BEGINNER'S GUIDE TO REFLECTIVE PRACTICE IN NURSING

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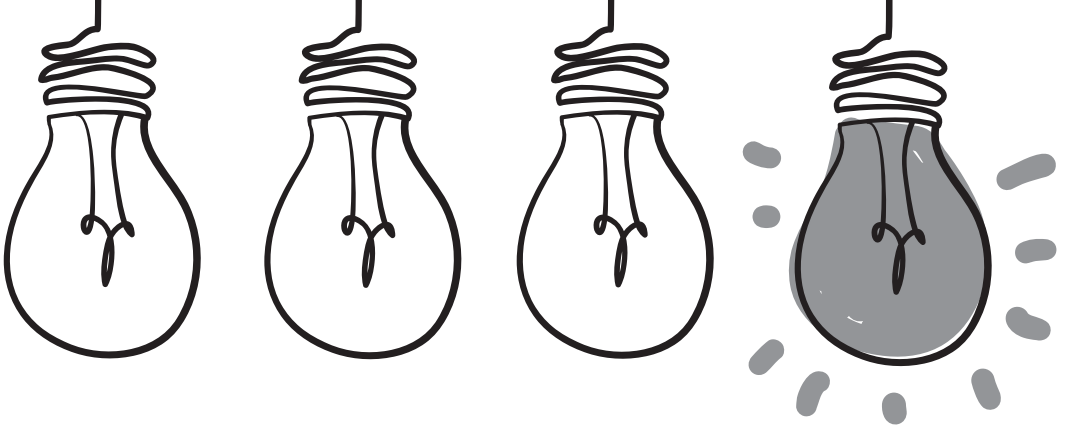

IMPROVING PRACTICE THROUGH REFLECTION

7

CORAL DRANE

> I am writing a reflection focusing on 'opportunistic learning', a 'critical incident' and my 'strengths and weaknesses'. I find it difficult as we have to reflect on the same things for each placement, so it is hard to be original each time. It is also tricky to think of different models to use.
>
> **Sam Valence, nursing student, adult field**

> One of my patients died unexpectedly in the night. Did I miss something? Was it my fault? I am really upset. I think writing a reflection to work out if I could have done anything differently last night might help and enable me to know how to manage similar situations in the future.
>
> **Izzy French, registered nurse, adult field**

INTRODUCTION

Reflection on patient care, as we saw in the previous chapter, is important. In this chapter we will explore in detail the importance of knowing yourself as a practitioner, the role that reflection plays in this, and how this knowledge enables the development of practice on a daily basis.

This chapter will start by analysing how strengths and weaknesses, or limitations, relating to practice can be acknowledged, strengths maximised and weaknesses developed. We will draw on the experience of Florence Kidogo, who we met in Part B, and Sam and Izzy, who we heard from at the start of the chapter, as the chapter unfolds.

Moving on from strengths and weaknesses, we will explore how beliefs and values impact on care, and how knowledge of these, through reflection, supports the development of practice. We will then examine learning styles, as knowledge of how we learn can be used to highlight how best to improve practice.

Finally, we will draw all these elements together and consider how reflection allows us to know ourselves as practitioners and therefore improve our practice.

CHAPTER AIMS

This chapter will enable you to:

- understand why it is important to acknowledge strengths, weaknesses and limitations in practice;
- appreciate how reflection can maximise strengths and develop weaknesses or limitations;
- know why knowledge of beliefs and values is useful in the development of practice;
- realise how learning styles can be used to improve practice;
- recognise the role of reflection in knowing yourself as a practitioner.

FINDING YOUR STRENGTHS AND LIMITATIONS

Strengths (S) and weaknesses (W) are often analysed in conjunction with opportunities (O) and threats (T) in the form of SWOT analysis. This type of analysis was originally developed in America the 1950–60s and was intended for use in business, but it can also be a useful tool in nursing. The term 'weaknesses' can have negative connotations, so it is more appropriate to use the word 'limitations' instead. Thus, the SWOT analysis becomes a 'SLOT' analysis. Within this section we will focus on how strengths and limitations can be determined, as these tend to be **internally driven**, and therefore relate to knowledge of yourself. Opportunities and threats are often external to ourselves and therefore less controllable, so will not be considered, although it is, of course, equally important to be aware of them.

