A framework guiding critical thinking through reflective journal documentation: A Middle Eastern experience

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The purpose of this paper is to present a framework to guide critical thinking through reflective journaling, and describe how a group of 20 Middle Eastern nurses used reflective journaling to enhance their practice. Journal documentation was used during clinical practicum to foster the development of critical thinking in order to assist nurses when analysing and evaluating their clinical experiences. The findings from this study demonstrated that nurses accepted the framework for journal documentation because it provided structure for reflection, speculation, synthesis and metacognition of events experienced during clinical practice. Journaling gave nurses the opportunity to transfer thoughts onto paper and write down subjective and objective data, and created dialogue between the nurse educators and nurses. They were engaged in productive and positive activity to enhance their nursing practice. Nurses also commented that writing helped to develop their confidence in writing English.

Key words: critical thinking, framework, nurses, reflective journal documentation.

INTRODUCTION

A large tertiary Middle Eastern hospital made a commitment to train Middle Eastern nurses to meet accepted Western standards. The hospital created a Professional Development Nursing Program tasked with the responsibility of developing Middle Eastern nurses to practise competently, demonstrate critical thinking skills and help them acquire sound knowledge of the English language, essential as this was the medium of instruction and documentation. Nurses needed to score at least 120 in the Oxford English test to enter the Program. An education component to promote critical thinking abilities in Middle Eastern nurses was introduced and integrated into the curriculum. The Program was of 12 months duration. There were 20 nurses in the Program together with an administrator, a senior nurse and three nurse educators, one of whom was of Middle Eastern background. This educator supported the nurses with translation issues as needed.

Hancock stated that 'reflective practice learning journals have become a valued teaching and learning tool in
nursing education’. Journaling can prove to be a valuable medium that can assist nurse educators to teach through questioning and foster the development of an inquiring mind, in order to promote critical thinking skills. One technique for enhancing students to think critically is having them maintain a clinical journal, wherein they can reflect their practical experience through the act of writing.

**Aim of the paper**

The aim of this paper is to present a prototype or framework to guide critical thinking through reflective journaling, describe how a group of Middle Eastern nurses used reflective journaling to enhance their practice and present an outcome of this experience. Prototypes are reflected and an example of one nurse’s journal of a lived experience is presented utilizing the elements of critical thinking such as reflection, speculation, synthesis and metacognition.

**LITERATURE REVIEW**

What is critical thinking and reflective journaling and how are these two concepts related? Miller and Malcolm express the notion that having the ability to think critically is a key element in being fully functioning in our modern complex society. For them, critical thinking is a fundamental requirement in being able to actively participate in one’s social political circles. Attitude also plays a significant role, for it influences the person’s ability to question life’s complexities and underlying assumptions in a situation or circumstance.

Brookfield and Chubinski propose that critical thinking entails more than cognitive skills, such as logical reasoning or scrutinizing arguments. Brookfield agrees that emotions are paramount to the critical thinking process, because as one attempts to think critically and assist others to do so, one cannot help but become conscious of the importance of one’s emotions to this activity. Brookfield suggests that critical thinkers are typically individuals who engage in productive and positive activity, in that they are actively involved with life and perceive themselves as being creative and re-creative in aspects of their personal, workplace and political lives. Furthermore, critical thinkers view their thinking as a process, rather than an outcome and frame questions in a manner such as ‘What is the nature of this?’ ‘What does this mean?’ ‘Why is it happening?’ King emphasized that formulating such questions can stimulate creative skills to predict outcomes and creative alternatives. As a concept, critical thinking has been expressed in several ways. A major influence in critical thinking traces back to the work of John Dewey.

Dewey suggests that reflection guides critical thinking and involves in-depth assessment, scrutiny and the drawing of conclusions in relation to a situation at hand. Alfaro-LeFevre views reflection as a critical thinking process, while Boyd and Fale perceive reflection as the process of internally examining and exploring issues of concern which have been triggered by an experience. The reflective clinical journal can become a valuable medium through which nurse educators can teach thinking directly, involving students actively in analysing and evaluating their clinical experiences. In addition, it can help to make comparisons as to whether there are changes in students’ critical thinking abilities at the beginning and at the end of a clinical period. Journals are permanent documents of professional practice and can be referred to at any time or to build on knowledge obtained as a consequence of reflection. Hancock also points out that frequent writing in journals will assist students whose first language is not English, to develop confidence in writing English.

In writing, students can ‘think aloud’ objectively and transfer their thoughts and perceptions onto paper, documenting subjective and objective observations, scrutinizing alternatives, exploring, critiquing their ideas, analysing and evaluating experiences. Brown and Sorrell recommend the importance of having structured criteria as a guide for students to follow when documenting in their journals. Hence, when journals are completed according to set criteria, the purpose of the journal has been met.

