Signed Declaration

I declare that this dissertation and the research involved in it are entirely the work of the author. This work, or part of it, has not been submitted for a qualification to any other institute or university.

Signature: Aoife Greene       Date: 20th May 2014
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Abstract

The aim of this study was to explore the role of self-awareness and reflection in social care practice. In order to do this, the study examined social care practitioners’ understanding of self-awareness and reflection, the models which they use and how they use them, the impact of reflection on their practice, and the factors which support and/or impede reflection. Given the poor evidence base in general on the use of reflection in social care practice in Ireland, this study attempted to contribute to the existing body of knowledge by trying to determine the role of self-awareness and reflection in social care practice among a small group of social care practitioners in Ireland.

The study was a qualitative study involving interviews with social care practitioners who were pursuing a Masters in Advanced Social Care Practice in Athlone Institute of Technology. Qualitative research was chosen because it could provide a more in-depth understanding of the participant’s experiences. One-to-one interviews were carried out as self-awareness and reflection are individual processes. The sample group was specifically chosen to ensure that the participants had a degree in social care and at least three years’ work experience in social care. These inclusion criteria were employed to ensure that participants had the opportunity to learn about self-awareness and reflection and to practice it in the workplace.

The main findings of the study indicated that the participants had a general understanding of self-awareness and how to reflect on practice. They were critical of their educational programmes reporting little input in relation to their understanding of self-awareness and reflection. Three models of reflection were referred to throughout the interviews by different participants. Only one participant described a model of reflection. However, the size of the sample for this study was small.

Another finding was that critical incident reports were found to be the most common tool used to reflect. Reports of other methods of reflection included supervision, team reflections and reflecting on the way home from work. The participants reported that time constraint was a concern for the practitioner’s ability to reflect. The implication of this was that the
participants did not have opportunities to reflect and only reflected in a structured way following a significant incident.

The reports on the factors which supported and/or impeded reflections fluctuated between hypothetical assumptions and actual experiences. The reports on the factors believed to be supportive included: a manager that supports reflection, training, knowledge of the skills of self-awareness and reflection and good supervision. The factors which impeded reflections which were based on the participants’ actual experiences included: a lack of time, a non-reflective organisational culture, a lack of supervision, and a limited understanding of self-awareness and reflection. This suggested that if organisations could create a more reflective culture, which demonstrated a value in reflecting by providing the training, the time and the supervision, practitioners would perhaps feel more supported to reflect and to develop their self-awareness.

The participants reported hypothetical benefits for the impact of self-awareness and reflection on practice. They did not report on actual benefits based on their experiences. The participants suggested that self-awareness and reflection had positive outcomes for practice which included: professional development, an increase in the positive interactions with service users, a decrease in the likelihood that practitioners are emotionally burdened by their work when they are at home and practitioners would be less likely to burn out. This implied that in practice, if social care practitioners reflected and developed their self-awareness, their professional development would progress and their work practices would continually improve which could improve the quality of services. These suggested positive outcomes proposed that further, more extensive research could be carried out on the impacts of reflective practice with a view to incorporate them into national practice standards for social care practitioners.

Overall, the role of self-awareness and reflection in social care practice for this study’s sample appeared to be an ideological concept which the participants believed to be an essential professional skill, but in fact it was not exclusively employed to their everyday practice.
Self-awareness has been described as the cornerstone of professional development in social care practice (Anghel, Amas& Hicks, 2010; Laming, 2009; Mainemelis, Boyatzis& Kolb, 2002; Urdang, 2010). The ability to engage in reflection has been found to build competence, prevent burnout and to create life-long learning within social care practitioners (Finlay, 2008; Loughran, 2000; Schon, 1983; Urdang, 2010; Yip, 2006). With this in mind, it would be worthwhile to examine social care practitioners’ understanding of self-awareness and reflection, the models which they use and how they use them, the impact of reflection on their practice and, the factors which support and/or impede reflection. This study has attempted to answer these questions in order to determine the role of self-awareness and reflection in social care practice.

The Meaning of Self-Awareness and Reflection

Before exploring the role of self-awareness and reflection in social care practice, it is first necessary to define it. Carper (1978) describes the process of self-awareness as a process of coming to know oneself. Within different disciplines, the understanding of ‘reflective practice’ varies considerably (Fook, White & Gardner, 2006). Despite this, some consensus has been achieved in defining reflective practice. Generally, it is understood to be a process of learning through and from experience and gaining new insights of self and/or practice. This involves examining the assumptions of everyday practice (Finlay, 2008). Finlay (2008) claims that practitioners become more self-aware while critically evaluating their responses to everyday situations. This can improve future practice which leads to a practice of life-long learning (Finlay, 2008).

Schon (1983) identified ways in which professionals could become more aware of their inherent knowledge and learn from their experiences. One of his most significant contributions to this subject area was the development of two types of reflection: reflecting-on-action and reflecting-in-action. Reflecting-on-action is where practitioners review, describe, analyse and evaluate past practices with a view to gaining insight in order to improve future practice. Reflecting-in-action is where practitioners examine their responses and experiences as they occur. In both methods, practitioners connect with their feelings and relate their responses and experiences to the relevant theories (Finlay, 2008).
Models of Reflective Practice

On understanding the meaning of self-awareness and reflection, it is important to note that there are a number of models a practitioner can use in order to reflect. According to Finlay (2008), the models of reflection can vary in their prescription, explanation, how critical they are and how reflective they are. However, Finlay (2008) argues that most models concentrate on reviewing experiences. Quinn (1998, 2000) suggests that most models of reflection involve three fundamental processes. They are; 1. thinking back on the experience, 2. critically analysing and evaluating the actions and feelings related to the experience, and 3. using the information learned from the analysis to influence future approaches to a similar experience. Some of the main models include Gibbs’ Reflective Cycle (Gibbs, 1988), the Three-Stage Model of Reflection (Boud, Keogh and Walker, 1985), and John’s Model of Structured Reflection (John, 1994).

Gibbs’ Reflective Cycle (1988) suggests that theory and practice enhance each other in a continuous circle. First, it starts with a description of what happened. Then the person describes their feelings at the time. An evaluation of the experience follows and conclusions are drawn about what else could have been done in that situation/experience. Finally, an action plan is put in place to plan for the next time the experience/situation occurs. This then leads back to the description and so the circle remains continuous and learning is accomplished. This cyclical framework highlights the reflective process as a continual process where reflective skills grow and develop as new experiences arise and the context of practice changes (Mc Brien, 2007).

While this model offers a structure for reflection, some argue that a broader, more critically reflexive approach is needed. Finlay (2008) argues that practitioners should move beyond questions of whether or not their practice works and begin to critically examine their values and examine how practice can lead to change.

Alternatively, a more elaborate model of reflection is that of Boud, Keogh and Walker (1985) who provided a three stage model of reflection. Finlay (2008) described this model as a typology of reflection which involved three dimensions including: description, comparison and critical reflection. Finlay (2008) has suggested that this approach can be useful when applied to the different levels of the learners’ needs. Boud, Keogh and Walker (1985) suggest that the practitioner first reflects on an experience by describing it in a non-
judgemental way. The practitioner then attends to their positive and negative feelings triggered by the experience. Finally, the practitioner re-evaluates the experience through four sub-stages. These include: association, integration, validation, and appropriation. Although this model recognises the different levels of reflection, it has been criticised for its confinement to a retrospective role. That is reflection-on-action and not reflection-in-action (Finlay, 2008).

In contrast, John’s model of structured reflection (John, 1994) which is used mostly in the healthcare field, offers more of an emphasis on the need to include emotions in order to create a more reflexive account of practice. John’s Model offers a comprehensive checklist. He comprised a detailed list of questions under each of the following headings; 1. Description of the experience, 2. Reflection 3. Influencing factors 4. Could I have dealt with the situation better? 5. Learning.

The ‘description’ includes the here and now experience, what factors contributed to the experience and the key processes for reflection in the experience. The ‘reflection’ includes looking at what the practitioner was trying to achieve. For example, the practitioner should ask her/himself: why did I intervene as I did, what were the consequences of my actions, how did I feel about it, how did the service user feel about it. The ‘influencing factors’ include the internal or external factors that influenced the decisions made by the practitioner, what knowledge did or should have influenced the practitioner’s decision. The heading ‘Could I have dealt with the situation better’ looks at other choices the practitioner may have had during the experience and what the consequences of those choices would have been.

Finally, the ‘learning’ section evaluates how the practitioner feels now about the experience, has the practitioner made sense of the experience in relation to past experiences and future practice, and how has the experience changed the practitioner’s ways of knowing i.e. empirics, ethics, personal and aesthetics.

This detailed approach to reflection can be useful in teaching novice practitioners how to reflect. However, Finlay (2008) proposes that imposing an external framework can leave less opportunity for practitioners to draw upon their own intuitions, values and priorities.

In summary, the models of reflection can vary in their prescription, explanation, how critical they are and how reflective they are. However, most models concentrate on reviewing experiences (Finlay, 2008). There are three main models of reflection which a practitioner can use in order to assist in the reflective practice. Gibbs’ Reflective Cycle (1998) highlights the
reflective process as a continual structured process (Mc Brien, 2007). However, it has been argued that a more critical approach to reflection is required (Finlay, 2008). Boud, Keogh and Walker (1985) provided a three stage model of reflection which can be applied to the different levels of the learner’s needs. However, this model has been criticised for its retrospective focus (Finlay, 2008). John’s model of structured reflection (John, 1994) offers a comprehensive checklist of questions in order to facilitate reflection. However, Finlay (2008) argues that this prescriptive model can be criticised for reducing the opportunities for practitioners to use their own intuitions, values and priorities. Practitioners may choose a model of reflection depending on the experience they had or the practitioner’s ability to reflect. Either way, Finlay (2008) advises that models of reflection need to be applied selectively and with flexibility.

