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Reflective Educational Practice Process for Novice Nurses Based on Clinical Nurse Educators' Experiences

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Abstract

This study aimed to clarify the reflective practice process through which clinical nurse educators grasp the changing individual situations of patients and novice nurses and determine appropriate educational methods. Using Schön's reflective practitioner model as the theoretical framework, we adopted a qualitative descriptive research design. Multiple semi-structured interviews were conducted with a nurse who had been responsible for education for at least two years, and thematic analysis was applied to the verbatim transcripts. Four sequential phases of reflection—pre-practice planning, real-time judgment, post-practice reinterpretation, and reconfiguration of future teaching—were identified. The findings highlight not only how educators make educational judgments in relation to the conditions of patients and novice nurses but also how they themselves transform through reflective learning. By visualizing the dynamic relationships between "supportive observation," "advising," and "reflecting," this study contributes to a deeper qualitative understanding of educational practice in novice nurse training.

Keywords

Clinical Nurse Educators, Reflective Practice, Educational Judgment, Novice Nurses

1. Introduction

Advances in medical technology have widened the gap between the skills acquired in basic nursing education and those required in clinical practice. Consequently, the difficulties novice nurses experience in adapting to the workplace, as well as their high rates of early turnover, have become pressing social concerns [1]. In

2010, clinical training for new nursing staff became mandatory, followed by the establishment of the Guidelines for Training of New Nursing Staff in 2011 [2]. These developments reinforced the role of clinical nurse educators (hereafter referred to as "educators") within medium- to large-scale hospitals, laying the foundation for structured novice nurse education [3].

The COVID-19 pandemic, which began in 2020, further accelerated the integration of information and communication technologies (ICT) and digital transformation (DX) into nursing education, raising concerns about the reduction of face-to-face interactions. Fundamentally, nursing is not only the application of scientific knowledge but also an intersubjective practice grounded in relationships with patients [4]. Thus, in addition to imparting technical knowledge and skills, educators must assess both the patient's condition and the individuality of each novice nurse to make educational judgments that are contextually appropriate.

While educators have been reported to engage novice nurses in reflective processes to clarify problems and improve care quality [5], recent studies also highlight the importance of developing reflective competence among clinical nurse educators and the challenges of implementing reflective practice in diverse contexts [6] [7]. However, little is known about how they make educational judgments in response to individual circumstances or how they construct and refine their practical teaching knowledge in situ. To address this gap, this study draws on Schön's reflective practitioner model [8], which conceptualizes professionals—such as nurses—as reflective practitioners who confront uncertain and complex situations in daily practice. Schön emphasized the importance of continuously questioning one's thoughts and actions through reflection-in-action and reflection-on-action. The reflective practice process he described includes five phases: 1) awareness triggered by an unexpected event, 2) intervention as exploratory experimentation, 3) reframing of situational awareness, 4) redefinition of the problem, and 5) response and evaluation of the redefined problem. This dynamic framework closely aligns with how educators guide novice nurses in practice.

Accordingly, this study aimed to elucidate how educators grasp the conditions of patients and novice nurses, identify suitable teaching methods, and instruct nursing practice through reflection. By carefully tracing the decisions and interpretations made by an experienced educator, we sought to uncover the reflective structure that underpins educational practice.

This study also defined the following three terms. "Clinical nurse educator" refers to a nurse who supports novice nurses' clinical adaptation while exercising educational judgment in the clinical setting. "Reflective practice" refers to responding to individual and unpredictable situations using past experience, based on Schön's proposition [8], reflecting on one's own relationship with the situation after training, and utilizing the knowledge gained in future actions. "Educational judgment" refers to educators' selection and implementation of the educational options they believe are best for novice nurses based on their assessment of the situation, including the patient, when teaching nursing practice.

2. Methods

2.1. Research Design

This study sought to understand the "reflective practice process" through which educators identify appropriate teaching methods and instruct novice nurses in clinical practice. Given this aim, we emphasized descriptive accounts that closely reflect the meanings emerging from narratives, while minimizing interpretive inference.

Accordingly, we adopted Sandelowski's [9] qualitative descriptive design, which enables a clear representation of surface-level semantic structures. This approach was considered suitable for elucidating the dynamic reflective practices of educators. Multiple interviews were conducted with a single participant to capture the unique experiences of how an educator teaches novice nurses. Despite the single-case design, the depth of inquiry was deemed to provide transferable insights into similar contexts.