How can you find out your strengths and limitations, and hence your development needs? It can be difficult to acknowledge what we are good at, or not so good at, but as nurses it is important to find a way to do this so that we increase our self-awareness. Pearce (2007) emphasises that the key to a good SLOT analysis is to be realistic and

honest about our strengths. If you struggle to do this, listing your **attributes** can help, as these are likely to underpin your strengths.

To do this, think about your attributes based on your experiences. Let your mind relax and ask yourself the following questions:

- What do I know that I am good at?
- What do I feel confident doing?
- What do I do that makes me feel good?
- What are my best attributes?
- How do I know I am good at/confident at something?
- What positive feedback have I had about something so that I know it is one of my strengths?

Similarly, to determine limitations, the opposite questions can be asked:

- What do I do that I recognise I am not as good at as I would like to be?
- What do I worry about doing?
- What doesn't make me feel good?
- What are my least good attributes?
- How do I know that I am not as strong at these things?

ACTIVITY 7.1

Before reading further, consider the questions above and list your attributes, strengths and limitations.

- Now devise a complete 'SLOT' analysis (strengths, limitations, opportunities, threats) related to your practice or a specific area of your practice.

There is no definitive answer for this activity as it is personal to you, but you could discuss what you have written with a colleague, your practice supervisor or university lecturer.

From the questions we asked in order to identify your attributes, it is clear that feedback from colleagues, patients, friends and family can all help in terms of recognition strengths and limitations. There are many frameworks that can assist you to do this, but two that are particularly helpful are the Johari window (Luft, 1969) and Brookfield's lenses (Brookfield, 1998).

The Johari window was developed by psychologists Joseph Luft and Harry Ingram in 1955 through their work on group dynamics. As shown in Table 7.1, they identified that for every person there are four 'windows' of the self:

1. 'Open' area, known to self and known to others.
2. 'Hidden' area, known to self but hidden from others.
3. 'Blind' area, known to others, but unknown to the self.
4. 'Unknown' area, unknown to self and also unknown to others.

Table 7.1 The Johari window

	Known to self	Unknown to self
Known to others	Open area	Blind area (this becomes smaller after feedback from others).
Unknown to others	Hidden area (this becomes smaller as we share our hidden thoughts or abilities with others).	Unknown area (skills/thoughts unknown and untested by an individual, so unknown to self and to others).

Source: Adapted from Luft (1969)

As we become increasingly self-aware, through feedback from others who recognise our strengths and limitations when we are not able to, our 'blind' area becomes smaller, and so we develop understanding of ourselves. Similarly, we are able to enlarge our 'open' area and reduce our 'hidden' area by sharing our strengths and limitations with others. While it is likely that we use the Johari window **concept** unconsciously, if we become conscious of it, we can increase knowledge of our strengths and limitations.

Developing further the idea of understanding ourselves though discussion with others, Brookfield's lenses may also be helpful. Brookfield (1998) explored how it is possible to critically reflect through the **notion** of four lenses. In the **context** of nursing practice, the 'learner', as noted below, would be the 'patient'. These lenses are:

1. Our autobiographical lens (e.g. self-reflection).
2. The lens of the 'learner' or 'patient' (e.g. considering what patients would think about a particular situation).
3. The lens of colleagues (e.g. gaining feedback from practice colleagues).
4. The theoretical lens (e.g. reflection related to evidence/research).

Brookfield's work was based on critical reflection for teachers. However, there are parallels in nursing, and 'putting yourself into another person's shoes' by considering how patients or colleagues might view you is informative. Equally, reflecting on strengths and limitations in relation to relevant theory or the evidence base, as Brookfield suggests, can also assist self-awareness.

ACTIVITY 7.2

Think about Brookfield's four lenses.

- Write a brief analysis of an element of your practice, using the framework Brookfield identifies.

There is no definitive answer for this activity as it is personal to you, but you could discuss what you have written with a colleague, your practice supervisor or university lecturer.

