Becoming a reflective practitioner
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And just what are we to make of becoming a reflective practitioner? Are we to learn? Are we to change? Are we to work toward transformation of self and other?

This work by Christopher Johns brings us face to face with the human elements and human dilemmas, the deep level of humanity that clinicians encounter daily, moment by moment, the blessings and challenges of living, suffering, changing, evolving, dying, leading us to nothing less than a rebirthing of self and work. And how are we to live this practice of reflection? How are we to be? To become? To evolve? To alter? To repattern? To rethink?

We do so by stepping into practice moments; we do so by honouring our own inner humanness; we do so by stopping, being present, listening to stories, life narratives, filled with inner meanings, myths, metaphors and by reflecting on one’s own presence of being and becoming in the moment. It is through the reflective moment that we both seek and gain insights, dynamics of wisdom and depth of meanings revealed whole to us but only when we stop, pause and are present to such profound human mystery and wisdom that is already contained on the margin, in the shadows, in the distant haze of our own existence.

It is here, when we are still and witness to our own openness, that we connect with self and other in shared moments of human being and becoming. A multifaceted jewel, the diamond net of refracted light contained within each human moment of human encounter . . . a clue, a coloured hue, contributing to a human canvas, a human studio of caring moments, each one a possibility for hope, for movement through pain, suffering, loss, challenge, while being present to the joy; the aesthetic, the paradox, the dilemma, the eternal, uncovered from the journey toward wholeness. In the nurse’s presence, in listening to and becoming part of another’s story, life drama, myth for meaning and hope, we are able to promote health or become true instruments of timeless healing that transcend self, other and system alike.

Reflective stories in this text offer models of insight; they reveal the hidden subtext of paradox, inner drama, unaddressed questions, unknowns, that lead to ethical grids and maps on the reflective journey – a reflective journey, into context, discovery, relationships, non-objectivist, non-formulaic notions and moods that guide not by convention and rationalistic principles but rather by intentional consciousness, by awakening. Awakening to presence, relationships, being and becoming part of the connections, patterns and processes that mirror human-to-human caring and healing. This reflective subtext of nursing invites us into and through informed, reflective, appropriate skilled action of human connectivity, creativity and intuition. Through internal and external existential dialogue and story and guidance we journey into the spiritual, the aesthetic, the ethical, the arts, that touch and celebrate the non-quantifiable, that once again reunite the profession and the practitioner alike, with the compassion and passion of nursing’s life and work.
It is here through the Johns Reflective Practice Model and its evolving process for self-reflection and guidance that we discover, once again, that the ‘personal becomes the professional’. It is here that we learn to grow in caring by becoming instruments of healing, first by learning about our own inner healing and health processes and needs that flow from self to other. These lessons transcend yet inform each caring moment, consciously or unconsciously. It is through reflective practice that nurses and nursing learn about nursing as never known before. It is here, in honouring the whole, in gleaning and seeking meaning from parts and particles of light in the institutional and often individual darkness, that we find new hope for transforming nursing and nurses alike.

Finally, it is through reflective practice, as continually explored and explicated by Johns and colleagues, that we are offered a method, a mode, a mood, a model of being and becoming that allows us to face and live through, if not be blessed by, our own woundedness. This model is a guide that informs and invites us, in uniquely individual ways, to engage in authentic caring and become part of a process of healing and wholeness that is required for a new era in human history and futuristic nursing.

In the past, nurses and nursing have tried to escape the inner learning and healing that is required for the practice journey; we have done this by succumbing to medical science, medical-nursing tasks, industrial-system demands. It has turned out that these routes to nursing have been a detour from our human caring practices and commitment to processes of wholeness and healing that have motivated, inspired and informed individuals and communities across time.

It is through the breakdowns of conventional practices, combined with breakthroughs of reflective practice, which can now be integrated with the most up-to-date knowledge and skills, philosophies and theories, that we enter a new world of professional care practices that embrace, encompass and more fully actualise the paradigm of hope spread before and behind nursing in its history and traditions. It is only by stopping, pausing and reconsidering our encounters and relationships with self and other that we mature as a distinct caring, healing and health profession.

