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UTILIZATION OF REFLECTIVE PRACTICE BY NURSES WORKING IN THE CRITICAL CARE UNITS AT A LEVEL SIX HOSPITAL IN KENYA

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ABSTRACT

This study aimed to investigate the Utilization of Reflective practice among nurses in the critical care units (CCUs) at Kenyatta National Hospital (KNH). The specific objectives of the study were determining the practice of reflection, the perception towards utilization of reflective practice, the relationship between nurse characteristics, and facility associated factors and utilization of reflective practice. A cross sectional quantitative study was conducted with 154 sampled respondents. A structured self-administered questionnaire was used for data collection. Statistical Package for Social Sciences (SPSS) version 25.0 was utilized for data analysis, incorporating Logistic regression and Chi-square tests to evaluate relationships. Formal training in reflective practice was strongly associated with increased utilization, as those who received training had a utilization rate of (92.6%), while those without training had a utilization rate of (47%). Nurses who indicated that their nursing practice had been altered by engaging in reflection demonstrated a greater utilization rate (68.2%) in comparison to those who did not report any such modification. Majority (88.2%) of the respondents reported they did not have a designated space for reflective practice, (76.3%) lacked supportive institutional policies, (80.8%) missed opportunities for training, and (68.7%) experienced workload related obstacles. The study underscores the importance of promoting formal training in reflective practice, establishing supportive institutional policies, and providing dedicated spaces for reflection among CCN.

Key Words: Critical Care, Reflective Practice

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INTRODUCTION

The UK Nursing and Midwifery Council recognize reflective practice as essential for critical care nurses. It is seen as a key skill that enhances their ability to provide high-quality care and improve patient outcomes (Wharton & Care, 2020).

Research shows that reflective practice benefits the professionalism of critical care nurses, leading to increased efforts to include it in nurse training programs. Additionally, reflective practice is now a mandatory professional requirement for qualified nurses in many countries (Marshall et al., 2022). Furthermore, Khoshgoftar & Barkhordari-Sharifabad, (2023), reflection is regarded as a crucial educational tool within university settings, fostering the development of students in health professions.

In Nigeria, the Babcock University nursing program successfully incorporated reflective journaling into the curriculum for nursing students, introducing it at year 2 and 3 for direct entry nursing students (Toyin, 2017). In the Sub Saharan Africa reflective writing in nursing education is not widely utilized (Serah Wanjiru Wachira et al., 2021). While reflective writing has been a consistent practice in clinical nursing education worldwide, there has been limited adoption of reflective journaling in nursing education in Kenya (Serah et al., 2020). Gathu, (2022) at the Agha Khan University, Kenya reported that reflective practice is not fully utilized, and only a limited number of physicians actively participate in the process on a regular basis.

The existing literature of the unsuccessful application of reflective practice in healthcare has highlighted its connection to disastrous events, such as the deterioration of care at the Mid Staffordshire Hospital in the UK. However, a significant research gap exists regarding the precise resources essential for successful reflective practice in healthcare settings. While it's clear that a lack of resources can exacerbate problems and lead to substandard care, there is need for in-depth investigation and analysis of the specific resources required to facilitate effective reflective practice. This research focused on identifying and examining key resources such as time, training and support systems that are necessary for nursing staff to engage in reflective practice successfully. By addressing this gap, future research can provide valuable insights into how health care organizations can better support their staff in achieving the benefits of reflective practice and ultimately enhance the quality of care provided (Vries & Timmins, 2016).

Shin et al., (2023) study reported that numerous healthcare institutions faced difficulties in providing educational support to nurses regarding reflective practice due to constraints in resource materials, finances and time. However, the study did not search into the potential strategies or interventions that could be implemented to address these challenges effectively.

Statement of the Problem

The Critical Care Unit (CCU) work environment poses significant challenges for critical care nurses due to its technology- focused nature and the care of critically ill and unstable patients, which entails considerable physical, cognitive and emotional demands. This work related stress is further exacerbated by the heavy dependence on expertise and the absence of ergonomic solutions (Larsson et al., 2022).

Despite the incorporation of reflective practice into the training framework for nurses in Kenya, a persistent challenge persists wherein nurses struggle to effectively implement reflective practice in their daily duties. Novice nurses often find, within one year of graduation, that their preparation for real- world clinical environments is insufficient. They struggle to apply classroom theory consistently in practice, compromising performance. The integration of research evidence is lacking, deficiency in clinical reasoning, which hinders their ability to incorporate theoretical knowledge into their daily nursing practices (Doris Tuitoek, 2022).

