

Influence of Reflective Writing on Nursing Students' Clinical Learning and Practice

Musah K.Toyin^{1*}, Okueso Grace Ogba², MelaDanjin³, Esan Deborah Tolulope⁴
Temitayo A.Odewusi⁵

¹School of Nursing Sciences, Department of Community Health Nursing, Kwara State University, Malete, Nigeria.

*Department of Community Health, School of Allied Health, Kwara State University, Malete

²School of Nursing Sciences, Department of Maternal & Child Health, Babcock University, Ilishan-Remo, Ogun State, Nigeria.

³College of Nursing and Midwifery Gombe, Gombe State, Nigeria.

⁴Department of Nursing Science, AfeBabalola University, Ado-Ekiti, Nigeria.

⁵School of Nursing Sciences, Department of Community Health Nursing, Babcock University, Ilishan-Remo, Ogun State, Nigeria.

khadijat.musah@kwasu.edu.ng

***Corresponding Author:** Musah K.Toyin, School of Nursing Sciences, Department of Community Health Nursing, Kwara State University, Malete, Nigeria. E:mail: khadijat.musah@kwasu.edu.ng

Abstract

The aim of the study was to assess the influence of reflective writing on nursing students' clinical learning and practice and identify the perceived barriers and accessibility of guided reflective journal among undergraduate nursing students in Babcock University, Ilishan-Remo, Ogun State, Nigeria. The study adopted a descriptive survey design as the research was only interested in determining the influence of the independent variables on the dependent variables without manipulating any of the variables. A Population of 130 students in 400 and 500 levels were used. Results of the reliability test, using Cronbach's alpha was 0.80. Findings from this study revealed that, the status of influence of reflective writing of nursing students' clinical learning and practice is high with a mean score of 1.966887. However, the participants expressed a host of barriers ranging from "Time constraints" which was the most (79.2%, 1.7923±0.40722) frequently cited by the respondents, followed by "Writing the reflective journal took too much time" (77.7%, 1.7769±0.41792), "The briefing of reflective practice was not adequate" (73.8%, 1.7385±0.44117), "Lack of supportive environment" (73.8%, 1.7385±0.44117) and "Uncertainty of using an unfamiliar learning approach" (70.8%, 1.7077±0.45658) to "The benefits of journaling are not clear to me" (53.8%, 1.5385±0.50045) which was the least frequently cited by the students. In view of these it is recommended that guided reflective teaching skills with a rich blend of a cocktail of models discussed in this article be deployed in the students' training and special seminars with the aim of overcoming identified barriers to Guided Reflective Writing.

Keywords: Reflection, Reflective writing, Clinical learning, Practice, Nursing Students.

INTRODUCTION

Reflective writing is an analytical practice in which the writer describes a real or imaginary scene, event, interaction, passing thought, memory, form, adding a personal reflection on the meaning of the item or incident, thought, feeling, emotion, or situation in his

or her life¹. Reflective writing is one of the measures used during the undergraduate nursing program to enhance and promote students' reflective thinking processes and are important in encouraging an understanding of course concept and application of concept to clinical practice². Reflective writing

is evidence of reflective thinking³. In an academic context, reflective thinking usually involves: 1) looking back at something (often an event, i.e. something that happened, but it could also be an idea or object); 2) analysing the event or idea (thinking in depth and from different perspectives, and trying to explain, often with reference to a model or theory from your subject) and 3) thinking carefully about what the event or idea means for the learners and hi/her ongoing progress as a learner or practising professional³. Reflective journals are tools utilized by students to make known their opinion on the daily activities within the period of clinical posting. It helps students to observe and note the relevant activities taking place during their daily practice. Reflective journaling therefore is used as an instrument to evaluate that learning has taken place during clinical placement which also reveals the level of challenges the students are experiencing. It enables students to have the ability to identify and analyze problems and find out possible ways of solving the problems individually.

Gillett, Hammond and Martala⁵ opined that reflection is a process of exploring and examining ourselves, our perspectives, attributes, experiences, actions and interactions. The authors explained further that, reflection is often done as writing, possibly because this allows us to probe our reflections and develop them more thoughtfully. Gillett et.al⁵ further submitted that, reflection attempts to move beyond simply describing events. It aims to: 1) be considered, thoughtful, analytical; 2) be honest – even when this is difficult or uncomfortable; 3) be rational and distanced (Although it often deals with feelings and emotions, we try to look at them dispassionately) and 4) relate experiences to wider contexts, other perspectives and theoretical frameworks. Reflective learning process is therefore important for the personal experience of the student nurse during clinical placement. Musah, Philips and Okueso⁶ had earlier stated that reflection and journaling among student nurses facilitates the integration of theory and practice and makes nurses critical thinkers and doers.

