HABITS OF HEART, HABITS OF MIND

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The creation of meaning out of an experience is at the very heart of what it is to be human. It is what enables us to make sense of and attribute value to the events of our lives.

Carol Rodgers

Real learning gets to the heart of what it means to be human.

Peter Senge

As a method to clarify awareness, goals, and identity, reflection is a useful practice for all students, whatever their course of study. For LaGuardia’s nursing students, however, the practice of reflection is pervasive throughout their studies, and has an ethical dimension that connects science to humanity. This paper discusses the ethical, philosophical, and pedagogical underpinnings of reflection in nursing education and illustrates the development of reflective practice with selected writing by students looking back at pivotal moments in which they struggled to align personal feelings with professional choices and behaviors. Their words illustrate what reflection actually looks like when practiced by entering and senior nursing students as they attempt to care for patients who challenge the nurse’s core values and feelings.

The Use of Reflection in Nursing Education

The Code of Ethics for Nurses of the American Nurses Association (ANA) is introduced to nursing students at LaGuardia in the first-semester course, Perspectives in Nursing (SCR150), and discussed again in the last-semester course, Trends in Nursing (SCR260). Although the concept of ethics is addressed only briefly in these writing-intensive and nonclinical courses, its elements are explicated and exemplified by LaGuardia faculty in corequisite courses that have a clinical component. In both classroom and clinical settings, students learn the Provisions of the Code. The first Provision reads: “The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes or the nature of health problems.” In addition, the Code of Ethics for Nurses requires advocating for the health and integrity of the patient, self-regulation and personal accountability, and advancement
of the profession of nursing. Adhering to the *Code* in its educational objectives, LaGuardia’s nursing program is committed to providing the student with the competence to deliver responsible, ethical, and empathic care to a culturally diverse society, to think critically, and to seek opportunities for professional growth and development. Among several forms of assessment, the practice of reflection can demonstrate growth of the ethical behaviors that promote good nursing.

Most classroom learning requires that students read, research, and write about disciplinary content. Course offerings differ, however, in the amount of emphasis placed on “lived experience,” which the philosopher Robert Burch defines as “something distinctive, a class of significant or memorable events, whose true meaning … is something we come to recognize in retrospect.” LaGuardia’s pioneering nursing program stresses a “curriculum of engaged reflection” throughout its sequence of required courses. At the beginning of each day in the clinical area, nursing instructors identify those learning situations in the unit that might represent significant or “teachable moments,” a birth, for example, or a dying patient. At the end of each clinical day, students are required to reflect on the *what* and the *why* of the “lived experience,” a practice that reinforces self-inquiry: “What did I take away from this experience?” “What could I have done differently?” “What would I do differently the next time a similar situation arises?” “Why did I react the way I did? What did I learn about myself from this experience?” “What meaning has this experience brought me?” The demands, unpredictability, and emotional upsets of modern life can make questions like these useful to any of us who wish to understand ourselves more deeply. But the ancient Greek encouragement to “know thyself” is particularly valuable for the professional and emotional growth of aspiring nurses and healthcare workers committed to providing better care for others.

If used as an intentionally integrative and meaning-making pedagogical strategy, the practice of reflection can help students to connect nursing theories taught in class to the professional skills systematically developed in the clinical setting. Lee S. Shulman, president of the Carnegie Foundation for the Advancement of Learning, and formerly a professor of medical education, describes three habits infrequently balanced in the professions of medicine and law: habits of the mind (disciplined acquisition of content), habits of the hand (skilled practice of learning), and habits of the heart (empathic commitment to service) (“Signature” 56). For the nurse educator, the pedagogical aim of reflection is to help students improve upon the integration of these three
habits in the clinical setting. In a rapidly changing field, the practice of reflection can help modern nursing students integrate theory (“habits of the mind”), actions (“habits of the hand”) and emotional relations with patients, colleagues, and the wider hospital environment (“habits of the heart”), and prepare them to face profound experiences of life and death with the self-confidence necessary to provide compassionate care.

