**Research Article**

# FACTORS ASSOCIATED WITH SELF-REPORTED REFLECTIVE PRACTICES AMONG NURSING STUDENTS OF NEPAL

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## Abstract

A key component of professional nursing practice is reflection, which also serves as a method for practice-based learning. It supports students in developing metacognitive knowledge, which enables them to plan for their learning. This study aimed to assess the level of reflective action among nursing students and identify factors associated with socio-demographic variables. A descriptive cross sectional study was conducted among 293 nursing students enrolled in their final year at Purbanchal University of Bagmati Province, Nepal. The data was collected using a reflective practice self-assessment instrument. The descriptive statistics, such as frequency and percentage, were used to analyse the data, and the association of reflect action level with socio-demographic characteristics was assessed by using the chi-square test. The findings of the study revealed that the majority of the participants were aged less than 25 years, with mean age of 25.5 years. Most of the participants, 59.7% were unmarried, and 68.3% were from nuclear family. In terms of educational status, 38.6% of the participant' fathers had mostly a graduate or above degree while 28.3% of the participants' mothers had mostly a secondary level education. The majority of the participant's fathers and mother occupation were self-employed 39.9% and 63.8% respectively. Most of the participants resided in urban areas (75.1%), and were studying post-basic bachelor in nursing (55.6%). The mmajority of the participants 68.6%depicted good potential for using reflective practices. Similarly, it was found that age, education of mother, occupation of mother, and nursing background were significantly associated with the level of reflect action (p<0.05). The study concludes that nursing students in Nepal have good potential for reflective practices. Offering professional development activities like workshops and seminars can further enhance their reflective skills.

Keywords: Professional, Nepal, Nursing Students, Reflective Practices, Self-assessment.

## INTRODUCTION

Reflective practices are crucial in nursing education as it examines the actions and experiences of nurses while transitioning from students to practitioners.[1]Study have also shown that nurses who take time to reflect on their daily practices are able to enhance nursing care, and develop better understanding of their actions which helps in enhancement of professional skills.[2]The ability to reflect allows one to integrate theoretical information and learn from experiences. In order to critically think and draw connections between theory and practice, participants in reflective practice need to have an open mind.[3] A critical component of learning is reflection, which entails summarizing activities and extending knowledge from prior encounters.[4] Students benefit from improved practice, have a shift in perspective, and a gets chance to reflect on their experiences. Students who reflect on their work are able to make numerous improvements, including pointing out sections that needed clarification, figuring out the most efficient ways to do assignments, and recognizing areas that were overlooked.[5] In clinical settings, nursing students learning is greatly facilitated by reflection, which is seen as an essential component of nursing education and practice. It also raises the standard of nursing care provided.[6]Nursing students can acquire a fresh perspectives and experiences from clinical and educational contexts by employing reflection. It is clear that reflection greatly enhances a nursing student's knowledge and proficiency in clinical settings.[7]

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While reflective practices is widely recognized as a useful approach for fostering critical thinking abilities and professional growth, its use by nursing students in context of Nepal is very limited. So, this study aims to assess the self-reported reflective practices among nursing students.

## MATERIALS AND METHODS

A descriptive cross-sectional study design was employed for this study. The study was conducted among the students of PBNS (Post Basic Bachelor in Nursing Sciences) and BSN (Bachelor of Science in Nursing) studying final year at Bagmati Province, Nepal. Lottery method was used to select the nursing colleges affiliated to Purbanchal University in Bagmati Province. The sample size for this study was calculated using Slovin's formula with total population of 807 and margin of error 5%. The sample size was 293 after adding the non-response rate of 10%. Before the data collection, written informed consent was taken from the nursing students of the selected colleges by using self-administered structure questionnaire which consisted of two parts prepared through review of related literatures. The first part included socio-demographic information such as age, marital status, education of parents, occupation of parents, type of family, residence, and nursing background. The second part consisted of reflective practice self -assessment instrument which was used to measure the reflective practice among students. It is a freely available tool developed by Linda Lawrence-Wilkes and Alan Chapman.[8] The scale consisted of 30 items, which were rated on a three point Likert scale that ranges as none=0, sometimes=1, and a lot=2.

