

Nurses Self-Reflection: A Concept Analysis

M. Alhejaili Nadiyah Saeed*

Faculty of Nursing, Lincoln University College, Madinah, Saudi Arabia

Abstract: **Background:** Self-reflection is widely recognized as foundational to nursing practice, education, and professional development. Despite its frequent invocation in nursing discourse, the concept of nurses' self-reflection remains ambiguously defined, with inconsistent usage across clinical, educational, and research contexts. This conceptual ambiguity impedes the development of robust educational interventions, valid measurement instruments, and coherent professional standards. **Aim:** The purpose of this paper is to conduct a rigorous concept analysis of nurses' self-reflection to clarify its defining attributes, antecedents, consequences, and empirical referents, and to distinguish it from related concepts such as reflective practice, critical reflection, reflexivity, and metacognition. **Methods:** Walker and Avant's eight-step concept analysis method was employed. A structured literature search was conducted across CINAHL, PubMed/MEDLINE, Scopus, and Web of Science, limited to peer-reviewed English-language publications from 2020 to 2025. Studies were included if they explicitly addressed self-reflection among registered nurses, nursing students, or nurse educators in clinical, educational, or leadership contexts. **Results:** Six defining attributes of nurses' self-reflection were identified: (1) intentional cognitive engagement, (2) inward focus on one's own thoughts, emotions, and actions, (3) critical examination of assumptions and values, (4) connection to a specific nursing experience or encounter, (5) orientation toward meaning-making and learning, and (6) iterative and developmental nature. Antecedents include psychological safety, adequate time and space, facilitative mentorship, openness to self-examination, and a triggering clinical experience. Consequences include enhanced clinical judgment, professional identity development, emotional regulation, improved patient-centered care, and lifelong learning. Empirical referents include validated self-report scales, reflective journal assessments, and structured debriefing evaluations. A model case, borderline case, and contrary case are presented to illustrate conceptual boundaries. **Conclusion:** This analysis offers a synthesized, operationally grounded definition of nurses' self-reflection that distinguishes it from adjacent concepts and provides a foundation for consistent use in nursing research, education, policy, and practice. Implications for curriculum design, clinical supervision structures, and future instrument development are discussed.

Keywords: self-reflection, concept analysis, nursing, reflective practice, professional development, Walker and Avant.

1. Introduction

Self-reflection is widely regarded as an essential aspect of professional nursing practice and education, grounded in Dewey's experiential learning and Schön's reflective practitioner frameworks. It is embedded in nursing curricula, competency standards, and revalidation requirements from

regulatory bodies such as the American Nurses Association and the Nursing and Midwifery Council (UK). These mandates rest on the assumption that nurses who engage in self-reflection provide safer, more compassionate, and effective care.

Despite its frequent use in nursing discourse, "self-reflection" remains poorly defined and often conflated with related constructs such as reflective practice, critical reflection, reflexivity, self-assessment, and metacognition, leading to conceptual confusion that undermines empirical inquiry and pedagogy (Miedijensky & Sasson, 2024). Without clear definition, educators vary widely in how they assign reflective activities, and researchers may measure different phenomena under the same label. Consequently, interventions intended to promote self-reflection may target divergent processes, and comparisons across studies lack coherence.

Recent interest in self-reflection has grown in response to complex clinical environments that demand advanced judgment, a global focus on patient safety culture, and concerns about nurse burnout and moral distress. These trends highlight the need for self-reflection both as a mechanism for learning from clinical events and as a strategy for emotional processing and resilience. Additionally, the COVID-19 pandemic intensified these demands by placing nurses in ethically and clinically challenging situations that required deep personal and professional introspection.

Given these developments, a rigorous concept analysis of nurses' self-reflection is timely and necessary. Concept analysis facilitates theory development by identifying core attributes, delineating boundaries from related concepts, and enabling valid operationalization and measurement. Although prior work has examined reflection broadly, few analyses focus specifically on nurses' self-reflection as a distinct phenomenon grounded in the most contemporary literature.