Facilitating the awareness of “lived experience” imparted by reflection is a challenge for the nurse educator. When introduced to the concept of reflection in the first semester of the nursing program, students frequently ask for specifics of what to do. As Somerville and Keeling write, “Nurses are constantly being encouraged to be reflective practitioners. While many articles have been written on the subject … there is little practical advice for nurses on how to reflect critically.” My classroom solution to the puzzle of reflection is to define two kinds: introspection and retrospection. “What do you see when you look into the mirror?” I ask initially. “You see a reflection of your physical self – flaws and all. You see as much or as little as you want to see. The more open you are to exploring the image before you, the more clearly you will see beneath the surface and the more easily you will analyze what you see. In this way we can understand introspection.” To present the concept of retrospection, I offer metaphors for revisiting past experiences, such as pressing a mental rewind or TiVo button, for reliving milestones and important moments, or storing these for future visits.

How do these reflective processes of introspection and retrospection lead to recognition of previously undetected potential, and thus the choice, if an event reoccurs, to speak or act differently? “Reflection is more than description and requires linking practice with theory, evidence, actions, thinking, values, and beliefs” (O’Malley 4). At LaGuardia, students are introduced to weekly reflective journaling about their clinical experiences in their first semester of the nursing program. After instructors make their written comments, students post their original weekly reflections on Blackboard for response and comment from each of their peers. In the light of commentary from teacher and classmates, students write again, this time rethinking the initial action and feelings, and projecting a future course of action. The final version of the reflection is then deposited by the student in her or his personal ePortfolio.

Illustrating the Development of Reflective Practice: Sample Writings
The pieces of writing by LaGuardia students presented below provide evidence of the development of three ethical qualities – self-regulation,
collegiality, and empathy – through the practice of reflection. At first, student “reflections” are often little more than simple narratives detailing highlights of the clinical day – the nursing care provided, conversations shared, and actions and behaviors observed. Below is one illustration of journal-writing in the first-semester class, Perspectives of Nursing.

Sample 1: Engaging the Patient

The feeling of being assigned a patient was really exhilarating. I was excited as well as very nervous. Our patient was an African American woman. She was welcoming and smiled at us when we introduced ourselves as student nurses from LaGuardia. She was watching TV so we asked what she was watching in order to lead a conversation. She told us about the characters in the soap opera she was watching and also mentioned that she was waiting for the “Judge Judy” show. She knew exactly at what time the show comes on TV. However, we did not ask her what she was admitted for, and we did not even ask her about her cultural beliefs because we thought it would be probing to do that. So, basically what we talked [about] was the soap operas. Before we were about to leave, she wished us good luck and told us that she would pray to god for us which was really nice of her. We did not gather much information about her but it was our first time and now we know what we should do the next time.

Writing an early entry in her journal, this student offers a narrative of (rather than a reflection about) a conversation with her patient. For first-semester nursing students, entering a patient’s room to strike up a therapeutic conversation is especially difficult. This “very nervous” novice accurately recognizes that her reluctance to intrude keeps her from properly assessing her patient: “we did not even ask her about her cultural beliefs.” Over time, she will learn that reflection is more than simple recognition of what was done or not done, less a matter of self-criticism than of self-awareness that, when combined with critical review and analysis of her actions, will lead to better patient care. She offers few concrete strategies for “what we should do the next time.” However, the student recognizes that she must be better informed about the patient, and thus points toward an educational journey that will teach her to integrate self-awareness, nursing theory, and performance.
Over a period of two years, the nursing faculty will guide and assess each critical learning stage, asking questions and responding to performance in ways that will provoke this student and her peers to record, examine, and reflect upon feelings and actions related to professional practice. Collected in ePortfolios and assessed by faculty, the documents generated will provide evidence of strengthened connections between theory and application, critical awareness of problems approached and solved, and the emergence of new perspectives.

Sample 2: Acting Ethically
The evolution from simple recollection of events to analysis of events in relation to self often occurs gradually. Sometimes, however, changed awareness is dramatic, the result of a radical and transformative experience. Nursing education is hands-on, and much of it occurs on the clinical floor, a vast theater of intense human emotions and physical suffering that the beginning nurse may not wish to encounter. Yet if the obligation to provide compassionate care is to be fully satisfied, heightened sense of self and other must be secured. This transformation will come, write Boyd and Fales, as the result of the “process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective” (100).

