

Benner's Novice to Expert Theory and the Concept Reflective Practice:

A Comparative Analysis

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Nursing is a unique profession in which the experience of the practitioner is the most significant attribute to professional growth and knowledge development. Patricia Benner's theory, novice to expert, and the concept of reflective practice both validate this idea. Benner utilized reflection within her study of the nursing profession in order to depict the unique characteristics and knowledge embedded in the experience of the nurse. Both the theory and the concept have been employed to enhance knowledge development, professional growth and innovative changes within the nursing profession.

The purpose of this paper is to profoundly explore Benner's theory: novice to expert and the concept of reflective practice. The paper also depicts the unique and similar attributes within the theory and concept as well as their utilization within nursing practice, education, and leadership.

### **Presentation of Nurse Theorist: Patricia Benner**

#### **Family Life**

**Early life.** August, 1942 Patricia Benner was born in Hampton, Virginia to parents: Shirley and Clint Sawyer. Patricia Benner is the middle child, she has two sisters. The Sawyer family moved to California, where Patricia and her sisters completed high school. Patricia's parents divorced when she was a sophomore in high school; she reported this was a very difficult time for her and her family (Sitzman & Eichelberger, 2011). Her interest in becoming a nurse sparked when she was working as an admitting clerk at a local hospital while in college.

**Later years.** Patricia Benner married her husband, Richard Benner in August, 1967. Richard and Patricia have two children: a son born in 1973, and a daughter born in 1981. Richard Benner completed studies on situational leadership; Benner stated his work had a deep impact on her understanding of practice (Sitzman & Eichelberger, 2011). Benner and her husband have worked together to create clinical practice development models (CPDMs); the two travel together to different hospitals across the world consulting with nurses in regards to CPDMs (Brykczynski, 2010a).

### **Educational Background**

Benner started college at Pasadena College. Once realizing she wanted to study nursing, she transferred to Pasadena City College because a nursing major was not offered at Pasadena College (Sitzman & Eichelberger, 2011). In 1964, she received both her associates of art in nursing from Pasadena City College and a baccalaureate of art from Pasadena College. She continued her education, receiving a master's degree in nursing with an emphasis in medical-surgical nursing from the University of California, San Francisco (UCSF) in 1970. In 1982, she completed her PhD in stress, coping, and health at University of California, Berkeley.

### **Professional Accomplishments**

**Work experience.** Benner has a wide range of clinical work experience that includes: acute medical-surgical nursing, critical care, and home health care. In 1970, Benner worked as post graduate nurse researcher at the school of nursing at UCSF. While at Berkeley, she also worked as research assistant for Richard Lazarus, whom Benner states influenced her stress and coping theory development (Brykczynski, 2010a). Other work experience includes teaching as a professor in the department of physiological

nursing as well as the department of social and behavioral sciences at UCSF. Benner taught for several years at the doctoral and master's level. She retired from full time teaching in 2008. Benner continues to be involved in presentations and consults, as well as writing and research projects. Currently, her research focuses on the study of nursing practice in intensive care units and nursing ethics (Benner Associates, n.d.)

**Works accomplished.** Benner has written several books, included in these publications is her first and probably most widely known book *From Novice to Expert: Promoting Excellence and Power in Clinical Nursing Practice* (Brykczynski, 2010a). Benner has also received several awards and honors for her work in nursing some include: book of the year in 1985 for *From Novice to Expert: Promoting Excellence and Power in Clinical Nursing Practice*, National League for Nursing, the Linda Richards Award for Leadership in Education in 1989, and Excellence in Nursing Research/Education Award in 1990. Benner is a noted researcher and lecturer on health, stress and coping, skill acquisition and ethics internationally. Recently, she was elected into the honorary fellow of the Royal College of Nursing for her influential research; which provided the basis for new legislation and design for nursing practice and education for three states in Australia (Benner Associates, n.d.).

