

CHAPTER 5

EVALUATION, CONCLUSIONS AND RECOMMENDATIONS OF THIS STUDY

5.1 INTRODUCTION

In this chapter, the conclusions and recommendations of this research are discussed.

The aim of this study was to explore the method of guided reflection as a teaching strategy in order to investigate second-year critical care nursing students' experiences of the implementation of theory into practice, in a private hospital in Gauteng.

An unstructured interview, using an adapted version of Johns's framework, a guideline for the facilitation of reflection, was utilised in the collection of data. Field notes, narrative descriptions and a tape recorder were also used to collect data (section 3.6).

In the analysis and synthesis of data, four major themes emerged. These were 'description', 'critical analysis of knowledge', 'critical analysis of feelings' and 'new perspective'.

5.2 CONCLUSIONS

Through inductive and deductive reasoning based on the data analysis, the researcher arrived at the following conclusions:

5.2.1 Description

The theme of description was further divided into seven categories: patient data, doctor action, nurse action, treatment, communication, experience and outcome. In some of these categories there was evidence of theory and practice integration and in others not. The categories in which there was evidence of theory-practice integration were

patient data, communication and nurse action. This is as a result of participants' ability to assess the situation, gather the relevant data and implement the correct nursing actions. However, in the categories of treatment, experience and outcome, there was no evidence that theory had been integrated into practice. The participants were unable to apply the relevant theoretical and practical knowledge due to a lack of practical experience and an inability to anticipate the possible outcome of their actions.

5.2.2 Critical analysis of knowledge

The theme of critical analysis of knowledge was further divided into nine categories, namely: 'knowledge, doctor/nurse action, medication, theory-practice integration, outcome, experience, communication, student reasoning, and malfunctioning of equipment'. In situations where life-saving skills, such as administering life-saving medication, were needed and equipment malfunctioned, theory was integrated into practice. The theory related to effective communication was also integrated into practice, in the case of communication with patients' family members.

Where a lack of exposure to practical experience was evident, theory was not integrated with practice. This shows the importance of previous experiences in the integration of theory and practice.

The participants' descriptions of their experiences when implementing theory into practice illustrate their ability to reason. However, this ability may not necessarily lead to theory-practice integration, because the theory applied was not always correct. This demonstrates the value of guided reflection facilitated by a clinical expert, as incorrect conclusions can then be corrected. This may eventually lead to theory-practice integration.

In some situations, the participants realised their lack of knowledge and a need to improve the relevant knowledge. Through this, the participants showed the characteristic of adult learning, because they intended taking responsibility for their own learning. In the category 'theory-practice integration', a lack of exposure to clinical situations again resulted in theory not being integrated with practice.

The participants questioned certain decisions relating to ethical issues, indicating that the theory relating to these issues was not being implemented into practice. By challenging these decisions and motivating thought patterns, the participants illustrated characteristics of critical thinking.

5.2.3 Critical analysis of feelings

The categories 'experience' and 'expression of feelings' were discussed under the theme 'critical analysis of feelings'. Here, theory and practice integration was implicit, rather than explicit. The lack of theory-practice integration contributed to overwhelming feelings, such as loss and denial. The participants did not have the necessary theoretical and practical knowledge to anticipate the possible outcome of their nursing interventions, which resulted in the above negative feelings.

Participants described their trained colleagues as unsympathetic and unsupportive. This could be because the feelings of these nurses, who were constantly caring for critically ill patients, were generally not seen or understood. Guided reflection was valuable in resolving these issues – the participants' closing descriptions revealed that clarity regarding them had been gained. Participants also felt confused and frustrated as a result of the discrepancy between practice and theory taught.

Participants repeatedly depicted the incidents, which they chose to describe to the researcher, as traumatic, showing that, even when theory was implemented in practice, they remained stressful to the participants. Participants said that guided reflection assisted them in resolving these stressful feelings by giving them a positive view of the incidents.

5.2.4 New perspective

The theme of new perspective was further divided into the following seven categories: 'view of doctor/nurse action, outcome, own views of theory-practice integration, knowledge, feelings, communication and education'. Participants showed creativity in the implementation of theory into practice by suggesting alternatives (such as treatment protocols) to the problems of difficult decisions, ineffective communication and lack of knowledge. They recommended speaking clearly in stressful situations and being an

advocate for a patient unable to communicate. Improved in-service training and mentors for personnel working in a critical care unit were suggested to improve knowledge and skills. By suggesting solutions to problems, participants were able to evaluate the situations and make their own conclusions.

In the category of knowledge, the participants showed a discrepancy between theory and practice. Participants identified their own lack of knowledge, but showed the intention of taking responsibility for it. Johns (1995a:28) describes the value of reflective practice as an acceptance of professional responsibility, which seems to be a feature of this research. Theory application was flawed in situations where the prognosis of the patient was poor. Another factor that hindered theory-practice integration was the limited time available for training.

In the category 'own views of theory-practice integration', some participants thought that the theory correlated well with practice, while others believed the opposite. They suggested that the practical placement of students in different units should correlate with the theory taught in class. As discussed in Subsection 4.9.7, this is impractical.

