Reflective practice: where now?

Gary Rolfe

Reflective practice was originally conceived as a radical critique of technical rationality, and was based on the premise that knowledge generated by practitioners reflecting on their own experiences is of at least equal value to knowledge derived by academics from empirical research. However, experiential knowledge from reflection-on-action now finds itself at the bottom of the hierarchy of evidence on which to base practice, and reflection has become just another technical tool. In this paper, I argue that reflective practitioners must step outside of the dominant paradigm of evidence-based practice in order to reassert the importance of experiential knowledge, and suggest seven tenets for establishing a new reflective paradigm. © 2002, Elsevier Science Ltd. All rights reserved.

A reluctant introduction

This introduction is written reluctantly ….

I recently attended a meeting where, as often happens, the discussion turned to evidence-based practice. When I (rather timidly) suggested that perhaps it is not always wise to base our decisions on the evidence from research, I was challenged to produce the evidence for my suggestion. The irony of the situation seemed to be lost on my colleagues: that in order to argue against evidence it is still necessary to produce evidence in support of your argument. It seems, then, that we have reached a situation where it is difficult even to publicly question a mode of practice that is itself founded on little more than faith.

There is also a certain irony in the story of the writing and publication of this paper. Its basic premise is that unless reflective practitioners consciously step outside of the dominant paradigm of evidence-based practice, then their arguments will be judged according to the very criteria that they are arguing against. Thus, in keeping with its subject matter, this paper is written in a reflective style rather than in a 'traditional' academic form. Firstly, it has no literature review since it is arguing that reflective

practice should be based on the experiential knowledge of the practitioner herself rather than on the evidence of other writers. What little literature I *have* drawn on is used to trace the history of reflective practice, and is therefore (not surprisingly, you might think) rather old and is presented descriptively without critical analysis. Secondly, it does not follow the usual academic format of 'thesis-antithesis-synthesis'; that is, it makes no attempt dispassionately to present both sides of the argument before drawing some balanced conclusions. On the contrary, it suggests that such balanced argument is *impossible* within the discourse of evidence-based practice. Thirdly, the arguments are therefore largely the subjective opinion of the writer; in a paper that claims to value subjective reflective evidence, we might expect most of the evidence to be subjective and lacking an 'objective' research base. And fourthly, the paper originally had no traditional introduction (or, rather, no section entitled 'Introduction').

All of the above issues were picked up and criticized by one or other of the external reviewers. I feel that it would be plainly contradictory to the spirit in which this paper is written to add an up-to-date and critical

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review of the literature, to rewrite the paper as a 'balanced' argument for and against reflection, and to support my arguments with 'objective' research-based evidence. However, I have reluctantly written this introduction to explain why the paper does not conform to certain academic norms, which in an ideal world would be no more necessary than writing an introduction to justify *conformity* to those same norms.

The radical origins of reflective practice

Reflective practice has become so integrated into mainstream nursing that it is easy to forget its radical origins. The roots of reflection as a source of knowledge stretch back at least as far as Socrates, but its modern history probably begins with the educationalist and philosopher John Dewey. Dewey (1938), whose simple claim for reflective learning was that 'we learn by doing and realising what came of what we did', was an enormous influence on later radical educationalists such as Carl Rogers in the USA and AS Neill, the founder of Summerhill School in the UK, both of whom advocated and developed Dewey's ideas about child centred education and learning through discovery. Both of these educationalists believed that children learn best when they can see the relevance of what they are being asked to do. Rogers, for example, claimed that, for most students, large portions of the curriculum are meaningless, and thus very difficult to learn. However, as he pointed out:

> In contrast, there is such a thing as significant, meaningful, experiential learning. When a toddler touches the warm radiator, she learns for herself the meaning of the word *hot* … Likewise the child who has memorised 'two plus two equals four' may one day in her play with blocks or marbles suddenly realise, 'Two and two *do* make four!'
> (Rogers 1983, p. 19)

For AS Neill, the issue of relevance had an added importance, since all lessons at Summerhill School were voluntary, and if the children could not see the relevance of a particular lesson, they would simply not attend. Neill was particularly scathing of the way in which mathematics was traditionally taught:

> My case against mathematics is that the study is too abstract for children. Nearly every child hates mathematics. Though every boy understands *two* apples, few boys can understand *x* apples.
> (Neill 1968, p. 324)

Dewey's work was also developed by the critical theorists such as Mezirow (1981), who produced a seven level model of reflection in which the highest level of theoretical reflectivity entailed a perspective transformation that is emancipatory in nature and effect (for an example of Mezirow's work applied to nursing, see Kim 1999).