### **Professional Network**

**Mentors.** One of Benner's mentors was Virginia Henderson. Benner credits Henderson in greatly influencing her thinking in nursing (Brykczynski, 2010a). Hubert Dreyfus and Stuart Dreyfus' work was extremely influential in Benner's theory development. Two brothers, the Dreyfus' were professors at University of California at Berkeley who developed the Dreyfus Model of Skill Acquisition. This model, originally

developed to study the performance of chess masters, is situational and portrays five levels of skill acquisition: (a) novice, (b) advanced beginner, (c) competent, (d) proficient, and (e) expert. Adapting this model to nursing, Benner outlined the development of skill and learning in clinical nursing practice in her theory *Novice to Expert* (Sitzman & Eichelberger, 2011).

### **Works Developed**

With the publication, *From Novice to Expert: Promoting Excellence and Power in Clinical Nursing Practice* in 1984, Benner introduced her theory. The theory states that overtime, nurses develop skills and knowledge through sound education and experience. It differentiates practical, “knowing how”, and theoretical knowledge, “knowing that” in nursing practice (Brykczynski, 2010a). Her theory was one of the first to characterize the learning process of nursing. In 1989, working with Judith Wrubel, Benner extended her theory to include the identification and integration of caring into the process of skill acquisition (Sitzman & Eichelberger, 2011).

### **Description of Theory: Novice to Expert**

#### **Theory Elements**

Patricia Benner’s novice to expert theory is a theory of skill acquisition. In this theory, Benner poses that developing nursing skills through situational experience is a prerequisite for expertise (Nursing Theories, 2011).

**Levels of skill acquisition.** Benner adapted the Dreyfus Model of Skill Acquisition to nursing practice. The Dreyfus Model hypothesizes that in the development of skill, an individual moves through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert (Dreyfus & Dreyfus, 1980; as cited by

Benner, 1984). The model also asserts that as an individual progress through these levels, changes are reflected in three aspects of skill performance. One, the individual moves from dependency on abstract principles to the use of concrete experience. Secondly, there is a change in the individuals perception of the situation, the situation is seen less as separate, equal pieces and more as a whole where only certain pieces are pertinent. Lastly, the individual changes from an observer of the situation to an involved performer.

*Novice.* Benner (1984) defines a novice as a beginner with no experience of the situation in which they are expected to perform. In order for the novice nurse to develop skills, the nurse must be put into new clinical situations. Benner also states that novice nurses must be taught about a patient's condition in objective and measureable parameters. This is done so the novice can recognize features of the patient's condition without any situational experience. Novice practice is very limited and inflexible; they utilize strict rules to govern practice because they have limited to no clinical experience. Because of this inflexibility and rule based practice, the novice nurse cannot separate out the relevant pieces of the situation; instead all pieces are seen as equal. They act in a manner of "tell me what I need to do and I will do it" (Nursing Theories, 2011).

*Advanced beginner.* The next level of skill acquisition is the advanced beginner. Benner describes the advance beginner as a nurse "who can demonstrate marginally acceptable performance, one who have coped with enough real situations to note the recurring meaningful situational components that are termed aspects of the situation" in the Dreyfus Model (1984, pg. 22). Aspects are global characteristics that require prior experience in actual situations for recognition. The advanced beginner develops

principles based on experience and begins the use of these experiences to guide their actions (Nursing Theories, 2011).

**Competent.** A competent nurse is a nurse who has gained two to three years of experience in the same work area or in similar day-to-day situations (Benner, 1984). Benner states that competence develops when the nurse starts to see or plan his or her actions in terms of long-range goals. The competent nurse, unlike the novice and advanced beginner nurse, plans actions based on the pertinent aspects of the situation instead of including all aspects. For the competent nurse “a plan establishes perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem” (Benner, 1984, pg. 26). It is the planning, that is characteristic of this skill level; it is what helps the competent nurse to be more efficient and organized.

**Proficient.** The proficient nurse perceives situations as a whole instead of in terms of aspects. According to Benner (1984), “perspective is not thought out but “presents itself” based upon experience and recent events” (pg. 27). Perception is fundamental to the proficient nurse. In this level, the nurse understands more holistically, thus improving decision making (Nursing Theories, 2011). The proficient nurse has learned from experience typical events to expect in a clinical situation and how plans need to be modified to response to these events (Benner, 1984).

