

# Transforming Practice through Reflection in Patient Education

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**Abstract:** Objective: This paper is a report about transforming patient education practice, to get further transformation of patient education. Method: Smyth's critical emancipatory reflective framework was used to guide the reflective practice. Results: Many reasons influence the patient education practice including nurses' worldview, historical, economic and social reasons. Conclusion: Nurses should empower themselves as well as patients, and patient education should be based on patients' needs and their belief, the responsibility of nurses should be guiding and teaching.

**Key words:** Patient education, emancipatory reflection transforming practice.

## 1. Introduction

Reflection was able to keep nurses' focus on practice instead of being contented by medical model [1]. Fook [2] suggested adopting critical reflection to create emancipatory change. According to Goodman [3], critical emancipatory reflection required consideration of justice and emancipation issues as the third level of reflection. And also, emancipatory reflection inspired people to think and act in unusual ways, and transform practice through consciousness and modification change.

In this paper, critical emancipatory reflection will be used to discover a clinical issue concerning conflict and hegemony in healthcare system and identify the nurses' role in patient education [5]. Taylor [6] suggested that the exploration should be efficient, profound and direct on the features restrain effective practice was required in emancipatory reflection. The practice will use Smyth's critical emancipatory reflective framework to

guide the reflection, including four steps: describe, inform, confront and reconstruct. At first, a practice issue and the context will be described, and also nurses' involvement in it. Secondly, the reflection will explore the belief and worldview based on, and indirect effects of culture, social, political and historical factors, and then evaluate the influence of these factors on the practice. Finally, the influence of this reflective practice will be discussed, and transformation strategies will be developed in personal insights [6].

## 2. Description

In clinical practice, one of nurses' dominate roles was providing education to help promote their health. The education needs high collaboration with patients. However, patients had low interest in the education, which makes nurses powerless and realized the hegemony of healthcare system.

## 3. Information

The reason of choosing the practice issue to reflect is because nurses' role is unclear within the hegemonic

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construction. The role is complex. Patient education should signify the best symbol for defining nurses' role [7], which was described as care provider as well as educator and leader [8]. Nurses act toward the meanings of caring, which arise out of interaction with patients according to Symbolic interaction theory [9]. However, in clinical practice, nurses always act according to the principle that patient education is not as important as routine caring. Behavior was assumed influenced by attitude and belief [10], and further effected by education programs [11]. While patient education was involved in nursing education program, there is absence of the consensus on knowledge and process, and nurses were treated to be care provider rather than educator [12]. Furthermore, the function of education in nurses' role was still invisible [13]. It is hard to keep balance between care provider and educator in clinical nursing.

Another reason of choosing the practice issue is because of the powerless practice in clinical patient education. An emotional response often stimulates a reflection and makes sense of an experience and influences future practice [2]. One of nurses' most important duties was providing professional security, which was facilitated by consciousness to ensure the correct treatment that patients received [14]. However, a gap between policy and research always existed to disturb the result of patient education [13]. Due to this, despite the realization of patients' personal needs, patient education acted powerlessly to develop individual education practice. Fook and Gardner [2] claimed it is because that the dominant group usually empowers to a dominated group in education. The power seemed to respect organizational power, and ignored others who lack organizational power, as showed in the education practice.

It is true that nurses have various kinds but invisible power. The emancipatory reflection was empowering the development of perceive of personal power and encouraging the revolution of dominant power [5]. Therefore, it is vital to discover the power issue in this

practice.