Although reflective practice offers numerous advantages and benefits, there is a notable scarcity of research on its application in clinical settings among nurses. The majority of existing literature focuses on the application and advantages in nursing education. Notably, there is a lack of research on the implementation of

reflective practice specifically in Critical Care Units (CCUs) in Kenya. Consequently, this study aims to examine and outline how nurses working in the CCUs at KNH utilize reflective practice in their profession.

Research Objectives

This study was carried out to determine utilization of reflective practice and its determinants by nurses working in the critical care units at Kenyatta National Hospital, and was guided by the following specific objectives;

- To determine the relationship between nurse characteristics and utilization of reflective practice by nurses working in the critical care units, Kenyatta National Hospital.
- To determine the relationship between facility related factors and utilization of reflective practice by nurses in the critical care units, Kenyatta National Hospital.

Theoretical Framework

The study was guided by the theory of reflective practice. The idea of reflective practice was introduced in 1933 by Dewey. Dewey also developed this theory which is a middle range theory. Improving on Dewey’s work Schon 1991 identified two types of reflection, reflection on action and reflection in action.

Edwards 2017 elaborated on the two types of reflection developed by Schon1991; he added two additional dimensions’ reflection before action and reflection beyond action. The theory propositions are, a clinical experience or situation stimulates nurses’ thoughts and or feelings that serve as a trigger of reflection. While the nurses developed cognitive skills, knowledge, time allocation and supportive workplace culture promote reflection.