**Expert.** The next level in the skill acquisition model is the expert nurse. According to Benner (1984), the expert nurse has a deep connection and understanding of the situation. The expert no longer relies on analytic principle; instead the expert has an intuitive grasp of situations that is utilized to determine actions. The performance of the expert nurse is fluid, flexible, and highly proficient (Nursing Theories, 2011). Though the

expert nurse can make assumptions based on “hunches”, Benner points out that the expert nurse still needs to be exceedingly skilled in the use of analytic tools, as these tools need to be used in new situations or if the nurse gets the wrong “hunch” (1984).

### **Assumptions from Theorist**

Benner conducted a study of clinical nurse practice in an attempt to learn and depict the knowledge that is embedded in nursing practice. Nurses who were new to the profession as well as nurses known for their expertise were interviewed, in an attempt to determine and understand characteristic differences in clinical situations. “Not knowing who and what we are about now will seriously impede what we want to become” (Benner, 1984, pg xxi). In her work, Benner sought out to present new ways to view nursing practice in order to provide understanding of the complexity and significance of the nursing profession. Benner (1984) believed that the collection and record keeping of expert nurses’ perceptions, recognition abilities, meanings and characteristics, and outcomes would enable nurses to refine skills and advance practice. However, nurses tend to be delinquent in documenting clinical learning. The lack of charting of nursing practice and clinical observations robs nursing theory of the uniqueness of knowledge that is found in expert clinical practice (Benner, 1984).

Also from her research, Benner made theoretical distinctions from theory itself; there are two different types of knowledge, “knowing that” and “knowing how”. The extension of practical knowledge (know-how) through theory based scientific investigations (know-that) is necessary for knowledge development of the discipline (Benner, 1984). Kuhn (1970) and Polanyi (1958), point out that we have many skills that cannot be theoretically accounted for (as cited in Benner, 1984). This leads into the skill

level of the expert, who through experience has learned to allow their perceptions to lead to confirming evidence.

### **Relation of Major Components**

Benner states “expertise develops when the clinician tests and refines propositions, hypotheses, and principle-based expectations in actual practice situations. Experience is therefore a requisite for expertise” (1984, pg. 3). Expert and proficient nurses need to be mentors for less experienced nurses. Utilizing descriptions of superior clinical judgment from expert nurses offers new possibilities for less experienced nurses and may facilitate their movement into a higher level of skill performance (Benner, 1984).

It is important to make note that expertise is situational, that is not all nurses are experts in every situation (Brykczynski, 2010a). Experience in the same or similar clinical situations is what separates the levels of skill acquisition. As a nurse moves into higher levels of skill performance a more holistic approach is utilized in practice. The expert nurse perceives the situation as a whole, uses past concrete situations, and moves to the exact location of the problem without wasteful consideration of irrelevant options; whereas less experienced nurses in a new situation must rely on conscious, deliberate, analytic problem solving of an elemental nature (Benner, 1984).

Benner’s description of the levels of skill acquisition has been useful for ongoing articulation of embedded knowledge in advanced nursing practice (Brykczynski, 2010a).

## **Description of Concept: Reflective Practice**

### **Concept Definition**

Reflective practice can be defined as a method of self-examination that requires looking back over what has happened in practice in an attempt to improve or encourage professional growth; it is an imaginative, creative, nonlinear, human act in which practitioners recall their experience, think about it, and evaluate it (Ruth-Sahd, 2003).

### **Essential Components**

Dewey introduced the concept of reflective practice in 1933. He believed that “reflection is not only a rational, intellectual act but also an act that involves the whole person, including his or her emotions” (Ruth-Sahd, 2003, pg 498). A critical-analysis of data-based studies, found that reflective practice increased learning, enhanced self-esteem, improved critical thinking and judgment, and promoted a greater self-awareness thereby improving practice (Ruth-Sahd, 2003). Reflective thinking is an ongoing process that encompasses a critical analysis of a practitioner’s actions, decision making and thought process during and after a clinical situation.

Because reflection depends on experience, it can be restricted due to limited clinical exposure of the practitioner (Heath, 1998). Past experiences advance the reflective process.