**Table 1. Socio-demographic Characteristics**

n=293

| Characteristics | Category | Number | Percent |
|---|---|---|---|
| Age (in years) | ≤25 | 164 | 56.0 |
| | >25 | 129 | 44.0 |
| | Mean age ±SD | 25.5±3.2 | |
| Marital Status | Married | 118 | 40.3 |
| | Unmarried | 175 | 59.7 |
| Family Type | Nuclear | 200 | 68.3 |
| | Joint | 86 | 29.4 |
| | Extended | 7 | 2.4 |
| Education Status of Father | Illiterate | 15 | 5.1 |
| | Can read and write only | 22 | 7.5 |
| | Primary level | 18 | 6.1 |
| | Secondary level | 61 | 20.8 |
| | Higher Secondary level | 64 | 21.8 |
| | Graduate and above | 113 | 38.6 |
| Education Status of Mother | Illiterate | 48 | 16.4 |
| | Can read and write only | 45 | 15.4 |
| | Primary level | 31 | 10.6 |
| | Secondary level | 83 | 28.3 |
| | Higher Secondary level | 58 | 19.8 |
| | Graduate and above | 28 | 9.6 |
| Occupation of Father | Self Employed | 114 | 38.9 |
| | Government Employee | 86 | 29.4 |
| | Agriculture | 40 | 13.7 |
| | Others | 53 | 18.0 |
| Occupation of Mother | Self Employed | 187 | 63.8 |
| | Government Employee | 37 | 12.6 |
| | Agriculture | 35 | 11.9 |
| | Others | 34 | 11.6 |
| Residence | Urban | 220 | 75.1 |
| | Rural | 73 | 24.9 |
| Nursing Background | B.Sc.Nursing | 119 | 40.6 |
| | Post-Basic Bachelor in Nursing | 174 | 59.3 |

There are a maximum 60 points available (5 sections, each of 5 questions = 30 questions, max 2pts each). The reflective practice total score summary was categorized as low interest/opportunity for reflective practice (0-20), good potential for using RP (21-40), and strong potential for using/improving RP (41-60). The collected data were entered, and analysed in SPSS (Statistical Package for Social Sciences) version 21. The descriptive statistics such as frequency and percentage were used to analyse the data and association of reflect action level with socio-demographic characteristics were assessed by using Chi-square test.

## RESULTS

The socio-demographic characteristics of the participants are presented in Table 1. The mean age of the participants was 25.5 years, with the majority of them being ≤25 years old (164 or 56.0%), followed by the >25 years age group (129 or 44.0%). Most of the participants, 59.7% were unmarried, and 68.3% were from nuclear family. In terms of educational status, 38.6% of the participants fathers had mostly a graduate and above degree while 28.3% of the participants mothers had mostly a secondary level education. The majority of the participant's fathers and mother occupation were being self-employed 39.9% and 63.8% respectively. Most of the participants resided in urban areas (75.1%), and were studying Post-basic bachelor in Nursing (PBNS) (55.6%). As presented in Table 2, 40(13.7%) scored 0-20 which means they were less interested in opportunities for reflective practices. Majority of the participants 201(68.6%) score 21-40 depicting good potential for using reflective practices and 52(17.7%) scored 41-60 which means they had strong potential for using or improving reflective practices

Overall mean and standard deviation score obtained by reflective practice was 6.2±1.8. Five sections were used to measure the reflective practices of the students. The table depicts that items have mean value that ranges from 5.7 to 6.9. The highest mean indicates that it is the most agreed statement of the section. The highest mean of 6.9 was obtained in the section examine your own and others perspectives while lowest mean of 5.7 was obtained by in the section aware of your own and others values The lowest mean shows that respondents less agree statements (Table 3).

