

## Nursing Education Research Conference 2018 (NERC18)

### An Intervention Designed to Enhance Reflective Debriefing Discussions With Nursing Students

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**Background:** In undergraduate nursing programs, reflective debriefing discussions are an essential component of clinical practice. These discussions typically occur in quiet spaces at the end of the clinical day. Students share information with their peers and the clinical instructor, and analyze situations or significant events that occurred during the day, while also reflecting on their actions. Although the most consistent empirical evidence points to the importance of reflective debriefing during clinical discussions, there is a lack of evidence about practices or strategies that will enhance the quality of discussions, and the capacities of nursing students to engage in meaningful discussions.

Empirical evidence suggests that it can be quite difficult for some instructors to engage undergraduate nursing students consistently and effectively in reflective post-clinical discussions. Lack of student engagement is due to various factors including boredom, fatigue, feelings of discomfort, self-consciousness, anxiety, and/or feeling insecure speaking in front of the instructor and student colleagues (Chernomas & Shapiro, 2013; Cox Dzurec, Allchin, & Engler, 2007; Edwards, Burnard, Bennett, & Hebden, 2010; Jimenez, Navia-Osorio, & Diaz, 2010; Kim, 2003). Anecdotal evidence suggests that some undergraduate nursing students may decide ahead of time whether they will play an active and prominent role in these discussions, or a less active, less prominent role.

**Study Design:** In this multi-site study, we used a randomized crossover research design (Sibbald & Roberts, 1998; Wellek & Blettner, 2012). A period of rest just before discussions (called an incubation interval) in combination with an unrelated distracting task with light cognitive load (during discussions) was the intervention. The intervention was aimed at preventing students' constrained or focused concentration on their instructor's prompts to allow creative and less accessible ideas to surface (Dijksterhuis & Meurs, 2006). The primary research question was: What are the effects of a period of rest combined with a repetitive, unrelated distracting task with a light cognitive load, on undergraduate nursing students' capacities and intentions to participate in reflective, debriefing discussions?

Nursing students' capacities and intentions to participate in reflective, debriefing discussions were the 'behaviours' of interest in this study, which was guided by the Theory of Planned Behaviour (Ajzen, 2003; Francis et al., 2004). According to this theory, nursing students' intentions to engage in reflective, debriefing discussions with clinical instructors are predictable and guided by their beliefs about: a) the likely consequences of participating, producing either favorable or unfavorable attitudes toward discussions, b) what is normally expected during reflective discussions, producing perceived social pressure, and c) factors that facilitate or impede their performance, producing perceptions about behavioural control.

**Method:** Fifteen groups of first-year undergraduate nursing students from two post-secondary educational institutions completed 12 weekly clinical shifts (0700 to 1400 hours) in nursing home settings (8 to 10 students per group). Both institutions followed the same undergraduate nursing curriculum. At the beginning of the study, eight clinical groups were randomly assigned to the intervention during post clinical discussions, while seven clinical groups participated in the usual post-clinical discussions for the same length of time. After six weeks, the groups 'crossed-over' (switched).

All consenting students completed 3 questionnaires (Theory of Planned Behaviour Questionnaire, Brief Fear of Negative Evaluation Scale II, and The Positive & Negative Affect Questionnaire) at beginning and end of a 12-week semester plus a basic satisfaction rating of post-clinical discussions at the end of the 12-week semester. Data were analyzed using SPSS Version 23. The final analyzed sample consisted of

106 students, of whom 93 (87.7%) were female and who were primarily less than 20 years old (n=69, 65.1%).

**Results:** The independent t-tests showed that students who received the intervention (a period of rest combined with a repetitive, unrelated distracting task with a light cognitive load) for 6 consecutive weeks and then stopped the intervention experienced a mean reduction in satisfaction levels over that period. The students who participated in the usual post-clinical discussions for 6 weeks (without the intervention) and then began the intervention showed greater satisfaction after another 6 weeks. The mean difference in the change scores between the two groups ( $x=.81$ ) was statistically significant ( $t=3.51$ ,  $df=104$ ,  $p=.001$ ).

**Conclusion:** Nursing practice is characterized by increasing specialization and heightened use of technology; nursing students learn how to be technologically proficient, accurate, and competent in psychomotor skills. In fact, most nursing students are preoccupied with technical skills and knowledge. But equally important, students must learn how to become reflective practitioners in order to maintain a humanistic commitment to attending to the concerns or feelings of others. They learn these skills during reflective debriefing discussions with their instructors, after clinical practice. These types of discussions are designed to draw their attention to relevant information and help them understand their own and others beliefs and experiences. Reflective processes, however, cannot be imposed by an instructor. This intervention was designed to ease the reflective process, and may be of use to clinical instructors who wish to facilitate the development of reflective practitioners who are able to promote change and enhance the quality of nursing care provided to patients.

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**Title:**

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**Keywords:**

Clinical Practicums, Discussions and Reflection and Debriefing

**References:**

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### **Abstract Summary:**

An intervention designed to ease the reflective process. May be of use to clinical instructors who wish to facilitate the development of reflective practitioners who are able to promote change and enhance the quality of nursing care provided to patients.

### **Content Outline:**

#### Introduction

In undergraduate nursing programs, reflective debriefing discussions are an essential component of clinical practice.

There is a lack of evidence about practices or strategies that will enhance the quality of discussions, and the capacities of nursing students to engage in meaningful discussions.

#### Body

##### Main Point #1

A multi-site study with a randomized crossover research design

##### Main Point #2

An intervention aimed at preventing students' constrained or focused concentration on their instructor's prompts to allow creative and less accessible ideas to surface during reflective debriefing discussions.

##### Main Point #3

Fifteen groups of first-year undergraduate nursing students from two post-secondary educational institutions (N = 106).

##### Main Point #4

Students who received the intervention (a period of rest combined with a repetitive, unrelated distracting task with a light cognitive load) for 6 consecutive weeks and then stopped the intervention experienced a mean reduction in satisfaction levels over that period. Students who participated in the usual post-clinical discussions for 6 weeks (without the intervention) and then began the intervention showed greater satisfaction after another 6 weeks. The mean difference in the change scores between the two groups ( $x=.81$ ) was statistically significant ( $t=3.51$ ,  $df=104$ ,  $p=.001$ ).

## Conclusion

Reflective processes cannot be imposed by a clinical instructor. This intervention was designed to ease the reflective process, and may be of use to clinical instructors.

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**Professional Experience:** Assistant Professor, Faculty of Health and Social Development, School of Nursing, University of British Columbia. Canada. A broad generalist nursing background in acute care, residential care, and community care and an experienced clinical practice teacher in the School of Nursing on general medical/surgical nursing units and in residential care. Actively engaged in teaching undergraduate and graduate nursing theory courses.

**Author Summary:** Elizabeth Andersen, PhD, RN is the principal investigator. She has experience teaching in undergraduate and graduate programs and is involved in qualitative and quantitative research projects focused on teaching and learning in nursing and/or related to the aging population.