The Marxist–Christian educationalist and revolutionary Paulo Freire employed this notion of theoretical reflectivity and its emancipatory perspective transformation to educate and politicize the Brazilian peasants in a process by which:

> men, not as recipients, but as knowing subjects, achieve a deepening awareness both of the socio-cultural reality which shapes their lives and of their capacity to transform that reality.
> (Freire 1972, p. 72)

Reflective learning goes beyond the simple intake of knowledge, and involves a critical awareness of the socio-cultural environment in which the learning takes place. Just as for Neill and Rogers, the crucial component of reflective learning for Freire is contextualization. Thus:

> If learning to read and write is to constitute an act of knowing, the learners must assume from the beginning the role of creative subjects. It is not a matter of memorizing and repeating given syllables, words and phrases, but rather *of reflecting critically on the project of reading and writing itself*, and on the profound significance of language.
> (Freire 1972, p. 29, my emphasis)

Knowing entails more than simply memorizing. For Freire, the learner must start with concrete examples from her own experience. However, these examples are

reflected on not only to learn about the world, but more importantly to learn about learning, that is, to learn how to change one's position in the world. We can already begin to see the emancipatory possibilities of reflection, which is concerned not only with thinking about our experiences, but more importantly with reflexively exploring the process of learning itself, that is, of freeing the learner from the influence of the teacher.

Donald Schön (1987) later saw the importance of context and the creative role of the learner for *professional* education, and contrasted the context-free 'high hard ground' of technical problems with the 'swampy lowlands' of practice, claiming that many problems are problems *precisely because* they defy the application of some general textbook solution. Thus:

> because the unique case falls outside the categories of existing theory and technique, the practitioner cannot treat it as an instrumental problem to be solved by applying one of the rules in her store of professional knowledge. The case is not 'in the book'. If she is to deal with it competently, she must do so by a kind of improvisation, inventing and testing in the situation strategies of her own devising.
>
> (Schön 1987, p. 5)

Schön therefore expanded the scope of reflection beyond the classroom out into the real world of messy practice, and was one of the first writers to offer a challenge to technical rationality, the straightforward application of context-free propositional knowledge to practice. Thus, he claimed that 'In recent years there has been a growing perception that researchers, who are supposed to feed the professional schools with useful knowledge, have less and less to say that practitioners find useful', and 'what aspiring practitioners most need to learn, professional schools seem least able to teach'. We can see, then, that Schön's conception of reflection-on-action implied a radical challenge to both evidence-based practice and what Bines (1992) called the technocratic education philosophy of *Project 2000*.

It is difficult to imagine nowadays, when every paper on reflective practice in nursing makes reference to Schön, just how revolutionary his work was regarded by the professions, and particularly by the profession of education, when it was first published in the 1980s. It is perhaps ironic then, that in the discipline of nursing, the past 20 years has seen a move even further into technocratic education (Bines 1992) and evidence-based practice (EBMWG 1992, DiCenso et al. 1998).

Nursing and technical rationality

In fact, ever since the publication of the Briggs Report (DHSS 1972), nursing has aspired to becoming a research-based profession centred on the model of technical rationality about which Schön was so critical. Schön himself recognized the lure of technical rationality, particularly for neophyte and 'minor professions' (Glazer 1974) such as nursing, observing that 'the greater one's proximity to basic science … the higher one's academic status' (Schön 1987). As we have seen, however, the negative aspect of technical rationality is that propositional knowledge derived from research findings tends to overshadow what has traditionally been seen as the practitioners' own knowledge, derived from experience and from their therapeutic relationships with their patients. Indeed, practitioner knowledge is often denigrated by technical rationalists as being based on unsystematic clinical experience (EBMWG 1992), and even as 'blind conjecture, dogmatic ritual or private intuition' (Blomfield & Hardy 2000).

