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ORIGINAL ARTICLE

EMBRACING REFLECTION AND REFLECTIVE PRACTICES BY MEDICAL PROFESSIONALS: A NARRATIVE INQUIRY

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ABSTRACT

Reflection is widely acknowledged to play a crucial role in enhancing the competence of medical professionals. Developed countries have given importance to implementing reflective practices for professional development. In developing countries, reflective practices are not given much importance as a tool for professional growth. This article aims to uncover the existing practices of reflection and the challenges faced by medical professionals working at a government hospital in Nepal. It also promotes the practice of reflection to improve daily professional practice. This article aims to uncover the existing practices of reflection and the challenges faced by medical professionals working at a government hospital in Nepal. This qualitative study utilized Narrative Inquiry as the research method and conducted semi-structured, in-depth interviews with two medical professionals selected through purposive sampling followed by content analysis of the collected data. The study was based on the theories of social constructivism and transformative learning. After analyzing the data, three significant themes emerged: empathizing through reflection, change in practice through reflection, and barriers to reflective practices. The study identified several barriers to reflective practices, including a negative attitude, sociocultural contexts, and a lack of support from the medical community. It is crucial to encourage self-reflection for medical professionals to enhance their professional growth and promote lifelong learning. This study provides valuable insights into the significance of reflective practices in the professional development of medical personnel, particularly in developing countries.

Keywords: *reflective practices, medical professionals, narrative inquiry, developing countries, self-appraisal, professional competency*

INTRODUCTION

The medical profession demands the practice of reflection for the improvement of one's competency (Fook, 2007; Sandars, 2009). Understanding the notion of reflection may have some variation as per the context; however, an accepted way of explanation may be to think, meditate, or ponder over one's action, which is a simple translation to its literal meaning in Latin (to bend back) (Ruston & Suter, 2012). "Reflection" and "Reflective practice" may have a thin line of demarcation because the notion of reflection itself incorporates some form of practice that may or may not follow distinct methods elaborated by many scholars (Dewey, 1933; Schon, 1983; Mamede et al., 2012). Schon (1983) has highlighted that professionals' actions are governed mainly by spontaneous decision-making based on their tacit knowledge and practice, resulting from the repetition of the work. This often leads to automatic and implicit practice, known as "knowing-in-action" (Schon, 1983). The acceptance of the fact that knowledge and expertise come with years of experience may mislead many professionals from the pathway of becoming competent practitioners. A competent practitioner can bring about a change in their practice and help reform the future practice of medical professionalism. Developing competencies

with reflection and reflective practice has been introduced in many professional practices as a part of lifelong learning (Mamede et al., 2012; Alt et al., 2022). The importance of reflection and reflective practices among medical professionals has been highlighted in work conducted in developed countries (Epstein, 1999; Mamede et al., 2012; Ng et al., 2019). However, research in the developing world seems meager.

As Dewey (1933) envisaged, "learning" to emerge from reflecting upon one's own experience seems consistent with how learning can occur in professional practice in medicine. "Reflection on experience" or "reflective thought" stimulated by uncertainty or doubt makes an individual come to a solution. Dewey (1993) has laid out five staged reflective thinking processes. Mamede et al. (2012) elaborated upon the five stages during the process of reflection as (1) A state of hesitation, confusion, or lack of certainty arising from encountering a challenge in comprehending an event or resolving a problem; (2) precise determination of the difficulty by gaining a thorough understanding of the nature of the problem; (3) emergence of a suggested explanation or potential solution for the problem; (4) logical exploration of ideas generated through abstract deductive thinking, focusing on the implications of previously considered explanations or potential solutions for the problem; (5) experimentation with the resulting hypothesis through overt or imaginative actions, thereby confirming whether the conditions required by the suggested explanations are present or if the expected outcomes from proposed solutions occur.

The contribution of Schon (1983) on professional expertise and of Epstein (1999) on reflective doctors has opened doors for medical professionals to delve into the practice of reflection. Reflection-in and Reflection-on our actions are the fundamental processes that Schon (1983) suggests professionals indulge in, while Epstein (1999) suggests that medical professionals need to be "mindful" of their practice. Medical professionals taking care of patients need to get involved in decision making which needs to be based on their values, beliefs, knowledge, and experience (Mamede et al., 2012). They may rely too heavily on prior knowledge and fail to incorporate other decision-making dimensions, leading to repetitive work without change. Hence, reflective practice becomes essential for professionals seeking change in their practice.