Thinking about Sam's situation, which he shared at the beginning of the chapter, he could use a SLOT analysis, the Johari window, or Brookfield lenses as frameworks for his reflection. Although not 'reflective models', any of these would provide a logical format and allow him to identify ideas he could use in a reflection on his development needs.

If we think about Izzy's situation, again, as we heard at the start of the chapter, she could have a reflective discussion with a colleague asking for feedback about her night shift, using the Johari window. This would open up her 'blind' area within the context of caring for a deteriorating patient. It would also allow her to share her feelings about the night and open up her 'hidden' area, allowing her to learn from the experience. After a death such as Izzy described, there is enormous value in a 'team hot debrief'. This debrief takes place ideally during the same shift as the critical incident so that all of the people involved are available. This approach enables team reflection and learning. In its simplest format, three questions (Paediatric FOAMed, 2018) are asked:

1. What went well?
2. What did not go well?
3. What can we do differently or what needs to change to improve practice?

From this debrief discussion, it is possible to identify key learning and actions. If this happened in Izzy's situation, she would be able to use learning from it for her reflection and it would help her to recognise that it was not her fault that the patient died.

MAXIMISING YOUR STRENGTHS, REDUCING LIMITATIONS

After completing activities in this chapter so far, you will have used a 'SLOT' analysis, considered Brookfield's lenses, and reflected on feedback from patients and colleagues to identify your strengths and limitations. The next step is to devise an action plan so that you can continue to increase your strengths and set objectives to develop your limitations.

Action plans can take many forms, but whenever possible, the goals you set yourself within the action plan need to be SMARTER. The SMARTER **acronym** has many variations, but the key words are:

Specific	**S**ignificant		
Measurable	**M**eaningful	**M**anageable	
Achievable	**A**ttainable	**A**ction-orientated	**A**greed
Realistic	**R**elevant	**R**easonable	**R**esourced
Time-related	**T**rackable		
Evaluated	**E**thical	**E**ngaging	
Reassessed	**R**evisited	**R**ecordable	**R**eviewed

(Adapted from Brown et al., 2016; Moustafa Leonard and Pakdil, 2016)

SMARTER can be adapted to suit your needs, choosing the word from what is the most appropriate for each element. Often the words used within nursing are likely to be:

Specific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-related, **E**valuated and **R**eviewed. Sometimes it is not possible to be completely SMARTER**,** as the time element may not be controllable. It is, however, important to set yourself targets that are realistic, relevant and achievable; unachievable goals will decrease your self-esteem.

If we think about Sam who we met at the start of the chapter, and further develop his experience, when he reflected on his strengths and limitations using a 'SLOT' analysis, he identified that a limitation for him was delegation. He knew himself that this was a concern, as he felt shy asking older, more experienced colleagues to assist him, or to do things for him if he was busy. He had also received feedback from his practice supervisor that this was something he needed to develop. A SMARTER target for him therefore would be 'to improve delegation to colleagues by the end of your next placement' and the SMARTER details would be:

S Specific target of improving delegation to colleagues.

M Measurable by self-assessment and feedback from Sam's supervisor, peers and colleagues.

A Target of improving delegation is achievable.

R Target of improving delegation is realistic, relevant and reasonable.

T Time related – by the end of Sam's placement.

E Evaluation – at the end of his placement, evaluated through self-reflection and feedback.

R Review – as part of the ongoing evaluation and at the end of his placement, Sam would need to decide whether the goal was still needed or whether it should be reset or modified in any way.

As well as setting SMARTER targets to improve limitations, it is helpful to break down targets and form an action plan. Table 7.2 shows how Sam did this.

Table 7.2 Sam's action plan

Target/objective	Resources needed/ how will I achieve this target?	Success criteria	Target date
Improve delegation skills.	Practise delegating tasks/ actions to colleagues. Talk to fellow students about how they delegate. Ask for feedback from colleagues and practice supervisor to ascertain progress.	Feel confident to delegate appropriately to colleagues. Receive positive feedback about delegation skills from colleagues, practice supervisor and practice assessor.	By the end of my placement.

ACTIVITY 7.3

- Using your SLOT analysis, and the Brookfield framework completed in Activities 7.1 and 7.2, devise an action plan for your development.

