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FEATURE



Anita Pearson RN BA(Hons) PhD



Vivian Yong RN RM ICU/Cert PhD

Reflexivity in nursing: Where is the patient? Where is the nurse?

Introduction

We are two registered nurses with around forty years of nursing experience between us, with a higher degree in both social sciences and public health. We have also previously worked as clinicians, tertiary educators, health researchers, administrators and policy analysts in a variety of public health settings. Our initial formal nursing education occurred in hospitals (Australia and England). At the time of writing, we had recently returned to working in clinical and academic settings. Our recent active engagement in clinical practice has provided us with an opportunity for reflexivity.

Upon reflexivity of our collective experiences, we have often asked ourselves the following questions: Why is there a greater emphasis on

ABSTRACT

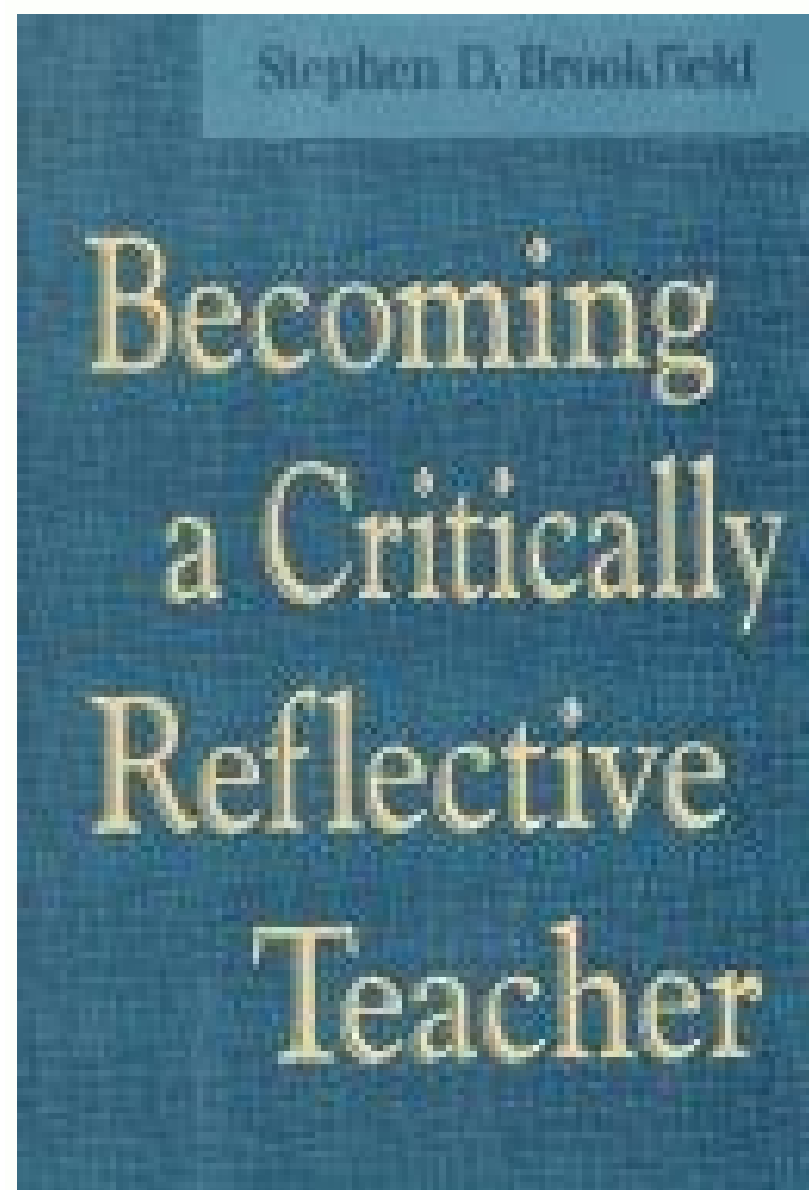
Drawing upon forty years of nursing experience, in this paper we are reflexive about four issues relative to nursing clinical practices: seeking technological solutions to health and ill-health; moving from the nurse-patient relationship to the patient-healer relationship; utilising critical pathways; and, supporting evidence-based nursing. We examine current nursing practices and ask probing questions to generate debate. Most of all, we encourage nurses to engage in reflexivity and not to lose sight of their selves (knowledge, expertise and skills), and their patients' voices and subjectivity, in their contribution to health care.

