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‘A different kind of space’: Mixed methods evaluation of facilitated reflective practice groups for nurses in an acute inpatient mental health unit



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ABSTRACT

Despite recognising the value of reflective practice, there are challenges in implementation of clinical supervision for nurses. This study reports on the implementation of Reflective Practice Groups for nurses in an acute inpatient mental health setting as a means of introducing nurses to reflective practice. A mixed-methods approach explored participant and facilitator experiences through session evaluation questionnaires, facilitator field notes, and interviews with participants. Findings demonstrate challenges in implementing Reflective Practice Groups however the perceived benefits suggest promise in using Reflective Practice Groups to engage busy nurses in facilitated reflection with an aim to transition to reflective clinical supervision.

Introduction

Mental Health Nurses work in stressful roles that require constant engagement with, decision making about and care of, people in states of distress and mental disorder. Clinical supervision is recognized as a mechanism to support staff wellness and effective clinical care (Butterworth, Bell, Jackson, & Pajnikihar, 2008) and has been identified as facilitating beneficial outcomes for professional accountability (Brunero & Stein-Parbury, 2008; Dilworth, Higgins, Parker, Kelly, & Turner, 2013), job satisfaction, reduced burnout (Gonge & Buus, 2011) and compassion fatigue (Wallbank & Hatton, 2011) for nurses. In mental health settings, while clinical supervision is recognized by allied health and medical professions to be a rightful part of clinical roles and time allocated accordingly (Cleary, Horsfall, & Happell, 2010), in nursing it remains seen as an extraneous responsibility undertaken by the committed few, when time allows (Cleary et al., 2010; Dilworth et al., 2013).

While policy frameworks and professional guidelines promote reflective clinical supervision as essential to mental health nursing practice (e.g. Australian College of Mental Health Nurses [ACMHN], 2012, 2013); uptake has proved variable (Butterworth et al., 2008). In one Australian study, a third of mental health nurses reported engagement in clinical supervision (White & Roche, 2006), with the uptake in inpatient only roles likely less due to time and workload (Cookson, Sloan, Dafters, & Jahoda, 2014). While efforts to promote reflective clinical supervision for nursing are ongoing and important, there is also scope to consider feasible alternatives that may increase access to reflective

practice. The use of open and less formal Reflective Practice Groups (RPGs) may be one way to overcome challenges to the uptake of clinical supervision for mental health nurses, particularly in inpatient settings.

Background

Reflective practice involves the deliberate critical exploration of clinical experiences to facilitate professional growth, assist with integration of theory and practice, and encourage learning that can inform individual practice and promote quality consumer care (Caldwell & Grobbel, 2013; Dawber, 2013b; Mankiewicz, 2014). Reflective practice can specifically aid nurses in increasing self-awareness about how they interact with their work environment and people within it, and making sense of their experiences (Oelofsen, 2012a). Reflective practice is particularly relevant to the interpersonally-focused specialty of mental health nursing (Mankiewicz, 2014). However, understandings of reflective practice in nursing are often more reliant on theoretical frameworks than practical experiences (Dawber, 2013a; Duffy, 2007; Gustafsson, Asp, & Fagerberg, 2007).

RPGs are facilitated group discussions to reflect on clinical practice. There is a lack of clarity in defining RPGs and a paucity of research on RPG structure, frequency and outcomes (Heneghan, Wright, & Watston, 2014). However they have been used in clinical settings with nurses in the United Kingdom (e.g. Heneghan et al., 2014; Johnston & Paley, 2013; Mankiewicz, 2014) and Australia (Crowther & Jeffrey, 2007; Dawber, 2013a). RPGs are distinguished from other clinical discussion groups by a focus on the relational aspects of clinical practice (Johnston

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& Paley, 2013). While some authors suggest RPGs as an alternative term for group clinical supervision (Dawber, 2013a; McVey & Jones, 2012), in this study RPGs differed from clinical supervision due to more directive and educational components inbuilt to increase engagement in reflection, and a subsequent focus across practice rather than on specific scenarios or events. Facilitated RPGs have been positioned as an effective means of introducing nurses to formal reflective practice where uptake of clinical supervision has proved problematic (Crowther & Jeffrey, 2007; Dawber, 2013a).