2.2. Research Participant

The participant was a nurse who had been officially appointed as an educator by the nursing administration and had at least two years of professional experience. According to Benner [10], nurses with 2 - 3 years of clinical experience are considered "competent practitioners," possessing confidence in their practice and the ability to respond to unforeseen situations. Based on this standard, educators with ≥2 years of experience were considered qualified to implement appropriate educational practices for novice nurses and thus eligible for participation.

The participant was selected from an institution that had actively incorporated reflection training into its educational programs. This ensured that the participant was familiar with reflective practice and capable of engaging deeply in this inquiry. As a token of appreciation, a book voucher was provided. The selection procedure was as follows:

- The researchers explained the purpose of the study to the director and deputy director of nursing at the institution and obtained approval to conduct the research.
- Within the nursing department, education staff recommended suitable candidates.
- Candidate educators received a written explanation of the study and were invited to participate.
- The participant voluntarily expressed her willingness to join the study directly to the researcher.

2.3. Data Collection Period

Data were collected between August and November 2020.

2.4. Data Collection Method

Multiple semi-structured interviews were conducted online to enable continuous

narrative sharing, ensuring deeper reflection beyond what a single interview could capture. Each session lasted approximately 80 minutes, with a total of six sessions focusing on the participant's experiences in supervising novice nurses. With informed consent, all sessions were audio-recorded.

Interview questions focused on three key aspects:

1) How the educator perceived the patient's condition and the novice nurse's situation, and what policy guided daily care practices.

2) How the educator reflected on the situation and her own actions after completing practice.

3) How the insights gained through reflection were applied to subsequent practice.

2.5. Analysis Method

Data were analyzed through thematic analysis, drawing upon Braun and Clarke's widely recognized framework (2006, 2021) [11] [12]. Our process consisted of five steps aligned with their six phases:

1) Transcription and repeated reading of audio data (Phase 1: familiarization).

2) Identification of meaningful units and initial codes (Phases 2 - 3: generating codes and constructing themes).

3) Integration and reorganization of themes based on similarities (Phase 4: reviewing themes).

4) Categorization into overarching titles and phases (Phase 5: defining and naming themes).

5) Organization into a temporal sequence to represent the reflective flow (Phase 6: producing the report).

Careful attention was paid to ensure interpretations remained close to the participant's narratives, while also considering the researcher's perspective. To secure credibility and authenticity, member checking was conducted to confirm the consistency of interpretations with the participant's intentions. Peer debriefing was carried out with a research advisor experienced in qualitative inquiry, and analytical memos were maintained as an audit trail.

2.6. Ethical Considerations

This study was approved by the Ethical Review Committee of Konan Women's University (Approval No. 2019037). The participant was informed orally and in writing that participation was voluntary, withdrawal was possible at any stage without disadvantage, and that the purpose of the study was to explore reflective processes rather than evaluate individual performance. All collected data were anonymized to protect confidentiality and were strictly managed for research purposes only.

3. Results

3.1. Research Participant

The educator who participated in this study was Ms. Sakura (pseudonym), a fe-

male nurse in her 20s, currently in her sixth year of clinical nursing experience. After graduating from a junior college of nursing, she commenced employment at Z Hospital, where she gradually cultivated her educational interests while developing her professional nursing career.

In her third year of practice, she was involved in the education of novice nurses as a preceptor. In her fourth year, she served as a clinical training instructor and an on-site supervisor. At the beginning of her fifth year, she was formally appointed as an educator, and from the sixth year onward, she has taken on managerial responsibilities as chief nurse.

3.2. Summary of Analysis Results

Six semi-structured interviews were conducted with Sakura, yielding narrative data that averaged 80 minutes per interview. The interviews focused on her educational practice in the context of her interactions with three novice nurses. Themes were constructed from the transcripts, and themes were integrated and reorganized based on similarities, leading to classification into higher-level titles and phases. As a result, the process was categorized into four phases based on temporal and structural characteristics (Table 1). This paper describes the dynamics of the educators' reflective practice along these four phases. In the description, the terms <theme>, [title], and ≪phase≫ are used, and excerpts from Sakura's symbolic narratives are italicized.

Table 1. Reflective educational practice process for novice nurses.

