

Learning Experience of Student Nurses through Reflection on Clinical Practice: A Case Study in Pediatric Nursing, Southern Thailand

Charuai SUWANBAMRUNG

School of Nursing, Walailak University, Nakhon Si Thammarat 80161, Thailand

(Corresponding author's e-mail: scharuai@wu.ac.th)

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Abstract

This article aims to describe student nurse experiences of clinical practice through their reflections. Forty reflections on clinical practice in a pediatric department were conducted at a tertiary hospital. Student nurses wrote reflections which were then thematically analyzed. Analysis was founded on the following: First, situations of nursing care in medical and surgical pediatrics; Second, clinical practice with nursing care as procedural; Third, results after student's activities; and Fourth, reflections of students presented as "what?", "now what?", and "new actions?" Particularly, reflections of student nurses were classed into 7 themes; 1) "Significant knowledge for nursing practice", 2) "Better self-confidence for nursing practices", 3) "Patient and family centers", 4) "Concentration/attention must come first", 5) "Practice carefully", 6) "Make students have accountability, honesty, and ethics" and 7) "Mirror for improving intervention in the future as professional nurses". Overall, student nurses had an improved learning experience in pediatric nursing care through reflection on clinical practice.

Keywords: Reflection on clinical practice, pediatric nursing, student nurses, learning experience

Introduction

Reflection is not just solitary; it also involves sharing one's practice with others. This takes courage and open-mindedness, and means that we need to be willing to take on board and act on constructive criticism [1]. Cotton defined reflection, following John Dewey, as "...active, persistent and careful consideration of any belief or supposed form of knowledge..." [2]. In terms of nursing, Chong [3] defined reflection as being associated with relationships and to individual needs, and to a larger extent, emotional and personal feelings that have impacted on intellectual reflective learning. Reflective learning is of particular relevance to the education of professionals, as it encourages students to integrate theory with practice, appreciate the world on their own behalf, and turn every experience into a new potential learning experience [4]. Indeed, John Dewey said, "We do not learn from experience...we learn from reflecting on experience" [1]. Then, in terms of learning, learning cycle development based on learning of real comprehension comes from a person's experiences, reflections, and activities, as well as the function of their brain.

The concept of reflective learning has been widely adopted in many nursing curricula today. There are many models of reflection, such as the North Carolina Teacher Reflection Model, the Gibbs Model of Reflection, and the Cognitive Affective Psychomotor (CAP Model); What?, So What?, and Now What? [3,5]. Reflection is related with learning and assessment, because reflection means forms of structured reflection in order to improve the way humans learn. Learning/process portfolios have been a concept since Plato's directive "know thyself", and can lead to a lifetime of investigation. [6] described the primary motive of a learning portfolio as "to improve student learning by providing a structure for students to reflect systematically over time on the learning process and to develop the aptitudes, skills and habits that come from critical reflection".

In this sense, reflection can be likened to a bridge between theory and practice, and a powerful means of using of theory to inform practice. The concept of the study was integrated with the “the Learning Cycle” as the brain function, the model of structured reflection of Driscoll, which consists of three steps, namely: 1) a description of the event: What?; 2) an analysis of the event: So what?; and 3) proposed actions following the event: Now what?, and an easy pattern of portfolio which can be applied in nursing practice [7,8]. The portfolio offers considerable opportunity for reflection of ongoing development. The concept of this study applied both concepts to 4 elements: 1) the situation/phenomena, stated as: What I faced?; 2) the clinical practice/action: students need to show the resulting action, stated as: What I did?; 3) the results/ student actions in the phenomena and the results of and after their actions, stated as: What happened?; and 4) the reflection on results/events: phenomena; action; and results to enable their thoughts (innovation, creativity, critical thinking, communication etc); development; and actions in the future stating the meaning of these reflections, in the form “So what? And now what?” as shown in **Figure 1**.

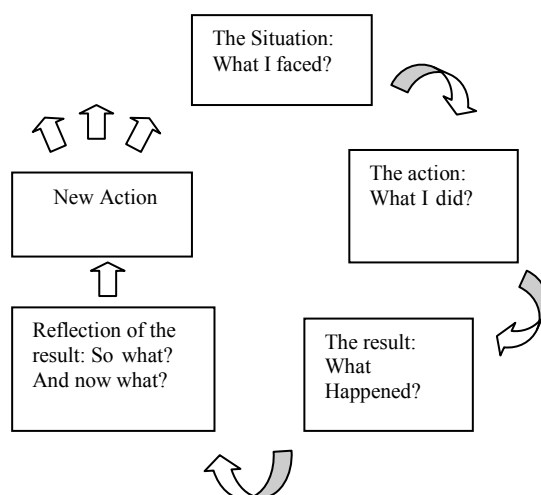


Figure 1 The concept of reflection on clinical practice of student nurses in pediatric nursing care.

