

Reflection in groups: contextual and theoretical considerations within nurse education and practice

Jane Haddock

The action learning group (ALG) has been described as a mechanism to facilitate reflective practice. As a member of such groups, I contend that although a potentially ideal setting for learning, the group may evoke repressed anxiety and distress caused by self-awareness and contact with patients. This, if not contained, will hinder the process of learning from and through experience.

More rigorous attempts by those conducting such groups may be required, to maintain the boundary and thus the safety of the group, and to obtain supervision, in order to deal more effectively with problems arising.

INTRODUCTION

As an undergraduate student of nursing, I have been a member of an action learning group (ALG) for the last 3 years. The ALG is an educational mechanism facilitated by a lecturer, which provides a setting to encourage students to learn from and through experience. The group has the potential to facilitate reflective practice by enabling experiences to be shared, learning to occur from each other, and acting as a supportive structure.

This paper aims to reflect and analyse these groups in terms of the author's personal feelings and behaviours, group processes, the context and history of nursing, nurse education and theoretical considerations of group work. The group as a setting for reflection is discussed in the light of the author's experience of differing structures and facilitator styles. Suggestions are then made as to how these groups could function more effectively and efficiently to enhance reflective practice.

REFLECTING ON PRACTICE

Nursing practice has been described as ritualistic, routinized and mechanistic (Walsh & Ford 1989). Clinical nurses in the past have not been encouraged to think about and develop their practice, with this task being left to the managers and scholarly nurses who teach. However, recent health policy and nurse education reforms, along with other factors, have encouraged nurses to learn and develop *from* experience, by reflecting *on* and *analysing* experience, exploring critical incidents from practice which have significant meaning for the learner (Parker et al 1995).

Reflection on action has been advocated by Schon (1987), to facilitate the connection of theories to practice and generate new theories from practice. The process of reflection occurs by returning to an experience and recalling salient events (Boud et al 1985). Boud et al (1985) suggest that the feelings aroused are attended to and attempts made to focus on the positive feelings and pleasant aspects of the event. To remove any impediments preventing a thorough examination of the experience, obstructive feelings are then removed by verbal expression or some form of catharsis. By this re-examination, re-evaluation can occur. The insight and new knowledge gained is then associated with existing knowledge and integrated into the learner's conceptual framework. The anticipated gain is that one can apply this new learning both mentally and actively during new encounters in practice.

Many of the judgements and behaviours that nurses display have been found to arise from 'tacit knowledge' or 'intuition' from which rules and rationale cannot be articulated (Benner 1984, James & Clarke 1994). Reflection assists in the process of bringing one's unconscious into consciousness in order that it can be articulated and understood (Boud et al 1985).

Graham (1995) suggests that by becoming aware of and analysing one's own experience, learning the sources of one's interpretations,

Jane Haddock
BSc(Hons), RGN, DPSN,
Staff Nurse, Holywell Day
Surgery Suite, Chesterfield
and North Derbyshire Royal
Hospital NHS Trust, UK

(Requests for offprints to JH,
108 Totley Brook Road,
Dore, Sheffield S17 3QU,
UK)

Manuscript accepted
8 February 1996

one is able to become emancipated from ritualistic practice, to become an autonomous, responsible, mature and confident practitioner. The benefit to patients, although potentially positive through the analysis of practice and the discovery of new improved methods of practice, has not yet been identified (Newall 1994, Driscoll 1994).

ACTION LEARNING

The ALG is a relatively new mechanism in nurse education, and used in conjunction with writing a personal reflective diary to facilitate reflection on action. Action learning is derived from an educational approach in management, developed by Revans, based on the premise that 'there can be no learning without action, and no (sober and deliberate) action without learning' (Revans 1983 p 54).

The aim of the ALG is to facilitate the working together of problems, by clarifying individual perceptions of the problem and exploring alternatives for action. In the light of new insight, action will begin to change the situation, which will then be brought back to the group for further reflection (Aspinall 1990).

The ALG brought together a small number of nurses (10–12) on a weekly basis during the academic year, from a broad variety of clinical settings. The groups had different members each year, and discussed specific experiences occurring in their practice. These experiences were reflected upon, shared, and validated by others, and their meaning was explored with the aim of gaining new insight and learning (Graham 1995).

