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On the Edge of Success and Failure: One Nurse's Self-Study of Transition from an Undergraduate Nursing Degree Program to Working autonomously as a Registered Nurse

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Abstract

In this self-study research project, the experiences of a new nurse graduate entering the work force after completion of an undergraduate nursing degree program, and how experiential learning and reflection fostered competent clinical practice will be examined. I analysed three separate and distinct critical incidents which will evidence how reflective practice enabled me to respond to evolving patient care using critical thinking and reasoning and past experiences to build and improve my practice as a prudent registered nurse. This study of self allowed me to discover the factors and outcomes that contributed to my conceptualization of reflective practice as it evolved and progressively transformed me, creating an improved learner, and adult educator in my relationships with students, colleagues, and self. I will present my data combined with the lens of pertinent literature associated to reflective practice, experiential learning, adult education, and nursing practice.

Keywords: Experiential learning; Reflection in action; Reflection on action; Theory-practice gap

Introduction

This research project is a self-study of a nurse's transition to work after completing an undergraduate nursing degree program and how reflective practice fosters integration of theory with practice and builds on experiential learning [2]. Further it examines the phenomenon known as the theory-practice gap [1]. This opportunity is allowing me to research and explore this practice-theory gap in a rich and deeper way. In this journey of self-study, I analyzed three critical incidents from my own transition from school to work and how the reflective practice that was instilled throughout the nursing program helped me achieve positive patient outcomes when I began working autonomously as a nurse. This research has provided me with further opportunity to understand my self and my own experiences of reflective practice so that I can help my nursing students develop their own reflective process and practice. By looking at one nurse's transitions to work, this project engaged with a concept known as the theory-practice gap, defined by [1] as "The distancing of theoretical knowledge from the practical dimension of nursing" (p.94). In this project, I sought to understand how what is learned in theory can be better reflected in practice [3]. In the review of literature, three gaps emerged as areas that impact how nurses integrate or bridge the gap between theory and skills into practice. First, the literature showed that student's perception about reflective practice needs to be further studied to determine if the varied perspectives and approaches to reflection are effective and valued by students. Second, there was evidence that a lack of clinical practice creates a weaker foundation for students to build on experiences and then use their reflective practice skills for improvement in their chosen craft. Thirdly, there was literature that discussed the passage of time and experience causing novice nurses to feel "More confident in their practice" (p.3) after six months or more of practice [4].

Why do new nurses who felt they were not competent or confident at hiring time feel more confident after working for six months or a year for example? I think reflective practice and experiential learning across time may be components to bridging this divide. For example, Carrol et al.'s [5] study found that reflective practice affects and fosters critical thinking, clinical reasoning, and clinical judgment. The new nurse graduates felt that "Learning was a combination of theoretical and experiential learning and that one experience built on the next experience through reflection, which improved practice and confidence level" (p. 2549). Dewey [2] stated that "reflective thinking alone was education" (p.2). Is there a failure to value and continue using reflective practice to improve, gain competence and confidence as new graduates leave the safety of the nursing program and begin autonomous nursing practice? By engaging with reflective practice and experiential learning, for this project I will explore how my own perception(s) competence, confidence, and level of knowledge affected my ability to connect theory and skills in to practice and ultimately feel that I knew how to "Be the nurse" (p.11) as stated in Strouse & Nickerson [6] study.

Overview

This self-study research project is a required component for completion of a Masters in Adult Education for St. Francis Xavier University. This report will include a summary of my background in nursing education and developing career as an adult educator involved in nursing education at an undergraduate level. My history creates the foundation needed to develop the research problem, and research questions. This report will explain my delimitations and limitations as well as my positionality and all the components involved in the research methodology, rationale, and ethics. The findings of this self-study and the analyses of three critical incidents will be discussed, highlighting the implications, relevance and importance of my personal and professional growth and the contribution this research makes to the field of nursing and adult education.

Context

I can recall my very first day back in 2014 working as a newly hired graduate registered nurse in a hospital's acute care unit. My white scrub shirt and jacket were pressed to perfection, and my black scrub pants hemmed flawlessly. My pockets contained a black pen, a watch, a pair of nurses' scissors, gloves, alcohol swabs and a penlight. My stethoscope was tucked into the right pocket of my scrub pants. My patient load was six and I was responsible for any IV therapy infusions the licensed practical nurses had on their load of patients for my twelve-hour shift. The nature of my patient load varied in acuity from fresh post-operative surgical patients to palliative and actively dying. On that first day, my mind immediately began categorizing, organizing, assessing, and triaging these patients, gathering data, checking medication records, and drawing from a rich knowledge bank conveniently located in my mind about each patient diagnoses, status, and needs. I was using the nursing process and reflective practice but more specifically I was reflecting in action. How did I come know what to do in this overwhelming situation? How did I instantaneously begin drawing from this knowledge bank, thinking critically, making theoretical connections with my patient's needs and my clinical practice decisions about their care? Reflective practice is instilled in every aspect of nursing theory and practice across the entire eight semesters of the undergraduate nursing degree program. We are nurtured to think critically, helped to sort through data and fostered to make careful clinical decisions from the very beginning of our program. We are provided with a Code of Ethics to guide our patient care decisions and a set of Standards of Nursing Practice along with a detailed list of Entry Level Competencies. The very nature of these codes, standards and competencies are designed for critical thinking and reflective reasoning. So, despite the apprehension, fear, and overwhelming task(s) in front of me, I was able to competently care for my patients, because my ability to use reflection allowed me to bridge theory and skills into sound clinical decisions with positive outcomes for my patients.

The practice -theory gap phenomenon is of interest to me because as I was finishing my undergraduate program, one of our last research courses called (Trends in Nursing) had a debate as one of the assignments about competency and confidence to practice post nursing degree. The class of seventeen was split in half by the course professor. My group and I felt that we were adequately prepared to enter the work force with the tools we had been given across the program and the opposing team felt they were not. My group lost the debate, and it was shocking and disturbing to me because I felt so sure I could leave the program and be a competent novice practicing registered nurse. I felt self-confident I had been prepared and well-conditioned to use my reflective skill ability to achieve positive outcomes for my patients. Current data suggests that the other debate group may have had a point as "Evidence suggests that only 23 % of new nurse graduates feel they have entry level competencies, and 65% of entry level nurse errors were related to deficient critical thinking and problem-solving skills (two of the most important skills needed for entry into the field)" [7].

Statement of Research Problem

This research examined my experiences as a new registered nurse graduate and my perceptions of competence to practice as a newly licensed nurse. I focused on how reflective practice was a key factor in the development of confidence, competency, a developing intuitive knowing and bridging the gap between theory and practice for new nurses transitioning to work. Additionally, I will highlight how experiential learning fosters deeper understanding of educational outcomes and improves clinical judgement.

Purpose

The purpose of this study is to examine my own transition from school to work by examining three critical incidents. Upon completion of this research, I will have a deeper understanding of the factors that are affecting and influencing my adult educator development and how I can help my students to develop their reflective practice to help them bridge the theory practice gap. It is my hope that by integrating my personal experience I can better develop effective teaching approaches as an adult educator that instill and foster the importance of continued reflective practice as a systematic way to integrate theory, and skills into practice across nursing undergraduate education and better prepare students for transition to work.