Reflection is important for clinical nursing practice because of 3 related factors: 1) nurses need to focus on their knowledge, skill, and behavior, to ensure that they are able to meet the demands of patients and their families; 2) reflective practice is part of the requirement for nurses to constantly update their professional skill. It can help nurses to identify strengths and areas of opportunity for future development; and 3) nurses must be able communicate and interact with other workers outside their discipline, so they should aim to become self-directed and in touch with other professionals in the health care system [3,5,8-10]. The ability to reflect on practice has become a competency demanded of every healthcare professional in current years [11]. Nursing faculties must encourage student nurses to write reflections and review the content of reflection on clinical practice for developing the skills and knowledge of student nurses [3]. In this article, the objective is to describe student nurse experiences in the clinical practice of pediatric nursing care from their reflections.

The context of clinical practice in pediatric nursing

In the pediatric nursing curriculum, student nurses must have a period of clinical practice in a pediatric nursing department. In this study, there were forty student nurses in the 3rd year of their bachelor nursing program, beginning their clinical practice in a pediatric nursing department in a tertiary hospital.

There were 5 groups, 8 students per group, and thus 40 student nurses overall. Their reflections were written once per week per student in a journal. The placement involved 2 weeks in each medical and surgical department per student, from Monday to Friday at 07.30 am. - 4.30 pm. Reflections were gathered during the students' clinical pediatric placements. There were 40 reflections of student nurses reported at the second week of each medical and surgical pediatric nursing ward. Their reflections were discussed and feedback given to the student nurses by the nurse educator. In order to describe the student nurse experiences in the clinical practice of pediatric nursing from their reflections, all reflections were written, given by the author to the nurse educator, and then read, coded, categorized, and the concept of reflection practice summarized following a qualitative thematic analysis.

The finding of learning experiences of student nurses

The 40 reflections of 40 student nurses (38 women and 2 men) showed their learning experiences in the study, following conceptual situation reflection, practice in the situation, results from their activities, and reflection on new actions in the future. There were 4 perspectives of learning experiences, and 7 themes which emerged from the data.

First, the situations of nursing care in medical and surgical pediatric wards which student nurses faced

The situations or phenomena were presented in the students' pediatric nursing care practice. Most of the situations were characteristic of nursing service in medical and surgical nursing care services in pediatric departments. These included admission of patients with frequently encountered diseases and procedures or nursing skills practiced under the supervision of a registered nurse. The perceptions of students presented a wide range between medical and surgical nursing care service.

The service pattern of the medical pediatric ward admitted children aged from one month to 14 years old with medical illnesses. The most 5 frequently admitted cases were DHF, diarrhea, pneumonia, febrile convulsion, and bronchitis. The total number of beds was 34, split into 24 general (common) beds, 7 special rooms, and 2 isolation rooms. There were 2 nursing teams, with the students equally divided between the 2 teams. There were 3 sections, based on bed number; the first section consisted of numbers 1 to 8, admitted for respiratory problems, such as pneumonia; the second was for numbers 9 to 16, for critical illnesses (near the counter nurse station), such as DSS and respiratory failure; and the third area was for numbers 17 to 24 and the isolation room, where diarrhea and acute gastroenteritis (AGE) were treated. These were the reflections of the students:

"Many patients were served because patients were admitted and discharged quickly, leading to a short length of stay in hospital. In the same situation, student nurse can learn more procedures and skills"
"In my observation, all nurses have good nursing practice...especially nursing service system...they are very kind"

Another department was the surgical pediatric nursing ward, admitting children aged from 1 month to 14 years old. This department covered several types of surgical illnesses and incommunicable diseases, such as asthma, acute glomerular nephritis, cleft lip and cleft palate, febrile convulsion without infection, acute appendicitis, epilepsy, gastritis, lymphadenitis, tonsillitis, urinary tract infection (UTI), and accidents.