**Benefits of Reflective Practice**

Irrespective of the model that is used, reflective practice has been claimed to have many benefits although it was difficult to find actual studies to support these claims. Using a narrative, auto-ethnographic approach to her research on reflection in social work practice, Ruch (2000) illustrates the potential of reflective learning. Ruch (2000) explores the reflective process through her perspective as a practitioner who at the time was engaged in research as a post graduate student. Her autobiographical account provides an example of the reflective learning process. Ruch (2000) found that reflection facilitated empathy and supported insights into how a practitioner’s background can affect both learning and practice.

Urdang (2010) asserted that self-reflectiveness builds clinical competence, prevents boundary violations, and staff burnout. Subsequently, Yip (2006) claimed that under the appropriate conditions, reflection can help practitioners enhance their personal and professional development. Yip (2006) explains that these appropriate conditions include support from colleagues and supervisors, a practitioner’s readiness to undertake self-reflection, time and space to carry out reflections and the practitioner’s awareness of their own limits and breaking points.

Lyons (cited in Laylor and Share, 2013, p.106) suggests that a practitioner who accepts that there is an opportunity for self-learning in every experience, becomes more self-aware through reflective practice. Johns (2004) describes one of the benefits of reflection as the practitioner’s ability to become more mindful and increasingly sensitive to their own intuitive
process. Furthermore, Thompson (2000) argues that reflection creates opportunities for practitioners to unify theory and practice by encouraging practitioners to evaluate the theories in relation to their practice. Moon (2004) proposes that reflective practice encourages more creative ways of working with service users.

Although most of the writing on the benefits of reflection is based on anecdotal claims, some research has been carried out on the topic. For example, a small scale qualitative study on the benefits of reflection explored reflective practice within a social care team. The sample consisted of six social workers, a social work student and an educational psychologist. A fortnightly ‘reflective space’ was set up which allowed individual team members to present a case which they were working with and to obtain reflections of the team. Several methods of reflection were used including images, inner talk, toys and role play. The study found that the participants benefited from the experience of reflecting. It was found that reflection created new ways of thinking and learning which reformed their practice (Jude & Regan, 2010).

Another study was carried out by Gibbs (2001). This was a small qualitative study of child protection workers in Australia. The sample consisted of twenty-two child protection workers who were mainly female. Focused interviews were used and the data was analysed using thematic analysis. This study illustrated that insufficient attention was given to the emotional intrusiveness of work in social care, to the building of resilience in workers, and to the implications of adult learning through reflective supervision. Gibbs (2001) concluded that a focus on the emotional impact of social care practice and the use of reflective learning models nurture professional development in social care practitioners.

**Possible Negative Impacts of Reflective Practice**

Although there are thought to be many benefits to reflection, there are also possible negative impacts of reflective practice. However, again there is a poor evidence base for this as the information is based mainly on anecdotal claims. Finlay (2008) suggested that busy, overstretched professionals are likely to find reflective practice demanding and problematic and often bland. He maintained that mechanical, routinised and unthinking ways of doing reflective practice are the result (Finlay, 2008). Quinn (2000) cautioned that the use of reflection could cause the practitioner to constantly strive for self-improvement which could lead to feelings of self-rejection and a negative frame of mind. Boud and Walker (1998) maintain that professional concerns become apparent when reflective practice is carried out
poorly. In these cases, the point of reflective practice is missed. Also, if applied uncritically, Boud and Walker (1998) affirm that reflections can reinforce prejudices and bad practice. Quinn (2000) proposes that an inappropriate use of reflection can devalue a practitioner’s professional work rather than promote it.

Yip (2006) claims that under inappropriate conditions, reflective practice can be extremely destructive to the practitioner’s self-development. These inappropriate conditions include power imbalances, a highly critical supervisor and a demanding work load. Under such conditions, Yip maintains that reflection may be seen as an added burden rather than a support for the practitioner (Yip, 2006). Because of these possible negative effects of reflective practice, Finlay (2008) suggests that reflective practice should be applied selectively, taught sensitively and used with care.

In summary, when carried out effectively, reflective practice is claimed to be a powerful tool in transforming practice although there are few evidence based studies to support these claims. There can also be negative impacts from engaging in reflective practice but again there is little evidence to support these claims. From the research we can conclude that not all practitioners feel empowered by the process and because of this, it is important to use reflection thoughtfully and delicately (Brookfield, 1994, 1995).

The Importance of Building Self-Awareness in Educational Programmes

In order to engage in reflection, a person needs to be somewhat self-aware, and since reflective practice is claimed to have many benefits for the practitioner, it is important that education programmes teach practitioners how to develop their self-awareness and how to engage in reflection (Amacher, 1976; Brauer, 1991; Platt, 1992; Reynolds, 1965; Robinson, 1936; Rubinstein, 1983; Saari, 1989; Towle, 1954; Urdang, 1974, Urdang,1994). In relation to this, it has been found that education in the area of social care can be dominated by cognitive theories and evidence-based treatments rather than on reflective practice (Urdang, 2010). In support of this, Applegate (2004) observes that knowledge for practice has increasingly become skill-based and performance oriented, to the neglect of issues of meaning, emotion, and the dynamics of inner life. Furthermore, Urdang (2010) recommends that education in social care should include more emphasis on self-awareness.
One educational programme for the development of self-awareness in social care practice was designed by Mainemelis, Boyatzis, & Kolb (2002). Its purpose was to prepare students by supporting them with personal development through self-awareness. The programme incorporated various experiential techniques including reflection and other creative mediums to encourage the development of empathy, personal awareness and deep learning. This research found that people who learn through experiencing are more flexible in adapting to certain situations and have an ability to develop both analytic and interpersonal skills (Mainemelis, Boyatzis, & Kolb, 2002).

In addition to being self-aware, Anghel, Amas & Hicks (2010) found that the skills of self-awareness and reflection are enhanced if the person is creative. For example, research by Simons and Hicks (2006) and Amas (2007) illustrates how using creative mediums (i.e. drama, painting, sand tray and movement) in training can increase confidence, facilitate trust and deep learning, and develop creativity and imagination. A pilot programme of experiential workshops by Anghel, Amas, Hicks and the Social Work and Social Policy Department (2010) involved a series of five workshops which provided training in reflection. Methods used included experiential learning, individual and group reflection, and creative media (e.g. drama, painting, sand tray and movement). It was found that the programme enabled independent interaction and facilitated communication, group cohesion, and an atmosphere that encouraged learning (Anghel, Amas, Hicks & Social Work and Social Policy Department, 2010).

DeYoung (2003) suggests that affective learning is important for reflection because it is concerned with the emotional element of learning. Furthermore, South (2007) suggests that using activities such as Mandalas (i.e. circular symbols used as a means of meditation which find connections within the self and with others), or the Johari Window framework (i.e. a model for reflecting on oneself in relation to four window panes: the open area, the blind spot, the façade and the unknown) can enhance students’ understanding of self-awareness and their ability to reflect. However, these are anecdotal claims with no evidence base.

Wilson (2013) discusses reflective practice in the UK as an increasingly influential idea in social work education and recognises that reflective practice is key to ensuring practitioners are better equipped to engage in complex decision making and effective practice. However, he argues that there is a lack of clarity around the definition of the concept of reflective
practice and how it is taught in educational programmes. He also recognises the little empirical examination and evidence of how reflective practice is used in professional development (Wilson, 2013).

Overall it has been argued that education focuses too much on cognitive theories and evidence-based treatments. In spite of this, a number of methods have been designed which can develop the skills required for self-awareness and reflection. These methods include the experiential techniques of reflection and other creative mediums such as drama, painting, sand tray and movement. These methods were found to have developed flexibility, analytic and interpersonal skills, and facilitated group cohesion and learning (Anghel, Amas, Hicks & Social Work and Social Policy Department, 2010; Mainemelis, Boyatzis, & Kolb, 2002). Affective learning is claimed to be important for reflection as it enhances a student’s understanding of self-awareness and their ability to reflect (DeYoung, 2003; South, 2007). Furthermore, it is also claimed that reflective practice is crucial to the development of a practitioner’s work practice. However, there is little empirical evidence to support these claims (Wilson, 2013).

**Most Common Tools for Reflective Practice**

Although it has been argued that education in self-awareness and reflection builds a foundation of knowledge in social care practitioners, it is important to identify the tools used by social care practitioners to engage in reflective practice. It has been reported that the most commonly used tools for reflecting include critical incident analysis, reflective diaries and supervision (Finlay, 2008 and Laming, 2009). According to Tripp (1993), critical incidents are used to develop learning. The process involves describing the incident and moving on to reflect upon and analyse the incident and identify the learning that has arisen as a result of the incident (Tripp, 1993). Griffin (2003) examined the effectiveness of critical incidents in increasing a practitioner’s critical thinking. She found that by describing the incident and analysing it, the practitioner was enabled to consider wider contextual issues (Griffin, 2003).

Reflective diaries are written accounts of a social care practitioner’s experiences and feelings about the experience. Finlay explains that these experiences and feelings are analysed and learning occurs (Finlay, 2008). While Finlay (2008) claims that reflective diaries are one of the most effective methods of reflection, Quinn (2000) argues that these kinds of reflective activities can be very time-consuming and may not be realistic in a pressurised work setting.
Subsequently, supervision has been described as the pathway to reflective practice (Peach, 2007). In their research, Bogo, Paterson, Tufford and King (2011) highlighted the importance of time and space in order for practitioners to reflect. Bogo et al (2011) conducted a qualitative study which explored the experiences and perceptions of front-line staff in relation to supervision and work practice. The participants comprised of practitioners who worked in mental health facilities in Toronto. Bogo et al (2011) found that the safe, confidential space provided by supervision was crucial in helping practitioners to process the personal impacts of experiences in their practice. Furthermore, Peach maintains that it is the educational function of supervision which encourages social care practitioners to reflect on their practice and explore and develop new insights and ways of working (Peach, 2007). However, in their systematic review of effective supervision in social work and social care, Carpenter, Webb and Bostock (2013) provided an overview of the evidence in relation to the value of supervision in supporting the practice of social care and social work practitioners. The review provided evidence on the models of supervision and the outcomes for practitioners, employers, service users and carers. Carpenter et al (2013) found that there was a weak evidence base for the overall effectiveness of supervision in social work and social care.