5.2.5 Guided reflection

The participants described guided reflection as a way in which to recognise their thinking patterns and receive guidance in difficult clinical incidents. Guided reflection as a teaching strategy seems to complement other teaching strategies and enhance theory-practice integration. Bellman (1996) as cited by Burton (2000:1014) also came to the conclusion that, through reflection, nurses have greater insight into the meaning of practice and can consequently link the theory to practice.

5.3 EVALUATION OF THE STUDY

5.3.1 Research outcomes

- Research regarding the implementation of theory into practice highlighted the complexity of the theory, as well as practice, in critical care nursing and confirmed that these two concepts were closely related;

- The value of guided reflection in critical care nursing students was emphasised, especially in terms of clarifying issues;
- The phenomenon of theory-practice integration was studied in a real-life context, generating authentic information;
- The dense description of the research allows of repetition of this study in similar contexts in other hospitals; and
- It was found that critical care nurses' feelings were not often noticed or considered.

5.3.2 Researcher's experience during the research

- The researcher experienced personal growth in the area of reflection, as well as other areas, such as effective communication and perseverance;
- The researcher is of the opinion that guided reflection could complement other teaching strategies in addressing difficult situations, such as ethical dilemmas and negative feelings, where conventional strategies alone do not easily address them; and
- It is also the researcher's opinion that guided reflection is an excellent opportunity in organising thought processes and could assist students and qualified nurses in evaluating their own application of theory to practice.

5.3.3 Limitations

- This study was conducted in only one private hospital and could have been more representative of the population if a greater number of private hospitals had been used;
- Due to time limitations, only one guided reflective interview was done per participant, which could have influenced the results; and
- The close relationship between the researcher and participants could have influenced the results. Therefore, the researcher went to great lengths to ensure the trustworthiness of the study. However, qualitative research is about exploring and describing life experiences, which implies a need for a close relationship.

- The guideline for facilitation of reflection as a teaching strategy was not pre tested as discussed in Chapter 3 , due to time constraint and the limited available participants.

5.4 RECOMMENDATIONS

5.4.1 Recommendations for education and hospital management

The findings of the study generated the following proposal with regard to the education and management within a hospital. Considering the high cost of nursing a patient in a critical care unit, educators, facilitators and trained critical care nurses should:

- Be aware of the positive impact of theory-practice integration on quality nursing care; and
- Be acquainted with innovative teaching strategies, such as guided reflection, reflective journals and reflective group discussions, which could enhance theory-practice integration.

This could be achieved through the careful planning of a human resources development programme, and could result in cost effective, quality nursing care.

Theory-practice integration could be enhanced through guided reflection in order to:

- Clarify theoretical and practical issues that are experienced by student nurses, as well as registered nurses, while caring for patients. Guided reflection may assist all nursing personnel in solving difficult issues by giving them a new perspective and a feeling of ownership of the issues;
- Resolve uncomfortable feelings and create positive feelings, developing a personal knowledge that will equip student nurses and trained nursing personnel in the rendering of quality patient care. Guided reflective sessions could facilitate the training of nursing personnel in applying these skills in order for them to gain insight in how personal knowledge influences quality patient care;
- Address ethical dilemmas;
- Facilitate thought processes and critical thinking; and

- Allow students to take responsibility for their own theoretical and practical learning.

5.4.2 Recommendations for further research

Further studies could be done in order to:

- Develop a model or instrument to measure the extent of theory-practice integration in critical care units;
- Apply this research to more than one hospital, and to compare the findings with those of this study;
- Determine the impact of guided reflection on theory-practice integration;
- Refine and simplify the framework of guided reflection and to make it less time-consuming to implement;
- Explore the effectiveness of other reflective strategies, such as reflective journals, in enhancing theory-practice integration in critical care units; and
- Study the topic of this research by using quantitative methodology, with more participants and from a variety of settings.

5.5 CLOSING COMMENTS

The objectives of the study were reached. Guided reflection was facilitated with second-year critical care nursing students working in a private hospital in Gauteng. Furthermore, a description of second-year critical care nursing students' experiences of the implementation of theory into practice was given.

Through this study, the researcher became experienced in reflection, more specifically, guided reflection; and was forced to reflect on her teaching approach. The students' emotions were particularly significant to the research, and the researcher came to the conclusion that, before this study, their emotions had not been highly valued. The researcher also became familiar with data collection methods, such as guided reflection and unstructured interviews, as well as analysing and synthesising data. This study provided the researcher with the opportunity to view theory and practice from the students' perspective.

The main objective of educating critical care nursing students is to ensure the application of theory to practice, thereby obtaining quality patient care in critical care units. The researcher realised the complexity of theory, as well as practice in critical care nursing and that these two concepts are closely related. Therefore, the quality of education, which critical care students receive, should be of the highest. The researcher realised the importance of seeking alternative teaching strategies, such as guided reflection, in order to enhance critical care education and learning.

The inference is that guided reflection enhances theory-practice integration by clarifying and correcting nurses' thinking patterns and by eliminating negative feelings such as anger and guilt that hamper the performance of nurses. Guided reflection is suggested as an alternative teaching strategy, because it promotes positive feelings in nurses and enables them to develop new perspectives, to the benefit of the nurse, the patient, nursing practice and nursing education.