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**ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH**

**Reflecting differently: new dimensions - reflection-before and -beyond action**

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**Abstract**

*Background:* This article attempts to move reflection forward from what is currently identified as a two-dimensional process e.g. reflection-in and reflection-on-action, to a four-dimensional process e.g. reflection-before, reflection-in, reflection-on and reflection-beyond-action. In nursing clinical practice it is reflection-in-action that is the required skill, but it is often reflection-on-action that is advocated in nurse education through the application of reflective models into assignments. Nurse education draws on practice, but generally, when using reflective practice, applies some sort of method or guide to direct student learning. This approach does not fully recognise that much learning arises from individual students’ own clinical practice experiences. The notion that undertaking of reflection-on-action assignments develops the necessary reflection-in-action skills needed for clinical practice is not demonstrated. Yet it is reflection-in-action that can aid professional practice and enhance learning. This is why it is important to explore a broader approach to reflection.

*Aims:* To show that more value can be gained from engaging with two additional dimensions of reflection that of reflection-before-action and reflection-beyond-action. To demonstrate how this idea draws on: the two additional concepts reflection-before-action and reflection-beyond-action referred to in few areas of current literature, links them to the already better known concepts reflection-in-action and reflection-on-action, my doctoral research, practice experience and practice development activities.

*Findings:* Nursing reflection-on-action is more widely employed for a range of purposes, but restricting nurse education to just reflection-on-action does not realise the full potential of a broader application of reflection. A life-long application of refection can demonstrate the value of reflection for a more holistic and practical development approach.

*Conclusions:* This article explores the value of using reflection more broadly in terms of developing a four-dimensional process e.g. reflection-before, -in, -on, and -beyond-action as ways of facilitating learning from practice and developing professional practice.

*Implications for practice:*

* The focus of the article is on reflection for student nurses and nurses
* Reflection as a four-dimensional process can give access to improved professional practice that would otherwise remain hidden.
* Through reflecting differently, nurses can process their reflection, -before-action, -in-action, -on-action, and -beyond-action as a means to expanding and deepening their understanding of professional practice (Figure 1).
* Reflection-before, and –beyond-action are viewed as additional ways of aiding professional practice.
* Allow nurses when engaging in reflection to be able to do so freely and without constraints.

**Keywords:** Reflection, reflection-in-action, reflection-on-action, new dimensions

**Introduction**

Reflection-on-action is often used as a medium for reflective assignments in nurse education. In these assignments students tend to just report experience, ‘reconstructing’ it after the event, rather than ‘constructing’ it while it is happening in more significant ways. Reflection-in-action is a way of ‘constructing’ practice whilst it is happening, which can facilitate the development of moment-to-moment decision-making. I have often felt that it has been my continuous exposure to practice experiences over time, making decisions while it is happening at the bedside that contributed to my development as a professional and expert practitioner. The difficulty is how the processes develop over time through the use of reflection-in-action and so the development of professional practitioners can be enabled.

Exemplifying possible ways of aiding the development of reflection-in-action; the practical decision-making taking place during caring for a patient needs to be the priority rather than that of reflection-on-action. Developing reflection is essential for professional practice and student assignments advocating reflection-on-action and clinical practice experiences that facilitate reflection-in-action are essential for this, as they can both be direct aids to diverse kinds of learning. However, the clinical setting is a complex and often difficult place for novice nurses who are expected to learn from, and develop professionally within it when reflection-in-action is not a skill that is encouraged.

Students are involved in reflection on a daily basis, and to suggest that students just reflect-in and -on-action have perhaps become a little passé. Students need suitable tools to access and preserve their ‘lived experience’, which can then be further used to adapt to a variety of practical situations. Therefore, ‘reconstructing’ practice before and beyond its happening can help nurses explore their practice and become better able to understand their professional lives and development. At the same time, reconstructing practice before and after can also provide effective ways of expressing emotions and of overcoming and articulating difficulties that occur in practice.