Conceptual Framework

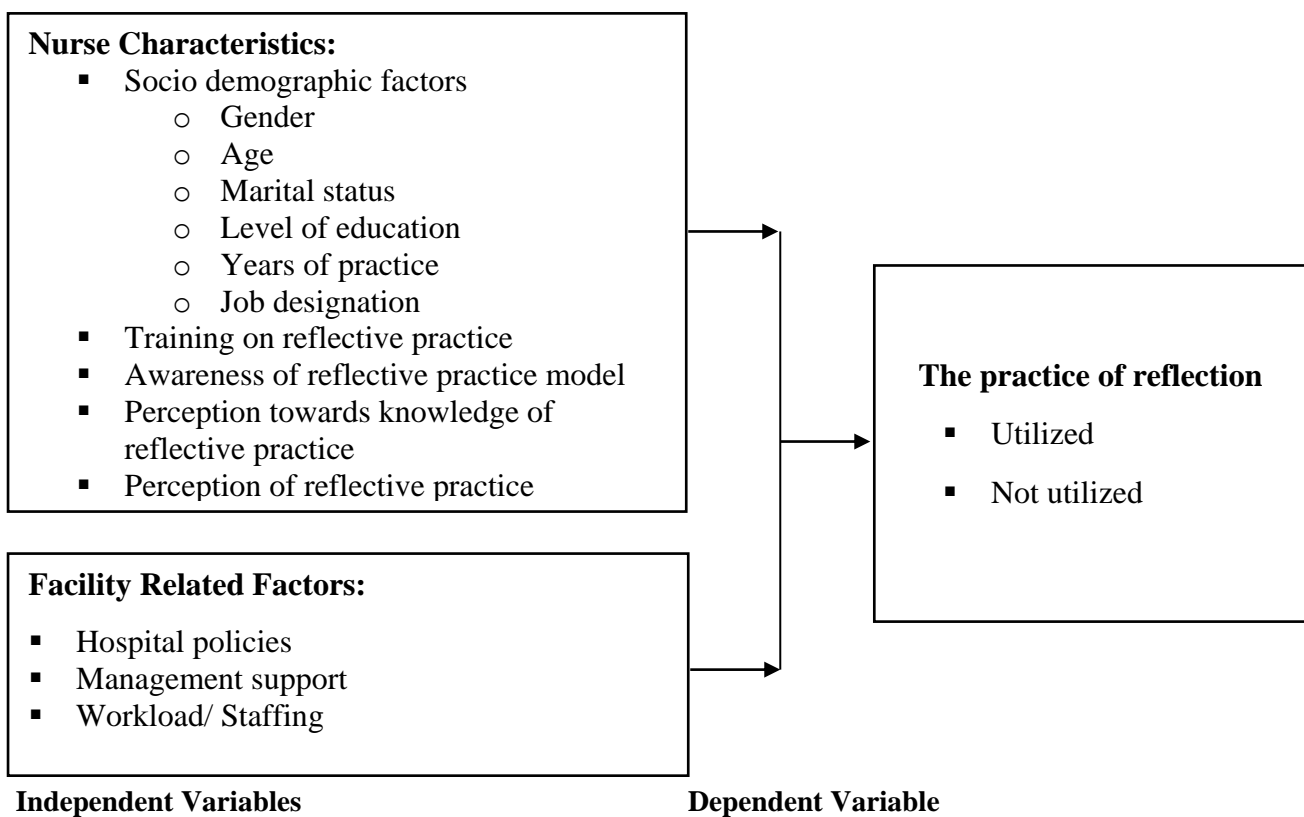


Figure 1: Conceptual Framework

LITERATURE REVIEW

Reflective practice by nurses

Mahlanze and Sibiyi, (2017) conducted a study in South Africa to explore nurses' experiences with reflective practice. Their research revealed that a smaller portion of nurses had no trouble articulating their emotions and viewpoints through reflection. However, a significant majority of nurses shared that they faced challenges in expressing their thoughts. This difficulty stemmed from a pervasive fear of being victimized or facing negative consequences for voicing their opinions. This fear of potential repercussions appeared to inhibit their willingness to openly engage in reflective discussions about their experiences and feelings in the health care environment. This study highlights the complex dynamics surrounding nurses' ability to openly express themselves within their professional context, shedding light on the need for fostering a safe and supportive atmosphere for reflective communication among nursing staff.

Likewise, a research conducted by Donohoe, (2015) in UCD School of nursing Ireland highlighted challenges that experienced nurses faced when it came to engaging in reflective writing. The study revealed that although the concept of reflective writing was present, it was predominantly characterized by a lack of depth in contemplation. This indicates that while the practice of reflective writing existed among qualified nurses, it was not being fully utilized to encourage profound introspection and critical analysis of their experiences. This insight suggests that although reflective writing was acknowledged as valuable within the nursing profession, there seemed to be a gap between the intention and actual depth of reflection among qualified nurses. This could potentially impact the extent to which nurses could derive meaningful insights from their experiences and translate them into improved patient care and professional development.

According to a study done by Yu et al., (2019) study in the University of Guang Zhou in China, the study established that qualified nurses encountered challenges in engaging in reflective practice due to their in both critical thinking abilities and skills related to reflective practice. This indicates that the nurses struggled to analyze and evaluate their experiences and actions effectively, hindering their capacity to learn and grow from their daily clinical encounters. These findings emphasize the significance of fostering not only technical expertise but also the ability to thoughtfully examine and learn from their professional experiences among nurses. To address this issue, nursing education programs and professional development initiatives could incorporate targeted training in critical thinking and reflective practice. This could empower nurses to not only become more proficient in their clinical roles but also contribute to a culture of continuous improvement within healthcare settings. As healthcare continues to evolve, nurturing these skills becomes pivotal in ensuring the delivery of high quality patient centred care.

Similarly, the outcomes of a research conducted by Pangh et al., (2019) demonstrated that nurses faced obstacles when it came to successfully engaging in the reflective process. This study sheds light on the fact that nurses encountered challenges and struggled to navigate the intricacies of the reflection process within their professional context. The information suggests that there is a notable need for further support, training, and resources to help nurses enhance their reflective practices, ultimately leading to improved overall performance and patient care.

According to a study Almomani et al., (2020), it was found that critical care nurses actively embraced reflective practice as an essential aspect of their professional development. This involved their active participation in group sessions where they collectively discussed their real life experiences, encompassing both difficulties they encountered and strategies for enhancement. These reflective sessions were facilitated by an expert who guided the discussions, allowing the nurses to delve deeper into their experiences and gain insights. By participating in these group sessions, the nurses not only gained a deeper understanding of their roles but also honed their problem solving skills and critical thinking abilities. Furthermore, the collaborative nature of these sessions fostered a sense of community and shared learning among the nurses, ultimately enhancing their overall competence and patient care outcomes. The facilitators' role in guiding these reflective sessions is noteworthy, as they provided structure and direction to the discussions. This ensured that the conversations remained focused and productive, allowing participants to delve deeper into their experiences and extract valuable lessons from them.