Middle Eastern nurses participated in patient care activities in the clinical field and journal documentation was used during their clinical practice. Nurse educators utilized a framework or prototype to guide journal documentation, which is shown in Table 1.
on this concept. A Middle Eastern nurse educator took the initiative to develop a prototype or framework to guide journal documentation, building on the available literature by Brown and Sorrell,9 Baker,10 Hancock1 and Schell.11 The facilitators also familiarized themselves with recommended literature by King5 to provoke thought process and encourage interaction. King used guided questions such as ‘What would happen if?’ (Prediction); ‘Why is . . . important?’ (Analysis of significance); ‘What is the difference between . . . and . . .?’ (Comparison); ‘What is another way to look at . . .?’ (Taking other perspectives).

Step 2: Setting the scene to teach reflective journal documentation
Nurse educators provided the nurses with literature on reflective journal documentation and critical thinking for pre-reading before discussions in the classroom. They utilized King’s guided questions as a tool to help nurses generate their own critical thinking questions, based on situations in their clinical experience. Furthermore, nurse educators kept the participants alert by randomly calling upon them to share their questions with the group.

The facilitators practised utilizing the framework or prototype together with King’s guided questions to interact and provoke critical thinking skills. Nurses were encouraged to explore issues of concern in the clinical field and share their experiences with the group. The facilitators assisted them in documenting within the headings of the prototype. When nurses went on clinical practice, they were encouraged to bring their practice prototypes for further discussion. Nurse educators provided timely feedback and coaching in the classroom and in the clinical field. This prototype inspired nurses with reflective journal documentation and is reflected in Table 1.

Prototype or framework to guide reflective journaling
The framework to guide critical thinking through reflective journal documentation is described in four phases: reflection, speculation, synthesis and metacognition, as follows.

Reflection
In the reflective phase, participants identify the activity, reflect on the lived experience, mulling over to discover and explore assumptions, searching for meaning and increasing self-awareness and sensitivity of the situation, thus leading to speculation.

Speculation
The speculation phase requires participants examine events, looking at inconsistencies, reflecting deeply on lived experiences, reasoning and making predictions and connections of the situation.

Synthesis
In the synthesis phase, participants reflect on the cumulative activities. The activity encourages review of lived experiences and provides opportunity for discovery and exploration, evaluation and plans for future applications.

Metacognition
In the metacognition phase, King defines this aspect as ‘the awareness, monitoring and control of one’s cognitive processes.’ In metacognition, higher level of critical thinking occurs when one is aware of one’s thought processes. Participants become aware of the purpose of the task, monitoring, questioning their actions and progress towards a decision, identifying mistakes and continually analysing thought processes. For example, when giving a drug, various kinds of questions need to be considered, in terms of ‘What must I teach my patient to look out for in case of side-effects and why? What will happen if I do not

| Table 1 A framework to guide reflective journaling |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Reflection: The situation: assessment—what occurred? | Reflective feelings about the situation | How did the experience enhance learning? |
| Speculation: What occurred? | Prediction: what could happen if . . .? | |
| Synthesis: What actions were taken? | How did the experience enhance learning? | Application of knowledge to practice |
| Metacognition: What mental connections were made? | Evaluation of the learning experience | |

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inform my patient?' Hence, more in-depth reflection occurs to obtain meaning for actions or interventions considered.

**RESULTS AND DISCUSSION**

Nurses utilized the framework to guide their journal documentation. Nurse educators gave nurses the opportunity to ask questions, share thoughts that they might never have verbalized and write about their learning experiences. Constructive feedback was promptly provided. Baker points out that ‘identification is the beginning point, one is frequently not conscious of what experience would provide the richest growth’.10 Samples of one nurse’s effort in using this format to document a lived experience are exemplified in Tables 2–5.

In the reflective phase, the nurse reflected her practical experience, transferring thoughts and carefully documenting observations. This nurse was making inferences about the patient’s situation and using critical thinking skills such as querying, being inquisitive, open-minded, truth-seek ing, analysing and evaluating information to obtain the best information relevant to this patient’s particular care situation to make judgements about what to believe or do (see Table 2).

In the speculative phase, events and speculation about the possible long-term effects are examined, increasing sensitivity to the environment and contributing to growth and development in self-awareness, analysis and prediction of situations (see Table 3).

In the synthesis phase, the nurse reflected on cumulative activities, and mental connections between learning and evaluating practice were made. This nurse was also referring to standards of care to ensure competence when practising and acting in the best interest of the public (see Table 4).

In the metacognitive phase, analysis of one’s thinking occurs following a lived experience. The nurse monitored and judged her own thinking, analysed, applied, synthesized and evaluated the situation, ultimately gaining insight for the purpose of changing things for