Overall, the most commonly used tools for reflective practice are critical incidents, reflective diaries and supervision (Finlay, 2008; Laming, 2009). Critical incidents have provided social care practitioners with the skills of critical thinking. The description and analysis of the critical incident have been found to enable practitioners to consider the wider contextual issues (Griffin, 2003). Reflective diaries have been highlighted as the most effective method for reflection (Finlay, 2008). However, they have also been criticised for their lengthy process (Quinn, 200). Supervision has been commended for the safe reflective space it provides practitioners in a busy working environment. The education function specifically, encourages practitioners to reflect on their practice (Peach, 2007). However, there is a lack of evidence based research for the overall effectiveness of supervision in relation to the models of supervision and the outcomes for practitioners, employers, service users and carers as highlighted in the systematic review of the effectiveness of supervision in social care (Carpenter, Webb and Bostock, 2013).
Summary

In summary, self-awareness has been described as a deep knowledge of oneself (Carper, 1978; King & Appleton, 1997). Finlay (2008) suggests that reflective practice is generally understood to be a process of learning through and from experience which creates new insights of the self and/or practice. Similarly, Carper (1978) King & Appleton (1997) claim that reflection brings about a greater understanding of social care practitioners’ self-awareness which in turn, encourages the practitioner to engage in a more effective therapeutic relationship with the service user.

There are various models of reflection which social care practitioners can use as a framework for reflection (Boud, Keogh & Walker, 1985; Gibbs, 1988; John, 1994). According to Finlay (2008), models of reflection vary in their prescription, explanation, how critical they are and how reflective they are. However, Finlay (2008) argues that most models of reflection are essentially retrospective. Finlay (2008) further argues that the choice of model should be based on the suitability of the model to the situation/experience or its suitability to the practitioner’s reflection abilities. However there is little evidence base to support this claim.

Similarly to the effectiveness of the models of reflection, little evidence of the benefits of reflective practice exists. Many have claimed that when carried out effectively, reflective practice is a powerful tool in transforming practice in relation to; unifying theory and practice, encouraging professional development, facilitating empathy, and encouraging more creative ways of working with service users (Gibbs, 2001; Jude & Regan, 2010; Moon, 2004; Ruch, 2000; Thompson, 2000; Urdang, 2010). Furthermore, it has been suggested that there can also be negative impacts from engaging in reflective practice (Boud& Walker, 1998; Finlay, 2008; Quinn, 2000; Yip, 2006). These negative impacts include mechanical ways of doing reflective practice, a constant strive for self-improvement and a demanding work environment (Finlay, 2008). Quinn (2000) claims that an inappropriate use of reflection can devalue a practitioner’s professional work rather than promote it. However, there has been no research to support any of these claims.

Subsequently, it has been found that education puts too much emphasis on cognitive theories and evidence-based treatments (Urdang, 2010). Despite this, a number of methods have been designed which can develop the skills required for self-awareness and reflection such as creative mediums, mandala’s and joharis window (Anghel, Amas, Hicks and the Social Work and Social Policy Department, 2010; Mainemelis, Boyatzis, & Kolb, 2002; South (2007).
Although it has been argued that it is important to develop knowledge and skills in self-awareness and reflection (Amacher, 1976; Brauer, 1991; Platt, 1992; Reynolds, 1965; Robinson, 1936; Rubinstein, 1983; Saari, 1989; Towle, 1954; Urdang, 1974, Urdang, 1994), it is also important to identify the tools which support social care practitioners with reflective practice. The most commonly used tools are the critical incident reports, reflective diaries and supervision (Finlay, 2008 and Laming, 2009). Griffin (2003) found that critical incidents increase a practitioner’s critical thinking. Finlay (2008) maintained that reflective diaries are one of the most effective ways to reflect. However, Quinn (2000) argued that reflective diaries are very time-consuming in a busy work environment. There has been little evidence to support any of these assertions. Subsequently, supervision has been acclaimed for both the space it provides for practitioners to reflect, and the educative function which encourages reflection on work practice (Bogo, Paterson, Tufford and King, 2011; Peach, 2007). However, Carpenter, Webb and Bostock (2013) found a weak evidence base for these claims in their systematic review of the effectiveness of supervision in social care.

The Current Study

Given the poor evidence base in general on the use of reflection in social care practice in Ireland, this study attempted to contribute to the existing body of knowledge by attempting to determine the role of self-awareness and reflection in social care practice in Ireland today. The study aimed to explore the role of self-awareness and reflection in social care practice.

The objectives of this study were:

1) to examine social care practitioners’ understanding of what self-awareness and reflection is, and identify the extent to which their educational programme contributed to this.
2) to examine how social care practitioners engage in reflective practices and the extent to which they use models of reflection and if they do, what they are.
3) to examine the impact of using reflective practices on the social care practitioner.
4) to examine the views of social care practitioners on the factors which support reflection and the factors which impede it.
The study was a qualitative study involving interviews with social care practitioners. Qualitative research was chosen because it could provide a more in depth understanding of the participant’s experiences. One-to one interviews were carried out as self-awareness and reflection are individual processes.
Method

Research Design

The qualitative method of interviews was chosen for this study on the basis that it could provide a deep understanding of the participants’ experiences of the topic (Seidman, 2013). Self-awareness and reflection are particularly individual processes so a one-to-one interview was used as opposed to a focus group. The interview method was chosen because it allowed the participants to give rich details of their personal experiences of the subject. This flexible approach allowed for an exploration of any unexpected experiences which may have been revealed by the participants throughout the interview process (Mayrut & Morehouse, 1994).

The sample group was specifically chosen to ensure that the participants had a degree in social care and at least three years’ work experience in social care. These inclusion criteria were employed to ensure that participants had the opportunity to learn about self-awareness and reflection and to practice it in the workplace.

Assessment of Reliability

Newman (2003) states that reliability and validity are fundamental to the measurement of variables in research. Guba and Lincoln (1994) put forward trustworthiness and authenticity as two primary criteria for assessing the reliability and validity of qualitative research.

One of the main criteria for trustworthiness is dependability. Dependability refers to an auditing approach to the research in order to enhance its reliability. This involves keeping detailed records at all stages of the research to make it possible for peers to then audit the research (Bryman, 2004). In this study, dependability was attained by ensuring that records were kept at all stages of the research.

The second primary criterion outlined by Guba and Lincoln (1994) in assessing the quality of qualitative research, was authenticity. One of the main features of authenticity is fairness in the representation of people’s views. Authenticity was achieved by the clear and fair representation of the different participants’ viewpoints in the research. The analysis of the data was given to each of the participants to ensure they agreed with the researcher’s account of their circumstances.
Participants

The participants were selected from students studying the Masters in Advanced Social Care Practice in Athlone Institute of Technology. At the time of the study, there were two modules of the Masters programme being offered. These were: Care of the Elderly and the Dissertation Module. The participants were recruited from these two groups. To ensure anonymity, the participants were referred to as Participant A, B, C, D, E, F and G.

Seven out of twenty students from these modules agreed to participate, which represents a response rate of 35%. Four participants were undertaking the Dissertation module and three participants were studying on the Care of the Elderly module. The occupations and the gender of the participants are outlined below:

(i) Child care residential workers- 2 females.
(ii) Social care workers working with people with intellectual disabilities- 1 male and 1 female.
(iii) Social care workers working with women and children who experience domestic violence- 1 female.
(iv) Facilitators working with people with physical and sensory disabilities- 2 females.

For each of the participants, the number of years of experience in social care were as follows: 3, 8, 8, 8, 8, 20, 20. The median was 8 years and the mean was 10.71 years.

Materials

The researcher used a semi-structured interview to gather information on the topic. The broad open-ended questions of the interview guide were based on the objectives of the study (See Appendix 1 for Interview Guide). The topics were as follows:

1. How the participants engaged in reflection and developed their self-awareness.
2. The impact of self-awareness and reflection on the participant’s practice.
3. The factors which supported and/or impeded the participants to reflect.
4. The model of reflection the participants used, if any.
5. The participants’ understanding of self-awareness and reflection.
6. The extent to which the participants’ educational programme focused on and taught the skills of self-awareness and reflection.

The questions were structured according to guidelines provided by Patton (1990). Patton (1990) recommended a typology of questions. In accordance with this typology, the experience/behaviour questions were asked first to encourage the participants to become comfortable with the interview. The knowledge based questions were left until the end when a rapport had been established between the interviewer and the interviewee (cited in Mayrut & Morehouse, 1994).

**Procedure**

To recruit the participants, contact was made with the students of the Dissertation module through email as this group did not attend class in the college at the time of the study. An information sheet and consent letter was attached to the email (See Appendix 2 and 3). Phone contact details were also given for any further inquiries. For the students studying the Care of the Elderly, a meeting was arranged with the class where a short verbal presentation on the study was given. The information sheets and consent forms were handed around to each student to take away and read in their own time. A subsequent meeting was arranged for the researcher to return to the class the following week to see if any of the students had an interest in participating in the study. Between the two classes, twenty students were contacted and given information on the study.

In order to carry out the study, permission to access the participants was sought. Permission was obtained from the lecturer of the MA class to speak to the students and give out the information sheets and consent letters. The students from the dissertation module were contacted through email. Every participant had at least twenty four hours to consider consent and most participants had a number of days to consider consent. Some replied to the email and others made contact by phone. Once the volunteers made contact, arrangements were made as to the time and place that suited the participants in order to conduct the interviews. The participants met the researcher at the college and a meeting room which was booked by the dissertation supervisor was used. Arrangements were made for two participants to meet in local hotels close to their home or workplace where a quiet room was used which was supplied by the hotel receptionist. The signed consent forms were collected before the
interviews began. The duration of the interviews varied between approximately fifteen minutes and twenty five minutes. A digital Dictaphone was used to record the interviews.