As before, students were split equally between the 2 teams. The types of bed for patients were divided into 3 sections, based on bed number; numbers 1 to 8 were for non-communicable respiratory problems, such as asthma; numbers 9 to 16 were for critical illnesses, such as febrile convulsions with respiratory failure; and finally, numbers 17 to 24 for accidents and abscesses. In this department, routine nursing care was shown, and all nurses were welcoming. A student reported:

"...nursing practices in this ward followed routine procedures such as drug administration, wound dressing, drug nebulizer, and post operation care"

Second, clinical practice in nursing care

The procedures in clinical practice in pediatric nursing were complex rather than adult nursing because children are dependent behaviors, during the development and more detail for nursing care. The learning process activities were pre-post conference, bedside learning, problem learning, and case conference. Additionally, reflection in nursing practice was one important assignment for the clinical program. The students' reflections helped in grasping the clinical nursing practice and built confidence following the phenomena. Students reported:

"Touch is important for children... I feel good when I hug children, when they are crying" "A tepid sponge for child with a high fever is impractical, whereas I can teach the right method of using the tepid sponge for the mother's patient" "I can use my nursing care technique for help my patients in this ward such as pneumonia, diarrhea" "All students in the group are helpful sharing knowledge, information, and steps for approaching the patient"

Third, results after student activities that evaluated output of practice

The results of the output of the clinical practice followed a nursing standard evaluation supervised by a nurse lecturer and registered nurse in the pediatric department. The following debriefing statement was made:

"The procedure which took the most times was the tourniquet test because many patients had DHF" "I found physical therapy exciting helping patients regain their mobility and not feeling anymore pain" "I feel so proud when I discussed patients with a medical student. Previously, I was too afraid to talk with the doctors"

Fourth, reflections of students were presented as what, now what and new actions

Reflections were made on by the student nurses of their new knowledge and practice. Particularly, reflections of student nurses were grouped into 7 themes: significant knowledge for nursing practice; better self-confidence for nursing practices; patient and family centers; concentration/attention skills in nursing care; rechecking and completing tasks before doing practices; making students have accountability, honesty, and professional ethics; and mirror for improving intervention in the future as professional nurses. The seven themes are discussed below in detail:

1) "Significant knowledge for nursing practice"

The knowledge needed for nursing practice is significant, particularly to prepare for pediatric practice, and will become more so in the future. Knowledge of pediatric problems, clinical nursing guidelines, drugs management, and clinical thinking and problem solving are all needed. Their reflections mentioned: "must read more and read textbooks...because we can find unlimited knowledge"; "we need to know disease knowledge...if we have disease knowledge, we will give excellent nursing care for the patients"; "I must read textbooks for increasing my knowledge such as drugs administration, and the balance of fluid and electrolyte in patients"; and "I think that the nursing practice needs reasons and strong knowledge".

2) "Better self-confidence for nursing practices"

At first, almost all student nurses feared making a mistake with a new procedure, and being in a new environment. They felt scared to participate in the activities, and shy to ask questions, speak with the nurse, present information, discuss in the pre-post conference, and in many of the nursing practices. They commented that "previously... I have the lecturer for helping me study, nowadays I must be more independent ... must present, discuss, and practice..."; "I can take pulse of DHF patient and report the irregular or abnormality in the other hand the monitoring equipment cannot report ... I think I can take it"; and "The tourniquet test is something I had not experienced, I feel alert, fear ... I ask the professional nurse, then I can do the procedure"

3) "Patient and family centers"

Patient and family centers were used for nursing diagnosis and interventions, based on the clinical signs and symptoms of the patient, and family participation. Student nurses focused on the nursing care approach, integrated knowledge, and the art of nursing. Family participation is important for promoting health education and ill health prevention. Students nurses comments included: "...when we undertake nursing care we must know what we are doing, who we are doing it for, what we take, and who receives the outcome... in every part of nursing care...we must be graceful trying to understand the patient and their family..."; "although, physical nursing care is important, the patient and patient's family needs which do not disturb treatment are a significant factor"; "science and art are needed for nursing practice, and we must use both at the same time"; "We should take the best nursing practice for the patient...they are us our family..."; "...should convince patient's family to participate with aerosol therapy because the patient accepts his/her family, then patient can be quickly completed and continuous drug doses can be administered"; "we should demonstrate and teach the patient's mother once because they will understand and practice with self care"; and "nursing care for the patient and the patient's family are significant factors because of the lack of mother's knowledge with signs and symptoms' which can lead to increased high levels of anxiety and stress ...we should talk and have time to discuss with the family".

4) "Concentration/attention must come first"

The student nurses' reflections showed their awareness of concentration, and the need to pay close attention before starting clinical practice. If they kept procedures in mind, they could arrange the activities stepwise, do them quickly, and decrease risks for the patient and the patient's family. They mentioned that "If we concentrate before we practice, we won't make a mistake"; "...we must concentrate so that the patient is given the best practice the first time"; "don't get excited, or be afraid when we take care of our patients, moreover we must know procedure steps what is the first and last"; and "we should be aware every procedure is important for the patient's life, even if it a little procedure...".