**Table 2** Process of reflective journal documentation: Reflection

<table>
<thead>
<tr>
<th>The situation: assessment—what occurred?</th>
<th>Reflective feelings about the situation</th>
<th>How did the experience enhance learning?</th>
</tr>
</thead>
</table>
| A 6-year-old girl with urinary retention  
  suffers frequent urinary tract infections.  
  Mother catheterizes her child. A lack of  
  adequate resources and support, poor  
  aseptic technique and the mother’s poor  
  English language skills to understand what  
  my expatriate colleague was trying to say  
  and teach could be the problem. | I was concerned for the child, having frequent infections and hospitalizations. I felt for the mother who thought she was doing it right and could not understand why her child always had infections. She had other children at home and was worrying about them. I realized that this situation was complex and I needed to get to the bottom of some underlying issues by being proactive. It was important for me to assess her technique and reinforce the procedure in my native tongue. I wondered if catheterization was the ideal practice. Has there been sufficient liaison between the doctor and the mother? Has this family been referred to the Home Health Care team (community) for home support visits, if catheterization was necessary? (The majority of community nurses speak the Arabic language; otherwise an interpreter is readily available). | The importance of asking questions to get the right information, so I can help this patient. I asked my expatriate counterpart first, then the mother. The nurse told me that the mother was taught the procedure before discharge. When I asked the mother, she said that she watched the nurse, but did not understand and embarrassed to ask because she could not speak English well. She said she did the care the best she could. I recognized there was a language problem and my job was to explain the procedure carefully and ask the mother questions. I identified it was important for the mother to do a return demonstration, which I believe the nurse did not do. The mother asked if a nurse could visit her at home. I also realized that the majority of doctors in the hospital were expatriates, so I accompanied the mother at her next outpatient visit to the doctor. |
CONCLUSION

The findings from this study demonstrated that Middle Eastern nurses accepted the framework for journal documentation because it provided structure for reflection, speculation, synthesis and metacognition of events experienced during clinical practice. They were engaged in productive and positive activity to enhance their nursing practice.

Journaling gave nurses the opportunity to transfer thoughts onto paper and write down subjective and objective data, and created dialogue between the nurse educators and nurses. Nurse educators were able to 'press' the nurses further and share thoughts, which might not have been verbalized about the learning experiences. Nurses

Table 3 Process of reflective journal documentation: Speculation

<table>
<thead>
<tr>
<th>What occurred?</th>
<th>What could happen . . . ? (Prediction)</th>
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<tr>
<td>Identified poor aseptic techniques by mother and talked to her about the procedure and the reasons why it must be done correctly. I asked her questions to see if she understood. When I demonstrated, I stopped from time to time to ask her questions and explained to her why I did certain things, just as we were mentored in the tutorials with the nurse educators. When she did her return demonstration, she also asked me questions for clarification. When I was satisfied with her technique, I praised her and told her that I would recommend to the doctor for her to be referred to the Home Health Care team, where the community nurse is on a 24 h call. I attended the outpatient clinic with the mother and became the liaison between her and the physician.</td>
<td>I asked the doctor if the frequent catheterizations were necessary and if so, could the family be referred to Home Health Care team for support. The community nurse would be able to teach and support and monitor this situation. Hence, when the mother performs the procedure effectively, it will result in a reduction in infections, less hospitalizations and she can have more time with her family, which is her primary role in this culture. The child was reviewed and I was able to translate between the doctor and mother. The doctor was surprised to learn that the mother was performing frequent catheterizations. A care plan was formulated and implemented by the Home Health Care (HHC) community nurse. Liaison between the HHC nurse, doctor and mother continued.</td>
</tr>
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</table>

Table 4 Process of reflective journal documentation: Synthesis

<table>
<thead>
<tr>
<th>What actions were taken?</th>
<th>How did the experience enhance learning?</th>
<th>Application of knowledge to practice</th>
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<tr>
<td>I wrote this experience in my journal to reflect what, why and how I approached care for this patient so I won’t forget and can use it as a reference in future. I referred to the hospital’s Policy and Procedure manual to make sure my practice was current. I learned and gained a new experience—how to liaise with the Home Health Care team and went out on a home visit.</td>
<td>Questioning to get the right information and facts is important. This helped me to make decisions and come up with strategies to assist the mother. For example, identifying her knowledge and skills with this procedure; being sensitive to her needs—speaking the same language; the realization that liaising with the doctor and the Home Health Care team was important, which leads to better patient outcomes.</td>
<td>I now have the opportunity to share this experience with my colleagues and enhance my nursing knowledge and skills. I can also use this experience to teach others in the future.</td>
</tr>
</tbody>
</table>

the better’ (the study by Brookfield in Garrison12). This journal documentation illustrates the importance of a sound knowledge base and the ability to understand the patient’s cultural values to provide culturally congruent care. Nurses accepted this new method of documentation because it offered a variety of techniques, which challenged them (see Table 5).
commented that writing helped reduce stress experienced after a challenging clinical day. Writing in journals also helped to develop their confidence in writing English and it became second nature to them. Overall, journals created dialogue between nurse educators and nurses and provided the opportunity to make ‘sense of their mistakes and successes’.

### RECOMMENDATIONS

- Middle Eastern nurses need a fluency and understanding of written and verbal English.
- There is an importance in having clear guidelines or framework to guide reflective journal writing to meet the purpose of journal documentation.
- Nurse educators need to maintain the focus around critical thinking through questioning and foster the development of an inquiring mind.
- Nurse educators need to monitor progress in journal writing through all stages of the journal process and provide timely constructive feedback.

### ACKNOWLEDGEMENTS

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### REFERENCES