, meanings and interpretations (Lincoln & Guba, 1985). During this study regular communication occurred between myself and my supervisors, either face-to-face or via email. Experiences and ideas that arose along the way were shared and discussed, particularly during the analysis phase and the writing-up phase. This activity provided an opportunity to share thoughts about the emerging categories, or to unpack, tease out and question the stories within the data. It was a time to ask 'What is happening here and have I conveyed my interpretation in a way that makes sense?'

Clarification of researcher bias occurs from the onset of the study to enable the reader to understand the researcher's position, and any biases or assumptions they may hold that may impact on the inquiry (Merriam, 1988 as cited in Creswell, 2007). The researcher comments on past experiences, biases, prejudices or orientations that may have shaped the interpretation and approach to the study (Creswell, 2007). Throughout this study I have made an attempt to clarify my own existing pre-conceptions or thoughts about student experiences of reflective practice, and I have noted my own personal opinions and experience regarding reflective practice. Acknowledging potential biases, assumptions or knowledge is said to provide clarity for the reader regarding

anything that may have shaped the interpretation or approach to the study (Merriam, 1988 as cited in Creswell, 2007).

External consultation in the form of an external audit allows the process and product to be examined in order to assess accuracy (Lincoln & Guba, 1985). The auditor has no connection to the study, rather they examine whether or not the findings, interpretations and conclusions are supported by the data (Creswell, 2007). A draft version of this thesis was presented to a panel of experts for constructive feedback. In addition to my two supervisors the panel consisted of three external reviewers who were not connected to this study. This process provided ‘fresh eyes’ to review the study content including its structure, analysis and discussion. The feedback from this process was used to contribute to amendments made during the writing of the final draft of this work.

My data analysis process

I used a number of techniques during this phase, inspired by Birks & Mills’ (2011) descriptions of data analysis. After each of the processes described below I consulted with my supervisors on the emergent themes; they also had access to the raw data transcripts and contributed in an ongoing manner to the analytic process. Initially the interview transcripts were formatted in Microsoft Word prior to importing them to Microsoft Office OneNote; these were printed and a pencil and highlighter used to draw out initial categories, line by line, with notes added in the margins. This approach suited my own personal style in the first instance; as noted earlier I find enjoyment and meaning in art and craft, and the process of using colour (pens, highlights or sticky notes) helped me to engage with and conceptualise the emergent areas of interest. Following

this the transcripts were imported to Microsoft Office OneNote where they were given their own title, 'Interview 1' and so on; categories were highlighted in different colours and drawn out into their own sub-heading within each interview (Figure 3.1). The resulting sub-headings were then given their own title (depending on the category), so all categories from each interview were then grouped together. Each interview could be viewed with either the categories listed to the right or, with excerpts from each interview. There was also a section headed 'Memos' that was used often throughout the process to record my thoughts and feelings about what was emerging from the data. Placing the transcripts in this electronic format provided another medium for me to immerse myself in the data as part of the analysis process.

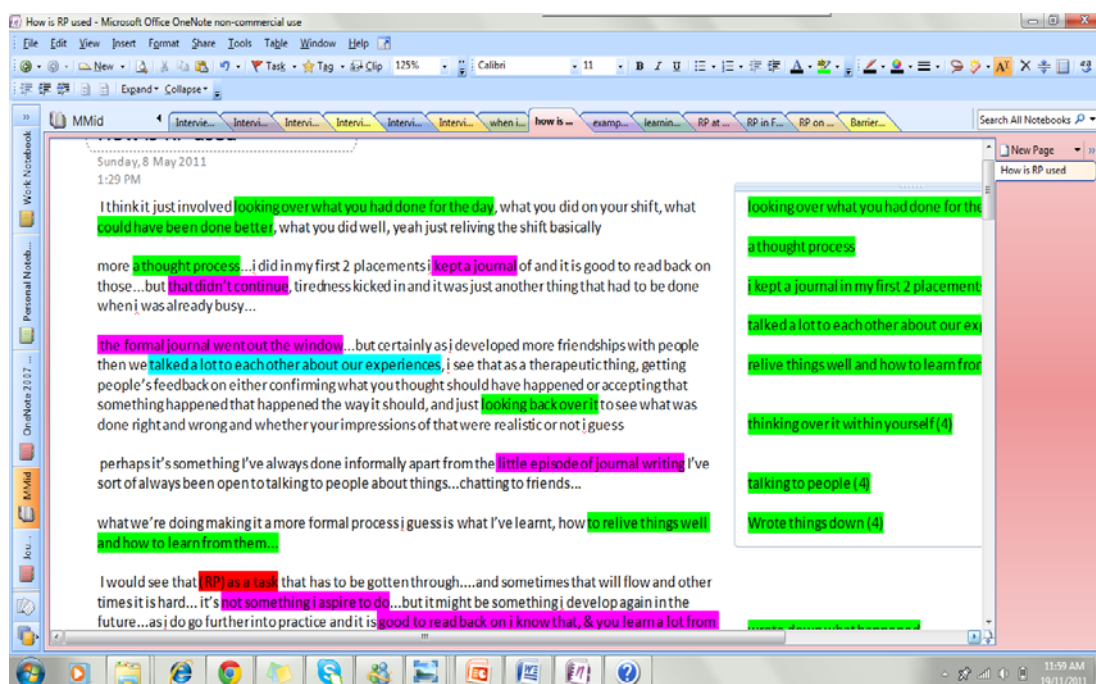


Figure 3.1 Codes in Microsoft OneNote

Following this process however, I had a feeling of being somewhat bogged down in 'cyber land' and needed to bring the information out of the computer screen and physically surround myself with the data. I used a large piece of

paper (1500mm x 1200mm) and fixed it to the wall of my study. I used a permanent marker and wrote 'reflective practice' in the middle. A range of different coloured sticky notes were used and codes (from the data in Microsoft OneNote) were written on each sticky note; the codes were grouped together by colour to represent a category (Figure 3.2). At the end of this exercise the large sheet of paper was completely covered by coloured notes with codes on them. A large marker was used to give each group a heading (Figure 3.3). Another large piece of paper and marker were used to draw a diagram I felt was representing what was emerging from the data. This happened almost in a 'freestyle' way in a process of letting the words flow out onto paper in a magnified sense.



Figure 3.2 Codes on sticky notes

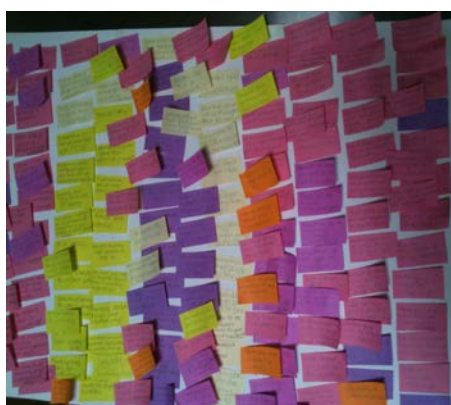


Figure 3.3 Codes arranged into categories

Following these processes of iterative analysis, I went back to the computer to arrange the data into a matrix using Microsoft Word to sort the codes' properties and dimensions (see Figure 3.4 for one example). It felt as though everything had been 'thrown out there' creating a multicoloured pictorial representation of words, codes and categories and now it was time to rearrange and draw it all back in, in order to provide clarity about what was emerging. This helped to group the codes together to generate the emerging

categories. From the data analysis a linear framework evolved, incorporating four major categories.

Figure 3.4 Matrix with properties

Code/category	Property/dimension	
Learning F r o m	A.1 [environment]	Clinical placement University -learning new things in an unfamiliar environment (on placement) -can't recall hearing about it in midwifery subjects -it was like a recommendation not a requirement (in midwifery) -in a nursing unit we had to do directed reflections (very focussed, every week) -heard about it early in 1 st year, thought it sounded painful
t h e d a t	A.2 [RP as a process, in theory]	-reflecting starts simply, what happened, what were your thoughts and feelings -becomes more in depth (initially a description) -looking back at how you've changed -reading your initial thoughts and what you learnt -using RP to change your practice to suit your circumstances -see how you've grown as a midwife -it's an ongoing process you return to -there was a gap between learning about it and clinical placement -your reflections change the more experience you have
a T	A.3 [making sense]	-not sure how -couldn't grasp the concept in 1 st year -didn't know what it meant when I first heard about it -early on I knew it was important but not why

These emerging categories - 'learning', 'practising', 'valuing' and 'adapting' link to a core category - *Becoming a reflective midwife* (Figure 3.5). The students were able to recall first learning about reflective practice during the first year of study, although some could not make sense of its purpose. They were also able to identify learning from participating in reflective practice, however some spoke negatively about this experience. All the participants recognised the value of reflective practice and its contribution to their growth and

development as a beginning midwife. They expressed a desire to adapt to regular participation in reflective practice in a variety of ways, ranging from a thought process to a descriptive writing exercise to reflecting in a group situation. Many expressed barriers to undertaking reflective practice, particularly in the written form, the most common barrier identified being time.