Research Questions

What factors played a role in how I transitioned to working as a new registered nurse?
What barriers did I overcome to be successful in bridging theory to practice?

Delimitations and Limitations

This self-study research project will be delimited to my personal experiences and perception of them as a newly graduated registered nurse working autonomously after completing an undergraduate nursing degree and my use of reflective practice to bridge theory with practice to make sound, competent clinical judgments regarding my patients care. Self-study offers the opportunity to analyse, reflect and gain a deeper understanding of my practice as a nurse and adult educator [8]. I will examine three critical incident experiences using Green & Crisp [9] study and criteria to illustrate how reflective practice fosters the relationship between knowledge and practice. Conducting reliable, valid, and transferable data and results in a self-study has limitations in that it is seen through the lens of the writer and their personal experience which creates difficulty in replication [10]. Although the findings are often the researcher's subjective views, there is a moral obligation of the writer to be ethical and aware of potential bias [10].

Positionality of the Researcher

How have I come to know who I am as a learner and as an adult educator? My philosophy of adult education is grounded in respect for the learner and in fostering them to build on their experiences through reflective practice, so that they can make connections between theory and skills to practice. It is further grounded in relevance. Adult learners must see the significance of what they are learning as valuable to their personal growth. I believe that humans are social creatures by nature, inquisitive, questioning, and possess inherently good intentions toward others. These assumptions naturally provide the elements for learning and continued learning. My practice is a progressive philosophy and grounded in experiential learning because it gives the learner practical knowledge and valuable critical thinking skills used to problem solve, where the learner learns by doing and solving real life issues. This is so important to the nursing profession because it has measurable outcomes when evaluated and reflected upon [11]. I have been a registered nurse since 2013 and a nurse educator with the Rankin School of Nursing at, St. Francis Xavier University, Bachelor of Science Nursing Program since 2017. Prior to becoming a full-time nurse educator, I spent the previous four years working in acute care in hospital and then practicing community nursing with a prominent community care agency. I have also been employed casually within long term care for the past five years. My role as a community care nurse involved wounds at all stages, advanced Intravenous (IV) devices designed for long term intravenous infusion therapies, diabetes management, blood transfusions, physical assessments, admissions, palliative care, and cancer care. The overarching theme of community nursing is teaching. On a daily basis the nurse is teaching adults how to care for themselves and modifying and adapting that teaching to suit the patient's level of literacy, comprehension, cognitive ability, and any other social determinant of health that may impact a patient's health. The highlight of my last three years with the Rankin School of Nursing has been having the opportunity to focus on skill labs, simulation labs, and seminar labs, helping my students make connections between theory and practice. Most recently, I have started teaching a distance nursing course called Health Promotion across the Lifespan to registered nurses who have immigrated to Canada or who are bridging to an undergraduate degree in the science of nursing. I am an active participant and co-collaborator in improving, enhancing, and developing the delivery of content in the skills environment alongside the course professors and in organizing demonstration testing, audio visual recording uploading and clinical placements with groups of students to apply theory to practice.

Methodology and Rationale with Relevant Literature

My project engaged with literature relevant to experiential learning and reflective practice. I used experiential learning because it helps in understanding how adult learners engage in critical thinking and reflection of past experiences to improve practice [12]. Experiential learning refers to a way in which knowledge and or skill from one experience are used as a bridge to new learning [12,13]. Experience connects theory to practice and is influenced by the environment we live in [14]. Kolb [15] defines "Learning as a process where knowledge is created through transformation of experience (p. 5). Nursing programs use experiential learning by combining theory and clinical practice and various pedagogical perspectives and it is thought that students who engage in experiential and reflective activities and actions gain a deeper understanding of educational outcomes and improve clinical judgement [16,17]. The combination of simulation, skill labs, theory and clinical placements foster critical thinking, through experiential learning [18].

I used the reflective practice lens because it is the foundation of competent nursing practice for the adult learner to master and use for critical thinking and sound clinical judgement. Reflection and reflective learning are processes for learning and improving our practice [19]. Dewey [2] wrote that "Reflective thinking alone is education" (p.2). For a registered nurse, reflection, and the ability to learn from one's actions are the marks of a professional [20,21]. Reflection is how practitioners ebb and flow in and out of the swampy lowlands, learn from our mistakes, and gain deeper understanding [21]. Critical thinking, and reflective practice are widely used to bridge the gap between theory and practice, because it fosters professional development and strengthens us as a nurse [22]. When a competent nurse can draw from the sciences, humanities, and core nursing theory, he/she can use clinical reasoning to form sound clinical judgement, reduce burnout, and attrition of new nurses while providing quality care to all patients [23]. Monaghans [4] study found that new nurse graduates did not feel competent to practice initially but confidence improved with experience and time. Strouse & Nickerson [6] study found that student nurses view the nursing profession as a culture all its own and look to nurse educators to be shown how "To be the nurse" (p.11).

The research is in the qualitative paradigm and I seek to understand my experience and development of reflective practice and the connection of experiential learning, how it was learned and developed and to share it with those who would be interested. The methodology is self-study and will use critical incident analysis with criteria developed by Green & Crisp [9]. Fitzgerald, et al. [24] posits the "Aim of self-study is to understand and represent the experiences and actions of people as they encounter, engage, and live through situations" (p.299). Angelides [25] study found that "Traditional methods for gathering qualitative data requires months and sometimes years and this can create problems with time management and needed resources to organize, explore and interpret the results" (p.429). Angelides [25] also found that there is a need to find new ways of gathering data and "critical incident analysis is becoming a much faster form of collecting qualitative data" (p. 429). Critical incident analyses is a way of examining data that can inform improvements in practice [25]. In choosing Green and Crisp's [9] study to develop my three critical incidents they use critical reanalysis as one of three criteria used in self-study. Critical analysis is a deeper form of thinking based on identifying and reflecting on my assumptions and potential power struggles and how they might influence my practice. I will use self-reflection to recall and analyze critical incidents which allow me to spend time in a rich discovery phase of self-evaluation. The findings of my self-study can help me identify assumptions and power struggles, improve my practice as an adult educator, who is also a nurse and can inform improvements in my delivery of curriculum, which facilitates students in bridging the gap between theory and practice as they enter the workforce, promoting feelings of confidence and competence to practice as they transition from student to registered nurse.

Methods

I chose a study by Green & Crisp [9] who developed a set of three criteria for self-study research. I am conducting this research to determine how I was successful in using reflective practice to connect theory with practice and competently care for my patients and how I can use the results and findings to pass on to my adult learners and in my delivery of nursing curriculum [13]. I have an interest in knowing more about my practice and how I can improve it which is synonymous with development of an applied qualitative research design [13]. I created and analyzed three critical incidents for the methods section of my research that integrate my skillset, worldviews, and personal characteristics [13]. When I initiated this endeavor, I knew my final goal would be self-improvement and getting there would require a focus on how my experiences as a new graduate nurse would develop into my practice as an adult educator [13]. I recalled these critical incidents from personal working journals, memory, and reflection on action, utilizing my professional portfolio and additional resources to discuss the relevance and insight I have gleaned from these incidents.

