

Exploring nursing students' experiences of factors influencing reflective practice in clinical setting

Wafaa El Zaatari

CIS, Zayed University, Dubai, United Arab Emirates, and

Imad Maalouf

Fatima College of Health Sciences, Abu Dhabi, United Arab Emirates

Abstract

Purpose – Reflective practice is crucial in clinical nursing education at a nursing college in Al Ain. This study aims to explore nursing students' perspectives on reflective practice in a clinical setting.

Design/methodology/approach – The study employed an exploratory case study design, using semi-structured interviews to collect data from eight nursing students studying at a nursing college in the UAE. The recorded interviews were transcribed verbatim and manually analysed using thematic analysis.

Findings – Three main themes have been extracted, and these are the significance of reflection, facilitating factors and hindering factors. Four sub-themes emerged from the facilitating factors: moral awareness of patient care, instructor's support and teaching approach, group work, and exposure to new experiences. Another four sub-themes emerged from the hindering factors: limited opportunities for practice, inconvenient clinical schedule, heavy study load and fear of devaluation hindered their reflective practice.

Research limitations/implications – The researcher who conducted the interviews did not initially specify the identity of each student (e.g., S1, S2, etc.) concerning their involvement in reflection. The study is limited to third-year students. The sample size in this study was also small, and the study population was only female students who studied in one nursing college. Therefore, this population may not represent all nursing students in the college, in other branches of the college or in other colleges in the UAE.

Practical implications – The administrators of the nursing college must introduce a clear policy that urges all clinical instructors to encourage students to use reflective practice and the curriculum developers to include reflective practice in the nursing curriculum. This would help standardize the reflective practice. Moreover, nurturing the facilitating factors while simultaneously addressing the inhibiting factors should be given utmost priority and importance to ensure the effective application of reflective practice. Additionally, educators need to take advantage of the latest artificial intelligence (AI) applications, which are mainly invented to engage users in spoken reflections, to train and improve students' reflective practice.

Social implications – Enhancing reflective practice can help future nurses think critically, analyse and evaluate situations and link theory to practice. This aligns with integrating twenty-first-century skills and the satisfaction of the UAE's SDG 4 and SDG 3. Consequently, they contribute to enhancing the quality of patient care and outcomes.

Originality/value – While prior studies have also drawn upon Gibbs' reflective cycle theory, their focus centred on exploring nursing students' perceptions of reflection during clinical practice or its effect on enhancing students' learning, communication and critical thinking skills. These studies, unlike ours, did not explore the nursing students' experiences with reflective practice in terms of the factors that could influence its application. Our extensive search revealed that this study might be the first to discuss all the derived factors by integrating them into the different stages of Gibbs' reflective cycle model.

Keywords Nursing students, Clinical training, Reflective practice, Gibbs' reflective cycle theory

Paper type Research article



© Wafaa El Zaatari and Imad Maalouf. Published in *Learning and Teaching in Higher Education: Gulf Perspectives*. Published by Emerald Publishing Limited. This article is published under the Creative Commons Attribution (CC BY 4.0) licence. Anyone may reproduce, distribute, translate and create derivative works of this article (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this licence may be seen at [Link to the terms of the CC BY 4.0 licence](#).

Funding: This research received no external funding.

Declaration of conflict of interests: The authors have disclosed that there are no potential conflicts of interest related to the research, authorship and publication of this article.

1. Introduction

Clinical nursing education is essential to nursing education, as it equips nursing students with the necessary behaviours and skills required in today's complex, dynamic and rapidly changing healthcare systems (Bagheri, Taleghani, Abazari, & Yousefy, 2019). Within clinical nursing education, reflective practice plays a significant role. Reflection is defined as purposeful thinking about an experience, analysing practice, making judgements about actions and modifying beliefs associated with that experience to promote knowledge, attitude and practice (Bagheri *et al.*, 2019). It involves deep thinking, self-analysis and self-examination to improve students' clinical knowledge and practical skills (Reljić, Pajkihar, & Fekonja, 2019; Wright & Scardaville, 2021) in addition to the development of professional attitudes and clinical judgement that are vital to delivering quality nursing care (Gonzalez *et al.*, 2021; Pai, 2016; Karimi, Haghani, Yamani, & Kalyani, 2017).

Numerous studies have demonstrated that reflective practice has positive impacts on students, particularly on their learning experiences, development of autonomy, self-confidence, satisfaction, motivation to learn, engagement and patient care (Atmani, Madrane, & Janati Idrissi, 2023; Awidi & Klutsey, 2024; Bjerkvik & Hilli, 2019; Hwang *et al.*, 2018; Karimi *et al.*, 2017; Pai, 2016; Schmidt and Brown, 2016). Clinical instructors are crucial in encouraging and supporting students' reflection by creating a collaborative learning environment where students can share experiences, receive feedback and develop friendly relationships with their instructors (Karimi *et al.*, 2017). However, difficulties can emerge. Students may struggle with a lack of self-confidence in their ability to reflect (Hwang *et al.*, 2018) due to better understanding of course topics, insufficient analytical skills (Bjerkvik & Hilli, 2019), overwhelming clinical workloads and feeling discomfort in identifying mistakes.

After a thorough review of the literature, the researchers did not identify any studies addressing reflection in clinical nursing education within the UAE. The only two relevant studies located in the Gulf region are one conducted in Qatar (Al-Kuwari, Al-Khalifa, Al-Ansari, Elmubarak, & Khalifa, 2024) and the other in Saudi Arabia (Alsalamah *et al.*, 2022). Al-Kuwari *et al.* (2024) examined reflective writing from 501 healthcare practitioners in Qatar after workshops on communication, teamwork, leadership and conflict resolution, using Gibbs' reflective cycle and Bradley's reflection levels. Most reflections were moderately deep (Level 2) and focused mainly on communication challenges, followed by teamwork, with fewer on leadership and conflict resolution. The findings suggest that reflective writing helps identify key professional challenges in primary care. The other study, which was done in Saudi Arabia by Alsalamah *et al.* (2022), explored the perspectives of 21 male nursing students from a Saudi Arabian university on factors that promote reflection in the clinical setting. Through semi-structured interviews, the researchers identified two main themes: personal drivers and external drivers. These findings highlight that reflective practice is shaped by both intrinsic motivation and external influences, suggesting that nursing educators should intentionally foster student motivation and create supportive, challenging clinical environments to enhance reflective learning. Even though these studies correspond to aspects of our research; however, our study integrates Gibbs' reflective cycle in a distinct way, and the resulting findings differ in important aspects. This gap underscores the need for our research to provide original contributions to the field.