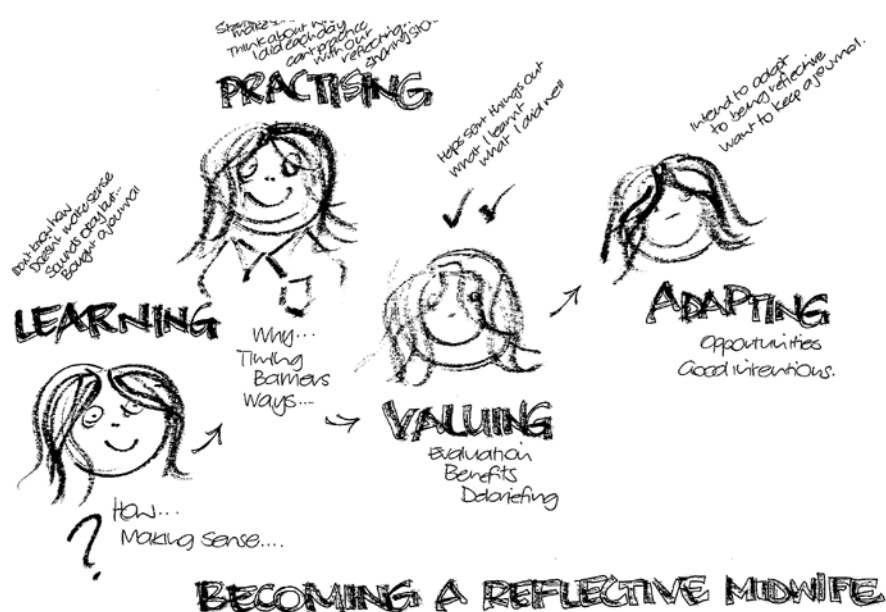


Figure 3.5 Emerging categories

Conclusion

This chapter has described the rationale for selecting grounded theory as the methodological approach for this study. The chapter has contained a description of the grounded theory methodology, in particular Charmaz's (2003) constructivist approach. Study participant recruitment and characteristics, data gathering techniques and my particular analytical approach have been depicted. Chapter Four now moves on to a presentation of the study findings that depict the complexities of becoming a reflective midwife.

Chapter 4 – Study findings

Introduction

This chapter presents the findings of the study, a linear framework evolved during analysis, incorporating four major categories. These categories - 'learning', 'practising', 'valuing' and 'adapting' link to the major category of *Becoming a reflective midwife*. At times components of these categories overlap despite attempts to keep the sections separate. These major and core categories emerged out of the use of grounded theory analysis methods, principally open coding and constant comparative analysis as outlined in Chapter Three. Figure 4.1 below illustrates the relationship between the identified categories. As depicted below, each category contains sub-categories.

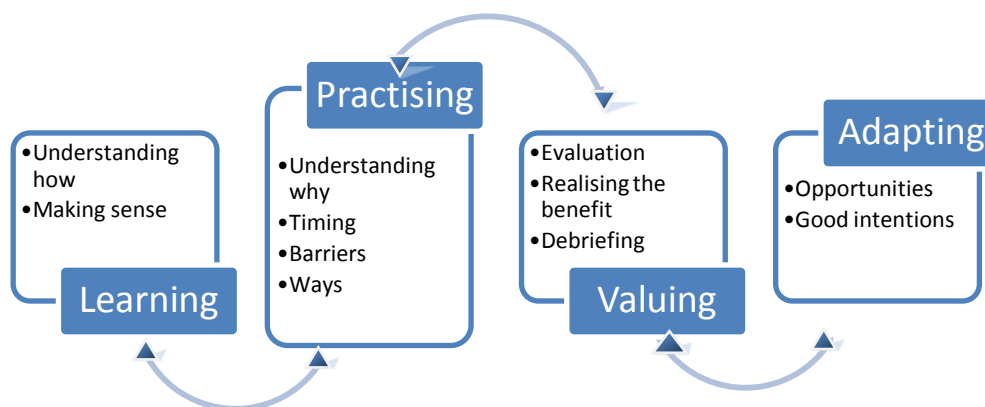


Figure 4.1 Becoming a reflective midwife

As students' progress through the Bachelor of Midwifery course they experience a predominantly linear process of learning, practising, valuing and finally adapting to using a reflective process within their practice. However, this process changes as the student progresses through the clinical environment

and becomes more fluid as a response to clinical experiences. The process begins with the student learning about reflective practice; they then move into the clinical field and begin to incorporate reflective activities into their practice, often on a daily basis. As they have more clinical experiences they begin to identify value in reflective practice and express the intention to seek opportunities to continue its practice in the future. Upon return to clinical placement after some time away from the clinical setting students recommence incorporating reflective practice into their daily experiences, realising its value to their learning. Their reflective practice activities appear to be a direct response to their clinical experiences; during the periodic absence of such experiences throughout their course, reflection is a more nebulous concept that students struggle to engage with.

Learning

The category 'learning' represents the period when the students first became aware of the concept of reflective practice. There are two sub-categories under the heading 'Learning' – 'Understanding how' and 'Making sense'. When the students learnt about reflective practice they identified a process where they first took time to understand the concept of reflective practice which was then followed by developing an understanding of, and making sense of the process of reflection. This includes their first impressions or understandings of reflective practice; their efforts to make sense of the theoretical concepts; and their application to practice. The students learn about reflective practice in their first year of study when they are introduced to the National Competency Standards for the Midwife (NMBA, 2006) which form part of the framework on which clinical practice is based. Domain number four of the National

Competency Standards for the Midwife (NMBA, 2006) contains competencies related to reflective and ethical practice. The findings of this study provide insight into the students' levels of understanding of reflective practice and the factors that impact on their early experiences of engaging in this practice.

Understanding how

Students could recall first hearing about reflective practice early in their three year degree, in two units: one theoretical unit and the other a midwifery practice unit. Both of these units contained an expectation that students provide or undertake written reflections either in the form of a reflective journal on specified topics, or as a clinical reflection on an experience while on clinical placement. The participants described mixed feelings about their early encounters with reflective practice, particularly when writing was involved. Some students thought reflection sounded like something they would not want to do, while others could recall purchasing a journal to write in as they thought it might be of some benefit:

...we talked about it in first year, we heard about it pretty early on...I think at the time I thought it was a bit painful and not something I would want to do formally, I've never been much of a journal keeper, it seemed like just another uni[versity] assignment really... (SM8)

I remember in first year we were told [to keep a reflective journal]...and I remember going out and buying a nice book...to journal and um like the FTJ's and placements I've been on...that must have been in semester one, I can't remember that much else about it... (SM3)

The theoretical unit required students to complete weekly reflections on a range of nominated topics or issues. This was identified as being a worthwhile experience for some, whereas for others it generated negative feelings about reflection:

I did [the unit] pretty early on and it was very focused, the whole unit, every single exercise within it was based around reflective practice...the actual tools we were given in relation to assessing and making yourself look back from different viewpoints of the people in a circumstance in clinical practice or things like that have been really beneficial...I didn't like the content ...but what I got out of it in terms of reflection was really really great... (SM 4)

I spent so many hours on the journal; you are adding to the journal weekly, it was big...pages of read this and reflect, think about this, ask yourself that...I spent a lot of time on it... we weren't enjoying what we were reflecting on, I can't speak for everyone but the majority felt that journal was a nightmare and now we think 'oh reflecting...we don't want to'... (SM3)

The students' written reflections were submitted to be assessed, contributing to a considerable degree of negativity around this written process. Students reported that they were required to read and reflect on a range of topics, situations and scenarios. The reflective component of this exercise included the students documenting their thoughts, feelings and attitudes toward the subjects they were asked to read and review. Some students felt strongly that they should not be assessed on their personal reflections:

I actually failed the first journal and I couldn't understand how someone could fail me on my reflective thoughts. That really got to me...because I feel quite comfortable with my reflective practice and just because I don't do it the way you want me to doesn't mean that I don't reflect any less than anyone else does... that was the biggest thing that got me how you can actually grade people on their reflective practice, how they reflect, how they decide to reflect or how they decide not to reflect... (SM5)

As a response to receiving a low grade or failing the first assessment, and in further illustration of the tensions around grading reflective journaling, some students reported they adapted their written reflections in order to receive a higher grade:

I got a reduced mark and asked around what everybody else had done and some who got a HD [high distinction] and they followed the readings, followed the activities through in a logical sequence and yeah...people that did that actually they made it up...they kind of...it wasn't as relevant and personally meaningful as people who got something out of the reading...so that's what I did... (SM6)

*I modified big time what I did to pass...I thought well if they are going to fail me on that then ...I'm going to **** my way through this next assignment to pass...because I cannot afford to fail. Even though it might not be exactly what I thought or exactly what I felt I'm going to write this anyway, because I need to get my words up and somehow I need to get references for a reflective journal and I need to meet these requirements I'm going to do it by doing this...there you go (SM5)*

Two issues that seemed to deter some students from reflective practice were their early learning experiences about reflection where the requirement was that students undertake written reflections and secondly that these were assessed.