In Fall 2008, I asked my Trends in Nursing students to write a reflection on their past two years in the nursing program. Initially, these were posted on Blackboard for peer and instructor commentary; in the light of these comments, students revised their reflections and saved them in their ePortfolios. In the final versions of the essays, students elaborated on their most memorable clinical experiences and compared the ideas, actions, and feelings of their first and last semesters. During class discussion and in their writing, the students consistently expressed amazement at their evolution over two years of learning in the nursing program. Most described coming into the nursing program to develop the specific knowledge and competencies that would result in better patient care. They recalled the early fear accompanying their first clinical experiences, how, for example, they dreaded entering a patient’s room alone to conduct a simple interview or to administer medications. For some students, even the thought of giving injections had caused anxiety. Reading through their very first essays collected in ePortfolio, the students recognized how far they had come in knowledge and awareness. If early reflections merely described passing out
medications and taking vital signs, later entries demonstrated a deeper understanding of personal feelings and professional responsibility to promote health, resolve illness, and provide nonjudgmental and nondiscriminatory care.

Excerpted from a late reflection journal, the following passage discloses the writer’s personal fear, hurt, and, ultimately, moral insight:

During my clinical rotation as a student practical nurse at Elmhurst Hospital, I had one of the most challenging experiences that I ever had to deal with. Upon getting the report from my instructor for my patient, I was eager to introduce myself and provide my patient with the best possible nursing care. But lo and behold, my patient did not like the color of my skin. I am African American. My patient proceeded to call me degrading and derogatory names that I took as a personal threat. I was totally devastated and didn’t want anything to do with this racist individual who had a diagnosis of end stage renal disease. When I informed my instructor of the situation she said, “You are the only nurse on assignment for this patient, so do your best to handle the situation.” I went into the bathroom and cried, how was I to deal with a person with such hatred because of the color of my skin …When I reviewed the chart I realized that this client was a widow who has no children, no one to care for her and was living in a nursing home, this client was severely depressed. That is when I realized that her outlook had nothing to do with me personally, this was not an isolated incident, she had these negative and harmful statements for anyone and everyone whom she dealt with.

So I disregarded the hurtful statements and provided empathy and understanding. This is when I realized my role as a nurse was to provide the best possible care for the best possible outcome of my patient regardless of any situations. As a nurse I have a moral obligation and must be accountable for my actions, I must not pass judgment on someone, because if I do I will not be fulfilling my role as a nurse. I would be doing this client an injustice by not performing up to my nursing standards and could neglect the care that I need to provide to enhance their quality of life.
This reflection traces a trajectory of change: The experience of a painful encounter is reflected upon, integrated into nursing content, and transformed into empathetic nursing care. Initially eager and caring, the student experiences devastation, the threat of racial hatred, humiliation, and finally, ethical awareness. After initial panic and tears, she gains self-control: “I would be doing my patient an injustice,” she writes, “by not performing up to my nursing standards.” Confronting a wide range of powerful emotions, this student demonstrates an ability to think about an experience as it happens, make sense of that experience, and react appropriately. The result is a “changed conceptual perspective” (Boyd and Fales 100). Understanding that chronic illness, social isolation, and depression could cause anger, the nurse self-regulates. Letting go of her personal feelings and responding compassionately, she heeds her ethical responsibility to deliver the care that protects her patient’s autonomy, dignity, and rights.

Sample 3: Building Empathy
The excerpt below is an example of reflective writing that documents a pivotal moment in the development of a student nurse’s empathy. Lee Shulman has argued that “[s]tudents must invest emotionally for deep learning....They need to believe that this is something that matters, that there is something at risk if they do not learn” (“Shulman: Balanced”). This student, optimistic in the way of most students in their first clinical round, had looked forward to a “meaningful” encounter with a “nice patient” who would smile and wish her well at the end of the day. Instead, she experiences anger when prevented from delivering the compassionate care she had practiced in the nursing lab:

[H]e could not do anything by himself, even communicate with other people. He was seventy-one years old then, which was the same as my father’s age. However he looked as if he was 10 years older than my father because of his illness.

The very first time we met, I could feel he was not welcoming me. He was yelling and screaming whenever I talked to him or tried to touch him. Due to his reaction, I was unable to communicate with him. I was so embarrassed and got angry because he did not allow me to take care of him. Since the first day we met was also my first clinic experience day, I expected and imagined that I could spend a meaningful time with a nice patient smil-
ing at me. However, in reality, the environment of hospital was not much of a happy place for patients. So, I just sat down next to him quietly and started to think of my father, reflecting on myself. Looking at the patient, I appreciate God for good health of my father since he was not so weak like the patient.