### **Utilization of Concept**

Reflective thinking is an analysis of feelings and knowledge that can help facilitate learning from complex situations. Reflective practice helps nurses to create meaning from their experience. Throughout clinical practice, nurses implement interventions and decisions that impact patient care outcomes. It is the reflection on these

decisions that enables practitioner to develop professional growth. Many times it is the reflection on previous events that helps nurses to plan actions on subsequent clinical situations (Teekman, 2000).

Nursing educators can help facilitate their students learning through guided reflective practice. Educators who encouraged students to openly communicate and recognize keys to reflective practice more successfully prepared nursing students for the complex world of nursing (Ruth-Sahd, 2003).

### **Relationship of Novice to Expert Theory and Reflective Practice**

#### **Common Attributes**

Benner's novice to expert theory and the concept of reflective practice share many similar characteristics that contribute to the development of nursing knowledge and the growth of the nursing profession.

**Acquisition of skills.** Benner's theory articulates skill acquisition that is useful in depicting the embedded knowledge in advanced nursing practice (Brykczynski, 2010b). The theory asserts the concept that nurses "develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences" (Nursing Theories, 2011, pg 1). Each level of skill acquisition builds on the previous one; abstract principles are refined and expanded as the nurse gains clinical experience. By exploring the role and decision making process of a proficient or expert nurse, less experienced nurses can further develop their clinical reasoning and scope of practice (Benner, 1984).

Reflective practice is also related to the acquisition of skill through clinical experience. Limited experience from the practitioner will restrict the reflection process (Heath, 1998). For a new nurse, guidance from an experienced practitioner is essential to reflective practice (Johns, 1995). It is the experienced nurse who can facilitate learning in a less experienced nurse through guided reflection. The use of reflective practice enhances nurse's critical thinking and decision making skills, which contributes to the advancement of the nurse's scope of practice.

**Experience of practitioner.** Situations that practitioners face in everyday practice are unique to themselves and nursing (Johns, 1995). Reflective practice, as well as Benner's theory, novice to expert, highlights the importance of knowledge development through actual clinical situations.

Nurses base actions on previous experiences rather than instrumental knowledge (Johns, 1995). In her work, Benner analyzed practitioners' descriptions of situational performance and experiential learning in order to divulge the unique, richness that is embedded in the practice of expert nurses (Benner, 1984). Benner theorized that interpreting the descriptions of complex decision making in expert nurses' clinical experience would accentuate the unique knowledge embedded in the nursing practice. The knowledge that is embedded in clinical expertise is central to the advancement of nursing practice and the development of nursing science (Benner, 1984). Expertise in nursing is developed through similar clinical situations; in the expert stage of skill acquisition the nurse is able to recognize the importance of clinical situations with a high degree of accuracy (Benner, Tanner, & Chesla, 1997). Nurses must deepen their understanding of the important knowledge that develops during clinical work.

Reflection is a method to access, make sense of and learn through the experience of a nurse (Johns, 1995). The use of reflective practice is also based on previous situational experiences of the nurse. Through reflection, the practitioner learns to view and act differently in clinical situations. Every situation is an opportunity for learning. Reflection ensures knowledge is more certain in future actions (John, 1995). Tanner (2006) states what a nurse gains from reflecting on experience contributes to the ongoing clinical knowledge development. Reflection requires a sense of responsibility, connecting a nurse's actions with outcomes.

**Use of narratives.** Nurses often know more than they can communicate; attempting to express this knowledge through narratives helps the nurse to focus, shape, influence, and communicate what is experienced (Johns, 1995). Benner, Tanner, and Chesla (1997), state clinical reasoning and knowledge is better understood through narratives. In her study of clinical nurse practice, Benner used narrative stories and interviews from nurses to examine the thought process, decision making, and problem solving skills related to the experience in clinical performance. Narrative thinking helps turn experience into practical knowledge and understanding. Thinking through telling and interpreting narrative stories, helps to make sense of experience through an interpretation of human concerns and motives (Tanner, 2006). Knowledge can be produced through dialogue from more experienced nurses who may have a different vantage point; this limits tunnel vision and improves clinical knowledge (Benner et al., 1997).