Tripp [26] posits that critical incidents may be defined as "Commonplace events that occur in routine professional practice" (pp. 24-25). Examining critical incidents fosters reflection and integration of theory and skills into practice [9]. I used a structured narrative style designed by Green and Crisp [9] with the following criteria: 1.) A description of the critical incident. 2.) My reflection of the incident, where I relive this account, recall faces, smells, people, spoken words. 3.) A second analyses from a critical perspective that will allow me to examine my assumptions as I enter the incident and if my assumptions were correct or not and to determine if any new or current experience, competencies or standards, changes of any sort have emerged or would require change to future practice if a similar incident occurred [9]. These three criteria are directly associated with my ability to reflect in action and on action, to integrate theory and skills into practice, to evidence competency to practice based on positive outcomes, and perceived confidence to make sound, prudent clinical judgements using reflective practice. The descriptions of the three critical incidents will be very detailed and descriptive to ensure the reader will experience a rich and full foundational story to enhance the second reflective criteria unfolding and thus support the final criteria of critical re-analysis. Potter, et al. [27] suggest that "Thinking critically requires purposeful and reflective reasoning to examine ideas, assumptions and beliefs, principles, conclusions and actions within the context of the situation (p.175). The three critical incidents that I will discuss are created through my interpretation of them and by my level of perceived significance. These incidents marked a spot(s) in my life where I made a significant discovery about myself and my ability to be not just a nurse, but a very prudent, thoughtful nurse with patient care at the forefront of my practice. My intentions as a new graduate nursing student were to practice nursing safely and my ability to reflect and make safe choices impacted my success, evidenced by positive patient goals and outcomes determined in the nursing process and plans of care [25].

The first critical incident is about my first day as a newly hired graduate nurse in an acute care setting that is mentioned earlier and marks a time when my ability to reflect in and on action while providing care to patients as a new graduate nurse. The second critical incident will depict a practice experience in community nursing where I am not just working autonomously but completely independent of hospital-based resources and how my assessment skills are again successful because of my reflective skills and my past experiences. My third critical incident will discuss an experience in long term care where a patient suddenly begins actively dying and I must reflect in action to manage the situation and my team. As I began developing my critical incidents, I enlisted my critical friend to view my work at each stage. The conversations were many in number but from an informal perspective that made it easy to speak freely, to her and her to me about the incidents without revealing any identifying details. My critical friend would relate how reading the incident made her feel and that provided me with a second set of eyes or a lens with which I could critically process the incident. Sometimes, unseen qualities or my personal assumptions and new thoughts were revealed, and I was able to reflect on if they were true or not and how I might improve my practice through this critical friend and our discussions because it validated my thoughts increasing the reliability of my study.

Trustworthiness

I upheld the authenticity and veracity of this research by referring to my memory of the critical incidents, personal journal entries from that practice time and reflective practice from my current professional portfolio. While a self-study requires full immersion and can be viewed as subjective there are additional ways to improve trustworthiness. I enlisted the help of a critical friend who I had informal conversations with to assist me in exploring the meaning in my critical incidents and maintain an unbiased approach [25]. Accessing a critical friend to assist me in my study created an additional lens that increased the trustworthiness and objectivity of my examination and reflection in this research. My colleague and I discussed each critical incident in depth after she reviewed my writing independently to encourage and promote an open-minded attitude toward my research.

Research Ethics

While conducting this self-study research project, I am both the researcher and the participant being researched, thus I ensured that no person, place, location, or any data was revealed so that there would be no collateral damage or harm caused to any individual, or organization. I did this by providing only the details about the story that create the incident and no reference to the location, establishment, type of organization was revealed. I did not reveal the names of any people and I disguised the names of any institutions or organizations used in describing these critical incidents to further eliminate any identifying factors. In choosing my critical friend, I took the time to choose someone that I felt safe with and could discuss my feelings and thoughts openly and freely. I was protective of myself by using critical incidents that did not cause me to relive a traumatic event. As a registered nurse, my Code of Ethics, and Standards of Practice safely guided me in maintaining veracity, accountability, confidentiality, and a promise to do no harm. Finally, I received ethics approval in fall of 2020 through appropriate process with my advisor and internal reviewer in the department of Adult Education at St. Francis Xavier University. Because I am the researcher and the participant and no identities or places would be revealed, I did not require research ethics board review.

Definition of Terms

Acute Care: “Includes the health system components, or care delivery platforms, used to treat sudden, often unexpected, urgent or emergent episodes of injury and illness that can lead to death or disability without rapid intervention. The term acute care encompasses a range of clinical health-care functions, including emergency medicine, trauma care, pre-hospital emergency care, acute care surgery, critical care, urgent care and short-term inpatient stabilization”.

Code of Ethics: “The Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses is a statement of the ethical values of nurses and of nurses’ commitments to persons with health-care needs and persons receiving care. The Code is intended for nurses in all contexts and domains of nursing practice (clinical practice, education, administration, research and policy) and at all levels of decision-making” [28].

Critical Thinking: Defined by Potter, et al. [27] as “A process and a set of skills, emphasizing the use of knowledge and reasoning to make accurate clinical judgements and decisions” (p. 174)

Entry Level Competencies: “An observable ability of a registered nurse at entry-level that integrates the knowledge, skills, abilities, and judgment required to practice nursing safely and ethically” [29].

Nursing Process: Potter, et al. [27] defines it as “An intellectual process of reasoning that includes assessment, diagnoses, planning, implementation and evaluation. The nursing process guides clinical judgement, decision making and reflective practice when used in a manner that encourages critical thinking in each of the steps” (p.188).

Palliative Care: “Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual”.

Plan of Care: Once you have assessed a client's condition & identified appropriate nursing diagnosis, a plan is developed for the client's care. Planning involves establishing client goals & expected outcomes and selecting nursing interventions.

Reflective Practice: is thinking about your actions through a critical lens and asking why you are doing something or how you will continue to learn or improve your practice. It involves a process of examining an action and an outcome to decide how or if you would do it differently in a similar situation occurred.

Reflection in Action: in the context of nursing, is thinking critically and quickly on your feet in the moment and making the right decision (clinical reasoning and clinical judgements) at that time or changing the plan quickly to mediate fluid changes in patient care.

Reflection on Action: the thinking you do after an incident has occurred. You critically analyze and evaluate what you may have learned, how your thinking evolved based on that experience and what you might do differently if the incident was repeated.

Standards of Practice: "Standards are the minimal professional practice expectations for any nurse in any setting or role, which are approved by council or otherwise inherent in the nursing profession. The primary reason for having standards is to promote, guide, direct and regulate professional nursing practice. Standards set out the legal and professional requirements for nursing practice and describe the level of performance expected of nurses in their practice. Standards guide the professional knowledge, skills and judgment needed to practise nursing safely" [30].

