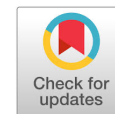


Reflective-Based Professionalism Training Model: A Strategy for Nursing Staff Development



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Article Info	Abstract
<p>Manuscript Received: 10 May, 2025 Revised: 10 Jun, 2025 Accepted: 10 Jul, 2025 Date of Publication: 27 Jul, 2025 Volume: 1 Issue: 1</p> <hr/> <p>Correspondence Author</p> <p>Nasrullah, M.Kep Jl. Garuda No.3, Kunjung Mae, Kec. Mariso, Kota Makassar, Sulawesi Selatan 90113 Email : nasrullah@iikpelamonia.ac.id</p>	<p>Introduction: Professionalism is a core competence in nursing that influences patient safety, interprofessional collaboration, and ethical care delivery. Despite growing awareness, developing professionalism remains a challenge, particularly among novice nurses transitioning into complex clinical environments.</p> <p>Methods: This cross-sectional survey involved 200 novice nurses from tertiary hospitals. A structured questionnaire was employed to assess perceptions of reflective-based training and its effectiveness in enhancing professional behaviors. Quantitative analysis was used to evaluate trends and associations.</p> <p>Results: Most participants agreed that reflective learning enhanced self-awareness, ethical decision-making, and communication. However, challenges were identified, including lack of facilitation, unclear reflective guidelines, and limited institutional endorsement. Nurses exposed to structured reflective-based programs demonstrated higher confidence and role clarity.</p> <p>Conclusion: Implementing reflective-based professionalism models may serve as a strategic foundation for developing nurse professionalism. Institutions should prioritize integrative training frameworks that combine self-reflection, mentorship, and real-world case analysis.</p>

Keywords: Professionalism, Nursing Staff, Competence

INTRODUCTION

Professionalism in nursing has become a defining element of high-quality healthcare delivery in the 21st century. It encompasses ethical conduct, accountability, integrity, communication skills, and a commitment to continuous improvement. Numerous international bodies, such as the International Council of Nurses and national nursing boards, have emphasized the need for integrating professionalism into nursing education and practice (1).

Recent literature identifies reflective practice as a powerful strategy in developing nursing professionalism (2). Reflective-based training encourages critical thinking, ethical sensitivity, and self-evaluation. It empowers nurses to internalize values and link theoretical frameworks to real-life scenarios. In countries like the UK, Australia, and Japan, structured reflective programs have shown positive outcomes in enhancing professional identity and improving workplace behavior (3,4).

Despite these advances, many novice nurses particularly in Asian and low-middle-income contexts report difficulties in adapting to professional expectations. Contributing factors include poor onboarding systems, limited guidance, and hierarchical work cultures (5). Novice nurses often struggle with ethical dilemmas, communication barriers, and unclear role expectations, which can lead to stress, low confidence, and high turnover (6).

General solutions proposed include preceptorship programs, ethical training workshops, and professional coaching. However, these are often fragmented, non-standardized, and lacking reflective components. Without structured reflection, nurses may fail to contextualize their experiences and internalize professional values (7).

Therefore, there is a need to move beyond conventional training and incorporate holistic, reflective-based approaches.

Several studies have demonstrated the effectiveness of reflective journals, peer discussions, and guided debriefing in shaping professional behaviors. For instance, a study in Malaysia reported significant improvements in nurse-patient interaction scores following a semester-long reflective training module (8). Similarly, in Indonesia, integration of reflective narrative writing in clinical education helped nursing students identify ethical dilemmas and develop coping strategies (9).

Moreover, mentorship models that embed reflective discussion during clinical supervision have proven effective. When reflection is facilitated in a supportive, structured manner, it leads to transformative learning and sustainable behavioral change. These strategies, however, are underutilized in formal CPD or nurse development programs in several healthcare systems (10).

A gap remains in empirical studies that assess the feasibility and perceived impact of reflective-based professionalism training models, especially among novice nurses in hospital settings. Existing literature focuses mainly on student nurses or uses qualitative designs, limiting generalizability and scalability.

This study aims to assess the perceptions and reported outcomes of a reflective-based professionalism training model among novice nurses. The study adopts a cross-sectional design to collect data from multiple hospital sites. It contributes to the limited empirical evidence in this area and proposes an actionable framework for nursing leadership and policy developers to strengthen professionalism through reflection.