There is no definitive answer for this activity as it is personal to the individual, but you could discuss what you have written with a colleague, your practice supervisor or university lecturer.

HOW CAN FLORENCE KIDOGO DISCOVER HER STRENGTHS AND LIMITATIONS?

As we read in Part B, in her reflection Florence identified that she had a very strong compassionate relationship with Margaret and her family, so that was clearly a strength. Florence also felt that she had not been objective when managing Margaret's pain. She felt that she had allowed her own feelings and worries about the use of syringe drivers to prevent her from using one at an earlier stage. So, we can identify the following.

Florence's strengths:

- Provision of compassionate care.
- Commitment to holistic care involving the family.
- Ability to listen to feedback.

Florence's limitations:

- Difficult to remain objective.
- Worried about managing end-of-life care.
- Worried about using syringe drivers as they signify 'the end' and due to the complexity of setting them up.

An action plan for Florence would be:

Table 7.3 Florence's action plan

Target/objective	Resources needed/ how will I achieve this target?	Success criteria/ reviewing progress	Target or review date
Continue to provide compassionate and holistic care.	Ongoing care of patients in the community. Receive feedback from colleagues, patients and their families. Read relevant nursing articles related to community care.	Continue to feel confident with providing compassionate and holistic care. Ongoing positive feedback from colleagues, patients and families.	Next annual appraisal meeting.

(Continued)

Table 7.3 (Continued)

Target/objective	Resources needed/ how will I achieve this target?	Success criteria/ reviewing progress	Target or review date
Develop more objectivity when caring for patients, especially at the end of life.	Discuss the issues with colleagues to gain their insight. Try to separate myself from the situation and 'look in' on what is happening to assess the way forward.	Become confident in remaining objective when managing complex situations such as end of life. Receive positive feedback from colleagues, patients and families.	By the time of revalidation.
Feel more confident in managing end-of-life care.	Research and find suitable end-of-life care course to attend. Attend end-of-life course. Read relevant nursing articles about end-of-life care. Seek support from colleagues where appropriate.	Increased confidence when managing end-of-life care. Receive positive feedback from colleagues, patients and families.	Attend end-of-life course at earliest available opportunity. Ongoing development of confidence.
Develop skills in management of a syringe driver.	Practise drawing up syringe drivers. Discuss process with colleagues. Research evidence for end-of-life medication.	Feel confident with drawing up and administering syringe drivers. Receive positive feedback from colleague, patients and families. Be able to explain confidently to patients and families what the medication is for.	By the time of revalidation.

So, for both Sam and Florence, devising and achieving an action plan would assist them to develop their limitations and increase their strengths.

IDENTIFYING BELIEFS AND VALUES TO IMPROVE YOUR PRACTICE

In the first part of this chapter we have established the importance of recognising strengths and developing limitations in order to improve practice. We will now consider values and beliefs, and how these can impact on our practice.

To begin, it is useful to consider how we define beliefs and values. The *Oxford Dictionary* (2016a) explains that a belief is:

> *an acceptance that something exists or is true, especially one without proof; e.g.,* 'his belief in extraterrestrial life'; 'Trust, faith, or confidence in someone or something'.

The *Oxford Dictionary* (2016b) defines value as:

> *the regard that something is held to deserve; the importance, worth, or usefulness of something; e.g.* 'your support is of great value', *or Principles or standards of behaviour; one's judgment of what is important in life, e.g.,* 'they internalize their parents' rules and values'.

As nurses, we might hold beliefs such as 'I am not very good at writing reflections' (possibly Sam's view) or 'it was my fault that he died' (maybe Izzy's view). Examples of personal values that we might hold, based on the definition above, could be the importance of honesty, integrity, person-centredness and compassion (potentially Florence's values).

It is interesting to consider where the beliefs and values held by Sam, Izzy and Florence originated, and whether they are static or evolve over time. The definition we saw suggests that we internalise our parents' values, and although this likely to be a factor, psychologists suggest that our beliefs and values develop from many other sources too.

Erikson (1902–94) wrote about eight developmental stages of **psychosocial** development. His model suggests that we are influenced throughout our entire lives across eight stages of development, depending on 'crises' that occur. Our personalities develop as a result of these successive crises. Therefore, as we progress through life, we adapt and modify our values and beliefs, although it is likely that the foundation of these originate from childhood.