In Babcock University (BU), Nigeria, student nurses are required to journal during clinical placement; a process they are exposed to at 200 level for generic and 300 level for direct entry students respectively. This is in line with BU's School of Nursing curriculum for the training of undergraduate nursing students. Although journal writing was done, the researcher realised

that a much more rigorous framework needed to be designed to successfully assist students to develop reflective qualities. The clarification here was to find out if students actually followed guided reflective journal writing. Consequently, this explains why the present study was designed to assess the influence of reflective writing on nursing students' clinical learning and practice. To achieve this aim, the study further sought to identify the barriers and accessibility of guided reflective journal among undergraduate nursing students in Babcock University, Ilisha-Remo, Ogun State, Nigeria.

LITERATURE REVIEW

Models of Reflection

Reflection and reflective learning has been found to be beneficial by many researchers and reflective teaching-learning scholars^{7,8}. These authors agreed that reflection is an integral ingredient of learning and practice. Through reflection, the learner is able to purposefully consider a situation or an experience, make sense of it and grow from it personally and professionally. Their models of reflection have been widely used by researchers interested in reflection, reflective practice and reflective journaling. For the purpose of this study, a few of these researchers are mentioned here.

Mezirow

Mezirow⁹ as cited by Hazel¹⁰ described seven levels of reflection: The first level which he called 'reflectivity' is defined as the act of becoming aware of a specific perception, meaning or behaviour of an individual, or habits one have of seeing, thinking or acting⁹. The second level is 'affective reflectivity' which means- becoming aware of how one feels about his/her perception, thoughts, actions or habits of doing so⁹. The third is, 'discriminant reflectivity', this involves assessing the efficacy of one's perceptions, thoughts, actions and habits of doing things; identifying immediate causes; recognising reality contexts in which one is functioning and identifying the relationships in the situation⁹. The fourth level is 'judgmental reflectivity', which is becoming aware of one's value judgments about his/her perceptions, thoughts, actions and habits in terms of their being liked, disliked, beautiful or ugly, positive or negative⁹. The fifth level is 'conceptual reflectivity', which is to become conscious of our awareness and critiquing it,

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for example when one questions the constructs that are used in evaluating another person. The sixth level is, 'psychic reflectivity', is recognising in oneself the habit of making judgements about people on the basis of limited information about them, and recognising the interests and anticipations which influence one's perception, thoughts and action⁹. The seventh level is 'theoretical reflectivity', which involves becoming aware that the reason for a habit of precipitant judgement or for conceptual inadequacy is a set of taken-for-granted cultural or psychological assumptions which explains personal experience less satisfactorily than another perspective with more

functional criteria for seeing, thinking and acting^{9,10}.

Explaining further, the first four levels are considered consciousness, a more basic level than the last three levels that are deemed critical consciousness or heightened awareness⁹. For a transformation of perspective to occur, one must achieve theoretical reflectivity. Mezirow and Associates⁹ argues that for transformation of learning to occur, the learner needs conscientization in order to be aware of the social context of the clinical environment. The learner is the only person who eventually has to decide to learn, others create environments for learning to take place.

Levels of Reflectivity

Table 1. Mezirow's Seven Levels of Reflectivity⁹

Levels of Consciousness
Level 1: Reflectivity This refers to students' awareness of a specific perception, behaviour, habit, experience and ability to describe it.
Level 2: Affective reflectivity This represents students' ability to recognize and express their feelings or those of others.
Level 3: Discriminant reflectivity This refers to students' ability to evaluate processes of decision-making, planning or evaluation of activities undertaken during the training period.
Level 4: Judgmental reflectivity Students are aware of expressing evaluation judgments subjective in nature that can influence practical actions.
Levels of Critical Consciousness
Level 5: Conceptual reflectivity This represents the ability to recognize the need for improving their skills.
Level 6: Psychic reflectivity Students recognize that they tend to express rash judgments on other people based on limited information.
Level 7: Theoretical reflectivity This includes several elements: awareness that routine or certain fixed practices may not be the proper response in a specific situation; learning following a specific event; a change of perspective, since students follow the perspective that best suits to the situation.