≪Phase≫	[Title]	Example <Themes>/Illustrative quotes
Phase 1: Formulating an educational policy for autonomous practice	Assessing patient's condition in advance; Adjusting the novice nurse's plan	"I tried to visit the patient's room beforehand and consider the policy I should take with the novice nurse."
Phase 2: Methods shaped by patient-centered judgments	Observation of novice nurses; Timely advice or intervention	"I thought I would stop at a point where there would be no harm to the patient, in the sense of letting them think for themselves."
Phase 3: Reinterpreting novice nurses' reasoning	Listening to rationales; Encouraging new perspectives	"I try to value the process that novice nurses undergo before they take action. Even if the result is incorrect, the process may still be valid."
Phase 4: Reconfiguring education based on individuality	Tailoring methods to strengths and tendencies of novice nurses	"Novice nurse A is not bad at procedures, but she does not always consider the rationale. I think it is necessary to ask them more about the basis for their thinking."

3.3. Four Phases of the Reflective Practice Process

The following section describes Ms. Sakura's reflective educational practice, organized into four distinct phases.

1) Phase 1: ≪Formulating an educational policy for autonomous practice≫

This phase consists of the following titles: [Assessing the patient's condition in advance; Adjusting the novice nurse's plan]. Prior to engaging in nursing practice

with novice nurses, Ms. Sakura visited the patient's room to assess the patient's condition in advance and formulate a preliminary educational policy. Moreover, she examined the validity of the nursing plan developed by the novice nurse and adjusted her instructional approach accordingly. For example, she instructed Novice nurse A on how to provide nursing care to a patient on postoperative day 1: <Nursing care designed to encourage patients to get out of bed without pain, starting with cleaning>. She emphasized the importance of observing the patient's overall condition and promoting recovery by combining hygiene care with early ambulation. Moreover, for a patient who had not yet been weaned from bed rest by postoperative day 3, she reviewed the rationale and methods for weaning with Novice nurse B, emphasizing <listening attentively to patients' perspectives on delayed mobilization from bed>. Ms. Sakura said the following about this:

During the pre-practice meeting, it seems that novice nurse B has in mind to have the patient practice walking. However, I think that even if I simply ask patients to practice walking, they will not walk unless they have something to do. Therefore, I think it is better to encourage them to get out of bed by giving them reasons such as going to the bathroom or taking a shower. (*Despite this*) *Novice nurse B has a slightly different understanding of what it means to help patients return to their normal lives.* (*Novice nurse B*) *seemed to think that all she needed to do was practice walking.*

Ms. Sakura asks novice nurse B to <Identify the reasons for leaving the patient's bed and assess the nursing care plan for novice nurses>, it was found that novice nurse B's plan was abstract and lacked sufficient rationale. This finding prompted Ms. Sakura to propose a nursing policy of "removal of the indwelling urethral catheter and ambulation to the toilet for defecation" as a specific nursing intervention aimed at preventing postoperative complications (atelectasis). Ms. Sakura attempted to reconfigure the nursing plan based on her educational judgment to enable novice nurses to practice nursing autonomously. Ms. Sakura identified the "gap" between the nursing plan made by novice nurse B and the patient's condition and adjusted her nursing practice by modifying the rationale behind the nursing plan made by novice nurses. She flexibly adjusted her involvement as an educator.

Thus, this phase visualizes how educational decisions in the preparatory phase prior to practice influenced the thoughts and actions of the novice nurses. This shows that Ms. Sakura's reflection in her educational practice had already begun prior to her nursing practice with the novice nurses.

2) Phase 2: ≪Methods shaped by patient-centered judgments≫

This phase consists of the following titles: [Observation of novice nurses; Timely advice or intervention]. The novice nurses had been with the hospital for 4 months and were now independent. Ms. Sakura would visit them to ensure they were practicing nursing without causing any harm to the patients. Therefore, Ms. Sakura began by observing how the novice nurses practiced nursing. For example, while observing novice nurse A providing care to a patient recovering well on

postoperative day 1, Ms. Sakura noticed that novice nurse A started wiping the patient while he was lying down, which differed from her assumed practice of simultaneously observing the patient's general condition while wiping and mobilizing the patient out of bed. However, Ms. Sakura did not immediately instruct novice nurse A to modify her nursing methods or interrupt her practice. Instead, she was <deciding to permit novice nurses to continue their nursing practice provided that it does not cause harm to the patient>. This decision was made because Ms. Sakura wanted to <hope that novice nurses will be able to practice nursing while thinking for themselves>. Therefore, she valued observing novice nurses to support their ability to autonomously practice nursing.