Nurse characteristics and reflective practice

Social demographic factors of nurses and reflective practice

Yang et al., Lee & Oh., Cheng et al., (2019) (2020) (2020) conducted studies that revealed a significant correlation between certain attributes of nurses and their engagement in reflective practice. They discovered that factors such as age, years of experience, educational attainment, and job position play a pivotal role in shaping nurses' inclination towards practicing reflection. The studies indicated that nurses who possessed a greater amount of experience in patient care tended to exhibit a heightened interest and commitment to incorporating reflective practice into their routines. Furthermore, those nurses who held positions of higher responsibility, such as nurse managers, and had attained a higher level of education, were more inclined to embrace and actively engage in reflective practice. This insight underscores the notion that nurses who have accumulated a substantial tenure in their field tend to cultivate a genuine passion for self assessment and continuous improvement through reflection. Similarly, nurses occupying leadership roles and equipped with advanced education are more likely to recognize the benefits of reflective practice and its positive impact on promoting patient care and professional growth.

Yurdanur, (2016), study in Turkey established that the capacity for critical thinking remains largely unaffected by factors such as one's educational attainment or the number of years of professional experience they possess. This finding suggests that the ability to think critically is not necessarily determined by the accumulation of educational degrees or extended periods of work involvement. This challenges the common assumption that higher levels of education or more years on the job inherently result in superior critical thinking abilities.

In a study done in Canada by Dubé&Ducharme, (2015), it was observed that seasoned nurses exhibited a greater depth of understanding in the realm of reflection compared to newly licensed nurses. The study revealed a similar pattern among nurse managers, who demonstrated heightened levels of critical thinking and reflective capabilities in comparison to their peers in the nursing profession. Moreover, the researcher noted an intriguing finding, even without formal training in reflective skills, nurses often relied on their intuition or what could be termed as "sixth sense" while engaging in reflective practice. This phenomenon indicated that nurses frequently participated in reflective activities instinctively, showcasing a natural inclination towards self evaluation and improvement, despite the absence of structured instruction in this area. This emphasizes the potential for innate reflective tendencies within the nursing community that can be further honed through deliberate training and development programs.

METHODOLOGY

The researcher employed a cross-sectional quantitative approach to investigate how nurses working in the CCUs at KNH utilize reflective practice. Data was collected in March 2021. The research was carried out at as Kenyatta National Hospital a level 6 teaching, referral and research hospital. The research was carried out in all the eight critical care units (CCUs) located at KNH, which encompass the Main CCU, Neurology CCU, Maternity CCU, Medical CCU, Private CCU, Cardiac CCU, Paediatric CCU (PICU), Neonatal CCU (NICU).

The focus of this study was on all the 257 nurses employed in the critical care units (CCUs) at KNH. Sample size was determined using the Fishers et al Formula.

$$n = \frac{Z^2 P(1 - P)}{1^2}$$

Since the population of critical care nurses is 257 hence less than 10000, the sample was adjustment and was done using the following formula. The sample size for this study is **154**. Stratified sampling was employed to establish the proportionate sample size for each of the 8 CCUs.

A modified self-administered questionnaire that based on Linda Lawrence-Wilkes and Alan Chapman's reflective questionnaire was utilized in this study (Lawrence-Wilkes & Chapman, 2015). The instrument utilized in this research holds credibility and dependability because it is both freely available for use and widely adopted by numerous researchers. Prior to the study, the researcher performed a pre-test on the tool to establish its content and face validity. The Cronbach alpha test was utilized to evaluate the reliability of the Likert scale questions.

RESULTS

Response Rate of the study (n=152)

The researcher handed out 154 questionnaires to the respondents for the study, and only 152 questionnaires were completed and returned. This resulted in a 98.70% response rate, indicating a high level of engagement and cooperation from the respondents.

The practice of utilization of reflective practice among nurses working in the critical care units at Kenyatta National Hospital

The analysis revealed that a majority of nurses, specifically 95 respondents (62.5%), were classified as actively utilizing reflective practice. These nurses demonstrated a strong commitment to integrating reflective methods into their professional routines

On the other hand, 57 respondents (37.5%) did not meet the criteria for "Utilized" reflective practice, indicating a lesser degree of engagement in reflective activities.

Table 1: Utilization of reflective practice

Utilization of reflective practice	Frequency	Percent (%)
Utilized		
a) Reflective model (utilization of at least one Reflective model)	95	62.5
b) Number of times the use of RP positively changed nursing practice (utilization of >3 times)		
c) Reflective process (evidence of actual reflective practice)		
Not utilized		
a) Reflective model (utilization of at least one Reflective model) = 0	57	37.5
b) Number of times the use of RP positively changed nursing practice (utilization of <3 times)		
c) Reflective process (No evidence of actual reflective practice)		

Nurse Characteristics

General nursing characteristics

Majority (n=113, 74.34%) of the respondents in the study were females, while males were (39, 25.65%).