Boud, Keogh and Walker

Accordingly, Boud, Keogh and Walker¹¹ submitted that, an experience consists of the total response of a person to a situation or event, what s/he/ thinks, feels, does and concludes at the time or thereafter. A processing phase: this is the area of reflection. During this phase, the person recaptures their experience, thinks about it, mulls over it and evaluates it¹¹. During this reflective processing phase, the person returns to the experience by a recollection of salient events and replaying of the events in the mind, followed by attending to feelings about the situation which may be positive or negative. Then follows evaluation of the

experience after sorting what was good and bad about the experience and utilizing the good¹¹. Re-evaluating the experience involves re-examining the experience in the light of the learner's intent, associating new knowledge with existing knowledge and integrating this new knowledge into the learner's conceptual framework. This shapes not only the learners thinking frame but pattern of behaviour and understanding. Finally, the outcome after a reflective process should produce a new perspective on the experience, a change in behaviour, and a readiness for application of newly acquired knowledge and understanding to action¹¹.

Schön

Schön¹² refers to two main processes of reflection- 'reflection-in practice' and 'reflection-in-action'. Reflection-in-practice occurs in association with action and guides the process of action via knowledge in use -Schön as cited by Moon¹³. Reflection-in-action assists the student to think while the incident occurs⁶. The second type that is called Reflection-on practice occurs after action. It helps to consider what has happened to prevent future occurrences by using knowledge gained¹⁴.

Hatton and Smith

Hatton and Smith as cited by Taylor-Haslip¹⁵ described four levels of reflection that can be used to analyse the reflective journal writing of students. The first level is descriptive writing, which is a mere report of events with absence of reflection and no discussion beyond description. The second level is descriptive reflective writing described as reflection that attempts to provide reasons, often based on the students' personal judgment¹³. The student may either reflect or rationalize on one perspective factor

or multiple factors and perspectives¹³. The third level is dialogic reflective writing which takes the form of conversation that the student may have with her/himself. There is less time reporting events and more time discussing experiences. Possible reasons for their actions are explored and a deeper understanding of concepts is brought to light. Reflection is analytical or integrative, linking factors and perspectives, but may be inconsistent in providing rationales and critique^{9,13}. The fourth level is critical reflective writing, which incorporates clear rationales for actions and decisions, and considers multiple historical and socio-political contexts of the student's experience. Students writing at this level of reflection go beyond a single personal perspective^{6,9,13}. They demonstrate awareness that actions and events are not only located within and explainable by multiple perspectives, but are located in and influenced by multiple historical and socio-political contexts¹³.

Atkins and Murphy

Going further, Atkins and Murphy¹⁶ address many of these criticisms with their own cyclical model as presented below.

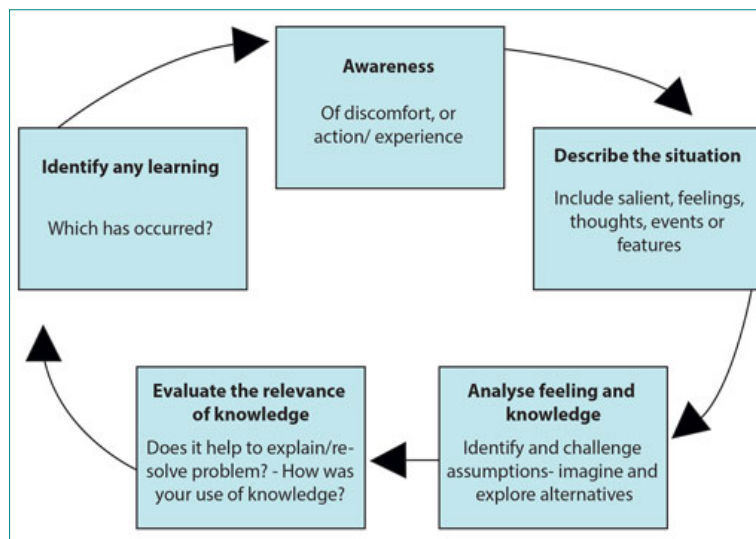


Figure 1. Atkins and Murphy model¹⁶

Murphy and Atkins' model supports the kind of deeper level reflection that was presented above based on literature and experience. However, that does not mean that it is superior to other models and does not nullify their usefulness. But that, it is important to remain alert to the potential to provide superficial responses as the critical, questioning and challenging elements of critical reflection are not as explicit⁹. Patterson¹⁷, asserts that students are in total control

over their learning and therefore reflection. After all teaching, guidance and clinical placement is done, the ultimate decision to utilise the learning opportunities lies with the student¹⁷.