Triage: is a term used to describe the distinct differences or degrees of seriousness in ill patients and who needs top priority in provision of care.

Vitals Assessment: A set of assessments that include taking a measurement of a patient's blood pressure, heart rate, temperature, and oxygen saturation to determine if values are out of normal range.

Presentation of Data and Findings

Critical Incident 1

Description

Upon completion of my undergraduate nursing degree, I was hired into an acute care setting within a hospital. The unit had approximately thirty beds and each registered nurse had six patients on their load for the twelve-hour shift. In addition, each registered nurse was responsible for any patients receiving intravenous infusions of medication on a licensed practical nurse's load for that day. The level of acuity varied from infection and respiratory illness, fresh surgical patients to actively dying palliative patients. I was provided with a full week of orientation training sessions regarding hospital policy and procedures, computer training for patient charting, a tour of the unit, supply room and medication room prior to my first day of work. On the day of my first shift, I arrived an hour early at 6:00 am to begin organizing my patients. My load for the day had six patients, one with a fresh abdominal surgical wound who required monitoring and sterile wound care, four patients who were palliative, one with pneumonia on intravenous antibiotics and two additional patients on intravenous antibiotics from the licensed practical nurse load. I set to work assessing each client, making notes as I went along regarding who would be at the top of the priority list, what assessments I needed to make with each patient and the times for required intravenous antibiotics. I quickly ran to each patient to make sure they were all stable, listened to report from night shift and then began my day, it was 7:00am. I managed to complete morning medication rounds, a set of baseline vitals for all six patients (temperature, heart rate, blood pressure and oxygen saturation), four palliative assessments, a respiratory assessment and the first intravenous infusion of antibiotics and a wound assessment and dressing change by 10:30 in the morning. I took a very quick break, checked my patient's needs and sat down to complete patient charting for the morning. By 11:30, I was preparing for the noon hour medication round and gave each of the intravenous infusions of antibiotics for the patients on the licensed practical nurse's load. I stopped to help a patient use the bathroom and changed my surgical patients dressing again. I completed the noon hour round of medications and sat to chart all care and assessments that had been provided. It was now 3:00pm, so after a fast 10-minute lunch I evaluated and reorganized the remaining four hours of my shift. I checked on all my patients, repositioned my palliative patients and assessed their needs and talked with the family of some of my patients, called a patient's family physician to request an increase in pain medications, assisted a patient back into bed, answered many ringing bells, changed the surgical abdominal dressing again and began the 4:00pm medication round. As the last hour of my shift approached, I completed patient charting, assessed all my patients, restocked supplies, and recorded report for the oncoming shift.

Reflection

I will never forget that first day and the fear I felt deep in my stomach as I began my shift. I will also never forget that despite the fear, I instinctively knew what to do. My mind was immediately set to the task of triaging, prioritizing, and organizing layers of plans all geared towards positive patient outcomes that varied from, alleviating pain to administering medications to reduce infection and in layers of initial plans to later in the day plans that were fluid and developing where needed in my mind. From the moment I arrived I was reflecting in and on action depending on the stage or state it was required. I drew knowledge from a rich bank of four years of theory I had studied along with months of clinical experience and I paired it with a reflective practice that had been instilled in me as a student nurse from the very first semester of the program. It was a debriefing, discussing, and writing process the adult nurse educators and nursing professors had shown us and had us repeat over and over before, during and after caring for our patients in the clinical and lab setting. Reflective practice is core to the nursing profession, it is entwined in the nursing process and in the development of the plan of care for a patient. The Code of Ethics for registered nurses, Standards of Practice and Entry level Competencies are integral to reflective practice for a registered nurse because the very nature of these codes and standards are based on decision making [28].

Critical Re-examination/Reflection

Effective critical reflection is essential for making the right decision as a learner and as an adult educator. "We work towards critical reflection in our professional practice when we carefully consider the implications of our actions and examine whether what we say and do inadvertently sanctions or contributes to power relations that favor the interests of powerful others... Recognizing the external forces that shape both policies and the assumptions underlying our practice is part of critical reflection; so is envisioning alternatives". "Separating or distinguishing critical reflection from reflective thinking/practice is the unpacking of hidden power dynamics and surface assumptions that we accept as being our own". Reflection and reflective practice are about describing my practice as grounded in my ability to reason and judge a situation and effectively solve a problem. So, when that first day came to an end and I was back at home showered and nourished, I recalled the events and outcomes of my day by critically analysing my own assumptions and perceptions. "Nurturing critical reflection in our professional practice might lead us to acknowledge and identify problems". One assumption that I had going into my first day was that I believed the load assigned to me would be conducive to the provision of adequate amounts of time for patient care. I trusted that the agency had created a nurse/patient ratio that would be appropriate. I also assumed there would be unit managers visible, available, and supervising and I would be supported by an assigned preceptor who would help me as I worked through my shift. These assumptions both proved non-congruent as the load and severity of multiple patients was heavy for a new nurse, there was no unit manager on site, and I had been assigned a preceptor who chose not to help but to supervise from afar.

I reflected on the clinical decisions I had made during my shift, and whether my patients health moved in a positive direction from those decisions. I played out different scenarios in my mind while I entered my day in my personal journal. I asked myself, what did I do well today? Was I able to manage challenges and situations as they arose? I critically questioned myself on my assumptions and world views and whether they had affected my judgements regarding patient care. How could I improve the next time this situation presented itself? For the most part, I had made good decisions because of my ability to connect theory with clinical practice through reflection in and on action. I wished that there was more time in the day and although I could acknowledge that I wished I had more experience because it would have lowered the degree of urgency that I felt about every detail of my patients care, I knew time would solve this barrier. As the days and weeks went on in this setting, I was able to map out clear progression and improvement of my critical analysis, integrated into my improving reflective practice. I was beginning to see and understand my role and how it was developing and supporting my conceptualization of reflective practice, experiential learning, and nursing practice. Some days, I was assigned different preceptors who really supported and helped me by embracing me and spending their day with and near me, asking how they could help me, and this greatly influenced the experiences positively. I also reached out to a few of the nurse educators of the school of nursing and the head nurse manager of the agency regarding the patient acuity and patient loads and suggested some recommendations for improving preceptorship for new nursing graduates to improve new nursing graduates experience.

Critical Incident 2

Description

As the mother of young boys in 2014 and the wife of a travelling tradesman, working a rotational shiftwork position made balancing parenting, and domestic duties difficult. So, I left acute care and began community nursing with a national community care agency. Community care agencies in Canada provide varying levels of sub-acute nursing care from medication management, diabetes education and assessment and insulin administration, all levels of wound care, suture/staple removal, wound packing, intravenous infusions, palliative care, blood transfusions and many types of assessments. This presented quite a change in that I was now working to my full nursing scope of practice and beyond; but with no hospital resources to support me as I had in the acute care setting. Now I ventured across many kilometres of travel each day to see and care for patients in their own homes, using the supplies in my trunk and medical bag, at times with no cell service to reach out for guidance. I was left to my own devices and assessment skills and the bank of knowledge in my head.