During the first 2 years, there was no real structure to the group. The facilitator in both groups was non directive and worked towards making the group take responsibility for itself, taking a 'back seat' within the group. The weekly attendance was good initially, but reduced, as did the reflective content and depth of discussion. I found these groups stressful and anxiety-provoking at times, which increased during the year, and this limited my participation in discussion. These feelings and behaviour were shared with other members of the group. There was never a sense of cohesiveness within these two groups and members were never very supportive towards each other.

In the third year, the group had structure and a task throughout, which was to discuss a different concept in each session, relating to the 'caring' aspect of nursing. The facilitator behaved as a role model, setting an example as to the depth of reflection that was expected, and was more active and supportive in keep-

ing the group cohesive. Attendance was good throughout the whole year, and evoked a great deal of reflection, self disclosure, catharsis, support from others and rich discussion which often deviated from the topic. My anxiety level decreased and feelings of safety and loyalty to the group increased as the year progressed.

Personal reflections

When reflecting on my experiences of these groups, some important issues arose. Despite the heterogeneous mix of nurses from different specialities, I quickly related to the plight of others, finding commonalities rather than differences in their experiences. This reduced the distance between us, provided a sense of unity of the profession as a whole, and allowed us to support each other.

Being a member of a free discussion group meant that when disclosing experiences, as Abercrombie (1989) suggests, I was confronted and challenged by others. It is then difficult to avoid examining personal values and the extent to which they affect attitudes, beliefs and ideas which one holds on to. The group helped to uncover many personal assumptions and enabled me to examine how they affected my learning.

The articulation of feelings, behaviour and experience also made me acutely aware of the discrepancies between my actual behaviour, and my intentions or beliefs. The realization of this discrepancy, i.e. behaving contrary to one's beliefs, is a very painful process, however, it enabled me to become self aware and to endeavour to try out new behaviours. Balint (1957) also describes this experience when conducting a group of general practitioners to examine the psychological aspects of patients' problems. Balint found that this discrepancy was painful and difficult for the doctors, but provided valuable self insight, learning and change.

Yalom (1985) suggests that there are three primary therapeutic factors in relation to therapy groups: the instillation of hope (change is possible); universality (I am not alone); and group cohesiveness (we can work together). These factors resemble my own positive experiences of ALGs.

When reflecting on the negative aspects of the groups, two major concepts emerged from my experience: anxiety and safety. These concepts appeared to be interdependent, in that as my anxiety levels increased, I felt increasingly unsafe to self disclose and participate. They were also related to the structure of the group, facilitator style and group development.

The context of nursing

When considering anxiety and nurses, it is necessary to examine the context within which nursing takes place. In her research Smith (1991) identified that emotional care of patients is infrequently acknowledged or considered. She suggests that there is an underlying assumption that nurses have innate qualities or strategies for coping, which would prevent them from acknowledging or accepting support and the need to discuss difficulties in practice. This was true for myself and many other nurses. The ALG was the first time that our personal feelings, beliefs, opinions and practice experiences had been articulated within a group, or to any other nurses. The discussion of practice, and the feelings associated with the experiences, however, evoked strong emotions at times, which were often distressing for individuals or for the group as a whole. It emerged that along with this reflection, often bringing the unconscious into consciousness, is the reality of our feelings and nursing practice, which we choose to forget.

Menzies (1959) notes of nursing:

Nurses are confronted with the threat and the reality of suffering and death as few lay people are. Their work involves carrying out tasks which, by ordinary standards are distasteful, disgusting and frightening ... Their work situation arouses very strong and mixed feelings in the nurse: pity, compassion and love; guilt and anxiety; hatred and resentment of the patients who arouse these strong feelings; envy of the care given to the patients (Menzies 1959, p46).

Menzies identified that organizational defences in nursing such as rituals, routines and depersonalization of patients were attempts to protect them from anxiety aroused by their work.

When reflecting in groups therefore, problems of the nursing context, anxiety and stress need to be addressed, but has been given little attention to date, with the exception of Fabricius (1991), Wright (1991), Franks et al (1994) and more recently Hulatt (1995).

