Nurse Education in Practice 15 (2015) 393–396

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

Issues for debate

# Frameworks and models – Scaffolding or strait jackets? Problematising reflective practice

Catherine Kelsey*, Sally Hayes

*Leeds Beckett University, Woodhouse Lane, Leeds LS1 3HE, UK*

ARTICLE INFO

*Article history:*
Accepted 12 May 2015

*Keywords:*
Educational Frameworks
Reflective Practice
Oppression
Emancipation

ABSTRACT

This paper aims to open a debate about the impact of reflective practice questioning whether reflective frameworks and models argued to facilitate the education of highly skilled reflective practitioners can be oppressive rather than emancipatory in outcome. Contemporary education focuses on evidence based and effective practice with reflection at its core leading to empowerment and ultimately emancipation of the profession as independent and equal to medics and other health care professionals. Models and frameworks have therefore been developed to facilitate the education of highly skilled reflective practitioners; able to recognise the need to draw on evidence based practice in order to challenge out-dated methods and engage in new ways of working. This paper however questions the current focus on reflective practice suggesting that reflection in itself can be oppressive and support the commodification of nursing as a 'workforce', the profession at the beck and call of current governmental policy and control.



## Introduction

Nurse education plays a crucial role in the ability to practice effectively and it is therefore not surprising that nurse educators pursue and create frameworks which aim 'for excellence in nursing education' that will create the 'optimally educated nursing workforce (that) begets optimal patient care' (Sawatzky et al., 2009). There exists therefore a plethora of 'frameworks' or 'models' to support development of practice both in student and qualified nurses. Indeed the authors themselves have contributed to the creation of such a framework – the Educational Quality Framework (Kelsey and Hayes, 2012). Internationally many of the frameworks are approved by the relevant countries national nursing body, for example in the UK the Nursing and Midwifery Council (NMC) Standards to Support Learning and Assessment in Practice (NMC, 2008) require that students on programmes, which lead to registration on part 3 of the nursing register (Specialist Community Public Health Nurses) must be supported and assessed by Practice Teachers who ensure that their students can make sound professional judgements. This reflects the essential requirements of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC, 2015), in facilitating students and others to develop competence. In the USA Sawatzky et al. (2009) created the 'Caring Framework for Excellence in Nursing Education' stating that this framework evolved from a 'review of the generic constructs that exemplify teaching excellence: excellence in teaching practice, teaching scholarship, and teaching leadership'.

### *What underpins the creation and use of models and frameworks?*

The practitioner who supports and assesses learners in practice is therefore exposed to many frameworks and standards aimed at improving professional practice and protecting the public (Wright, 2009). Crucial to the success of the learner is the ability to learn or 'learning to learn' and as important is the clinical educator's role in enabling such learning. Equally significant is the educator's ability to create a structured and systematic approach to learning. Such enabling has been referred to as Scaffolding first introduced and defined by Vygotsky (1930 cited in Spouse, 1998) in his work on the zone of proximal development as the variety of activities in which learners are able to participate in pushing students to learn from new experiences whilst supporting (scaffolding) them to learn in a safe environment. Such activities in contemporary nurse education may include development of the skills of reflective (Schön, 1987) and reflexive (Whitcombe and Clouston, 2010) practice; simulation (Skinner, 2009); critical incident analysis (Perry, 1997); and

* Corresponding author.
*E-mail address:* s.hayes@leedsbeckett.ac.uk (S. Hayes).

http://dx.doi.org/10.1016/j.nepr.2015.05.006
1471-5953/

problem based learning (Kong et al., 2014). As with all Scaffolding such structures are temporary and as such only facilitate rather than dictate learning. As the learner's abilities increase the Scaffolding provided by the more knowledgeable other, which can include student peers but will involve lecturers, mentors, nurses and other health care professionals, is progressively withdrawn; ultimately the learner being able to accomplish the task or master the principles independently (Chang et al., 2002).

Scaffolds thus include a number of models and frameworks that can be seen as an essential repertoire of tools for the educator to facilitate learning, encourage innovation within practice and drive forward influential change through a framework of emancipatory reflection (Taylor, 2010). New curriculum models aim to advocate a move towards greater emancipation, critical thinking, independence and empowerment to enable the development of strong professional growth required in a contemporary health-care environment characterized by rapidly changing developments and relentlessly increasing knowledge, (Kong et al., 2014). Such approaches fundamentally shape relationships between the learner and educator emphasising the importance of reflective practice as a means of facilitating learning (e.g. Johns, 2004) and as a central tenet within nurse education.

The ability to reflect critically is equally deemed a quality of the educator (Kelsey and Hayes, 2012) but is reflective practice as effective in promoting quality improvement as suggested or indeed effectively practiced?