Coming from a science background, I've always valued objectivity and numerical data over subjective feelings (Pant, 2019). In Nepal, students who aim to become doctors enroll in medical schools to pursue their medical studies for a duration of 5.5 to 6 years which includes a year of internship, typically one year, depending on the institution (Shanker, 2011; Marahatta et al., 2021). The curricula formulated by two major universities of Nepal (Tribhuvan and Kathmandu University) and two autonomous institutions (Patan Academy of Health Sciences and B.P Koirala Institute of Health Sciences have commonalities in their content with slight variations in the structure of the course plan with a focus on producing doctors capable of working in rural areas of Nepal (Shanker, 2011). The primary pedagogical approach is lecture-based, which follows a one-size-fits-all model. Many aspiring medical students, including myself, were introduced to a new pedagogical approach known as the "integrated approach," which appeared to be emphasized in the curriculum more than in actual classroom practice. As a young medical undergraduate student, I hoped that this innovative teaching method would enhance my understanding of the course material. Nevertheless, I observed significant similarities to the teaching methods employed in my previous school, with the notable distinction that my current classroom was populated by hundreds of students engaged in lecture-based learning. During the initial two years of basic science studies, most lecture classes felt monotonous, shaping our mindset to perceive individuals with illnesses as mere "patients" defined by numerical values. Our emphasis on studying extensive content with frequent assessments led us to drift away from our worldviews. We lost touch with how we understood ourselves and others, our inclination to reflect on past experiences, and our approach to interacting with individuals during hospital visits. Joining MPhil in STEAM Education at Kathmandu University School of Education allowed me to come closer to understanding "self and the feelings of others through reflection and reflective practices." I shifted from viewing science as superior to recognizing its equality with other disciplines, all interwoven by the arts for a holistic understanding. This changed my perspective that no discipline is inherently superior. "Arts" in the concept of STEAM

was all the more beneficial for me to connect empathy to science (Davis, 2020). Engaging with “Arts” and its subjective perspective allowed me to learn through empathy and reflection on the patients we care for. This transformation in approach prioritized the subjective experiences of patients, moving beyond merely treating their altered numerical values to recognizing and valuing their subjectivity alongside their state of illness. Medical professionals in routine practice often struggle to connect with the patient's condition, overlooking their subjective feelings and lacking empathy. Consequently, they may continue their practices without adapting to the patient's needs or taking the time to reflect upon their work. Therefore, this paper aims to explore the adoption of reflective practices among medical professionals employed in a government medical institute.

Research Questions

1. How do medical professionals perceive the notion of reflective practice?
2. What are the challenges of reflective practice in the medical profession?

Since the extent of research in the field of reflection and reflective practices among medical professionals seems limited, especially in developing countries, this study takes the initiative to explore how medical professionals perceive reflection and reflective practices to improve their practice.

RESEARCH METHODOLOGY

Research Design

Engaging with participants and delving into their personal experiences of reflection and its practice, I as the first author, am guided by the three-dimensional nature of narrative inquiry (Clandinin & Connelly, 2000). This approach acknowledges that individuals' current experiences are influenced by their past experiences. Dewey (1938) further emphasizes that our experiences not only influence our identities but also have an impact on our professional lives and practices. Recognizing the capacity of Narrative inquiry to navigate the multi-dimensional realm constructed by the personal narratives of medical professionals' reflective practices, I strive to transform my participants' stories into a meaningful outcome.

I prepared a face-to-face meeting with my participants separately. I interviewed them, asking a few open-ended questions like, "How have you perceived the notion of reflection in your professional practice?" "Have you ever reflected upon your actions?" "How has your practice of reflection changed your medical practice?" "Do you keep a reflective diary of yourself?". These questions allowed me to listen to their stories about the experiences of reflection and its practice, aiding me in understanding and deriving meaning. During the participant interviews, I recorded the data as field notes on Google Docs.

A second face-to-face meeting with my participants a week later allowed me to delve deeper into their stories of reflective experiences and clarify details with additional follow-up questions. The field notes were recorded on Google Docs and analyzed at a later stage.

Research Respondents

As the researcher and a medical professional, I choose my medical peers as participants in this study from a different specialty background than mine. According to Haydon et al. (2017), narrative inquiry uses few (one to six) participants and an in-depth interaction with the researcher. I have purposefully selected two participants: medical professionals with at least five years of service at a government medical institute in Nepal.