**Table 2. Respondents' Reflect Action score**

n=293

| Level of Reflect Action | Number | Percent |
|---|---|---|
| Low interest/opportunity for RP (0-20) | 40 | 13.7 |
| Good potential for using RP (21-40) | 201 | 68.6 |
| Strong potential for using/improving RP (41-60) | 52 | 17.7 |

**Table 3. Mean and SD of reflective practices**

n=293

| SN | Sections | Mean±SD |
|---|---|---|
| 1 | Reflect action | 6.8±2.3 |
| 2 | Range of reflective activities | 5.8±2.3 |
| 3 | Examining own and others perspectives | 6.9±2.5 |
| 4 | Aware of your own and others values: | 5.7±2.3 |
| 5 | Overcome barriers to reflecting | 6.9±2.5 |
| | Overall mean of reflective practices | 6.2+1.8 |

Data presented in Table 4 showed that age (p=0.015), education of mother (p=0.002), occupation of mother (p=0.006), and nursing background (0.033)were significantly associated with level of reflect action. Similarly, there was no significant association of level of reflect action with other demographic characteristics of respondents (p>0.05).

**Table 4. Association of level of reflect action with Socio-demographic characteristics**

n=293

| Characteristics | Category | Category Frequency | Level of Reflect Action | | | P-value |
|---|---|---|---|---|---|---|
| | | | Low F (%) | Good F (%) | Strong F (%) | |
| Age (in years) | ≤25 | 164 | 14(35.0%) | 118(58.7%) | 32(61.5%) | 0.015 |
| | >25 | 129 | 26(65.0%) | 83(41.3%) | 20(38.5%) | |
| Marital Status | Married | 118 | 22(55.0%) | 74(36.8%) | 22(42.3%) | 0.096 |
| | Unmarried | 175 | 18(45.0%) | 127(63.2%) | 30(57.7%) | |
| Family Type | Nuclear | 200 | 27(67.5%) | 138(68.7%) | 35(67.3%) | 0.448 |
| | Joint | 86 | 13(32.5%) | 56(27.9%) | 17(32.7%) | |
| | Extended | 7 | 0(0.0%) | 7(3.5%) | 0(0.0%) | |
| Education level of mother | Illiterate | 48 | 12(30%) | 30(14.9%) | 6(11.5%) | 0.002 |
| | Can read and write only | 45 | 7(17.5%) | 30(14.9%) | 8(15.4%) | |
| | Primary level | 31 | 0(0.0%) | 27(13.4%) | 4(7.7%) | |
| | Secondary level | 83 | 11(27.5%) | 56(27.9%) | 16(30.8%) | |
| | Higher Secondary level | 58 | 6(15.0%) | 46(22.9%) | 6(11.5%) | |
| | Graduate and above | 28 | 4(10.0%) | 12(6.0%) | 12(23.1%) | |
| Educational status of father | Illiterate | 15 | 5(12.5%) | 8(4.0%) | 2(3.8%) | 0.085 |
| | Can read and write only | 22 | 5(12.5%) | 17(8.5%) | 0(0.0%) | |
| | Primary level | 18 | 0(0.0%) | 14(7.0%) | 4(7.7%) | |
| | Secondary level | 61 | 9(22.5%) | 41(20.4%) | 11(21.2%) | |
| | Higher Secondary level | 64 | 9(22.5%) | 46(22.9%) | 9(17.3%) | |
| | Graduate and above | 113 | 12(30.0%) | 75(37.3%) | 26(50.0%) | |
| Occupation of father | Self Employed | 114 | 13(32.5%) | 76(37.8%) | 25(48.1%) | 0.200 |
| | Government Employee | 86 | 14(35.0%) | 54(26.9%) | 18(34.6%) | |
| | Agriculture | 40 | 7(17.5%) | 28(13.9%) | 5(9.6%) | |
| | Others | 53 | 6(15.0%) | 43(21.4%) | 4(7.7%) | |
| Occupation of mother | Self Employed | 187 | 26(65.0%) | 138(68.7%) | 23(44.2%) | 0.006 |
| | Government Employee | 37 | 5(12.5%) | 23(11.4%) | 9(17.3%) | |
| | Agriculture | 35 | 6(15.0%) | 23(11.4%) | 6(11.5%) | |
| | Others | 34 | 3(7.5%) | 17(8.5%) | 14(26.9%) | |
| Residence | Urban | 220 | 31(77.5%) | 148(73.6%) | 41(78.8%) | 0.689 |
| | Rural | 73 | 9(22.5%) | 53(26.4%) | 11(21.2%) | |
| Nursing Background | B.Sc. Nursing | 119 | 10(25.0%) | 82(40.8%) | 27(51.9%) | 0.033 |
| | PBNS | 174 | 30(75.0%) | 119(59.2%) | 25(48.1%) | |