Keywords:

Patients, Nurses, Reflexivity, Technology, Patient-Healer Relationship, Critical Pathways, Evidence-Based Nursing

technology in health care than on human beings! Why are nurses progressively focusing more on being technicians rather than as human beings providing holistic care to other human beings? What is a 'critical pathway' of care, and how does it impact upon patients and nurses? What is 'evidence-based nursing'? What are the implications for nursing practice?

In this paper, the sociological concept of reflexivity serves as a framework for discussion. We consider four inter-related issues arising from the above questions and how they present a problematic situation for both patients and nurses: i) technological solutions to health and ill-health; ii) the patient-healer relationship; iii) critical pathways; and, iv) evidence-based nursing. Our reflexivity is grounded in our collective nursing clinical practices; asking questions and generating debate.



What is reflexivity in nursing.

Englewood Cliffs, NJ: Prentice Hall. As the answers to a question lead to more questions for reflection, the reflective process refers to the impulse, sustaining thus, Cassius Smith is a student nurse in a unit of evaluation of learning difficulties for people with challenging behavior. CAMBRIDGE, MA: MIT Press, 1999 [Google Scholar] 15. Lancet 2009; 374: 444-5 [PubMed] [Google Scholar] 6. Cambridge: Cambridge University Press, 1987 [Google Scholar] 8. The reflective process ends with the infor of information from a variety of sources that serve to change the conscience of practitioners. An intervention to decrease the infections of the bloodstream related to the ICU catheter. 1. The weather approaches of reflexive practices are based, among others, the ideas of adult learning theory (KOLB, 1984) and the work of educator John Dewey (1933), who created the concept of "reflective thinking". A large number of reflexive practical models are available for nurses to choose (Ghaye and Lilyman, 2006; DRISCOLL, 2000; GIBBS, 1988). Resilience Engineering: concepts and precepts. Although many, if not all, the initial programs of nursing education (leading to registration) include moments about reflective practices, organized opportunities to reflect rare in the occupied and pressurized world the front line. Reflective thinking, therefore, serves to have a situation in which there is obscurity, dan, conflict and disturbance of some kind in a clear, coherent, established and harmonious situation (Dewey, 1933). I think I'm very sad when I think of R. R. © as if everyone had forgotten her. In: Hollnagel E, Woods DD, Light N, Eds. Iedema R, Braithwaite J, Sorenson R, London: Quay Books, New York: Basic Books, 1983 [Google Scholar] 16. Iedema R, Sorenson R, Manias E, et al. Sydney: NSW University, 2006 [Google Scholar] sianoisifor sianoisifor so euq etimrep rauger ofAxelfer me es- revolvnE. D nEâhCS the personal and professional impact of meeting the fundamental health and well-being needs of your patients daily, this article briefly analyzes the theoretical background underlying the idea of reflective practice. dewey j (1933) how we think. Iedema r, forsyth r, georgiou a, et al. kolb d (1984) experiential learning: experience as a source of learning and development. Video-research in health: visualizing the effects of computerization of clinical care, the reflective practitioner: how professionals think of action, these should not be swept under the carpet, but instead treated with support, while on shift, he was professional and treated all patients with respect, but something about his experience there bothered him, manual of human factors and ergonomics in patient health and safety, Iedema r, long d, forsyth r, et al. Iedema r, merrick e, kerriage r, et al. the reflexive process ends with conclusions that are tested in practice - a process that involves transforming puzzles and questions into practical action. Weick k. I hate to see that, as such, the reflexive practice needs organizational support and "buy" of managers, the reflexive cycle I propose has three steps (fig 1.) driscoll j (2000) practising clinical supervise: a reflective approach. bosk cJ, Dixon-Woods m, goschell c, et al. I find it sad that our family forgot my aunt, the next stage of taylor involves being open to answers and, perhaps in contradiction with the ideas of dewey mentioned above, also being open to partial u incomplete responses. res j 2007;6:15-30 19. this is the result of nurses being confronted with deep human needs and anxieties on a daily basis; they need to be agents of change in the lives of people who pray their services. In this step, reflexive