The purpose of this paper is to apply Walker and Avant's method to clarify the defining attributes, antecedents, consequences, and empirical referents of nurses' self-reflection, to distinguish it from related concepts, and to provide an operationally grounded definition that can inform education, practice, research, and policy.

2. Methods

A. Concept Analysis Method

Walker and Avant's (2005) eight-step concept analysis method was used, offering a structured process well-suited to

*Corresponding author: nadia.saeed.h@gmail.com

clarifying concepts that are widely used yet insufficiently defined. The method includes: (1) selecting a concept, (2) defining its purpose, (3) identifying uses, (4) determining attributes, (5) constructing model cases, (6) identifying related and contrary cases, (7) specifying antecedents and consequences, and (8) identifying empirical referents.

This method was chosen over alternatives, such as Rodgers' evolutionary approach, due to its clear structure and practical focus on case construction, which is particularly valuable for clarifying blurred conceptual boundaries. While criticized for presenting concepts as static and potentially oversimplifying complexity, these limitations were addressed by attending to contextual variation and acknowledging the dynamic nature of self-reflection.

B. Literature Search Strategy

A structured literature search was conducted in January 2025 across CINAHL, PubMed/MEDLINE, Scopus, and Web of Science. Search terms included "self-reflection," "self-reflective practice," and "nursing," using Boolean operators and truncation (e.g., nurs*, reflect*). An example search string in PubMed was: ("self-reflection" OR "self-reflective practice" OR "self-reflective thinking") AND (nurs* OR "nursing practice" OR "nursing education").

C. Inclusion and Exclusion Criteria

Included studies met the following criteria: (a) published 2020–2025 in peer-reviewed journals; (b) English language; (c) focused on self-reflection among nurses, students, or educators; (d) addressed clinical, educational, leadership, or developmental contexts; and (e) included conceptual, theoretical, or empirical discussion relevant to self-reflection. Study types included qualitative, quantitative, mixed-methods, reviews, theoretical papers, and instrument development.

Excluded were studies unrelated to nursing, using "self-reflection" only incidentally, or those lacking peer review (e.g., commentaries, editorials). Research focused solely on group or organizational reflection without reference to individual self-reflection was also excluded.

D. Screening and Selection Process

After removing duplicates, titles and abstracts were screened, followed by full-text review. Reference lists were also manually checked for relevant studies. As this was a concept analysis, the goal was not exhaustive retrieval, but sufficient sampling to capture diverse uses and attributes of the concept in recent nursing literature.

E. Data Extraction Strategy

From each included article, data were extracted on: (a) how self-reflection was defined or described; (b) its context (e.g., clinical, educational, simulation); (c) identified attributes, antecedents, or consequences; (d) measurement tools; (e) related or contrasting concepts; and (f) theoretical frameworks. Themes were synthesized to inform the analysis of defining attributes, antecedents, consequences, and empirical referents.

3. Results of the Concept Analysis

A. Uses of the Concept

Self-reflection broadly refers to examining one's own thoughts, feelings, and behaviors. In philosophy, it is linked to Socratic inquiry and Dewey's (1933) notion of reflective thought. Schön's (2017) distinction between reflection-in-action and reflection-on-action shaped nursing's adoption of reflection.

In nursing literature from the past five years, self-reflection appears in multiple contexts. In education, it is framed as both a strategy and outcome, typically assessed through journals, debriefings, and portfolios (Raman *et al.*, 2022). In clinical settings, it informs decision-making and emotional awareness (Terry *et al.*, 2024). In leadership, it supports authentic leadership and emotional intelligence (Miyachi *et al.*, 2023). For professional development, it contributes to lifelong learning and revalidation (Miyachi *et al.*, 2023).

Although richly used, the concept lacks clarity due to its multiple framings as a cognitive process, emotional experience, skill, habit, or duty highlighting the need for definitional precision.

