

A qualitative exploration of the normative and formative aspects of reflective practice groups for nursing staff in an acute care hospital setting

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ABSTRACT

Objective: This study explored nurses' perceptions of whether and how reflective practice groups (RPGs) had influenced professional practice and skills development.

Background: A growing emphasis on technical competence has coincided with decreased focus on interpersonal aspects of nursing. Consequently, nurses can feel less prepared for the emotional requirements of their role, with potential adverse impacts on patient care. RPGs are a form of group supervision that prioritise interpersonal aspects of nursing care.

Method: Purposive sampling recruited thirty-nine nurses who attended RPGs at an Australian regional teaching hospital. Transcripts from four semi-structured focus groups underwent inductive and deductive thematic analyses.

Results: Inductive analysis revealed three prominent themes: (1) Trust: Participants who had attended fewer RPGs reported being more guarded, citing prior experiences of workplace incivility, while those who had attended more RPGs reported higher levels of trust. (2) Feedback: Differing opinions on RPGs

as a space for giving and receiving feedback were also related to level of attendance, as well as sense of psychological safety and effectiveness of RPG facilitation. (3) Development of Relational Skills: RPGs were identified as a forum for exploring and enhancing interpersonal communication skills.

Deductive analysis indicated that nurses used RPGs as a form of job crafting to develop interpersonal skills consistent with requisite professional standards.

Discussion: Findings suggest that whilst RPGs are already valued by nurses for their restorative benefits, they also provide normative and formative functions in regard to definition and development of relational skills.

Over time, effective facilitation can promote psychological safety and trust within RPGs, helping mitigate unhealthy workplace culture and dynamics that might inhibit authenticity, reflection, and self-evaluation.

Conclusion: When effectively facilitated, RPGs can provide restorative, formative, and normative functions in relation to the interpersonal aspects of

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nursing, with potential positive impacts on workplace culture and patient care.

Implications for research, policy and practice:

RPGs should be considered as a mechanism for providing emotional and professional support, promoting critical reflection, and developing interpersonal skills for nurses.

Keywords: Nursing, reflective practice, clinical supervision, standards, wellbeing.

What is already known about the topic?

- RPGs prioritise and support interpersonal aspects of nursing care.
- RPG attendance is associated with increased personal and job resources.

What this paper adds

- RPGs may also provide formative and normative functions regarding the interpersonal aspects of nursing care in the context of professional and health care standards.
- RPGs can promote healthy communication and positive workplace culture.

INTRODUCTION

As a caring profession, nursing requires a blend of technical and relational competence. Unfortunately, nursing education does not always provide nurses with the opportunity to develop the knowledge and skills required to navigate the emotional and interpersonal aspects of their role. Acute hospital settings expose nurses to significant demands and challenges that can impact their physical and psychological well-being, with a potential adverse impact on patient safety and clinical outcomes.

Reflective practice (RP) is a key component of professional development, fostering critical thinking and enhancing skills. The current study set out to investigate the experiences of nurses participating in process-focused reflective practice groups (RPGs) at an Australian regional teaching hospital, the aim being to examine how RPG attendance might influence interpersonal aspects of practice through norm setting and skills development. An emergent consideration was the role that RPGs could also play in positively influencing workplace culture and patient care.

BACKGROUND

The holistic, humanistic nursing model emphasises caring as a relational activity requiring patience, understanding, compassion, and engagement.¹ At times, nursing education can prioritise technical skills over relational competencies,^{1,2} leaving nurses inadequately prepared for the emotional demands of their role.^{1,3} Attending to the emotional needs of patients can create a burden of emotional labour.^{1,3} Occupational stressors such as high workloads and increasing administrative tasks exacerbate this burden,^{4,5} as emotional dissonance arises when workplace expectations conflict with personal principles and aspirations of care.⁶ This combination of factors can lead to decreased work engagement, compassion fatigue, burnout, and increased workplace attrition.⁶

Mental health is a pressing concern in nursing, with studies indicating that approximately one in three nurses experience burnout.⁷ Mental ill-health can compromise relationships with patients and colleagues, negatively affecting care quality and safety. Presenteeism, when nurses work while mentally or physically unfit, leads to increased clinical errors and reduced quality of care.^{5,8}

Workplace incivility and lateral violence can further exacerbate these challenges by eroding professional relationships and adversely impacting communication, creating unsafe environments for both staff and patients.^{9,10} In the past, insufficient organisational support for the development of relational skills and a healthy workplace culture has compounded these issues.⁹