"*It has been four months since the novice nurse started working here, and she has finally reached the stage where she can work independently. Therefore, in order to encourage the novice nurse to think for herself, we decided to stop her work at an appropriate time so as not to cause any inconvenience or inconvenience to patients*. (*omitted*)

Rather than immediately intervening in the novice nurse's practice or rushing through it, I preferred to observe how the novice nurse would act, to allow them to think for themselves, unless the patient was in distress or another critical situation. Afterward, I wanted to reflect on their actions and provide coaching on how they thought they had handled it."

Ms. Sakura's basic policy was to "observe" novice nurses to encourage their autonomous practice. However, when she perceived a potential risk to the patient, she intervened immediately by offering advice or stepping in on their behalf. For example, in a situation where novice nurse A was about to wipe a patient on postoperative day 1 while the patient remained lying in bed, Ms. Sakura was <detecting delays in nursing practice by a novice nurse performing bed baths on a bedridden patient>. She anticipated that the patient's general condition would not be sufficiently observed and therefore facilitated the novice nurse's nursing practice by suggesting an alternative position for the patient (*i.e.*, placing the patient in an upright position and providing the necessary assistance). Through promoting nursing for novice nurses by presenting alternative nursing care plans, the importance of observation was conveyed to the novice nurse.

Novice nurse A continued to develop a plan to expand the patient's ADLs. The patient was already in an end-sitting position and was able to stand immediately; however, a chest drain with continuous suction had been inserted, and the patient required assistance to independently ambulate with the suction device. At this time, novice nurse A was checking the drain during cleaning but began preparing the patient for walking and only then recognized the drain. When Ms. Sakura became aware of the situation, she made the decision to transition from observing the support provided to novice nurses to taking direct action to avoid an interruption in the nursing intervention. She attached the continuous suction device to the IV stand with a string on behalf of novice nurse A. Ms. Sakura's preparatory action, undertaken on behalf of novice nurse A, who was confused by the proce-

dure involving the continuous suction device, was consistent with the novice nurse's stance of "not taking over the action, but supporting it while maintaining situational safety." Through observation during practice, Ms. Sakura flexibly adjusted her educational approach from observation to intervention. Her educational judgment did not function merely as technical advice, but rather as an embodiment of "educational timing" and "shared meaning-making."

As described above, Ms. Sakura's fundamental educational strategy in working with novice nurses was to observe their clinical practice. However, when <she recognized a patient waiting in discomfort>, she would change her educational method to giving advice on nursing methods that the novice nurse alone could not devise, or to practicing on behalf of the novice nurse. Ms. Sakura reflected on the process of adjusting her educational approach as follows:

"*There are times when I feel that a greater degree of patience is necessary. I am often caught between the fear of something happening to the patient and the dilemma of whether to intervene or offer advice. I sometimes wonder if it might be better to wait a little longer and continue observing the nursing practice of novice nurses. I also find myself questioning whether I should have a more deliberate plan for how to spend my time while waiting for them to engage in practice*."

Ms. Sakura made educational decisions aligned with the situation while discerning novice nurses' practice with a focus on patient-centered nursing. When she was unable to provide instruction in the moment and instead offered assistance, she executed the nursing intervention while <expecting that the novice nurses would understand the required nursing by observing educators' practice>. Although there was no hesitation in prioritizing patient-centered nursing in these circumstances, questions arose as to whether this approach truly represented the best educational practice for novice nurses. This suggests that, while clinical nursing practice with novice nurses had concluded, Ms. Sakura continued to harbor concerns. In this sense, educational practice for novice nurses had not yet ended, and reflection-in-action persisted.

3) Phase 3: ≪Reinterpreting novice nurses' reasoning≫

This phase consists of the following titles: [Listening to rationales; Encouraging new perspectives]. After the practice was completed, Ms. Sakura carefully listened to the rationale behind the novice nurse's nursing decisions through their narratives. She sought to understand the background of the meaning-making process. Ms. Sakura explained the reason for this as follows:

"*I try to value the process that novice nurses undergo before they take action. Even if the result is incorrect, the process may still be valid, so I always ask the novice nurses why they made the decisions they did when I reflect on their actions or when I provide them with guidance*." (*omitted*)

"*I try to acknowledge the aspects of novice nurses' nursing practice that are worth recognizing, and I make a conscious effort not to teach solely by the conclusion*."