Ethics

The research proposal was approved by the ethics committee at Athlone Institute of Technology in February 2014. To follow ethical guidelines as outlined by Beins (2004) informed consent was obtained from all participants. A consent form was used which consisted of two parts as it sought consent firstly, for voluntary participation in the study, and secondly for permission to record the interview. (Please see Appendix 3 for the Consent Form).

Once the transcripts were completed, the tapes were destroyed. The transcripts were stored in a locked press which was only accessible by the researcher. Participants' initials, instead of names, were placed on the transcripts. Information stored on the computer was password protected.

To avoid any possible harm, participation was anonymous. Also, tea and coffee was provided during the interview and the study was conducted in familiar surroundings to help put the participant at ease. Participants were reassured that they could terminate their participation at any time throughout the interview process.

Some of the sample group were classmates of the researcher. In relation to this, a possible risk may have been that these prospective participants may have found it difficult to say ‘no’ to a fellow classmate who was trying to recruit volunteers to participate in the study. In order to deal with this, when giving information to the prospective participants, the fact that this study was completely voluntary and that there was no obligation for anyone to participate was emphasised.

For some questions which were asked, the participants may have felt embarrassed if they did not know much about the factual aspects of the topic. This may have led to them feeling discomfort. In order to deal with this, knowledge-based questions were asked towards the end of the interview after a rapport had been established. There was also provision for this risk in the recruitment and selection of volunteers in that participants were mature students with work experience and, also, they were studying for a Masters in social care practice. Because of this, it was expected that the topic was at least somewhat familiar to them.
Limitations

The study was a small scale study due to the time restrictions of the dissertation module and also due to travel time to meet the various participants. Further studies on self-awareness and reflection across the area of social care could allow for the generalisation of the results.
Results

After each interview, the researcher listened back over the recording and transcribed the material verbatim. The researcher listened to the tapes once through again while reading the transcript to ensure accuracy. On analysis of the data, the researcher used thematic analysis to identify themes and key patterns in each participant’s responses (Bryman, 2004).

The results were analysed in relation to the topics which were asked about in the interview. They were:

1. The participants’ understanding of self-awareness and reflection.
2. The extent to which their education focused on self-awareness and reflection.
3. How the participants practiced reflection and developed self-awareness.
4. The model of reflection which the participants used, if any.
5. The factors which supported or impeded self-reflections.

The results for each of these issues are presented below.

The participants’ understanding of self-awareness and reflection.

The participants’ responses reported that there was a general understanding of what it is to be self-aware and to reflect on practice. The responses referred to the ability to be self-aware and to reflect as being an instinctive characteristic of a person as well as the years’ experience of work practice a person may have.

Five participants reported an understanding of self-awareness and reflection in relation to the impact on how they engage with the service users they worked with. The participants talked about their behaviours, prejudices and tolerances, their values and opinions, their ability to empathise, their boundaries and the emotional impact of working with vulnerable people. For example, the following are some quotes from these participants,

‘…subconsciously we all have prejudices and feelings and thoughts about people, and you have to really think about that ...looking at why you act in a certain way rather than just taking it for granted...and why you feel certain things...’ (Participant D).

‘...how your reaction might impact somebody else’s responses and somebody else’s interaction with you...you empathise....your tone of voice...’ (Participant E).
‘…if you don’t know what your boundaries are, you’re no use to anybody….I used to overly emotionally engage sometimes as well but I’m also aware of that….’ (Participant F).

Three participants referred to the ability of being self-aware and to reflect as being innate and something that they would do in all aspects of their lives anyway, not just on work practice. It was also reported that the more experience you have, the more you learn which informs your reflections and changes your work practices. The following quotes from participants illustrate this,

‘…in terms of self-reflection and awareness, I don’t think everybody does it. I think it’s more of a personal thing in that you do it yourself in your own way…’ (Participant B).

‘…I wouldn’t say much of it was taught, I think I personally engage…and what I have learned in college has kind of cemented that for me…’ (Participant F).

‘…I think it’s just a natural thing I do is reflect…’ (Participant G).

The extent to which their education focused on self-awareness and reflection.

There was a mixed response in relation to the skills taught through educational programmes. It was reported that the only focus in education programmes for some participants was through the use of reflective diaries while on placement. Furthermore, it was reported that educational programmes need to do more in teaching the skills of reflection and how to become more self-aware. The reports indicated that little training is provided on self-awareness and reflection in organisational settings.

Three participants reported that self-awareness and reflection were not significantly focused on within their education programme and one of these participants reported an inability to truly understand the terms and what it means to practice self-awareness and reflection. For example, two participants reported,

‘No. No we didn’t do anything like that in college…’ (Participant A).

‘…how I as a practitioner, I think the ability to do that is something that’s very absent from our education and from even our practice…’ (Participant B).
Two participants referred to the use of reflective diaries during their college placements. The use of reflective diaries had a mixed response. One participant highlighted the fact that this diary log was assessed as part of an assignment. This element of assessment was reported to have influenced the student’s input into the reflective diary. Both participants reported that they did not carry the use of the diary through to their work practice today. These reports are demonstrated in the following quotes:

‘I think generally it could be useful but because of the context, it was an assignment, and you were aware that it was being marked….it defeats the purpose of it because you’re not being open and honest… ’ (Participant D).

When asked if she used a reflective diary now, Participant D responded:

‘no I don’t…I never really thought of it to be honest….’

Another participant reported,

‘…reflective diaries, we used to bring off on placement…..but as the years went on, it was more about deadlines and meeting those deadlines…. ’ (Participant C).

Three participants felt that more needs to be done in educational programmes on teaching the value of self-awareness and reflection, and how to practice self-awareness and reflection. For example, the following quotes are from these participants:

‘It should have been a bigger part of our college course… ’ (Participant A).

‘I think there should be more emphasis in college on how to help yourself after you help somebody else….’ (Participant E).

Two participants reported that some training from their organisations had incorporated self-awareness and reflection for practitioners. However, one of these training courses had been omitted from the service as other training requirements took precedence.

‘…I used to be a TCI trainer and we used to do a lot about self-awareness and how our body language and how our eye contact you know and how all these factors are pivotal in either improving a person’s quality of life. Em…but I suppose again unfortunately that was taken out of the service because it was felt that there was other training that was required so that whole aspect about self-awareness was removed…. ’ (Participant C).
How the participants engaged in reflection and developed self-awareness.

In this section, participants were initially asked how they engaged in reflection and then, whether or not these reflections made them more self-aware. In relation to how participants engaged in reflection, a number of themes arose. The results indicated that the majority of participants reflected either in teams or after/on the way home from work. The team reflections were described as more of a task oriented process rather than a reflective process. Another theme was the use of critical incident reports as a means to reflect which were reported to be a common tool used by a number of participants in order to reflect. These critical incident report forms were provided by the participants’ organisations. Subsequently, time constraint within work practice was highlighted as a concern for the participants in relation to how they reflected. They reported that a lack of time had a negative impact their ability to reflect. Supervision was reported to be a method of reflection. However, in relation to this, the participants reported that inadequate time, structure or training for supervisors were significant concerns.

Team meetings were one of the most common answers the participants gave. The following quote demonstrates this point:

‘…at team meetings, you might reflect with the rest of the team about how you handled a case, if it was a good outcome or a not so good outcome, what we could change, what are the supports you could offer the service users…’ (Participant E).

However, the descriptions of the team reflections referred to by four of the participants were mixed. Two participants described team reflections as being more about completing tasks and making plans for service users and not about reflecting on a practitioner’s work practices. Another participant referred to the difficulties a practitioner may encounter while reflecting in a team in relation to asserting their reflections in front of others. One participant raised concerns regarding the confidence levels of practitioners in sharing experiences and feelings within a team reflection. Examples of these reports are conveyed in the following quotes:

‘in the evening we would have shift reflection... we call it reflection but it’s more like another plan just to say ‘well right that this is done, what’s next’......It doesn’t really reflect on what we’ve done. Em the evening one, would be more...looking back and saying.... Oh well this happened or that happened and... but... that’s about it’ (Participant A).

‘it’s supposed to be done as a team so you start by planning the shift and you plan the shift with team and you allocate jobs, you allocate A, B, C and D to different people... then at the
end of the day you reflect that….has the work been done, was it done well and how do people feel the day went…I think it’s more of a tick checklist of the jobs that are done and the jobs that are yet to be done rather than a reflection on actual personal work practice…..’ (Participant B).

‘…for the team I think it is important that there is that time to look and say ‘did we provide the service we were supposed to provide today, did we do good by the service users?’ and ‘did we do good by our professional code of practice?’. So, em, but, those kind of times only happen on an ad hoc basis when there’s staff meetings and then there are the same people who are always more vocal and find it easier to reflect, find it easier to talk about their experiences than other staff members’ (Participant C).

Other participants reported that they reflected on their own, on the way home or in the evenings after work. This report is illustrated in the quotes below:

‘…yeah mostly informal kind of on my own mostly…’ (Participant D).

‘So I’d go home in the evenings, driving home thinking ‘oh I shouldn’t have said that or maybe I should have said it this way’ or maybe that person could do with another intervention rather than me…’ (Participant F).

‘I suppose it would be after work when I would be reflecting. You don’t really get much time, there’s no kind of set time in the place where I work to reflect... I look at what has happened…and then I look at maybe how I felt, what I could have done differently and how I feel about it now... how could I do it differently... ’ (Participant G).

‘…evening time then, you automatically go into reflective mode... 'what I could have done better’ or whatever else... ’ (Participant C).