Nurses and the healthcare services that employ them have legal and ethical obligations to ensure both physical and psychological safety.¹¹ The Nursing and Midwifery Board of Australia (NMBA) is an independent authority that regulates the registration and practice of nurses and midwives in Australia. The NMBA outlines seven professional standards that require nurses to engage in ongoing professional development and maintain capability for practice, including emotional well-being.¹² Correspondingly, healthcare services need to offer nurses emotional support and professional development opportunities relating to these standards.¹¹ Postulating that relational competence might be developed through reflective practice (RP), Dawber introduced process-focused RPGs to help nurses enhance their people skills in acute care settings.^{3,13}

RP enables nurses to critically analyse experiences and develop self-awareness and is considered a core component of professional nursing practice.^{14,15} RPGs provide a facilitated space for nurses to engage in RP,¹³ promoting critical reflection on workplace-related clinical, organisational, and interpersonal challenges. Previous research has identified that RPGs can support and empower nurses to develop self-awareness and emotional resilience.^{13,25} Other studies indicate that RPG participation is correlated with improved

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professional quality of life, increased social support, and enhanced confidence in managing uncertain situations.^{16,17,26} In this way, RPGs may be seen to foster job crafting; a process whereby nurses proactively make changes to the way they manage job demands through cognitive reframing, task modification and relationship development.²⁰

RPGs are facilitated in a way that promotes constructive communication and critical reflection and have been linked to increased team cohesion and social support.¹⁷ Because of this, it is proposed that RPGs might have a role in addressing workplace incivility and promoting a healthy workplace culture. Nonetheless, gaps remain in the literature regarding the effect of RPGs on workplace culture, clinical practice, and patient care. Identifying links between RPGs and nursing practice might indicate how they could support nurses to meet relevant professional standards and promote quality patient care.

METHODOLOGY

DESIGN

A cross-sectional qualitative design was employed to explore nurses' subjective perceptions and experiences of RPGs. Findings were articulated using terminology relevant to the research questions.¹⁹

THEORETICAL FRAMEWORK

RPGs in this study are defined as a form of facilitated, process-focused, inter-subjective supervision. RPGs provide the opportunity to reflect on practice and to practice reflection. Participants share clinical narrative in a supportive group setting,³ with facilitators utilising reflective questioning techniques and strategic interventions to promote cognitive, emotional, and somatic processing. A group charter includes rules like confidentiality, non-judgement, respect, and an appreciation of diversity. Sessions run fortnightly or monthly, with membership typically defined by workgroup or clinical specialty. Attendance generally ranges from 3 to 12 participants. Facilitators are nurses or allied health professionals who have completed a facilitator training apprenticeship and who receive monthly facilitator supervision.

Consistent with previous research into RPGs,^{16,17} the Job Demands-Resources (JD-R) model served as a conceptual framework for this study. The JD-R model has been widely used to investigate the impact of job demands and resources on employee well-being, burnout, and organisational outcomes.^{20,21} According to the JD-R model, prolonged exposure to high job demands—such as work pressures and emotional stress—can lead to strain, fatigue, and burnout. Burnout, characterised by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, may have significant implications for both

nurses and patients.⁵ A lack of job resources, such as social support and performance feedback, can negatively affect motivation and engagement. Conversely, job resources help buffer against the adverse effects of job demands, enhancing staff well-being and organisational outcomes. Participation in RPGs has been hypothesised to facilitate the acquisition of job resources while promoting job crafting,¹⁷ potentially mitigating burnout and increasing work engagement.

ETHICAL CONSIDERATIONS

Ethics approval was granted by Prince Charles Human Research Ethics Committee (Ref number; HREC//18/QPCH/132). There was negligible to minimal risk identified for participants, and strategies for addressing any potential psychological risk were documented in the research protocol. Data collection only commenced after informed consent was obtained from all focus group (FG) attendees. All data was deidentified to ensure confidentiality.

FGs were held during the time normally allocated for RPG sessions to limit the impact on participating participants and clinical areas. Potential benefits from FG participation were proposed to include the contribution that the sharing of knowledge and experiences might have on the development of, and emerging evidence base regarding, nursing RPGs in acute hospital settings.

SAMPLING AND RECRUITMENT

Purposive sampling recruited participants from four RPGs;¹⁹ three that had each been running for over three years and one that had been running for 8 months, in different clinical areas of an Australian regional teaching hospital. Eligible participants received email invitations to participate in the study, along with a Participant Information Sheet and Consent Form. Those who chose to participate opted in to attend the FG held at the time of their allocated RPG.