The use of narratives is also an essential tool for reflective practice. Through narratives: an in-depth review of clinical situations, the nurse's response to the situation, and intent to learn from decision making outcomes can be made (Tanner, 2006).

Reflection can be used as a tool to breakdown clinical experiences. Narrative reflection helps to create a deep understanding of the nurse's action. This fosters nurse's decision making abilities and problem solving techniques, helping to advance nursing practice.

**Clinical judgment.** Clinical judgment is an essential skill for nurses. Tanner (2006) asserts that clinical judgment is influenced more by what the nurse brings to the situation than the objective data about the situation at hand. Benner's theory emphasizes that clinical judgment is developed through experience. An expert nurse, no longer relies on principles, rules or guidelines to connect to the situation and determine action (Benner, 1984).

Clinical judgment is strengthened through the use of reflective practice. Nurses are able to develop knowledge through the use of reflection and use this reflexively to inform future actions (Johns, 1995). The concept can be used as a tool to focus on contradictions between what was intended to be achieved in practice and the way the nurse actually practiced, thus developing clinical judgment. Reflective practice offers an ideal method to structure what takes place within a clinical situation. As Johns (1995) states, reflection enables the practitioner to "develop increasing therapeutic competence, sustaining effective work and ensuring the maintenance of high quality clinical practice" (pg. 23).

### **Unique Attributes**

The concept of reflective practice and the novice to expert theory share many common attributes, but there are also several distinctive characteristics that contribute to their differences.

**Intuitive process.** Intuition cannot be easily observed or explained (Johns, 1995). In the theory novice to expert, Benner (1984) depicts the expert nurse as a practitioner whose problem solving and decision making no longer relies on analytic rule-based thinking but instead on intuitive, perceptual thinking. She highlights that an expert nurse, because of substantial clinical experience, has an instinctive grasp on a situation and can zero in on the problem. Intuition is characterized by immediate comprehension of the clinical situation and the ability of the expert nurse to recognize patterns (Tanner, 2006).

Though intuitive skills can be developed through reflective practice by making apparent the tacit knowledge within a specific clinical experience (Johns, 1995), reflection is not an intuitive process (Perry, as cited in Nielsen, Stragnell, & Jester, 2007). Reflection involves thoughtful consideration of an experience (Nielsen et al., 2007). In order for a novice to learn meaningful reflection, structure and guidance by an experienced practitioner is needed.

**Holistic perspective.** Viewing the clinical situation as a whole is another essential component to Benner's theory. One of the aspects of skill performance that reflects changes in the level of skill is the movement of thought from a compilation of equally relevant bits, to an increased complex whole in which only certain parts are relevant (Benner, 1984). A holistic perspective provides details of situational context that help guide interpretation (Brykczynski, 2010b). Benner (1984) asserts that holistic understanding of situational experience improves decision making.

On the other hand, reflective practice often breaks down clinical situations to reflect specifically on key issues. Johns (1995) states a reflection starts with the

description of the experience from which key issues within the experience can be focused on for reflection; there is always a movement from the whole to its parts.

**Analytic thinking.** Analytic thinking is necessary in all levels of skill acquisition. Although Benner's work emphasized the knowledge development obtained through experience, she also maintains the importance of analytic thinking in practice. Tanner (2006) points out that analytic process is used when one lacks the necessary essential knowledge; when there is a mismatch between what is expected and what happens, as well as when there are multiple options. At times, the only way to problem solve is through analytical thinking (Benner, 1984). Analytic tools are the back bone for clinical decision making. These tools are embedded in expert nurses, enabling them to transition into the use of an intuitive process.

Reflection on the other hand does not rely on analytic thinking. It is a process of reflecting on action. Reflection is a tool to examine the choices that were made in a clinical situation and the outcomes of those choices. "Unlike universal, static, and context free nature of analytic knowledge, reflective knowledge is particular, dynamic, and context bound" (Johns, 1995, pg 24).