Reflective practice is integral to nursing students' clinical education at a reputable college in Al Ain, United Arab Emirates (UAE). Its primary objectives include enhancing students' learning and cognitive skills and the quality of provided care, all aligned with the UAE government's determined dedication to attaining the two Sustainable Development Goals (SDGs): SDG 3 and SDG 4. The goal of SDG 4 encompasses the pursuit of quality education, while the goal of SDG 3 is to achieve optimal healthcare. Both are emphasized by the UAE's endorsement of the 2030 United Nations Agenda for Sustainable Development (United Nations in United Arab Emirates, 2023). To achieve the UAE's SDG 4, nursing education should foster 21st-century skills such as critical thinking, creativity, experiential learning and innovation. Regular reflection is a pivotal approach in enhancing the analytical mindset among

learners, leading to improved critical thinking (Ardian, Hariyati, & Afifah, 2019; Khoshgoftar & Barkhordari-Sharifabad, 2023; Raterink, 2016). Moreover, the reflective practice applied by nursing students is crucial to achieving SDG3, as it prepares them for their chosen field as professionals who can provide quality patient care (Koshy, Limb, Gundogan, Whitehurst, & Jafree, 2017). However, the clinical instructor (one researcher), like other instructors, complained about some students' lack of engagement in reflective practice, potentially affecting the quality of their learning. That is why the instructor conducted this research. Therefore, this study aims to explore students' experiences of reflective practice in a clinical setting. The research questions that guide this research are:

- (1) How does reflective practice affect students' learning?
- (2) How does nursing students perceive their experiences with reflective practice in clinical settings regarding the factors influencing their integration?

Five main objectives have been derived from the study's research questions. These are:

- (1) To examine the impact of reflective practice on nursing students' learning.
- (2) To identify factors that facilitate nursing students' engagement in reflective practice during clinical education.
- (3) To explore barriers that inhibit nursing students' use of reflective practice in clinical settings.
- (4) To investigate how these facilitating and inhibiting factors influence students' learning through reflection.
- (5) To provide recommendations for improving the integration of reflective practice in clinical nursing education based on students' experiences.

This study holds significance in providing evidence of students' experiences with the reflective practice for nursing educators and policymakers to provide practical applications that enhance its implementation. Moreover, this study aims to bridge an existing gap in knowledge by exploring an underexplored concept within nursing education in the UAE context.

2. Theoretical framework

Several models have been used in the literature to explain the reflective practice. Ingham-Broomfield (2021) identified various models of reflection, such as Gibbs' reflective cycle, Kolb's reflective cycle, Atkins and Murphy's model of reflection and Borton's framework for reflection. These models offer distinct approaches to guiding reflective practice. The Gibbs' reflective cycle provides a structured framework for reflection based on direct observation. In contrast, Kolb's reflective cycle highlights experiential learning through activities like team games, which may not align well with situations where direct observation is one of the learning modes, like the case of nursing students. Atkins and Murphy's model of reflection encourage deep thinking but may be perceived as more complex in practice than simpler models like Gibbs and Kolb's. Borton's reflection framework adheres to a simple format involving "What, So What, and Now What". While its simplicity is a notable feature, it can also be perceived as a drawback due to its limited depth compared to other models. As such, we found that the Gibbs reflective cycle framework is most suitable for this study.

While prior studies (Ahmadpour, Shariati, & Moghadam, 2025; Ardian *et al.*, 2019; Reljić *et al.*, 2019; Ahmadpour *et al.*, 2025; Toyin, Ojo, & Ogba, 2025) have also drawn upon Gibbs' reflective cycle theory, their focus centred on exploring nursing students' perceptions of reflection during clinical practice or its effect on enhancing students' learning, communication and critical thinking skills. These studies, unlike ours, did not

explore the nursing students' experiences with reflective practice in terms of the factors that could influence its application. Our extensive search revealed that this study might be the first to discuss all the derived factors by integrating them into the different stages of Gibbs' reflective cycle model.

Gibbs' reflective cycle was developed by Graham Gibbs, a British academic specializing in learning and teaching in higher education, and was first introduced in his book *Learning by Doing: A Guide to Teaching and Learning Methods* (Gibbs, 1988). Gibbs' work was heavily influenced by Kolb's experiential learning cycle (Kolb, 1984), which outlines a cyclical process of experiencing, reflecting, conceptualizing and acting. Gibbs' model emerged from a growing emphasis on experiential learning. This approach posits that deep learning occurs when individuals critically reflect on their experiences. Widely used in education and professional development, the cycle guides learners through a clearly defined sequence of stages to move beyond merely engaging in hands-on activities towards a deeper, critical reflection on their actions, thoughts and outcomes. This reflective process helps learners examine both the strengths and weaknesses of their experiences, make sense of what happened and identify ways to improve future practice. In doing so, the cycle enables individuals to derive meaningful learning outcomes and achieve a deeper understanding of their professional or academic development (Praveena, Juslin, Patil, & Bhargavi, 2025). It is a practical tool that empowers professionals to turn their experiences into actionable insights. It is a valuable tool for fostering student self-reflection and organizing their thoughts (Gibbs, Basinger, Fuller, & Fuller, 2013).

Gibbs' cycle can guide nursing students to systematically reflect on their clinical experiences. This reflective practice helps them learn from real situations, improve clinical judgement and develop their nursing skills, which can lead to better patient care and safer nursing practice. The cycle includes six progressive stages: description, feeling, evaluation, analysis, conclusion and action planning. As shown in Figure 1, the initial stage of the reflective cycle involves describing the student's experience clearly and objectively without judgement. They will recall specific patient care situations, such as administering medication or handling a difficult patient interaction. The second stage is feelings, which involve