However, it is the reflective practice processes and approaches that may be the most threatening, yet at the same time offer the greatest hope for growth, maturity and personal and professional maturity. If nursing turns its back on reflection, it is turning its back on its woundedness and core humanity, which is the ground of being and becoming. In not pausing to consider reflection, we remain technical assistants, trying to defend ourselves from our own wounds and suffering, forever stranded on the shoreline as humanity and health care itself sets out to pursue new horizons of possibilities contained within the depths of our shared humanity and the oceanic changes possible for human evolution and growth.

Will we choose reflection and human transformation as a path to the future or succumb to robotic mutation? Which route will we take? Reflect upon it and choose but do so with passion and purpose. As we individually and collectively ponder the future, this text offers a holistic lesson that will serve us well into the next millennium.

Jean Watson
Welcome to the third edition of this book. The major aim of the book remains the same as previous editions: to pose and respond to the question ‘What does it mean to be a reflective practitioner?’.

In the second edition I asserted that being a reflective practitioner is a way of being in practice rather than something I do – for example, something I write in a journal on an educational course or something I do in clinical supervision – that reflection is something lived. This is of fundamental significance. Reflective practice is fundamental to professional practice, because I assume that all professionals are concerned with knowing and realising desirable and effective practice, yet work in conditions where for one reason or another such realisation is often difficult.

Whilst the third edition has been entirely revised, some narrative from the second edition remains. However, I give significantly greater emphasis to the process of reflective writing rather than the realisation of desirable practice.

The book is organised as 19 chapters divided into three parts.

**Part 1**

In Chapter 1, I set out some ideas of reflection. My perceptions of reflective practice have been informed by various influences from cognitive approaches, characterised by the construction of models and the application of technique, to more esoteric ‘wisdom’ approaches. The cognitive approaches reflect Western roots in rationality whereas the more esoteric approaches reflect Eastern traditions rooted in mysticism and spirituality. It is perhaps not surprising that Western influences have dominated my thinking simply because it has been my own way of thinking and the expectations of students and reviewers alike. Yet, as I study and understand the more esoteric influences, notably Native American lore and Buddhism, I find myself dwelling in the mystery of experience and increasingly uncomfortable with the dominance of the rational approach to reflective practice. My esoteric turn has been influenced by two events. The first was reading Blackwolf and Jones’ book *Earth dance drum* (1996) culminating in their participation at the 5th International Reflective Practice conference in Cambridge in 1999. The second event was embracing Buddhism as a more satisfactory and enlightening way to live my life and give greater purpose to my practice as a palliative care nurse and complementary therapist. A key message to esoteric approaches to life is harmony and balance. As such, the purpose of this chapter is to begin to move reflective thinking into a greater balance.

In Chapter 2 I set out a reflective model for clinical practice based on the Burford NDU model: caring in practice that I developed at Burford Hospital between 1989 and 1991. At the core of a reflective model is a *valid* vision for practice that gives meaning
and direction to practice and poses the question ‘If we hold these values, how can we realise them as a lived reality?’ I assume that reflective practice flourishes in reflective environments. In response I set about creating reflective systems and organisational culture to support reflective practice in action.

In Chapter 3 I set out the process of learning through reflection as movement through six dialogical movements. This is a significant appreciation of reflective theory. The first dialogical movement is dialogue with self to write a rich description of experience. The second dialogical movement is to stand back from the descriptive text and move into reflective mode with the intention of gaining insights, using a model for structured reflection.

In Chapter 4 I explore the third and fourth dialogical movements to check out, deepen and affirm tentative insights through dialogue with literature and with peers and guides within guided reflection. In doing so, I explore the nature of guidance.

In Chapter 5 I explore the fifth and sixth dialogical movements. The fifth movement is weaving the coherent and reflexive narrative: reflection is presented as narrative that adequately portrays the journey of self-inquiry and transformation towards the practitioner realising desirable practice. I explore imagery, art and poetry in shaping the narrative, and consider the nature of coherence for narrative writing, drawing on the work of Ben Okri and the increasing influence of autoethnography.