The mean age was 40.5± 8.4 years, with the youngest nurse being 25 years and the oldest 59 years. Majority (75, 49.3%) of the nurses were aged 40 years and above.

Almost half (n=75, 49.3%) of the respondents in the study were above 40 years, similarly (n=27, 17.8%) of the respondents were below 30 years

Most of the nurses (104, 68.4%) had worked in CCU for 10 years or less. The mean years of practice were 8.7±6.3 years with a range of 1-24 years

The findings from table 2; reveal that 95 (61.8%) of the respondents had more than 10 years in nursing experience while 58 (38.2%) had less than 10 years.

The data indicates that more than three quarter (129, 84.9%) were primary or bedside nurses and 5(3.3%) were team leaders.

The largest number (78, 51.3%) of the respondents possessed a higher national diploma in critical care nursing while a smaller proportion (6, 3.9%) held a master's degree in critical care.

The result showed that only 48 (31.8%) respondents had been trained in reflective practice during basic nursing training while 103(68.2%) had not received any reflective practice training.

Table 2: General Nurse Characteristics

Variable	Frequency (n)	Percentage (%)
Age group		
<=30 years	27	17.8% , 40.5±8.4
31-40 years	50	32.9%
> 40 years	75	49.3%
Gender		
Female	113	74.3%
Male	39	25.7%
No. of years in nursing practice		
<=10 years	58	38.2%
>=10 years	94	61.8%
No. of years worked in CCU		
<=10 years	104	68.4%
>=10 years	48	31.6%
Respondents designation		
Primary/Bedside nurse	129	84.9
Bedside nurse/Team leader	5	3.3
Team leader	18	11.8
Respondents level of education		
Diploma	19	12.5%
Higher Diploma	78	51.3%
BScN	46	30.9%
MScN.CCN	6	3.9%
Other MSc.	3	2%
Training on reflective practice		
Yes	48	31.8%
NO	103	68.2%

The relationship between nurse characteristics and utilization of reflective practice by nurses working in the critical care units, Kenyatta National Hospital

The second objective of this analysis is to explore the relationship between nurse characteristics and utilization of reflective practice among nurses working in the critical care units at Kenyatta National Hospital.

Among the variables examined, one of the most noteworthy findings was the significance of “Level of education” and Utilization of reflective practice. Respondents with different educational backgrounds demonstrated varying rates of Utilization. Notably, those with higher levels of education, such as BScN and MScN, exhibited a notably higher Utilization rate (78.3%) compared to those with lower educational qualifications. This underscores the importance of educational attainment in fostering reflective practice.

There was a significant association between the level of education and reflective practice utilization (Chi-Square = 16.174, $p = 0.001$). Nurses with higher education levels, such as BScN and MScN, showed a notably higher utilization rate compared to those with lower educational qualifications. Nurses who reported that reflective practice had changed their nursing practice exhibited a higher utilization rate (68.2%) compared to those who did not report such changes. This difference was statistically significant.

Additionally, two other variables emerged as statistically significant factors associated with reflective practice utilization. Firstly, respondents who reported that reflective practice had led to changes in their nursing practice exhibited a significantly higher utilization rate (68.2%) compared to those who did not report such changes. Secondly, formal training on reflective practice was strongly associated with increased utilization. Respondents who had received training displayed a markedly higher utilization rate (92.6%) compared to those who lacked such a training (47%), underscoring the role of structured education in fostering reflective practice.

The analysis revealed that gender does not appear to significantly influence the utilization of reflective practice among nurses (Chi-Square = 0.969, $p = 0.325$). Both male and female nurses demonstrated relatively similar levels of utilization. Nurse age groups exhibited varying levels of reflective practice utilization. Notably, nurses aged 50 years and above had a lower utilization rate (42.9%) compared to other age groups. However, the chi-square test showed no statistically significant relationship between age and reflective practice utilization (Chi-Square = 6.365, $p = 0.095$).

The analysis found no significant relationship between the years of experience as a critical care unit (CCU) nurse and reflective practice utilization (Chi-Square = 5.04, $p = 0.283$). Utilization rates varied across different experience categories. The years of experience as a nurse, irrespective of the specialization in CCU, did not significantly impact reflective practice utilization (Chi-Square = 1.057, $p = 0.787$).