This article suggests that value can be gained from engaging with two additional dimensions of reflection that of reflection-before-action and reflection-beyond-action. Students can then learn to think about the related theory to practice before they enter into it, following on with reflection -in and -on-action, consider the impact the experiences have had on them beyond-action, and the contribution made to their nursing journey and professional practice.

**Reflective practice**

Boud (2010) points out that reflection seems to be suitable for practical professions such as nursing and teaching. According to Carr (1995) Schön’s analysis of reflective practice has helped to recognise professional practice not just as a set of practical skills, but as a form of intelligence, a complex form of professional creativity, which involves both reflection-in-action and reflection-on-action. Reflection has certainly helped raise the status of practice and nursing as a profession, and this is due in no small part to Schön’s innovative thinking. The practice elements of nursing skills require dexterity and coordination, the application of sometimes-complex theoretical understanding, competence and linking to other knowledge.

But, with the implementation of reflection into nurse education programmes, some of the issues around reflection-in-action have been ignored or played down, and, in an attempt to find a place for theory, the emphasis on reflection-on-action has become dominant, and the role-played by reflection-on-action using assessment more prominent (Edwards, 2014).

Schön’s (1983) original work has been the subject of considerable critical scrutiny, particularly in regard to the role of theory (Edwards, 2014). Edwards (2013) has pointed to the relatively sparse nature of the empirical evidence on which claims for reflection have been based. Because of this Schön’s (1983) analysis has been built on further to develop practice, and discussion of such issues in the research literature has produced some interesting suggestions as to how reflection might be conceptualised differently in the future.

Billet and Newton (2010) proposed a new model of reflection termed ‘learning practice’, which considers reflection as an on going professional lifelong learning process. Whereas, Boud (2010) suggested a new development in the use of reflection termed ‘productive reflection’, which advocates reflection as an organisation and not as an individual pursuit (Table 1). These two ways of viewing reflection continue to connect with the two main concepts from Schön (1983), reflection-on-action and reflection-in-action. Nevertheless, whilst ‘learning practice’ (Billet and Newton, 2010) and ‘productive reflection’ (Boud, 2010) offer a broader range of structures to identify learning from practice they are not widely employed. These two new concepts of reflection may not be widely employed due to the focus of them is on the practice of education rather than emphasising engagement in clinical practice within healthcare.

**New dimensions of reflection**

Schön separates ‘reflection-in-action’ from ‘reflection-on-action’ (Schön, 1983) and from both a theoretical and an empirical perspective; hybrid models have developed as an attempt to tie reflection-in-action to reflection-on-action. For example, in teaching, it is sometimes assumed that, if students go into the classroom and reflect-on-action, they will be able to reflect-in-action when they are in practice and improve their ability to care for patients. That is, it is assumed that reflection-in-action can be developed by theory-based reflection-on-action, that one aids the other. However, it isunclear whether such strategies actually workand Schön (1983) seeminglydenies it. This, and the fact that much professional preparation has to occur in academic rather than clinical environments, has led to reflection reverting to the process Schön (1983) most criticises – individualistic, cognitive, detached from practical settings, and guided by others who are themselves guided by theoretical accounts, assessment-led target setting and managerialism (Edwards, 2008; 2013). Thus, reflection needs to move forward and be re-conceptualised to aid practice development and understanding. This can be achieved by using a 4-dimensional approach.

***Reflection-before-action***

The criticisms levelled at reflection are indeed harsh (Edwards, 2014), but then perhaps the chronology of reflection could be modified, with teacher, mentor and student reflecting in advance (reflection-before-action) of the learning event and not merely during (reflection-in- action) or following it (reflection-on-action). Reflection-before-action requires learners to reflect before entering into clinical practice work. There is little mentioned in the literature about reflection-before-action, although in my personal narrative of how I came to professional practice through engaging with my own stories of clinical practice (Edwards, 2015) I acknowledge a pre-narrative, and in my doctorate work (Edwards, 2013) I make reference to a pre-reflection stage; both providing some of the foundations for reflection-before-action.