5) "Practice carefully"

Careful practice in these student nurses' approaches means activities need to be checked, verified, and confirmed before practice begins. All procedures needed to be verified step by step by a registered nurse. Student nurses focused on patient's safety, and all steps had to be checked and rechecked. Comments included: "the experience taught me to verify things by myself ...don't carry on other tasks..."; "...think for myself for the patient's safety and myself such as pulse checking first and second time for comparing the stage of hypovolemic shock in DHF"; and "In any procedures, we must carefully practice because it can impact the patient and all stakeholders".

6) "Making students have accountability, honesty, and ethics"

Student nurses learn to be honest, accountable, and professional, and show an awareness of holistic care. They perceived that, to be honest, they needed to start with themselves, and then give thought to their patients. At all times of their nursing care, they thought of the patients as their relatives. They mentioned that: "... must be honest of my activities for patients...all time I think of the patients as my relatives..."; "... should be aware of the ethics and moral code of professional nurse..."; and "it helped me to not forgot the holistic care concept, we must take care of patients holistic care, accountability, and honest".

7) "Mirror for improving intervention in the future as professional nurses"

Student nurses reported the reflection practice as a mirror for them to develop critical thinking and problem solving skills, and to predict the results of intervention. Moreover, they hoped to improve their clinical practice in the future as professional nurses. Their comments were: "...it helped me see to reflect on the practice for the next time...prepared me for reflective thinking..."; "...the reflection journal helped me see myself in a previous week that showed my activities to patients, good or bad, and how to improve..."; "it allowed me to know myself what are my activities in one day and improve my plan for tomorrow, ...improve my problem solving skill after reflection"; "helped me learn about the function and

role of everybody,...and understand myself more”; “...when we will communicate with children and their parents, we must be communicating with easy words, and clearly answer parents’ questions”; and “...write reflection in nursing practice...made me a better future professional nurse”.

The reflections of student nurses will help create new action plans for new situations. If they miss something in previous clinical practices, they will improve in the future. Most of the new action plans were for clinical practices of nurses, such as: “...if I have the time in the future, I will do better because I have the experience one time”; “In the future, if I do the procedure again, it will reduce mistakes in the future”; “Next time, I have the Inhaler Nebulizer (BN) again...I will prepare the method following the right steps...as in the guidelines”; “ The value from pediatric nursing care experience is happiness, ...showing the smile of patient and their family which decreases the burden of disease...made the students feel self-awareness to the role and function of a professional nurse one of many people in the multidisciplinary health team”; “make me feel so proud and inspire my mind on clinical practice because we are a part of the health care team for helping and decreasing patient’s discomfort”; “...anything in patient’s care, the nurse must know and report to the doctor the patient’s signs and symptoms, level of severity, imbalance of nutrition and fluid intake and output, the nurse must judge carefully ...nurses don’t only receive doctor’s orders..”; “...the effectiveness of nursing practice needs the concept of holistic care, and patient center...although it is hard, we must do it because it’s my role and function as a professional nurse”; and “...setting the nursing diagnosis based on the patient...don’t start on a general problem from a textbook ...discharge the patient plan and start with patient admission to aid in complete health assessments and health promotion”.

Discussion

The learning experience of the student nurses’ reflections confirmed that there was no doubt that reflection continues to be of interest to nurses and to influence nursing practice and education around the world [12]. It showed that student nurses improve their learning experience in pediatric nursing care through reflection on clinical practice. The positive reflections from the issue “So what and now what?” consisted of: “knowledge is significant for nursing practice”; “have better self-confidence for nursing practices”; “patient and family center”; “concentrate/ pay attention in nursing care”; “recheck and complete before doing practice”; “make students have accountability, honesty, and professional ethics”; and “mirror for improving procedures in the future as a professional nurse”. These reflections of student nurses were related to the concept of learning and studying about reflection as an effective teaching method for helping and guiding them in their clinical practice [3,5,8,10,12,13].

The learning experiences of the student nurses were followed through their reflections on pediatric nursing practice. The learning of student nurses is related to the context of the pediatric department; an open and trustworthy teacher, honest nurse practitioners, and time spent writing a reflection per week enhanced the learning of nursing practice [14]. Reflection helped the nursing students to link knowledge and nursing practice and, thus, problem solve better in their practice. Further, they were able to improve their nursing skills. Therefore, reflection in clinical practice is a useful tool for nursing instruction [15]. Moreover, the reflection was compartmentalized in the nursing curriculum, because the reflections were a way of reviewing clinical experiences and valuing and developing professional nursing practice knowledge [16].

Conclusions

This article report that the reflection facilitated student nurses to see what went well and focus on the positive side of a phenomenon as well as the more negative, develop a problem-solving approach, rather than avoiding thinking about difficulties. Thus, the School of Nursing should encourage student nurse to write reflection on clinical practice, and use content in the reflection to develop the learning process within the nursing program.

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