However, in the years following the Briggs report, nursing appeared to make little headway as a research-based discipline and concerns were beginning to be expressed about the so-called theory–practice gap between what researchers believed ought to be happening in practice and what nurses were actually doing (see, for example, Hunt 1981 and numerous papers since). Despite a concerted effort to close the gap through technical rationality, it proved to be intransigent, leading some theorists (e.g. Rolfe 1993, Clarke et al. 1996) to question whether scientific research really does provide the most appropriate knowledge-base for nursing, or whether reflection might offer a better source of knowledge for practice.

Reflection therefore entered the discipline of nursing as a radical alternative to technical rationality, with the promise of revolutionizing the way in which nursing knowledge was conceptualized, generated, taught and applied to practice. If we define a paradigm as 'concepts, theories, assumptions, beliefs, values and principles that form a way for a discipline to interpret the subject matter with which it is concerned' (Powers & Knapp 1990), then reflective practice was, in a very real sense, an alternative paradigm for nursing.

However, the philosopher Thomas Kuhn taught us that most paradigms are incommensurate with one another, that they are founded on incompatible principles and cannot exist side-by-side without coming into conflict. One paradigm has to dominate, and furthermore, 'because it is a transition between incommensurables, the transition between competing paradigms cannot be made a step at a time … it must occur all at once *or not at all*' (Kuhn 1996, my italics). And most often the status quo prevails and it occurs not at all. Rather than overthrowing the dominant nursing paradigm of technical rationality in what Kuhn referred to as a scientific revolution, reflective practice has gradually become immersed into mainstream practice.

We have seen that the dominant paradigm defines how the knowledge-base of a discipline is built and maintained, what is to count as knowledge, and importantly, what are to count as valid ways of generating knowledge. By becoming part of the dominant paradigm, then, reflective practice ceased to offer an alternative to technical rationality and has instead become just another technical tool. The radical promise of reflective practice therefore became neutralized as it found itself constrained by the criteria of technical rationality and languishing at the bottom of the hierarchy of nursing evidence (e.g. Whyte 1997). So, for example, Mackintosh (1998) is able to criticize reflection by claiming that:

> Much of the published evidence regarding the model's impact on clinical practice appears to be based on personal anecdote, and again, evidence in support of its impact on patient care is of a mainly qualitative and descriptive nature.
>   (Mackintosh 1998, p. 556)

Mackintosh is clearly judging reflective practice against the criteria of technical rationality and evidence-based practice, in which qualitative and descriptive research and personal knowledge are low down in the hierarchy of evidence, rather than according to its own criteria, where knowledge obtained from personal narrative would be considered good reflective evidence. In a similar vein, one of the peer reviewers of my paper commented that 'Many suggestions put forward, although original, lack substantive evidence and reflect the author's subjective viewpoint'. In both cases, reflective practice is being criticized for not being something that it never set out to be in the first place, and to paraphrase Darbyshire (1994), criticizing reflective practice because the evidence for its effectiveness is derived mainly from subjective reflection is rather like criticizing a car for being a bad bicycle.

Unfortunately, however, even advocates of reflective practice feel the need to apologize for its lack of compliance to the paradigm of technical rationality. Thus, Atkins & Murphy (1994), while acknowledging that reflection 'does seem to have real potential for nursing practice', tempered their praise by adding, however, that 'there is as yet little research to support the use of reflection'. Similarly, Andrews (1996) added that what little research evidence does exist 'is not always fully validated by the findings'.

We have reached a situation, then, where reflection has been divorced from both its underpinning philosophy and its radical emancipatory roots, to the extent that it is forced to justify itself according to the criteria that it formerly rejected. Thus, most educational courses include reflective exercises or critical incident analysis, but with little real acknowledgement of the value and importance of the knowledge generated from them. Furthermore, there is often little attempt to encourage the students to look beyond content and begin to reflect on the process of reflection itself. The teacher understandably wishes to maintain her position as the expert on the

reflective process, and has little desire to empower her students to learn to do without her.