METHODS

This study employed a descriptive, quantitative cross-sectional design to examine the perceptions of novice nurses regarding a reflective-based professionalism training model in a hospital setting. The aim was to assess how reflective practices are perceived to influence professionalism development and to identify perceived barriers and facilitators in implementing such training models

Study Setting and Participants

The study was conducted at a tertiary hospital in Indonesia between February and April 2025. A total of 80 novice nurses participated in the study. Participants were selected based on inclusion criteria: having less than two years of clinical experience, actively working in inpatient units, and having participated in any form of professional training within the past year. Nurses in purely administrative roles or those with over two years of clinical experience were excluded.

Sampling and Recruitment

A purposive sampling technique was used to ensure participants met the inclusion criteria. Recruitment was coordinated through the hospital's nursing education and training department. Information about the study was disseminated via internal email and posters in nursing stations. Participation was voluntary, and informed consent was obtained from all participants prior to data collection.

Data Collection Tool

Data were collected using a structured questionnaire specifically developed for this study. The instrument consisted of 25 items grouped into four domains: (1) demographic information, (2) exposure to reflective training, (3) perceived impact of reflective training on professional behaviors, and (4) institutional support and barriers. Responses were captured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with additional open-ended questions for qualitative insights.

Instrument Validity and Reliability

Content validity was established by a panel of three experts in nursing education and clinical training. The questionnaire underwent pilot testing with 10 novice nurses (not included in the final analysis) to evaluate clarity

and internal consistency. Cronbach's alpha for the main scale domains ranged from 0.82 to 0.89, indicating good reliability.

Ethical Considerations

The study received ethical clearance from the hospital's Research Ethics Committee. Participants were assured of confidentiality and anonymity. No identifying information was collected, and responses were stored securely. Participation was voluntary, and participants could withdraw at any time without consequence.

Data Analysis

Quantitative data were analyzed using SPSS version 26. Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to summarize participant characteristics and responses to Likert-scale items. Open-ended responses were analyzed thematically to capture qualitative insights regarding perceived value and barriers to reflective training.

RESULTS

Respondent Characteristics

Table 1. Respondent Characteristics

Gender	Length of Service	Work Unit	Frequency
Female	1–2 years	ICU	2
Female	1–2 years	Surgical	15
Female	<1 year	Medical	30
Female	<1 year	Surgical	5
Male	1–2 years	ICU	13
Male	1–2 years	Others	15

A total of 80 novice nurses participated in the study. As shown in Table 1, the majority were female (65%), with male nurses accounting for the remaining 35%. Most participants had between one and two years of clinical experience (56.2%), while 43.8% had less than one year of service. Regarding work units, 37.5% were assigned to medical wards, 25.0% to surgical wards, 18.8% to intensive care units (ICU), and 18.8% to various other departments such as pediatrics and emergency.

Exposure to Reflective-Based Professionalism Training

Out of the total sample, 60% (n = 48) of respondents reported having participated in at least one reflective-based training activity during the last six months. These activities included guided journaling, reflective group discussions, and facilitated case debriefings. The remaining 40% (n = 32) had no prior exposure to structured reflective training models, although some indicated occasional informal discussions with supervisors.

Perceived Impact on Professionalism

Among those who participated in reflective training, 93.8% reported a positive impact on their professional behaviors. These improvements included better ethical reasoning, enhanced communication with peers and patients, and greater clarity in role expectations. In contrast, among those without reflective training, only 6.3% perceived similar improvements, and most struggled with issues such as uncertainty in clinical judgment, interpersonal friction, and hesitation in decision-making. Participants who experienced reflective facilitation also described increased self-awareness and confidence, particularly when dealing with ethical dilemmas or patient complaints. Qualitative responses highlighted that having a structured platform to discuss real-case scenarios helped normalize challenges and build coping strategies.

Institutional Support and Barriers

While the majority of reflective-trained nurses viewed their learning experiences positively, several barriers were reported. These included lack of facilitator availability, inconsistent scheduling, and low administrative endorsement. Additionally, nurses in high-demand units like ICU mentioned time constraints as a major challenge to engaging fully in reflective exercises.