Gibb's Reflective Model

Model as cited by Dye¹⁸ and Musah et.al⁶ acknowledges that personal feelings influence the situation and how one has begun to reflect on it. It builds on Boud's

model¹⁹ by breaking down reflection into evaluation of the events and analysis and there is a clear link between the learning that has happened from the experience and future practice. Instead, other theorists have broken down the cycle into further stages, an example of which is Gibb's reflective cycle²⁰. Mantzoukas and Jasper²¹ explained that, Gibb's model of reflection consists of six distinct steps namely: the description of what happened; the practitioner's feelings during the experience; the evaluation of what was good and bad about the experience; the analysis or sense making of the situation; the conclusions and potential alternatives in dealing with the situation, and; the action.

Stage 1: Description of the event-At this stage, the nursing student describes in detail the event being reflected on. McMillan-Coddington and Weyers²² suggested that, powers of observation and ability to record the situation and associated events will be utilized. This includes responding to questions such as where she/he was; who else was there; why was he/she there; what was he/she doing; what were other people doing; what was the context of the event; what happened; what was his/her part in this; what parts did the other people play; what was the result. Bulman and Schutz²³ however concluded that no judgments must be made at this stage, only a simple description. The students must be encouraged therefore, to tell their own stories in their own voice.

Stage 2: Feelings-At this stage, the student tries to recall and explore the reactions and emotions that were going on inside his/her mind, explaining why this event sticks in his/her mind? The following must be included: how he/she was feeling when the event started; what he/she was thinking about at the time; how did it make he/she feel; how did other people make he/she feel; how did he/she feel about the outcome of the event; what he/she thinks about it now²³.

Stage 3: Evaluation- The student tries to evaluate or make a judgment about what has happened. Consider what was good about the experience and what was bad about the experience or what didn't go so well²³.

Stage 4: Analysis-At this stage, the student must break the event down into its component parts so they can be explored separately. He/she may need to ask more detailed questions about the answers to the last stage. These must be included: what went well; what did he/

she do well; what did others do well; what went wrong or did not turn out the way it should have; in what way did he/she or others contribute to this. Similarities and/or differences of his/her feelings compared to others can be described²³.

Stage 5- Conclusion At this stage the issue is explored from different angles. In addition, the student must have a lot of information to base his/her judgment. It is here that he/she is likely to develop insight into his/her own and other people's behavior in terms of how they contributed to the outcome of the event²³. The emphasis therefore, is on learning from an experience. During this stage the student should ask him/herself what s/he could have done differently. The student can make general or specific conclusions regarding the event²³. and this indicates insight and maturity of the student.

Stage 6: Action Plan- During this stage, the student should think forward. Faced with the same event again what would he/she plan and do differently or would s/he likely to do the same? This becomes very personal as the student decides on future encounters and own actions regarding same event/experience²³.

Factors Influencing Reflection and Reflective Writing of Journals

The Student

Boud¹⁹, Patterson¹⁷, assert that students are in total control over their learning and therefore reflection and that feelings and cognition are interconnected. Boudet al¹¹ suggests that negative feelings will negatively affect learning and reflection, while positive feelings will enhance learning and motivate the learner. The role of feelings must therefore not be ignored as the individual acknowledges and owns them. They added that past experiences shape the perceptions of students and their coping mechanisms. If past experiences were negative, there is a high possibility for reduced clinical learning and therefore reflection. The opposite is true for a student who comes in with a positive attitude and is well prepared to learn. Boud et al¹¹ further opined that, habitual ways of thinking leads to formation of perspectives which may either help or defeat clinical learning and reflection. This is what Musah et al⁶ termed fixed ideation, therefore, individual student must think outside the box. Mezirow and Associates¹⁰ concluded that for transformation of perspectives to occur, these factors must be considered. Boudet

al¹⁷ and Paterson et al¹⁹ add that student motivation influences how obstacles will be overcome and how a situation will be approached, processed and reflected on. Motivated students will seek information and link knowledge to improve performance. Reflection will be affected if a student doesn't place value on learning²⁴ and its outcome⁶. Student's clinical experience or level of training impacts on the level of reflection. The student is the only one who can do the learning²⁴.