The same applies to clinical supervision, which was originally firmly rooted in reflective practice, but is now often imposed from above and is increasingly seen as a management strategy. Once again, there is little incentive for supervisors to enable their supervisees to take control of the process for themselves. And as we have seen, the experiential knowledge that is generated by reflection is devalued in comparison to the findings from research, and particularly the findings from Randomized Controlled Trials and quasi-experiments. Advocates of reflective practice are now, rather belatedly, beginning to realize the price to be paid for becoming absorbed into a dominant paradigm whose aims and values are at odds with their own.

Beyond technical rationality

The highest price paid by reflective practitioners is undoubtedly the devaluing of the kinds of knowledge traditionally associated with expertise. Rolfe (1998) has suggested that expert practitioners employ at least three distinct kinds of knowledge in their practice. Firstly, propositional or scientific knowledge, which is acquired mainly from research, informs us about what generally happens in the majority of cases. Secondly, experiential knowledge, gained from reflecting on past cases from our own practice, informs us about how this particular case might differ from the general. And thirdly, personal knowledge, gained from therapeutic relationships with individual patients, informs us about the specific needs of this specific person, and just as important, about ourselves and our own needs. Basing practice solely on research findings might be the only option for the *novice* practitioner with little previous experience who is nursing a patient with whom she has no prior relationship (Benner 1984), but research-based knowledge only tells her what generally happens in most cases. If nurse N wishes *expertly* to nurse patient P in situation S, then she also needs personal knowledge about N and P and experiential knowledge about situation S.

However, we have seen that technical rationality demeaningly refers to this personal and experiential knowledge as intuition and unsystematic clinical experience, which must be 'de-emphasized' in favour of 'the examination of evidence from clinical research' (EBMWG 1992). The difficulty for many senior practitioners with this de-emphasis of intuition and experience is that knowledge which can only be gained by many years of doing nursing is replaced in importance by knowledge that can be acquired by anyone simply by reading a journal paper. And in de-emphasizing the importance of experiential and personal knowledge, the paradigm of technical rationality is also de-emphasizing the relevance and validity of reflection as a means of generating that knowledge. The first step in re-radicalizing reflective practice must therefore be to reinstate reflective practice as a viable *alternative* to technical rationality rather than as an adjunct to it. Reflection must reclaim its paradigmatic status.

Towards a reflective paradigm

Paradigms, as we have seen, are concerned with how a discipline organizes and manages its knowledge-base, and so any new paradigm needs to address what is understood by knowledge, what counts as valid knowledge in this discipline, what the criteria are for judging its usefulness and validity, how that knowledge is generated, how it is taught, and how it is applied. With these thoughts in mind, it is now possible to begin to outline some of the tenets of a paradigm for reflective practice.

1   The first principle of the new paradigm is that it is incommensurate with the dominant paradigm of technical rationality

This principle runs counter to the natural desire of many in the nursing profession for appeasement and integration. However, as Lyotard (1988) pointed out, whereas disputes which take place *within* a paradigm may be settled by recourse to the rules of that paradigm, disputes *between* paradigms must be settled according to the rules of either one, which would disadvantage the other, or else

according to the rules of some third paradigm, which would disadvantage both. For example, a dispute between two quantitative researchers about whether a RCT had an adequate sample size could be resolved by calculating a power equation according to the rules of statistics. However, a dispute between a quantitative researcher and a reflective practitioner about the validity of reflective writing as a research method might be settled according to the criteria of quantitative research, which would disadvantage the reflective practitioner; according to the criteria of reflective practice, which would disadvantage the quantitative researcher; or according to some third set of criteria such as qualitative research, which would disadvantage both. If we judge reflective practice in the same way that we judge RCTs, we will disadvantage it as a form of evidence.

2   The new paradigm should focus primarily on the development of practice rather than theory

Almost all of the current research paradigms in nursing are borrowed from other theoretical disciplines such as sociology and the biological sciences. These disciplines have as their goal the generation of theory and knowledge, and so it is hardly surprising that the aim of nursing research is almost always stated as the generation or discovery of new knowledge and theory (see Table 1).

We are perhaps all so immersed in one or other of the nursing research paradigms that we do not even expect research to contribute directly to the development of practice. At best, the development of nursing practice is seen as a secondary goal of research, achieved through the application of research-based knowledge to clinical settings. It is interesting to note, then, that none of the above definitions even mentions practice.