To resolve the awkwardness, I started to talk to him about my father and wish he could recover like my father. Then I found myself feel sympathy toward patient rather than complaining about his first reaction. If my father was ill like him and a nurse who has never seen a patient before came in to touch him with clumsy hands, my father would have felt bad and insecure. I looked at his eyes for a while with those thoughts on my mind. I have no idea how long I spent time sitting next to him. Perhaps no one will understand what happened to me since then or how these attitudes have changed about me. Few minutes later, when I was bathing the patient, I noticed that he stopped yelling at me and was in full cooperation with me.

Then I realized that if I empathize with patients they would feel my feelings and my truth, even though I may have said nothing. Although the patient was unable to talk because of his illness, I could understand what was on his mind. Through short experience with him, he taught me precious fundamentals of nursing.

As necessary to nursing as theory and ethical guidelines are Shulman’s “habits of the heart,” which nurture true and deeply felt human connections. In the presence of her difficult patient, his limbs “contracted as a result of his immobility,” this student achieves an awareness that complements and completes academic (“habits of the mind”) and professional nursing knowledge (habits of the heart”). Her reflection recalls a momentous clinical experience that teaches her the fundamental necessity of caring for each patient as if a member of one’s own family. Looking back, she remembers her “clumsy hands” and her changed attitude: “reflecting on myself…I realized that if I empathize with patients they would feel my feelings and my truth…. .” Two years later, the image of her patient remains with her “like a carved seal” on her heart. For the nurse educator, this journal entry confirms the usefulness of reflection upon “lived” experiences as evidence of the deepened understanding that leads to professional growth.
Sample 4: Finding Professional Direction

Finally, reflection can help nursing students find their personal direction in the broad field to which they have committed their working lives. Frequently referred to as a profession that “eats its young,” nursing often puts excessive pressure on novice nurses. Guided by the *Code of Ethics for Nurses*, two Provisions of which include collegiality and collaboration (American), nurses contribute to the effectiveness of the healthcare team and influence positive patient outcomes often under very difficult circumstances. The way stressful encounters are handled by clinical instructors often makes just as much of an impression on the students as the incidents themselves. Reflection provides a coping mechanism for both new and experienced nurses: In a time when staffing is low, supplies are short, and tempers rage, “nurses ... benefit from a tool to help cope with the real issues they face every day at patients’ bedsides” (Craft 55).

The student writer quoted below, observing the relationships among nursing instructors and their students, decides to pursue the career of nurse educator. Her plan for the future combines love of nursing with passion for teaching:

Shakespeare defined [reflection] as the reverting of the mind to that which has already occupied it. To me, reflection is not only looking back but also continuously giving careful consideration for the past while looking forward to the future. …I’ve always loved teaching. Ever since high school I’ve been the one to tutor other students. I even helped some of my friends pass the LPN N-Clex. So the question remains, knowing what I know now would I still pick nursing as a career? The answer is yes. I love helping people and nothing will please me more than helping to train future nurses. In my teaching I will stress the importance of teamwork and the power of collaboration.

Using her reflection to guide her future educational and career plans, this student shows clear thinking about the direction of her life. It is important that, as nurse educators, we remember that we are working with students who are neophytes in the healthcare system – anxious and fearful at times, they question their career choices more often than we think. Reflective writing assignments help many students understand that even negative experiences can foster learning and growth. Indeed, several students reflected on learning not only from clinical successes
but from errors in judgment as well. Most such incidents, fortunately, did not harm the patient; but they did offer the student nurses opportunities to examine how and why questionable situations could transform their personal and professional perspectives.

Conclusion

By their final course with a clinical component, Medical-Surgical Nursing II (SCR290), LaGuardia students have deposited into their ePortfolios reflective pieces accumulated over a two-year period. Looking back over their reflections, they and their instructors can measure the development of their writing from mere chronicles of the day’s events to serious reflections on the significance of those events. As a nurse educator, I use a pedagogy based upon the practice of reflection as one way to assess degrees of student knowledge, confidence, and self-regulation in the clinical area. Reading their reflections, I can judge progress made in the application of nursing theory to humane management of illness and pain. Above all, students may see in their reflections a record of their own personal and professional growth in identifying and providing ethical, effective, and empathic care.

Works Consulted