#### 4. Confrontation

Power is compound and intellectual, and identified as the ability to enable individuals or groups to achieve goals in physical and social sciences [15]. Knowledge is power according to postmodernism [16]. There were no conflicts between that two beliefs, and they can exist together. Nurses will take education and professional power over patients in the process of patient education, which is to obliterate any possibility of understanding patients' concern. When people undermined from their empowerment, demoralised their sense of self-worth and honour, it was described as hegemony [17]. In clinical nursing, nurses determine the details of what patients should learn [18], which linked to the hegemony. It is widely argued as the reasons why patients received education passively and less effectively [10]. Nurses often formally required patients to attend in education program without considering their goals, disease management experience and concerns. Patients appreciate managing their illness by themselves, but nurses are perceived unlikely to open to negotiate sometimes [20]. Additionally, the purpose of providing patient education is helping manage patients' disease by themselves [21]. Thus, whether the patient education should be empowering or non-empowering depends on the providing education and can reflect patients' concern or not.

The practice issue inspires a strong emotional response in evaluating the meaning of nurses' role in patient education. Providing the best healthcare to patients may be the most important things [8]. It is claimed that the research results knew patients' needs more than themselves. However, many people argued that positivists are attempting to treat each belief as an insulated separate with each own determinate experiential content, which is a mistake. Van Fraassen and Quine [22] claimed that it is better to regard our faith and practice as an organized group, and there is no

belief straight connected to an experimental observation that can determine whether it is true or false. In the reflection practice, the meaning of best healthcare should depend on patients' view about physiology, effective intervention and health behaviour, but not the research results. Avis and Freshwater [23] also objected to the thought that science is regarded as the only credible means for generating evidence. While underplaying clinical judgement and leading practice, the value of scientific evidence was overemphasized [24]. Therefore, the best care should better be based on patients' belief and needs [25].

It is noteworthy that nurses' involvement should be a part of the reflection practice. Reflexivity, identified as the ability to define the effects of ourselves, our social and cultural contexts [26], requires an concern of the effect of our background, behavior, feeling and assumptions on the reflective issue.

One of the principles in nursing was promoting clinical practice through best evidence, and using the best valid guideline to support decision making [27]. In healthcare system, the leading belief is that ideas should be perceived through verifying hypotheses and knowledge should be developed based on observation and measurement [28]. Evidence-based practice seemed more reasonable when the care intervention was proven effective ones [29]. In addition, the results of decision were made to be guided by experience as the basis often turned out to be wrong while evidence-based practice is less likely to cause unacceptable results in healthcare system [29]. The adoption of research-based knowledge turned out to be better than experience-based in care providing.

According to Critical Social Theory, the dominant beliefs can be oppressive internal and external. Nurses were adopting at an unconscious level while the dominant belief of the healthcare system was obeying the culture they located [30]. Freire [13] suggested that realizing one's consciousness should be the first step, and then understanding how to take action against slightly dominant structures. In this reflective issue, it

is valuable to explore the meaning about best healthcare. In order to acquire adequate understanding of the meaning of critical reflection, it is necessary to explore the connection between the reflective issue and dominate belief and worldview [23].

Many nurses operated compliance to the hospital's policy. They act passively and unconfidently to the policy's power. One of the dominate worldviews was that knowledge should be absolutely true and can never be found, evidence-based practice should be the best caring to patients. Due to this, even though many nurses hold the idea that patients knew their needs better, nurses acted passively to the guideline. Sometimes the lack of confidence influenced the patient education. For example, when there is a view contrasted with knowledge gained from the literature review, nurses will find it is hard to decide and choose to obey the policies. And also, patients will choose to listen to nurses as nurses performed more professionally and knowledgeably. In addition, being unconfident is a common problem in the communication with patients in China. Nurses often felt powerless when providing education, they found unable to comprehensively reflect patients' concern and performed insecurely about their knowledge [7].

In the reflective practice, it is necessary to realize that personal reason is not the single reason making things wrong and working contexts are complex [5]. Taylor [5] suggested that reflection should free our belief from bitter self-recriminations and advance awareness of other constraints such as political, cultural, historical, and social.

The cultural and social constraints in this reflective practice were related to the patients' participation in decision making and education plan. Patients were encouraged to participate in their own education plan and make personal decisions on their concern in western health system. However, patients like receiving education and treatment passively in China. In the process of treatment, their families played a vital and the individualism is not significant [31]. Even

though respecting patients' autonomy was identified important in healthcare system. Families often admitted as decision maker and nurses have to provide information to their families rather than themselves. The reason is assumed to be patients' low health literacy, and inadequate ability to assess their own needs [32].