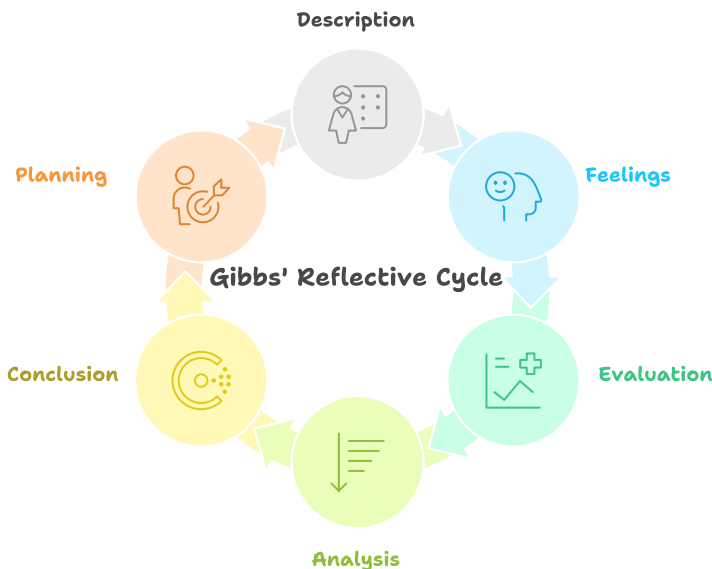


Figure 1. Gibbs reflective cycle. Source(s): Adapted from the free online figure of Gibbs' reflective cycle 1988

reflecting on their emotional response during the event. Subsequently, the student evaluates the experience, considering its positive and negative aspects as well as what went well and what did not. Next, an analysis of the entire activity takes place to derive meaning from the experience. The analysis ends when students compare their actions with existing literature, explore the reasons behind the events and outcomes and connect theory to practice to understand the clinical reasoning behind their actions. Based on the analysis of their actions, students can conclude what else can be done, summarize learning points and identify improvements. The last stage is to develop a plan to improve skills or behaviour for the next time if faced with similar situations (Gibbs *et al.*, 2013). As such, the cycle could prepare students for future clinical situations with specific goals, like enhancing communication or refining clinical skills.

While the straightforward nature of Gibbs' cycle can support its practical use, it may also oversimplify the complex processes involved in reflection. The reflective cycle provides a clear, structured approach that guides nursing students through six stages of reflection that end with a personalized plan for improving practical skills and professional growth. Its simplicity and practical focus make it particularly valuable in clinical education, where developing reflective skills supports critical thinking, an essential 21st-century competency for healthcare professionals (Khoshgoftar and Barkhordari-Sharifabad, 2023). Nevertheless, the cycle's simplicity might limit its effectiveness in dealing with the complexity of reflection in some situations during nursing practice. It might be influenced by several situational factors, such as emergency situations, rapid decision-making under pressure, ethical considerations and coordination with the healthcare team. Such situations might limit the use of the reflective cycle, leading to its superficial use and causing students to follow steps without deeper thinking.

3. Methodology

3.1 Research team and reflexivity

Two researchers conducted the study. One of the researchers, a male clinical instructor supervising the nursing students, conducted all eight interviews. He informed the students about his interest in the research and emphasised the importance of studying this topic to improve nursing education and practice. The researcher's dual role as a researcher and a clinical instructor supervising the students could introduce a potential source of bias and influence on the data collection process. Reflexivity, as practiced in qualitative research, entails acknowledging and addressing such biases and assumptions to ensure the trustworthiness of the findings. By actively disclosing the researcher's thoughts, perceptions and potential biases, he was able to enhance self-awareness and lessen his impact on the research process, thereby improving the study's credibility (Parsons, Malloy, Parsons, Peters-Burton, & Burrowbridge, 2018).

3.2 Study design and participants

The study employed a qualitative exploratory case study design to examine a specific problem within a particular setting (Creswell & Poth, 2016). The Nursing College in Al Ain, UAE, which offers a bachelor of science (BS) degree in nursing, served as the focus of this case study. Most nursing students are Emirati, while others come from various Arab countries.

A purposeful sampling technique was used to ensure sample variability and capture a range of perspectives (Creswell, 2013). This suggests that the sample includes students with varying experience levels and engagement degrees in reflective practice. Five were involved in various degrees of engagement in reflective practice, while the other three students demonstrated inadequate involvement.

To encourage students to participate in the interview, the researcher approached ten students in person. Out of 10 students 8 agreed to participate. The remaining two declined,

citing a reluctance to share their thoughts. All eight students were female Emiratis aged between 21 and 24.

The interviews were conducted in a quiet room at the hospital where the students were undergoing their clinical rotations. During the interview, only the researcher and the participant were present to ensure the privacy and integrity of the research environment. One face-to-face interview was conducted at the end of some clinical days. It was scheduled at a time convenient for the participants to encourage open and free expression of their views.

3.3 Inclusion/exclusion criteria

The inclusion criteria were as follows: the study focused exclusively on female third-year students from the Nursing College at the Al Ain campus who were actively participating in their medical-surgical clinical rotation. Students from the other three branches of the Nursing College and those from other colleges or universities in the UAE were excluded. Additionally, first- and second-year nursing students were excluded since their curriculum does not yet involve clinical rotation. Fourth-year students were not intentionally excluded. The interviewer supervised the third-year students during their medical-surgical practicum course. Male students were also excluded due to the absence of male enrollees in the programme during the study period.

3.4 Development of the interview questions and data collection

The researchers developed three main interview questions after reviewing the literature. The two researchers then discussed these questions with two additional nursing education faculty members to confirm their relevance to the study's aim and research questions. We all agreed to focus on these three main questions and to probe the interviewees with additional questions that might emerge from their responses. These questions are:

- (1) What is the effect of reflection on your learning?
- (2) What factors or conditions would facilitate your reflection?
- (3) What factors or conditions would hinder your reflection?

The semi-structured interviews were conducted in English. Each interview lasted approximately 30 min. After the eighth interview, the researcher noticed that their answers did not show new data in the last couple of interviews and started hearing similar responses, thus confirming the achievement of data saturation.

3.5 Scientific rigour of research

Several steps were taken to ensure the rigour of the research. As mentioned earlier, the interviewer, who also served as the clinical instructor, practiced reflexivity to minimize personal bias that might influence the study's outcomes. The interviewer avoided leading questions while maintaining awareness of his reactions to the student's responses and encouraged them to provide detailed explanations by using "how" questions to gather comprehensive data from the eight participants. Probing questions were also posed to gain deeper insights into specific topics. Additionally, the interviewer aimed to be an attentive listener, establish rapport and build trust with the students to mitigate any power imbalances due to their hierarchical relationship (Parsons *et al.*, 2018).

All interviews were audio recorded, and the recordings were securely saved in an encrypted computer file. The recorded interviews were transcribed verbatim. Inter-rater reliability was used to ensure the reliability of the data. The second researcher transcribed the recorded data, and the interviewer checked for accuracy. Member checking was also conducted, allowing interviewees to review and validate the analysis or conclusions drawn from their data (Creswell & Poth, 2016). Further steps were taken to ensure the rigour of the research, which can be found in the following sections.