Making sense

For many, the concept of reflective practice did not make sense. In the absence of any experience in the clinical setting (owing to reflective practice being introduced as theory prior to student engagement in the clinical practicum), some students found it difficult to understand the benefit of reflective practice. Whereas others felt there may be some benefit to engaging in reflective activities but could not grasp the concept of what or how to write about their experiences:

First year I don't think I really understood reflective practice... definitely had no idea how to do it in first year...[or] what was happening... (SM5)

My first thought was 'How do you do that?' 'How do you just write about something?' I could see that there were legitimate reasons to do it but I couldn't get my head around just writing stuff down... (SM2)

Some students felt that keeping written reflections while on clinical practice placement on top of an already heavy workload was a daunting task. However, those who undertook journal writing found it a worthwhile practice, even though it was perceived as an additional requirement:

I think we sort of thought "oh journals oh okay, more work"...[but] you don't realise how valuable that is to have...definitely when I went to my first birth and I actually did write everything down... (SM7)

All participants identified their entry into clinical placement as the time that reflective practice started to 'make sense'. In midwifery practice units, the students learnt about frameworks for midwifery practice and the concept of reflective practice. The students could recall when they first heard about the notion of reflective practice and revealing their thoughts and feelings about their experiences. However, in the absence of clinical experiences they could not completely understand the relevance of, and connections between working in a clinical setting and the practice of reflection. It was a period of several months for students between their learning about reflective practice and entering the clinical field on practice placement. For some it was difficult to make sense of the value of reflective practice without any experience in the clinical setting:

Well when you are first learning about reflective practice you haven't been on placement yet, so it only really starts to come together then. You don't really know the kind of things you will be reflecting on (SM2)

Despite the students' initial struggles to make sense of reflective practice, as they progressed to clinical practice placement the concept started to make sense and they found themselves reflecting in either the written form or incorporating reflective practice in other ways.

Summary of 'Learning'

Mixed thoughts and feelings underpinned students' first impressions of reflective practice. They initially learnt about reflective practice in two units of study on campus, one a theoretical unit and the other in relation to their future practical experiences. The students identified difficulties in understanding how to reflect, particularly without any experience in the clinical setting. That their personal thoughts could be subject to evaluation was a point of contention for some participants, who further reported on resisting and subverting this process by 'making up' their reflections to fit a perceived external agenda. The majority of students reported their clinical practice placement to be a time where reflective practice started to make sense for them, despite their initial doubts. While some found it appealing and beneficial, others perceived it to be yet another burden to add to their workload.

Practising

The category 'practising' represents the students' experience of reflection once they entered the clinical setting to commence practice for the first time. This occurred at the end of the second semester of first year. Most clinical placements consist of a four-week block of full-time placement made up of 5 - eight-hour shifts per week, to a total of 160 hours, typically in a hospital or clinic setting. Four sub-categories fall under the heading 'Practising' which are generally related to the impact the clinical environment has on the students impression of reflective practice. Those sub-categories are; 'Understanding why'; 'Timing'; 'Barriers' and 'Ways'. During their clinical placement students become involved in the care of women, working within a team environment

and practising midwifery skills learnt on campus. Clinical placement was a time where, given adequate support and opportunity, the students began to develop a greater understanding of reflective practice.

Understanding why

After commencing their clinical placement students began to understand why reflective practice may be of benefit. As they began to have experiences in the clinical setting, working with women and with midwives and other health care providers, they found themselves thinking about their experiences. Essentially, they found themselves reflecting. It was generally at that time they started to understand why they were encouraged to undertake reflective practice activities and began to incorporate reflection into their practice:

Being introduced early was a good thing...but as far as my practice and my experiences...I found from placement onward was where it really came in... (SM1)

[I wrote everything down and] what happened because I had all these emotions I didn't know what to do with and wrote everything down then... once I looked at it a couple of weeks later I realised how good it was to do it... (SM7)

Clinical practice placement is a time where students work alongside a midwife, under direct supervision. They participate in a range of activities, from providing care to women in the relative calm of the antenatal clinic to the potential chaos of the birth suite, or caring for a number of women and babies in the postnatal ward. All participants identified clinical placement as the time

where they came to understand why they were encouraged to engage in reflective practice:

When I went onto placement and started to see things, that's when I understood its true worth I guess. And I learnt along the way how I best reflected or ways that I did it in an impromptu setting or sort of realised what it was and that it's different for each person and kind of went "aw that's reflective practice what I was doing there..." (SM1)

[On clinical placement] you can't really practice without reflecting on what you've done and what you're doing...of course you're going to reflect on how this is...and what the outcome is going to be. If you don't reflect you can't make those decisions and obviously you're drawing on what you've already reflected on in the past...It will have an impact on everything you do... (SM5)

The students were exposed to a vast array of experiences while on clinical practice placement. The often confronting nature, considerable increase in skills and knowledge, and/or emotional impact of such experiences inspired the students to engage in reflective activities and thereby develop an understanding of why it is encouraged.

Timing

The timing of reflective practice was significant and occurred almost exclusively when the students were on clinical practice placement. For almost all students the only time they undertook any type of reflective activity was when they were undertaking clinical practice placement. The students reported that they reflected almost always on a daily basis, after each shift:

I reflect after most shifts I guess, what I experienced, what happened and when I have been really happy... (SM1)

...well I completely journalled my whole first placement experience... (SM4)

...it's like you know you walk away from every shift and on the drive home you think about what happened... (SM5)

Outside of the context of clinical practice placement, the only time students reported engaging in reflective activities was after they had had significant experiences with women they were supporting as part of the Follow Through Journey (FTJ). While these experiences occur in the clinical setting, most often the role of the student is as a support person, rather than a clinician. The students are able to participate in the provision of clinical care if the healthcare provider and woman consent to this. Otherwise, the student is present to support the woman, who she has built a continuous professional relationship with over time:

With FTJ it is a reflection not just of the birth but the partnership I built with the woman. Their interaction with the system and the consequences of that, boundaries, and ways I can support her... (SM1)

The students engage in a complex array of experiences while on clinical practice placement. Due to the nature of those experiences, where some may have been confronting or inspiring, overwhelming or satisfying, student midwives found themselves using reflective practice as a way of processing the events of the day:

[I reflect when there are issues] and issues didn't come up for her/us we just got to know each other [and] developed a relationship really well, until she had an emergency caesarean and had breastfeeding difficulties, that's when reflective practice came in... (SM1)

...clinical placement has been so intense and...'there's this medical issue with this baby and these are your choices a b and c and what's the most effective care giving response whilst also protecting being with the family'...and all these amazing experiences of different things to juggle, if you think about it...there were all these experiences that I journalled that were very...interesting and helpful to look back on (SM4)

I had a private placement in birth suite and there was one incident that really got me [I had to document it]...there was this obstetrician who cut an episiotomy after we spent 6 hours talking with this woman and he just got impatient...and he did the episiotomy...I just went home and thought I just have to get it out [by writing it down]... (SM6)

The other most common time for students to participate in reflective practice was after they had been to a birth; particularly with the women they had built relationships with as part of the FTJ program. Students found value in reflecting on difficult situations as well as positive experiences:

I wrote down my first FTJ cesear[ean birth]...um so that one was the hardest one to ever get through. Then [another woman] she had a cesear[ean] too...They were both negative experiences...but I really had to work through [the first one] that was the hardest thing I had ever done...and it's really hard...I

spent a whole day crying after that...and thought where am I going...I had to get it out...and it really was a beautiful day (SM6)

...the first FTJ birth I went to...at the FBC [Family Birth Centre]...it was with a doula (birth attendant), a really nice birth, and I know one thing I got out of that birth is I learnt a lot from the doula, from a birth support point of view and I often look back over that birth and take strategies in from that birth in supporting women even now... (SM8)

Other students described reflecting when experiencing heightened emotions. Many found themselves reflecting after something they considered good or bad happened to them or when they felt upset or happy:

I think it's generally after something has happened that has upset me or makes me sad or angry or don't want to do this anymore... (SM2)

[I reflected on] that experience and it was probably the best day I have had on my clinical placement so far...knowing that I made a difference and professionally people noticed I made a difference and as a student I could actually do something... (SM5)

...if something is bothering me, something I don't understand or when they do the 8th VE (vaginal examination) in less than 12 hours, that was so infuriating... (SM6)

...look back on shifts...you go home from a shift on a high or a low and look back over the shift and work out what you enjoyed, you try to relive the good moments and try not to relive the bad ones (SM8)

The intense nature of clinical practice placement experiences appears to have been pivotal in the reflective activities of the student midwives. Many reported engaging in reflective activities on a daily basis, whether it be to document a series of events, to make sense of their experiences of the day or to process intense emotions. It would seem that significant events that evoke either positive or negative emotions or intense experiences prompt students to undertake reflective practice activities. The students generally reflected on the things that happened around them and how they as student midwives fitted in in that particular scenario, what others (midwives, doctors and other health care providers) were doing and how the woman fared in the total situation.