Alden and Durham (2012) consider pre-reflection and use the phrase reflection-before-action to refer to students’ expression of emotions about previous personal experiences prior to entering into simulation. Alden and Durham (2012) propose that pre-reflection in relation to pre-simulation activities is necessary for students to examine previous knowledge and experiences, what is being asked of them, relieve anxieties and as a means for briefing about the patient.

On a day-to-day basis students may not notice the possible experiences of practice or recognise their potential for learning and future development. This can be referred to as part of reflection-before-action - the lived world of the students in everyday clinical practice made up of experiences they could or would like to encounter. In their reflection-before-action students can begin to pay attention to, gain an awareness of, and participate in, early reflection. Reflection-before-action can help to build an awareness of and appreciation for what is going on around them and begin to facilitate students to take notice of practice situations; a mindfulness whereby nurses can become attentive towards their actions prior to them taking place. Mason (2002) presented noticing as how we perceive what is around us and as something we do all the time. Once noticing takes place through the application of reflection-before-action, students can start to remember the theory engaged with in the classroom or a similar patient they had previously cared for. At this stage, the students are not so much learning as learning to notice.

According to Mason (2002), our attention is highly selective, otherwise we could not cope, for there is often too much to attend to or notice in any interaction. Therefore, students can notice many things, but with the application of reflection-before-action can filter through these so they can be recorded and begin to make sense of their concerns, problems, learning needs prior to going into practice situations.

Reflection-before-action can encourage students to single out and structure clinical experiences that might otherwise go unnoticed and unstructured, and acknowledge and identify the tacit nature of learning from practice and develop strategies for making it explicit. The student engaging with reflection-before-action can move from a stage of undifferentiated awareness, to conscious appreciation of the potential situation about to be experienced. It can allow further analysis of the situation prior to it taking place with the potential to enrich learning and practice development.

By advocating previous critical examination of a practice situation, such as a clinical placement or undertaking a particular skill, a student or nurse can consider their anxieties and what these might be, the specific skills they may need, apply previous knowledge and experiences, of what they may become faced with e.g. the possible challenges presented by patients, dealing with pain, suffering, dying, healing and loss and also by their own emotional reactions. Learning can take place before the event in preparation for making sense of it during (reflection-in-action) or following (reflection-on-action) or even engaging in or pursuing the events later (reflection-beyond-action). This can lead to an enhanced understanding of the circumstances they are about to be placed in. The difficulty is in trying to understand or explain what is occurring in this rather complex process, when undifferentiated events begin to be seen differently, i.e. when the tacit is made overt or the implicit explicit. This is where reflection-in-action can be developed.

***Reflection-in-action***

Schön (1991) considered how more experienced practitioners could create the conditions for a student to incorporate theory and practice as ‘reflection-in-action’. Vygotsky (1978) and later Daniels (2001; 2005) postulated that expert clinicians could help the student grow into the intellectual life around them and engage in the complex business of ‘being human’. The argument is that reflection-in-action can make what would otherwise be tacit (moment-to-moment decision-making) explicit. This is helpful to nurses developing the kind of professional skills Schön (1983) argues for, which is that practical wisdom and intelligence are, or should be, of equal value to theoretical knowledge.

Reflection-in-action helps me to connect elements of my theoretical and practical learning together from both my clinical practice and as an educator. By advocating the value of reflection-in-action to students and nurses I may be able to develop a connected and more focused approach to the understanding of their clinical practice. They can then shape their experiences and build upon them to develop their own professional practice. In this way, reflection-in-action can become an aid to expressing learning, which in turn reinforces and reconstructs that learning. Then it may be possible to make visible the unique and individual ways a student comes to be both a nurse and a professional.