3.6 Data analysis

The study employed a thematic analysis approach (Parsons *et al.*, 2018). To ensure the rigour of the coding procedures, the two researchers thoroughly read the transcripts multiple times, developed initial codes, moved on to identify the three main different themes and then defined the identified themes. This was done deductively in accordance with the three main interview questions. Within each theme, the codes were inductively organized into sub-themes based on their similarities and differences. This dual coding approach allowed us to keep the three main focuses of the interview questions while still allowing for new ideas and perspectives from students to emerge. An intercoder agreement test (Parsons *et al.*, 2018) was conducted between the initial coder (one researcher) and the second researcher. Only the codes demonstrating substantial agreement between the two coders were acknowledged and incorporated.

3.7 Ethical considerations

The Nursing College Research Ethics Committee (REC) provided ethical approval. The researcher provided all participants with comprehensive information regarding the study's aim, purpose, methods and measures to ensure confidentiality. The voluntary nature of participation and the option to withdraw from the study at any time without penalty were emphasised. Before commencing data collection, all participants were asked to sign an informed consent form.

4. Findings

The findings were based on the Gibbs' reflective cycle, even though the students were not trained to reflect based on this cycle. The findings were analysed and categorized into three main themes: the significance of reflection, facilitating factors and hindering factors. Four sub-themes emerged from the facilitating factors, and another four sub-themes emerged from the hindering factors. A thematic map was created, as shown in Figure 2.

4.1 Significance of reflection

To answer the first research question, the findings showed that all students recognised the importance of practicing reflection in a clinical setting. Students (S) explained that reflection enhanced their learning (S1, S2, S4, S5, S7 and S8) and aided in retaining information (S2 and

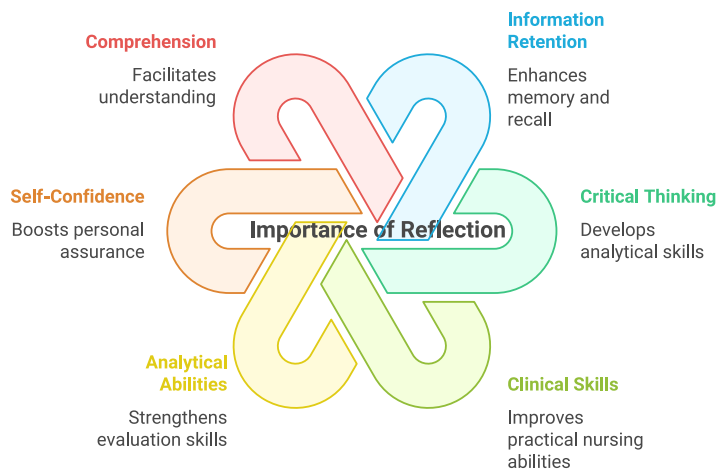


Figure 2. Importance of reflection. Source(s): Authors' own work

S6). Additionally, all students believed that reflection contributed to improving their clinical skills and helped them correct their mistakes, thus increasing their confidence when providing patient care. S6 stated that *“the reflective sessions held during each clinical day helped me to correct my mistakes. This made me feel more self-confident when providing patient care again”*. Furthermore, four students reported an enhancement in their analytical and critical thinking skills after engaging in reflection. For instance, S4 noted, *“Reflecting on my patient care delivery enhances my analytical and critical thinking skills”* and S5 further explained, *“When I reflect on how I delivered patient care, I have the opportunity to think deeply to evaluate my performance with the help of my clinical instructor; such experience enabled me to improve my analytic skills”*. S8 added that she also learnt from asking questions and evaluating her interventions’ outcomes.

4.2 Facilitating factors

To answer the second question, data analysis revealed that several factors contributed to facilitate the integration of reflective practice in the clinical setting. Therefore, within the facilitating factors’ theme, the researcher identified four sub-themes: moral awareness of patient care, instructor’s support and teaching approach, group work and exposure to new experiences.

4.2.1 Moral awareness of patient care. While students did not reflect on their practices in identifying moral issues, most were encouraged to think deeply about situations where they witnessed moral issues in the context of patient care.

Some students noticed instances where nurses engaged in inappropriate or unethical practices. For example, S5 stated, *“Some nurses provide care to patients without communicating with them. We learned that nurses should engage in therapeutic communication and support patients. I feel sorry for those patients”*. When students realize that nursing care deviates from what they have learnt, they tend to reflect on this matter with each other and their clinical instructor (S1, S4 and S5). Their reflection aims to find ways to alleviate their patients’ suffering (S3, S6 and S8). Additionally, students tend to reflect on unsafe nursing practices. For example, S1 said, *“Many nurses do not wash their hands before touching their patients. This is unethical because they could transmit microorganisms from one patient to another”*.

4.2.2 Instructor’s support and teaching approach. All students considered their instructors’ support crucial for their reflection. Three participants (S1, S3 and S4) highly valued their instructors, who were passionate, considerate and cooperative. They mentioned that instructors were vital in motivating them to reflect on their clinical experience by providing guidance and feedback on their performance. Students (S2 and S6) considered instructors’ questions, guided them to seek information, and helped improve their analytical skills. S1 commented, *“Some instructors are very friendly and always eager to answer my questions, address my concerns, and acknowledge my work. These actions motivated me to improve my skills by reflecting on my experience”*.

4.2.3 Group work. All students preferred working in groups. Working closely with others enabled the team to collaborate, share information and experiences (S1, S5 and S6) and support each other (S1, S3 and S4). In this regard, S5 explained, *“When I encounter difficulties in planning care for my assigned patient, I usually approach my teammate for the necessary information”*. Additionally, most students acknowledged that debriefing sessions after each clinical day facilitated their reflective practice. S5 elaborated, *“During the debriefing sessions, when my classmates share their clinical experiences, they encourage me to reflect on their experiences and share my thoughts with them”*.

4.2.4 Exposure to new experiences. Five students (S1, S3, S4, S5 and S8) expressed that clinical training in different hospital wards exposed them to new clinical experiences and thus motivated them to reflect. Moreover, S1 and S3 believed they could find more learning opportunities when assigned to various clinical areas. The exposure to new clinical cases

motivated them to learn how to provide nursing care for those cases (S1, S4, S5 and S8). As such, reflection was enhanced, making their experience more productive (S1 and S5). On the other hand, students refrain from engaging in clinical reflection when assigned to the same unit for a long time. They keep performing the same procedures and find it challenging to notice various issues to reflect upon (S2, S4 and S6). On this subject, S2 complained by saying:

I keep repetitively performing the same procedures when assigned to the same unit for a long time. This makes my experience boring because of the limited learning opportunities. In such a situation, I don't find any issue to reflect on".