On my first day of work, I had ten patients to see for my eight-hour shift and at least two hours of that shift was driving time. I sat in my car looking over the paper copy of my list of patients, reviewing key aspects of their care and distance away and an estimated amount of time to complete required tasks for each patient. Most importantly I was documenting who would be triaged to number one through to number ten on my list. The list for the day included a variety of patient needs from insulin administration to intravenous infusions, palliative assessments, and wound care. I immediately determined that patient number one was the insulin injection patient, and the timed intravenous infusions were next on the priority list followed by the palliative and wound care patients if a crisis did not occur for the day for any of my patient load. The insulin patient was geographically closest which I noted would make my day flow smoothly thus far, so I called and introduced myself and set a course for this patient's house. I completed an assessment of my patient's blood glucose level, a vitals assessment and determined it was safe to give the prescribed dose of insulin. I completed my documentation after the injection, stayed with the patient several minutes to ensure they were ok, went to my vehicle, called the next few patients, and began driving to the intravenous infusion patient farthest away. I knew I would be late for the third intravenous infusion, but all I could do was call them and explain what time I would be there. I completed both intravenous infusions and was able to complete two basic dressing changes on my drive back and one of the other palliative assessments.

As I was travelling closer back into town, I pulled over to call the last of my three patients. Two were stable wounds and one was a usually stable palliative patient. As I made my calls, I discovered that my stable palliative client had begun declining in this status and was in pain, so my plan changed immediately. The palliative patient became the priority and as I arrived in their yard, I called ahead to the dispatcher and explained the circumstances and instructed dispatch to take the last two stable wound care patients and see if one of the licensed practical nurses could pick up these patients for me. As I entered the home of the palliative patient, my immediate assessment found the patient in pain and actively dying, and family members were struggling to remain calm and in control. I set to work providing a dose of prescribed break through pain medication and called the palliative doctor on call who ordered two other medications to be started immediately that were already in the home. I worked quickly to insert subcutaneous butterflies under the skin so I would only have to prick the skin those two times and this would mean less pain for my patient. I completed medication administration records, drew up medication doses, administered the medication and then began to monitor the patient to ensure relief was obtained. While monitoring, I multitasked between comforting family members, and preparing them by explaining that the end of life was near for their loved one, providing other comfort measures for my patient and connecting with the palliative team to update them on this patient's status, and calling the funeral home to alert them death was imminent for this patient. Two hours later, the patient died peacefully, surrounded by loving family members who were calm and prepared for this finality. I supported the family, prepared the body, called the funeral home, and notified the palliative team of the patient's death. I waited for the funeral home to arrive and take the body to the mortuary for preparation and stayed with the family until I felt sure they were ok. When I was back in my vehicle, I called into the dispatcher and related the needed information of the patient's death and was informed that the remaining two wound visits had been picked up as I had requested and that these patients had been seen and cared for by another nurse.

Reflection

I was a novice registered nurse back in 2014 when I began working as a community health nurse, but my ability to bridge theory into practice through reflection was second nature. I used my reflection in action in the morning when I was issued my patient load for the day to determine the triaging and prioritizing of these patient's. I knew instinctively that some patients based on their diagnoses needed to be seen first. I made calculations regarding travel time and time to complete nursing skills and who was farthest away to map out my day. My mind made back up plans in case a crisis occurred with a patient which would alter the initial plans. As one patient's status changed, I knew I had to make alternate plans for the patients who still had not been seen to be protected and cared for as well in case I could not get to them during my shift. I drew from my experiences as a student and as a nurse in an acute care setting and built on these past experiences using reflection. Reflection was a skill that the undergraduate program fostered in my practice. I can barely recall a week in the entire four years that I was not handing in a written reflection of my clinical experience to a nurse educator. In our program writing a reflective paper was the way the educators teased out our thoughts on the clinical situation that occurred, how we handled it or our role in it, how we felt about it and what we would do differently the next time. It happened so frequently that I did not realize I had adopted this practice in everything I did as a nursing student, as a newly graduated registered nurse and now as an adult educator.

Critical Re-Examination

As a nurse, as soon as a crisis or intense situation has been resolved, I begin debriefing and reflecting on action immediately. The debrief is part of self-care and happens without much effort so I trembled, and I wept in my car as I drove home. I trembled because watching someone take their last breath is an experience and a privilege like no other in this nurse's life and being a part of helping that person have their best death without pain and suffering was my goal. I wept because I cared for that person and now their life was over. I assessed my mind critically for what assumptions or power issues existed but felt no immediate revelations in this regard. I recalled the events of this experience over and over remembering images, smells, actions, retelling of the events in my mind, and statements made by myself and the doctors and family, the outcomes of my interventions, the relief that my patient obtained, and the emotions felt by all involved in this experience. I asked myself what I had done well today with this patient and with all my patients. Had I provided prudent, high quality patient care? Did I have positive patient outcomes even in the patient who dies? Could I have done anything better? How could I improve this day if this situation repeated itself? I concluded that I had done quite well considering the time constraints with the intravenous infusion. The insulin patient received his insulin in a timely manner ensuring his blood glucose levels remained in safe zones. The patients with wounds had all been provided safe and competent wound care. In my critical reflection I identified an area where my assumptions created a power struggle in the end. In my critical friend discussion, I revealed that the palliative patient had received quality care and my undivided attention but in retrospect, I deeply wish I had not assumed this patient was stable and that I had called earlier in the morning. If I had called earlier, I might have prevented my patient from feeling any pain or suffering that day. I allowed my assumptions and desire to be the super-efficient timekeeper for the day instead of never assuming a palliative patient was stable on any given day. I was influenced by the agency I worked for and not what was best for my patient. As a result of that day, I changed the way I triaged my patients and no matter what, even if I had to start my day earlier, I call all palliative patients first thing in the morning so that I can prevent a crisis. I also began teaching the family members caring for palliative patients what to watch for and to call into dispatch when in doubt or needing an assessment as a preventive measure. I also brought it up at the next staff meeting so that I could share this experience and receive feedback from my colleagues and management and to improve continuity of care by asking that palliative patients be kept with the same two nurses to prevent crisis in patients at the end of life from occurring. This was a profound learning experience for me and built on my reflective abilities and is a story that I use to guide my students in critical reflection frequently as an adult educator.

Critical Incident 3

Description

In the spring of 2015, I had been practicing for about eighteen months and I decided I wanted to explore long term care nursing and began working casually on weekends and holidays in a large facility. The facility was further broken down into units of about thirty or forty residents per unit with one or two nurses stationed in these units. With so many residents under your care for a shift, one might imagine it is a day that moves very quickly, and quiet moments are rare. My first few days of orientation with a senior registered nurse were of great comfort as I could learn the routine, read through policies, orient to the building, medication carts, oxygen closets and emergency procedures without compromising patient care. Patient care mostly consisted of excellence in all types of physical assessment, combined with objective and subjective data gathering, medication administration at standard dosing times, wound care, tube feedings, and of course palliative care. On my first day alone after orientation, I completed my morning medication rounds and assessments, completed morning charting and had a short break. After this, I completed some wound dressings, more patient charting, and the lunch hour medication round. I was feeling a bit of relief that the day was very busy but uneventful so at about 4:30, I began preparing my medication cart for the final medication round of the day when a continuing care assistant came the nursing station reporting a patient was not feeling well in the lounge. I quickly pulled the patients chart and plan of care noting this elderly patient had no known allergies or advanced disease processes but was listed as a "Do Not Resuscitate", so I locked my medication cart, shut, and locked the nursing station door and headed quickly down the hall with my stethoscope and blood pressure cuff and thermometer.

