

HCAAs: developing skills in reflective writing

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Abstract

With the emergence of the assistant practitioner (AP) role, many healthcare assistants (HCAs) now attend university in order to gain academic qualifications, such as a foundation degree in health and social care, to enhance their developing role. HCAs who may not have previously studied within a higher education environment may feel anxious at producing academic assignments, especially those that need to demonstrate evidence of reflection. Reflective writing differs from traditional academic writing and this article will explore briefly the concept of reflection, the nature of the HCA as an adult learner, characteristics of reflective writing and two frameworks that support workers can use to demonstrate reflection within their writing.

Key words

- Reflection
- Adult learner
- Reflective writing
- Reflective frameworks

The role of the healthcare assistant (HCA) is developing significantly, as a result of Department of Health (2003) policy and a need to review the clinical skill mix to address a potential shortfall of registered nurses in the future (Royal College of Nursing, 2010). Some HCAs and support workers are undertaking work-based learning programmes of higher education in order to be able to develop their role as assistant practitioners (APs) and take on skills previously within the scope of the registered nurse (Skills for Health, 2009).

HCAs have been a key provider of patient care under supervision for many years and are in an ideal position to develop their knowledge and skills to become a more reflective practitioner, in order to enhance patient care (Skills for Health, 2009; Chapman and Law, 2009). However, some may experience anxiety at the thought of producing reflective assignments as there are differences between reflective writing and traditional academic writing. Also, many HCAs are mature adult learners and it may be some years since they attended full-time education, which may impact upon their self-confidence (National Institute for Health Research, 2010).

What is reflection?

There are many definitions of reflection, but Melanie Jasper (2003: 1) has a simple yet significant explanation of the concept that goes to the heart of the matter:

'Reflection involves taking our experiences as a starting-point for learning. By thinking about them in a purposeful way—using reflective processes—we can come to understand them differently and take action as a result.'

John Dewey was an educational theorist who developed the concept of 'thinking reflectively'. He saw reflection as a 'specialised' form of thinking (Dewey, 1933). Dewey also influenced others in their theories, including Donald Schön, well known for his writing on the development of reflective practitioners (Schön, 1987). He developed concepts of 'reflection-on-action' and 'reflection-in-action'.

Reflection-on-action is when a person looks back on what they have done to revisit their actions and consider whether they would change any actions in the future.

Reflection-in-action is sometimes described as 'thinking on our feet' and occurs during an episode or action. In healthcare, this means pausing to consider our actions and acting upon these thoughts while we are practising.

David Kolb (1984) developed a cycle of experiential learning and also believed we learn from experience by revisiting our actions and reflecting upon them. He believed we could learn by reflectively observing others, and learning from their experience. As a result, a deeper level of learning is achieved and then acted upon.

It is this deeper level of learning that influences the practice of healthcare workers and can help HCAs to transfer the learning they have undertaken in university or other institutes of higher education into their practice. Chapman and Law (2009) identified the importance of being able to transfer learning into practice—and reflection is thought to be one way of 'bridging the theory/practice gap' (Bulman and Schutz, 2004).

Reflective activities may not be difficult to think about, but are more difficult to write about. For example, a busy HCA may look back on an episode of care which involved supporting a distressed patient and think about how confident he or she felt while providing psychological support. Thoughts may involve whether there were any other words or non-verbal gestures that could have been used to empathise with the patient. It may also be the focus for further discussion with his or her workplace mentor on a subsequent occasion. They may then consider strategies that will help them to deal with such a situation in the future. But if the HCA was then asked to write about

the episode and demonstrate evidence of reflection in a structured way, it becomes more difficult.

HCA as adult learners

Wynne (2006) has identified key characteristics of adult learners, some of which are listed here:

- Many have prior life experience, which they draw upon
- There is a desire and motivation to learn
- Many are mature
- Some learn at a different pace and in a different way
- Some may lack confidence.

Wynne's characteristics ring true with those of many HCAs who undertake further academic study. McKenna et al (2005) evaluated a training programme for HCAs and identified that many participants had several years of healthcare experience. One large study identified average age of the HCA as 38.4 years, often with a family to support and a wealth of experience from within healthcare and beyond (National Institute for Health Research, 2010). This study also indicated that many are drawn to their role as a way of developing a fulfilling and rewarding career, which in itself will encourage a desire and motivation to learn.

However, being able to demonstrate reflection within their writing may be a daunting prospect for some. McKenna et al (2005) in their small study found the HCAs experienced difficulty with reflective writing.

What is reflective writing?