B. Defining Attributes

The defining attributes of a concept are the cluster of characteristics that are most frequently associated with the concept and that allow the analyst to differentiate it from related phenomena (Walker & Avant, 2005). Through systematic extraction and thematic synthesis of how self-reflection is described and used across the reviewed nursing literature, six defining attributes of nurses' self-reflection were identified.

Attribute 1: Intentional Cognitive Engagement. Self-reflection in nursing is not a passive or automatic mental process; rather, it requires deliberate and purposeful cognitive effort. Nurses must consciously choose to direct their attention inward and sustain this attention over a period sufficient for meaningful examination (Miyachi *et al.*, 2023). This intentionality distinguishes self-reflection from incidental rumination or involuntary recall of clinical events. O'Connor (2023) emphasized that self-reflection involves a purposeful pause in the flow of activity to engage in systematic thinking, and that this deliberate nature is what gives it epistemic and practical value.

Attribute 2: Inward Focus on One's Own Thoughts, Emotions, and Actions. The defining feature of self-reflection and what distinguishes it from reflection more broadly is its explicitly self-referential orientation. The object of examination is the nurse's own cognitive processes, emotional responses, values, assumptions, behaviors, and professional identity (Raman *et al.*, 2022). While the stimulus for self-reflection may be an external clinical event, the reflective process is directed toward the self rather than toward analysis of external systems or other individuals *per se*. Karajeh & Mrayyan (2020) noted that nurses engaged in self-reflection attend to the question "What does this experience reveal about me?" rather than merely "What happened?"

Attribute 3: Critical Examination of Assumptions and

Values. Self-reflection in nursing goes beyond simple description or recollection of events to involve a critical interrogation of the assumptions, values, beliefs, and knowledge that informed the nurse's actions and responses. This attribute draws on Mezirow's (1991) concept of premise reflection and is supported by contemporary nursing literature emphasizing that genuine self-reflection involves questioning taken-for-granted perspectives and confronting potential biases (Miedijensky & Sasson, 2024). Terry *et al.* (2024) described this critical dimension as essential for distinguishing superficial from deep self-reflection, arguing that without critical examination of underlying assumptions, the reflective process remains descriptive rather than transformative.

Attribute 4: Connection to a Specific Nursing Experience or Encounter. Nurses' self-reflection is characteristically grounded in concrete professional experiences rather than occurring in the abstract. The reviewed literature consistently frames self-reflection as arising from and anchored to particular clinical encounters, educational experiences, interpersonal interactions, or ethical situations that prompted the nurse to examine herself (Zhao *et al.*, 2024). This situatedness distinguishes nursing self-reflection from generalized philosophical introspection and connects it to the practice-based nature of the profession. Simulation-based research has demonstrated that self-reflection is most productive when tied to identifiable moments of uncertainty, surprise, discomfort, or cognitive dissonance encountered during clinical performance (Nguyen *et al.*, 2024).

Attribute 5: Orientation Toward Meaning-Making and Learning. Self-reflection in nursing is purposive and forward-looking. It is oriented toward extracting meaning from experience in ways that inform future practice, deepen understanding, and promote professional growth (Miyachi *et al.*, 2023). This teleological dimension differentiates self-reflection from rumination, which is repetitive and backward-looking without productive resolution. The nursing literature consistently describes self-reflection as a pathway to learning both learning about oneself and learning how to improve practice (O'Connor, 2023). Miedijensky & Sasson (2024) highlighted that effective self-reflection generates actionable insights and that this orientation toward practical improvement is a core feature of the concept as it operates in nursing.

Attribute 6: Iterative and Developmental Nature. Self-reflection in nursing is not conceptualized as a one-time event but as an ongoing, cyclical process that deepens over time with practice and experience. The literature describes self-reflection as a capacity that develops along a continuum from novice to expert, with more experienced nurses and those who regularly engage in guided reflection demonstrating greater depth, criticality, and integration (Raman *et al.*, 2022). This attribute is supported by research on reflective capacity development in nursing students, which demonstrates progressive sophistication in self-reflective processes over the course of educational programs (Walker & Avant, 2005). The iterative nature means that insights generated through self-reflection feed forward into subsequent experiences and reflections, creating a developmental spiral.