3   It follows that if the new paradigm places the development of practice above the development of theory, then contextual knowledge that arises from practice will be valued above abstract theoretical knowledge that is applied to practice

The consequences of this are far-reaching, and suggest that the current hierarchy of evidence should be inverted, with the specific practice-based knowledge derived from reflection-on-action and from research methodologies such as case study and action research as the 'gold standard', and with the more general knowledge derived from RCTs and quasi-experiments at the bottom (Table 2).

4   In a paradigm that values contextual knowledge generated from practice over general knowledge generated from scientific research, it follows that the practitioner will have a higher status than the theorist and the researcher

We are perhaps beginning to witness a move in this direction with the introduction of nurse

Table 1   Some definitions of nursing knowledge (my emphases throughout)

- [Research is] a planned, systematic search for information, for the purpose of increasing the total body of man's (sic) *knowledge.* (Lancaster 1975, p. 42)
- [Research is] an attempt to identify facts, and the relationship between and among facts, by systematic, scientific enquiry in order to increase available *knowledge.* (Hunt 1982, p. 24)
- The major reasons for doing research in nursing are providing the profession with a body of scientific *knowledge* and identifying and developing nursing theories. (Treece & Treece 1986, p. 18)
- The primary goal of nursing research is to develop a scientific *knowledge* base for nursing practice. (Burns & Grove 1987, p. 4)
- [Research is] an attempt to increase available *knowledge* by the discovery of new facts or relationships through systematic enquiry. (Clark & Hockey 1989, p. 4)
- [Research is] rigorous and systematic enquiry … designed to lead to generalizable contributions to *knowledge.* (Department of Health 1993, p. 6)
- [Research is] a systematic approach and a rigorous method with the purpose of generating new *knowledge.* (International Council of Nurses 1996, p. 3)

Table 2 A new hierarchy of evidence

1	*Personal knowledge*	know yourself. know your individual patients.
2	*Experiential knowledge*	know from your own experience what has happened in similar cases.
3	*Propositional knowledge*	know from research what might happen in similar cases. know from research what might happen in the general case.

consultant posts, but in a society where financial reward is the main indicator of status, it is nevertheless still the case that a basic grade lecturer earns more than a basic grade staff nurse, a research assistant earns more than a health care assistant, and a head of an academic department earns more than a head of a clinical unit. However, beyond simple financial remuneration, the ownership and control of the knowledge-base of nursing rests with researchers and academics, who have the power and authority to define, generate and disseminate nursing knowledge, whereas the practising nurse is supposed merely to read and apply it. In the new paradigm, this power and authority would be invested in practitioners, who become researchers into their own practice.

5   It therefore follows that the academic will take on a very different role within the new paradigm

The practising nurse is no longer the passive recipient of propositional research-based knowledge and theory, but rather the originator of her own context-specific practice-based knowledge. The role of the researcher is therefore less concerned with producing generalizable scientific knowledge than with facilitating the practitioner to research her own practice through small-scale case study and action research. Likewise, the role of the educator is less concerned with disseminating knowledge than with facilitating the practitioner to explore her own practice through reflection-on-action. This applies not just to post-registration nurse education, where the nurse brings with her a vast store of practitioner knowledge and usually a number of issues and problems she wishes to explore, but also to pre-registration courses where the student might have little or no prior experience to draw on. In any case, the practitioner and the academic become equal partners in enabling the nurse to explore and discover her own knowledge predominantly from her own practice.

6   The new paradigm clearly has major implications for the way in which pre-registration nurse education is organized

In particular, it questions the current three-phase technocratic model of education (Bines 1992), in which:

(a) generalizable and context-free knowledge is transmitted from teacher to student, usually through lectures;
(b) this knowledge is interpreted and applied to practice, sometimes in seminars or small groups, but again often in terms of general theoretical models such as the nursing process or evidence-based practice;
(c) the students engage in supervised practice to ensure that they correctly apply the models and theories they have learnt in the classroom.

In this technocratic model of education, if the student fails to translate theory into practice, particularly during a clinical assessment, it is usually considered by the assessor that there is something wrong with the student rather than something wrong with the theory.