Barriers

While participants spoke positively about the benefits of reflective practice and demonstrated a willingness to undertake it more frequently, they identified many barriers preventing them from doing so. Some found it difficult to comprehend the idea of 'more' written work, on top of an already heavy workload. Here it seemed that when discussing reflective practice, students predominantly thought of it as a written activity, referring to it as 'formal reflective practice'. Their description of barriers to undertaking reflective practice likewise predominantly related to reflection in written form:

I would prefer to write academically about something or answer questions...rather than sit and write about my experiences. I dunno, it feels a bit weird (SM2)

...so I think I would have spent a lot of time thinking in the car about my experiences but none of it would have been put into writing... (SM4)

Others felt negatively about being required to reflect using what they perceived to be rigid frameworks and answering specific questions:

Being told specifically what we had to reflect on...that was frustrating...when I think of reflective writing I think of what you are feeling at that moment, not being told you have to answer this question in a reflective way...that's why it was frustrating... (SM3)

While the students were participating in clinical practice placement and studying, they attributed time as the factor impacting most negatively on their ability and desire to undertake reflective practice. Again, students spoke about reflective practice in the written form and how difficult it was to find time to engage in such written reflection. While on clinical practice placement, the majority of students had assignments to write or exams to study for in addition to completing clinical practice paperwork requirements:

Reflecting formally it's just a time barrier; we do so many assignments and things that reflective writing is the last thing on my mind... (SM8)

First year, so the end of first year...[I stopped writing things down]...um bad excuse but time...was why I stopped... (SM7)

Most students spoke positively about their own reflective practice activities, however very few involved reflecting in the written sense. Most students were also in favour of having a reflective journal but few managed to keep it going beyond the first few entries. While reflective practice was acknowledged as being beneficial, students still demonstrated a resistance to its practice in the written form:

I would think about those things and if I had to I could remember what I thought and write things down but I do think the biggest barrier for me is writing things down...not every (student) midwife would be good at writing...and because there is so much writing to do, it can be seen as another thing to do, it can be seen as a burden... (SM2)

I kept a journal and it is good to read back on...but that didn't continue, tiredness kicked in and it was just another thing that had to be done when I was already busy... (SM8)

It appeared that written reflection was considered by many as the most acceptable way to reflect, but due to their heavy workload all students described 'time' as being the biggest barrier to engaging in written reflective practice activities.

Ways

Despite written reflection being viewed as the optimal way to reflect, students all described participating in a variety of reflective practice activities. Most described engaging in a 'thought process' as a way of reviewing what happened or what they were involved in that particular day:

...definitely in my thoughts more than writing down... I don't think I've written anything down as yet...I get to do it all really as a thought process... (SM5)

...the other way I do reflect is to go out for a run...you just zone out and you've solved your problem...kind of thinking okay this happened, this happened... I've debriefed, move on (SM6)

Some did keep a reflective journal, if only for a short time, and saw writing as a way to process events and experiences:

I had paper and a pen and I just wrote down what happened (one birth story) and how I was feeling and just to write that out really helped me... (SM7)

I was so enraged, I just went home and thought I just have to get it out...I'm used to doing it, I'm used to actually going through and getting stuff out by writing... (SM6)

The majority of students spoke very positively about having the opportunity to share stories as a way of reflecting. Some did this in a supported way, primarily during a debriefing session with a midwife present while on clinical practice placement or on campus. Others got together with a group of (midwifery

student) friends to share stories and support each other. Talking to each other and sharing stories was spoken about by many students as a way of reflecting:

We talked a lot to each other about our experiences, I see that as a therapeutic thing, getting people's feedback on either confirming what you thought should have happened or accepting 'that something happened that happened the way it should', and just looking back over it to see what was done right and wrong and whether your impressions of that were realistic or not I guess (SM8)

...we start sharing stories everyone enjoys it, when we reflect like that everyone enjoys it and everyone feels good speaking about it ... (SM3)

...[when] all the midwifery students [get] together it kind of happens more...people share stories about what happened to them that kind of helps [when you] hear other people's stories too... (SM2)

In order to undertake reflective practice, students engaged in a variety of activities from the occasional entry into a reflective journal, to undergoing a thought process, to sharing stories within a group. While on the one hand the findings indicate that students thought negatively about reflection, on further exploration it became evident that students sought out ways to reflect that might be more enjoyable, less time consuming or more appropriately suited to the individual.

Summary of 'Practising'

Clinical practice placement was the time student midwives found themselves reflecting most. The clinical environment was new to almost all students; they

were exposed to and participated in new experiences. When the midwifery students entered the clinical setting and commenced clinical practice placement they appeared to develop a greater understanding of reflective practice; they found it useful and identified ways to practice reflectively despite encountering a number of barriers. Students favoured more oral and collegial reflective processes, but also participated in private personal reflection, which for some included recording their reflections in written form.

Valuing

The category 'valuing' represents the students' feelings about reflective practice after completing clinical practice placement. The students found value in reflective practice, seeing it as a way to evaluate and review their own practice, and used debriefing as a way to reflect. Students appeared to use reflective practice as a way to identify their role and place amid the busy maternity ward. They found themselves reflecting most when undertaking clinical practice placement and found it contributed to their growth and development as a midwifery student. This category has three sub-categories which help to explain how the students come to value their reflective activities; 'Evaluation'; 'Realising the benefit' and 'Debriefing'.

Evaluation

The majority of students engaged in reflective activities as a way to evaluate and review their own practice. Some simply reviewed the events of the day, others engaged in a more in-depth process of reviewing their own experiences and trying to make sense of events. Some students described their reflections

as starting simply, then becoming more complex as they gained more experience:

My reflective practice changed as I went through, at first it was the pure experience and event itself. Then as time went on, it was about the system and decisions that are made, not just in that scenario but across the board and midwives' role in that. It went beyond questions like 'how do those midwives work in that situation and not stand up for or advocate for that woman'...then it went beyond that to 'what is the system doing for women and what can we do to change that' (SM1)

I definitely think there is that progression...when I first reflected, you can't actually imagine yourself outside of your own very emotional subjective position in order to reflect in a more sophisticated way...a more in-depth way and from different viewpoints...it would actually take getting to 2nd or 3rd year to put that into place (SM4)

Reflection was seen as a way to clarify situations, events or practice. Students found reflection useful to discuss or record a situation, or describe a sequence of events which enabled them to be able to understand why things happened the way they did or what could be done differently next time. They also used reflective practice to reinforce and remember what they considered to be 'good practice'. Others found reflection useful as a way to explore practice or identify mistakes:

...things that I remember journaling about just really simple things like the day you decide not to write your schedule is the day you will forget to do

something...like quite basic things that I learnt the hard way...like forgetting to do something that was relatively important or that meant I didn't feel as competent as I could have... (SM4)

It's...good to go back over it, assess the situation you were in, it helps kind of to clear it out and reflect on it and work out that I feel angry because of that happening...she had the tearing and the PPH [postpartum haemorrhage] because of that...[reflection] helps to sort it out... (SM2)

I think it's definitely a positive thing...I think everyone does it even if they don't realise it...as I said it's something I've always done and I tend to over think things anyway...so I relive things over and over again and work out what could have been different...especially if it's a positive experience... (SM8)

Students also used reflective practice to identify knowledge gaps or topics they wanted to revise or review:

At first my reflective practice was me going 'I know nothing! Great'...whereas now I identify those gaps...and reinforce my knowledge (SM1)

...it was interesting to think 'oh okay I could go back and think about BP (blood pressure) and what was it that didn't work well or what did I not know about it and now I do understand the reason for it'...[after reflecting]... (SM6)

Although the majority of students reported minimal participation in reflective writing, all who had done so spoke positively about being able to go back and

read about experiences and to see how they had changed in the time since they had written in their journal:

It's actually interesting to read back, and go over it [the reflective journal]...if I don't write down I'm in danger of forgetting it...and I don't want to do that...

(SM6)

I think the way I want to find it more useful is remembering you can go back and read about something a month later, then 6 months later and a year later and 3 years later and that your opinion of that circumstance is going to change a little bit every time (SM4)

While the concept of writing yet another thing was not appealing to many students some did keep a reflective journal. Many described only making entries in their journal on some occasions or only at the start of their placement until they became too busy. All students who had done any reflective writing stated they wished they had kept writing so they had something to look back on:

I wish that I did keep one [reflective journal]...you're just so exhausted...sometimes I've jotted down, like got on my laptop and written a bit, but nothing, it's not organised or anything I don't do it routinely and I wish I did but...it's so good to look back on... (SM3)

...even though I'm not participating in it now, which I really should be doing because I could look back at those times... (SM7)

I did in my first 2 placements, I kept a journal and it is good to read back on those... (SM8)

Students appeared to primarily use reflective practice activities as a way to evaluate and review their practice experiences. Some described changes in their reflections: starting off as simple, descriptive accounts of their daily experiences to becoming more in-depth analytical accounts.