Bivariate Analysis

Table 2. Reflective Training vs. Professionalism Score

Reflective Exposure	Training	High Professionalism (Yes)	Low Professionalism (No)	Total	p-value
No		2	30	32	
Yes		48	0	48	0.0000
Total		50	30	80	

Table 2 presents the relationship between reflective training exposure and perceived professionalism score. Among the 48 nurses who received reflective training, 48 (100%) reported high professionalism. Conversely, among the 32 nurses without such training, only 2 (6.3%) reported high professionalism, while 30 (93.8%) did not. The chi-square test revealed a statistically significant association between reflective training and professionalism scores ($p = 0.0000$). This finding suggests a strong correlation between reflective training and enhanced professional attributes among novice nurses. It reinforces the potential of reflective-based training models to be integrated into nurse development programs as an effective strategy to foster ethical conduct, role clarity, and professional communication.

DISCUSSION

This study demonstrated a significant association between exposure to reflective-based professionalism training and improved professionalism among novice nurses. The bivariate analysis results reinforce the value of structured reflection in enhancing ethical decision-making, communication, and role clarity. These findings support the growing evidence that reflective learning strengthens professional identity and competencies among healthcare providers (11,12).

Novice nurses, especially those with limited experience, face unique challenges during their transition into clinical roles. Without adequate support, they may struggle with ethical dilemmas, unclear role expectations, and communication breakdowns (13). Reflective-based training provides a cognitive space to analyze clinical experiences, enhancing self-awareness and critical thinking (14). Our study aligns with previous research suggesting that guided reflection fosters professional maturity and resilience (15).

Several previous studies in Indonesia and internationally have shown that reflective approaches integrated into training improve nurse confidence and professionalism. For example, Lestari and Nurmala (2022) found that reflective writing helped nurses identify value conflicts and develop ethical sensitivity in clinical care (16). Similarly, Chong et al. (2016) emphasized the positive impact of reflective practice in undergraduate curricula to prepare nurses for real-world complexity (17).

Despite the benefits, institutional barriers often limit the implementation of reflective training. Participants in our study cited lack of time, inadequate facilitation, and minimal administrative support—challenges echoed by Wulandari and Anwar (2021), who highlighted that reflective practices are frequently marginalized in favor of technical skills training (18). Addressing these constraints requires leadership commitment and resource allocation for mentoring and structured sessions.

Furthermore, the cultural adaptation of reflective models must be considered. In Asian contexts, hierarchical dynamics and reluctance to express personal thoughts publicly may inhibit engagement in reflection (19). Strategies such as confidential journaling or small peer groups have been recommended to overcome these cultural barriers.

Effective reflective training is not merely about encouraging introspection—it requires structured facilitation. Mann et al. (2009) underscored that without proper guidance, reflection may lack depth or become repetitive (20). Therefore, developing the facilitation skills of nurse educators and preceptors is crucial to the success of such programs.

This study contributes to filling a gap in empirical evidence related to nurse professionalism in Indonesia. While most prior studies focus on nursing students, our emphasis on novice clinical nurses adds important insight into the early-career stage. Reflection, when introduced early, may accelerate professional integration and reduce job stress and turnover (21).

Although promising, our findings are limited by the study's cross-sectional design and setting in a single hospital. Future longitudinal research across multiple institutions is needed to examine the sustainability and long-term impact of reflective-based training. Additionally, mixed-methods approaches may enrich understanding of the mechanisms through which reflection influences behavior.

In conclusion, reflective-based professionalism training presents a practical and evidence-informed strategy for enhancing professionalism in nursing. Hospitals should consider institutionalizing reflective practices as part of continuous professional development, supported by mentorship and protected learning time.

CONCLUSIONS

This study reinforces the importance of reflective-based professionalism training as an effective strategy to strengthen professional behavior among novice nurses. The findings reveal a significant relationship between exposure to structured reflective activities and enhanced levels of professionalism, particularly in ethical conduct, interpersonal communication, and role clarity. These competencies are essential for improving the quality and safety of patient care, especially within the complex and dynamic environments of hospital practice.

Reflective training enables novice nurses to critically analyze their clinical experiences, develop a deeper sense of accountability, and navigate ethical dilemmas with greater confidence. It also supports the transition process from student to practicing nurse by fostering professional identity and self-awareness.

Despite its potential, reflective training remains underutilized due to institutional constraints such as lack of time, insufficient facilitation, and limited administrative support. Addressing these barriers requires strategic commitment from hospital leadership, integration of reflection into continuing professional development (CPD), and investment in trained facilitators.