## DISCUSSION

The study findings revealed that majority of the participants were less than 25 years. Most of the participants, 59.7% were unmarried, and 68.3% were from nuclear family. In terms of educational status, 38.6% of the participants fathers had mostly a graduate and above degree while 28.3% of the participants mothers had mostly a secondary level education. The majority of the participant's fathers and mother occupation were being self-employed 39.9% and 63.8% respectively. Most of the participants resided in urban areas (75.1%), and were studying Post-basic bachelor in Nursing (PBNS) (55.6%). This findings were consisted with study conducted by Singh et al.[9] In present study, overall mean and standard deviation score obtained by reflective practice was 3.8 and 0.6. The mean of 3.9 was obtained on students being satisfied with training on reflective practice. The study's findings by Khoshgoftar et al.[10] indicated that medical students had a medium to high degree of reflecting ability (4.53 ± 0.50). Rogers et al.[11] reported a mean score of 4.16 ± 0.53 for reflective capability among medical students at a university in Colorado, U.S.A., which is higher than our results. In mental health professionals, the mean was 4.27 ± 0.68 while in the general population, it was 3.51 ± 1.02. The mean score for reflective capacity was 4.19, according to a study by Gustafsson et al.[12] on nurses participating in advanced level specialized training at two universities in northern Sweden. According to the findings by Camacho et al. the reflective capacity of the students was virtually average (3.88). Present study showed significant association between age and reflective practice (p=0.015). However, Gabrielsson et al.[13] did not found significant correlations between reflective capacities with age. Similarly, Nukpezah et al.[14] also did not showed association between the age of respondents and knowledge of reflection (p=0.159).

The differences may have been existed as these studies have been conducted in different contexts or settings. The tools used in measurement of reflective practices were also different along with variation in sample sizes and sample population. Present study showed a significant association between reflective practices and mothers education. Students under strong parental academic expectations are used to comparing their performance with their parents' expectations, which could improve their SRL abilityXu et al.[15] Similarly, present study showed that family type did not have a significant association with reflective practices (P>0.05). However, family values, and culture can help in fostering the self-reflection, and self-regulation practices. Using positive practices such as self-reflection within families can also be a great way to find family members' areas of strength and improve how the family interacts. These aspects can also be learned by the participants and apply it within their practices.[16]

## CONCLUSION

This study highlights that nursing students have a good potential for using reflective practices. This finding can be considered as a benefit for the Nepalese healthcare system as nurses are the primary care giver. Further, findings from the study also suggests that there was significant association between nursing student's reflective practices and socio-demographic characteristics such as age, education of mother, occupation of mother, and their nursing background. Offering different professional developmental activities such as workshops, and seminars that focus on enhancing reflective skills among nursing students can provide opportunities for students to practice, and further refine their reflective abilities in a supportive environment. Future studies based on interventional method focusing on teaching students about

reflective practices, and assessing their effectiveness can also be beneficial.

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