



## The tacit care knowledge in reflective writing – a practical wisdom

Linda Rykkje

VID Specialised University, Bergen, Norway

Email: [Linda.Rykkje@vid.no](mailto:Linda.Rykkje@vid.no)

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### Abstract

*Background:* The Norwegian municipal welfare system provides home healthcare and residential services to a growing population of older people. The skills and competence of the personnel providing these services need to keep pace with demand, and continuing education is vital. A concern, though, is the way positivist knowledge permeates both education and healthcare services; recognising other types of knowledge, such as tacit knowledge together with practical wisdom, is important to complement the focus on evidence-based practice.

*Aims and objectives:* This article addresses the need for healthcare professionals to develop open-minded reflection in writing and in action, as keys to expressing tacit knowledge and thus making it more visible. Moreover, tacit knowledge may also represent practical wisdom, or 'phronesis'. The aim is to bring forward examples of the often invisible and unrecognised expertise held by experienced nurses and other healthcare professionals.

*Method:* This discussion paper is based on reflection notes written by students doing continuing education in advanced gerontology. Some of the situational dilemmas that students bring forward in their texts are retold, and these stories represent traces of tacit care knowledge, and practical wisdom or phronesis.

*Findings:* Reflection may strengthen students' ethical autonomy and imagination, which is important in healthcare professionals' caregiving. Reflective writing is part of the educational pathway and contributes to the development of personal tacit knowledge and wisdom. The experiences put forward in the student's stories become part of their ability to act and care; this embodied knowledge is understood as part of what phronesis might be.

*Implications for practice:*

- Fostering healthcare professionals' self-awareness through reflection can help them come to a realisation and understanding that opens up new alternatives for action
- Reflection may increase awareness of care restrictions due to organisational structures

**Keywords:** Reflective writing, tacit care knowledge, practical wisdom, phronesis, care for older people, continuing education

## **Introduction**

Nordic welfare systems are based on universalism and equality. In Norway, care services for older people are part of a comprehensive infrastructure of statutory services provided through municipal authorities (Næss et al., 2013). The increase in the older population has for some years been putting these services under pressure (Gautun and Hermansen, 2011). The aim of the Coordination Reform (Norwegian Ministry of Health and Care Services, 2008-09) was to improve health services, and one of the strategies was that patients should be cared for by municipal services rather than in specialist settings such as hospitals. The implementation of the reform has resulted in many older patients with long-term conditions being transferred from hospitals to municipal healthcare services. Consequently, staff with sufficient skills to meet the new and increased responsibilities are needed to provide services in patients' homes and in care homes (Gautun and Syse, 2013).

The focus in this article is on further education of specialist nurses and other healthcare professionals who work in care for older people. The aim of such education is to foster knowledgeable and skilful students who become critical independent thinkers (Hansen, 2011). There are concerns, however, about the priority given to research evidence in higher education. Welsh and Lyons (2001) are critical of the notion that decision making should rely solely on the positivist line of evidence-based practice. They suggest that holistic care practice must also draw on intuition and tacit knowledge, meaning knowledge that is often implicit and unstated. This is a synthesis of formal knowledge and clinical expertise. Although caring is often understood as the core of nursing (Lindström et al., 2010), services for older people frequently emphasise visible tasks such as treatment and symptom management, while aspects related to caring seem tacit (Hall and Høy, 2012). It is also troubling that expert skills in the care of older people are often invisible and therefore unrecognised (Phelan and McCormack, 2016). Reflection is part of professional development; integrating holistic caring into personal practice requires a caregiver to engage herself or himself, together with thoughts, feelings and actions (Gustafsson and Fagerberg, 2004). Hansen (2011) suggests that students must be trained in reflection in close contact with practical, real-life concerns.

Continuing education students in health sciences often have broad practical experience before they start their studies. As an educational institution, the aim of VID Specialised University is to help students advance both their theoretical and practical skills. The first scholarly assignment for students in advanced gerontology is an individual written reflection on an experience from their own work as a healthcare worker. Later, this article will highlight some of the situational dilemmas that the students brought forward in their texts (the students gave permission to use their reflection notes here).