POPULATION AND SAMPLE

The study was conducted at an Australian regional teaching hospital. Participants were volunteers from four nursing RPGs. A total of 39 nurses participated (Female $n = 34$, Male $n = 5$). Specialties included General Medicine ($n = 10$), Paediatrics ($n = 7$), a combined group of Mental Health (MH) Nurses and MH Nurse Unit Managers ($n = 14$) that had all been running for over three years, and an Emergency Nurses group ($n = 8$) that had been running for 8 months. Participants included Enrolled Nurses, Registered Nurses, Clinical Educators, and Nurse Managers with experience ranging from one year to over 30 years.

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DATA SOURCES/COLLECTION

Semi-structured FGs were conducted by the lead researcher/author, an independent female post-graduate psychology student with a nursing background, who had not previously been involved with this RPG program. It should be noted that the lead researcher did have previous personal experience with other RPGs while working as a nurse and had not found this experience beneficial.

It was anticipated that FG cohorts of six or more participants would facilitate dynamic discussions, with three to five groups being enough to achieve theoretical saturation.²² To ensure a comfortable, familiar environment, FGs were held in the usual RPG venues with seating arranged in a circle.²² FG questions were developed from the National Safety and Quality Health Service (NSQHS), an independent Australian commission developed to ensure nationally consistent level of care for health care patients, in particular the 'partnering with consumers' standard;¹⁰ NMBA standards related to reflection, cultural awareness, ethical decision making, therapeutic and professional relationships and capability to practice.¹² and the JD-R model, in particular the concept of job crafting.²⁰

Sample questions included:

- How has participation in RPGs influenced your clinical practice?
- How has it affected your interactions with patients, their families, and colleagues?
- What strategies discussed in RPGs have you applied in your practice?
- How do you feel about seeking and incorporating feedback from RPGs?
- All interviews were digitally recorded, and notes were taken for reference by the lead researcher.

DATA ANALYSIS

Digital recordings were transcribed verbatim using Otter.ai™. The transcriptions were reviewed for accuracy, with errors corrected. Identifiable data were removed, and the notes and transcripts were uploaded into NVivo™ software for both inductive and deductive thematic analysis.

Deductive analysis was used to identify data linked to the research questions, with coding frames derived from job crafting, the NMBA and NSQHS standards.²⁴ The inductive analysis enabled identification of unexpected, emergent themes. Analysis followed the six phases of thematic analysis recommended by Braun and Clarke,²³ and the means for establishing trustworthiness outlined by Nowell et al.²⁴

RESULTS

Findings are presented in two parts: the findings of the deductive analysis relating to NMBA standards, NSQHS standards and elements of job crafting, and emergent themes from the inductive analysis.

DEDUCTIVE ANALYSIS

Deductive analysis utilised predetermined codes from NMBA standards, the NSQHS standard regarding consumer partnerships, and job crafting definitions.

NMBA Standards

RPG participation was seen to help nurses meet aspects of NMBA Standard 1 that relates to reflection (FG2: Nurse 9), cultural awareness and ethical decision making; Standard 2 relating to therapeutic and professional relationships (FG2: Nurse 6); and Standard 3 relating to capability for practice (FG2: Nurse 6 and Nurse 9).

FG2: Nurse 9: "It invokes a lot more thought ... it's not only what's happening in that reflective space, but it's what happens afterwards and (the) ongoing learning that comes from that space."

FG2: Nurse 6: "Hearing other staff talk about their experiences helped me manage aggression better. ..." and "I was able to sort of remain with people and, you know, be therapeutic with them without freezing and thinking what do I do?"

NSQHS Partnering with Consumers Standard

Nurses reported that RPGs positively influenced their patient interactions and understanding of family dynamics, allowing for more tailored care.

FG4: Nurse 4: "Discussions to do with particular families or patients helps..." and "...you can best fit your nursing care to their experiences that have been happening and how they've been feeling about it. And then how they've been interacting with the staff around that."

Job Crafting

Analysis also revealed that RPGs were seen to provide formative, normative and restorative benefits with access to job resources like feedback (FG4: Nurse 2) and support (FG1: Nurse 2, FG4: Nurse 6).

FG1: Nurse 2: "It has felt like a support mechanism to be able to debrief and discuss things in a safe environment."

FG4: Nurse 2: "You get insight into how others address scenarios, which improves your practice."

FG4: Nurse 6: "You're not out there by yourself ... you can talk to people in this forum."

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INDUCTIVE ANALYSIS

The inductive analysis revealed three main themes: feedback, trust, and RPGs as a forum for support.