*The difficulty of teaching reflection-in-action*

Following on from this is the difficulty of teaching reflection-in-action, which, by its nature, takes place in clinical practice and is difficult to replicate outside of this. In regard to the professional knowledge of the teacher, it is essential that those leading reflection sessions are fully aware of the different theoretical comments regarding how reflection-in-action is both understood and implemented.

The extensive spread of a managerialist culture (Stobart, 2008) into most aspects of academic life has also presented serious challenges regarding how reflective practice can be taught. This is not to criticise reflection *per se*, but rather to acknowledge that a top-down approach, such as most managerialist regimes insist upon, determines the nature of the reflective practice that any programme or individual teacher can pursue e.g. reflection-on-action.

*The use of reflection-in-action in developing professional practice*

Developing professional practice is central to Schön’s (1983) analysis. This has consequences for nursing in relation to how professional practice is developed and how nurse educators approach the question of reflection-in-action, if indeed they do at all.

At the same time, managerialism seems to pose a threat to doctors, nurses and nurse teachers’ esteem as professionals. The emphasis is on ‘performativity’, ‘maximising efficiency’, ‘control’, and all regimes of management (Lyotard, 1984). Structures have been implemented that constrain professionals in practice (Edwards, 2008), with the emphasis on ever more rigorous scrutiny of data, audit trails, set guidelines for practice such as care bundles and pathways (Deem et al., 2007). Friedson (2006) indicates that the developments described above are seen by some as heralding a crisis for professionalism in which many professionals are being de-professionalised (Friedson, 2006).

The inclusion of reflection-in-action as a means to facilitate nurses’ development of professional practice is essential in an ever-changing healthcare environment. Yet, is difficult due to the individual nature of reflective practice. The result is to threaten to undermine the self-esteem of the professional.

The aim now for professional practice is to find a means whereby tacit knowledge and knowledge based on theory can be fruitfully combined. This requires the development of strategies for uncovering how the tacit knowledge of the practitioner has been built up and consolidated, and to work out how a practitioner can be led to identify, and therefore revise and develop this knowledge. This latter task is a formidable one, for as Clouder and Sellars conclude:

‘...qualified practitioners who have developed expertise operate at such a tacit level that their capacity to analyse their interventions and, perhaps more importantly, discuss their conclusions and teach colleagues might be impeded’ (Clouder and Sellars, 2004, p 267)

Box 1 presents a situation from my own practice and shows how a nurse working from a practical tacit model constructed in her mind, using her skill and dexterity in organising and preparing a patient for computerised tomography (CT). This situation can reasonably be described as reflection-in-action, moment-to-moment decision making at the bedside in that, although it conforms to standard practice, it was fully ‘internalised’ in the nurse’s expanded professional repertoire.

This is where the use of reflection-in-action can be developed to enhance professional practice and may be able to help. Yet, reflection-in-action is underplayed and in some instances almost forgotten, as much emphasis is put on reflection-on-action.

***Reflection-on-action***

Students have to engage with reflection-on-action mainly in the form of written assessments as a tool to develop reflection-in-action skills, but Schön (1983) denies this link. This can be due to reflection-in-action being located in the real context and not accessed outside of these, and often fails to draw significant meaning in any depth from reflection-on-action experiences, due to how reflection-on-action is currently conceptualised.

*The impact of reflection-on action on assessment*

Reflection-on-action has become an integral and superior reflective approach and is implemented most effectively by means of the assessment strategies that students are subjected to (Edwards, 2013). Nowhere is this more glaring than in the way in which radical thinking behind reflective practice has been supplanted by the need to make it fit into a top-down, measurable part of an accountability system, dominated by pre-determined learning outcomes. This links to the culture of learning in higher education as the curriculum is viewed as a set of modules, whereby students have to meet a set of learning outcomes for each module set, achieved using a number of assessments (Hussey and Smith, 2002; Edwards, 2008).