## **Perspectives on reflection, tacit knowledge and practical wisdom**

Reflection is a key factor in education in order to connect theories, research and values with current praxis (Getliffe, 1996; Tashiro et al., 2013). We reflect in everyday life, but in education the aim is thinking about and interpreting experience in order to learn from it. To reflect can be to think back on an experience, using mirroring and imagination, and it can be a means for developing self-awareness and self-knowledge, and for expression of feelings, insight and alternative perspectives (Gustafsson and Fagerberg, 2004; Asselin et al., 2013; Coleman and Willis, 2015; Ruiz-López et al., 2015). Schön (1983) suggests that practitioners strive with conflicts based on values and purposes, often torn between their professional code and cost-effectiveness and routines. The artful ways in which practitioners can deal competently with such dilemmas calls for reflection in relation to practice or reflective action. Schön proposes that by applying specialised knowledge to a well-defined task, some uncertainty may be avoided. However, he points out that complexity and instability are always present in practical settings, necessitating artful practice in each unique case.

In further education, there is an emphasis on 'writing to learn', and reflective writing allows complicated problems to become better understood (Coleman and Willis, 2015). An assignment to write a reflection can be just another task to complete, or it can open up new possibilities and skills,

bringing students face to face with themselves (Binding et al., 2010). Reflection on one's practice in relationship with the patient is a primary focus that can make student assignments more meaningful. However, students often find the process of reflective writing difficult; it is a skill that must be learned and which improves over time (Jasper, 1999; Epp, 2008). Inviting students to reflect is asking them to share their deepest thoughts, so it is important to establish a relationship of trust between student and teacher (Epp, 2008; Ruiz-López et al., 2015). Reflective writing and thinking are skills that depend on the development of relevant professional knowledge and experience (Williams and Grudnoff, 2011; Hatlevik, 2012). Thus, reflection is not an intuitive practice, but is grounded in a knowledge that goes beyond personal experience.

Moreover, reflection may foster affirmation of one's professional role, as well as awareness of personal values and prejudices (Asselin et al., 2013). This is part of the invisible or tacit skills of health professionals. There are different views of tacit knowledge: the term can apply to knowledge that can or cannot be articulated (Gourlay, 2006). According to Kothari et al. (2012), it is often described as practical skills, intuition, knowhow and implicit knowledge acquired through practice and experience rather than through language. There are several studies of tacit knowledge in healthcare settings, with examples listed in Table 1.

Table 1: Examples of studies of tacit knowledge in healthcare settings	
Study	Main conclusions
Herbig et al. (2001)	Explores the role of tacit knowledge in the work context of nursing and concludes it is acquired implicitly in the course of working. There were differences in tacit knowledge of nurses who successfully accomplished the critical situation test in the study, and those who did not
Carlsson et al. (2002)	Highlights the tacit dimension of ethical knowledge, and concludes tacit knowledge is closely connected to aspects of care
Carrier et al. (2010)	Concludes tacit knowledge is important in community occupational therapists' decision making. The authors propose such knowledge should be made explicit if possible
Zande et al. (2014)	Suggests that opportunities to reflect on daily ethical concerns are important and can contribute to improved care quality, and both explicit and implicit moral knowledge may enhance the awareness of the moral knowing of the professional caregiver

Through reflection, tacit knowledge can become more visible and acknowledged as a source of explicit knowledge. Furthermore, it may also represent personal wisdom. The qualities of a 'wise person' can be described as age, experience, intelligence, knowledge, information, education, values, cognition, openness to learning, intuition, common sense, and more (Taranto, 1989; Matney et al., 2016). Matney et al. (2016) portray general wisdom in nursing as the giving of compassionate care focused on individual patients and their loved ones, with the desire to offer excellent care and the use of professional expertise when making clinical judgments. General wisdom is often present in moral and ethical decision making, because there are no fixed or standard solutions that apply. Moreover, Matney et al. suggest that after such an event, the nurse should take time to reflect on values and morals. In doing so, the nurse can gain new understanding or perspectives, and this is perceived as development of personal wisdom. General and personal wisdom are parts of practical wisdom, and are most often tacit. According to Lauder (1994), such knowledge, unlike theoretical knowledge, does not pursue an intellectual conclusion but is seen in the actual performing of doing good for fellow humans. Such interactions come after the practically wise person decides, consciously or unconsciously, how to act in the most appropriate and moral way.