Ms. Sakura aimed to focus on the nursing possibilities that the novice nurses

had considered and reflect on them with <as much approval as possible by listening to the reasons behind the novice nurses' nursing practices>. For example, novice nurse A took an active role in assisting with wiping and mobilizing a patient on postoperative day 1, which resulted in her needing to be observed by Ms. Sakura. When we explored how novice nurse A reflected on the situation and attempted to practice nursing afterward, we found that she had considered ways to minimize the pain caused by movement for the postoperative patient. In this way, Ms. Sakura tried to understand the novice nurses' thought processes by listening to the rationale behind their practice, rather than simply judging nursing practice by action alone.

Ms. Sakura acknowledged that it was not wrong for novice nurse A to consider minimizing the patient's movement to reduce the patient's pain as much as possible. However, she believed that there was insufficient consideration given to the burden on the patient, as helping the patient out of bed after being cleaned would take time. Therefore, she <encouraged reflection on their nursing practice from the perspective of the burden on the patient caused by the "time" it takes> and posed new questions to prompt the novice nurses to consider perspectives on nursing that they had not previously considered. Furthermore, Ms. Sakura explained that because nursing practice requires managing situations where nurses should "*make decisions on the spot during each scenario*", <nurses are expected to make judgments and act immediately>, and <pre-practice simulations for effective nursing> are crucial. She also described nursing practice communicated to novice nurses through the verbalization of clinical actions as a key educational approach. Thus, Ms. Sakura recognized that novice nurse A's decision to separate cleansing from mobilization was based on her consideration that "pain reduction should be prioritized," and she positively evaluated this intention. Furthermore, Ms. Sakura recognized a lack of consideration for the patient's burden resulting from prolonged assistance, which led her to raise awareness of the importance of "clinical judgment aligned with time constraints." In this manner, she employed different educational approaches, such as questioning and explanation, depending on how the novice nurses understood the situation, thereby demonstrating her educational judgment.

As described above, Ms. Sakura engaged in reflective practice together with novice nurses, and through understanding their perspectives, she also reflected on her educational approach as follows:

"*Novice Nurses is no longer at the stage in my career where one-on-one supervision is required* (*They have been in practice for* 4 *months now*), *and I recognize that what I prepare before engaging in nursing does not necessarily translate directly to the bedside environment. The situation changes, doesn't it? A nurse call may ring, or another patient may require attention. It is not the same situation as what was planned before practice, so even if the situation is understood beforehand, there is no guarantee that the planned action can be carried out. That's why I thought it might be better to check after practice*." (*omitted*)

"*In the nursing practice with novice nurse A, had there been more interaction before the patient was helped out of bed, the situation might have unfolded differently. The interactions leading up to that moment, as well as those during it, could have been different. I also wonder if I could have waited a little longer. But, well, that might seem like an endless consideration.*"

Ms. Sakura was engaged in nursing practice with novice nurses, deeming it to be the best educational approach at the time. However, she found herself reflecting on what her judgment would have been for the novice nurses and had <endless thoughts regarding the possibility that the novice nurses' nursing practice could have been realized depending on her pre-practice involvement>. Moreover, Ms. Sakura recognized that, because novice nurse A had been with the company for 4 months, she had a solid understanding of the appropriate nursing methods for patients. As such, Ms. Sakura found it necessary to <re-evaluate her own fixed perspective, such as "They should be capable by this stage."> and acknowledge the lack of sufficient meetings with the novice nurse before the nursing practice. This realization led to the need to reconsider the education for the autonomous nursing practice of novice nurses.

In this phase, through the narratives of the novice nurses after their nursing practice, Ms. Sakura was provided with an opportunity to reflect on whether her approach, thinking "Was this really the right thing to do?" which led her to reconsider her fixed view of education, such as "Because it's my fourth month, I should be able to do this." Viewed in this way, education was not a learning process that occurred only for novice nurses, but an interactive learning process wherein the educators themselves were transformed through reflection.