There is minimal published research on the practical implementation of RPGs for nurses in inpatient mental health settings. There has also been little research focused on the experiences of either participants or facilitators in engaging in reflective practice within a group format (Heneghan et al., 2014; Miller, 2005).

This study focuses on the implementation of facilitated RPGs for mental health nurses in one acute inpatient unit in Sydney Australia. The purpose of the study was to evaluate the implementation of the RPGs using multiple sources of data including the experiences of both participants and facilitator.

Methods

Design

A concurrent mixed methods evaluation was designed and undertaken for the project, in recognition of the complexity of reflective practice (Dilworth et al., 2013). Evaluation of complex interventions is likely to require strategies to integrate different types of evidence (Petticrew et al., 2013). Data were collected from multiple sources and combined to answer the study aims.

Study context

A series of RPGs for nurses were held in an adult public mental health inpatient unit in Sydney, Australia. The RPGs had an open membership and were open to any frontline nurses who were on duty on the day of the session and who chose to attend. The RPGs were facilitated by the primary investigator who is also an experienced mental health nurse, group facilitator and clinical supervisor. The groups were offered for 24 sessions. The first 12 had identified theme topics for each group session (see Table 1).

Each of the six topics ran twice over the initial 12 RPG sessions and were used to frame the group discussion, in line with the work of Crowther and Jeffrey (2007). Within each RPG the group participants were encouraged to reflect on a related clinical situation or situations they had experienced, using the 3-stage 'Curiosity-Looking Closer-Transformation' Reflective Cycle (Oelofsen, 2012a). The first stage of 'Curiosity' involves questioning, considering various perspectives, noticing patterns; the second stage of 'Looking Closer' requires focusing in greater depth on exploring and articulating the observations from the first stage and their potential meaning, and the third stage of 'Transformation' allows for integrating the discoveries from the first two stages and making a plan for incorporating these learnings into clinical practice (Oelofsen, 2012a, 2012b).

The second 12 RPGs were offered without a structured theme; with topics for discussion collaboratively chosen by the group participants at

Table 1

Theme topics for RPGS (drawn from the work of Oelofsen, 2012a).

Attachment theory and family dynamics
Transference and counter-transference
Containing emotional distress
Boundaries
Ethics and values
Clinician self-care, stress and burnout

the commencement of the group.

The facilitator utilised a warm up activity using the 'Feelings Blobs' card set (Wilson & Long, 2008). These cards use images of neutral figures to explore feelings, without attributing particular feelings to the images, with interpretation left up to the individual. Participants were asked to select cards that resonated with their experiences at work over the past week and were given the option of sharing their card choices with the group.

The study received ethics approval from the local Human Research Ethics Committee. Participation in both the research and the RPGs was voluntary and RPG participation was not contingent on participation in the research. Written information was distributed to nursing staff on the unit prior to implementation of the RPGs, and verbal information was provided to all participants at the start of each session about attendance data, use of evaluation questionnaires and facilitator field notes. All participants signed written consent forms for interviews.

Data collection

Attendance data was kept for each group but no demographics noted of attendees to ensure confidentiality of the group members. At the completion of each RPG, all nurses who had attended were offered a short evaluation questionnaire. This questionnaire was purpose-designed with one rating scale question about how beneficial the group was. Although the brevity of this questionnaire was recognized to impede data sensitivity it was designed to reduce participant burden and increase completion. The survey sought to answer the research question: Do nurses find RPGs beneficial?