Bandura (1977) considered that social environment impacts on our learning and that through observation we observe and learn behaviours, values and beliefs by the imitation or 'modelling' of other people with whom we identify. This may be parents, but could also be siblings, peers or people we admire in the media, work or elsewhere. We are likely to identify with individuals for whom we have a high regard – our 'role models'– and are motivated to replicate their behaviours, values and beliefs.

A further element of Bandura's work is related to self-efficacy – which is your belief that you are able to achieve a specific goal. So, a person with a positive self-efficacy for a specified goal is likely to achieve that goal. This is a key concept when considering nurses' or nursing students' belief systems. Self-efficacy is developed from self-evaluation and feedback from a wide variety of sources, with negative self-efficacy being developed due to unconstructive feedback. The lack of self-belief which results from this experience can be difficult to reverse.

Our beliefs and values have origins due to 'nurture' (environmental factors – e.g. our upbringing), but also originate in 'nature' (e.g. our genetic code). Some psychologists believe that our personalities are 'pre-wired' before birth, whereas others, such as Bandura, believe that we are a product of our learned experiences. Whatever the source of our values and beliefs, it is important that we are able to identify them, so we are self-aware in order to develop our practice appropriately. It is also vital to recognise that patients and their loved ones have their own core values and beliefs, and that these need to be acknowledged, respected and considered continuously.

ACTIVITY 7.4

Think about what we have considered and write down three of your core beliefs.

- How do you think they might impact on your practice?

There is no definitive answer for this activity as it is personal to you, but you could discuss what you have written with a colleague, your practice supervisor or university lecturer.

HOW CAN KNOWING BELIEFS AND VALUES UPHOLD PRACTICE?

There are a number of important values we need to uphold in our practice. The core values of NHS England (NHS, 2015) are:

- Respect and dignity.
- Commitment to the quality of care.
- Compassion.
- Improving lives.
- Working together for patients.
- Everyone counts.

Further important values that underpin nursing are the 6Cs (NHS, 2012):

- Compassion
- Communication
- Competence
- Commitment
- Care
- Courage

ACTIVITY 7.5

To help you identify the values you could develop in order to improve your practice, consider each of the NHS values and the 6Cs.

- Think about how evident each of these values are in your practice and give each a scale of 0–3 where:

  0 = not evident in my practice;

  1 = occasionally evident in my practice;

  2 = mostly evident in my practice;

  3 = always evident in my practice.

Any values given a score of 2 or less would be a good focus for development, for which you could devise an action plan, as discussed earlier in the chapter.

There is no definitive answer for this activity as it is personal to you, but you could discuss what you have written with a colleague, your practice supervisor or university lecturer.

Considering beliefs in more detail, we are often not aware of them until they are challenged, or we are asked about our specific view. Beliefs in nursing relate to numerous areas – for example, belief in our own ability (self-efficacy); belief in the correct process – e.g. aseptic non-touch technique; person-centred care, our belief in people – e.g. 'Sister Annie is an excellent role model'; belief in education or the belief in being supportive – and the list continues. A reflection on your beliefs could commence by considering your ideas about beliefs (as suggested in Activity 7.4), listing and exploring them, and then analysing how these beliefs impact on you as a practitioner and how this knowledge can be used to improve your practice – for example, using the case of Izzy who we met at the start of the chapter, she believed that it might have been her fault that a patient died. This is clearly a destructive belief. By considering it objectively – e.g. by reflecting on the patient diagnosis, on her own actions and the actions of others in the team, effectively analysing the experience – Izzy will recognise that the death was not her fault, her belief will be modified and she will use the experience to develop her practice.

USING FLORENCE KIDOGO TO HIGHLIGHT HOW BELIEFS AND VALUES CAN BE IDENTIFIED

If we think about Florence, who we met in Part B, we can identify that some of her values relating to the 6Cs were compassion, care, commitment and courage. She was clearly compassionate, caring and committed when nursing Margaret and had the courage to recognise her need to develop in terms of her objectivity. We can assume that her communication with the family was effective, as she clearly had a good rapport with them. Possibly, her competence in the use of a syringe driver for pain relief and end-of-life care was a limitation, and this is something that Florence recognised in her reflection.