The implementation of evidence-based practice seen in recent years has been problematised in healthcare professions. One critique has been that the focus on quantitative data and measurable outcomes tends to devalue other ways of knowing in caring for others (Newham et al., 2014), reducing the attention paid to other forms of knowledge like practical wisdom, which centres on the preservation and enhancement of the wellbeing of others (Myrick et al., 2011). So there appears to be a need to reinforce the concept of wisdom in healthcare practice. Edmondson and Pearce (2006) argue that evidence-based models are insufficient for staff who face complex problems in healthcare settings. They find that professionals should use forms of reasoning aligned with wisdom, combining knowledge, reflection and experience with social, emotional and ethical aspects.

Several authors, such as Lauder (1994) and Sellman (2009), point to Aristotle's understanding of practical wisdom, using his term 'phronesis'. Marlow et al. (2015) also reflect a current and critical trend in nursing education to bring phronetic forms of knowledge into the classroom. Pitman and Kinsella (2012) write about a sense that something fundamentally important is missing in what it means to be a professional, and in the aims of continuing professional education. They question today's instrumentalist values, and believe that what is missing might be recovered through phronesis. However, phronesis is difficult to describe and can have nuances of interpretation depending on context. Hansen (2008) describes three ways in which phronesis may be understood:

- A problem-solving orientation, which sees phronesis as a practical, tacit or implicit knowledge connected to reflection-in-action, and a way to help address problems at hand
- A problematising approach, where phronesis becomes an analytical tool to focus on tacit habits, norms and values in the practice community and culture of professionals
- An ontological approach to phronesis, where the focus is not on optimising our knowledge and grip on problems, but our state of wonder and standing-in-the-openness

Hansen claims the first two approaches reduce phronesis to a means and not an end in itself, as it should be according to Aristotle. He favours the third approach, whereby, for example, expert nurses' practical wisdom can be made visible by asking them to tell work-related narratives and then to wonder and reflect critically on the assumptions, values and fundamental ideas that were taken for granted in those narratives. Dealing with existential and ethical life phenomena and acts of judgement is a state of wonder, which helps us to see the uniqueness of a particular person and situation. If we leave behind our attempts to create and master the world and ourselves, and instead let go and let come, Hansen (2008) suggests that we can be aware of phronesis.

It is not possible to be certain how Aristotle himself understood phronesis, so the term can be understood in diverse ways and in the light of different practical settings. Although personal phronesis can be developed, it can never be fully articulated because it will be partly tacit knowledge (Pitman and Kinsella, 2012). According to Frank (2012), healthcare personnel often find that routines and protocols are poor guides for action in each unique practical setting. He believes this is why people turn away from instrumental approaches and apply other types of knowledge, and implies that people tend to develop phronetic ways to guide their action, because it offers a better way of performing their work, enabling them to act based on expertise and not formal rules. Kinsella (2012) sees phronesis as the quest for practical wisdom, believing that as such, it implies reflection. She suggests, drawing on Schön, that reflection can help build knowledge and actions that lead toward phronetic or wise judgement in professional practice.

### **Traces of tacit knowledge and phronesis in student's reflective writing**

Frank (2012) points to the power of narratives, saying stories can actually reveal what phronesis looks like in healthcare practice. This article proposes that the assignment of reflective writing can foster students' open-mindedness and creative thinking. Writing can focus thoughts to re-encounter situations in greater detail and provide a framework by which to understand new and unique perspectives. Writing also creates distance from the experience, enabling the emergence of alternative ways to

respond (Coleman and Willis, 2015). The stories included here bring forward what can be understood as traces of the students' tacit knowledge, and practical wisdom or phronesis.

Kinsella (2012) acknowledges that reflection can take many forms – for example, it can be tacit or embodied, or intentional and based in reason. According to Gustafsson and Fagerberg (2004), reflective practice involves learning through viewing situations in different ways and from new perspectives. To reflect may mean to look back on a situation. One student reflected on a nursing home patient who was moved from the dining room and sat alone when eating. This clearly did not correspond with what she had learned about the importance of social interaction in mealtimes. The student portrayed the situation like this:

*'The patient was confused and made a mess during mealtimes. Other patients were critical of her table manners, and made comments. Perhaps the patient felt ashamed and embarrassed? I as a nurse evaluated the situation and discussed it with other staff members, and we took her to eat by her room. Was it the right solution to move her from the shared mealtimes? What we observed was that the patient calmed down, she had more focused time to eat and her eating improved after a few days. After a few months she gained weight and she communicated in a positive way with us and smiled. She no longer heard any negative comments from other patients. (...) I learned that we, as healthcare personnel, must figure out solutions that safeguard the patient's needs. I have a good feeling that the decision was right to help our patient during her daily mealtimes.'*

In this particular situation, having rational, theoretical knowledge about mealtimes was not enough. In accordance with Flaming (2001), the student also needed to understand how to use all her knowledge together in the particular situation. Thus, reflection enhances self-directed learning and professional maturity (Tashiro et al., 2013). Furthermore, healthcare practitioners need to be open-minded and rely on feelings and imagination in order to find good practical solutions. Sellman (2003) points to open-mindedness as an educational ideal; the open-minded practitioner can choose between options in relation to protocols and use practical wisdom to assist in choosing from possible actions. This not only entails being open-minded about rational evidence, but also about our own worldview.

Another student had an experience that made her reflect on the power structure in the patient-nurse relationship. The student found a patient crying in her room at bedtime, because her husband had to leave her. The patient explained that having her husband there was a comfort, which eased her and helped her sleep well. However, this evening shift was busy and the husband had been asked to leave before the bedtime routine started. The student reflected on the power held by the nurse in relation to the patient and that, in such situations, nurses must be attentive and ethically conscious. The student wrote:

*'This evening episode affected me and challenged me in several ways. I became aware of how important and fragile the evening time and bedtime can be, and how important it is to provide individualised care.'*

The student did not write about a solution for this particular situation. It may not necessarily be finding the right answers that is essential in the process of learning; rather it is the very reflection and the courage to ask questions. Gustafsson and Fagerberg (2004, p 279) point out that 'the experience of using courage and imagination gives the nurses the strength to recognise opportunities, and the perception of space widens'. Thus, open-mindedness can be understood as part of the process of reflection that may lead to development of personal phronesis.

Moreover, open-mindedness requires the ability to wonder. It is when we wonder that we might begin to understand (Horton, 2013). According to Hansen (2011), the phenomenon of wonder in higher education is an attitude or way of being that teachers can foster or make room for. One student wrote

about how she wondered about an experience where an older resident died after a short period in the nursing home. The resident just stopped eating, and he seemingly wished to die. The student wrote:

*'I wondered about this incident. Did he dislike being at the nursing home so much that he chose to end his life? (...) Had he made up his mind, and did he feel useless and a burden to society? The questions were many, but I did not find answers to them.'*

The student reflected on her experience and that it helped her become more conscious of the importance of being attentive to signs of similar feelings in other patients, more secure in asking direct questions, and unafraid to face the answers she might receive.

It is when we are in wonder that deep learning and understanding may suddenly emerge (Hansen, 2011). Therefore, it is essential to foster open-mindedness and wonder in continuous education, as this can help healthcare practitioners develop the skills needed to meet the new and increased responsibilities brought by the Coordination Reform (Gautun and Syse, 2013).

Reflection may strengthen staff's ethical autonomy and imagination, which is important in patient care. If students use their imagination, this may help grow a sense of what is worth asking about, and the ability to recognise and ask relevant and productive questions.

Sometimes it is helpful to reflect together with others. One student described a nursing home resident with physical and cognitive impairment who was incontinent and often refused help. The student described how she felt frustration because of the difficulty of performing these necessary procedures in such a way that the resident did not feel it was an assault. Her experience was that letting the resident know there was no hurry and offering direct instructions could help the resident to cooperate. She wrote:

*'The situation shows how important it is always to think about what the patient's best interest is. Thus words like integrity, dignity and care get a concrete, thought-provoking meaning.'*

The student was able to reflect on her worries with colleagues, and experienced having good conversations that opened for new perspectives on the situation.

An important part of learning through reflection is to be able to think back on a situation. As noted above, reflective writing creates a distance that can help the student think differently and open up new perspectives of understanding. Such understanding can create a 'bridge toward the other' (Lassenius, 2014, p 81). The student's story portrays how her new understanding helped her to care for the patient in a better way.