The Educator

Killam and Heerschap²⁵ and Otienoh²⁶ agree that the educator's confidence and competence can make or break a clinical experience. Demotivated educators will consequently discourage students and therefore reflection. Dedicated educators may be limited due to qualifications, knowledge, skill, teaching experience or support from faculty. Feedback is a vital part of effective journaling and must be given promptly to students. Failure to do so will discourage students who may take journaling as a joke. The process of reflection must be assessed and not the personal beliefs of the student. The clinical educator must act as coach, guide and support system for the student^{25,26}.

Institution

Lack of faculty and departmental support from colleagues discourages educators in becoming reflective educators²⁶. A study conducted by Killam and Heerschap²⁵ on effective clinical learning and reflection, participants in the study perceived that reflection was affected by large clinical groups which contribute to decreased feedback, increased waiting, mistakes and overlooked unethical behaviour. In the same study clinical placements that were of short duration and disorganised affected the students.

Clinical Environment

The clinical environment is a vital criterion in enhancing clinical learning/practice. It gives the students learning opportunities in order for them to correlate theory and practice. Students must feel welcome as part of the team, be recognised not only as students, but also as professionals-in-the-making⁹. This enables them to gain self-confidence, self-esteem and a sense of belonging, consequently preparing them to utilise available learning opportunities⁹. Some studies^{27,28} also contributed that during initial periods of clinical placements, students undergo feelings of uncertainty and need time to better acquaint themselves with the

staff, patients and the ward. Reflection occurs best within this environment as the learner is exposed to clinical experiences which are crucial for development of clinical, professional and critical thinking skills.

METHODS

Study Design

A descriptive survey research design was adopted for the study to assess the influence of reflective writing on Nursing Students' Clinical Learning and Practice and to also identify the barriers and accessibility of guided reflective journal among undergraduate nursing students in Babcock University, Ilisha-Remo, Ogun State, Nigeria.

Location and Period of Study

The study setting was Babcock University (BU), Ogun State, Nigeria. It is a private Christian co-educational Nigerian University owned and operated by the Seventh-day Adventist Church. The University is located equidistant between Ibadan and Lagos. It is a part of the Seventh-day Adventist education system, the world's second largest Christian school system. The Bachelor of Nursing Sciences Programme (B.N.Sc) started in 1999 under the department of Health Sciences that ran two programs - Nursing Sciences and Public Health Education. Currently, the following Departments are under the BU School of Nursing Sciences as contained in the 2015-2017 student handbook. Adult Health Nursing, Community Health Nursing, Maternal & Child Health and Mental/Psychiatric Health Nursing.

Sample Size and Sampling Techniques

Participants were drawn purposively from 400 and 500 level students in the School of Nursing Sciences, BU. The minimum sample size was determined using the Evan Morris sample size formula for small population²⁷. Though a total sample size of 178 was calculated including non-response margin, only 130 questionnaires were retrieved, sorted, coded and analyzed. This was due to the fact that only students who have attempted writing reflective journals during their clinical posting met the inclusion criteria.

Ethical Clearance and Informed Consent

The study protocol, the associated informed consent forms, and study-related documents such as participation, education and recruitment materials were all submitted to Babcock University Health

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Research Ethics Committee (BUHREC) for review. The study was conducted in full compliance with the protocol. There was close coordination between the researchers and BUHREC to track study progress. Every effort was made to protect participants' privacy and confidentiality.

Instrument and Data Collection

Interviewer administered questionnaire was used to collect data from the participants. The questionnaire captured socio-demographic characteristics like sex, age, mode of admission and level of study. Questionnaire on influence of reflective writing contained items such as 'I am able to correlate theory with practice on reflective writing on clinical learning and practice', 'With my reflective journaling on clinical learning and practice, my problem solving skills have improved', 'I am able to redefine experiences and problems on reflective journaling on clinical learning

and practice'. Some of the items on perceived barriers and accessibility of guided reflective journal are: 'Lack of supportive environment'; 'Unable to identify learning issues to reflect upon', 'Writing the reflective journal took too much time'.

Data Analysis

The analysis of the data from the survey/questionnaire was performed using the SPSS 22.0 Descriptive statistics such as frequencies, simple percentage, mean and standard deviation tables were used to describe the data based on the objectives.