Within the literature perspectives exist that question the quality and effectiveness of reflective practice (Moon, 2004). One such criticism of reflection in academic summative work is that it has the potential to cause tension, particularly with those students who are caught between wanting to write about how they really feel and being constrained simply to pass their course or gratify their assessor (Hargreaves, 2004); or worse a belief that their 'true' thoughts could be criticised, challenged or even reprimanded. Equally, if students are not 'natural' reflectors then this can prove a challenge (Skinner, 2009); like fitting the proverbial square peg into a round hole. Hargreaves (2004) argues that assessment of reflective practice frequently requires students to recount narratives about their work with both formative feedback and assessment criteria, making it clear that such narratives must demonstrate the students' application of appropriate and safe professional practice. This can be seen as a means by which nurses produce academically excellent work but can discourage students from engaging in honest and open reflection. Thus students are playing a game of creating the reflective 'outputs' that are seen as desired by their academic assessors. This being the case, it may be argued that the assessment of reflective practice is a potential barrier to the personal growth and integrity that educational programmes are trying to nurture.

### *Educational frameworks, oppressive or emancipatory*

So whilst it is clear that a plethora of frameworks exist to support learning and assessment in practice using reflective practice, there exists a question of whether frameworks such as these enable or limit creativity and therefore practice as using structured models can constrain creative thought, making the whole process of reflection an academic exercise and not truly fulfilling the function for which it was intended (Hargreaves, 2004; Scholes et al., 2004). Indeed in her work on emancipatory reflection Taylor (2010) emphasises the importance of the reflective practitioner critically analysing constraints within practice whether they are personal, professional, political, socio-cultural or economical. By becoming free from own and others expectations and adopting a process of self-awareness the practitioner is able to alert others to the possibilities of emancipation and provide the means to empower self and others. There exists a paradox therefore! Does reflection emancipate or oppress?

Nursing has been described as a 'gendered' and 'caring' role, historically unpaid and once waged, being low waged (Hayes and Llewellyn, 2008), with an unclear knowledge base and so with low economic and social 'capital'. It has always been closely linked and subordinate to medicine and carries with it the legacy of Florence Nightingale and 'apprenticeship' which have been major obstacles to reform (Meerabeau, 2001). This is clearly expressed in the work of Lumby (1998) nursing being described as an oppressed group within a system, that has denied them for so long access to higher degrees and therefore the development of the 'expert' nursing knowledge. So what is it that defines 'expert nursing knowledge? Carpers (1978); in her work on 'patterns of knowing' attempted to define nursing practice and knowledge that extends beyond that in which empirical science provides the answers to the way in which nurses understand or acquire knowledge. Chinn and Kramer (2004) went on to expand on this work by combining patterns of knowing including that of intuition, personal knowing and aesthetic knowing; however it is this very approach that acknowledges the nursing profession being importantly based (at least in part) on intuition rather than a 'solid' and 'scientific' evidence base, which in a society where positivist scientific paradigm retains social and cultural capital means that the profession remains secondary to medicine in terms of capital and power. It seems that without an absolute commitment to the development of a profession that no longer accepts this approach to 'knowing' but embraces the concept of evidence based practice and develops a scientific knowledge base, nursing will fundamentally remain chained to being an 'inferior' profession.

In its attempt then to establish a secure nursing knowledge base reflective practice has been embraced as the emancipator of the nursing profession with the claim that it can lead to an emancipated and informed, educated workforce able to challenge reform and lead on innovation within practice. But is reflection the solution intended? Is it helping or hindering the profession in its quest for social and political justice, creating the freedom to practice legitimately within the constraints of social policy and neo-liberal dogma. Is emancipation the link in the search for 'educational', 'professional' and 'economic' status of nursing? Creating an understanding of the key aims of reflective practice is paramount if we are to clarify the fundamental interests of reflective practice and those who advocate its use. Is it simply a process which is focused on personal renewal and development or with creating knowledge that can be applied to practice (Ghaye, 2012). This is perhaps the most significant point if we as nurses are unable to fully define the ultimate corollary of reflective practice how we can we determine whether such practice is emancipatory or oppressive.

### *Emancipation and reflective practice – rhetoric or reality*

So reflective practice has been considered as a vehicle by which nurses and the nursing profession will ultimately free itself from the dominance of a positivist model where the search for a cure is deemed the main focus, and the adoption of clinical interventions and the undertaking of controlled trials as the only way of ensuring safe, effective care. However the work of critical theorists, for example Gilbert (2001) and Rolfe and Gardner (2006) identify reflective practice as a form of governmental control, which contradicts the notion of reflection as being emancipatory (Habermas, 1972; Taylor, 2010). It is important therefore, to examine critical theory in order to understand how nurses may be oppressed; which in turn will help to facilitate the maximisation of potential and in so doing may create a greater freedom to practice.