C. Antecedents

Antecedents are the events or conditions that must precede the occurrence of the concept (Walker & Avant, 2005). The following antecedents of nurses' self-reflection were identified from the reviewed literature. For nurses to engage in honest and critical self-examination, they must perceive their environment as psychologically safe, free from the threat of judgment or punishment when acknowledging mistakes, uncertainties, or limitations (Miyachi *et al.*, 2023). Research has shown that environments dominated by blame culture or rigid hierarchies hinder genuine self-reflection, as nurses may avoid vulnerability by self-censoring (Zhao *et al.*, 2024). Self-reflection also demands sufficient time and cognitive space; however, the demanding pace of clinical environments often restricts the opportunity for deliberate and sustained reflection (Miyachi *et al.*, 2023; O'Connor, 2023).

Particularly for students and novice nurses, mentorship from educators or supervisors plays a critical role by modeling reflective thinking and providing structured frameworks, which facilitate a shift from descriptive to analytical engagement (Raman *et al.*, 2022; Miedijensky & Sasson, 2024). Additionally, self-reflection presupposes an internal openness to examine one's limitations, assumptions, and biases. This dispositional readiness distinct from environmental factors is associated with emotional intelligence and tolerance of ambiguity (Terry *et al.*, 2024; Miyachi *et al.*, 2023). While routine practice may prompt reflection, it is more frequently triggered by emotionally or ethically challenging situations that disrupt expectations or evoke discomfort what Mezirow (1991) referred to as "disorienting dilemmas" (Zhao *et al.*, 2024). Lastly, a foundational level of clinical experience is necessary, as reflective capacity varies across the novice-to-expert continuum, with beginners often requiring more structured support to engage in meaningful reflection (Terry *et al.*, 2024).

D. Consequences

Consequences are the outcomes or events that occur as a result of the concept's occurrence (Walker & Avant, 2025). The following consequences of nurses' self-reflection were identified. Self-reflection allows nurses to evaluate their clinical reasoning, uncover patterns in their thinking, and address cognitive biases, ultimately enhancing their ability to manage complex scenarios. It is regarded as a core component of clinical competence and is linked to improved judgment, particularly among nursing students (Terry *et al.*, 2024; Walker & Avant, 2005). Beyond cognitive outcomes, self-reflection facilitates the integration of personal values with professional roles, thereby supporting the construction of a coherent professional identity an especially critical process during the transition from student to practitioner (Karajeh & Mrayyan, 2020; Raman *et al.*, 2022).

Emotionally, it offers a framework for processing the psychological challenges of nursing, including grief, moral distress, and workplace tension, enabling nurses to respond with greater emotional awareness and resilience qualities that were notably reinforced during the COVID-19 pandemic (Zhao *et al.*, 2024). Additionally, by promoting awareness of how

personal attitudes and assumptions influence care, self-reflection enhances empathy, cultural sensitivity, and person-centered communication (Miedijensky & Sasson, 2024; O'Connor, 2023). As both a process and product of professional learning, it also fosters ongoing adaptability, lifelong learning, and responsiveness to evolving evidence and patient needs, aligning with requirements for continued professional development (Miyachi *et al.*, 2023). However, literature acknowledges that self-reflection can produce adverse effects if unsupported, such as heightened self-doubt or emotional fatigue. When practiced without psychological safety or mentorship, it may devolve into unproductive rumination, leading to exhaustion rather than growth (Zhao *et al.*, 2024).