After each session, unstructured descriptive-analytical field notes were documented by the facilitator about the functionality of the group and its delivery. Field notes were completed on a template that prompted for observations from the session including engagement of participants, relevance of discussion, reflexivity, and difficult moments. Participants were aware of the compilation of field notes as part of the project. The field notes were initially intended as a mechanism of maintaining facilitator reflexivity and documenting the progress of the groups. However, the field notes became increasingly important to understanding the process and logistics of the groups. While field notes have in the past been considered not directly part of data (Phillippi & Lauderdale, 2018) but rather ways of enhancing context of data (Creswell, 2013; Patton, 2002); increasingly field notes in nursing research have become more ethnographic in their function, incorporating critical reflection and becoming a source of data on their own (Phillippi & Lauderdale, 2018). The field notes were established as a mechanism of reflexivity rather than to answer any specific research question but later became of interest in attempting to understand the facilitator experience of RPGs.

Semi-structured interviews were conducted with participants in the months after the completion of the final RPGs. Any participant in one or more RPG was invited to be interviewed about their experiences of the group; only those who responded to the invitation to be interviewed were approached. Interviews followed an interview guide, were audio recorded, occurred in work time, lasted between 20 and 60 min and were conducted by a member of the research team who did not participate in the RPG delivery. After initial analysis of the surveys, the semi structured interviews were added to the design to seek more detailed information and answer the research question: How do nurses experience and benefit from a reflective practice group?

Analysis

Weekly evaluation data was analysed using range and average. Attendance rates were reported descriptively across the program. Initial analysis of the field notes began in their writing (Blackstone, 2012). Secondary analysis was undertaken by another member of the research team who had not attended the RPGs, who read each in its

entirety, and then used thematic qualitative analytical techniques of open coding, creating categories and themes (Hsieh & Shannon, 2005). Emerging findings were discussed and refined.

Interview transcripts were analysed thematically using the approach of Braun and Clarke (2006).

All sources of data were analysed separately and then combined to form a beginning understanding of how RPGs may potentially benefit nurses.

Results

Between August 2017 and April 2018, a total of 18 RPG sessions were facilitated; six RPG sessions were cancelled by the unit in the second phase due to competing unit priorities. On average there were 6 participants (range 2–9) at the first 12 structured sessions, and 5 participants (range 4–7) in the subsequent 6 unstructured sessions. Attendee turnover meant that it was not until the tenth RPG session that all participants had attended at least one previous RPG, with only 5 of 18 RPG sessions (27.78%) comprising participants who had all attended at least one prior RPG.

Quantitative session evaluations

Descriptive analysis of the quantitative session evaluations (see Table 2) showed positive evaluations, both overall and across the sessions. While attendance and evaluation score ranges varied, mean participant satisfaction with the groups remained stable throughout (mean overall: 3.39/4, range 1–4).

Nursing interviews

Interviews occurred during work time with 4 nurses who had attended more than one RPG. Interview questions included what participants found helpful or not in the RPGs, barriers to attendance, and whether the RPGs had any impact on their perceptions of any role for reflective practice in their clinical practice. Four themes were analysed from participant interviews: Benefits of a group; Space and time; A different kind of space; A stepping stone to clinical supervision.

Table 2
Session evaluation questionnaires.

Phase	Week	Attendees	First time participants	Responses n (%)	Range of ratings	Average rating
1	1	7	7	7 (100)	1–4	2.8
1	2	4	3	3 (75)	3.5–4	3.8
1	3	6	3	6 (100)	3.5–4	3.9
1	4	8	3	8 (100)	1–4	3.2
1	5	7	1	7 (100)	3–4	3.5
1	6	6	1	6 (100)	3–4	3.4
1	7	6	2	2 (33)	3	3
1	8	9	2	9 (100)	3–4	3.3
1	9	6	3	6 (100)	2–4	3.4
1	10	5	0	4 (80)	2.5–4	3.4
1	11	5	0	5 (100)	3–4	3.7
1	12	4	0	4 (100)	3–4	3.3
2	13	5	1	5 (100)	3.5–4	3.7
2	14	4	1	4 (100)	3–4	3.6
2	15	6	4	4 (66)	2–4	3
2	16	7	3	7 (100)	3–4	3.3
2	17	5	0	4 (80)	3–4	3.4
2	18	4	0	0 (0)	–	–

One quantitative question “How beneficial did you find the group today?” with a Likert scale incorporating options of: 0 = not good at all; 1 = okay; 2 = quite good; 3 = great; 4 = excellent. Average overall rating = 3.39, range of ratings 1–4.