To protect my participants' identities, pseudonyms, namely Subodh and Prajwol, were assigned to ensure their anonymity. Subodh, a practicing orthopedic surgeon, was my first participant, and I've known him for ten years. Having joined the institute as an orthopedic surgeon, he has nearly nine years

of clinical experience. Prajwol, my second participant, is also an orthopedic surgeon, and I've known him for the past six years. He has been working at the government medical institute for five years now.

Data Analysis

Firstly, I created pseudonyms for my participants Subodh and Prajwol. I reviewed the data recorded in Google Docs, organized it under the names of specific participants, and transferred it into a Microsoft Word document. Using this data, I created tables to present the information. Subsequently, I crafted vignette stories for each participant and identified three major themes related to the perception and practice of reflection for change in professional practice (Saldana, 2013). I finally discussed the themes generated from the data based on the theoretical framework of my study. I employed the framework of social constructivism, drawing on the stories of my participants that emerged from their interactions, observations of their surroundings, dealings with patients and their guardians, their experiences within the institutional structure and culture, and their perspectives on the dominant ideologies. Another framework that assisted in generating themes was the theory of Transformative Learning. The manner in which my participants empathized with their patients and acknowledged their difficulties, combined with their reflective habits, contributed to a positive transformation in their professional practices. Transformative learning theory allows a profound structural alteration in the fundamental premises of cognition, feelings, and finally action (Kitchenham, 2008). Similarly, the change in their practice, driven by their reflective habits, enabled them to embark on the transformative learning journey. The barriers to their reflective practices held them back from initiating such change for a long time before modifying their practice.

RESULTS AND DISCUSSION

Three major themes were derived from the interviews as participants shared their experiences of reflection in their professional work. These themes include "Empathizing through reflection," "Change in practice through reflection," and "Barriers to reflective practices."

Empathizing through Reflection

I have included the narratives of both participants, allowing them to share their stories of developing empathy towards patients in their everyday practice through reflection.

Subodh's narrative

"It must be difficult for them."

I was in my final year of training to become a specialist in orthopedics. I remember encountering a child with his mother. The little boy had a cast on his leg, and his mother was carrying him with a hospital card in her hand. I asked her if I could help, and though she was initially reluctant, she eventually replied, "Yes." She said, "I was looking for "Orthopedics OPD," but I seem to be lost. I said, "I will accompany you to the room." I appointed her to a staff member in the room who would take her to the designated doctor. Later, the mother came to a senior doctor to whom I was attached. The specialist looked at the kid thoroughly and asked me to remove the little kid's leg cast. I held an instrument with a fast-moving blade and cautiously cut the cast on the child's leg. The child cried a lot while his mother kept consoling him. The specialist doctor advised her to get in touch with an "Orthotist" who would assist in crafting special shoes for the child after taking measurements of his foot. Following this, he urged her to come promptly so that a new leg cast could be applied to the child. The mother said, "Sir, it is difficult for me to travel back and forth with the kid several times. It's been almost four months now that we have been traveling to and from Surkhet. Could we do something to make it faster?" The specialist replied, "That is how it

works; you have to have patience for your child's recovery. After all, not everything is in our hands." That day, when I returned home, I pondered, "It must be challenging for them to carry the child from a distant place multiple times." What can we do to support these children and their parents?

Prajwol's narrative

"I think I have lost the paper you gave me."

It seemed to be a busy day at the hospital's outpatient clinic. There was a lot of rush of patients trying to enter the room. I squeezed myself into the room from the door. As soon as I sat down and took a deep breath, a patient sat on a chair next to me and placed his large file on my table. Subsequently, he began to show me his operative wound. He said, "Sir, I got operated two months ago and have come for a follow-up. I still have pain at my wound site." I replied, "Can I see your discharge document? This way, I can understand how your hospital course was, including your operative details." He nodded to it and started searching for the paper. He spent some time on it and said, "Sir, I think I have lost the paper you gave me. I felt annoyed and spoke to him a little harshly, "How could you lose something so important, it had all the details of your surgery, it will be difficult for us to remember the operative details now that you have lost it." Please try to search for it; it is indeed a valuable document. The patient expressed regret for losing it and mentioned, "I might have thrown it away during the sorting of documents, as I had so many sheets provided at the hospital."

