Role of reflective group discussions in the development of nursing skills

Mental health nursing students can be encouraged to examine their values and attitudes by the introduction of reflective groups into the curriculum, as Brian Gould explains

Summary

The importance of values-based practice has become established in UK mental health care and education. Well-organised groups of students and practitioners can help each other examine the attitudes and values that underpin their personal lives and professional behaviour, and to adjust these as they learn from experience.

Keywords
Nursing students, values, reflective groups

IN NURSING, the qualities of discipline, routine and order, and adherence to a biomedical model of care have tended to maintain a distance between practitioners and clients. In recent years, however, mental health nurses have been expected to work in partnerships with clients and their families while maintaining the professional boundary between them.

As a result, the success of mental health services often depends on the quality of relationship between clients and practitioners. Practitioners need to develop the necessary communication skills to engage effectively and sensitively with clients and their carers. They must also develop empathy and understanding of the particular life circumstances of the clients with whom they work.

Development of these skills, and of the confidence and self-awareness needed to use them, takes time and effort. Some students are aided in the process by their own life experiences, while others must take part in programmes of professional development. But part of the foundation of good practice for all mental health nurses is understanding and establishing personal and professional values and beliefs (Woodbridge and Fulford 2003).

One reason for this is that decisions in mental health practice are made only after discussions among staff, clients and carers, and many of these discussions lead to arguments based on differing perceptions of fairness. These arguments can concern, for example, whether people should be expected to care for family members whose mental states are deteriorating, if clients should continue to be given medication that produces adverse effects or who should be consulted when clients' care plans are changed. How such arguments are resolved depends on the attitudes and values of those who take part in them.

In an increasingly diverse society, meanwhile, healthcare workers are likely to meet people with different beliefs and values from their own. These differences greatly influence the types of relationship people have with professional services and, therefore, the kinds of help they need in achieving recovery. To meet these needs, therefore, mental health staff must be able to understand their clients' and their own values and attitudes.

Mental health nurses' values and attitudes are formed during their training. Students are unable to predict their attitudes towards, for example, people who self-harm, older people with late-stage dementia, or people who are drug-dependent or aggressive until they have had experience of working with them.

For practitioners to understand their attitudes and values, therefore, they must first act and then ask themselves how and why they acted as they did. By sharing this process of analysis with colleagues, students can have a richer learning process, but they should be prepared to discuss aspects of their lives that they may otherwise prefer to remain private.

The direction and content of such conversations can rarely be predicted, and can reveal much about the participants' beliefs, attitudes and emotional states. Sometimes, participants explore issues with which they are unfamiliar or encounter attitudes and beliefs that they prefer not to acknowledge. For these reasons, the circumstances for such conversations need to be right and participants must feel emotionally 'safe'.

Reflective groups

In an attempt to create these conditions for students undertaking the mental health nursing degree programme at Edinburgh Napier University, reflective groups of between ten and 12 students, and one lecturer and facilitator, were set up.

Each of these groups meet on three occasions during each placement in the statutory and voluntary sectors, and students take turns to describe their experiences of work with clients, share self-assessments and identify what they have learned. To structure their feedback to the groups, they make use of worksheets. Each student is expected to present on two occasions each year and records of which of them has presented are kept,

Meanwhile, other group members support the students who are presenting and take part in discussions about the issues that have arisen.

At the first group meetings, ground rules are established to ensure that the confidentiality of clients and colleagues is protected. Many issues, from the impact of services on clients' recoveries to the behaviour, attitudes, competence and feelings of the students, are raised during these and subsequent meetings.

For example, one student, who cared for a 75-year-old man, described his surprised at how involved he had become in the man's welfare. The student had assumed that he could not empathise with older people but after caring for the man, he was considering whether to seek work in older people's services.

Many of the students found clinical practice daunting. Some had thoughts of inadequacy when confronted with unusual behaviour, others could not respond satisfactorily to clients' distress.

Students often focused on indications of poor practice or unfairness in mental health services. When doing so, they often expressed their values and attitudes, and so allowed other group members to engage in discussions about these and their implications for practice.

The reflective groups have become an important part of the course programme.

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To maintain high standards of professional care and respond to clients' needs, mental health practitioners must be able to draw on a range of interpersonal skills (Moon 1999). Technical competence and a good knowledge base are essential, but an understanding of personal strengths and weaknesses when working with clients is also a core requirement.

This type of self-awareness can be difficult to grasp, however, by people who believe that nursing involves an active role for nurses but a passive role for clients, and a culture in which individual practitioners are helped to explore and appraise their own professional values must be developed

Reflective groups provide one approach that allows direct experiences of client contact to be used to help understand and question the relevance of personal and professional values to good quality mental health care. Such reflective practice emphasises the importance of learning from 'doing', and has become common in professions where a service is offered to people during times of difficulty in their lives.

Meannwhile, by taking part in structured and reflective conversations with peers and more experienced colleagues, students can develop skills in engaging people in conversation.

Practitioners should never forget that their knowledge of others is always partial and changeable. The recognition that there are many opinions and few certainties in mental health practice is essential.

References

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