‘Benefits of a group’

Participants described that they benefited from reflection occurring in a group. Participants expressed ideas around mutuality, teamwork, and peer support. They perceived that the benefits of reflecting were increased by doing so with others. For some, being part of a group is what encouraged them to reflect in the first place; as one participant described: “you don’t always do it on your own”. The group setting also benefited participants through moments of understanding how their colleagues felt and by providing opportunities to see a different side of their colleagues. One participant described that they felt closer to their colleagues after the RPG: “So I think it does help in creating a more supportive culture...just personalised it a bit more...they’re not just your colleagues but they’re a bit like your family as well”.

‘Space and time’

Participants appreciated the having protected space and time specifically for reflecting, which might not otherwise be something they had opportunities for in their clinical work. Through attending the RPGs they felt that reflection was valued by the service. Without dedicated time, participants described that they would not have engaged in reflection: “So it’s nice to have that, I guess, protected time to do it because it is really important and people often aren’t going to seek ways of extending themselves and reflecting”.

However time could also be a practical barrier to participation, due to workload and competing demands, as well as challenges in getting away from the unit to participate. Participants also described a hesitance of some nurses to take any time out from the clinical frontline, whether this was for RPGs or for educational activities: “...time is always a problem...but there’s just a huge problem with nurses handing over responsibility...and it wasn’t just because it was reflective practice groups, it’s just a common problem with all education and training.”

‘A different kind of space’

Participants described the RPGs as providing opportunities for different kinds of discussions than those they usually experienced in the course of their routine work. They valued having somewhere that they could think about their work and progress their clinical understanding: “...in that reflective space...it’s talking about how we interact with that person, from our perspective, and what works and what doesn’t...it was just literally a place where we could talk about what we were doing. So that was really useful”.

The participants emphasised that the RPGs provided a different kind of ‘space’ set aside for the specific purpose of regular opportunity for reflection. This reflective space was different from other group discussions as it was focused more on exploring participant experiences and interactions, rather than clinical discussion or care planning. Outside of RPG implementation, reflective opportunities were described as being limited to ad hoc debriefing after incidents. Reflection was not seen as a part of their usual work: “We don’t really talk like between our staff. We don’t really talk about any issues, we just...continue with work”.

Participants considered that the initial structured RPGs with theme topics also provided an opportunity for discussion of topics not usually discussed. One participant described: “...honestly you don’t really have time to talk about Boundaries and Transference. You really don’t. You just have those debriefs about incidents, and that’s really the extent of reflective practice that you do without even really knowing it. So, I guess I really liked that.”

‘A stepping stone to clinical supervision’

Participants experienced the RPGs as encouraging reflection on practice. They identified RPGs as part of a wider push towards reflective clinical supervision occurring within the organization. RPGs were described as an introduction to reflection that could potentially support broader engagement in clinical supervision: “...it’s also a really good stepping stone...I mean there’s heaps of people that I know who cringe at clinical supervision. So if there is an offer of something like a reflective

practice group then they suddenly have this realisation that this is really awesome, then they might want to take that actual step...".

However, it was noted that there was a need for a pathway to be provided to support nurses who did want to engage in clinical supervision after benefiting from the RPGs. For example: "if you're going to do this sort of stuff, encourage people to reflect, you should make it like a package – a part of the package deal, you know...that people have access to clinical supervision. That rewards...reflecting on their own practice."

Facilitator field notes

Field notes from all 18 sessions were collated and analysed in their entirety. Four descriptive themes of overall facilitator experience were identified: Challenges of encouraging reflection; Juggling and balancing; Just warming up; Time, place and space.