Designation of respondents, whether as a primary nurse or team leader, did not display a statistically significant relationship with reflective practice utilization (Chi-Square = 0.58, $p = 0.81$). Nurses who received training on reflective practice exhibited significantly higher utilization rates compared to those who did not receive such training (Chi-Square = 31.265, $p < 0.0001$). Nurses who had received formal training on reflective practice exhibited significantly higher utilization rates (92.6%) compared to those who had not received such training (47.0%).

Table 3: Relationship between nurse characteristics and practice of reflection by nurses

Variables	Practice of reflection		Chi-Square	P-Value	
	Not Utilized	Utilized			
Gender	Male	17 (43.6)	22 (56.4)	0.969	0.325
	Female	40 (34.8)	75 (65.2)		
Age	Below 30	5 (26.3)	14 (73.7)	6.365	0.095
	30-39 years	16 (34.8)	30 (65.2)		
	40-49 years	20 (32.8)	41 (67.2)		
	50 Years and above	16 (57.1)	12 (42.9)		
Level of Education	Diploma	5 (26.3)	14 (73.7)	16.174	0.001
	H.Dip in CCN	41 (51.9)	38 (48.1)		
	BScN	10 (21.7)	36 (78.3)		
	MScience	1 (10.0)	9 (90.0)		
Experience as a CCU	<=Two years	5 (20.8)	19 (79.2)	5.04	0.283
	Two to Five yrs	18 (45.0)	22 (55.0)		
	Five to Ten	15 (36.6)	26 (63.4)		
	Ten to twenty	15 (35.7)	27 (64.3)		
	20+ Years	4 (57.1)	3 (42.9)		
Experience as a Nurse	<=Five years	6 (31.6)	13 (68.4)	1.057	0.787
	Five to Ten	17 (42.5)	23 (57.5)		
	Ten to twenty	20 (33.9)	39 (66.1)		
	20+ Years	14 (38.9)	22 (61.1)		
Designation	Primary	49 (37.4)	82 (62.6)	0.58	0.81
	Team Leader	8 (34.8)	15 (65.2)		
Training on RP	Yes	4 (7.4)	50 (92.6)	31.265	<0.0001
	No	53 (53.0)	47 (47.0)		
Changed your Practice	Yes	34 (31.8)	73 (68.2)	4.571	0.033
	No	23 (50.0)	23 (50.0)		
Critical Thinking	Yes	38 (33.3)	76 (66.7)	1.182	0.277
	No	14 (43.8)	18 (56.3)		
Events	Never	6 (54.5)	5 (45.5)	1.603	0.449
	Sometimes	22 (34.9)	41 (65.1)		
	Always	27 (36.0)	48 (64.0)		
Seek Feedback	Never	12 (54.5)	10 (45.5)	3.411	0.182
	Sometimes	31 (36.0)	55 (64.0)		
	Always	14 (31.8)	30 (68.2)		
Negative Feelings	Never	30 (42.3)	41 (57.7)	2.314	0.314
	Sometimes	20 (30.3)	46 (69.7)		
	Always	6 (42.9)	8(57.1)		
Empowered as a group	Never	31 (38.3)	50 (61.7)	0.051	0.975
	Sometimes	20 (36.4)	35 (63.6)		
	Always	6 (37.5)	10 (62.5)		