Realising the benefit

As students became more accustomed to reflective practice they identified a number of benefits of the activity of reflection to their own developing midwifery practice. As they became more experienced their reflections moved from descriptions of what was going on around them and became more about themselves and how they could improve their own practice. They appeared to develop self-awareness by engaging in reflective practice activities which enabled them to identify ways to improve their practice:

[Reflection helps us] to be aware of our own prejudices and the impact on our practice, often I have to go and work through my own ideas. To reflect on our own feelings about things too, work through my own ideas...I would not be as aware of where I am going without it. I would not be as aware of where I am at if hadn't been reflecting the whole way through (SM1)

[Reflecting on] what I would do differently and using new knowledge and thinking last time I was in a situation like this I did that and if I can calm down in a situation like that I would be able to remember what to do... (SM2)

Some described reflective practice as a way to identify where they could develop clinical skills; reflecting on a situation and the role they played and then what they could do differently if they were in the same situation again:

[My reflective practice] has gone beyond just grappling with simple things like - okay that birth ended up [like that]... My reflective practice has changed now, whereas before I wouldn't go and look into CTG's (cardiotocographs) after [something went wrong]...now it wouldn't be so much about what was happening in that situation but what I would have done in my practice to support [the woman], and now I would find gaps in my knowledge or gaps in my practice or things that I'm just not confident with. Um, and often that will drive me to go and fill those gaps...and reinforce my knowledge (SM1)

...if you had a really unfortunate experience something bad might have happened you might think back and [reflect] 'maybe that might have happened if I did that differently...or if this didn't happen if I did that sooner' (SM5)

Others used reflection as a way to find positives from a negative experience; identifying mistakes and learning from them, or as a way to look back on what they had done to enhance clarity or understanding:

...reflective practice is something that enables you to be brave about discussing mistakes and being okay about being a bit shamed that you weren't focusing as well as you perhaps would like to be in order to have impeccable clinical skills, but also that you set up a really...good and safe mechanism for when things don't go according to plan (SM4)

...most times where if have had that debrief or that reflection that's always been good...it's always been good just to, not dump it but just explain, it's been good to have that understanding of it I think that's what it is, what just happened and you work it out...and how it effects us... (SM7)

As students experienced more clinical practice placements, they appeared to realise benefits to their own developing midwifery practice by engaging in reflective activities. They began to develop an increased self-awareness which enabled them to identify where they could build upon knowledge or develop clinical skills.

Debriefing

While undertaking clinical placement the students were provided opportunities to debrief. The students generally referred to reflection in a group situation as debriefing; this most often occurred in the presence of an experienced midwife. They also spoke of getting together in their friendship groups to tell stories and learn from each other. Group debriefing was valued as a way of reflecting and enabled the students to learn from one another. Debriefing within a group was identified by the students as being valuable as a way of learning and reflecting:

I think in a group situation it's a bit more of a venting thing or coping thing but people reflect, students 'oh yeah I worked with someone who had this...' [participating in the group] adds scope to your own, almost adds scope to your own dimension. Or they're able to look at the scenario you are describing in a different light. It's like a venting thing....even other lecturers or students that

talk about things that happened to them. Adds another dimension you might not have thought of (SM1)

umm...we debriefed as a group my very first placement...that was really good...because [for] all of us, it was our first placement and we were so thrown in way over our head...and we all came out [thinking] it was good... (SM5)

The group debriefing usually occurred while on clinical practice placement with a clinical teacher, and a group of midwifery students, sometimes on a daily basis. This was a way for the clinical facilitator to be able to monitor the student experiences on placement, to hear their stories and to clarify any queries:

...one place we had a clinical teacher and we had a debrief with all the mid[wifery] students every day...so that was good. We'd all go to a room together and reflect together and if anyone had questions we'd sort of reflect... (SM3)

...there was a clinical teacher there to support us through that [placement], she was lovely. She really just let us run with our reflective experiences, she always popped up, like we would see her every day... (SM5)

Occasionally during the semester students reported having the opportunity for sharing stories during class time with a midwifery lecturer. They all valued this chance to share stories within their peer group and learn from hearing stories about the experiences of others in their group:

[In practical class time it's good] to be able to spend time exploring ideas and what we have been exposed to in practice, to clarify things, once or twice a semester, have someone knowledgeable there and just learn off each other, often the best learning is bouncing ideas off other people, students or lecturers (SM1)

I think in a lot of the prac[tical] classes with all the midwifery students together it [reflection] kind of happens more...sometimes as well people share stories about what happened to them that kind of helps hear other people's stories too... (SM5)

...in class this semester we have been given the time to chat about what we've been up to...everyone is bursting with stories and we can learn from each other (SM8)

Many students also spoke about getting together with their midwifery student peers outside of class time to get together and share stories with each other. Although not facilitated by a midwife, the students found value in this way of reflecting and being able to support each other:

I do talk to some of my midwifery friends, um because sometimes they're the only ones who are interested or sort of understand. But that's the main kind of way I reflect, hearing lots of experiences of the others... (SM3)

...the girls from uni[versity] we are always swapping stories, that's good to have that student support and you know there's however many of us in the

course...it's good to know I'm not the only one having this problem...everyone else is as well and everyone else is just as scared, everyone else is scared to go out on their placements, everyone else is scared to be a grad[uate]...I do share, we all share quite a bit as students...we all share that quite a lot (SM5)

...it's something I've always done informally apart from the little episode of journal writing I've sort of always been open to talking to people about things...chatting to [midwifery] friends... (SM8)

Debriefing as a form of reflective practice both in the clinical setting and on campus, either formally or informally, was an activity students expressed appreciation for. They enjoyed sharing stories and learning from each other's experiences and found value in these activities, contributing positively to their practice.

Summary of 'Valuing'

After completing clinical practice placement students recognised the value of participating in reflective practice, it was seen as a way to evaluate or review their practice, as a way of debriefing and as a result, they felt their practice benefitted. Their reflective practice evolved as the student became exposed to more clinical experiences and thus engaged in more reflective activities. As students gained more knowledge and clinical experience as they progressed through the course, their reflections seemed to become more sophisticated. As they became more experienced their reflections became more about themselves and their practice, how they could improve their knowledge or skills. It was as if the students started to grow into themselves as a beginning

midwife. Their reflective practice became more about themselves and less about others. Despite only a few students undertaking written reflection on occasion, written reflection was still valued. A number of students stated they wished they had written more. Students appreciated and valued the opportunity to share stories within a group situation, either facilitated by a midwife clinical teacher or lecturer, or within their (midwifery) friendship groups.

Adapting

The category 'adapting' represents the students' acknowledging the importance of engaging in reflective practice and adapting to being reflective as they progress through the course and beyond. Although the ways of undertaking the practice and the timing of reflective practice differed between participants, all participants indicated a desire to continue to practice reflectively as they progressed through the course, and when they became registered practitioners. This category has two sub-categories; 'Finding opportunities' and 'Good intentions'.

Finding opportunities

Students spoke about ways they could continue to reflect, particularly in ways that were not time consuming. Opportunities for reflection were described by students in a number of different ways but most indicated that they would continue to engage in a thought process. Some intended to continue to reflect informally with their peers, telling stories and debriefing with each other:

I think just thinking over it within yourself and talking to people just contributing to conversations with peers...that's how I see myself as reflecting (SM8)

Some described a sense of relief at the thought of course completion and no longer having to combine the demands of study with clinical practice. Students felt that without the added pressure of coursework they might be inspired to reflect more:

[Reflective practice] will show you how you grow as a midwife especially as a grad[uate] I'm sure things will happen and you will want to write them down...there will probably be lots of situations that will be really overwhelming and stressful or really happy and you will write it all down... (SM2)

One student liked the idea of using information technology and being able to reflect within a group in an online sense. Having the opportunity to debrief without leaving home appealed to her:

...well actually a lot of [online] discussion is really good for reflective things...people can share with the group. They are not regimented, people understand being respectful, they don't name if inappropriate, that's really good (SM6)

All students said they intended to find opportunities to continue to reflect as they progressed toward course completion and becoming a registered midwife.

Good intentions

When students indicated their intention to make time for more reflection they were more specifically talking about written reflection. It is evident that most students perceived reflection in the written form as the most acceptable way to reflect. All study participants indicated a desire to continue to undertake reflective practice activities:

...[to reflect] that would be one of my aims this year on my placements...it's my last year, so if not every shift then to sum up the week and knowing that you have to do it in your grad[uate midwifery] year it would be good practice (SM3)

...so yeah having said all that I would like to remind myself a little bit more about reflective practice...and instigate it a bit more in my student life (SM4)

I will just do my book [journal] and make the time, especially now just to do it, because this is it for me... (SM7)

While all students intended to incorporate reflective practice in their day to day work, most indicated a desire to make more time for reflection in the written sense, in particular.

Summary of 'adapting' [to being reflective]

The midwifery students talked about finding ways to continue to reflect and all had good intentions of becoming reflective in their practice. It does appear however that written reflection is perceived as the most acceptable and

desirable way to reflect, despite students engaging in a range of other reflective activities.