'Challenges of encouraging reflection'

The facilitator reflected each session on what the intent and purpose of a reflective practice group may be in such a setting. The facilitator described group tendencies towards venting or education and took care to return to guiding principles while being iteratively guided by what was occurring in this context and what the participants required. For example: "it is seeming like it might perhaps be morphing into a bit of a hybridised mix of clinical supervision and an educational discussion group" (RPG 3).

This also related to the facilitator's own expectations of the group and their assumptions that the topics would guide reflective conversations, whereas in practice, describing the topics often took a long time on its own. The facilitator at times questioned the realities of reflection occurring in inpatient settings: "[I] wonder whether [my] own expectations of what degree of in depth reflection might be possible within an open membership RPG might not be entirely feasible or realistic" (RPG 7). This also related to the challenges in identifying when reflection was occurring, as the facilitator noted that it was not always obvious when someone was reflecting as sometimes reflection happened silently or unexpectedly. The facilitator described observing participants carefully for any flicker of engagement: "...there had been absolutely no obvious external indication from this participant's demeanour to hint at the level of thought and reflection that had clearly taken place for them" (RPG 8).

'Juggling and balancing'

The field notes highlighted the facilitator's sense that within each group she was balancing the need for group safety with encouraging participant engagement and avoiding didacticism. While common in any group, the facilitator reflected on the particular need for safety in order for reflection to be beneficial to participants, and the open nature and turnover of the group meant that this needed establishment every session and had no cumulative continuity: "[I]...felt tension with the ongoing challenge of attempting to strike a suitable balance between encouraging active participation while respecting the need of the group members to feel safe before actively participating" (RPG 2)

The facilitator described needing to use different ways to draw out reflection with varied effect.. The model the groups were based on helped but she found that the participants did not seem guided by it in the way she had intended. The facilitator noted her perception that her own capacity to respond to dynamics and content as it emerged was more critical to the success of each session that she had anticipated. "[I] often had to make many and varied attempts to encourage reflection by seeking similar information via a multitude of different approaches to each single line of enquiry. Sometimes this technique was more effective than others" (RPG 2).

'Just warming up'

The facilitator reflected on the importance of the warm-up task. Often the warm-up activity assumed more importance than the content, as these activities were the only times some of the participants verbally

engaged. The warm-up activity seemed to provide a degree of 'safety' through participating in a mutual activity. While participants were offered the option of not sharing their own experiences, all chose to do so during the warm-up activities, even those who did not engage throughout the subsequent body of the group discussion. The facilitator noted that the warm-up activities may have been less intimidating to the participants than the process of structured reflection, even though these activities were also reflective: "This [activity] seemed to work in warming them up a bit...as well as perhaps helping in getting them accustomed to the idea of coming up with some thoughts...to share with the group" (RPG 3)

The lack of spontaneous or guided reflection in the groups beyond the warm up task became one of the key ponderances for the facilitator and a factor in any consideration of success of the project. In some sessions, there were many long silences and often the facilitator felt that she was doing all of the reflective work, while in others the reflection flowed with ease, for example: "in this RPG there were several enthusiastic and actively engaging participants who also demonstrated clear reflective capacity as well as a willingness to share their thoughts and reflections with their peers – including sharing their own experiences of challenges and how they felt, questioning their own assumptions and those of others, and generally forming connections with each other within the group" (RPG 16).

'Time, place and space'

On numerous occasions the facilitator observed that conversations were more superficial than she would have hoped but that time impeded deeper reflection. Within the RPGs, time limitations from late starts or disruptions meant that the depth of the topics was frequently compromised in order to safely wrap up the group within the allocated time. At times this meant that big topics were introduced but not properly explored: "...there were multiple potential opportunities for the reflection to go into greater depth (particularly in terms of the emotional impact on staff and thus on their clinical practice), but time constraints meant this was not possible" (RPG 14).