**Self-awareness.** Reflective practice builds self-awareness through the reflection on one's decision making in clinical practice. By promoting greater self-awareness, the nurse will improve their practice by enhancing self-esteem and critical thinking (Ruth-Sahd, 2003). Therefore, one can assert through more experiences, the nurse will develop a higher level of learning and become more aware of one self in practice.

This differs in the development of experience in Benner's theory. For the expert nurse, experience has developed a deep understanding of clinical situations (Nursing

Theories, 2011); the nurse embodies an intuitive thinking process. As the nurse develops skill they become less aware of themselves, and instead perceive the situation as a whole.

### **Application of Benner's Novice to Expert Theory and Reflective Practice**

#### **Benner's Novice to Expert Theory**

The novice to expert theory has provided a highly valued framework for advanced development of the nursing profession. This philosophy has been a foundation in practice, education, and leadership development in the nursing profession.

**Application to practice.** Benner's development of the novice to expert theory has been used to guide nurse practice and create innovative changes to the profession (Alligood, 2010). Benner's philosophical view of nursing has transformed the view of the nursing practice. The emphasis on the nature of nursing practice, specifically how knowledge of practice is acquired and developed overtime has been utilized in developing practice models, advances in nursing research, as well as orientation and preceptor programs in acute care settings as well as non-acute settings world-wide (Alligood, 2010). Benner's work has been used extensively as rationale for career development and continuing education of nurses. It "focuses on developing and understanding perceptual acuity, clinical judgment, skilled know-how, ethical comportment, and ongoing experiential learning" (Brykczynski, 2010b, pg 141). The theory has helped to create foundations for building and improving skills of the primary care nurse through examining the acquisition of nurse's experience (Fennig, Bender, Colby, & Werner, 2005,).

An example of the use of Benner's theory in practice is in the work of Meretoja, Isoaho, and Leino-Kilpi. Meretoja et al. used Benner's theory to develop a nurse

competency scale. Meretoja et al. (2004) found that the development of a competency scale based on Benner's theory would help to identify areas for nurses to improve professional development and educational needs. The scale was also used to make sure nurse competencies were put to the best possible use in patient care. Often Benner's theory can be used to guide patient care to improve optimal outcomes through development of nursing practice.

Benner's model of skill acquisition can be used to help define and measure expert practice (Haag-Heitman, 2008). Understanding nurse expert factors helps to foster clinical staff development.

**Application to leadership.** Benner's novice to expert theory focuses on the embodied knowledge that is intuitively found and displayed in the work of the expert nurse. Expert nurse development must include risk taking, deliberate practice, social models and mentors, and external rewards; these factors are influential in nursing leadership for skill development and expert performance and learning (Haag-Heitman, 2008). The role of the expert nurse helps to stimulate less experienced nurses to interpret situations differently and perform more effectively and efficiently. Expert nurses are leaders in the profession who are self directed involved performers who continually strive to improve and make breakthroughs in their performance and the nursing profession (Haag-Heitman, 2008).

**Application to education.** Benner's concepts regarding the performance characteristics and learning needs of nurses with varying levels of clinical competency can be incorporated into nursing education. Valid and reliable methods of identifying the developmental stage of nurses are important when developing and implementing teaching

and learning strategies (Haag-Heitman, 2008). Understanding the level of skill and competency of the learner can better prepare the educator to facilitate learning. Fennig et al. (2005) state the learner will respond to different cues based on levels of practice and years of experience.

Benner's theory of novice to expert provides a framework for the development of competencies in nursing education. However, she has "critiqued the concept of competency-based testing by contrasting it with the complexity of proficiency and expert stages described in the Dreyfus Model of Skill Acquisition"; Benner believed competency based testing was limited to the less situational, less interactive areas of patient care (as cited in Brykczynski, 2010a, pg 150).

In addition, several nursing schools have used Benner's philosophy of novice to expert skill acquisition to develop a structure for nursing curricula (Brykczynski, 2010b).

### **Reflective Practice**

Reflective practice is a tool that can be used to bridge the gap between theory and practice (Sigma Theta Tau International [STTI], 2005). Reflection can change conceptual perspectives. Enhancements in nursing practice, education, and leadership have been successful through the application of reflective practice.