4.3 Hindering factors

To answer the second question, data analysis revealed that several factors contributed to facilitate the integration of reflective practice in the clinical setting. Thus, four sub-themes have emerged from the barriers to reflection themes. These sub-themes include limited opportunities for practice, inconvenient clinical schedules, heavy study load and fear of devaluation.

4.3.1 Limited opportunities for practice. All students noted that the information technology department denied them access to the patient information system, resulting in incomplete information about their patients. They also expressed dissatisfaction with the patient's unwillingness to provide students with information during health assessments or their refusal to provide nursing care, as they preferred the expertise of experienced nurses (S1, S5, S6 and S8). As such, some students lacked the chance to reflect on their practice. S1 said, "*Sometimes, I had no opportunity to practice what I learned in college, as many patients did not prefer nursing care from students. Those patients can easily identify us from our student uniform*".

4.3.2 Inconvenient clinical schedule. Most students regarded the clinical schedule as a significant obstacle to reflection since they were typically assigned two consecutive clinical days for two different clinical courses each week (S1, S3, S6 and S8). They only had one clinical day per week to fulfil the learning outcomes for a single course, which was insufficient for implementing care plans and evaluating the effectiveness of their interventions. Such clinical schedules disrupt the continuity of patient care (S2, S3 and S4). Many students also felt confused when they were required to meet two sets of different clinical learning objectives in two consecutive days. Therefore, most students suggested separating the clinical training of the two courses. Such an arrangement is more favourable for their reflective practice. For example, S3 elaborated,

When I return to the clinical areas the following week, I usually find that my patients have been discharged from the hospital. In this case, I lose the opportunity to monitor my patient's progress and reflect on my nursing care's effectiveness.

Furthermore, most students emphasized that their preparation for clinical training was inadequate, especially since they had to start clinical training in the second week of each semester (S1, S3, S4 and S5). They recommend attending more classes and lab sessions to acquire the required knowledge and practical skills before starting clinical training. Such knowledge and skills are necessary for effective reflection. S5 noted:

When we started clinical training at the beginning of the semester, I encountered many unfamiliar cases and procedures. This made me lose my self-confidence due to my lack of knowledge to provide care to patients. Therefore, I felt unable to reflect on my experience.

4.3.3 Heavy study load. Four students (S2, S3, S4 and S6) reported having high course requirements. S2, S3, S4 and S8 complained that they were exhausted from studying daily, completing homework, and preparing for quizzes and exams. S4 added, "*The heavy study load could hinder our theoretical preparation for the clinical training*". When they lack the needed knowledge, their ability to reflect on their experience would be limited (S2, S3, S4, S6 and S8).

4.3.4 *Fear of devaluation.* Two students (S2 and S3) expressed their discomfort reflecting on their mistakes in front of their clinical instructor, fearing that this action could negatively affect their clinical grades. One student (S3) added, “*The clinical instructor may regard my mistakes as weaknesses in my clinical performance*”. Moreover, S2 showed dissatisfaction with grading her clinical performance by stating:

I feel stressed when my instructor is around to evaluate my clinical performance. This feeling makes me avoid participating in self-reflection activities. Therefore, it is better to have ungraded clinical performance so that I can talk about my weakness freely”.

A summary of all the themes and sub-themes is displayed in [Table 1](#).

5. Discussion and implications for practice

5.1 Significance of reflection

To answer the research question number 1, the results show that reflective practice is indispensable due to its importance in various aspects. As shown in [Figure 2](#), students asserted that reflective practice enhances their retention of information and improves their critical thinking skills ([Ardian et al., 2019](#); [Khoshgoftar and Barkhordari-Sharifabad, 2023](#); [Raterink, 2016](#)), clinical skills, analytical abilities and self-confidence ([Bjerkvik & Hilli, 2019](#); [Hwang et al., 2018](#); [Schmidt and Brown, 2016](#)). Moreover, reflective practice enhances students’ comprehension by presenting alternative viewpoints, acquiring knowledge through questioning, evaluating situations and linking theory to practice ([Yaacob, Mohd Asraf, Hussain, & Ismail, 2021](#)). This align with integrating 21st-century skills and the satisfaction of the UAE’s SDG 4 and SDG 3. Therefore, the administrators of the nursing college must introduce a clear policy that urges all clinical instructors to encourage students to use reflective practice and the curriculum developers to include reflective practice in the nursing curriculum. This would help standardize the reflective practice. Moreover, nurturing the facilitating factors while simultaneously addressing the inhibiting factors should be given utmost priority and importance to ensure the effective application of reflective practice. Additionally, educators need to take advantage of the latest artificial intelligence (AI) applications, which are mainly invented to engage users in spoken reflections, to train and improve students’ reflective practice.

Table 1. Themes and sub-themes

Themes	Sub-themes	Research question
I. Significance of reflection		How does reflective practice affect students’ learning?
II. Facilitating factors	(1) Moral awareness of patient care (2) Instructor’s support and teaching approach (3) Group work (4) Exposure to new experiences	How does nursing students perceive their experiences with reflective practice in clinical settings regarding the factors influencing their integration?
III. Hindering factors	(1) Limited opportunities for practice (2) Inconvenient clinical schedules (3) Heavy study load (4) Fear of devaluation	How does nursing students perceive their experiences with reflective practice in clinical settings regarding the factors influencing their integration?

Source(s): Authors’ own work

5.2 Facilitating factors

To answer research question number 2 and to understand how the facilitating factors can influence reflective practice, we connect the findings to the Gibbs reflective cycle. As shown in Figure 3, moral awareness of patient care and exposure to new experiences provided suitable clinical contexts for reflection, thus encouraging students to describe and express their feelings about new clinical observations. These two actions represent the first two stages of the Gibbs cycle: description and feelings. The instructor’s support and teaching approach assisted students in successfully completing the four remaining stages of the Gibbs reflective cycle by encouraging them to evaluate and analyse the experience, draw conclusions and develop future action plans (Gibbs *et al.*, 2013). Similarly, group work enabled students to support each other by participating in discussions and sharing their experiences (Yaacob *et al.*, 2021).

Nursing students were motivated to reflect on situations when they observed inappropriate or unethical behaviours due to their moral awareness of patient care. They tended to empathize with their patients and reflect on such situations to find ways to protect their patients from harm. This result coincides with the findings of Bagheri *et al.* (2019). However, students did not reflect on unethical behaviour they may have exhibited in patient care. This could be attributed to the possibility that students either were morally conscious of their behaviour and did not encounter moral issues or felt embarrassed to talk in front of their instructor.