Conclusion

This chapter has presented the analysis process and findings of the study. The broadly linear framework and sections that related to each of the identified major categories were described. These categories - 'learning', 'practising', 'valuing' and 'adapting' linked to a core category - *Becoming a reflective midwife*. After the students learnt about reflective practice at university, some interpreted it as having some potential benefit to their practice, while others were not able to see any advantage to its practice. As they commenced clinical practice placement they began to understand why reflective practice was recommended. They started to reflect on clinical experiences and the part they played in them. Students perceived written reflective practice as the predominant and most acceptable way to reflect. Written reflection was found to be time consuming and as a result, many students did not undertake reflection in its written form. Students found other ways to reflect, undergoing an analytical thought process, or participating in group debriefing. As the students progressed further into clinical practice placement they were more able to appreciate the value of reflection. Their reflections became more about what they were learning or knowledge or skills they needed to revise, review or practice. All study participants spoke of their intentions to adapt to becoming reflective midwives and continuing to seek reflective practice opportunities, particularly but not limited to the written sense.

Chapter Five presents a discussion of the study findings in relation to the original aim and objectives, the implications that have emerged as a result of

the findings, an overview of the study limitations and recommendations for future research.

Chapter 5 – Discussion

Introduction

The previous chapter presented the analysis process and findings of the study. A primarily linear framework evolved incorporating four major categories. These categories - 'learning', 'practising', 'valuing' and 'adapting' link to a core category - *Becoming a reflective midwife*. A beginning theory of *Becoming a reflective midwife* emerged from the analysis and describes a way to understand and explain the students' experiences of engaging in reflective practice. This chapter will further discuss the study findings in relation to the original aim and objectives and relation to the literature, the implications that have emerged as a result of the findings, and provide an overview of the study limitations and recommendations.

Discussion

This aim of this study was to explore 2nd year ACU Bachelor of Midwifery (Melbourne) students' experiences of reflective practice. The related questions included the following: Do students undertake reflection as instructed throughout practice units in the BM course? If not, do they reflect in more informal ways? If they do participate in reflective practice: How do they reflect? When do they reflect? How often do they reflect? What are their thoughts and feelings about reflective practice? Are there any barriers to reflective practice? Is there anything that might make reflective practice more positive or beneficial? The following discussion provides some insight into Bachelor of Midwifery students' reflective practice and their experiences.

Significant to the students' reflective practice experiences was the timing of, and ways they were first introduced to the concept and the depth of understanding they had on the topic. This occurred at university, usually early in the first year of their course. The study findings have demonstrated that the students' first impressions of reflective practice and ongoing support to participate in reflective activities had a strong impact on when and how they undertook reflective practice. For some, when they first heard about it, the idea of reflective practice did not make sense to them.

It was not until the midwifery students started working with women or commenced clinical practice placement that reflective practice started to make sense to them. Some did not like the sound of reflective practice; for them it sounded like more work and they resisted the notion of undertaking its practice. Here the concept of *novice to expert* emerges as a way of clarifying this stage of the students' experiences (Benner, 1984). Is too much expected of the student to understand and comprehend the notion of reflective practice well before they have had any experience in the clinical setting? It could be argued that everyone reflects to some degree, on themselves and their life experiences, but the expectation that a beginning midwifery student will make the connection between reflective practice and clinical practice in the absence of any experience in a clinical setting could be too much to ask for some. The student begins as a novice, so the expectations of their reflective practice should arguably also be that of novice. As they become more experienced in the clinical setting and build on their midwifery skills so too should their reflective practice activities become more sophisticated. This reflects the findings noted in the literature review related to the development of reflective skills from a surface level as a novice, toward a deeper level as the student

moves to graduate level (Hill et al., 2012; Taylor-Haslip, 2010). The concept that beginning students reflect at a lower level and as they become more experienced they find reflective writing to be more beneficial (Smith & Jack, 2005) was demonstrated by the participants in this study.

This insight raises the question about how reflective practice is taught at university and the timing of its introduction and ongoing inclusion throughout the course. Nicholl and Higgins (2004) demonstrate the importance of the educator having the appropriate skills, passion, support and training to teach reflective practice. A further important consideration for those teaching reflective practice is the provision of adequate support, guidance and preparation in order to promote and support reflective practice in the student body (Donovan, 2007; Duffy, 2008; Manning et al., 2009; McGrath & Higgins, 2005; Nicholl & Higgins, 2004; Paget, 2001). Ways to educate and support the students in their reflective practice at university should be considered and possibly reviewed. Collington and Hunt (2006) found that midwives who learnt reflective practice in their training generally maintained the practice in their career. However, these authors also concluded that further strategies needed to be implemented to promote and facilitate it within the general population of midwives. All students in this study voiced their intention to continue to be reflective practitioners, which is supported by the findings of Lowe et al. (2007) that health care providers are more likely to acknowledge the value of, and use reflection when they have the awareness, motivation and ability to use and promote the reflective process.

While not the focus of this study, students all reported thoughts and feelings about compulsory reflection which was an assessment component of a

theoretical unit of study they undertook. According to the students, this unit had a focus on encouraging them to reflect on and identify their own thoughts, values, strengths, weaknesses and biases on a range of topics presented. This was significant in the way it impacted on the students' ideas about reflection, with many of them viewing the process of written reflection in a negative sense well before they had been on clinical placement. This experience appeared to have implications for the students and possibly their future reflective practice activities.

This finding raises questions about compulsory, evaluated reflection and whether it can be beneficial for the students, or may be less positive as students may simply see it as another assignment to complete and move on to the next task? Is there any usefulness in the student choosing one clinical incident to provide a clinical reflection on? Can their reflective activities be undertaken in a more effective and supportive environment? This study did not answer these questions but offers potentially fertile ground for future work in this field.

Students referred to written reflection as *formal reflection*; while they felt that this type of reflection was valuable and they enjoyed being able to look back on their written accounts, most did not continue with written reflections after their first clinical placement due to time constraints. The notion of written or formal reflection as the most acceptable type of reflection likely has its origins in its dominance as an assessment requirement both in theoretical and practical units during the course. The students wanted a way to reflect that was quick and easy, but also effective. All students described participating in reflective activities in one way or another, from using an analytical thought

process to unpack the events of their day, to sharing stories in a group or informal gathering in their (midwifery) friendship groups to talk about experiences. Written reflection is not the only way to participate in reflective practice; however in an academic sense the written word is considered most important. Completing a written clinical reflection may also have been an assessment item for clinical practice units; in this instance students would be required to undertake written reflection. However, students found compulsory written reflection a barrier and struggled to see the value in it. One could question the value of this type of reflection; if the students completed it only because it was a requirement as part of the assessment for the clinical unit, did they really get anything out of it? Was it completed as a simple description of what happened without any depth of analysis or reflection on self? Or on the other hand, is the nature of the reflective context relevant when students are first learning the process? These are further possible questions generated by the research findings.

All students described a heavy workload; dividing their time between university, clinical placement and family commitments. This appeared to have a profound effect on their ability to undertake reflective practice. While all students undertook reflective practice activities to some degree, the depth of reflective activities depended on the time available. Generally, the need to prioritise commitments resulted in reflective practice taking place as a quick overview of the happenings of the day, a thought process to go over what they had done or seen, what was good or bad and what they had learnt. Lowe et al. (2007) supports this notion; their study findings identifying that while the participants appreciated the value of reflective practice, they expressed

concerns about its use claiming workload and time constraints as the biggest barriers.

Many of the results of this study are consistent with the findings of previous studies involving nurses, midwives, students or other health care providers. The overwhelming feeling of not having enough time to undertake in-depth reflection or keep a written account dominated the discussion from the study participants. Lockyer et al. (2004) and Taylor et al. (1995) identified similar obstacles standing in the way of reflective practice; little time for critical analysis and a lack of understanding of its importance. As a result of this time barrier, students participated in reflective activities, such as thought processes or group discussion with their peers, which satisfied them as a way to reflect and generated generally descriptive accounts of their experiences.

Having raised the question of whether compulsory written reflection is beneficial to the students, a further question that emerges is if there are more effective ways to support students in their reflective activities. The findings of this study suggest that being provided with the opportunity to reflect in a group was spoken of by almost all of the participants as an effective way to learn. They learnt from sharing stories with each other and hearing about the experiences of their peers. This was also raised in a study by Platzer et al. (2000a), where the experience of learning from others in a group discussion provided exposure to a range of perspectives; showed there may not be a right or wrong answer; helped to entertain the idea of uncertainty and encouraged active listening. The student midwives appreciated the opportunity for group reflection on clinical practice placement and in an on-campus setting with one of the midwifery lecturers. All students felt that having this type of

reflective activity available to them would encourage ongoing reflection and benefit their practice. The student midwives wanted an easier way to undertake reflective practice rather than writing; they embraced the notion of group reflection as a way to address this issue. While several studies support this type of reflection, there may be both benefits and barriers to this. A positive response to facilitated reflection was demonstrated by Taylor et al. (1995), however a concern was raised that without facilitators, individuals appeared unlikely to continue with the ongoing practice. Other issues raised by Platzer et al. (2000a and 2000b), Mountford and Rogers (1996), Hansom and Butler (2003) and Fejes (2008) include that some individuals experience difficulty in engaging in adult learning processes, encounter problems sharing within the group for fear of being critically evaluated, in addition to feelings of vulnerability and encountering difficulty finding a suitable time. These group sessions were generally unstructured and the agenda was decided at each meeting. These obstacles would need to be considered in the implementation of facilitated group reflection both in the education setting and the clinical setting; each meeting would need to have structure and maintain adherence to ground rules to provide a safe place for all to participate (Platzer et al., 2000a).