**Application to practice.** "Reflection is an essential skill implicit in professional nursing practice" (STTI, 2005, pg 6). In nursing, reflective practice can be used to reexamine an experience in an effort to understand and plan how to better act in a similar situation in the future. (Beam, O'Brien, & Neil, 2010). Tanner (2006) believed that reflection is critical for improvement of clinical reasoning and development of clinical knowledge. Reflective practice has the potential to improve implementation of advanced

nursing skills. Beam et al (2010) found that debriefing through reflective practice helps nurses to manage stressors and emotions that are triggered by demanding situations thus improving nursing practice. Because reflection gives insight into practice, nurses can identify areas of strength and areas that need further development. Self assessment and reflection allows a nurse to consider their practice within their own environment and can assist them to maintain and improve their practice (Meretoja et al., 2004). Reflective practice enhances a nurse's critical thinking and judgment based on experience and prior knowledge and ultimately enhances patient care (Ruth-Sahd, 2003).

**Application to leadership.** Benner (1984) provided the groundwork for reflecting on nursing practice in terms of developing expertise of nurses in action. Effective nursing practice and leadership are “grounded in the complexity of human relationships and therefore require systematic and careful thinking in order to achieve successful outcomes” (STTI, 2005, pg. 6). Reflective practice enhances the leadership capabilities of nurses through examination of their practice. Emden and Reid, found that reflective practice helps to advance nursing theories at a conceptual level which leads to changes at a professional, social and political level (as cited in STTI, 2005, pg. 8).

Like Benner's novice to expert theory, reflection is better developed through experience. It is the experienced practitioner that can facilitate reflection between professionals to enable development of nursing skills. Reflective practice through guidance from an experienced nurse can enable the development of a practitioner's therapeutic potential to make a qualitative difference to peoples' lives, and in doing so, enhance the societal value of nursing (Johns, 1995).

**Application to education.** Dewey states, “reflective thinking alone is educative” (as cited in Lasater & Nielsen, 2009, pg. 40). Reflective practice is an essential tool to nursing education that is extensively used in continuing education and nursing schools. Reflection helps to identify learning needs and styles at different levels of skill acquisition (Benner, 2004), especially situations that are ill defined, multilayered and complex (Lasater & Nielsen, 2009).

Reflective journaling and guided reflection is a strategy used in clinical education to gain insight into students’ clinical thinking (Lasater & Nielson, 2009). Reflection helps nurses and student nurses to examine and explore clinical situations to assist in their development and confidence in critical thinking and judgment (Nielsen, Stragnell, & Jester, 2007). Reflection through clinical narratives is an approach to “promote both individual and collective experiential learning and synthesis of knowledge in real-world situations” (Haag-Heitman, 2008, pg. 210).

### **Future Research**

In Benner’s novice to expert theory there is a strong emphasis on the expert nurse: the knowledge embedded into practice and the intuitive process that expert nurses utilize in practice. There is substantial research that supports the advantages of an expert nurse in clinical practice, but little is known in regards to what conditions foster expert development (Haag-Heitman, 2008). How can expert nursing be measured? What are methods to facilitate a nurse into the level of expertise? What are the connections between different levels of skill acquisition, nursing outcomes, and patient quality of care? In order to more effectively understand the knowledge embedded in expert nurses

and to utilize this knowledge to advance the nursing profession, future research is needed to address some of these limitations.

### **Conclusion**

Practical knowledge is essential to knowledge development and professional growth of nursing. Reflection in practice is a tool that can be used by nurses to find deeper meaning within practical experience as a means to advance practice as well as to enhance one's skill level. Every clinical situation is an opportunity for learning. Through reflection and experience, a nurse can achieve a profound understanding of themselves and the practice of nursing and ultimately improve patient care outcomes.

From a nurse educator perspective, both the novice to expert theory and reflective practice can be substantially advantageous in teaching and learning strategies. Guided reflection can foster students knowledge development, confidence, and self-awareness which in turn will help to advance there level of skill acquisition. Thus understanding the skill level of the student is essential to facilitate successful learning.

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