4) Phase 4: ≪Reconfiguring education based on individuality≫

This phase consists of the following titles: [Tailoring methods to strengths and tendencies of novice nurses]. In the final phase, lessons learned and insights gained through previous experiences led to the design of the next educational practices. Ms. Sakura flexibly adjusted her teaching style based on the characteristics and practical trends of novice nurses.

Ms. Sakura believed that novice nurses would grow into nurses who can judge for themselves the nursing care needed for the patient in front of them through the experience of thinking and practicing on their own, and she placed importance on <providing novice nurses with opportunities to practice nursing while also giving specific instruction>. That is why she "observed and listened carefully" to how the novice nurses thought about and practiced nursing and told them each time that "this is the way to do it in this case." Because Ms. Sakura had been trying to teach the novice nurses so that they would have as many opportunities as possible to think and practice on their own, she had no hesitation in placing the highest priority on patient-centered nursing practice when she assisted novice nurse A in leaving the bed. However, she was still concerned about her behavior when she thought about the novice nurse. Although she had no hesitation in placing the highest priority on patient-centered nursing practice, she had always been con-

cerned about her behavior when she thought about the novice nurse. In particular, novice nurse A thought that she would be able to practice the nursing required for patients because she had been with the company for 4 months and did not conduct a detailed pre-practice meeting, which led to the discovery of her issue of the need for a pre-practice meeting that is appropriate for each novice nurse, such as < recognizing the necessity of the pre-practice meetings tailored to the novice nurse's skill level, rather than from the educator's viewpoint>. The nurse found that education suited to each novice nurse was her issue, which led her to review her one-way involvement toward the independent nursing practice of novice nurses.

In addition, through her nursing practice, Ms. Sakura captured the characteristics of novice nurse A as follows:

"*Novice nurse A is not bad at nursing technique procedures, but she is not someone who deeply considers the rationale for why she does things the way she does. When I question her further, it becomes apparent that she does not fully understand the meaning behind the actions. So I think it's necessary to ask them questions about the basis for their thinking.*"

In contrast, the pubic cleansing assistance provided along with novice nurse C was an unexpected event, which made it difficult to conduct a pre-practice meeting. In such a situation, although novice nurse C was not able to properly practice observation of buttock redness, she was able to identify the need for pubic washing based on the amount of defecation. By <grasping the growth of novice nurses who, although unable to perform sufficiently, were able to identify necessary nursing care>, they were trying to obtain clues for education tailored to novice nurses.

Regarding the two novice nurses mentioned above, Ms. Sakura recognized the need to actively ask questions that focus on delving deeper into the evidence for novice nurse A, who "performed procedures accurately but had a superficial understanding of their meaning." She also found novice nurse C's willingness to proactively deal with unexpected excretory care, regarding it as a sign of growth. Thus, Ms. Sakura observed the "strengths" and "thinking tendencies" of individual novice nurses and used them as a starting point for examining educational methods that leverage novice nurses' strengths. Viewed in this way, it can be seen that Ms. Sakura's reflections did not end with a review of the past, but rather were grounded in "how to be involved in the future."

3.4. Relationship between the Four Phases and the Dynamics of Reflection

The four phases identified in this study are not linear phases of development but rather represent a "movement" of reflection, wherein practice and reflection are interconnected in a multilayered manner.

Ms. Sakura had developed a ≪formulating an educational policy for autonomous practice≫ through understanding the patient's condition before practice and coordinating the nursing practice policy with the novice nurses (phase 1). The nurses would then attempt to practice under various hypothetical situations. How-

ever, because unexpected events occur during practice, they would switch from "observing" to "intervening" novice nurses (phase 2), and they selected a ≪methods shaped by patient-centered judgments≫. After the practice, she reexamined her educational approach about ≪reinterpreting novice nurses' reasoning≫ (phase 3). These realizations led to the ≪reconfiguring education based on individuality≫, which was then integrated into the next educational strategy (phase 4).

This sequence of processes concretely demonstrates the dynamism of practice in which reflection-in-action, as articulated in Schön's theory of "reflective practice," is sustained. Furthermore, the fact that the educator was open to being attuned to the "growth of novice nurses" and "revising her educational perspective" formed the core foundation of her professional maturation.