In Chapters 6 and 7 I set out the being available template as a way to know and monitor the development of desirable practice based on holistic values. This work has been considerably condensed from the second edition, reflecting the shift in emphasis toward the process of reflection. However, this work remains essential, revealing the way reflection enables the practitioner to develop clinical practice around the therapeutic relationship with the patient and family. At the core of knowing the person is ‘empathic inquiry’, the ability to connect with the experience of the person. Compassion is healing energy yet needs to be nurtured and focused. I explore the ‘aesthetic response’, the ability to make effective clinical judgements, and on this basis to respond with appropriate, effective and ethical action, and reflect on its impact. I reflect on the significance of knowing and managing self within relationship. This is the flipside of compassion and empathy – to tune into and flow with the person in ways that ensure that our own ‘stuff’ does not get in the way.

In Chapter 7, I explore the significance of creating and sustaining an environment in which it is possible for the practitioner to be available and which places the nurse–patient relationship into its organisational context. I also explain my understanding of those factors that may constrain the practitioner’s ability to be available: issues of tradition, authority and embodiment. This chapter also deals with issues such as managing change, assertiveness, managing conflict, stress and support.

In Chapter 8 I explore the therapeutic value of patient reflection through enabling and listening to their stories.

**Part 2**

I offer four narratives written by students whilst on academic post-registration degree programmes. These are all examples of realising desirable practice although they do not explicitly refer to the being available template to achieve this.

These narratives are examples of reflective writing through the dialogical movements, illuminating different styles yet with a common purpose.
In Chapter 9 Jill Jarvis reflects on her palliative care with one patient through touch and paying attention to the care environment. In Chapter 10 Simon Lee reflects on the personal impact of being with a patient and family as the patient approaches death. In Chapter 11, Jim takes a post-punk perspective on challenging power issues in his practice in advocating for his patient within a psychiatric setting. In Chapter 12, Clare, similarly working in a psychiatric setting, reflects on her relationships with patients. These narratives are evocative and powerful.

Part 3 offers chapters concerned with creating the reflective environment both within clinical practice and within education. In Chapter 13, I explore reflective communication, both verbal and written. The core value of communication is that it must be both practical and meaningful. The nursing process is critiqued and exposed as an absurd model for the reflective practitioner. Instead I assert the movement towards narrative forms.

In Chapter 14 I explore a reflective approach to ensuring quality and responding to the clinical governance agenda through the reflective techniques of clinical audit and standards of care in order to get valid feedback that our visions of practice are indeed realised as a lived reality. I use the first of two narratives written by Lazell to illuminate the significance of quality. I assert that quality must be the responsibility of each practitioner intrinsic to everyday practice rather than something abstract and imposed. As before, I use Lazell’s narrative to emphasise the quality of her reflective writing as much as the topic of quality.

Chapter 15 is an exposition of transformational clinical leadership through examples of students on the Masters of Clinical Leadership programme at the University of Bedfordshire. Transformational leadership is reflective leadership dedicated to establishing the learning organisation, yet can transformational leadership shift the prevailing transactional culture of healthcare or is this just another example of rhetoric? I use narratives by Susan Brooks and Sally Burnie as context.

In Chapter 16 I develop the ideas of the learning organisation and clinical supervision as reflective milieu, extending ideas introduced in the previous two chapters using my own example of working with Trudy, a district nurse, in clinical supervision with me over six sessions.

In Chapter 17, using a second narrative by Lazell, I explore reflection as chaos theory. Lazell’s narratives are examples of Masters level reflective writing.

In Chapter 18 I pull together narrative strands into considering the nature of the reflective curriculum. This is creative work I am currently pursuing, more a work in progress being developed through various projects worldwide. I argue that reflection must be the core of the curriculum throughout the programmed duration in dialogue with clinical practice and informed by specialist knowledge modules as appropriate.

In Chapter 19 I take a performance turn, to consider the development of performance to present narrative, shifting from the representation of self through narrative. This has led me to work with drama and dance teachers in my doctoral work with practitioners using guided reflection/narrative as a process of self-inquiry and transformation. This work is again creative and experimental and will be the focus of a revised edition of Guided reflection: advancing practice. I give two examples of performance: the first is Ruth Morgan’s performance of ‘Musical Chairs’ and the second is ‘RAW’.