The students also regarded the instructor’s support, guidance and approach as significant contributors to their successful reflection (Alsalamah *et al.*, 2022; Bjerkvik & Hilli, 2019). They highly viewed their instructors, probably attributed to the possibility that they were hesitant to critique instructors, given that the interviewer was also an instructor. Clinical instructors enhanced students’ reflective practice by posing thought-provoking and open-



Figure 3. Facilitating factors to reflection. Source(s): Authors’ own work

ended questions that stimulated both their reflective and critical thinking abilities (Bjerkvik & Hilli, 2019; Karimi *et al.*, 2017), encouraging students to share and compare diverse experiences (Bagheri *et al.*, 2019), providing constructive feedback (Bjerkvik & Hilli, 2019) and developing a friendly relationship with them (Karimi *et al.*, 2017). Given the significant role of clinical instructors, they should employ diverse teaching methods, such as case studies and clinical vignettes (Liu & Chen, 2019), to foster reflection, particularly when students have limited exposure to significant clinical experiences. This would boost the overall clinical judgement to solve problems they may encounter in practice before graduation. Instructors should also ensure that students are assigned to patients willing to accept care from students, promote group work, aid in developing analytical skills and provide close guidance and constructive feedback to students during reflective practice.

Exposure to new experiences can also motivate students to think critically about their experiences and collect the needed information to address gaps in their knowledge (Bagheri *et al.*, 2019; Karimi *et al.*, 2017). Moreover, exposure to challenging clinical issues and difficulties encountered during their practice, such as communicating with psychiatric clients, can stimulate students to engage in reflective practice (Hwang *et al.*, 2018). Group work has also been shown to facilitate reflective practice as students can share experiences, openly express their ideas (Bjerkvik & Hilli, 2019), provide mutual support and alleviate the stress experienced during their nursing practicum. In Emirati culture, group work runs deep within society, representing fundamental principles such as cooperation, social unity and shared accomplishments. Emiratis understand the importance of communal support in reaching goals and recognize that success often relies on collaboration. In culture valuing interpersonal connections, group work enables students to exchange insights and viewpoints, thereby enhancing the educational experience for all involved.

5.3 *Hindering factors*

To answer research question number 2 and to understand how the hindering factors can influence reflective practice, we also connect the findings to the Gibbs reflective cycle. The initial phase of the Gibbs cycle involves describing a clinical event. Students at the nursing college had inconvenient clinical schedules. They sometimes had limited practice opportunities and chances to gain practical experience due to restricted access to the patient information system and patients' unwillingness to share information with students or to receive care from them. As such, students would miss out on encountering certain learning situations that can initiate the first two phases of the Gibbs cycle: description and feelings, as shown in Figure 4.

As shown in Figure 5, the heavy study loads limited students' ability to prepare for nursing practicum adequately. Insufficient preparation and lack of knowledge may hinder students' capacity to evaluate their clinical experiences, the third phase of the Gibbs reflective cycle, thereby blocking their reflective process. Similarly, this happened when students felt uncomfortable disclosing their weaknesses and mistakes to their peers and instructors.

Students are less likely to engage in reflection if their experiences are not remarkable (Hwang *et al.*, 2018). The patient's reluctance to accept care from student nurses (Hansbrough, Dunker, Ross, & Ostendorf, 2020) might be attributed to their lack of trust in the student's proficiency and the belief that students may not possess adequate knowledge and skills. This mistrust could also be influenced by the conservative nature of Emirati patients, who may be inclined to withhold information about their medical condition. Moreover, given that most of the students are also Emiratis, patients might have concerns that disclosing their illness to students could lead to the spread of their sensitive information within their community.

The clinical schedule hindered students' reflective processes. Two consecutive clinical days dedicated to two courses each week confused students. They found it impossible to plan, implement patient care and assess their intervention. Furthermore, the clinical training commenced in the second week of each semester, leaving students inadequately prepared for

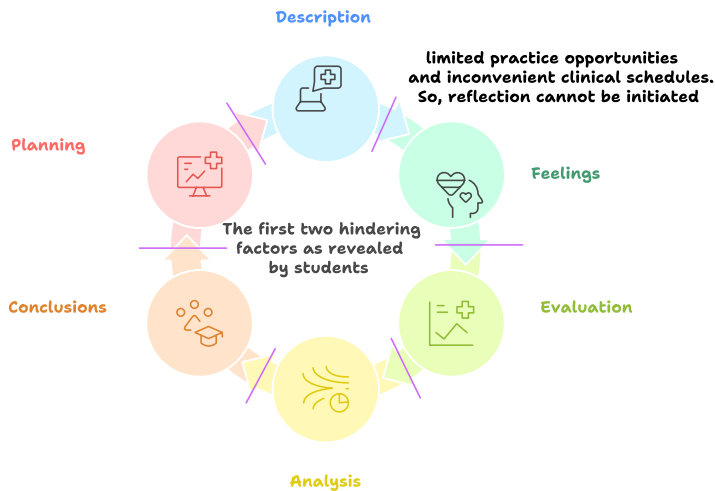


Figure 4. The factors that hinder the initiation of reflection. Source(s): Authors' own work

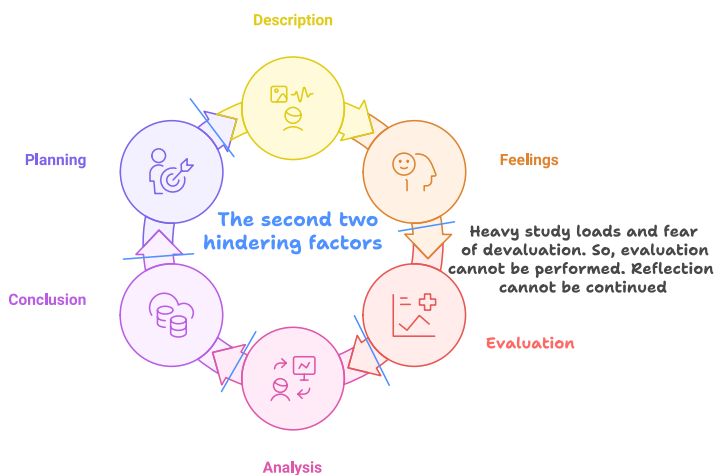


Figure 5. The factors that interrupt the continuation of reflection. Source(s): Authors' own work

nursing practicum and lacking the required knowledge and skills. The demanding academic workload made it difficult for students to adequately prepare themselves for patient care plans (Farzi, Shahriari, & Farzi, 2018). Their familiarity with correct interventions may be limited, restricting their capacity to think critically and confidently engage in discussions, thus becoming demotivated to reflect (Bjerkvik & Hilli, 2019). Therefore, the nursing administration should implement the block clinical model, which allows students to engage in intensive nursing practicum after completing their theoretical classes and laboratory sessions and acquiring the necessary knowledge and skills. This would enhance the quality of clinical education and empower nursing professionals to be more skilled, confident and better equipped to tackle the challenges in the healthcare sector.