Three participants referred to the use of critical incident reports in order to reflect. The participants explained that critical incident reports were provided by their organisations and they encouraged practitioners to reflect on an incident by describing it, noting how the practitioner felt about it, what the practitioner did during the incident and what the practitioner could do differently in the future. Two participants found their version of the critical incident report useful as conveyed in the following quotes:

‘...it would kind of be just to see how you’re feeling now and do you know like looking back on what happened in the incident what you’ve done within the incident and to look for future like if it happened again like what could you do... ’ (Participant A).
‘…at the end there’s about an A4 page you fill it out, it’s called reflective practice ‘what exactly happened’ and outline that and reflect on that. It’s just a description about what happened, it’s not about how we felt or anything like that…’ (Participant D).

One participant appeared dissatisfied with the form claiming that it was the last question on the form with very little space to write. This is demonstrated by the quote below,

‘…there would be certain sections of forms that you would have to fill out and say ‘ok, what have we learned from this’ but if you look at…and maybe it’s indicative of the way services are in regards to reflection in that it’s the very last question with only a little space so when we have a culture of that, the last paragraph…it’s not really reflected then in our general practice…I feel’ (Participant C).

Three participants referred to the issue of time constraint as a factor that prevented practitioners from reflecting appropriately. These participants felt their organisations did not provide the support they needed to use the reflection process effectively. The following quotes illustrate this:

‘…but it’s not always possible with the time constraints we have at frontline at the moment…. there’s nothing from an organisational perspective that would allow me the time to sit down and say ‘ok, let’s look at what we did for the first part of the morning or for the first part of the afternoon and so forth’. (Participant C).

‘You don’t really get much time, there’s no kind of set time in the place where I work to reflect. Em…maybe if I had a chance to speak to another staff member, you know…and reflect with them but other than that, it’s after the day’s work’ (Participant G).

Four participants referred to supervision in respect to how they reflect. These participants described a lack of supervision in their organisations, a lack of time to do it and a lack of training for supervisors to facilitate the reflection process for practitioners.

‘I do think that it could be used more in supervision actually as well….I think in training of supervisors that could be something that could be pushed to kind of make practitioner more aware of something that they could do or build on themselves…. the value of it really, I think depends on the supervisor and how they enforce it and how they encourage the supervisee to get the best out of it…. ’ (Participant B).
‘it wouldn’t be formal like supervision…before there’s a lack of training among supervisors… but she was never told like what does it involve, was there a specific model to go by…’ (Participant D).

In relation to whether or not reflections made the participants more self-aware, the participants’ responses were in agreement that reflecting makes a practitioner more aware of their thoughts and feelings about experiences they encounter, and it offers learning about themselves as practitioners. The following quotes demonstrate this,

‘…absolutely …for a practitioner to be self-aware, you have to understand your own values and opinions and…em…where you stand as your role, as a social care practitioner…’ (Participant B).

‘yeah…I think I’m more conscious of my practice. I think when I’m…em you know…there’s days you kind of go ‘I should have done better there’…I try to learn from it…’ (Participant C).

‘…yeah…sometimes I surprise myself with things I come out with when I’m talking out loud. About, how you feel about situations and people, and…yeah, when you start talking it does help. It’s a weight off your shoulders and it does help to become more self-aware because sometimes when you say it out loud, you’d be surprised at what…you’re not fully aware about how you feel about something until you start talking about it…’ (Participant D).

‘…well it would yeah…it would make you more aware of how you handled it…. that you’re not inappropriate in your behaviour or responses’ (Participant E).

The model of reflection the participants used, if any.

When asked what model of reflection the participants used in order to reflect, three models of reflection were named: Schon, Kolb and Gibbs. One participant described a model of reflection. However, the participants reported that they did not exclusively use them when reflecting. Some reported that they used supervision as a means to reflect but they appeared to have little knowledge of the process in which supervision brings a person through reflection. One response indicated that the participant was not aware whether or not she was using a specific model. Another response indicated that the participant was not aware that there were models of reflection.
Three participants referred to different models of reflection in this section. Namely, Schon’s Reflecting In Action and Reflecting On Action, Kolb’s Learning Cycle and Gibbs’ Reflective Cycle. The subsequent quotes demonstrate this:

‘…years ago I used to use Schon, reflecting in action and reflecting on action…I can’t really remember part of it…’ (Participant C).

‘…I’d supervise staff in the service…so through supervision, I would consciously try and use Kolb’s model….and I suppose it’s something I subconsciously use when I go through it myself…’ (Participant E).

‘…we used to use Gibbs’ reflective cycle…I don’t go by it bit by bit but I kind of go along the general lines of it…’ (Participant G).

Three participants referred to supervision as a means to reflect but not as a model of reflection. For example, some quotes to illustrate this:

‘Supervision now is the only way we reflect, we don’t have anything else’ (Participant A).

‘…you might use the supervision policy, you know, the process where you discuss accountability and work practice and things like that…’ (Participant B).

One participant said she did not go by a model, she just reflected herself,

‘I never really go by a model as such….there probably is a name for it but I don’t know it…’ (Participant D).

One participant asked what a model of reflection was,

‘Em…so what is a model of reflection?’ (Participant B).

The factors which supported or impeded self-reflections.

When asked about the factors that supported the participants to reflect, the responses given were hypothetical. Four main themes arose. Firstly, a good manager who plans and structures time to reflect and who advocates for reflection would be a supportive factor. Secondly, the participants reported that training in the skills of self-awareness and reflection would be supportive for practitioners in order to understand what these skills are, and the importance of implementing these skills into their practice. Thirdly, it was reported that
extent of a practitioners’ knowledge of the skills of self-awareness and reflection would be a support. Finally, the majority of participants reported that ‘good’ supervision would be a support to practitioners to facilitate reflection and developing self-awareness.

Three participants felt that a good manager would be supportive of their reflection. This is illustrated in the following quotes:

‘In terms of how I feel about what would help is definitely management... but the manager has to enforce it to make sure the shift reflection is done and team meetings happen to make sure supervision happens, however, there’s a fourth bit there that they have to ensure that staff are reflecting in a different way not just about task orientated outcomes and young people. It has to be about themselves and that’s what I mean about training, I don’t think people can do that themselves’. (Participant B).

‘...if you have a good leader, a good manager that provides it beneficial to have reflection’ (Participant C).

Three participants reported that organisational training for practitioners in the skills of self-awareness and reflection would highlight the importance of implementing these skills into work practice. For example, the quotes below are from these participants:

‘….education...I suppose...around what self-awareness is and why it’s important... training....yeah even apart from college and external training but internal training, like if the company did it themselves or’ (Participant D).

‘...if they had a mandatory training on self-awareness and reflecting em...that would be really beneficial for the service users and I think that whole openness would come out then, to see it as a positive and to see it as this can enhance performance for the service and the service users... ’ (Participant C).

Additionally, two participants discussed the importance of practitioners having an in-depth understanding of the concepts of self-awareness and reflection. They reported that a greater understanding of these concepts would support the practitioner’s participation in the process of reflection and would help develop their self-awareness. For example, one participant reported:

‘...realising how important it is to be self-aware. I think it’s such an intense job because it involves a lot of emotions you know, and when you look at the level of burnout is so high...I think acknowledging that the main tool that we use in our work every day is ourselves. So
that is the first big step in being self-aware. I think when you just think going in and going through the motions and ticking boxes and you don’t realise that you are so important’ (Participant D).

Six out of seven participants said that good supervision which is scheduled into work hours would be a support to them in order to engage in reflection. For example, the following are quotes from these participants:

‘...through supervision, it’s really important...’ (Participant E).

‘... it needs to be supervised you know...on a one-to-one basis because you know, I think people feel more comfortable on a one-to-one...’ (Participant G).

When asked about the factors that impeded the participant’s ability to reflect, four main themes were evident from the participants’ work experiences. The lack of time to reflect was the main theme in this section. The majority of participants associated this lack of time with staff shortages in the workplace. Organisational culture was another theme which arose. The reports implied that organisations lacked a reflecting culture and therefore, reflection was not a part of everyday practice. This was further discussed throughout responses by participants reporting a lack of supervision in organisational settings, and finally, a practitioner’s general limited understanding of what it is to engage in reflection and be self-aware.

Six participants said that time constraint was the biggest factor which impeded their reflective practice. Their reports are the following:

‘....because of the time constraints, people are making the same mistakes over and over again. If we actually stood back from it and tried to focus on what we’re trying to do here, and introduce more reflecting, we would find that it would amend a lot of our problems and be able to, you know...steer us in the right direction. But it’s about the time, time is not built in for reflecting unfortunately at the moment. Our time is down to every minute practically throughout the day meeting the needs of service users obviously but you know, meeting regulations and paperwork and sometimes you get misguided in what were supposed to be doing’ (Participant C).

‘Not having the time, and being understaffed, constantly running around. Not having the time to think about things or take a minute out and reflect and not having supervision as well’ (Participant D).
‘I suppose your working environment because you’re in a crisis, sometimes I might come out of one session and I won’t have time to sit down and think about it and talk about it to somebody and acknowledge it, you might be thrown straight into another crisis so…and then sometimes, within my service, you’re a lone worker so you might need be able to talk to anybody else about it and you could have three or four cases in the one day that are coming in straight after each other, so you’re trying to jump to them so…. I suppose time and resources…’ (Participant E).

Four participants said that a lack reflective practice as part of their organisational culture impeded their ability to reflect appropriately. The following are some of the participant’s responses:

‘…but it’s not in the organisations culture to reflect. You know, you come in and you start work and it’s not in their….would you say ethics…. to have that kind of time or…encouraging reflecting.…there’s no kind of encouragement to reflect’ (Participant G).

‘… not planning…and not enforcing this as part of your daily routine’ (Participant B).

‘There is nothing from an organisational perspective saying ‘this is what we need to do’ unless it’s from a critical incident perspective that we would fill out….there would be certain sections of forms that you would have to fill out and say ‘ok, what have we learned from this’ but if you look at…and maybe it’s indicative of the way services are in regards to reflection in that it’s the very last question with only a little space so when we have a culture of that, the last paragraph….it’s not really reflected then in our general practice…I feel’ (Participant C).