The facilitator described that participants often expressed that they lacked any time or emotional space to reflect within their roles and that a benefit of the RPGs was simply having designated time 'off the floor'. The facilitator became aware that this need for time and space to discuss events on the ward often dictated the flow of the group. For example: "One participant... appreciated the learning aspect, but also stated it was really beneficial, given how busy and short-staffed the nurses have been that week, to simply have the RPG as a space where they could go and get away from all that for a bit" (RPG 7).

The physical and environmental aspects of space and place appeared important, and efforts were made to ensure a physical environment conducive to group reflection. This included moving the location of the RPGs to a room that was external to the frontline clinical area after the first RPG was subject to repeated and disruptive interruptions: "Difficult moments included... multiple interruptions...which interrupted the rhythm of the group including causing those who were speaking to lose their train of thought..." (RPG 1). The facilitator observed that often participants attended to basic needs (getting a drink or using the bathroom) and then settled into the discussion. Without a designated time and space it appeared that reflection would not have been possible.

Discussion

The findings showed logistical and cultural challenges experienced by both the participants and the facilitator in implementing RPGs in the study setting, including: time pressures; competing demands; attendee turnover; encouraging participant reflection; and nursing culture. The findings also demonstrated that, despite these challenges, participants consistently found the RPGs helpful, and perceived a range of benefits from the RPGs, including: mutuality, team work and peer support; practical and symbolic valuing of nursing reflection; and appreciation

of a regular protected space dedicated for nurses to discuss their work and reflect upon their practice in a way not available in their clinical roles. While barriers impacted on RPG implementation, the barriers did not preclude the perceived benefits. The groups were well attended and received but it was difficult to ascertain from the weekly evaluations what it was about RPGs that was beneficial. While the quantitative results indicated consistently positive perceptions of the RPGs, it was only through qualitative interviews that some of the details and nuances of such experiences could be elucidated. The inclusion of the facilitator field notes in analysis allowed for consideration of the experiences of all parties engaged in the reflective process.

Through qualitative exploration of both participant and facilitator experiences, the concept of ‘space’ was important. ‘Space’ has multiple meanings. It often refers to physical space, or unoccupied area (Oxford Dictionary of English, 2018). But less concrete interpretations of space include the concept of a therapeutic space as a milieu for reflection in which the therapeutic relationship can be realised (Freshwater, 2005). Both physical and therapeutic space were valued by the participants. Facilitation of an in-depth reflective space is also considered integral to clinical supervision (Bond & Holland, 2010). This concept of space fits with previous work which has identified the role of the RPG facilitator as needing to create a space where group participants are emotionally contained as they go through the challenging process of reflection (Miller, 2005).

The participants described an unfamiliarity with reflection within nursing. While time and space off the floor were appreciated, they were also necessary precursors to the reflection which then brought its own distinct benefits. This fits with observations that reflective practice opportunities for nurses are not embedded within the routine practice or culture of healthcare organizations, despite their benefits in supporting nurses to provide compassionate care (Wilshaw & Trodden, 2015).

Nursing as a profession has been impacted by broader health care system changes increasingly underpinned by quantifiable performance indicators, yet the element of compassion in the provision of health care is not readily quantified (Sawbridge & Hewison, 2013). The provision of compassionate care can also engender an emotional cost to nurses that, left unaddressed, may compromise the quality of care (Sawbridge & Hewison, 2013). Australian nurses have reported workplace stressors potentially influencing workforce attrition, with mental health nurses in particular experiencing significantly lower employee morale due to workloads and limited mechanisms to participate in workplace decision making (Holland, Tham, & Gill, 2018).

Suggested benefits of reflective practice include enhancing nurses’ critical thinking, autonomy and professional assertiveness (Vaughan, 2017; Wilshaw & Trodden, 2015) and assisting in the delivery of compassionate, person-centred care for consumers (Helen & Douglas House, 2014).