RESULTS

Table 1 shows the results on Influence of Reflective Journaling on Clinical Learning and Practice. To establish the status, the average modified Likert rating scale below was adopted. 1-1.45 = *low Influence*: 1.5-1.95 = *High Influence*. Likert's scale average = 1.5.

Table 1. Status of Influence of Reflective Journaling on Nursing Students' Clinical Learning and Practice. N=130

Options	Yes (2)	No (1)	Mean	SD	Remark
Items	Frequency				
I am able to correlate theory with practice on reflective journaling on clinical learning and practice	125	05	1.961538	0.1930516	High Influence
With my reflective journaling on clinical learning and practice, my problem solving skills have improved	124	06	1.953846	0.2106299	High Influence
I am able to redefine experiences and problems on reflective journaling on clinical learning and practice	123	07	1.946154	0.2265870	High Influence
Proactive decision and on the spot corrective actions on reflective journaling on clinical learning and practice.	113	07	1.869231	0.3384521	High Influence
Past experience on reflective journaling on clinical learning and practice	124	06	1.953846	0.2106299	High Influence
Critical thinking on reflective journaling on clinical learning and practice	121	09	1.930769	0.2548282	High Influence
Total			11.61538	1.434179	
Number of participants (N) = 130,		Criterion Weighted Average = 1.966887			

Criterion Mean Score: 11.61538

Criterion SD Score: 0.2450927

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Data evidences in table above revealed that, the status of influence of reflective journaling of nursing students' clinical learning and practice is high. This inference is evident in the fact that overall criterion weighted mean score (1.966887) is larger than average Likert scale of 1.5.

In terms of item by item analysis 'I am able to correlate theory with practice on reflective journaling on clinical learning and practice' with mean and standard deviation criterions scores 1.961538 and 0.1930516 ranks highest based on the mean score rating. This is followed by 'With my reflective journaling on clinical

learning and practice, my problem solving skills have improved' (**mean= 1.95** 'Past experience on reflective journaling on clinical learning and practice' (**mean= 1.95** 'I am able to redefine experiences and problems on reflective journaling on clinical learning and practice' (**mean= 1.94** 'Critical thinking on reflective journaling on clinical learning and practice' (**mean= 1.93** and 'Proactive decision and on the spot corrective actions on reflective journaling on clinical learning and practice.' (**mean= 1.86** All the items are said to indicate high influence of reflective journaling on nursing students' clinical learning and practice.

Table 2. Barriers and Accessibility to Guided Reflective Journal Entry. N=130

Item	Responses		Score	
	Yes	No	Mean	Std. Deviation
The way I was guided in reflection did not entail the use of Gibbs' cycle of reflection or any other form of reflective cycle/model.	78(60.0)	52(40.0)	1.6000	0.49179
Uncertainty of using an unfamiliar learning approach.	92(70.8)	38(29.2)	1.7077	0.45658
The briefing of reflective practice was not adequate	96(73.8)	34(26.2)	1.7385	0.44117
Lack of supportive environment.	96(73.8)	34(26.2)	1.7385	0.44117
Time constraints	103(79.2)	27(20.8)	1.7923	0.40722
Unable to identify learning issues to reflect upon.	81(62.3)	49(37.7)	1.6231	0.48649
Inability to use Gibbs' cycle of reflection or any of the cycle of reflection	89(68.5)	41(31.5)	1.6846	0.46647
Writing the reflective journal took too much time.	101(77.7)	29(22.3)	1.7769	0.41792
The benefits of journaling are not clear to me	70(53.8)	60(46.2)	1.5385	0.50045

Table above revealed results on barrier and accessibility to guided reflective journal entry. A high proportion of the respondents 78 (60.0%) said the way they were guided on reflective journaling did not entail the use of Gibb's cycle of reflection or any form of reflective model and that the classroom briefing on reflective writing and practice was inadequate. Other barriers as identified by the participants are uncertainty of using an unfamiliar learning approach 92 (70.8%), lack of supportive environment 96 (73.8%); time constraints (79.2%); inability to identify learning issues to reflect upon (62.3%); and inability to be involved in using guided reflective writing

(97.7%). More than half of the respondents also said that the benefits of journaling were not clear to them 70(53.8%). Over all, the participants expressed a host of barriers.

DISCUSSION

The objectives of the study were to assess the influence of reflective writing on nursing students' clinical learning and practice and to identify barriers and accessibility to guided reflective journal entry. The discussion presented here followed the sequence of the stated objectives.