4. Discussion

This study aimed to clarify the reflective practice process of a clinical nurse educator teaching novice nurses, using Schön's theory as the guiding framework. Through a qualitative descriptive approach, we identified four phases of reflective practice—pre-practice planning, real-time judgment, post-practice reinterpretation, and reconfiguration of education.

1) Visualization of "reflection-in-action" in educational practice: Implications for educators' immediate judgments based on Schön's theory

The educational practices identified strongly reflected Schön's concept of the "reflective practitioner." Judgments made in Phases 1 and 2 correspond to reflection-in-action, where educators responded not by adhering to pre-established plans but by forming judgments instantaneously within dynamic clinical situations. Such judgments were not mechanical responses, but immediate reflections grounded in prior clinical and educational experience, embodying what Schön described as the linking of past repertoires to on-the-spot experiences. For example, in the situation of assisting a postoperative patient to leave the bed, when the assistance policy that had been previously shared with the novice nurse became unstable owing to the patient's reaction or the nurse's confusion, the educator shifted from the policy of "observing the novice nurse" to either promoting nursing for novice nurses by presenting alternative nursing care plans or the decision to transition from observing the support provided to novice nurses to taking direct action. This judgment was not a mechanical or manualized response, but rather an immediate and adaptive reflection grounded in the educator's prior experiences and embodied knowledge accumulated through nursing and educational practice. Schön [8] described these judgments as a cognitive activity that links past "repertoires" to "on-the-spot experiences." That is, one does not approach a situation with a completely unframed perspective; rather, it is essential to regard past experiences and existing research frameworks as important foundations and actively and flexibly integrate them into one's practice [13]. The educators in this study likewise did not adhere to a fixed instructional method, but instead continuously revised their judgments in response to the specific nursing context.

Thus, while the unique circumstances of the clinical setting demand immediate decisions from educators, teaching nursing practice to novice nurses represents a situation that is more complex than that of conducting nursing care itself. This is because educators teach novice nurses through engagement in nursing practice and therefore cannot determine instructional methods independently of the presence of the patient. When educational hypotheses established before practice were challenged by situational changes in the clinical setting, educators shifted their instructional approach from observing to advising or acting on behalf of the novice nurse at the moment they judged that "the patient would experience distress if the situation were to continue," thereby [discerning novice nurses' practice with focus on patient-centered nursing] and updating their educational judgment accordingly. This decision also constitutes a practice that involves the dual consideration of minimizing patient distress while respecting the autonomy of the novice nurse and corresponds to what Schön [8] describes as "immediate judgment in a complex situation" required of the reflective practitioner.

However, there were occasions when the educators discerned much from the narratives and attitudes of the novice nurses but deliberately chose not to act, opting instead to "wait." Rather than reflecting mere patience in refraining from personally becoming the practitioner, this represented a "silent gaze in education," grounded in thoughtful consideration of the novice nurse. In this restraint lies the core of reflective practice. Nursing education is not about handing out preprepared "answers," but about continuing to ask together, "How do we think now in this situation?" When the educational policy formulated before practice was disrupted by the patient's distress or the novice nurse's hesitation, the educator responded not according to "what was known in advance," but based on "what is being understood in the present moment." These judgments emerged quietly, not from within a preplanned structure, but from within the indeterminacy of the situation. Viewed from this perspective, "reflective practice" in nursing education is not simply an act of imparting knowledge, but rather a process of mutual learning in a space where "judgment" and "relationship" are generated together. Educational practice in nursing is not a predetermined, unidirectional act of instruction, but a sequence of relationships and decisions that are continually revised. In this sense, the educator is always also a learner of the situation.

As described above, educators are not solely "those who teach" but also "those who are taught" by the situation. The narratives of the educators in this study illustrate the enactment of such a "dynamic view of education."

2) Educators who question themselves: reflection as double-loop learning

Another important finding is the educator's willingness to question not only her teaching methods but also the underlying assumptions guiding them. This corresponds to Argyris and Schön's concept of double-loop learning [14]. By reconsidering assumptions, such as expecting competence by the fourth month, the educator reframed her educational stance. This process demonstrates that reflective practice involves not merely refinement of methods but also a deeper recon-

sideration of the purpose and meaning of education itself. Furthermore, when difficulties arose during teaching, the educator did not blame "the inexperience of the novice nurse" but quietly questioned herself, "wondering whether her educational approach had failed to provide adequate support." To evolve and develop practice, not only learners but also educators are required to examine and evaluate their practice [15]. Educators face fundamental questions such as "What is teaching?" and "For whom is support provided?" and educational practice is reconfigured as an object of reflection, leading to deep contemplation of individuality.