A few days later, I encountered another patient who had also lost his discharge paper. Similar stories were shared by a few of my colleagues, who expressed annoyance with their patients' negligent attitude of not keeping important documents safely. I pondered over it one day and told myself, "After all, it's just a sheet of handwritten paper, and anyone could easily lose it." I reminded myself, "We have a dogmatic practice, and patients suffer because of it."

The above narratives were the experiences of two medical professionals who expressed empathy towards patients as a part of their everyday work. Professionals at work often reflect on novel, painful, and primarily negative critical incidents (Kuit, 2001; Larrivee, 2000). For both participants in my study, this reflection was triggered when they encountered patients who faced difficulties due to their way of practicing. However, reflective habits may slowly decrease as our practice becomes habitual (Kuit, 2001). It was evident in Subodh's narrative that his senior specialist could not empathize with the difficulties regularly faced by the parents of such children. It was evident in Subodh's narrative that his senior specialist could not empathize with the difficulties regularly faced by the parents of such children. The decline in physicians' ability to empathize with patients has been observed, attributed to the identification of extra time requirements, the practice of uniform decision-making, and the emphasis on objectivity in medical science over subjectivity. These factors hinder medical professionals from embracing empathetic practices (Hardy, 2017). The practice of reflection among medical professionals seems to be a practice that can revive the practice of empathizing with patients for better care.

Change in Practice Through Reflection

Subodh's initiation for change

"Footprinting: a small step of initiation."

After a few months of completing my specialist training, I started my career as a specialist in Orthopedics. I started seeing small children who would require a cast in their legs after being detected with congenital disabilities, which could be within one year of their birth. Those children still reminded me of the difficulties they faced while becoming better.

One day, I sat down with a pen and my notebook and started drafting the number of days the parents and their child would have to visit our clinic for treatment. I contemplated the frequency of our future interactions with them and considered the feasibility of conducting the child's foot measurement at the hospital. This way, they wouldn't have to make a separate trip to the orthotist for the same purpose. I remembered how my father used to take an outline of my feet on a piece of paper and take the measurements to the shoe shop later to buy a new pair of school shoes for me. I pondered, "Could I introduce a change in my approach to benefit both parents and children undergoing treatment for congenital foot abnormalities, such as clubfoot?" With a degree of hesitation, I engaged in discussions with my team members about a potential solution to address the challenge of multiple visits for parents and children dealing with clubfoot. Gradually, we implemented the solution, effectively reducing the additional visits that patients had to make both to the hospital and the orthotist. I believe that taking this small step, by recognizing the issue and contemplating potential solutions, can prove valuable in navigating challenging situations within our professional practice.

Prajwol's initiation for change

"Making it digital may be an alternative."

One day in the middle of February 2015, I got an opportunity to visit a prestigious governmental orthopedics center at an international hospital. I was impressed by the work of the employees at the hospital. I observed a substantial volume of computer facilities within the hospital, provided for medical personnel to document patients' daily progress and ultimately store the data as digital records. A thought came to me, "Could we do something like this at our workplace?" I recognized that the concept of digital record-keeping seemed ambitious given our current capabilities. Nevertheless, I contemplated implementing a digital system for maintaining discharge documents, as many of our patients frequently encounter difficulties with the existing process. I spent a few weeks preparing the format, after which I proposed the idea to my seniors: "Sirs, considering the difficulties our patients encounter in managing handwritten discharge documents, I have worked towards implementing a digital record-keeping system for the same." Despite encountering some difficulties during the implementation process, we ultimately succeeded in establishing a systematic and uniform discharge record-keeping system that proved beneficial for the entire department.

The narratives from both participants highlight how the practice of reflection played a crucial role in their development as problem solvers. Whether consciously or unconsciously, the participants dedicated time, aligning with Laarive's (2000) initial step in a reflective practice termed "solitary reflection," to contemplate their past experiences. Delving into self-assumptions and considering the sociocultural context of professional practice provided these professionals with the opportunity to identify problems, analyze them thoroughly, and progress towards effective problem-solving. Reflective practice enabled them to deconstruct their initial frame of reference, fostering the emergence of new insights and prompting changes in their approach. This shift in perspective brought them closer to transformative learning, as outlined by Taylor (2001).