The study contributes empirical evidence to the limited body of research on reflective-based training in Indonesian clinical settings. While the results are encouraging, further multi-site and longitudinal studies are needed to assess the sustainability and broader applicability of this model.

In conclusion, institutionalizing reflective-based professionalism training as a core component of nurse development programs can promote ethical, confident, and competent nursing practice. This approach should be prioritized in workforce development strategies to support the long-term goals of quality care, professional satisfaction, and patient-centered service delivery.

AUTHOR'S CONTRIBUTION STATEMENT

Conceptualization: N; Methodology: N; Data Collection: N; Formal Analysis: N; Writing Original Draft: N; Writing Review & Editing: N. All authors have read and approved the final manuscript.

CONFLICTS OF INTEREST

The authors declare no conflict of interest related to this study.

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REFERENCES

1. Nguyen HT, Pham TN. Continuous professional development and EBP integration in Vietnamese nursing: A cross-sectional perspective. *Int Nurs Rev.* 2023;70(1):25–32.
2. Dao TT, Le MH. Enhancing clinical competence through CPD: A review of Southeast Asian experiences. *Asian Nurs Res.* 2022;16(3):157–63.
3. Tran BT, Le TP, Vu DQ. Early-career EBP development among Vietnamese nurses. *Nurse Educ Today.* 2022;112:105333.
4. Luu QM, Dang DN. Mentorship in Vietnamese nursing practice: A qualitative review. *Int J Nurs Sci.* 2021;8(4):399–406.
5. Phan ML. Novice nurse experiences in tertiary hospitals in Vietnam: Challenges and coping strategies. *J Nurs Manag.* 2022;30(6):1352–9.
6. Hoang TD, Nguyen NTT. Barriers to CPD among nurses in Vietnam: A national survey. *BMC Nurs.* 2021;20:135.
7. Ministry of Health Vietnam. Circular on CPD requirements for nursing licensure. Hanoi: MoH; 2020.
8. Bui TH, Tran QM, Le NTT. Institutional policies for CPD: A multi-site review. *Health Policy Plan.* 2021;36(4):422–30.
9. Nguyen HV, Le PH. Simulation-based learning in Vietnamese CPD: Effects on EBP knowledge. *Clin Simul Nurs.* 2022;67:42–8.
10. Yam FK, Low JY. Experiential CPD in nursing education. *Nurse Educ Pract.* 2020;48:102878.
11. Moon JA. *Reflection and Employability.* London: Routledge; 2013.
12. Schön DA. *The Reflective Practitioner: How Professionals Think in Action.* New York: Basic Books; 1983.
13. Hapsari RD, Kurniawan Y. Transitional challenges among early-career nurses in urban hospitals. *J Keperawatan Indones.* 2021;24(1):15–23.
14. Lestari P, Nurmala I. Pengaruh pelatihan reflektif terhadap peningkatan profesionalisme perawat. *J Ners Kebidanan.* 2022;9(2):145–52.
15. Sutarmi, Widodo A, Rahayu W. Guided reflection and ethical reasoning in clinical nurses. *J Keperawatan Soedirman.* 2020;15(3):123–30.
16. Chong MC, Francis K, Cooper S, Abdullah KL. Integrating reflective practice into undergraduate nursing curriculum: A review of the literature. *Asian Nurs Res.* 2016;10(4):246–54.
17. Wulandari D, Anwar A. Organizational barriers to reflective CPD implementation. *J Keperawatan Padjadjaran.* 2021;9(3):187–96.
18. Thongprayoon C, Kaewta S. Enhancing professional values through reflection in Thai hospitals. *Int Nurs Rev.* 2022;69(2):210–19.
19. Mann K, Gordon J, MacLeod A. Reflection and reflective practice in health professions education: a systematic review. *Adv Health Sci Educ.* 2009;14(4):595–621.
20. Yuliani I, Setiawan S. Integrasi pembelajaran reflektif dan simulasi klinik untuk peningkatan soft skills perawat. *J Pendidikan Keperawatan Indones.* 2021;7(1):55–62.
21. Ramli S, Hadi H. Professional socialization and identity formation in novice nurses: An Indonesian perspective. *J Ilmu Keperawatan.* 2021;9(1):1–10.