Thus, reflective practice involves the deconstruction and reconstruction of one's view of education. It is an activity that redefines the very meaning of experience, rather than simply linking one experience to the next. It represents a moment that marks one's maturity as a reflective practitioner. Rather than providing novice nurses with the correct answers, the educators were transforming themselves into "co-learners," questioning the correctness of those answers themselves. This attitude underscores the importance of viewing education as a "relational process" rather than a "technical procedure." This study affirms the notion that when educators change, the quality of education changes.

3) Watching, waiting, and believing: the nature of educational relationships

Finally, this study revealed the essence of educational relationships as a balance between watching, waiting, and believing. The educator navigated the tension between intervening to ensure patient safety and trusting novice nurses to act independently. This tension required repeated reflection on when to observe and when to intervene. Such reflective patience highlighted education as more than technique—it is also an attitude of trust and attentiveness. The educators listened attentively to the voiceless expressions of each novice nurse and, resonating with them as educators, posed questions such as, "What was the novice nurse trying to see?" and "Why was this choice made?" Within this tension, they repeatedly reflected on the question: "To what extent should one observe, and at what point should one intervene?" Simply observing is not sufficient for education. However, intervening prematurely may stifle the growth potential. The educators understood the gravity of "waiting." It was not a matter of mere passage of time, but rather a demonstration of the educator's resolve to observe the learner's decisions with patience and trust. Education is not solely the act of verbal instruction, but also the very act of "silently waiting for the learner's judgment to emerge." For mutual reflection-in-action to occur between educators and novice nurses, it is crucial to perceive what the learner understands—particularly where they struggle [15]. This act of perception enables appropriate responses such as modeling or offering advice, ultimately leading to forms of education suited to the specific novice nurse before them. This aligns with recent studies emphasizing reflective practice as central to novice nurses' clinical judgment and growth, and further supported by a pilot program that improved reflective competence among educators [6] as well as a study exploring nurse educators' understanding of reflective practice in clinical education [7]. Such an educational gaze represents an attitude and

stance of relationship that cannot be imposed or substituted by any technique.

What became evident in this study is that the educators' practice entailed not only "teaching," but also "being with" and "transforming with" the learners. It reflects a posture of attending to the thoughts of the novice nurses rather than merely evaluating their actions. It illustrates the essential epistemology in nursing education that education is a "co-creative process of growth."

5. Challenges and Future Prospects for This Study

This study contributes by qualitatively depicting the reflective practice process of a single educator in depth. However, the single-participant design limits transferability, and reliance on subjective narratives underscores the need for triangulation in future research. Further studies incorporating both educators' and novices' narratives are needed to construct a more comprehensive understanding of reflective educational relationships.

6. Conclusions

This study identified four phases of the reflective practice process by which a clinical nurse educator provided education suited to novice nurses, guided by Schön's reflective practitioner theory. These phases were: 1) formulating an educational policy for autonomous practice, 2) determining educational methods through patient-centered judgments, 3) reinterpreting novice nurses' ideas through post-practice reflection, and 4) reconfiguring education based on the individuality of novice nurses. Together, these phases illustrate a reflective trajectory in which educators make context-sensitive judgments before, during, and after practice, critically examine their own educational perspectives through dialogue with novice nurses, and integrate insights into subsequent practice.

Rather than imposing notions of "correctness," the educator in this study continually revised her engagement by attentively listening to the thoughts and efforts of novice nurses. This orientation exemplifies professional maturity as a reflective practitioner. The findings also demonstrate that education is not solely about teaching technical skills but about cultivating a co-creative process of growth, wherein both educators and novice nurses transform through reflection.

By elucidating this reflective trajectory, the study contributes to a deeper understanding of how clinical nurse educators balance the dual responsibility of ensuring patient safety while fostering novice nurses' autonomy. These insights highlight the need for educational programs to emphasize reflective practice as a core competency, supporting educators in becoming not only transmitters of knowledge but also co-learners who advance alongside their students.

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Additional Note

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Conflicts of Interest

The authors declare no conflict of interest.

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