Four participants felt that a lack of supervision contributed to the factors that impeded reflection and the development of self-awareness. Some quotes from these participants are as follows:

‘I suppose maybe some support…..as in supervision support….during work hours….because I suppose everyone wants to be able to leave work at work….so…it’s not healthy when you’re thinking about things on the way home or thinking about them all evening so it’s reflected, it’s sorted, yourself, so it’s better to keep that all in the workplace…. ’ (Participant G).

‘I also think we should have supervision within our own company and set up formal supervision rather than ad hoc which is what I would do…. ’ (Participant F).
Three participants said because of the lack of reflection in the organisational culture, practitioners generally did not have a clear understanding of reflective practice or the benefits of it and that this impeded their ability to reflect. The following quotes are some of the participant’s responses:

‘I think acknowledging that the main tool that we use in our work every day is ourselves. So that is the first big step in being self-aware’ (Participant D).

‘You know, even for me to sit here and try and about it, I’m thinking…right how am I self-aware? How do I reflect? You know. For me to even…I’m kind of struggling to think about it…so it’s…if you were to talk about TCI training or something, I’d be able to rhyme it off, it’s not language we use every day, they are not key words that we would consider…… it requires change. Change is very difficult in a team of settled people…a settled team. I think that…if it was part of a HIQUA requirement or something along the lines of that, again outcomes, ticking boxes comes into it, staff have forgotten. So back to the question of what stops it….the nature of the job, your manager to push for it, to actually just look at it, understand it and make it part of your day. Like that’s not being done….’ (Participant B).

‘…people aren’t buying into it and people can find it very disingenuous and ‘wishy/washy’ if you know what I mean. It’s just … I’m not going to talk about my feelings’ because I suppose from an Irish perspective, we’re not very good at opening up about our feelings, or how things went, em…and I think, where I work is a predominantly male environment, and men don’t like talking about their practice, they don’t like talking about how the shift went…’everything is fine’. Em…so from that perspective I think that we’ve a lot to learn and I think we need to understand that it’s good professional practice to talk…’ (Participant C).

**The impact of self-awareness and reflection on practice.**

When asked about the impact of self-awareness and reflection on practice, the responses referred to hypothetical benefits for practice. The most significant theme was professional development. The participants reported that professional development would be attained through learning from the process of reflection. They reported that this could lead to practitioners changing and improving their work practices. In addition, the ability to admit defeat and ask for help was suggested as a benefit. Another significant theme that was reported was the potential positive impact on the interactions of the practitioners with the
service users they worked with. Finally, the participants reported that the impact of self-awareness and reflection could lead to a decrease in the emotional burden of taking work home with them. It was also reported that they felt they would be less likely to burn out.

The majority of participants reported that learning from day to day practice could improve and change their practice which could encourage professional development. This was illustrated in the following quotes:

‘...what’s working, what’s not working, where you can learn from it...’ (Participant A).

‘...how can we learn from this situation... ‘how can we do better so it doesn’t happen again?’...’ (Participant B).

‘...I try to learn every day and I think that’s the key...I’m near twenty years working in social care... and I’m constantly learning...I have continued my professional development....’ (Participant C).

‘...it makes you a more efficient worker...’ (Participant E).

One participant stressed the importance of the practitioner’s ability to develop openness in admitting that something they did was wrong and actively seeking help when they need it. He reported,

‘...it’s ok to be wrong... ‘can you help me with this I’m struggling’...to be able to be outspoken and think about these things and create a culture where openness is good....’ (Participant C).

Two participants highlighted possible positive outcomes for the service users when practitioners are self-aware and reflect. The following are quotes from those participants:

‘...I think it’s good for the service users...how you treat them and how you respond to them... ’ (Participant E).

‘...I give a more holistic approach to the people....I’m more aware that that could be me....you can be more person centred like that... ’ (Participant F).

Three participants felt that by being self-aware and reflecting, practitioners would be less likely to bring work home and less likely to burn out. The following are quotes from those participants:
‘...people are less likely to burnout after a couple of years...you have to be aware not to bring things home...’ (Participant D).

‘...you’re more aware of how you’re feeling, you’re not fatigued and burnt out, you’re not bringing work home with you. I think if you didn’t reflect and feel how it impacts you and acknowledge it, you’d be carrying around stress...’ (Participant E).

‘...just to engage with another person and clear it, because otherwise, yeah you do bring a lot home...’ (Participant F).

Summary of Results

In summary, when asked about their understanding of self-awareness and reflection, the participants reported a general understanding of self-awareness and how to reflect on practice. The abilities to be self-aware and to reflect were reported to be innate characteristics of practitioners with little input from educational programmes. In addition, the participants reported that they felt more needs to be done in teaching the skills of self-awareness and reflective practice through educational programmes. Furthermore, they also reported that little or no training on these skills is provided in organisational settings.

When asked about how the participants engaged in reflection and developed self-awareness, it was reported that the majority of participants reflected in teams or on their own on the way home from work. The team reflections were reported to be more task orientated rather than reflective. Additionally, critical incident reports provided by the participant’s respective organisations were found to be the most common tool used to reflect. There were however mixed views in relation to the effectiveness of these critical incident reports as a method of reflection. Subsequently, the participants highlighted time constraint as a concern for the practitioner’s ability to reflect. Moreover, they reported dissatisfaction with supervision in their organisations mainly due to a lack of time and structure for supervision, and a lack of training for supervisors.

When asked about the models of reflection used by the participants, three participants named models of reflection: Schon’s reflecting-on-action and reflecting-in action, Kolb’s learning cycle, and Gibbs’ Reflective cycle. However, these participants reported they did not exclusively use these models in their practice. In addition, supervision was reported to be a means to reflect. However, knowledge of the supervision process and how reflection is a part
of that process appeared to be limited. Furthermore, it was reported that some participants were not aware that there were models of reflection they could use.

When asked about the factors that support the participants to reflect, the responses were based on hypothetical assumptions. A good manager, training, knowledge of the skills of self-awareness and reflection, and good supervision were reported by the participants to be factors that would support them to reflect. In relation to the factors that impeded the participants in reflection, the responses were grounded in the participants’ experiences. They reported that a lack of time, a non-reflective organisational culture, a lack of supervision, and a lack of understanding of self-awareness and reflection impeded their development of self-awareness and reflective practices.

When asked about the impact of self-awareness and reflection on practice, the participant’s responses were hypothetical. Their reports suggested that generally the impact of self-awareness and reflection would have positive outcomes for practice. Professional development was assumed to be one of the impacts of self-awareness and reflection on practice. In relation to this, participants reported that the learning achieved through the reflection process would lead to changes and improvements in work practices. In addition, it was reported that being more self-aware and reflecting could increase a practitioner’s ability to admit when things may have gone wrong and also provide the confidence to practitioners to ask for help. Furthermore, the participants reported that another impact of being self-aware and reflective would be that they would have more positive interactions with the service users they worked with. Finally, the participants reported that being self-aware and reflecting could decrease the likelihood that practitioners emotionally take work home and would be less likely to burn out.
Discussion

To summarise the results of the study, the participants reported a general understanding of self-awareness and how to reflect on practice. They reported little input from educational programmes in relation to their understanding of self-awareness and reflection. In addition, the participants reported that they felt that more needs to be done in teaching the skills of self-awareness and reflective practice through educational programmes.

When discussing how they engaged in reflection, the participants reported that critical incident reports provided by their respective organisations were the most common tool used to reflect. The majority of participants said that they reflected in teams or on their own on the way home from work. Furthermore, the participants reported that time constraint was a concern for the practitioner’s ability to reflect. Supervision was reported as a method used by the participants to reflect. However, the participants were dissatisfied with supervision in relation to its ability to support reflection. This was largely due to a lack of time and structure for supervision, and a lack of training for supervisors.

When asked about the models of reflection they used, the participants referred to three models of reflection. However, some participants reported they did not exclusively use these models when reflecting on their practice. One participant could describe a model of reflection. Supervision was described as a model in which the participants used to reflect. However, knowledge of the supervision process, and how reflection is relevant in that process appeared to be limited.

When asked about the factors that support the participants to reflect, the responses were based on hypothetical assumptions. The supportive factors included: a good manager, training, knowledge of the skills of self-awareness and reflection, and good supervision.

When asked about the factors that impeded the participants in reflection, it was found that the participants reported on their actual experiences. The impeding factors included: a lack of time, a non-reflective organisational culture, a lack of supervision, and a lack of understanding of self-awareness and reflection.

When asked about the impact of self-awareness and reflection on their practice, the participants reported hypothetical positive outcomes for practice. They reported that professional development would be one of the most significant impacts of self-awareness and reflection on practice. In addition, the participants reported that being more self-aware could increase a practitioner’s ability to admit defeat and also to ask for help. It was also reported
that being self-aware and reflective would increase a practitioner’s positive interactions with service users. Finally, being self-aware and reflective was reported to decrease the likelihood that practitioners emotionally take work home and would be less likely to burn out.

One of the main findings of the study indicated that the participants had a general understanding of what it is to be self-aware and how to reflect on practice. Three out of seven participants could name models of reflection i.e. Schon’s reflecting-on-action and reflecting-in action, Kolb’s learning cycle, and Gibbs’ Reflective cycle. However, they could not provide any details about the models and reported that they did not exclusively use the models when they were reflecting. Only one participant who was a supervisor could describe a model. Arguably, this was a small scale study with a small sample size. Further research with a larger sample size could uncover whether or not models of reflection are more widely used amongst practitioners. The effectiveness of these models could also be examined in future research.