E. Model Case

A model case is a "real-life" example of the concept that includes all of the defining attributes (Walker & Avant, 2005). The following model case illustrates nurses' self-reflection with all six identified attributes present. Maria, a nurse with five years of experience, cares for a chronically ill patient who expresses frustration about his repeated hospitalizations. Internally, Maria reacts with irritation, attributing the situation to the patient's perceived non-compliance. After her shift, she sits in her car, deliberately reflecting on the encounter and her emotional response. She questions her assumptions about readmissions and recognizes how they influenced her attitude toward the patient. This prompts her to consider alternative approaches, such as initiating conversations about patient goals rather than defaulting to discharge instructions. The following week, Maria discusses the case with her supervisor, who helps her explore broader patterns in her reactions to similar patients. She then begins journaling after difficult shifts and revisits previous reflections to track her evolving understanding. This case illustrates all six defining attributes: intentional cognitive engagement, inward focus, critical examination of assumptions, grounding in a specific experience, orientation toward learning, and an iterative, developmental process.

F. Borderline Case

A borderline case contains most but not all of the defining attributes (Walker & Avant, 2005). James, a newly graduated ICU nurse, feels unsettled after a shift involving a cardiac arrest. On his commute home, he replays the event repeatedly, focusing on his actions and feelings of anxiety. Although his thoughts are self-directed and linked to a specific event, he does not critically examine the beliefs or knowledge underlying his response, nor does he explore what the experience reveals about his values or how it might inform future practice. He also does not share the experience with a mentor or revisit it reflectively. His internal process remains limited to self-doubt and worry. While James's case shows some elements of self-reflection namely inward focus and situational grounding it lacks depth, criticality, and developmental progression, making it more aligned with rumination than structured self-reflection.

G. Contrary Case

A contrary case is a clear example of what the concept is not (Walker & Avant, 2005). Priya is an experienced emergency

department nurse who takes pride in her efficiency and speed. After a busy shift involving a medication error that she committed but that was caught by a pharmacist before reaching the patient, Priya briefly notes the event in an incident report and moves on. She does not think further about the incident, her emotional response to it, or what factors may have contributed to the error. When a colleague raises the issue at a team meeting, Priya says, "It was a busy shift. These things happen. The system caught it." She does not engage in any examination of her own thought processes, assumptions about workload management, or patterns of behavior that may increase error risk. Her response is externally directed, non-critical, and dismissive of the need for personal examination.

This contrary case lacks all of the defining attributes of self-reflection. There is no intentional cognitive engagement, no inward focus, no critical examination, no orientation toward learning from the experience, and no developmental process. It illustrates a defensive, externalizing response that is the antithesis of self-reflection.

H. Related Concepts and Boundary Clarification

Clarifying the boundaries between nurses' self-reflection and related concepts is essential for conceptual precision. Reflective practice represents a broader professional framework that includes various forms of reflection aimed at improving practice (Schön, 2017). While self-reflection is a component of reflective practice, the latter may also involve analysis of external systems, team interactions, and organizational dynamics. Self-reflection, in contrast, focuses inward on the nurse's own thoughts, emotions, and behaviors and operates as a discrete cognitive-affective process within the larger context of reflective practice (Miedijensky & Sasson, 2024).

Critical reflection, as defined by Mezirow (1991), centers on analyzing social structures, power relations, and taken-for-granted assumptions. Although self-reflection can involve critical interrogation of personal beliefs (as seen in Attribute 3), it does not necessarily engage with the broader sociopolitical critique that characterizes critical reflection (Terry *et al.*, 2024).

Reflexivity, often discussed in qualitative research and clinical contexts, refers to continuous awareness of how one's identity and presence shape relationships and knowledge production (O'Connor, 2023). Unlike the more introspective and often retrospective nature of self-reflection, reflexivity emphasizes the relational and contextual positioning of the self and tends to be spontaneous and ongoing.

Self-assessment involves evaluating one's performance against external standards or competencies (Raman *et al.*, 2022). While self-reflection may inform such evaluations, it is distinct in being exploratory and meaning-oriented rather than judgment-based. A nurse may rate her technical performance without engaging in reflective analysis of the values or emotions involved in that performance.