The prioritisation of assessment presents genuine dilemmas for those teaching – and learning about reflection-on-action (Edwards, 2013) and, as such, for me, raises a number of questions and issues. On one hand, what exactly is being assessed – the skills of reflection or standard academic writing conventions? If it is the former (as all courses would presumably claim), what precisely are these skills and how can they actually be assessed? On the other hand, if reflection-on-action is not assessed, will practitioners take it seriously, by making time and resources available for it in the case of management, or bothering to do any more than go through the motions when completing assignments or participating in classroom discussion on the part of students?

In addition, students are highly unlikely to reflect on their actions openly on situations where their practice may well have been below the standards established by the profession (in other words, regarding those situations where it is most necessary for them to reflect) if such accounts are to place them in a situation where they might be failed. Instead, they are far more likely to ‘write what the examiners want’.

Students are quick to sense what the ‘answer’ should be and write to this end, irrespective of whether the content of their accounts mirrors the realities they have experienced during their practice.

*Reflective frameworks used to explore reflection-on action*

As part of their practice assessment within higher education, student nurses are expected to make academic commentary on events in practice using a cognitive model of reflection or guide to reflection, such as Gibbs (1985), Johns (1995), or Driscoll (2007). Such an approach provides a list of stages a student has to go through in a reflective assignment to ensure this happens. These models or guides do not, however, accurately verbalise or articulate the complex activity of learning from practice. In my own experience, this use of reflection for assessment serves to erode students’ willingness to express their true feelings, which often omits space for the expression of genuine emotions.

Gibbs (1985) reflective cycle does include an area for students to express their feelings. Yet, students are often not able to express how they truly feel e.g. anger, fear, and animosity as this can go against what is considered as ‘professional behaviour’ and lead to a fail grade. So the opportunity to express any emotion is often omitted, leading to superficial reflection in assignments that do not engage students in an expression of how they really feel. Boud (2010) purports that for educational purposes, students are expected to learn from such reflective assignments to help them in the future. However, what is expected is a cogent account of what may be learned from the experience in the cosy and comforting language of nursing discourse.

The reflective assignment has to be written using the vehicles of expression, which the student has played no part in choosing (Saltiel, 2010). For example, the language of academia required to fit the reflective account into a model using a set number of cue questions e.g. as advocated by Driscoll (2007). This use of cue questions and other guides to reflection (Gibbs, 1985; Johns, 1995) can benefit novice nurses to develop reflection skills and value their practice experiences as a means of learning. Conversely, the guides used for reflection-on-action can undervalue nursing care, as the reflections themselves become procedural, as if the student is compliantly following a recipe. As each cue question/ stage/ cyclical process has been dealt with, the student moves onto the next, rather than questioning and challenging the experiences they are describing.

Reflective frameworks can also restrict exploration of practice insofar as these suppress creativity and thinking (Nicholl and Higgins, 2004). Indeed, engaging in critical reflection can lead to uncertainty about self (Parahoo, 2006). The emergence of self-doubt may result from students being faced with incidents, which exceed the scope of questions posed within the reflective framework.

Learning through reflection-on-action can be a laborious and formulaic process (Palmer et al., 1994) and can become just another tool of technical rationality (Rolfe, 2001; Rolfe and Gardener, 2006). Whilst reflection-on-action can be used to relate theory to practice and practice to theory, much student reflection remains superficial (Field, 2004).

*Overstressing of the negative side when engaging in reflection-on-action*

Given the focus of reflection-on-action on the role of the individual as well as the in-built assumptions concerning the power of the individual to make decisive change for the good if s/he were so determined, there is a danger of overstressing the negative side of reflection-on-action, encouraging practitioners to see themselves as ‘not good enough’ (Hargreaves, 1997, p 6-7).