Considering her beliefs, Florence believed that using a syringe driver would signify 'the end', which is not correct. She also believed that preparation of the driver would be difficult, which is inaccurate. Recognising these beliefs helped Florence to develop her practice, so in future she will use a syringe driver at a more appropriate time. Analysing Florence's belief systems further, she believed that she had a good rapport with Margaret and her family, which helped her to deliver compassionate care. Knowledge of this positive belief will allow Florence's confidence to grow and she will be able to continue to develop her compassionate approach.

IDENTIFYING YOUR LEARNING STYLE IN ORDER TO IMPROVE YOUR PRACTICE

Self-awareness has many dimensions. In addition to being aware of professional and personal strengths, development needs, values and beliefs, it is helpful to be aware of your

learning style. This can most simply be defined as understanding how we learn best. We all learn differently depending on factors such as motivation, personality, environment, context and experience. To find out how you learn, there are numerous learning style questionnaires. Well-known examples include Honey and Mumford (1992) and Dunn et al.'s (1989) learning styles questionnaire. While there is argument that learning style questionnaires are not sufficiently research-based, they can be helpful to identify your preferred learning styles. This enables you to know yourself and to facilitate the development of strategies to support your learning. It can also be valuable to discover the learning styles of individuals you might be supervising, coaching or teaching.

Some people learn effectively through seeing pictures (**V** – visual), some by listening (**A** – aural), some through reading and writing (**R**), while others through doing something (**K** – **kinaesthetic**). This comprises the VARK learning style inventory (VARK, 2019).

In addition to the way we like to learn, identified by VARK, Honey and Mumford (1992) suggest that there are four types of learner: activist, pragmatist, reflector and theorist.

- Activists jump in and are happy to try things before really finding out about them.
- Pragmatists are practical in their approach to learning.
- Reflectors like to weigh everything up and ponder.
- Theorists tend to be logical and step-by-step in their approach to learning.

Individuals are most often a combination of the styles – e.g. theorist and reflector, or theorist and pragmatist. If you find out your learning style, it may help you to understand how you learn most effectively both in practice and theory.

In addition to your learning style, Dunn et al. (1989) identify that learning is also influenced by five key factors:

1. Environmental: the learning environment you prefer.
2. Emotional: whether you need motivational support or can learn independently.
3. Sociological: if you work best independently or in a team.
4. Physiological: your preference for visual, auditory or kinaesthetic learning.
5. Psychological: your personal response to information.

ACTIVITY 7.6

Consider each of the five key factors outlined by Dunn et al. (1989) and identify your preferences. Understanding your preferences will help you to analyse how you learn and enable you to develop the most effective approach for you.

There is no definitive answer for this activity as it is personal to the individual.

It is also useful to consider Gardner's 'multiple intelligences' (Gardner, 1983). Gardner proposed that there were seven intelligences and that each individual person has a unique blend. These intelligences are:

- Linguistic intelligence: the ability to learn languages and express yourself.
- Logical-mathematical intelligence: the ability to analyse problems and investigate scientifically.

- Musical intelligence: the ability to perform and appreciate musical patterns.
- Bodily-kinesthetic intelligence: the ability to use the whole body, or parts of it, to solve problems.
- Spatial intelligence: the ability to understand space.
- Interpersonal intelligence: the ability to read other people and communicate with them.
- Intrapersonal intelligence: the ability to understand yourself (self-awareness).

While there is limited evidence in support of multiple intelligences, educationalists, particularly in America, have embraced the concept and used the approach in planning educational programmes. In relation to reflective practice within nursing, it can be helpful to contemplate each of the intelligences.

A further issue to consider, although not strictly a 'learning style', is emotional intelligence (EI). Daniel Goleman (1995) developed the concept of EI, and proposes that it is important in successful leadership. EI comprises five elements:

1. Self-awareness.
2. Self-regulation – e.g. controlling oneself, being self-disciplined.
3. Motivation.
4. Empathy.
5. Social skills – e.g. ability to interact with others.