Influence of Reflective Writing on Clinical Learning and Practice

Data evidences in table 1 revealed that the status of influence of reflective writing of nursing students' clinical learning and practice is high. The higher proportion of the respondents confirmed that journaling has empowered them towards examining own attitude and perspectives to a given situation, assisted them in developing coping skills towards clinical experiences, fosters responsibility and accountability and enables them to identify areas of learning among others. Musah et al⁶ had earlier reported similar findings in their study on perception of reflective among nursing students. Their findings showed that, clinical competence and practice were achieved among the participants due to reflection on action and reflection in action. Similarly, Mantzoukas and Jasper²¹ in their study of reflective practice and daily ward reality: a covert power game, found that reflection fosters responsibility and accountability in practice and ward management. Hazel Thokozani Mahlanze⁹ reported in her study on evaluation of the use of guided reflective journals during clinical learning and practice by undergraduate nursing students at the Durban University of Technology, that the writing of reflective journals impacted positively and that, the writing of reflective journals is beneficial for their personal and professional development as well as their clinical learning and practice.

Barrier and Accessibility to Guided Reflective Journal Entry

Table 2 revealed comprehensive results on barrier and accessibility to guided reflective journal entry as encountered by participants during the journaling process. A high proportion of the respondents 78 (60.0%) said the way they were guided on reflective journaling did not entail the use of Gibb's cycle of reflection or any form of reflective cycle and that the classroom briefing on reflective writing and practice was inadequate. This outcome to the researchers might be tagged omission in the use of a specific reflective model during teaching and learning process by the faculty members and that probably enough time was not allotted to reflective teaching. Bolton²⁸ affirmed that guided reflective journals are a form of exploratory writing whose purpose is to stimulate student thinking about both theoretical and clinical concepts. Paterson¹⁷ added that, guided reflective writing provides the opportunity for a student-

centered written conversation between learner and instructor regarding significant experiences that have occurred in the clinical area. In the journal, students can pose questions; seek clarification of specific items, find meaning, and discuss matters of concern and interest with the instructor. Dye¹⁸ states that journaling with "a structured journal format with clear instructions and ongoing feedback has been found to be most successful in maintaining student engagement. Multiple studies have highlighted the relevance in the use of guided reflective writing Musah et.al⁶; Mahlanze⁹; Bagnato, Dimonte and Garrino²⁹; Jensen and Joy³⁰. Other barriers as identified by the participants are uncertainty of using an unfamiliar learning approach 92 (70.8%), lack of supportive environment 96 (73.8%); time constraints (79.2%); inability to identify learning issues to reflect upon (62.3%); and inability to be involved in using guided reflective writing (97.7%). More than half of the respondents also said that the benefits of journaling were not clear to them 70(53.8%). Over all, the participants expressed a host of barriers.

CONCLUSION AND RECOMMENDATIONS

It was evident from the results of the study that the status of influence of reflective writing of nursing students' clinical learning and practice is high despite the fact that the participants did not use any guided components. This could be due to self-study.

The major implication of the findings of this study is that enormous barriers exist in reflective writing among the study participants such as uncertainty of using an unfamiliar learning approach, lack of supportive environment, time constraints and inability to be involved in using guided reflective writing. Gibbs' Reflective Cycle emphasizes that both the event and the feelings are vital for effective reflection to occur which of course serves as the framework for the present study. The clinical environment is filled with emotions due to the nature of nursing; hence, reflection must follow particular guidelines. Mantzoukas and Jasper²¹ explained further, that, Gibbs' model of reflection consists of six distinct steps namely: the description of what happened; the practitioner's feelings during the experience; the evaluation of what was good and bad about the experience; the analysis or sense making of the situation; the conclusions and potential alternatives in dealing with the situation, and; the action. The detailed description of each step is well documented in literature.

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The researchers are not un-ware of the over whelming and busy nature of the department. Nevertheless, nursing educators, faculty members including clinical instructors and the preceptors in the study area should throw their weights on how to include into their activities guided reflective teaching as this is likely to improve students' skills in reflection and overcome such barrier. One way of achieving this is through departmental seminar series and workshop. Anecdotal reports however showed that many universities in Nigeria that offer Nursing programme do not teach reflective journaling to their students. However, the BU Nursing programme that incorporates and teaches reflective journaling to their students needs to improve on this with up-to-date and evidence –based information for their faculty members, clinical staffs and students.

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