Jenny Moon (2004) has produced some useful resources for students who are new to reflective writing. She suggests that reflective writing demonstrates the mental process of reflection and she has identified some differences between traditional academic writing and reflective writing:

- Reflective writing involves use of the first person rather than the third person. This means that it is acceptable to use 'I' in essays. This may be difficult for students who have previously been advised to never use 'I' in their writing
- Since the process involves demonstrating thinking and learning, reflective writing may not appear as structured as a traditional essay
- With reflective writing, the writer often chooses the topic to reflect upon—for example, an incident in practice, or assignment feedback. The writing involves answering 'searching questions', which helps to demonstrate reflection
- Reflective writing has a purpose—to enable learning, whereas an essay may be more of a demonstration of knowledge (Moon, 2004).

Jasper (2003: 143) suggests that the key focus of reflective writing is that it is used as a vehicle to enable a deeper level of learning. She also feels that an advantage of reflective writing is that thoughts can be put down on paper that the writer can return to at a later date.

This may help HCAs to reach a different viewpoint when reading their reflections for a second time and can help them to consider events from other perspectives, which



Reflective writing—a vehicle to enable a deeper level of learning.

may then influence their practice. It is also a good example of reflection-on-action (Schön, 1987). This is a useful approach for those who are new to reflective writing, as people often need some help with the process of reflection. Keeney et al (2005) identified that HCAs felt unsure as to how to reflect. Mackey and Whitfield (2007) evaluated whether the use of reflective diaries would help with supervision of APs. The views of the APs were mixed; those who used the diaries felt they definitely helped with learning; those who did not complete diaries were scared of 'getting it wrong'. Although the Mackey and Whitfield study was small, it does highlight the fears that HCAs and APs may have about learning to reflect on their practice. Therefore, any tools or frameworks that can help someone to begin this process are valuable.

What tools or frameworks help with reflective writing?

There are many tools or frameworks that could be used to help with reflective writing. Examples of written reflective activities that HCAs may find they need to complete could be:

- Writing a reflective diary
- Compiling a reflective portfolio
- Reflecting on learning that the individual has gained from a study day or short course
- Reflective written assignments

Compiling a reflective diary would be a good start for anyone new to reflective writing. This could then reduce some of the fear associated with putting thoughts down on paper and a HCA could gain some useful practice before having to complete a reflective written assignment.

One of the more well-known frameworks is the Gibbs (1988) Reflective Cycle. This framework asks a series of questions to guide the process of reflection and is easy to follow (Figure 1).

Key Points

- The role of the healthcare assistant is developing, with many undertaking academic programmes of education within a university, or other institutes of higher education
- Many HCAs are adults, with a desire and motivation to learn
- Reflective practice enables healthcare workers to be able to transfer academic learning into practice
- Reflective writing aims to enable a deeper level of learning
- The use of a framework will assist the HCA to demonstrate evidence of reflection within their writing



Figure 1. Gibbs (1988) reflective cycle highlights feelings about writing.

The first stage in the cycle is to describe or give a brief account of what is going to be reflected upon, for example, caring for a patient at risk of developing a pressure sore.

The writer then follows the cycle and writes a paragraph in answer to each of the following stages: feelings, evaluation, analysis, conclusion and action plan. The analysis stage is often the stage in the cycle that can be difficult to think about, but provides the link between theory and practice. For example, it would be useful to read around the theory related to pressure ulcer development and identify the local trust policy on pressure sore prevention.

So, in this analysis stage, the HCA may reflect on the causes and prevention of pressure sores and how these will relate to the care of his/her patient. The Reflective Cycle is simple to use and follow, but has one disadvantage in the lack of detailed questions within each stage of the cycle. However, it does provide structure to written pieces of reflection and would be a useful framework to follow if writing a reflective written assignment.

An alternative framework is the 'What Model of Structured Reflection' (Driscoll, 2007). Unlike the Gibbs

(1988) framework, the Driscoll tool is linear rather than cyclical and contains three simple stages: 'What?' 'So What?' 'Now What?' Each 'what?' stage has a series of questions that will help the HCA to consider their own learning and practice. The beauty of Driscoll's framework is its simplicity and ease of use. It also provides clear guidance for each stage of the reflective process. The benefit for those using this framework is the inclusion of searching questions that will encourage the HCA to demonstrate a deeper level of reflection within their writing.

Conclusion

The provision of a more academic-based education will encourage the development of a reflective practitioner with enhanced knowledge and skills beyond that of the traditional support worker (Skills for Health, 2009).

HCAs need to be able to practise and demonstrate evidence of reflection. For some, this can increase levels of anxiety at a time when they may be juggling the needs of a family, full-time work and study. Reflective writing differs from traditional academic writing and in order to be able to develop these skills, use of a reflective framework will enable HCAs to transfer their enhanced knowledge into everyday practice.

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