Implications

The importance of being a reflective practitioner is strongly supported by the midwifery governing bodies and regulatory authorities in the practice standard documents: Code of professional conduct for midwives (2008); National competency standards for the midwife (2006); Continuing professional development registration standard (NMBA, 2010); and Standards and criteria for the accreditation of Nursing and Midwifery courses (Ryan, 2009). University

curriculum content, as outlined by the Standards and criteria for the accreditation of Nursing and Midwifery courses (Ryan, 2009) is heavily influenced by the four domains of the National competency standards for the midwife (NMBA, 2006) of which one has a focus on reflective and ethical practice. That domain encourages the midwife to identify and develop their personal beliefs and experiences on the provision of midwifery care, to use reflective practice and self-evaluation to enhance professional development and to use research evidence to inform practice. This highlights the importance of providing midwifery students with adequate frameworks, opportunities, support and guidance to become reflective practitioners. In reviewing the literature, previous studies involving undergraduate midwifery students and reflective practice were not able to be found; there are however numerous studies involving nurses, nurse-midwives, nursing students, postgraduate nursing students and others who work in health care or people-focused fields. The findings of this study have been reflected in one way or another in some of those studies. As a consequence, several areas that may benefit from further study have been identified; some areas specific to further research, others in relation to education on and support of reflective practice activities on campus, and yet others related to facilitating and supporting reflective practice activities in the clinical practice field.

The interviews in this study focused on the reflective practice experiences of midwifery students and occurred around the middle of their course. Some students may have only had one or two clinical practice placement experiences by that time; this is quite early in their course and in their time as a reflective practitioner. Further investigation into student midwives' reflective practice experiences and activities at the end of their course and even into the graduate

year may be useful. More study could be undertaken in this area; for example a larger participant group over a longer period of time to identify whether the students' reflective activities or attitudes to reflective practice change over time. The participants in this group of interviewees have now completed their graduate year. In a more longitudinal study exploring the attainment and practice of reflective practice in more depth, the students could be revisited at the end of their course and interviewed about their reflective experiences compared to when these interviews commenced in their second year, that being only half way through their course. The pressures of study will no longer be an issue but there may be other factors that impact on their ongoing reflective practice. To further extend the data collection, examining graduate midwives' experiences of reflective practice and repeating the interview to explore their reflective practice in the year after their graduate year might prove beneficial in enhancing our understandings in this field.

Study strengths and limitations

This qualitative study has produced new knowledge on the reflective practice experiences of Bachelor of Midwifery students, a previously under-researched area. Their attitudes toward reflective practice or reflection, the ways they reflected and barriers they encountered in their reflective activities have been explored, analysed and discussed, developing new insights into ways reflective practice may be introduced and supported during their undergraduate studies.

The sample size consisted of eight participants at one university in Melbourne. This figure represented about 10% of the second year cohort at the time. More students expressed interest in participating however, time constraints impacted on the availability of the students during the nominated time for

interviews to take place, despite this time being extended. Exploring the literature revealed most studies range in size from seven to forty-two participants, indicating the number in this study while small, may offer useful insights into the midwifery student population, yet still indicates the need for further research with a possibly larger participant group.

The timing of the interviews occurred during the second year of a three year degree; some students had been on clinical practice placement on only two occasions. Some interviews were completed early in second year, others late in the year, prior to commencing the final year of study. Those interviewed earlier may have experienced less clinical exposure and less contact with women than those who were interviewed later. The timing of the interview during the early stage of the development of the students' reflective practice habits may also be an advantage as students at a later stage in the course might be less critical and hold a more established view of reflection. This may indicate the need for further studies with more than one interview, offering the potential to explore the students' experiences of reflective practice early in the course and later in the course and perhaps even into their graduate year.

I was known to the student participants as I had been a lecturer for some of them in their first year of study. This may have impacted on the information the students shared in the interview, however I found them to be very open and candid in their communication about their experiences. All interviews occurred off campus at a location chosen by the student in order to make them feel at ease and hopefully see me as researcher rather than teacher.

Recommendations

The findings of this study may provide food for thought for those interested in how reflective practice is introduced and taught at a tertiary level. This study has found that while students do eventually appreciate the value of reflective practice, when first introduced to it they had difficulty understanding the concept and appreciating its potential impact on their growth and development. The timing of the introduction of reflective practice was identified as problematic. This may be indicative of the need to change the way reflective practice is first introduced to the students and how it is implemented on an ongoing basis across the curriculum. The students could recall first hearing about reflective practice but could not see its relevance. Not until the students started working with women or entered clinical practice placement did they begin to understand its true worth. They felt it was introduced out of context, prior to them having any contact with women, or going into the clinical environment. When it came time to enter the clinical setting and undertake reflective practice, they had difficulty in recalling what was involved or how to undertake it effectively without ongoing support.

Students reported positive experiences engaging in group reflective activities both on and off campus. Further research in exploring supported and group reflection activities with undergraduate midwifery students, such as facilitated group sessions on campus may provide further insight into how reflective practice activities may be offered. These activities may provide an alternative to the promotion of writing as the primary way of undertaking reflective practice. The study participants expressed concern at compulsory and graded

written reflections. This would indicate the possible need to review the way reflective practice is incorporated and assessed within the curriculum.

The provision of a range of opportunities for on-campus reflective activities to acknowledge different learning styles may assist and promote reflective practice as a positive activity. Facilitated group sessions as a way to share stories and learn from each other was identified in the data as a positive way to encourage and support students' participation in reflective practice. Students could be supported to undertake other methods of reflective practice activities either individually (spoken and recorded for example) or in a group (undertaking a creative or artistic activity). These non-compulsory sessions could be provided on a regular basis and facilitated by one of the midwifery lecturers who could moderate the discussion to ensure the provision of a non-threatening environment for all participants.

When on clinical practice placement the students appreciated the opportunity to debrief; this involved reflecting on their day in the presence of the clinical support midwife (if there was one). Steps may be taken to encourage this as an activity to enhance learning and have it implemented and available on all clinical practice placements.

Conclusion

The objective of this study was to explore Bachelor of Midwifery students' experiences of reflective practice. A largely linear framework evolved incorporating four major categories. These categories - 'learning', 'practising', 'valuing' and 'adapting' link to a core category - *Becoming a reflective midwife*. A beginning theory of 'becoming a reflective midwife' emerged from the

analysis and was described as a way to understand and explain the students' experiences of reflective practice. Contrary to the anecdotal reports that reflective practice was a tiresome chore or a burden, all midwifery student participants appreciated the value of reflective practice, undertook reflective practice activities in one way or another and voiced their intentions to continue to be reflective practitioners. Indeed, written reflection was what some viewed as a tiresome chore, not reflective practice itself.

All of the participants identified difficulty in finding the time to document written reflective accounts of their experiences and identified this as the greatest barrier to their reflective practice. While the value of practising reflectively was appreciated, participating in 160 hours of clinical practice placement, usually over a four-week period, combined with the demands of online units, study for exams and family commitments meant that most students could not find the time for written reflection, which many of them had intended to do. Some started to keep written accounts but were unable to continue. To account for this, students started to implement thought processes as a way to review their day's activities, process good and bad experiences and identify areas to learn from. Naturally, this occurred on different levels and to differing degrees depending again on the time available due to demands of university, study, clinical placement or family commitments.

The study participants also reported benefit in sharing stories with each other and learning from hearing about the experiences of others. This did not happen initially, but as the students got to know one another as the course progressed, they naturally fell into friendship groups and used this way of debriefing as a way to reflect in the safety of the peer group.

Generally, students undertook reflective practice on a daily basis while on clinical practice placement. However, while not working in the clinical field, reflective activities were undertaken only when working with women in the community, as part of the FTJ program but this was generally a brief thought process or a few lines of documenting in their record about what they saw or what the woman encountered. Reflective practice appeared to be linked primarily to practice experiences in the clinical setting.

Another considerable barrier the study participants described was an initial lack of understanding of how to utilize reflective practice. Most could recall hearing about reflective practice early in the course but until it came time to enter the clinical field they were unable to see its relevance and then could not remember how to implement or undertake reflective practice.

When asked about what they thought may help them and their reflective practice most entertained the idea of supported group sessions on campus where they would be able to share stories and learn from each other in a safe environment.