Reflection may foster professional development in healthcare students, as well as being a tool for expressing tacit knowledge. It is through the transformation of experience into words that explicit knowledge is created (Getliffe, 1996). Reflection is a necessary tool to bring tacit knowledge into consciousness (Herbig et al., 2001). By putting words to tacit knowledge, we may improve how students implement in practical settings what they learn in theory.

This student's story illustrates how theory can be integrated into practice. She wrote that based on what she had learned from older people's life stories and illness narratives during class, she was better able to understand a particular resident's need constantly to tell parts of her history. This was recognised as holding onto 'the self' amid the crisis of moving to a new place of residence with strange people. It takes time to listen to memories being told, which can be a major challenge in nursing homes where staffing is short. The student reflected:

*'Maybe by sharing this experience, I can help to create understanding among my colleagues of how important it is for residents to get to share their story.'*

Through reflection, we may interpret and make our tacit knowledge recognisable through words. Thus, professionals may use this new understanding in acts of caring. More than just the knowledge of right and wrong, tacit care knowledge is the blending of theoretical knowledge and empirical knowledge in practical situations. Frank (2012) suggests phronesis involves emphasis on relations and being able to witness a patient's suffering. It is through reflection, not procedures or checklists, that practitioners can respond to a patient's suffering and needs. Through reflection, the students may become aware of their care knowledge, and so be able to offer better patient care (Tashiro et al., 2013).

In this story, the student was a nurse helping an older man with his medication. At his home, the nurse gave him a nitroglycerin tablet. A little while afterwards the man told her to leave. Then she recognised that seeing her looking at her watch to time when the medication took effect had led the man to believe she was in a hurry to go. She explained to him why, and the man relaxed. The student reflected:

*'When the patient told me to leave because I was in a hurry, I felt despair. I did not feel I could leave the patient in this state, and I wanted to be present. Many older people do not want to be a burden, and my first thought was that was what he was thinking. It is easy to become so involved in the disease or symptoms that you concentrate on measurement and what to do next. It is important in such situations to think about what I express non-verbally. Is it in accordance with what I say? The only thing I thought about was that I wanted to help this man in the best possible way. Without even realising it, I signalled to him that I really did not have time to be there. I learned a lot from this situation, to be always conscious of what you say in language, and what you are expressing bodily. It is important to explain to the patient what you are doing and why, even very small things. Then the patient feels safe and gains confidence in you as a healthcare professional. I think this experience has been very important for me in my work. I want everyone to feel that they are seen, and that they feel they are being treated with respect.'*

Regarding prioritisation of the patient need for care, tacit knowledge seems to be an implicit element of clinical decision-making (Lake et al., 2009). It is important to turn tacit expertise into explicit knowledge using reflection as a tool, as this may facilitate students' skills and ability to handle difficult situations. This is valuable because being with the patient often involves challenging situations where we must choose and decide for or against something (Lindström, 2014).

Many of the students' stories referred to decisions in situational dilemmas. One student portrayed a situation where the family filled the nursing home resident's room with familiar things:

*'When I entered, the little room was filled with furniture and ornaments. The son told me they were almost done, and put a tablecloth, candlesticks, and flowers on the nightstand. I told the patient and the son that it was better with not so much on the nightstand, as we need it during morning care situations and something could be broken. I saw that they both became disappointed. As a nurse, I experienced the situation as difficult as I recognised the need to have a homely room, with familiar things. Things that may help create confidence. On the other hand, I saw the nursing staff's need for space to do their job. The many things in the room made it hard to move around. I have also thought about whether I could have responded in a different way, to avoid appearing authoritarian.'*

The nurse learned from this situation that she should clarify expectations as early as possible in terms of what furnishings may be brought into the rooms, because a resident's room is also the staff's working space.

Experienced healthcare workers know what constitutes excellent care and poor care, and it is the art of caregiving to be able to recognise what is morally relevant in a personal situation. This represents a tacit knowing about the goods involved (Zande et al., 2014).