Ixer (1999) and more recently Edwards (2013; 2014) has argued that the potential of reflection-on-action to generate learning from practice in nursing is limited, as it relies too much on such negativity, with the focus on self-criticism (what a nurse did not do well) rather than on self-praise (what a nurse did well). Again, this is far from inevitable and, in the hands of a skilled teacher, can be avoided. But the potential for playing down the achievements of a student, and to stress only what 'improvements' are required, is a very present one. This negativity toward one’s own practice and oneself may hint at a limitation of reflection-on-action as it is presently conceived. Nevertheless,not all of the above will be experienced by all student nurses as each person’s learning may be different due to his/ her individual emotions, personality and past experiences.

***Reflection-beyond-action***

One of the criticisms levelled at the different notions of reflection-on-action concerns the validity of so-called ‘true accounts’ that are produced in reflection assignments, and which, it is suggested, do not take into account sufficiently the constructed and subjective nature of practice situations (Edwards, 2014). According to Edwards (2013), reflection-on-action accounts of practice are generally taken as giving unmediated access to the objective world of the practitioner; they are treated as merely ‘after-the-fact’ accounts of experience that make practice accessible to the reader/ listener, without any critical consideration of the true claim embodied in the account or how the student has developed/ improved as a consequence. To see such accounts as reflecting ‘what really happened’ over-emphasises the space available for free choice and agency, as well as assuming that any such reality is ever accessible (Rolfe, 2001). Perhaps it is time to move forward and utilise different terminology and reflection-beyond-action using story might help.

***Reflection-beyond-action using story***

This article proposes that reflection-beyond-action can incorporate the use of stories, as according to Edwards (2013; 2014) students own and others’ stories of clinical practice can be a useful aid to learning. In short, what is being suggested is that story can be incorporated in reflection-beyond-action in clinical practice with mentors and in nurse education, and should be viewed as an aid to such practice. The example given in Box 2, a real story from my own practice, is meant to illustrate how a story can be used to make the reflective learning process more meaningful.

As this example demonstrates, the nurse was engaged with reflection-in-action, but she had difficulty explaining to others the learning gained through her on-the-spot reflection. If she had recounted the above instance as a story, it would have aided reflection and enabled her to share her expert practice. Edwards (2014) identified that story can facilitate the sharing of professional practice in a way that reflection alone cannot, creating a supportive environment where lively discussion can develop a better understanding.

Chan (2005) proposes that, instead of turning to reflection-on-action, we should begin by sharing stories, as a basis for understanding caring in nursing. According to Edwards (2013) in telling stories, students are interpreting, and reinterpreting, what they have experienced.

The inclusion of story to form the basis for reflection-beyond-action combines the value of having an ‘open’ view of learning, resembling the productive reflection described by Boud et al. (2006) and the ideas of Billet and Newton (2010), who embrace a more ongoing form of learning throughout a professional’s working life. The latter stress the significance of individuals’ unique experiences as learning resources and the importance of their interactions with other experienced practitioners.

Dreifuerst (2009) and Alden and Durham’s (2012) work on simulation propose that reflection needs to continue after reflection-on-action and following the experience. They devised and incorporated the term reflection-beyond-action to use with simulation. However, taking reflection-beyond-action out of the context of simulation and applying it in terms of developing professional practice it can expand as a means to incorporate self-exploration, practice development, transformative and lifelong learning, whereby the individual seeks to find meaning and understanding in their practice experiences.

*The use of reflection-beyond-action to facilitate self-exploration*

In the case of self-exploration, it is the student’s role in the learning process that is stressed. Self-direction of learning is encouraged, as well as the development of self-evaluation strategies promoted through students working alongside the lecturer. By engaging in reflection-beyond-action without any pre-determined stages or model to go through can contribute to undergoing some change through self- exploration, which may lead to a change in each person, and the setting of new goals and achievements to become a better nurse.

The value of reflection-beyond-action can be constituted to evaluate self or actually change practice in the light of learning and experience. Taking time to engage in reflection-beyond-action can potentially order real events in such a way as to reveal a nurse’s self. Reflection-beyond-action can reveal something about their individual personalities in such a way that self-exploration and professional development is a real possibility. Students can become more aware of their own values and beliefs, improve a nurse’s ability to deal with complex emotional situations and learn more about themselves.