The fear of devaluation has also been shown to have a negative effect on students' reflections. Students may not feel comfortable identifying their own mistakes in front of their

clinical instructor, as they fear that self-evaluation could affect their clinical evaluation score (Bjerkvik & Hilli, 2019). Their feelings may originate from prior occasions where they revealed their mistakes and adversely affected their academic performance. Another perspective is that students often hesitate to share personal feelings due to vulnerability, discomfort and fear of deep reflection (Chan & Lee, 2021). Instructors must proactively foster a safe environment where students can disclose their mistakes and reflect accordingly.

6. Conclusion

Reflective practice is strongly emphasised in the clinical education of nursing students at the Nursing College in Al Ain. Its primary purpose is to enhance students' academic achievement, broaden their learning, and elevate the quality of care they provide. Reflective practice is initiated when students possess moral awareness, ample practice opportunities and exposure to diverse experiences and patients' cooperation and access to the patient information system. In such a context, students can describe their learning experiences and articulate their thoughts and emotions about them. Additionally, to effectively evaluate the learning experience and progress through the reflective cycle, students must have moral awareness, feel comfortable identifying their mistakes and have convenient clinical schedules, manageable study loads and sufficient theoretical and clinical preparation. Group work, instructor support and teaching approach are also crucial to the reflective practice. They not only contribute to evaluating and analysing the experience but also facilitate the completion of the remaining reflective phases, namely the conclusion and action plan. Therefore, reflective practice must become a coordinated and supported component of the nursing curriculum rather than just an individual effort by instructors.

7. Limitations of the study

The researcher who conducted the interviews did not initially specify the identity of each student (e.g. S1, S2, etc.) to denote their involvement in reflection. The study is limited to third-year students. The sample size in this study was also small, and the study population consisted of only female students who studied in one of the nursing colleges. Therefore, this population may not represent all nursing students in the college, in other branches of the college or in other colleges in the UAE.

7.1 Recommendation of future studies

To gain a more comprehensive understanding of the factors influencing reflective practice, future studies should be conducted on a larger sample of nursing students randomly selected from the four branches of the nursing college and different nursing colleges representing all the Emirates in the UAE. Furthermore, quantitative studies can be conducted to assess nursing students' analytical skills, as these skills play a vital role in successful reflective practice. Future research could include male students or a more gender-diverse sample, if available, to examine whether the findings are consistent across genders, thereby enhancing the generalizability of the results.

About the authors

Dr Wafaa El Zaatari is assistant professor, researcher and reviewer in international journals and trainer. She is adjunct assistant professor at the College of Interdisciplinary Studies in Zayed University, Dubai, UAE. Her research interests include school belonging, educational leadership and change and nursing education.

Dr Imad Maalouf is assistant professor in the Nursing Department of Fatima College of Health Sciences. Imad holds Ph.D. in Education (Management Leadership and Policy) from the British University in Dubai. He has master's degree in public health from UAE University in 2013 and master's degree in education from Queensland University in 2007. His research interests include innovation in education and the use of critical thinking and reflection.

Ethics declarations

This study was reviewed and approved by the college research ethical committee (REC), with the approval number: (INTSTF012BSN20).

Data availability statement

The data associated with the study will be made available upon request.

AI disclosure

AI was used to correct language mistakes and improve the English writing.

Acknowledgments

A special acknowledgment goes out to the nursing students at the Nursing College for their participation in responding to the interview questions.

References

- Ahmadpour, N., Shariati, A., & Moghadam, M. P. (2025). Effect of narrative writing based on Gibbs' reflective model on the empathy and communication skills of nursing students. *BMC Medical Education*, 25(1), 10. doi: [10.1186/s12909-024-06593-7](https://doi.org/10.1186/s12909-024-06593-7).
- Al-Kuwari, M. G., Al-Khalifa, N. M., Al-Ansari, A. M., Elmubarak, A. K., & Khalifa, A. H. (2024). Reflective writing among healthcare practitioners in primary care: A qualitative study from Qatar. *Cogent Education*, 11(1), 2373555. doi: [10.1080/2331186X.2024.2373555](https://doi.org/10.1080/2331186X.2024.2373555).
- Alsalamah, Y., Albagawi, B., Babkair, L., Alsalamah, F., Itani, M. S., Tassi, A., & Fawaz, M. (2022). Perspectives of nursing students on promoting reflection in the clinical setting: A qualitative study. *Nursing Reports*, 12(3), 545–555. doi: [10.3390/nursrep12030053](https://doi.org/10.3390/nursrep12030053).
- Ardian, P., Hariyati, R. T. S., & Afifah, E. (2019). Correlation between implementation case reflection discussion based on the Graham Gibbs Cycle and nurses' critical thinking skills. *Enfermeria Clinica*, 29, 588–593. doi: [10.1016/j.enfcli.2019.04.091](https://doi.org/10.1016/j.enfcli.2019.04.091).
- Atmani, Z. E., Madrane, M., & Janati Idrissi, R. (2023). Reflective practice a promising path for professionalizing nursing education. doi: [10.47750/jett.2023.14.02.036](https://doi.org/10.47750/jett.2023.14.02.036)
- Awidi, I. T., & Klutsey, J. Q. (2024). Using online critical reflection to enhance students' confidence, motivation, and engagement in higher education. *Technology, Knowledge and Learning*, 30(3), 1–36. doi: [10.1007/s10758-024-09751-4](https://doi.org/10.1007/s10758-024-09751-4).
- Bagheri, M., Taleghani, F., Abazari, P., & Yousefy, A. (2019). Triggers for reflection in undergraduate clinical nursing education: A qualitative descriptive study. *Nurse Education Today*, 75, 35–40. doi: [10.1016/j.nedt.2018.12.013](https://doi.org/10.1016/j.nedt.2018.12.013).
- Bjerkvik, L. K., & Hilli, Y. (2019). Reflective writing in undergraduate clinical nursing education: A literature review. *Nurse Education in Practice*, 35, 32–41. doi: [10.1016/j.nepr.2018.11.013](https://doi.org/10.1016/j.nepr.2018.11.013).
- Chan, C. K. Y., & Lee, K. K. W. (2021). Reflection literacy: A multilevel perspective on the challenges of using reflections in higher education through a comprehensive literature review. *Educational Research Review*, 32, 100376. doi: [10.1016/j.edurev.2020.100376](https://doi.org/10.1016/j.edurev.2020.100376).
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications, Los Angeles, CA.
- Farzi, S., Shahriari, M., & Farzi, S. (2018). Exploring the challenges of clinical education in nursing and strategies to improve it: A qualitative study. *Journal of Education and Health Promotion*, 7(1), 115. doi: [10.4103/jehp.jehp_169_17](https://doi.org/10.4103/jehp.jehp_169_17).
- Gibbs, G. (1988). *Learning by doing: A guide to teaching and learning methods*. Oxford: Oxford Polytechnic.