As I entered the lounge, and spotted the patient sitting very still and pale with blue lips, I knew this was not just a patient "not feeling well". There were people visiting with this patient and it was supper hour and there were people everywhere. The family were becoming quite concerned and upset in those first few seconds after I arrived, and I immediately asked them to wait in the lounge while we helped their loved one into their room. I swiftly grabbed the two care workers nearest to me and we lifted this small patient up and calmly but quickly rushed this resident to their room and laid them into bed. The very elderly patient was dying, taking their last breath and the care providers were becoming increasingly emotionally upset because they had known the resident for many years. I moved fast to acknowledge their sadness, but that I needed them to help me right now. I calmly went to the family and asked them to follow me, I brought them into their loved one's room and told them to talk to their loved one and hold their hand. The patient slipped away and died very quickly after their family sat beside them and I stayed with them to comfort and answer any questions I could. Then I left the room to provide them some privacy and comforted and thanked the care workers who had helped me and told them how greatly I appreciated their ability to work so well under such pressure. I returned to the nursing station, made a few required calls to the resident's family doctor, the nursing manager and the funeral home of the family's choosing. I gathered the patient's chart and the appropriate documents needed and set them at the nursing station desk. I checked on the family sitting with their loved one and asked if they needed anything. I completed the evening medication round, finished charting, and recorded report for the oncoming shift. The family stayed until the funeral home arrived to take the body to the mortuary and I comforted them and then they left. I completed the required documentation for the death event, and after completing the narcotic count with the oncoming nurse, my shift was finished, and I was free to go home.

Reflection

I was still a new nurse graduate but my ability to reflect in action was growing sharper with each new experience in nursing. I recounted that experience many times that night and seen the images of the patient dying and heard the family crying and remember my shaking inside as I assessed what was happening. I did not hesitate to remove the patient to their room to aid in patient comfort and privacy and to maintain their dignity, but also to deescalate the scene evolving in the lounge and to make a better memory for the family witnessing this event. My critical thinking and assessment skills, ability to bridge the theory with my practice was evident in my decision to quickly look in the patients plan of care and to see that they were not to be resuscitated which allowed me to avoid upsetting the family compared to if I had not known and began performing CPR (cardiopulmonary resuscitation) for example. Asking the care staff to remain calm and help me, aided in maintaining calm leadership. By demonstrating solid reflective reasoning that led to sound decision making, I was able to provide the family with precious time to spend those last moments with their loved one.

Critical Re-Examination

When I critically reflect on action and re-examine this incident, I can say that I reacted and cared for the patient, the patient's family and my team with competence, confidence and provided prudent quality care. In discussing this incident with my critical friend, we discussed potential assumptions or areas of power struggle such as my own religious beliefs or lack of, the influences of the people around me and the pressures of family watching this very intense situation unfold. I explained to my critical friend that when I entered long term care, I did so with an assumption that death and dying were a common occurrence in this setting and that helped me to prepare how I would respond in my mind in advance. When it occurred, I was able to react effectively. As we conversed, I acknowledged the fearful feelings of this intense situation and that I acknowledged those same feelings in the moment which had a calming effect on my thought processes along with my initial assumptions.

I maintained calm control and leadership during a crisis and the care staff thanked me over and over and the family left calm and peaceful, thanking the entire team for such excellence in care. My insight and growing prudence develops by building on these experiences and through reflective practice [31]. My ability to reflect and my awareness of self, is how I build the framework for my nursing practice. The insights gained each time I experienced an event with similarities provided me with the opportunity to improve my practice and develop quicker intuitive responses to fluid and at times rapidly changing patient care situations. I would not do anything differently if this situation repeated itself and that validates my ability to critically reflect.

Discussion of Findings

Upon completion and analyses of my three critical incidents, the three main themes that emerged were experiential learning, reflective practice, and how time affects levels of confidence and competence in bridging theory to practice. It was evident throughout this study that experiential learning, reflective practice, and time are tightly connected to each other and are overlapping concepts with similar theoretical underpinnings. These themes gave me a renewed and evolving understanding of my adult education practice. I will separate these three themes that emerged from my research in the following sub-sections where I will present the findings and analysis of my growth.

Building on Experiences and Experiential Learning

Experiential learning is a consistent process where I have had an experience, I reflect on it in my mind from a place where prior knowledge exists, and the result is a new learned experience that I can use to improve my practice as an adult nursing educator [32]. There is a definite integration of age old educational theories merging with new educational theories and just as there is no single way for all learners to learn there is also many theories that are used to develop my own personal adult educational philosophy [12]. "Constructive Alternativism is a theory that holds that people make meaning of their own experiences which in turn influences how they perceive and act. While this theoretical term is new to me, its underpinnings resonate deeply with my life and experience as a learner, a nurse and as an adult educator.

When I began my novice career as an adult nursing educator, I truly did not know what I did not know. I was greatly influenced by my senior colleagues and the learning institution and I willingly followed the leader and did what had always been done. As my experiences increased and built on one another, I began thinking about ways to improve this same delivery and to think independent of my colleagues and trust my ability to develop curriculum. Experiential learning is progressive in nature because learning is happening after the experience has taken place, after we reflect on and especially when we share it with others [12]. New knowledge is immediately created and acquired and evolves again as we make sense of it [12]. As I plan for each new term with a new set of students, I make changes and I can evidence how these changes are improvements to the delivery but also to my approach to helping all learners who learn in so many ways be successful. It makes me very aware of my own assumptions and worldviews and how they influence and inform my thoughts. It also brings to awareness to how working with other people and disciplines and the professional discussions and collaboration affect me and influence my worldviews when I maintain an open mind. I can see the progressive transformation that I am making across the last four years that I have been teaching.

I am identifying what works and what does not work in the delivery of the nursing program. The collaboration with colleague's senior and novice and the willingness to listen to my students to make changes based on their input is improving the educational experience for everyone. Throughout all three critical incidents, I was able to reflect on past experiences as a student to begin developing a practice framework for safe patient care even on my first day in that overwhelming acute care setting. When I moved on to community care nursing, I carried those past experiences from acute care and applied them to new situations that had similarities. As I gained more experience, my ability to reflect in action improved and is consistent with Woo & Newman [33] study that found 80% of newly graduated nurses reached successful transition and confidence in practice through experience. When one of my students asks me how they will know what to do once they graduate, I often tell them to trust in the knowledge base they have developed because it creates an intuitive knowing in nursing practice if they have strong reflective abilities. In discussing the concept of experiential learning with my critical friend, she agreed that she related that this is how she answers the same question to her students, and it reinforced my confidence in my practice and validated my sense of knowing how to teach them and answer their questions. Experiential learning is a way in which knowledge and or skill from one experience is used as a bridge to new learning [12,13]. Experience connects theory to practice and is influenced by the environment we live in [14]. Kolb posits "learning is a process where knowledge is created through transformation of experience [13,15]. Nursing programs use experiential learning by combining theory and clinical practice and various pedagogical perspectives [16]. Students who engage in experiential and reflective activities and actions gain a deeper understanding of educational outcomes and improve clinical judgement [17].