Barriers to Reflective Practice

The expectation for professionals to engage in reflection and adopt reflective practices is commonplace. However, this commitment is frequently influenced by sociocultural assumptions, leading individuals to hesitate in making it a routine part of their professional lives. Subodh articulates his initial experiences upon joining the government institute, "There has been a change in

recommendations for treating patients with spine injuries, but I observe that the same old practices persist here." He admits feeling hesitant to suggest changes to his seniors due to the need to uphold hierarchical norms. Prajwol encountered a similar situation when considering a different operative approach for hip surgery. He expresses, "I couldn't bring myself to ask my senior about exploring an alternative method mentioned in the literature." He attributes this reluctance to a fear of causing offense. Prajwol further explains, "While I empathize with the patients and understand their pain, I am aware that initiating a change in practice may not be well-received."

In his childhood, Subodh developed the habit of keeping a journal where he would write about his day's experiences. He reflects, "It used to give me a chance to think about myself and get to know myself better." However, nowadays, "I don't have time for my personal journal; I'm really busy with work and family." Professionals often find themselves busy with their scheduled tasks, making it hard to find time for reflection and regular journaling (Grobbel, 2013). Nevertheless, it's important to recognize the clear benefits of improving thinking skills through reflective journal writing, as highlighted by (Alt et al., 2022). Prajwol expressed, "Finding time to reflect on my daily work seems challenging for me. I've never maintained a personal journal, and I have limited knowledge about its usefulness as a tool." The practice of reflection has been found to be helping professionals with continuous professional development and mediating lifelong learning (Rushton & Suter, 2012; Gostelow & Gishen, 2017).

The two medical professionals began practicing reflection as they empathized with their patients (Read, 2015). As medical professionals, we routinely encounter patients facing challenges, and over time, we may unintentionally distance ourselves from their suffering, viewing it as an inherent part of our routine. It is crucial, however, for professionals caring for patients to maintain a consistent practice of empathizing, recognizing that our entire profession revolves around their well-being. The practice of reflection naturally follows as we resonate with the pain and difficulties experienced by our patients. While reflective practices can become ingrained habits over time, various barriers significantly impede their implementation. Insights gathered from discussions with participants highlight barriers such as a lack of a positive attitude, sociocultural contexts, and inadequate support from the medical community within the realm of medical professionals. Laarive (2000) and Greenberger (2020) emphasize that reflective practice is crucial for the professional growth and lifelong learning essential in the medical field. Therefore, it becomes imperative for medical professionals to recognize and address the barriers that hinder their practice of reflection. Due to the heavy workload in the medical profession, professionals may gradually reduce their emphasis on the need to improve their practices. Regularly reinforcing the necessity of reflective practices in our professional routines through workshops, discussions, and motivational initiatives plays a significant role in overcoming the barriers (Burgoyne & Chuppa-Cornell, 2018).

CONCLUSION

Medical professionals navigate numerous challenges in their daily practices to overcome the difficulties encountered in patient care. Reflection serves as a tool that allows individuals to ponder their actions, facilitating the identification of problems by probing and reaching their roots, and subsequently isolating potential solutions.

It has become imperative to delve deeper into the cultivation of reflective habits among medical professionals, aiming to understand their current state. The narratives of two medical professionals shed light on their perception of reflection and reflective practices as integral aspects of their professional mindset, seamlessly integrated into their everyday work. The commencement of this process involves empathizing with patients, a sentiment that is notably expressed in the narratives of both participants. However, it remains challenging to integrate this practice into daily routines, primarily due to obstacles such as a lack of positive attitude, pre-existing assumptions, sociocultural context, and insufficient encouragement and support from the medical community. Recognizing that reflection leads

to 'self-knowledge and is fundamental to the development of our professional practice' (Kuit et al., 2001, p. 139), engaging in reflective workshops becomes a crucial step toward enhancing the practice of reflection (Herrick-Reynolds et al., 2019). Reflective practices offer a range of benefits to medical professionals, encompassing self-appraisal, the cultivation of higher-order thinking, and transformative learning. This qualitative study specifically examined the narratives of two medical professionals operating within the confines of a governmental hospital in Nepal. It is crucial to note that the findings may exhibit variance in different contexts and among medical professionals in diverse disciplines and centers. Consequently, this study advocates for further research in alternative contexts to garner a comprehensive understanding of reflective practices among medical professionals.

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