As nurses, the elements of EI are clearly important, and again there are online tests to identify where on the spectrum you are. Knowing your emotional intelligence enables you to identify strengths and areas for development.

The final theory we will consider in our discussion of concepts related to learning styles is Carper's 'fundamental patterns of knowing' (Carper, 1978). He suggests that there are four areas of knowledge that nurses learn in order to function effectively:

1. Empirical knowing – theoretical knowledge underpinning practice.
2. Aesthetic knowing – the 'art' of nursing, the practical elements surrounding the nursing process, which can be intuitive, recognising the clinical needs for that patient at that time, underpinned by empirical or theoretical knowledge.
3. Personal knowing – e.g. knowing yourself.
4. Ethical knowing – e.g. knowing the morality and ethical elements of nursing.

Johns (2017) developed Carper's ways of knowing into a reflective model. Using this model to reflect will enable you to consider how confident you are in respect of each 'pattern of knowing', thus identifying areas for development.

We have discussed a number of approaches: multiple intelligences by VARK (2019), Honey and Mumford (1992), Dunn et al. (1989) and Gardner (1983); emotional intelligence by Goleman (1995) and ways of knowing by Carper (1978). Insight into your learning style gained through the use of appropriate questionnaires, or consideration of the elements of each style we have identified, can provide insight into learning strengths and developmental needs. Through identifying personal learning styles, it is possible to develop strategies to support your own learning in order to improve practice.

To explain how this can be done we will return to Sam, who we met at the beginning of this chapter, and illustrate how knowing your learning style can support development of practice. To provide some further details about Sam, he is a busy, sports-focused individual, who knows that he is an activist, prefers to learn with others and enjoys learning

kinaesthetically. He completed an emotional intelligence test and received a high score, which reassured him that he is empathising and relating effectively to his patients and colleagues. Sam also reviewed Carper's ways of knowing and felt that he is strong in relation to aesthetic, personal and ethical knowledge, but that his empirical knowledge needs developing. In relation to the challenge of reflecting Sam mentioned at the beginning of this chapter, he could use Carper's framework as a model of reflection to consider his strengths and development needs. More generally, Sam could use knowledge of his learning styles to develop his practice by considering that as he tends to be an activist, he frequently maximises every learning opportunity. This is a positive attribute, which is excellent. However, it might also mean that he doesn't always take time to reflect or practise skills, and this is an area where he could develop. Identifying that his empirical knowledge needs to be developed is also helpful, as it will motivate him to find time to study and reduce the gaps in his knowledge. As he knows that he prefers kinaesthetic learning, it will be useful for him to develop his knowledge through observation and practice as much as possible, in addition to reading and writing.

ACTIVITY 7.7

Use an online tool to find out your learning style.

- Consider the results you are given, but remember that you do not have to agree with them, as you may already have a good insight into how you learn best.
- Reflect on the results you were given and, using this plus your knowledge of the way you learn, develop a strategy to maximise your learning in order to develop your practice.

There is no definitive answer for this activity as it is personal to the individual.

CONCLUSION

Self-awareness and knowing oneself honestly as a practitioner are vital for developing practice. Being self-aware in order to improve practice is, however, a complex process. It is important to identify your strengths and limitations through self-analysis, using different 'lenses' as suggested by Brookfield (1998), including feedback from others. It is also helpful to understand your own beliefs and values, as these can impact on your practice, preventing you from remaining objective. Recognition of your learning styles will help you to identify learning strategies for your ongoing development.

GOING FURTHER

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Carper, B. (1978) Fundamental patterns of knowing in nursing. *Advanced Nursing Science*, 1(1): 13–23. A seminal article which is very interesting to read as the ways of knowing underpins so much of our practice.

Howard Gardner's Multiple Intelligences. Go to: www.businessballs.com/howardgardnermultipleintelligences.htm#multiple%20intelligences%20tests. A useful site that will help you understand how you learn.

GLOSSARY

acronym Abbreviation formed from the first letter of each word.

attributes Qualities or characteristics.

concept Idea.

context The circumstances or the situation.

internally driven Come from within us.

kinaesthetic Relating to awareness of the position and movement of parts of the body.

notion Thought.

psychosocial The interrelation of social factors and individual thought and behaviour.

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