As with the hierarchy of evidence, the new paradigm turns this sequence on its head. Thus, the first phase of a reflective course must be to immerse the student in practice so that she might acquire concrete experience of the messy complexities of nursing. In the second phase she should be facilitated to reflect on her practice and begin the difficult task of turning experience into concrete knowledge and theory; that is, knowledge and theory specific to *that* student in *that* situation. And thirdly, she should be helped to see her specific experiential knowledge in relation

to general propositional knowledge and theory.

But as Freire pointed out above, the importance of reflection-on-action is not simply to reflect on the process of *practice*, but also to reflect on the process of *learning*. Reflective education is therefore concerned with learning how to learn, with transferable skills and with lifelong learning. The goal of any nursing course should not be to produce expert practitioners, which in any case is an impossible achievement in a predominantly classroom-based course, but to equip the students with the skills to develop their own expertise, that is, to become truly autonomous and emancipated professionals.

7   Finally, the new paradigm must allow not only for Schön's notion of reflection-on-action, that is, reflection after the event, but also reflection-in-action, reflection during the event

It is interesting to note that Schön's conception of the reflective practitioner was someone who reflects *in* action, whereas nursing has almost completely ignored this in favour of reflection *on* action. For Schön, reflection-in-action is a more advanced level of reflection which in turn leads to a more advanced level of practice in which the nurse is constantly testing out theories and hypotheses in a process which Schön referred to as 'on-the-spot experimenting'. Reflection-in-action takes the nurse beyond reflective practice to *reflexive* practice, in which she is constantly formulating theories about the specific clinical situation in which she finds herself, is testing those theories in her practice, is modifying them, retesting them, re-modifying them and so on in a reflexive cycle. As Schön (1983) pointed out, 'because his experimenting is a kind of action, implementation is built into his inquiry'. The nurse is therefore engaged in a continuous silent dialogue with herself, or rather with what Casement (1985) referred to as her 'internal supervisor'. We can see then, that reflection-in-action is far more than simply thinking about practice whilst doing it, since it involves a form of on-the-spot experimenting that brings together thinking and doing in a single act which Schön sometimes referred to

as 'knowing in action', and which Rolfe (1993) called 'nursing praxis'.

Reflective practice: where now?

The recent Government publication *Making a Difference* (DoH 1999), which claimed to 'set out a new vision for the future of nursing' outlined a number of ways in which nurses might enhance the quality of care they provide, including benchmarking, using 'rigorously assessed' research evidence, implementing national service frameworks, standards development and audit. Reflection was mentioned only once in the document, as one of a number of tools for promoting continual professional development.

I have argued in this paper that reflective practice has lost its way, that it has been reduced from a radical alternative to technical rationality into merely an adjunct to it, a tool to be applied in order to meet 'the mandatary requirements for post-registration education' (DoH 1999). This has entailed not only a loss of direction, but a loss of status and, indeed, a loss of self-determination. Reflective practice no longer sets its own agenda but must take its rather lowly place within the hierarchy of nursing evidence where, judged according to the criteria of the prevailing evidence-based paradigm, it is likely to attract little attention and even less funding. It would, of course, have similar problems attracting recognition and funding as an alternative to technical rationality, but it would at least be in a position to argue on its own terms.

It is becoming more and more difficult to take a radical stance in nursing, what with national service frameworks, audit, standards, and the ubiquitous evidence-based practice. In many ways, we have gone from doctors' handmaidens to the government's handmaidens, ready to jump at whatever policy directives are thrown in our direction. Perhaps we have no choice, but sadly, most people no longer even question the dominant paradigm, being content instead to adapt their beliefs and practices to the prevailing hegemony. After all, that's where all the money is.

The aim of this paper is to encourage you not only to question the status quo, but to help

you to see that paradigms are constructed in such a way as to make it almost impossible to question them from the inside. If you apply the criteria of positivism to reflective practice, then it deserves to be at the bottom of the hierarchy of evidence, just as if you apply the criteria of reflective practice to positivism, then the RCT will be at the bottom. Things do not have to be the way they are, but it requires a leap of the imagination to begin to explore other possibilities. As Einstein told us, 'imagination is more important than knowledge'; in order to create a different future, you must first imagine it.

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