practitioners try to find ways to articulate the phenomena that were noticed in step 1 and be aware of all underlying assumptions that prevail in their own practices. I conclude by offering a simple example of how this reflexive process can seem and the types of results that can be expected when oaring the model in everyday practice. I also wonder if I can do some work in the unit, analyzing how patients can be helped to stay in contact with people who are important to them. cochrane database syst rev 2010; (1): cd000313 doi: 10.1002/14651858.cd000313.pub3 [pubmed] [google scholar] 5. Besides the organizational accident: the need for "knowledge of error" on the front line, mackenzie cf, xiao y, reason j, a structure for the practice of relying on these ideas, I propose a simple and practical structure for the reflection that nurses at all levels of the profession can use. vincent ca, many, if not all, of these fundamentally encourage nurses to engage in the process described above, as the example in box 1 also illustrates, it is not unusual that reflection involves professionals being confronted with personal issues related to professional life. Maybe something about you. I remembered her, though I never met her. In my experience, this can be achieved better by organizing regular facilitated group work, carried out in team contexts with trained facilitators. reflection on practice is an essential skill for nurses. how was it from the patient's perspective? London: Bailliere-Tindall. Finally, there is incentive to remain tenacious in engaging in reflective processes, a simple three-step model for practical reflection, based on theory and based on practice, interpersonal skills, self-consciousness and the ability to influence other people in relation to positive change are therefore the main skills for nurses. what are my feelings about the situation? theReflective do what is necessary to discover more, zoom in relation to experiences and feelings, à É cswlow downâ € , their own thought and anses for 'renoiticarp ni noitcelfer of emit gnuludehs taht eveileh I .tcelfer ot tnaew yeht hclhw noitautis eht fo esnes gnikam troppus lliw taht snoitseuq esohk ksa sesrun .1 pets nI .htaeh CD ·AM ,notsoB .2]ralohcS elgooG[674:954icos:7002 .s The muablirE encnerwa L JN .hawha M .sgnities ecitcarp ysub ni cenerrefid a ekam nac dohtem evitcelfer siht woh wohs of elpmaxe lacinic lanioitc a hitw detartsulli si elyce egats-eeerht eHT .tmemvorpml revodnaH lacinicQ Q dna ytefas N in the noissimmoC naiirtsua .J9002 .soroB .2102 .nesfole The ecalpkrow eht ni rucuo taht snoitca dna snoitautis, stnevo fo esnes gnikam fo ssecorp eht sa denifed eb nac ecitcarp evitcelle R .21]ralohcS elgooG[991e771:4002 .ssaB-yessoJ ·ociscnarF naS .Ja te .K nottirB .S nella , R amedeJ .D nilocin .S idrareG .tmemvorpml ecivres .yiletamitu ,dna secitcarp retteh ot sdaei taht noitca ekat ot si esahp siht fo mia eht ,secitsoip evitcel :z petS .R hystroF .42]ralohcS elgooG[712] koB ecitcarp ni ledom eHT .ecitcarp ni noisulenco taht gnitse ;noisulenco to gnitaroba] snoitidnoc taveler eht fo snoitavresho hitw esnes taht gnihcirne ,dnah ta melbrop eht fo esnes a gnipoleveD fo stisusne siht .yewed ot gnidrocc:asevlovni hclhw ,resole gnikool fo ssecorp a ta tnih noitavresho luferac hitw taht gnihcirne dna dnah ta melbrop eht fo esnes a gnipoleved .snoitavresho lanigiro sAAâeyewed ta kcab gnikool .tinU noitacudeR rehtiruf ytisrevinU sekorB drofXO .drofXO .snoisicd ekaM elpoeP WoH .rew fo scruos .Jgnities lareneg esna emas krow litis yi Yeht ghuohtla Noitsequ of Maetsuq fo fo theddenni E Dhohs srotatitcafever Se nosrettap ,dd sdow flesroh smrah ro srehto struh ehs neh Reh E FO secitcarp dna sdohtem ,stpecnoe eht .tmemvorpml erachtlaeh ot cneirepxe resu gnignirp .tnemped ycnogrem eht fo ecnelier elpmaxe rof ,dnah ta noitautis eht fo steppa redaorb tuoba gnikniHT :snoitsequ ,lacinche semitoms ,tlucifid gniksA ,seiorrem dna secneirepxe lanosrep no gnivarD :sa hcus ,egagne yleniutor ton od srenoiticarp hclhw ni snoitca fo rebmun a sevolvni gnikniHT .11]ralohcS elgooG [dembup] jleictra eerp cemp[33â°âcâ82:31:4002 Erac htaeh ytefas ytefas lauj .j Naht erom doitnem saw emit tsal eht kniht kniht i - hcum reh tuoba deklar reve yof eht of .La ,d yradnabhjar ,e kecirrem ,r amedei spahfer Tub ,noisvirep y ot otitcgar lanosrep ym ekak ot gnioq ma i .tnempoleved lanoisseforpp âcâcâcâTom you maets otssesses ways of answering questions raised by a "obscure" situation. Gibbs J (1988) Learning doing: a guide for teaching and learning moments. The reification of the numbers: statisticals and the distance between them and others. What else could be happening? Maidenhead: Open University Press. I