As a student, I was given a patient to care for while supervised by a nurse educator. The plan of care developed for any patient has a systematic method of researching the patient's chart for history, current medications, and medical diagnoses [27]. As a student, it was my duty to develop a plan of care for my patient, to implement these interventions, to evaluate the outcomes and reach goals. When our clinical experience with this patient was completed, we wrote a reflective paper to discuss what we did, how it worked, what we would change the next time or improve in our practice and how we felt about it. Those experiences are exactly how I conducted my assessments, triaged, prioritized, and planned care as a new graduate that day and every day thereafter.

Each day I was exposed to new experiences and by thinking about how I handled a similar situation or experience, I could formulate a new plan to care for this new patient or situation that was efficient, safe, and best practice [27]. It was the knowledge of recalling normal safe measurements for blood pressure, heartrate, lung function, care of the surgical patient in past theory classes and skill labs that informed my care for patients. This is evidenced by Hye-Su & Holst [32] who set out to parse how experience is associated with learning and found that "Experience is portrayed as the raw material of reflection and can be used to develop educational interventions" (pp. 151,155).

Reflective Practice and My Evolution

Reflective practice has become an influential concept in integrating theory to practice and although it can be an oversimplified process in some professions, it is a core and foundational theory and approach to nursing practice, and I will discuss the evolving conceptualization in reflective practice that I am experiencing [34]. The theoretical underpinnings from Dewy, Schon and Kolb regarding professional reflective practice focus on using this technique for solving problems and improving practice and this is integrated into all aspects of the undergraduate nursing degree [34]. As a younger adult, reflective practice was so informal and primitive that I really did not realize I was practicing reflection, but as an adult learner entering the nursing program eating, sleeping, and thinking reflection became an everyday event. For the nursing profession, reflective practice is the very foundation of our profession and Thompsons [34], study suggests that "reflective practice provides a fluid approach in the development of the 'knowledgeable doer' in nurse education" (p. 314). On any given day, a registered nurse is reflecting in or on action about a situation that is fluid and changing or after an event or incident has occurred [27]. As Brookfield [31] explain, my critical reflective practice is how I tease out and identify my assumptions and how they influence and frame and reframe my practice as a new learned experience is acquired. If new questions were formed from my reflection of practice, they often turned into a totally new learning experience and new knowledge and light bulb moments which made my desire to continue reflecting deeper and more valued and that enhanced the results over and over. By reflectively using the four-lens described by Brookfield [31], I can separate my perception, my students and colleagues' perceptions or views, the theoretical underpinnings that ground me and the evidenced based literature to arrive at a new learned experience. For the undergraduate nursing student, reflection is the mediating factor between experience and learning and although as a young new student I at first thought reflective practice was just a tool to be used while in the program and not something I would need once I graduated, I quickly discovered how necessary and effective it was in my first clinical experience with real patients and decisions about their care that had to be made by me [12].

Research has shown that nursing students who adopt and practice self reflection have lower levels of stress and anxiousness in their nursing practice because they feel confident in the clinical decisions they make using reflective practice. "Reflective learning incorporates both theoretical and practical theories and issues and seeks to integrate these - to open a dialogue between theory and practice" [34]. Nursing students who successfully master integrating theory and practice through reflection will allow theory to guide their practice and make safe, competent clinical decisions about patient care [35]. I can recall asking my course professors and nurse educators for clarity in writing and submitting a reflective paper as a student. At first, I was so unsure of what to think or write because I did not trust the process and that it had to do with my experience and the integration of theory and my clinical choice and how that choice panned out for the patient. Once I realized that this reflective paper was my opportunity to think about my experience and determine if it went well or not and what I would do differently, I was using it with everything I did as a learner, and then as a new graduate. As a nurse, I maintain a professional portfolio as a requirement for my college of nursing, annually I must submit performance evaluations to my employer describing all areas I have grown and developed educationally and scholarly to illustrate growth. These are examples of my continued commitment to reflective practice and its value to my life, profession, and practice. Adding a more critical reflective lens was just another layer to add to my development and improved practice by assessing my assumptions, power struggles, and judgements or worldviews. This is also true for an adult nurse educator after development of curriculum has been delivered and evaluated for effectiveness. In reflection, our thoughts are analyzed critically during and after a meaningful event and this processing helps us to look to the results with new understanding and awareness and informs needed improvements [27].

Reflection can be used critically to discover, examine, and change our views, or practice and learning within our profession [36]. A registered nurse and adult nurse educator must possess the ability to think critically and this requires reflective reasoning regarding our own ideas, beliefs, and world view. Whether I am caring for a patient in an acute care setting, out in the community locale, or in long term care setting, I must ask myself critical questions. What assumptions do I enter with and are they right or wrong? What do I know about my patient, and their history and current needs, or medical diagnoses from the doctor? What do I know about my patient's situation today and how do I know it? What else do I need to know about this patient and their situation to help them? What do I know about me in this context and my worldviews? Is there a power struggle between me, my patient, their family, my agency of work, my college, my religion? [27]. Where once reflective practice was a foreign concept it is now so valuable to me in my professional practice as a nurse and a source of great pride when imparted to my adult learners in the undergraduate nursing program. When assessing my patients, I am utilizing reflective practice in my nursing process to determine the patient issue, and the interventions and evaluation to determine if goals were met and positive outcomes were achieved in the development of the patient plan of care. My reflective practice has allowed me to set and achieve goals, improve my practice and delivery of education to those who look to me for answers. Reflective practice has helped me through many difficult periods in my life by guiding me through quiet contemplation or journaling and currently it is how I am organizing and effectively completing the components of my master's work. Each time I am faced with a challenge, it is now instinctive to resort to reflective practice to identify my assumptions and overcome and improve who I am and to resolve the problem(s) I am faced with.

The Effects of Time on Nursing Practice and the Theory-Practice Gap

The passage of time emerged as a theme for me personally and I believe for the nursing profession as a challenge or barrier in that a new graduate who can effectively hone their reflective abilities can improve both competence and confidence to practice safely but this occurs across time and by gaining experience(s). It was evident for me that as time passed, repeated or similar experiences or incidents in my practice corresponded with improved ability to manage them with confidence, sound reflective reasoning and clinical judgements that led to positive or expected outcomes in patient care. The first time we try to do or learn something new, we are unsure, lack confidence and even are unsuccessful in our attempt. The first time I attempted to insert a peripheral intravenous device, I froze immediately after I inserted the needle into the patient's forearm. I froze because I panicked. I panicked because I did not have an experience as a foundation for my practice only a theory base and I felt afraid of the unknown. My adult nurse educator successfully walked me through the process, and I was able to complete the task. The next time I did this task, I was able to follow through and this gave me confidence. Time and time again, it is the components of experiential learning and the process of reflection that serve to improve practice [12,32].