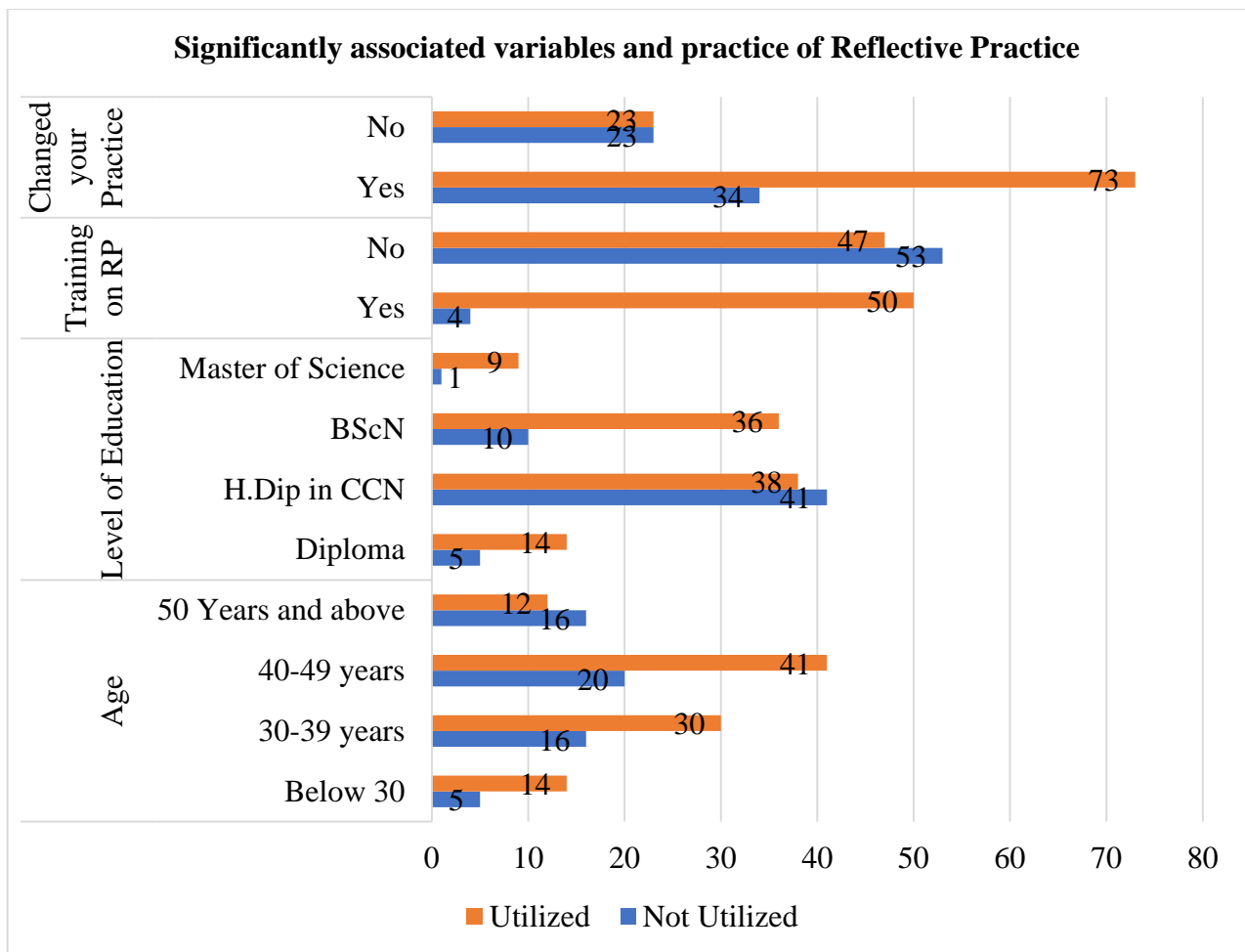


Figure 2: Relationship between nurse characteristics and practice of reflection by nurses

DISCUSSION

The study findings indicate that regarding reflection models utilized by respondents during nursing practice, from the Main CCU respondents utilized five reflective models namely, Gibbs, Kolbs, Rolfe, Schon and Delolsen reflective models. In the Maternity CCU, NICU, and Neurology CCU, the Gibbs reflective model was the primary approach used by nurses, with no one using the Freshwater reflective model. Among the nurses working in CCU at KNH, the Gibbs model was the most popular choice and was preferred over other recommended models in nursing such as Atkins and Murphy and Rolfe reflective models. Moreover, the “Not utilized” agrees with, Wachira, (2021) study underscored the challenges associated with the Gibbs reflective model. Similarly, reflective writing is less commonly employed in professional healthcare settings compared to its prevalence in the academic training of healthcare professionals (Artioli et al., 2021).

Reflective practice knowledge had a positive impact on nursing practice for most nurses in various CCUs. The nurses who reported that nursing practice had been changed as a result of reflection had a utilization rate of 68.2%. However, in the Main CCU, while more than half of the respondents saw the benefits of reflection; nearly 20% had a different opinion regarding its influence on nursing practice. This suggested that there was some diversity in how nurses perceived the effects of reflective practice on their professional roles. Further exploration on the reasons behind these differing perspectives could provide valuable insights into the overall effectiveness of reflective practice in nursing. Positive changes from reflective practice in nursing could include improvements in clinical skills, enhanced communication strategies, and ability to make quick and effective decisions under pressure. Furthermore, it can lead to a deeper understanding of patient needs,

promote empathy, and encourage a patient-centred approach to care. The study findings concur with Marshall et al.,(2022) research that found that nurses who engaged in reflective practice had increased adaptability in their care delivery methods. This compliance stemmed from their willingness to question their assumptions and biases about patient care. Reflective nurses become more aware and open to different approaches, leading to better informed and patient centred decisions. Additionally, Tawanwongsri & Phenwan, (2019b) study found similar results that engaging in reflective practice enhances meta-cognitive abilities, leading to improved nursing care. Consequently, nurses who struggle to maintain their reflective skills tend to have a limited understanding of their performance compared to those who possess such skills.