Group structure and function

Franks et al (1994) studied a group of nursing students for 6 months, meeting weekly with a facilitator to discuss interpersonal relationships with patients. There was no structure to the group during the first 3 months, but an educational topic was discussed during the group session in the last 3 months. The authors found that by giving the group structure during the second half, there was more personal disclosure

than in the first half, with frequent deviations from the educational topic. The authors suggest that this may be either due to the structure acting as a form of defence against anxiety, or the developmental process and growth of the group as suggested by Heron (1989).

It was suggested by Franks et al (1994) that nurses may need structure in order to self reflect, and the structure in my own group, in the form of a weekly 'concept' discussion, may have been a factor in the positive learning experience of my own third year group. Alternatively, it may have been due to members being more confident in reflecting on experience with the passage of time.

According to Stock Whittaker (1992), a group works best if its members feel safe enough to take risks, whether it be a therapy group or a work group. She suggests that if the sense of safety is low, discussions will be empty and incomplete, and the group may resort to primitive defences which constrain and limit their participation. These defences include what Bion (1961) describes as 'fight or flight', whereby the group may be in constant disagreement and conflict, or 'fleeing' from the anxiety and tension within the group, by seeing the problem as 'out there', e.g. blaming managers or doctors.

In the ALG this was manifested particularly by members 'fleeing' from difficulties, for example by not attending, by long silences, day-dreaming, not finishing the discussion of topics and 'superficial chatter'.

Therapeutic factors in groups

The therapeutic and learning outcomes of the group studied by Franks et al (1994) was that it worked as a 'social microcosm' as described by Yalom (1985). Members were thought to express thoughts and behaviour in the group which were consistent with their behaviour towards patients in the clinical area. The members who tended to have a negative attitude towards the group expressed negative attitudes towards patients.

Because there is a notable absence of mechanisms to deal with stress and anxiety in the clinical area, Franks et al (1994) suggest that the value of such a group would therefore lie in its ability to effect change in members, clinical interactions, by challenging and influencing behaviours in the group.

Facilitating groups

The group facilitator is therefore in a position to provide a safe environment which promotes confidence and trust in its members, to enable the expression of and working through this anxiety.

Within a therapy group, particularly using group analytic principles (Foulkes 1986), the major part of the therapeutic work of the group 'conductor' is the creation and maintenance of structure and boundaries of the group to contain anxiety and promote safety (Hyde 1988). It would seem pertinent then to utilize some of these principles in the facilitation of reflection and learning in nursing.

Hyde (1988) suggests that by creating a physical boundary the conductor is establishing a psychological boundary. This includes meeting at regular times in an appropriate room with no disturbances. To facilitate safety, ground rules are set which include punctuality, notifying absences in advance, with no smoking or drinking in the group.

To increase feelings of safety, it is necessary for group conductors to keep within themselves their own anxiety, and not project it into the group. They must also be able to 'contain' the anxiety of the group, allowing members to express anxiety within the safety of the group (Bion 1970), or able to 'hold' on to it for the group (Winnicott 1974) by tolerating it themselves and not being overwhelmed by it. This may help members to survive the anxiety, particularly during the first few weeks of meeting when the sense of safety is low (Wright 1989).

The style of the facilitator may have therefore been instrumental in the positive experience of my third-year group. This facilitator was active in keeping the group cohesive, increasing the safety of the group, which enabled my own anxiety and that of the group to decrease with the passage of time.

Those who contemplate conducting or facilitating such groups in nursing, where there is self disclosure and recollection of the unconscious, should approach them with caution. It is noteworthy that commentators of group work in nursing, medicine and education within this paper are psychoanalysts, group psychotherapists or have been supervised by such experts. Supervision from someone trained in group work or psychotherapy may reduce the risks of problems arising from reflection. Time and energy spent with nurses feeling anxious, being defensive or avoiding the task of the group can then be used creatively to develop more effective and efficient outcomes for patients. The issues discussed have related specifically to ALGs in a higher education establishment. In transferring this type of group into the complexity of the practice area, other issues need serious consideration; for example organizational hierarchy, peer pressure to conform and ongoing working/social relationships. Such issues are addressed in depth by Stock Whittaker (1985).