- Gibbs, J. C., Basinger, K. S., Fuller, D., & Fuller, R. L. (2013). *Moral maturity: Measuring the development of sociomoral reflection*. Routledge, New York.
- Gonzalez, L., Nielsen, A., & Lasater, K. (2021). Developing students' clinical reasoning skills: A faculty guide. *Journal of Nursing Education*, 60(9), 485–493. doi: [10.3928/01484834-20210708-01](https://doi.org/10.3928/01484834-20210708-01).
- Hansbrough, W., Dunker, K. S., Ross, J. G., & Ostendorf, M. (2020). Restrictions on nursing students' electronic health information access. *Nurse Educator*, 45(5), 243–247. doi: [10.1097/NNE.0000000000000786](https://doi.org/10.1097/NNE.0000000000000786).
- Hwang, B., Choi, H., Kim, S., Kim, S., Ko, H., & Kim, J. (2018). Facilitating student learning with critical reflective journaling in psychiatric mental health nursing clinical education: A qualitative study. *Nurse Education Today*, 69, 159–164. doi: [10.1016/j.nedt.2018.07.015](https://doi.org/10.1016/j.nedt.2018.07.015).
- Ingham-Broomfield, B. (2021). A nurses' guide to using models of reflection. *The Australian Journal of Advanced Nursing*, 38(4), 62–67. doi: [10.37464/2020.384.395](https://doi.org/10.37464/2020.384.395).
- Karimi, S., Haghani, F., Yamani, N., & Kalyani, M. N. (2017). Exploring the perception of nursing students about consequences of reflection in clinical settings. *Electronic Physician*, 9(9), 5191–5198. doi: [10.19082/5191](https://doi.org/10.19082/5191).
- Khoshgoftar, Z., & Barkhordari-Sharifabad, M. (2023). Medical students' reflective capacity and its role in their critical thinking disposition. *BMC Medical Education*, 23(1), 198. doi: [10.1186/s12909-023-04163-x](https://doi.org/10.1186/s12909-023-04163-x).
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice-Hall.
- Koshy, K., Limb, C., Gundogan, B., Whitehurst, K., & Jafree, D. J. (2017). Reflective practice in health care and how to reflect effectively. *International journal of surgery. Oncology*, 2(6), e20. doi: [10.1097/IJ9.0000000000000020](https://doi.org/10.1097/IJ9.0000000000000020).
- Liu, W. Y., & Chen, P. (2019). The use of the case method to promote reflective thinking in teacher education. *Advances in Social Sciences Research Journal*, 6(7), 547–557. doi: [10.14738/assrj.67.6831](https://doi.org/10.14738/assrj.67.6831).
- Pai, H.-C. (2016). An integrated model for the effects of self-reflection and clinical experiential learning on clinical nursing performance in nursing students: A longitudinal study. *Nurse Education Today*, 45, 156–162. doi: [10.1016/j.nedt.2016.07.011](https://doi.org/10.1016/j.nedt.2016.07.011).
- Parsons, S. A., Malloy, J. A., Parsons, A. W., Peters-Burton, E. E., & Burrowbridge, S. C. (2018). Sixth-grade students' engagement in academic tasks. *The Journal of Educational Research*, 111(2), 232–245. doi: [10.1080/00220671.2016.1246408](https://doi.org/10.1080/00220671.2016.1246408), Available from:
- Praveena, K. S., Juslin, F., Patil, C. M., & Bhargavi, K. (2025). Using gibb's reflective model approach for enhancing project-based learning among students through reflective assessment. *Journal of Engineering Education Transformations*, 38(Special Issue 2), 148–155. doi: [10.16920/jeet/2025/v38is2/25018](https://doi.org/10.16920/jeet/2025/v38is2/25018), Available from: <https://journaleet.in/index.php/jeet/article/view/2071>
- Raterink, G. (2016). Reflective journaling for critical thinking development in advanced practice registered nurse students. *Journal of Nursing Education*, 55(2), 101–104. doi: [10.3928/01484834-20160114-08](https://doi.org/10.3928/01484834-20160114-08).
- Reljić, N. M., Pajnikihar, M., & Fekonja, Z. (2019). Self-reflection during first clinical practice: The experiences of nursing students. *Nurse Education Today*, 72, 61–66. doi: [10.1016/j.nedt.2018.10.019](https://doi.org/10.1016/j.nedt.2018.10.019).
- Schmidt, N. A., & Brown, J. M. (2016). Service learning in undergraduate nursing education: Strategies to facilitate meaningful reflection. *Journal of Professional Nursing*, 32(2), 100–106. doi: [10.1016/j.profnurs.2015.06.006](https://doi.org/10.1016/j.profnurs.2015.06.006).
- Toyin, M. K., Ojo, P. A., & Ogba, O. G. (2025). Perception of reflective journaling during clinical posting among nursing students. *Perception*, 3(2). doi: [10.21522/TIJNR.2015.03.02.Art017](https://doi.org/10.21522/TIJNR.2015.03.02.Art017).
- United Nations in United Arab Emirates (2023). *Sustainable Development Goal 4*, available at: <https://unitedarabemirates.un.org/en/sdgs/4>

- Wright, J., & Scardaville, D. (2021). A nursing residency program: A window into clinical judgement and clinical decision making. *Nurse Education in Practice*, 50, 102931. doi: [10.1016/j.nepr.2020.102931](https://doi.org/10.1016/j.nepr.2020.102931).
- Yaacob, A., Mohd Asraf, R., Hussain, R. M. R., & Ismail, S. N. (2021). Empowering learners' reflective thinking through collaborative reflective learning. *International Journal of Instruction*, 14(1), 709–726. doi: [10.29333/iji.2021.14143a](https://doi.org/10.29333/iji.2021.14143a).

Corresponding author

Wafaa El Zaatari can be contacted at: wafaa.elzaatari@zu.ac.ae