In relation to their understanding of self-awareness and reflection, the participants reported that the reflections they made had developed their awareness of their behaviours, prejudices and tolerances, their values and opinions, the emotional impact of working with vulnerable people and their ability to empathise with service users they worked with. This is comparable to Carper’s (1978) description of the process of self-awareness as coming to know oneself. Similar to claims made by Finlay (2008), the participants appeared to evaluate their responses to everyday situations and developed their self-awareness. It seems that their experience of reflection is similar to that described by Ruch (2000) who found that the process of reflecting facilitated empathy and supported insights into how a practitioner’s background can affect both learning and practice. The level of understanding of self-awareness and reflection was interesting given that the participants reported to have little input from their educational programmes on their knowledge of these concepts. For example, three, participants reported that self-awareness and reflection were not significantly focused on in their educational programmes. In relation to this, the research suggests that education in social care had been dominated by cognitive theories and evidence-based treatments rather than the development of self-awareness and reflective practice (Urdang, 2010). A follow up question could have been asked in order to clarify where the participants got their knowledge of self-awareness and reflection if not from their education. This may have been a flaw in the skills of the interviewer not to clarify this information. This problem could be overcome in subsequent research through a more experienced interviewer. It is also worth considering that the
participants may not have remembered being taught skills in self-awareness and reflection as the majority of participants had left college eight years ago or more. However, it could be argued that if the educational programme had focused significantly on these skills, these practitioners would have remembered learning them. Interestingly, one participant who finished college three years ago reported the use of reflective diaries while out on placement as the focus of self-awareness and reflection throughout her education. This could imply that education programmes are becoming more reflective than they were eight years ago.

In relation to education, the participant’s reports claimed that more needs to be done for the education of social care practitioners. Similarly in research, Urdang (2010) recommends that education in social care should include more emphasis on self-awareness and reflection. Many theorists have emphasised the importance of education programmes teaching practitioners how to develop their self-awareness and how to engage in reflection (Amacher, 1976; Brauer, 1991; Platt, 1992; Reynolds, 1965; Robinson, 1936; Rubinstein, 1983; Saari, 1989; Towle, 1954; Urdang, 1974, Urdang, 1994). However, Wilson (2013) argues that there is a lack of clarity around the concept of reflective practice and how it should be taught in educational programmes. This provides an opportunity for future research to develop clarity in relation to the concept of reflective practice. Future research could also clarify and develop effective teaching methods in the skills of reflection for educational programmes.

In relation to how social care practitioners engage in reflective practices, one of the main findings was that critical incident reports were the most common tools used in order to reflect. These critical incident reports were provided by the participants’ organisations. The participants’ responses indicated that at the end of the critical incident report there was a reflective piece which encouraged practitioners to reflect on an incident by describing it, noting how the practitioner felt about it, what the practitioner did during the incident and what the practitioner could do differently in the future. However, one participant reported that he was dissatisfied with the critical incident report form his organisation provided as it did not offer sufficient space to write a thorough reflection. Another participant argued that merely the last paragraph of a critical incident report on reflection with very little space to write, mirrored the absence of a reflecting culture in the wider organisation. This assertion could imply that critical incident reports vary in their format and reflectiveness across organisations and furthermore, that the reflective culture of the organisation could impact this method of reflection. It could be suggested that organisations should provide a standardised incident report form with sufficient space to allow for a thorough reflection following a
critical incident. It may also be worthwhile to point out that the participants highlighted that critical incident reports are only used following a significant incident and are not used for day-to-day reflections. This would question whether or not practitioners are only reflecting when there is a serious incident. It is also worth considering what support there is for practitioners to reflect on everyday experiences.

The use of the critical incident form appears to be congruent with reports from Finlay (2008) and Laming (2009) claiming that critical incidents are one of the most common tools used for reflective practice. Tripp’s description of the process of the critical incident is similar to that of the participants i.e. describing the incident, reflecting on and analysing the incident and finally identifying the learning from the incident (Tripp, 1993). Furthermore, the process of the critical incident incorporates the general process of many of the models of reflection. Quinn suggests that most models of reflection involve three fundamental processes which include: 1. thinking back on the experience, 2. critically analysing and evaluating the actions and feelings related to the experience, and 3. using the information learned from the experience to inform future practice. This provides practitioners with a structured reflection on an incident and encourages practitioners to use the reflection process effectively. It could be viewed as a reflective exercise. However, these reports are only used after a significant incident, which does not imply that practitioners use this process of reflection in their everyday practice.

In relation to how practitioners engage in reflective practices, another main finding was that the majority of participants used supervision as a means to reflect. In relation to this method of reflection, Peach (2007) maintained that it is the educational function of supervision that encourages practitioners to reflect on their practice, explore and develop new insights, and learn alternative ways of working. However, Carpenter, Webb and Bostock (2013) found that there was a weak evidence base for the overall effectiveness of supervision in their systematic review of effective supervision in social work and social care. This would question whether supervision would be a beneficial method for reflection. The participant’s knowledge of the supervision process and how reflection is incorporated into that process appeared to be limited as they did not describe the supervision process or how reflection was achieved through the supervision process. They did not refer to the educational function highlighted by Peach (2007). This information could have been clarified during the interview by asking the participants to describe the process. This may have been a flaw in the skills of the interviewer.
In relation to supervision, the results indicated that the participants were not satisfied with the supervision provided by their organisations mainly due to a lack of time to engage in supervision. They reported that this lack of time affected their ability to reflect appropriately and to develop their self-awareness. The importance of time and space to reflect was highlighted in a study by Bogo, Paterson, Tufford and King (2011). In relation to supervision, they found the safe, confidential space provided by supervision was crucial in helping practitioners to process the personal impacts of experiences in their practice (Bogo et al, 2011). However, the evidence for the overall effectiveness of supervision is weak (Carpenter, Webb and Bostock, 2013), therefore supervision may not be a beneficial method for reflection. It could also be debated that the participants used the argument of not having the time for supervision in order to justify the fact that they do not engage in reflective practice. It could be suggested that more research needs to be carried out on the use of supervision for reflection. Other participants reported that they reflected in teams or on the way home in the car. However, they claimed that the team reflections were more task oriented than reflective and the participants did not describe their reflections according to textbook explanations of reflection.

When discussing the impacts of self-awareness and reflection on practice during the interviews, the participants did not appear to have experiential evidence of this. Their reports were of hypothetical benefits, not actual benefits which they experienced. These hypothetical benefits were discussed because of the limited amount of reflection the participants had reported. This was a limitation of the study. The participants reported that the impact of self-awareness and reflection would have positive outcomes for the practitioner and the service users and would be generally beneficial for practice. One of the main findings in relation to this was that self-awareness and reflection would assist the practitioners’ professional development. Similar to this report, research in the literature described self-awareness as the cornerstone of professional development in social care practice (Anghel, Amas& Hicks, 2010; Laming, 2009; Mainemelis, Boyatzis& Kolb, 2002; Urdang, 2010; Yip, 2006). In the support of the participant’s view, Gibbs (2001) concluded that the use of reflective practice nurtured the professional development of practitioners. An implication of this finding for application in practice could be that if social care practitioners reflected and developed their self-awareness, their professional development would progress and their work practices would constantly improve. This in turn could improve the quality of services provided for service users in social care settings.
Another finding indicated that the impact of self-awareness and reflection was that it would increase a practitioner’s positive interactions with the service users. This finding seems to support the claim made by Moon (2004) in that reflective practice encourages more creative ways of working with service users. The participants’ reports on the impact of self-awareness and reflection are also consistent with findings made by Jude and Regan (2010) who explored the benefits of reflection within a social care team. They found that reflection created new ways of thinking and reformed practice (Jude and Regan, 2010).

Another interesting finding was that the impact of being self-aware and engaging in reflection was thought to decrease the likelihood that practitioners take work home with them emotionally, and would be less likely to burnout. Similarly, previous research has indicated that the ability to engage in reflection builds competence, prevents burnout and creates life-long learning within social care practitioners (Finlay, 2008; Loughran, 2000; Schon, 1983; Urdang, 2010; Yip, 2006). This result could imply that if social care practitioners reflected, they would be less likely to burn out which could have a positive implication for practice. This could enable social care practitioners to work more efficiently and for a longer period of time which could decrease the staff turnover rate in a particular social care setting.

Generally, the impact of self-awareness and reflection on practice was assumed to have the positive outcomes of professional development, more positive interactions with service users and a decrease in burnout for the social care practitioner. These positive outcomes suggest that further, more extensive, research could be carried out on the actual impacts of reflective practice with a view to incorporate them into national practice standards. At present, HIQA have developed national standards of practice for children, the elderly, and people with disabilities (www.hiqa.ie). One of their standards refers to staff accountability through appraisals. By incorporating reflective practice into practice standards, this could encourage social care practitioners to learn from their experiences, change their practices and develop their professional self overall.

During the interviews, while discussing the factors which support and/or impede reflection, the participants’ responses fluctuated between hypothetical assumptions and actual experiences. When they spoke about the factors which supported their reflections, the participants spoke about hypothetical supports for the practitioner in general. It appeared that the participants had no opportunity to identify factors that supported them as they had reported not having engaged in significant reflection mainly due to the impeding factors. When the participants spoke about the factors which impeded their reflections, the participants gave responses which appeared to be based on their actual experiences. This is a
limitation of the study as the factors found to support a practitioner are theoretical and do not have the equivalent impact on the findings of the study as the factors that impeded reflection which were factors based on actual experience.

The main findings indicated that the factors which were believed to support reflection included: a good manager, an increased knowledge of the skills of self-awareness and reflection through training and education, and good supervision. The participants reported that a good manager who plans and structures time to reflect and who advocates for reflection would be supportive in their work environment. Participants referred to the importance of the manager in role modelling reflective practice for front-line staff and felt that if it did not come from the manager, front-line staff would not consider the importance of being self-aware and reflective. Additionally, the participants felt that if social care practitioners were taught more extensively about the skills of self-awareness and reflection and what it is to be self-aware and to reflect, this would be more evident throughout their work practice. This refers again to the importance of the role of education on these concepts as highlighted in the literature by Amacher (1976), Brauer (1991), Platt (1992), Reynolds (1965), Robinson (1936), Rubinstein (1983), Saari (1989), Towle (1954), Urdang (1974) and Urdang (1994). The participants also felt that training should be provided by their organisations in order to create a culture of reflecting on practice so it would become a part of the daily routine. They reported that this would encourage practitioners to recognise the importance of engaging more in reflective practice. This could be an area where organisations in social care settings could improve and incorporate training on reflection similar to that of manual handling or positive behaviour support and other mandatory training courses.