CONCLUSION

When promoting reflection of clinical nursing practice within a group setting, it is important to consider more than reflection itself. A more global view of the context of nursing, group processes (conscious and unconscious) and theoretical considerations of group work may be required.

The ALG was a powerful method to enhance reflection from practice, and learning from the experience of others, provided that there was a feeling of safety. To enhance learning from experience within this setting there is a need for conductors to accept the importance of defences against anxiety, and the need to use the group as a support system and 'container' of anxiety.

The ALG may provide a setting which is lacking in nursing, whereby there is at present no safe place to go to be 'human'. To evaluate practice critically it may be necessary to be anxious at times, since self awareness and the reality of practice, often dealing with human suffering, are painful and disturbing.

REFERENCES

- Abercrombie M L J 1989 *The anatomy of judgment*. Free Association Books, London
- Aspinall K 1990 *What is action learning? Management development for doctors and links with senior managers*. Yorkshire Regional Health Authority, Harrogate
- Balint M 1957 *The doctor, his patient and the illness*. Pitman Medical Publications, London
- Benner P 1984 *From novice to expert: excellence and power in clinical nursing practice*. Addison Wesley, California
- Bion W R 1961 *Experiences in groups*. Tavistock Publications, London
- Bion W R 1970 *Attention and interpretation*. Tavistock Publications, London
- Boud D, Keogh R, Walker D 1985 *Promoting reflection in learning: a model*. In: Boud D, Keogh R, Walker D (eds) *Ch.1. Reflection: turning experience into learning*. Kogan Page, London
- Driscoll J 1994 *Reflective practice for practise*. *Senior Nurse* 13 (7): 47-50
- Fabrics J 1991 *Learning to work with feelings - psychodynamic understanding and small group work with junior student nurses*. *Nurse Education Today* 11: 134-142
- Foulkes S H 1986 *Group analytic psychotherapy: method and principles*. Maresfield Library, London
- Franks V, Watts M, Fabrics J 1994 *Interpersonal learning in groups: an investigation*. *Journal of Advanced Nursing* 20: 1162-1169
- Graham I W 1995 *Reflective practice: using the action learning group mechanism*. *Nurse Education Today* 15: 28-32
- Heron J 1989 *The facilitators handbook*. Kogan Page, London
- Hulatt I 1995 *A sad reflection*. *Nursing Standard* 9 (2): 22-23
- Hyde K 1988 *Analytic group psychotherapies*. In: Aveline M, Dryden W (eds) *Ch. 1. Group Therapy in Britain*. Open University Press, Milton Keynes

- James C R, Clarke B A 1994 Reflective practice in nursing: issues and implications for nurse education. *Nurse Education Today* 14: 82–90
- Menzies I 1959 The functioning of social systems as a defence against anxiety. In: Menzies Lyth I 1988 *Containing anxiety in institutions. Selected Essays*. Free Association Books, London
- Newall R 1994 Reflection: art, science or psuedo-science. *Nurse Education Today* 14: 79–81
- Parker D L, Webb J, D'Souza B 1995 The value of critical incident analysis as an educational tool and its relationship to experiential learning. *Nurse Education Today* 15: 111–116
- Revans R 1983 *ABC of action learning*. Chartwell Bratt, Bromley
- Schon D 1987 *Educating the reflective practitioner*. Jossey Bass, San Fransisco
- Smith P 1991 The nursing process: raising the profile of emotional care in nurse training. *Journal of Advanced Nursing* 16: 74–81
- Stock Whittaker D 1985 *Using groups to help people*. Routledge & Kegan Paul, London
- Stock Whittaker D 1992 Transposing learnings from group psychotherapy to work groups. *Group Analysis* 25 (2): 131–150
- Walsh M, Ford P 1989 *Nursing rituals, research and rational actions*. Butterworth and Heinman, Oxford
- Winnicott D W 1974 *Playing and reality*. Penguin Books, Harmondsworth
- Wright H 1989 *Groupwork. Perspectives and practice*. Scutari Press, Middlesex
- Wright H 1991 The patient, the nurse, his life and her mother. *Psychoanalytic Psychotherapy* 5 (2): 139–149
- Yalom I D 1985 *The theory and practice of group psychotherapy*, 3rd edn. Basic Books, New York