The findings of this study have provided useful insights into Bachelor of Midwifery students' experiences of reflective practice and what might be done in future in terms of education and support to encourage its ongoing practice.

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Appendices

Human Research Ethics Committee

Committee Approval Form

Principal Investigator/Supervisor: Dr Colleen Rolls Melbourne Campus

Co-Investigators: Fran McInerney Melbourne Campus

Student Researcher: Catherine Wright Melbourne Campus

Ethics approval has been granted for the following project:

Bachelor of Midwifery students experience of reflective practice

for the period: 29 March 2010 to 31 August 2010

Human Research Ethics Committee (HREC) Register Number: V2010 10

The following standard conditions as stipulated in the *National Statement on Ethical Conduct in Research Involving Humans (2007)* apply:

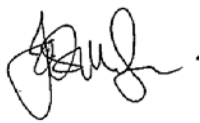
- (i) that Principal Investigators / Supervisors provide, on the form supplied by the Human Research Ethics Committee, annual reports on matters such as:
 - security of records
 - compliance with approved consent procedures and documentation
 - compliance with special conditions, and

- (ii) that researchers report to the HREC immediately any matter that might affect the ethical acceptability of the protocol, such as:
 - proposed changes to the protocol
 - unforeseen circumstances or events
 - adverse effects on participants

The HREC will conduct an audit each year of all projects deemed to be of more than low risk. There will also be random audits of a sample of projects considered to be of negligible risk and low risk on all campuses each year.

Within one month of the conclusion of the project, researchers are required to complete a *Final Report Form* and submit it to the local Research Services Officer.

If the project continues for more than one year, researchers are required to complete an *Annual Progress Report Form* and submit it to the local Research Services Officer within one month of the anniversary date of the ethics approval.



Signed:Date:29 March 2010.....

(Research Services Officer, Melbourne Campus)



Are you in 2nd year – Bachelor of Midwifery?

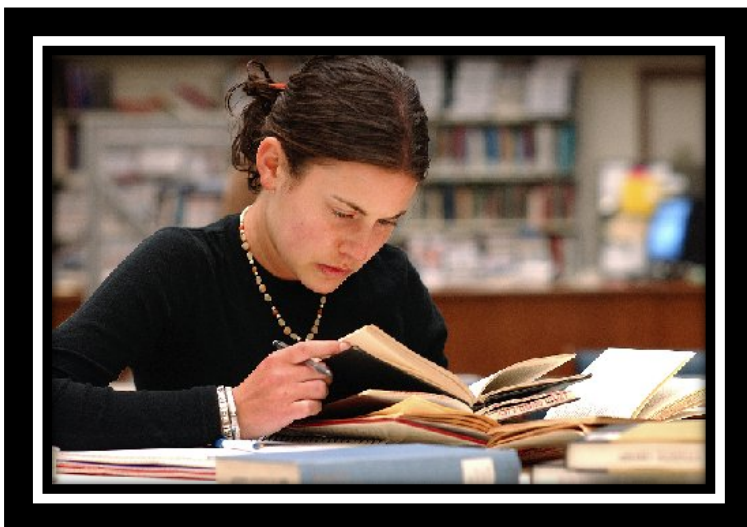
Would you like to be involved in a student Master of Midwifery study about your experiences of reflective practice?

Involvement in the study will consist of an interview lasting up to one hour at a time & place convenient to you.

The interview will enable you the opportunity to discuss the advantages, disadvantages, barriers etc to reflective practice.

For further information contact Cath Wright
catherine.wright@acu.edu.au

Ph: 03 9953 3178





AUSTRALIAN CATHOLIC UNIVERSITY

CONSENT FORM
Copy for Participant to keep

TITLE OF PROJECT: Bachelor of Midwifery students' experience of reflective practice

PRINCIPAL SUPERVISOR: Dr Colleen Rolls
STUDENT RESEARCHER (if applicable): Catherine Wright

I (*the participant*) have read and understood the information provided in the Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in this 60 minute audio-taped interview at a time, day & location convenient to me, realising that I can withdraw my consent at any time without adverse consequences; my academic work or future professional relationships will not be affected. I agree that research data collected for the study may be published or may be provided to other researchers.

NAME OF PARTICIPANT:

SIGNATURE DATE

SIGNATURE OF PRINCIPAL SUPERVISOR:

DATE:.....

(and, if applicable)

SIGNATURE OF STUDENT RESEARCHER:.....

DATE:.....

PARTICIPANT CONTACT DETAILS (if you would like to be contacted when project is

finalised):.....



INFORMATION LETTER TO PARTICIPANTS

TITLE OF PROJECT: Bachelor of Midwifery students' experience of reflective practice

PRINCIPAL SUPERVISOR: Dr Colleen Rolls

STUDENT RESEARCHER: Catherine Wright

PROGRAMME IN WHICH ENROLLED: Master of Midwifery (Research)

Dear Participant,

You are invited to participate in a research project as a component of my Master of Midwifery studies. The ACU Bachelor of Midwifery (BM) course incorporates reflective practice through the duration of the course and acknowledges its practice as a defining characteristic of a professional midwife. The process of reflection in midwifery is also supported and promoted by midwifery governing bodies; The Australian Nursing & Midwifery Council (ANMC) and the Australian College of Midwives (ACM). Due to such a strong focus on reflective practice and a personal interest undertaking such practice in all its forms, this study was initiated.

The purpose of the research project is to explore BM students' experience of participating in reflective practice. The research will involve a 60 minute audio-taped interview at a time, day and location convenient to you. Your perspective, understanding of and participation in reflective practice will be explored during the interview.

Although you may receive no direct benefit from participating in the research, other than contributing to changes in the way reflective practice is taught in the BM curriculum, there are no foreseen risks in participating and your welfare in the research context will be maintained at all times.

Confidentiality will be maintained throughout the research process with no identifying information in publications arising from the research. A pseudonym and code will be used in reports or publications arising from the research. Aggregate data will only be reported.

Participants are free to refuse consent altogether without having to justify that decision, or to withdraw consent and discontinue participation in the study at any time without giving a reason. As the participants may be known to the researcher it is important to emphasise that any participation or withdrawal from the research will not prejudice the participant's future academic progress or future professional relationships.

In order to protect the privacy of the participants, real names or the names of other people, places or events that may be identifying will not be used in any report writing or data analysis.

Any questions regarding this project should be directed to the Principal Supervisor and the Student Researcher:

Principal Supervisor: Dr Colleen Rolls
Telephone: 9953 3191
School of Nursing & Midwifery, St Patricks Campus, Fitzroy

Student researcher: Catherine Wright
Telephone: 9953 3178
School of Nursing & Midwifery, St Patricks Campus, Fitzroy

Participants will be provided with feedback regarding the results of the project if requested. If you wish to be contacted upon completion of the project please nominate your preferred contact details on the consent form. The results from the study may be summarised and appear in publications or may be provided to other researchers.

This study has been approved by the Human Research Ethics Committee at Australian Catholic University.

In the event that you have any complaint or concern, or if you have any query that the Investigator (or Supervisor and Student Researcher have) has not been able to satisfy, you may write to the Chair of the Human Research Ethics Committee care of the nearest branch of the Research Services Office.

VIC: Chair, HREC
C/- Research Services
Australian Catholic University
Melbourne Campus
Locked Bag 4115
FITZROY VIC 3065
Tel: 03 9953 3158
Fax: 03 9953 3315

Any complaint or concern will be treated in confidence and fully investigated. The participant will be informed of the outcome.

If you agree to participate in this project, you should sign both copies of the Consent Form; retain one copy for your records and return the other copy to the Principal Supervisor or Student Researcher.

.....

Principal Supervisor

.....

Student Researcher

Interview protocol (based on Charmaz's constructivist grounded theory approach)

Date:

Time:

Place:

(Obtain permission to record the interview)

- 1) What, if anything, do you know about reflective practice?
- 2) Tell me about your thoughts and feelings when you learned about reflective practice...
- 3) Do you engage in reflective practice?
- 4) If so, when? If not do you partake in reflection in a more informal way?
- 5) Can you tell me how you go about reflection?
- 6) How, if at all, have your thoughts about reflective practice changed since you were first introduced to it?
- 7) What, if any, positives have occurred since partaking in reflective practice?
- 8) What, if any, negatives have occurred since partaking in reflective practice?
- 9) Could you describe a typical reflective practice experience?
- 10) Have you encountered any barriers to reflective practice?
- 11) Is there anything you think might improve your experience of reflective practice?
- 12) Can you see yourself continuing to participate in reflective practice?
- 13) Do you feel there are any benefits to reflective practice?
- 14) Do you have any questions for me?



GROWING INTO YOUR REFLECTIVE SKIN

LEARNING ABOUT REFLECTIVE PRACTICE



HITTING THE GROUND
CLINICAL PRACTICE REALITY



RECOGNISING THE VALUE



ADAPTING TO
BEING REFLECTIVE



LEARNING FROM REFLECTION



BECOMING A REFLECTIVE
PRACTITIONER