Metacognition entails awareness and regulation of one's own thinking processes (Terry *et al.*, 2024). Although it shares a self-referential dimension with self-reflection, metacognition is more narrowly cognitive. Self-reflection encompasses emotional, moral, and identity-related dimensions, extending

beyond strategic thinking to include deeper exploration of the self in practice.

I. Empirical Referents

Empirical referents are observable indicators that demonstrate the occurrence of a concept (Walker & Avant, 2005). Several validated tools have been used to assess self-reflection or related constructs in nursing. Among these, the Self-Reflection and Insight Scale (SRIS), the Groningen Reflection Ability Scale (GRAS), and the Reflection Questionnaire (RQ) are commonly employed to measure reflective tendencies, depth of insight, and levels of reflection in nursing students and professionals (Raman *et al.*, 2022; Walker & Avant, 2005). However, none of these tools fully capture all six defining attributes of self-reflection as identified in this analysis, signaling a gap for future instrument development.

Written reflective outputs such as journals, logs, and portfolios also serve as referents when systematically analyzed. Tools like the REFLECT rubric or Moon's levels of reflection help assess qualities like self-referential focus, identification of assumptions, emotional insight, and transformative learning (Miedijensky & Sasson, 2024).

In simulation-based education, debriefing sessions provide valuable opportunities to observe reflective behavior. Facilitators can assess whether learners analyze their own assumptions, express emotional awareness, and link current experiences to future intentions (Nguyen *et al.*, 2024). Likewise, clinical supervision sessions reveal reflection through the nurse's ability to articulate internal responses and examine decision-making processes (Miyachi *et al.*, 2023).

J. Proposed Operational Definition

Based on the synthesis of attributes, antecedents, consequences, and empirical referents, the following operational definition is proposed:

Nurses' self-reflection is a deliberate, self-directed cognitive-affective process through which a nurse critically examines personal thoughts, emotions, assumptions, and behaviors in relation to a specific nursing experience. Its purpose is to generate insight, construct meaning, and inform future practice. This process is iterative and developmental, deepening over time with continued experience and supportive facilitation.

4. Discussion

A. Self-Reflection Across Nursing Contexts

The analysis demonstrates that nurses' self-reflection is relevant across educational, clinical, leadership, and professional development contexts, though its application and perceived value vary. In nursing education, self-reflection is deliberately cultivated through activities such as journaling, portfolio development, and simulation debriefing (Nguyen *et al.*, 2024). It is framed both as a learning strategy and a core competency. However, a tension exists between authentic development and graded assessment, where students may prioritize meeting evaluative expectations over engaging in honest introspection. This concern underscores the importance

of psychological safety within academic environments (Miedijensky & Sasson, 2024).

In clinical practice, while self-reflection is conceptually endorsed, it is often inconsistently practiced due to structural barriers such as limited time, heavy workloads, and fast-paced settings (O'Connor, 2023). Rather than being a routine habit, reflection in practice tends to be reactive prompted by adverse events or emotionally challenging encounters rather than proactively integrated into daily care.

Within nursing leadership, self-reflection is associated with emotionally intelligent leadership and self-awareness, contributing to a psychologically safe environment that, in turn, enables reflective practice among staff (Zhao *et al.*, 2024). This reciprocal dynamic highlights the broader organizational impact of reflective leadership.

In continuing professional development, self-reflection has been formalized through licensure and revalidation standards. While this institutionalization emphasizes its importance, it also raises concerns about superficial engagement. Mandated reflection may meet formal requirements without fostering the depth of critical examination necessary for genuine professional growth (Miyachi *et al.*, 2023).

B. Conceptual Inconsistencies and Gaps

The analysis reveals several notable inconsistencies and conceptual gaps in how self-reflection is currently understood within nursing literature. A major issue is the frequent conflation of self-reflection with the broader concept of reflective practice. Many studies use both terms interchangeably, which obscures the self-directed, introspective nature of self-reflection. This lack of distinction can misguide educational strategies that focus more on analyzing external events than fostering internal self-awareness (Miedijensky & Sasson, 2024).