As I started my first day as a new graduate nurse in a busy acute care setting, I used my past clinical experiences and my four-year theory base to integrate and connect to sound judgements and patient care interventions. As each day passed and new experiences occurred, new learning and insight followed. This is all happening simultaneously with the passage of time. Time is initially a barrier but necessary in the process of learning. Adding this concept that time builds competence and confidence in bridging theory to practice into the delivery of education in the nursing profession could serve to reduce the perception of time as barrier.

Response to the Research Questions

Using the critical incident analysis to recall three experiences, I was able to deeply delve into how my ability to reflect on experiences from my undergraduate nursing degree and life experiences allowed me to integrate theory and practice to facilitate competent clinical decision making for my patients. Experiential learning and reflective practice have been the foundation for my successful practice and their contribution to my learning has allowed me to recollect and think about events and experiences to understand them and to take needed and corrective action when necessary. Dewey [12] believed that theory and practice went together and that there was "Continuity in and interaction between learner and what is learned" (p.10). He also felt that society, learner, and educator must strike a balance between freedom of learning in various ways and it should be combined with seminal, historical educational theories that could build and develop into new modern theories better suited to the learner [12].

The first research question asked what factors played a role in how I transitioned to working as a new registered nurse? Experiential learning and reflective practice played a significant role in how I transitioned from a student in an undergraduate nursing degree program to working autonomously as a graduate nurse. My ability to reflect in and on action allowed me to think in times of urgency and looming crisis and develop prudence in my practice. Reflective practice created a sense of calm daily in an environment where urgency is often the overarching feeling and requirement. Relying on my reflective practice provided me with a safety net of parameters to develop interventions and plans of care that were well thought out, critically analysed, and evaluated for positive outcomes and measurable goals.

Barriers and Challenges in Bridging Theory to Practice

The second research question I addressed was, what barriers did I overcome to be successful in bridging theory to practice? One barrier I overcame was allowing myself to trust in the reflective process. I had to believe I possessed the ability to reach reflexively into my stored bank of knowledge absorbed over four years of nursing theory, anatomy, pharmacology, biology, chemistry, ethics, and psychology and use it to make competent care decisions for my patients. Another significant barrier was being patient enough to allow time to mold and develop my practice to where I wanted it to be. Becoming a nurse who possesses wisdom takes time. Each day of nursing practice is an experience within an experience and intertwined with your patients who are all living a different experience that you are also a part of, and it is the reflection of this notion that brings it all together in a crescendo of new understanding. The passage of time and its effect on perceptions of improved confidence and competence is necessary and required. Nurses can improve practice and become prudent through reflective practice, experience, and time.

Significance and Contribution of Research

This study of self and my personal account of these critical incidents have and will continue to improve who I am as an adult educator and will guide who I strive to become as an adult nurse educator. Fook [37] stated "There is an increasing need for reflective practice, given a growing crisis in the professions" (p. 440). Experiential learning and reflective practice have been and will continue to influence and be the foundation for my successful practice. Their contribution to my learning has allowed me to recollect and think about events and experiences to understand them and to take needed and corrective action when necessary. Dewey [12] believed that theory and practice went together and that there was "continuity in and interaction between learner and what is learned" (p.10). He also felt that society, learner, and educator must strike a balance between freedom of learning in various ways and it should be combined with seminal, historical educational theories that could build and develop into new modern theories better suited to the learner [12].

Life experience and reflection also provide me with a way to “Examine my life to determine my ethical and compassionate engagement with the world” (p.441) as thought by Socrates, and this thought resonates with me [37,38]. When I first began to develop my research plan, it was my hope to discover a deeper understanding of my reflective practice and to find ways to foster my students to make connections between the theory and their practice; as I had as a student. Donald Schon [21] is known as one of the first and early theorists to discuss the perceived gap between theory and practice and noted that reflective practice was effective in lessening this gap and improving practice [37]. It was also my hope that this self-study would reveal areas where delivery of adult education could be improved, barriers could be identified and remedied or removed in the curriculum of the undergraduate nursing programs to bridge the gap between theory and practice. When I began this journey into my master of adult education graduate degree, it was to fulfill a required component for my position as a nurse educator in an undergraduate nursing degree program. I struggled with fully understanding what it had to do with being a registered nurse or how it could help me be a better nurse or adult educator. I have gained a significantly new perspective and value how much I have learned about myself, my assumptions, who I am as a learner, an educator and how my worldview and reflection of self has evolved and grown. The reflective process and my research successfully transformed me with a new and changed perspective of the importance of adult education [31]. The most important discovery and revelation that I have made is that I am a nurse, a progressive nurse, who is an adult educator and that I treasure my ability to reflect in my practice as a nurse. Fook [37] said, “It is the ability to reflect upon practice in an ongoing and systemic way that is now regarded as essential to responsible professional practice” (P. 440). The critical incidents provided me with a new lens to see first a broad view of how my reflective ability progressively improved and made me a stronger critical thinker with each day, week, month, and year that I used it. Moon [39] posits “Reflection is a basic mental process with either a purpose, an outcome, or both, applied in situations in which material is unstructured or uncertain and where there is no obvious solution” and this is true to my practice as a learner, a nurse, and an adult educator (p. 10).

I have already implemented insights gained through this process into how I deliver education to my adult nursing students and I seek feedback from them for effectiveness, reflect and correct as required. I plan to incorporate more reflective practice into my delivery of education to the adult learners I engage with and I hope that my colleagues, peers, all nursing educators will use this research as an important addition to adult nursing education. Adult nursing educators and those who develop nursing curriculum have the privilege and opportunity to encourage and foster deeper reflective practice in the undergraduate nursing program and help students understand that mastering this skill can improve and lessen the theory practice gap and lead to more confident and competent nursing graduates.

Conclusion & Implications

This self-study research set out to examine one nurse's experiences as a new nurse graduate and my perceptions of competence to practice as a newly licensed nurse by analysing three critical incidents using critical incident analyses. The research was focused on how reflective practice is a key factor in the development of confidence, competency, and bridging the gap between theory and practice for new nurses transitioning to work. Additionally, experiential learning was examined to highlight its connection and fostering integration of theory and practice using reflection in the profession of registered nursing graduates after completion of an undergraduate nursing program. The examination of the critical incidents provided me with a new lens to see first a broad view of how my reflective ability progressively improved and made me a stronger critical thinker with each day, week, month, and year that I used it. I feel confident that my self-study research of the theory practice gap phenomenon has revealed implications for improving practice to the undergraduate nursing program by consistent use of reflective practice and discussions that explain to students that confidence and competence improves with reflective practice and the passage of time and gaining more experience. It is evident that more self-study research on how new nurse graduates improve their sense of confidence and competence to practice would benefit all adult nursing education and the profession overall.

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