In the current study, the facilitator perceived hesitation of participants in sharing their reflection with peers in the groups. Reflective spaces can evoke anxiety in those facing the space (Freshwater, 2005), as group reflection can be an inherently uncomfortable process (Johnston & Paley, 2013; Miller, 2005). Challenges with RPG implementation related to attendee turnover, interruptions, time and competing demands may have been symptoms of this discomfort. The findings also suggest challenges in observing and evaluating the nuance and complexity of reflection on practice, and support the value of multiple data sources to provide a richer understanding of the experience of complex phenomena (see e.g. Dilworth et al., 2013). Evaluating and researching reflection brings challenges, as does the process of linking it to outcomes for nurses, consumers and organizations. A mixed-methods approach to evaluating RPGs is an appropriate methodology in bridging tensions between understanding subjective and potentially abstract experiences of reflective practice within an environment of empirically focused understandings of evidence-based practice (Heneghan et al., 2014). While the quantitative data showed positive

experiences and attendance, it was only through examination of qualitative data from dual perspectives, that deeper understanding of the RPGs could be gained.

Reflection is often a private activity that in a professional context is being made to be shared. In an open RPG, this creates difficulties as the safety of the group is not consistent or predictable and the dynamics of the team can play out in the sessions. However when clinical supervision is not available or feasible, RPGs may aid in facilitating reflection. Understanding barriers to reflective practice in nursing is essential to developing reflective practice as a genuine and meaningful process to support staff wellbeing and compassionate consumer-centred care, and to embedding it in routine clinical practice.

Conclusion

RPGs are a feasible and beneficial way to engage inpatient mental health nurses in reflective practice. Nurses benefit from having dedicated time, places and spaces to reflect on their roles and to talk with their peers. Facilitated reflection in a group setting may also act as a stepping stone to clinical supervision, although organizational support is required to ensure this can occur. RPGs guide nurses in the process of reflection and may have subsequent benefits for teams, organizations and consumers. Evaluation of the RPGs proved challenging, with qualitative exploration of facilitator and participant experiences essential to understanding and contextualising the beneficial experiences consistently reported by participants via the quantitative session evaluations, as well as understanding some of the barriers to implementation.

Relevance for clinical practice

This study indicates that reflection is not a usual component of inpatient nursing work and that to expect frontline inpatient nurses to engage in clinical supervision there may be first be a need to increase exposure to reflection within existing roles. RPGs provide a framework for nurses to implement reflective practice within their work and teams. Senior nurses experienced in group facilitation will be required to facilitate and support attendance but otherwise this activity requires minimal resources beyond time and space. Nurses in the current study identified a need for protected ‘spaces’ to reflect on their practice. The findings also demonstrate a need for organizational facilitation of conditions necessary to support and promote such spaces, both symbolically and in practical terms, including addressing barriers to implementation. In the absence of access to RPGs or clinical supervision, there may need to be consideration of how nurses can engage in individual or group reflection within their roles to improve their clinical practice, promote self-care and enhance employee engagement in organizational planning.

There is a need for further research into the practical implementation of reflective practice for frontline nurses, particularly mental health nurses who rely upon their therapeutic use of self for engagement. There is also a need to see if the provision of such opportunities for nurses has an impact upon nursing practice, the provision of consumer-centred care and engagement in wider organizational processes.

Limitations

This was a single site study and findings may not be transferrable elsewhere. The sample size was very small and the study may be considered a pilot. The experiences provided by those who chose to participate may not reflect the experiences of all attendees. Turnover of attendees in these open membership RPGs impacted on group dynamics and the cumulative formation of safety within the group, which likely impeded the depth of reflective exploration possible in this format. Findings were influenced by local unit and organizational culture; however they were interpreted to consider their contribution to broader understandings of nursing rather than as an evaluation of this unit’s

uptake of the project. The implementation of the groups occurred in a busy clinical context and meant that the evaluation needed to evolve to try to understand the utility of the initiative, meaning that multiple sources of data were required. While each source of data on its own is small, when combined they attempt to describe the benefits of the initiative in a clinical context and also speak to the challenges of undertaking research in acute inpatient settings.

Authorship statement

Both authors meet the authorship criteria and both authors are in agreement with the manuscript.

Declaration of competing interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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