Besides, historical constraints should be concerned too. In the caring relationship historically, nurses were playing a leading role, and patients were receiving care without question. But time changed, patients have mastered a variety of professional knowledge from learning and experiencing, which was admitted to be an important part within the healthcare system. It is undisputed that nurses' professional knowledge is more than patients.

Historically, the education gap between patients and nurses had been admitted for many years. And patients were regarded as low health literacy [32]. Nurses were likely to ignore patients' opinion while there were conflicts between patients' opinion and professional knowledge or hospital policy. In this reflective issue, nurses may have presumed that patients' ability of understanding the professional knowledge and making decision is inadequate, and rejected to communicate with patients with their education. Due to this, patients perceived dissatisfaction of our caring as they have not got their needed information.

In addition, economic constraints existed in this reflective issue too. Nursing shortage was commonly found in many countries [33-35], and resulted from working over-time. There was not enough working time to accomplish essential routine missions meeting general patient care guidelines, let alone the understanding of patients' concern, and creating customized and specific education plan. Time was needed to interact with patients and to help build healthcare self-management in clinical caring.

All of these factors act as constraints in nursing patient education. Personal reason was not the only determinate of the outcome but also the political,

economic, cultural, and historical constraints operating in this situation.

## 5. Reconstruction

Critical reflection consisted of describing the situation triggering conflict, making a critical reflection on the conflict and transforming, which was recognized as an on-going process [5]. In the reconstructing stage of Smyth's emancipatory framework, the author will lead a transformative belief through bringing in the light discovered, and realize hidden ideological influences of the work context [30].

Critical emancipatory reflection will lead to a possibility for transformation [36]. And the transformation can happen anytime. Although the healthcare system was described as hegemonic, nurses had personal power to change their social and practice environment, some transformation can be internal, and others may be practical involving communication or negotiation.

In the process of applying critical emancipatory reflection, the idea of power should be changed and moved into a less hierarchical and more personal understanding. In this way, nurses will feel more powerful in empowering themselves as well as patients. The belief can conduce to a developed awareness of nurses as healthcare agents, increase the ability and responsibility in patient education and then affect the outcome of patient education. In the process of reflection, nurses should hold the idea to domain their identity, which is the driver of work. Through this way, the understanding of patient education has been renewed and moved significantly away from the identification from hospital culture. The belief can contribute to more confidence when opposed to doubt about nurses' professional value [36]. Based on the exploration of literatures, both of the research evidence and patients' belief should be considered rather than isolating one.

Additionally, the reflective practice developed the ability of transcending some of hegemonic structures

through raising consciousness and generating new insights. Obviously, the emphasis of emancipatory reflection is cultivating clinical patient education practice [37]. For this practice issue, this is to keep emphasis on the patients' self-management and also enable nurses to better understand the requiring of social and systematic hegemony on this education role.

In coming cases of this context, it is appropriate to respond with expertise and professional credibility to the administratively devastating context. Every nurse has the responsibility for patients. Taking patient education into routine tasks may be a good advice. Considering patients' needs before providing education and setting formal patient education program is useful in increasing the credibility of patient education. Nurses should acquire a high level of professional knowledge, which can help them perform confidently when communicating about patients' concern. Previously, nurses should spend more time on reviewing literature and discussing with colleagues, to help make their conversant with the latest thinking. A specific education plan should be drawn up based on the collected information about patients' concern. This plan will ultimately empower nurses and patients to build disease self-management. It is useful to record and review the information and education plan. In the reflection and clarification of feelings, perception and thought, recording and reviewing was turned out to be useful in promoting the self-awareness of experience and observations [26]. And also, it was helpful in the developing of personal improvement, incorporated learning and critical thinking [38].

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