Reflection-beyond-action can be used to facilitate individual learning in the Piagetian tradition of learning (Piaget, 1962). This can help students to internalise, make sense of and learn from their experiences, and add the new elements of learning to existing knowledge. These can then be connected together; a stage in the conceptualising of knowledge Piaget refers to as ‘schematic’ (Edwards, 2013). This can then help students identify gaps in their own learning and so identify learning needs, and used to inform reflection-before-action. The student can become aware of the tensions of modern-day practice, which in turn raises awareness of professional development needs and goals, providing a potential mechanism for continuing learning as a lifelong process.

*Reflection-beyond-action as a means to life long learning*

Writing before the Second World War, Dewey (1938, reprinted 1997) pointed out that all of our experiences are developed through time, in that we are forever going forwards and backwards from a point in time in order to make sense of, and learn from, our experiences. The idea of lifelong learning was first presented by Hutchins (1968), which brought about offering opportunities for developing every one’s education through all stages of one’s life. Edwards (2002) proposed that learning to be a nurse can be viewed as a collection of different experiences of professional practice, and evolves from decades of clinical experience. If so, then reflection-beyond-action is a process whereby students can be encouraged to make links between their past and present experiences, use these to inform future experiences, and as an accessible means by which such links become explicit rather than tacit. Reflection-beyond-action can help the student to understand the present in the context of the past and the future, and act as an important step in lifelong learning and career development.

Clandinin and Connelly (2000) assert that our experiences are called upon temporally over a period of years or even a lifetime. Thus, by looking ahead and recognising possible consequences is about future learning and planning future action that takes place as part of lifelong learning. Reflection-beyond-action can encourage students to identify future learning needs and to undertake additional reading, as well as endeavouring to develop further clinical judgement skills to facilitate reflection-in-action, in a way that reflection-on-action has failed to demonstrate. Reflection-beyond-action can combine the influence of the past on the present in order to illuminate, and perhaps guide, the student’s future. In other words, the student’s learning from reflection-beyond-action can be contextualised within a longer-term historical narrative, implying progression and continuity.

The notion of learning through time using reflection-beyond-action can create an on going process from the students’ remembered past in one place to a present moment in another, all the while constructing an identity for the future. Students’ individual learning needs to be connected to their former experience in terms of it being able to improve their practice in the future, as is assumed by exercises in reflection-on-action or theory-based reflective practice.

*Reflection-beyond-action as a means to improve practice*

Felton and Royal (2015) express concerns around the abilities of newly qualified nurses performing clinical skills, and highlights the standards framework set by the Nursing and Midwifery Council in 2010 (as a means to address these concerns). The flexibility of the new standards allows the opportunity for innovation and creation and the integration of reflection-beyond-action can facilitate this.

Felton and Royal (2015) suggest linking in to the patterns of knowing can help to identify the themes of nursing skills and so enhance practice development. In this way individual learning may be enhanced in a number of ways through the use reflection-beyond-action, which might lead to improvements in the understanding of reflection in general and its role in transforming practice development.

*Reflection-beyond-action as a means to transformative learning*

Kear (2013) use transformative learning approaches in nurse education as a means to opening students’ minds through different experiences with humans. McAllister (2015) use transformative learning by engaging students in dialogue to enable them to rethink problems and change practice. This may allow for a more personal approach to learning than reflection-on-action currently allows, such as theory-based reflection-before, and -in-action. This is because engaging with reflection-beyond-action is a way students can vicariously re-live experiences and come to understand them. The direct impact of this style of learning is transformative in that it may signal a kind of learning that rarely leaves the nurse unchanged.