Feedback

Participants had varying experiences and opinions of feedback in RPGs. Facilitators trained in the RPG model promote a non-judgmental environment where feedback is directed to the group rather than individuals.^{3,13,26} Facilitation aims to foster a sense of psychological safety, encouraging more open disclosure, exploration of problematic clinical situations and critical reflection by the group, but this can take time. Participants who had attended more RPGs tended to view feedback as a constructive process (FG2: Nurse 3) while those who had attended fewer RPGs noted that personal feedback could be detrimental and judgemental (FG2: Nurse 2).

FG2: Nurse 3: "... I wouldn't mind getting some feedback in that space purely because it is a safe place ... you get an opportunity to take the emotion out of it ..."

FG2: Nurse 2: "The group is meant to be a safe environment ... when you suddenly get feedback on your clinical skills, it defeats that purpose."

Trust

Perceptions of trust also varied, with group members who attended frequently reporting higher levels of trust and feeling safer sharing experiences within RPG. They also indicated that the process of RPG had enhanced team cohesion and positively influenced the work environment (FG3: Nurse 6).

FG3: Nurse 6: "Trust goes out onto the ward ... we can pretty much divulge anything we need to each other."

Participants who had attended fewer RPG sessions expressed more guardedness, influenced by past experiences of workplace incivility (FG1: Nurse 2).

FG1: Nurse 2: "Nurses eat their own ... we're not always forgiving of each other."

Perceived value of RPGs

Despite varying perceptions regarding trust and feedback, RPGs were consistently framed as a forum for emotional support and professional development (FG3: Nurse 8, FG4: Nurse 4).

FG3: Nurse 8: "Hearing different stories ... gives you more tools to deal with patients. ..."

FG4: Nurse 4: "There was a discussion then about how people manage those family members or those patients. And I found that really helpful."

In fact, some RPG members advocated that RPGs be mandatory across nursing settings (FG1: Nurse 5).

FG1: Nurse 5: "It should be mandatory ... not just for significant events that require debrief."

Ironically, mandatory participation is not a feature of this model, and all RPGs in the program are completely voluntary, as were these FGs.

DISCUSSION

RPGs aim to facilitate interactive learning through the sharing of clinical narratives in a facilitated, supportive, group environment, enabling nurses to engage in critical analysis of their practice with the additional benefit of receiving perspectives and feedback from others. While FG findings indicate that most nurses perceive RPGs to be a constructive professional development resource that does help develop critical reflection and relational skills, the data also reminds us that healthcare workplaces are not always conducive to constructive communication and, for some nurses, the term 'feedback' can carry negative connotations. The professional standards referenced in the current study emphasise the important role that feedback, reflection, and self-evaluation play in professional development, so it is pertinent and cautionary that the term 'feedback' has elicited polarised reactions among FG participants.

With these things in mind, the principles of RPG may be seen as counter-cultural, and the groups should be implemented with consideration of workplace context and team dynamics. An awareness of potential issues allows the RPG facilitator to be cautious and aware, intentionally cultivating a sense of psychological safety for each group over time. In creating the safe, non-judgemental space required for meaningful sharing of experiences and perspectives, facilitators guide group members to listen mindfully, speak meaningfully, suspend judgement, and provide feedback to the group-as-whole rather than open disagreement or criticism. One element of the RPG charter is not only to expect different perspectives but invite and encourage them. When the group is able to explore different views collaboratively, all have the opportunity to self-evaluate against a collaboratively constructed ideal nursing prototype.²⁶ Critical reflection often involves a degree of discomfort, as existing practices and beliefs are challenged,²⁷ however, depersonalising feedback in this way can help make the process less threatening and more meaningful. Effectively facilitated RPGs encourage existing practices and implicit bias to be considered and challenged,² providing the opportunity for nurses to make positive practical modifications to aspects of their clinical work, aligning with NMBA Standard 1, which emphasises the importance of critical thinking.¹⁴ Furthermore, RPGs support NMBA Standard 2, fostering therapeutic relationships and developing a culture of safety and learning through peer engagement and knowledge

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sharing.¹² FG participants generally viewed RPGs as a useful platform for discussing professional challenges and collaboratively formulating solutions, aligning with NMBA Standard 3 that emphasises the importance of maintaining capability for practice and promoting the health and well-being of self and others.¹²