It is important to note that a student reflection can be on good care experiences. This story is about a home care patient. The student wrote:

*'Had she already the day before put the coffee filter there ready for use, either by habit or to highlight her contribution? I know the patient used to enjoy cooking in her kitchen. In situations where I acknowledge this to her, she smiles and straightens up in delight at hearing about earlier times, coping and control. It is valuable giving positive feedback on her "small" contribution, both through actions and words. I am at her service to support her coping, not just routine help. Experiences like this show how essential the small moments are in my duties as a nurse. What is the right help regarding respect, dignity and autonomy? Such questions lie hidden even in seemingly "small and insignificant" everyday experiences. It is fascinating that such moments can provide valuable reflections, even for a home nurse with long experience.'*

The students' reflective writings are personal stories about situations that have made an impression. It is not about always doing the right thing, but also about the kind of knowledge acquired through experience. This knowledge is tacit because it is often not talked about, perhaps through a lack of words or of space and time to reflect and reach deeper understanding.

A student wrote about a resident with Huntington's disease. She reflected about how older, severely ill patients experience different situations, and what is important for their wellbeing. She thought about what healthcare personnel can do for the individual patient. She wrote:

*'Most patients like predictability, procedures and rules, and for the resident with Huntington's disease, this proved to be even more important. After we began to explain things in detail, the resident was considerably less stressed and tried actively to participate in care situations. The meeting with this resident helped me to change the view of interaction with older, sick people. I realised that it is I as healthcare personnel who must adapt to the resident's needs, not vice versa. It is my responsibility to find good solutions in the individual situation. I am aware that there may be challenges, especially when it is difficult to communicate with each other. I also think that interdisciplinary collaboration can be a good solution in such situations.'*

The experiences put forward in the students' stories become part of their ability to act and care. This is partly tacit knowledge, and is part of this author's understanding of practical wisdom. Dealing with existential and ethical life phenomena and acts of judgement is not a state of knowledge but a state of wonder, which helps us to see the uniqueness of a particular person and situation (Hansen, 2008). Wonder is, however, more than tacit knowledge, as it is something that comes to us before our questions occur (Hansen, 2011). Being able to wonder in healthcare settings means thinking about what could have been different. Being in wonder may open up reflections, and new knowledge that can be empowering.

Some students reflected on the need to learn more to build their competence. One story was about an acutely ill nursing home resident. The doctor advised hospitalisation, but the resident refused, saying he would rather be at the nursing home. The resident was competent to give consent and his wish was respected. The student wrote:

*'If I end up in a similar situation again, I will probably automatically be more aware of respecting the resident's wishes, although it can be uncomfortable. In addition, this is important for expert knowledge of older patients, and that is partly the reason why I chose to attend the continuous education in advanced gerontology.'*

The relationship between the way we think and the actions we perform is one of the keys aspects of education of healthcare professionals. Expertise used in caring for another person is knowledge that is considered general wisdom. Personal wisdom develops as a nurse gains knowledge after reflecting



on a situation, linking thinking and doing (Lauder, 1994; Matney et al., 2016). Practical wisdom, or phronesis, is a key to caring for others in situations that lack right or wrong solutions.

Experienced practitioners use reflection to examine their taken-for-granted beliefs and to change their practice. They also tend to reflect on their own praxis, heightening their awareness, and this helps them to lift their heads above the busyness of their work (Williams and Grudnoff, 2011). Practical wisdom comprises the evaluating and application of ideals or principles, often in a moral context. The practically wise person wishes to preserve and enhance the wellbeing of persons in their care, while knowing that actions are always constrained to some extent by chance or context (Myrick et al., 2010). Hence, reflection may also increase the student's awareness of the inhibiting effect of organisational structures (Asselin et al., 2013).

Several students related experiencing poor healthcare services. One described a hospital patient who did not receive help to go to the toilet. She wrote:

*'I found it very humiliating and undignified on the patient's behalf. (...) Is that how healthcare has become, that economics and patient turnover will be in focus and not the basic human needs? Have we lost our care values and respect for the individual? I find that this becomes more and more our reality and everyday life.'*

Reflective practitioners may question whether their caring actions were 'right' or if they could have acted differently (Asselin et al., 2013). Reflection may lead to learning, although being in difficult situations may result in feeling powerless as portrayed in this student's story. The student was in a situation with a pre-terminal patient who gave non-verbal expressions of discomfort. The doctor was contacted to prescribe painkillers, but the answer was negative. The student wrote:

*'I was standing alone with this patient and relatives with many questions, and a full department that I lost track of. "Powerlessness" describes the situation well, where I was standing with a patient who had not responded to treatment and with no medical attention. I reacted with frustration. I was genuinely sorry on the patient's and family's behalf, and the lack of dignity in the whole situation. From this incident, I have learned to trust my observations, and verbalise them well when talking to the doctor. I have become more confident about my knowledge and tougher to speak up when I see that the patient needs are not seen, nor heard. I see my own limitations and am not afraid to ask for help when I need it. With this knowledge I can be an additional voice for older people so that they can express their wishes, and thus help them to decide about their own lives.'*

Really seeing and understanding the patient can be a challenge in professional situations. This can be particularly difficult if a problem seems to be outside one's control. The challenge for this author as a teacher is to help students to look on diversity and uncertainty not as a threats, but as openings for dialogue and understanding. A reflective stance can be the opening for students to acknowledge the use of self in their work, and understanding of the patients' otherness. As Binding et al. (2010) state, we must remember that our relationship with another human being influences our understanding in a healthcare situation. This applies to patients and their relatives, as well as to colleagues and collaborating professionals.

Without reflection, the suppositions and assumptions underlying our opinions and judgments have free rein according to what we believe is appropriate, correct and equitable in a particular situation. Reflection brings with it an opportunity to step back from habitual practice and act from a place of greater understanding (Binding et al., 2010). It may also be used to question current understanding and practices in professional life (Kinsella, 2012).

Several students reflected on the importance of professionally acceptable care and having enough qualified personnel in services for older people. One related how one of her residents tried to kill a co-resident with a scarf. It later emerged that the resident was seriously ill and suffered from depression.

The student thought that if they had not been so busy, they could have had capacity to talk with this resident and discover the depression, thus preventing the incident. The student wrote:

*'I am often the only nurse on my shifts, and sometimes I just have one other professional with me. Weekend shifts are the worst, and then I am the only professional. Most often, I am alone, handing out medicine and being in charge of 24 patients. This I think is irresponsible.'*

The implementation of the Coordination Reform (Gautun and Syse, 2013), has also influenced how students experience new tasks and challenges. This story illustrates the need for enhanced skills:

*'Just a few years back, nursing homes only cared for older people who could not stay at home for various reasons. Today, I experience difficult diagnoses that require much and renewed knowledge and a lot of technical equipment. Following the Coordination Reform, sicker, younger and poorer patients are discharged from hospital earlier into the care of the municipalities. As the only nurse on duty at a nursing home, I have the responsibility. It is far to reach others when both ambulance and emergency services are outsourced to neighbouring communities. Thus, it is up to the nurse to call for help in time, we must know that all the medical equipment is at hand and no wrong decisions are made. At the same time, we are responsible for the whole nursing home and other patients with their complex diagnoses and challenges. Is this professionally sound? Is this how job conditions for nurses in nursing homes should be? These experiences imply that I as a nurse in the community must acquire the skills that are expected when providing care for seriously ill people. Therefore, it is important to have further education in various fields, and together we can meet the challenges.'*

Reflection is a personal process that can result in a changed perspective or learning (Getliffe, 1996). The students' stories portray how reflection on an earlier experienced situation can help them come to a realisation and new understanding that opens up new alternatives for action. Reflective writing in continuous education may help students become conscious of their tacit knowledge and practical wisdom, which may contribute to building the skills and confidence needed to meet new responsibilities in healthcare services for older people.

### **Implications for practice**

Through the process of reflection, students become aware of themselves and their experiences, which may improve clinical skills. The written reflection assignment brings to light traces of tacit knowledge, and personal wisdom, or phronesis. Tacit care knowledge is not about right and wrong, rather it means blending theoretical knowledge and empirical knowledge when facing difficult professional situations. An implication for clinical healthcare practice is that when students acknowledge their tacit expertise, their ability to solve situational dilemmas may be strengthened.

In conclusion, fostering self-awareness through reflective writing can be a valuable part of an educational pathway. Reflection can strengthen students' ethical autonomy and imagination, which is important in patient care, and it can increase awareness of care restrictions that are caused by organisational structures. The development of reflective practitioners who are conscious of their personal tacit knowledge and practical wisdom may contribute to advocacy and provision of high-quality care for older people.

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**Linda Rykkje** (PhD, Cand.San, RN), Associate Professor, VID Specialized University, Bergen, Norway.