Reflection-beyond-action can produce the type of learning that may be vital if students are to move beyond the limited confines of mechanistic reflection in the form of reflection-on-action. With the inclusion of story the development of professional practice can be enhanced-it can aid reflection-in and beyond-action and enable the sharing of expert clinical practice in a way that reflection-on-action alone cannot. Students can become aware of their actions as recounted to themselves during reflection-beyond-action, and thereby learn more about themselves.

Nevertheless, although reflection-beyond-action can usefully link past and present circumstances to the future, students need to be encouraged to focus on reflection-in-action e.g. the present. For what matters in reflection is not mainly concerned with connecting past, present and future, even though it is to some extent about this, but also to prepare for an experience prior to it (reflection-before-action), fixing a ‘present’ moment (reflection-in-action) in such a way that it can be studied (reflection-on-action) and learned from (reflection-beyond-action) as a lifelong process.

**Reflecting differently**

It is not being suggested that reflection-before, -in and –beyond-action be a replacement for reflection-on-action as a means to develop professional practice but instead should be viewed as another way of aiding such practice (Figure 1). Keyko et al. (2016) proposes that work engaged in professional practice is important. Nurses want to engage in reflection, as a reflective nurse is better than a non-reflective nurse. The current situation in nurse education utilising reflection-on-action as a means for assessment, students cannot truly reflect on what really happened and overemphasises the space available for free choice. In addition, this may constrain students’ accessibility to the reality of practice and from attaining a deeper understanding of and meaning from it.

Nevertheless, reflection has a particularly important role to play in developing professional practice because it can represent and articulate the experience well, showing the wide range of experiences that nurses live through in their professional work. Yet, according to Bulman et al. (2016) reflection does not yet provide a sufficient foundation of knowledge to guide professional practice. Reflection if conceptualised differently can give access to professional practice that would otherwise remain hidden, even to the nurse him/herself.

This article proposes reflecting differently can assist in creating professional practitioners sooner, but can also serve as a medium for understanding professional practice, something reflection-on-action alone has failed to demonstrate. Through reflecting differently, nurses can process their reflection, before-action, -in-action, -on-action, and beyond-action as a means through which they can find meaning in and from practice, expanding and deepening understanding of professional practice.

Reflecting differently can serve to develop additional interpretations whereby meaning can be derived from, or give meaning to experience, and so become a fruitful way of exploring complex, integrated and interrelated professional issues, more effectively than reflection-on-action can do alone. In other words, teaching students and nurses to reflect differently can aid the development of professional practitioners. If learning to become a nurse concerns making sense of our experiences, and then building upon this understanding to bring about change in our practice, and current reflection-on-action fails to meet this, then we need to begin to reflect differently. This article is a move in that direction.

**Conclusion**

In terms of the development of students and nurses’ practice learning; reflection can play an extremely productive role. The current means through which practice learning takes place is reflection-on-action. However, this is insufficient and the important role of reflection-on-action is under scrutiny. Nurses need to be able to reflect in their own language, not in that of the academic, only then will nurses be able to gain a clearer insight into their learning, grapple with issues concerning ethics and values that are too often excluded from formal consideration, and begin the challenging task of making explicit and transferable learning that has until then been implicit and often unacknowledged. Thus, the focus now needs to make more explicit the value of the reflective process (not in terms of reflective models for reflection-on-action) but by reflecting differently and how this can be facilitated.

When nurses begin to reflect differently their experiences can appear very different, and begin to identify definitively the nature of their learning. Thus, if reflection is to move forward professional practice as some claim it can, it needs to be practiced in another way.

In general, it is proposed that reflection-on-action can remain as a means to assessment using a guided model. However, the full value of reflection is not being used to its full potential. It needs to be expanded beyond reflection-on-action to include reflection-before-action, which can help novice professionals choose and then think about situations before entering into practice, improving reflection-in-action can help nurses find meaning in their own day-to-day experiences, and reflection-beyond-action advocates the use of story, can enhance self-exploration and awareness, lifelong learning, advance practice development and lead to a method of transformative learning.

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