Psychological safety is an essential element of RPGs, allowing group members to be authentic and honest.²⁶ Strategic RPG facilitation promotes trust and respect whilst reinforcing the tasks and goals of RPG.^{3,13,26} Longer-term RPG attendees in the FGs identified that they felt more comfortable with the idea of giving and receiving feedback generally, indicating that RPG attendance may also potentially have a reciprocal positive impact on the provision of feedback outside of the group. Collaborative problem-solving within RPGs can allow nurses to explore relational challenges, practice interpersonal skills, and reflect on ways to manage interpersonal aspects of their role, aligning with NSQHS partnership with consumers standard.¹¹ FG participants reported increased insight into complex clinical situations and improved professional relationships through sharing experiences and perspectives in RPG. The perception of enhanced social support and team cohesion from participation in RPGs may be seen to suggest associated positive implications for clinical practice and workplace culture.²¹

The current study indicates that effective RPGs can facilitate relational and cognitive job crafting for nurses. Access to personal and job resources, such as self-appraisal and social support, may help mitigate the negative emotional and cognitive impact of challenging interactions with patients and colleagues. Moreover, RPG participants have indicated that shared reflection allows them to redefine their perceptions of work issues, proactively supporting personal and professional growth. By reframing the way we think about our work and learning to interact in more constructive and meaningful ways, nurses can become more empowered and effective, enhancing job satisfaction.^{17,26}

Findings indicate that participation in RPGs does provide formative and normative functions,²⁸ however, effective facilitation is necessary to maintain psychological safety and manage group dynamics. In demonstrating that nurses utilise RPGs to cognitively reappraise experiences, process emotions, and adjust relational approaches, the findings of this study point to their potential role in fostering positive relational norms, helping improve culture, and supporting resilience and effectiveness within the nursing workforce. FG participants also indicated that RPGs might have a positive impact on patient care,²⁵ however, there is still no clear evidence to support this observation.

LIMITATIONS

Focus groups involved members of existing RPGs. While such convenience sampling provides insight into the lived experience of nurses from these groups, findings may not be representative of all nursing environments or all RPGs. Consequently, the experiences and perceptions of nurses from other specialties or RPGs may differ.

There is also a possibility that results may reflect a degree of selection bias. RPG participants volunteered to participate in the FGs, and most spoke positively about their experience. With voluntary purposive sampling, RPG participants with negative experiences may not have volunteered to participate.

The issue of confirmation bias was also considered by the researchers and addressed by enlisting an external lead researcher with a background in both nursing and psychology. It should be noted that the lead researcher's previous personal experience with RPGs in a different context had been a negative one.

The cross-sectional nature of the study does not allow for a clear determination of causal relationships between RPG participation and outcomes. Further research employing longitudinal designs using both quantitative and qualitative methodologies could provide a deeper understanding of how participation in RPGs influences interpersonal aspects of nursing practice and emotional well-being over time.

CONCLUSION

The current study indicates that effectively facilitated RPGs can create a safe space for emotional respite, allowing nurses to share experiences and emotions in a supportive environment. As healthcare organisations grapple with escalating challenges of staff burnout and emotional strain, RPGs may provide a supportive mechanism to nurture a more resilient nursing workforce and positive workplace culture.

These findings indicate that RPGs are more than simply a support mechanism, however, pointing to their normative and formative functions. An emphasis on personal and interpersonal aspects of nursing care encourages nurses to develop ways of engaging more effectively with both patients and colleagues, helping them to meet the standards of professional bodies such as the NMBA and NSQHS that support improved health outcomes for patients.

Unhealthy or conflictual workplace contexts and cultures are barriers to the development of both psychological safety and meaningful reflection in a group, however, when effectively facilitated, the collaborative approach to reflection, respectful communication and appreciation of diversity promoted in RPGs can foster more positive norms for interpersonal interaction, cultivating a culture of safety

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and trust. The RPG model also maintains that feedback directed toward the collective rather than the individual, in a supportive environment, allows normative self-appraisal against an ideal nursing prototype.²⁶

As such, RPGs may be seen as one strategy to promote psychological well-being and professional development for nursing staff in acute health care settings, with potential benefits for organisational culture and quality of care. Organisations considering RPGs should take time to plan, prepare, and adopt a defined RPG model. The creation of psychological safety and a working alliance begins before an RPG commences, and it is best to allow facilitators to engage groups without direct organisational involvement. RPGs work best when they are voluntary, collaborative, and considered. Prospective group members should be educated and engaged in the establishment of their own RPG. Similarly, facilitators need to receive adequate training, supervision and ongoing support. Future research should continue to focus on the longitudinal impact of RPGs in relation to patient care, organisational context and implications for workplace culture.

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