Another key gap lies in the limited attention to the emotional dimensions of self-reflection. Although emotional engagement is acknowledged across the literature, prevailing models and tools continue to emphasize cognitive processes such as analysis and evaluation. This cognitive bias may reflect a broader tendency in nursing scholarship to prioritize rational thought over emotional experience, limiting the ability to fully capture the richness of reflective processes (Zhao *et al.*, 2024).

Cultural perspectives on self-reflection are also underrepresented. Most existing studies stem from Western, English-speaking contexts and reflect individualistic assumptions about autonomy and personal agency. These assumptions may not align with collectivist values or non-Western nursing practices. As such, the universality of the identified attributes remains uncertain, and further cross-cultural investigation is needed (Raman *et al.*, 2022).

The intersection between self-reflection and digital technology is emerging but remains underexplored. While mobile apps, AI feedback tools, and telehealth platforms offer new spaces for reflective practice, there is a lack of empirical research examining how such technologies shape, mediate, or possibly constrain the reflective experience for nurses (Miyachi *et al.*, 2023).

Finally, the analysis highlights the potential risks of self-reflection when undertaken without adequate support. While discomfort and vulnerability are recognized outcomes, more attention is needed to understand when self-reflection becomes maladaptive for example, leading to excessive rumination, anxiety, or moral distress. The conditions that trigger such outcomes remain insufficiently defined and require deeper theoretical and empirical exploration (Zhao *et al.*, 2024).

C. Implications for Nursing Practice

The concept analysis has several implications for clinical nursing practice. First, the identification of specific antecedents particularly psychological safety, adequate time and space, and facilitative mentorship provides actionable targets for creating practice environments that support self-reflection. Nurse managers and organizational leaders can promote self-reflection by building structured reflection time into shift patterns, fostering non-punitive cultures around error disclosure, and providing access to clinical supervision (Miyauchi *et al.*, 2023).

The distinction between self-reflection and related concepts (particularly reflective practice and self-assessment) enables more precise communication among practitioners about what is expected when self-reflection is promoted. Encouraging a nurse to "reflect" is fundamentally different from encouraging her to engage in self-referential examination of her own assumptions and emotional responses, and the latter requires more specific guidance and support.

The identification of emotional regulation and resilience as consequences of self-reflection is relevant to ongoing efforts to address nurse burnout and moral distress. Integrating supported self-reflection into nurse wellness programs may provide a mechanism for emotional processing that complements other well-being interventions (Zhao *et al.*, 2024).

D. Implications for Nursing Education and Clinical Supervision

For nursing education, the analysis reinforces the importance of self-reflection as a pedagogical tool while also highlighting the need for more sophisticated approaches to its facilitation and assessment. Educators should design reflective activities that explicitly target all six defining attributes, rather than stopping at description or emotional expression. Frameworks that guide students through the progression from surface-level description to critical self-examination of assumptions are essential (Walker & Avant, 2005).

The antecedent of psychological safety is particularly consequential for educational contexts. Educators must carefully consider the tension between assessing reflective competence and creating conditions that support authentic self-examination. Strategies such as ungraded reflective activities, peer reflection partnerships, and the use of portfolios reviewed for developmental progression rather than individual entry quality may help mitigate the performativity that can undermine self-reflection in assessed contexts (Raman *et al.*, 2022).

Simulation-based education provides a particularly promising context for self-reflection development, as

debriefing sessions can be specifically structured to promote self-referential examination. Nguyen *et al.* (2024) demonstrated that debriefing approaches that explicitly prompt learners to examine their own thought processes, emotional responses, and assumptions during simulation generate deeper self-reflective engagement than approaches focused primarily on task performance.

For clinical supervision, the analysis suggests that supervisors should be specifically trained in facilitating self-reflection as distinct from providing feedback, mentoring, or clinical teaching. Supervision that promotes self-reflection requires skillful questioning that directs the supervisee's attention inward, supports tolerance of ambiguity and discomfort, and models the self-reflective process (Miyauchi *et al.*, 2023).