The study revealed no significant relationship between gender, age and work experience and utilization of reflective practice. This agrees with prior studies by Gustafsson et al., (2021),Zarrin et al., (2023)which reported no correlation found between the use of reflective practice and gender, age, or work experience.

It's worth mentioning that more than half of the nurses holding a Bachelor's degree in Nursing (BScN) and all nurses with a Masters degrees had received training in reflective practice. This can be explained by the incorporation of reflective practice into the educational curriculum for nurses at these academic levels. Additionally, it's remarkable that nurses at these advanced levels may have participated in continuing education (CBD) courses, further enhancing their ability to engage in reflective practice as a crucial component of their professional development. The research findings complements a prior study by Nurses et al., (2022),which examined how reflective practice relates to nurses educational achievements. The findings revealed a connection between engaging in reflective practice and nurses' academic success. Shin et al., (2022) study also reported similar finding that training enhances one's ability to reflect effectively. Differing, a study by Kim et al. (2018) examined the impact of reflective practice training on novice nurses' practical skills. The study involved 44 novice nurses in a Korean hospital and aimed to assess whether reflective practice could enhance their skills and professional growth. Surprisingly, the research found that there was no major improvement in the skills of nurses who underwent reflective practice training. This suggests that factors such as hands on experience, mentorship, exposure to diverse cases, and integrating theory with practice might have had a more significant role in skill development.

SUMMARY

The research involved conducting interviews with 152 critical care nurses, and an impressive 98.7% of them responded to the questionnaire. It's worth mentioning that in the Private critical care unit (CCU), all the participants were female. When examining the age distribution of the respondents, its noteworthy that almost half of them were 40 years old or older. The majority were primary or bedside nurses while none of the unit in charges agreed to participate in the study. Regarding the educational background of the respondents, the survey reveals that the majority held either a Diploma or a higher Diploma, with a smaller proportion having a Masters degree. When it came to training in reflective practice, it's important to highlight that the Main CCU had the largest number of nurses 75% of them had not received reflective practice training. Regarding the respondents knowledge of reflective practice models, it was noticed that most of them were familiar with at least one model.

The research findings indicated a correlation between specific traits of nurses and their adoption of reflective practice within critical care units. The study revealed that there is a meaningful correlation between one's educational background and training and their inclination to adopt reflective practice. Most of the participants comprehend the concept of reflection and widely engaged in its application. The participants acknowledged that reflective practice held significant importance in nursing. They believed that its application would result in the provision of high- quality, secure, and current nursing services.

CCN recognized that reflection plays a significant role in elevating critical thinking, given that nurses are responsible for providing primary care to patients. Furthermore, it was discovered that engaging in reflective

practice plays a crucial role in preventing the stagnation of thoughts and routines, consequently reducing discrepancies when delivering care.

Regarding facility related aspects, it was found that policy, management support, training and mentorship did not sufficiently support reflective practice. A considerable proportion of participants indicated a lack of guidance and training, and additionally, there was an absence of a supportive policy framework for fostering reflective practice. The hindrance stemmed from the heavy workload due to critically ill patients in the intensive care units, combined with a shortage of staff, which left them with little time for reflection.

CONCLUSION

The study found that reflective practice serves as the cornerstone and essential element for nurses. When integrated into their daily routines, it proves to be a valuable instrument in connecting theory and practice.

Due to its prioritization of practical experience over theory, the nursing profession can foster a lifelong knowledge firmly grounded in hands –on practice.

The integration of reflective practice should be implemented across all stages of nurse training, encompassing not just undergraduate and post graduate levels.

RECOMMENDATIONS

Reflective practice should not be prioritised not just for student nurses but also for both student nurses and qualified professionals as part of their ongoing professional growth by means of short courses (CBD).

The researcher recommends that both governmental bodies and relevant stake holders collaboratively create and adopt a policy and framework for reflective practice, specifically tailored to enhance reflection in critical care units.

The researcher suggests conducting further investigations into reflective practice among nurses, as the majority of existing research has primarily focused on nursing education.

In order to address the pressing issues of staff shortage and excessive workload among nurses, it is imperative for the government and stakeholders to increase the recruitment of nurses. By doing so, nurses will have the opportunity to obtain the necessary time for reflection ultimately promoting their overall well-being and the quality of patient care.

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