The participants also reported that good supervision which is scheduled into work hours would be a support. Moreover, some concerns were highlighted by the participants of the study in relation to the training of supervisors with some reporting that many of their supervisors were untrained. However, in practice the HIQA practice standards stipulate that the training for staff that supervise others must take place. HIQA also require that all supervisors must have relevant qualifications and experience in order to supervise front-line staff (www.hiqa.ie).

When discussing the factors that impede reflection, the participants’ responses were more grounded in actual experiences. They reported that the factors which impeded reflection included: time constraint, a non-reflective organisational culture, a lack of supervision, and a limited of understanding of self-awareness and reflection among practitioners in general. The majority of participants reported that time constraint was one of the main impeding factors.
This was associated with staff shortages, heavy workloads and busy work environments. The participants’ views of this impeding factor is similar to that of Yip (2006) where she described inappropriate reflective conditions including busy work environments with demanding workloads. Yip (2006) suggests that these inappropriate conditions can be destructive to the practitioner’s self-development. Furthermore, reflection could be seen as an added burden in these situations rather than a support for the practitioner (Yip, 2006). A possible implication of this finding for its application to practice could be that if time is not given for practitioners to reflect, illness and staff burnout may prevail leaving social care settings further under–resourced which may develop a cyclical affect. In contrast, if practitioners are provided with the time and opportunities to reflect, they may not burn out as quickly.

Another factor that was reported to impede the participants’ reflective practice was a non-reflective culture within their organisations. The participants implied that once the organisation was not promoting a reflective culture that the importance of reflecting was missed by the majority of staff. The participants suggested that if reflecting was part of the everyday routine, this would support them to reflect more. The participants reported that the other factors that impeded their reflective practice were their limited access to supervision and their limited understanding of self-awareness and reflection. It appears that if organisations could create a reflective culture, which demonstrates a value in reflecting by providing the training, the time and the supervision which is believed to be required to reflect effectively, practitioners would feel more supported to reflect and develop their self-awareness. However, it is also arguable that if social care practitioners were assertive in their reflective skills leaving educational programmes, organisations would naturally consist of a reflective culture.

The study provided for the sample to have a good knowledge and experience of developing self-awareness and engaging in reflection by recruiting students completing an MA programme in Advanced Social Care Practice with at least three years’ work experience. On this basis, it was assumed that the practitioners who volunteered to participate in the study could provide ample knowledge and experiences of self-awareness and reflection. However, the interviews revealed that the participants appeared to have little experience of reflection with little information being provided to the interviewer and many of the participants’ reports were based on hypothetical assumptions. This could imply that if the participants were randomly selected, the participants may not have been able to give any information on self-awareness and reflection.
In summary, the participants reported a general understanding of self-awareness and reflection which correlated with the research discussed in the literature review (Carper, 1978; Finlay, 2008; Ruch, 2000; Yip, 2006). The participants named three models of reflection. However, they could not provide details about the models and reported that they did not exclusively use the models when they were reflecting. Only one participant who was a supervisor could describe a model of reflection. However, the size of the sample for this study was small. The participant’s reports were critical of their educational programmes in teaching the skills of self-awareness and reflection and suggested that more needs to be done for the education of social care practitioners. This view was similar to that examined in the literature review (Urdang, 2010). However, it has been argued that there is a lack of clarity around the concept of reflective practice and how it should be taught (Wilson, 2013) which proposed an opportunity for future research on education.

The results indicated that the most common tool used to reflect was the critical incident report. A similar result was found in previous research (Finlay, 2008; Laming, 2009). The results indicated that critical incident report forms vary from one organisation to the next and that a standardised form would be more useful in practice. The participants highlighted that critical incident reports are only used following a significant incident and are not used for day-to-day reflections which implies that practitioners are only reflecting constructively after a significant incident. Another method for reflection included supervision but in fact, supervision was found to be inadequate due a lack of time to carry it out and the lack of training for supervisors. Other methods for reflection included team reflections and reflecting on the way home from work. However, the team reflections were reported to be more task orientated than reflective and the description of reflections in these circumstances were not consistent with textbook explanations of reflection.

When discussing the impacts of self-awareness and reflection on practice, the participants did not appear to have experiential evidence of this. Their reports were based on hypothetical benefits and not actual benefits based on their experiences. This appeared to be because of the limited amount of reflection the participants had reported. The participants believed that the impact of self-awareness and reflection had positive outcomes for practice including: professional development, more positive interactions with service users and a decrease in burn out for the social care practitioner. Although the views were hypothetical, they were congruent with previous research examined in the literature review (Anghel, Amas & Hicks, 2010; Gibbs, 2001; Laming, 2009; Jude and Regan, 2010; Mainemelis, Boyatzis & Kolb, 20...
2002; Urdang, 2010; Yip, 2006). This implied that in practice, if social care practitioners reflected and developed their self-awareness, their professional development would progress and their work practices would continually improve which may improve the quality of services. The possibility of incorporating these skills into national standards of practice was also discussed.

When discussing the factors which support and/or impede reflection, the participants’ responses fluctuated between hypothetical assumptions and actual experiences. When they spoke about the factors which supported their reflections, the participants spoke about hypothetical supports for the practitioner in general. When the participants spoke about the factors which impeded their reflections, the participants gave responses which appeared to be based on their actual experiences. The main findings in relation the factors which would support reflection indicated that a good manager who advocated for reflection, an increased knowledge of the skills of self-awareness and reflection through training and education, and good supervision would be supportive. The participants reported the ability of the manager to role model the skills of self-awareness and reflection would be significant in supporting front-line staff in reflection. Training within organisations on the skills of self-awareness and reflection was suggested as an area where organisations in social care settings could improve. Supervision was suggested as a method that would support a practitioner to reflect however, concerns were raised in relation to the lack of training provided for supervisors. The HIQA practice standards were discussed in relation to this finding.

The main findings in relation to the factors which impeded reflection included: time constraint, a non-reflective organisational culture, a lack of supervision, and a lack of understanding of self-awareness and reflection. The majority of participants reported that time constraint was one of the main impeding factors which was supported by claims made in research carried out by Yip (2006). It appeared that if organisations could create a reflective culture, which demonstrated a value in reflecting by providing the training, the time and the supervision, practitioners would feel more supported to reflect and develop their self-awareness.
Conclusion

Overall, it appears that social care practitioners generally understand the concepts of self-awareness and reflection. However, they do not appear to reflect constructively unless they are reporting on a critical incident. Furthermore, they credit the skills of self-awareness and reflection with hypothetical positive impacts on the practitioner and the service users despite the fact they do not have the time, adequate education or support from their organisation in order to reflect effectively and develop their self-awareness. The role of self-awareness and reflection in social care practice for this sample appears to be an ideological concept which the participants believe to be an essential professional skill but in fact it is not exclusively employed to their everyday practice.

Recommendations

This was a small scale study with a small unrepresentative sample. Therefore, the following are tentative recommendations:

1. Education for social care practitioners could provide a more significant focus on the value of and the development of skills in self-awareness and reflection.

2. The skills of self-awareness and reflection could be incorporated into national standards of practice for social care practitioners.

3. Future more extensive research could be carried out on the use of the models of reflection and the impact of self-awareness and reflection on social care practice.
Reference List


Appendices

Appendix 1: Interview Guide

The Role of Self-Awareness and Reflection in Social Care Practice.

Interview Guide

**Topic 1** How the participant engages in self-awareness and reflective practices.

**Topic 2** The impact of self-awareness and reflection on their practice.

**Topic 3** Factors which support self-awareness and reflection, and factors which impede self-awareness and reflection.

**Topic 4** The extent to which the participant’s use a model of self-awareness and reflection and if so, what is it?

**Topic 5** The participant’s understanding of what self-awareness and reflection are.

**Topic 6** How much they learned in college about self-awareness and reflection and the skills to engage in and develop self-awareness and reflection, and how much they learned from other sources.
The Role of Self-Awareness and Reflection in Social Care Practice.

Information Sheet

I would like to know if you would like to take part in a study I am doing as part of a Masters in Advanced Social Care Practice in Athlone Institute of Technology. I am trying to find out about the role of self-awareness and reflection in social care practice.

If you would like to take part, I will interview you about this. I will ask about your views and your experiences of self-awareness and reflection. The interview will last for no more than one hour and will take place in AIT or a location that is convenient to you. I will not ask about any other issues besides the role of self-awareness in your practice. Your participation is completely voluntary. You do not have to take part.

I would like a record of the interview to ensure I do not forget all the relevant information. In order to do this, I would like to tape the conversation. If you do not want this, that is ok. I will take notes instead. You can take a break or stop the interview at any time. If you do not want to answer some of the questions, that is ok.

When we are talking, I want you to feel relaxed and comfortable. The issues we discuss during the interview will be confidential. The areas we talk about will be used for the purpose of my study only.

Your name and the names of the other participants will not be in the report. The name of your organisation will not be in the report. Both will remain completely anonymous. I might use some quotes from you, but I will not give your name.

If you would like to take part in my study, please read the consent form below and sign your name. If you have any questions you can contact me Aoife Greene at 0868245511.
Appendix 3: Consent Form

The Role of Self-Awareness and Reflection in Social Care Practice.

Consent Form

I agree to participate in this study on the role of self-awareness and reflection in social care practice. I understand that my name or the name of my organisation will not appear anywhere in the study and that the information obtained from participants will only be used for the purpose of the study.

Signature _________________________ Date ____________

Do you consent to having the interview recorded using a tape? YES____ NO____

Signed _________________________ Date ____________