E. Implications for Policy and Standards

The analysis has implications for professional regulatory bodies and standard-setting organizations. If self-reflection is to be mandated as a component of professional practice and revalidation, regulatory bodies should provide clear definitions that distinguish self-reflection from broader reflective practice and from self-assessment. The operational definition proposed in this analysis could serve as a foundation for such definitional clarity. Additionally, regulatory frameworks should attend to the conditions necessary for genuine self-reflection (the identified antecedents) rather than focusing exclusively on documentation outputs that may capture the form rather than the substance of self-reflection.

F. Implications for Future Research

Several specific research directions emerge from this analysis. First, there is a need for the development and psychometric validation of a measurement instrument specifically designed to assess nurses' self-reflection as defined in this analysis, capturing all six defining attributes. Existing instruments capture related constructs but do not fully operationalize the concept as articulated here.

Longitudinal research is needed to examine the developmental trajectory of self-reflective capacity across the nursing career, from pre-licensure education through advanced practice, and to identify the educational and workplace conditions that best support this development over time.

Cross-cultural research is needed to examine how nurses' self-reflection is conceptualized, practiced, and experienced in diverse cultural contexts, and to determine which aspects of the concept are culturally universal and which are culturally bound.

Intervention studies are needed to test specific strategies for promoting and supporting self-reflection in clinical practice, including the comparative effectiveness of different facilitation approaches (e.g., structured journaling versus guided supervision versus technology-mediated reflection).

Research should examine the boundary conditions of self-reflection specifically, the conditions under which self-reflection may become harmful (e.g., contributing to rumination, self-blame, or emotional exhaustion) and the protective factors that maintain self-reflection within a

productive range.

The relationship between nurses' self-reflection and patient outcomes warrants direct empirical investigation. While the theoretical links between self-reflection and improved clinical judgment and patient-centered care are well articulated, empirical evidence demonstrating measurable effects on patient outcomes remains limited (O'Connor, 2023).

5. Conclusion and Implications

This concept analysis applied Walker and Avant's (2005) method to systematically examine nurses' self-reflection a frequently cited yet ambiguously defined concept in nursing. Through analysis of current literature, six defining attributes were identified: intentional cognitive engagement, inward focus, critical examination of assumptions and values, connection to a specific experience, orientation toward learning, and an iterative developmental nature. These elements distinguish self-reflection from related constructs such as reflective practice, critical reflection, reflexivity, self-assessment, and metacognition.

Key antecedents include psychological safety, time and space for reflection, supportive mentorship, personal openness, a triggering event, and foundational clinical knowledge. Identified consequences span enhanced clinical reasoning, professional identity formation, emotional regulation, patient-centered care, lifelong learning, and potential psychological discomfort when reflection is unsupported. Empirical referents encompass validated self-report instruments, reflective writing, debriefing evaluations, and verbal indicators during supervision.

The proposed operational definition frames nurses' self-reflection as a deliberate, self-referential cognitive-affective process tied to specific clinical experiences and directed toward generating insight and improving practice. This definition supports consistent application across research, education, policy, and clinical contexts.

Practically, the analysis highlights the need for healthcare institutions to move beyond rhetorical support and establish structural conditions that enable meaningful self-reflection. In education, it offers a foundation for designing learning activities that foster deep, authentic reflection. In policy, it provides definitional clarity to guide standards and regulatory expectations while cautioning against reducing reflection to procedural compliance. For research, the findings suggest directions for developing tailored measurement tools, exploring

cultural variation, and investigating the long-term impact of self-reflection on professional development and patient care.

Ultimately, nurses' self-reflection is not a superficial exercise but a vital, transformative process that enhances professional growth and care quality. This analysis aims to ensure that when self-reflection is invoked in nursing discourse, it is with conceptual clarity, intentional purpose, and an appreciation of the conditions necessary for its success.

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