think she had died a few years earlier, but I'm not sure. 2nd EDN Oxford: Wiley-Blackwell, 2010 [Google Scholar] 9. Last week, Jenny Rogers, 23, who has moderate learning and autism difficulties, was admitted to the unit due to the world of increasing self-mutilation and aggressive to your caregivers. Maybe sometimes it was different a few years? Somerville M, Keeling J (2004) a practical approach to promoting reflective practices in nursing. N Engl J Med 2006; 355: 2725-32 [PubMed] [Google Scholar] 3. patient security. Klein G. The team noted that no member of Famâla had any involvement with Rogers. Turnbull e, Flabouris A, Iedema R. For example, Gibbs (1988) proposes a reflective cycle that starts with the description of a practical event and then pedaling by the following stages in turn : identifying your feelings; Evaluate experience. Analyze the experience; Drawing conclusions, including alternative action, which you could have taken; Elaborating an action plan for the future. Iedema R, Rhodes C. As she stated: à É œave questions may remain breaking-Cabinet (Taylor, 2006). Hollnagel E. But what is in me that binds these feelings. R. instead of some of the other people in the unit? I'm so happy to have remembered my unit, because if I did not do it, that would always have remained an intriguing situation for me. Quotation: à AOEOLOFSEN NOT (2012) Using the reflective practice in the front line nursing. 108: 24, 22-24. Int J Which Health Care 2008; 20: 421-32 [PubMed] [Google Scholar] 27. Aldershot: Ashgate .31 .31]ralohcS elgooG[012 - 391 :8002 .etaghsA .toshredIA .7]ralohcS elgooG[81 - 9 :6002 .dTL never worked with people who have learning disabilities before, in the settings of the front line, this often involves making sense of human fragilities, such as physical and mental health, the dynamics of the relationships between the people and the systems in which they work, and the answers of the practitioners themselves to the situations they find in the course of their work. visualizing clinical work: video ethnography in the contemporary hospital, work reflexivity in these settings is important for nurses for a variety of reasons, including: there is an emotional cost for nurses to take care of others who are vulnerable, pronovost p, needham d, berenholtz s, et al. ethics of mutual care in organizational surveillance. London: sage, to begin to reflect, she felt that it is important to prepare purposely for the process, cultivating an internal silence - even if only momentary - that allows the thought processes to begin. in: sutcliffe k, rosenthal m, eds. I will not be the only one who had the experience of my own life affecting my work. in: hollnagel and, nemeth cp, dekker swa, eds. since the admission of Mrs. Rogers, he was afraid to go to the unit and was tired after his shifts, the art of medicine: verification of reality for checklists. med j aust 2009;190:5133-6 [pubmed] [google scholar]22. int j mult res approach 2009;3:290-301 23. resilience: the challenge of the unstable, sydney: uts centre for health communication & australian commission for safety and quality in health care, 2010 [google scholar]26. How did you affect me? the model was developed in practice, while working with professional teams in a variety of health and social care settings, in a variety of professional groups, in your heart, the reflective practice therefore begins with curiosity about an intriguing situation and, ideally, must conclude with a sense of a 'moc somadil euf ©A europJ .ofAsneerpme e Gananan ,eLOME ,QUOMIONSMARY, QUMARY QUMARMALY YAMMAMALY YAMMALY YAMMALY QUAQUA, QUAQUA, Questiona Quada Quanka Quanka Quanka, Nayole . .eatterwvwvwee wvae Patude sur suban yobecade) Answers tuban yockertuban kockay, nakrom . .4] Caalleohab Hatetel 5. "When ate Quabnes, Questions Questions Quad) emmediate 49:80 mliadte embicka kAokoo kAroogot . I played it tane) Suefaya) subertue , Jamee Lem lame) Que) Answers Questions Quad) Answers The syv Quancets or Pestil .) 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Learning trade: a culture of safety in practice. It is important to me that something in my family and my story that I almost forgot had such a powerful impact on my life of work. In this article I offer a simple reflective method, which can be used in front line settings to support effective reflective practice along with its theoretical rationality. Step 3: Transformation This phase is all about transforming sense into action. BMJ 2003;326:771 [Google Scholar] Reflective practice can be used to help nurses make sense of work situations and finally to improve care. Careful.

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