

## CRITICAL COMMENTARY

# Beyond Competence: Why Reflective Practise Should Underpin Nursing's Next 50 Years

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## 1 | Introduction: Advancing Practise, Developing Practitioners

In the 50 years since the founding of the *Journal of Advanced Nursing*, the profession has undergone substantial transformation. We have advanced nursing knowledge, elevated educational standards, expanded scope of practise and established ourselves as essential contributors to healthcare delivery. These achievements represent significant progress in establishing nursing's professional and academic foundations.

However, as healthcare itself has evolved, questions have emerged about whether our approaches to professional development have kept pace with the changing nature of practise. Contemporary healthcare is characterised by increasing complexity, rapid change and persistent uncertainty. Patient presentations rarely follow textbook patterns. Ethical dilemmas seldom have straightforward solutions. Resources and demands shift unpredictably. Technologies evolve continuously. These conditions, often described as volatile, uncertain, complex and ambiguous (VUCA), present particular challenges for how we prepare and support nurses throughout their careers (Bennett and Lemoine 2014).

Our professional development systems have traditionally emphasised competence, the demonstration of specified skills and knowledge under defined conditions. This approach has served nursing well in many respects, providing clear frameworks for education, assessment and regulation. Yet there is growing recognition that competence, whilst necessary, may be insufficient for VUCA environments. What appears additionally needed is capability, the capacity to make sound judgements when established approaches do not quite fit, to navigate ethical ambiguity,

to adapt rapidly whilst maintaining core values and to learn continuously from experience.

This commentary explores the proposition that reflective practise, currently positioned somewhat peripherally in professional development, might warrant reconsideration as foundational to developing the adaptive capacity contemporary healthcare demands. Drawing on research into Resilience Based Clinical Supervision, organisational culture and leadership development, I suggest that our next 50 years may require a fundamental reorientation, from primarily measuring what nurses know and can do, to systematically developing their capacity for wise judgement in uncertain conditions.

## 2 | Reflective Practise: From Philosophical Ideal to Marginalised Activity

Reflective practise entered nursing discourse significantly in the 1980s, largely through Donald Schön's influential work on the reflective practitioner (Schön 1983). The promise was substantial: that professionals could develop wisdom through structured reflection on experience, moving beyond technical rationality to embrace what Schön termed the artistry of practise. Nursing embraced this philosophically, incorporating reflection into curricula, assessment strategies and continuing professional development requirements.

Yet 50 years later, reflective practise remains somewhat peripheral to how we actually develop nurses. It exists primarily as an assessment requirement (students complete reflective journals to satisfy academic criteria, practitioners maintain portfolios to meet revalidation standards) but less commonly as a lived,

embedded, transformative practise that genuinely shapes professional development and decision making.

Several factors contribute to this marginalisation. Firstly, reflection has been individualised. We treat it as something individual nurses do, rather than something organisations enable and communities practise collectively. Students are taught to reflect, but they frequently enter workplaces where reflection is constrained by workload pressures, where admitting uncertainty may be interpreted as weakness and where the dominant organisational culture rewards appearing confident over thoughtful uncertainty.

Secondly, reflection has often been disconnected from action. We ask nurses to reflect retrospectively on what happened, but less commonly create structures that enable prospective reflection (thinking carefully before acting) or reflection in action that shapes decisions as they unfold (Schön 1983). Reflective practise has become something that happens after the event, in private spaces, rather than something that fundamentally shapes how care is delivered.

Thirdly, insufficient attention has been given to distinguishing between productive reflection and rumination. What is labelled as reflection may sometimes be unproductive worry: nurses cycling through the same concerns without frameworks, support, or pathways for making meaning or taking action. Without skilled facilitation and psychologically safe spaces, reflection can reinforce self-criticism rather than build professional confidence (Gilbert 2009).

Perhaps most significantly, we have not adequately addressed the organisational and systemic conditions necessary for reflective practise to flourish. We cannot reasonably ask nurses to be reflective practitioners in organisations that penalise uncertainty, discourage speaking up, or treat complexity as inefficiency to be eliminated rather than reality to be navigated. The trajectory of reflective practise in nursing has largely involved expecting individuals to develop capabilities that organisational cultures may actively undermine.

### 3 | Reflective Practise as Self-Compassion: Preventing Professional Armouring

Nursing is inherently emotional labour. Nurses regularly encounter suffering, witness distressing situations, navigate complex interpersonal dynamics and manage the gap between the care they wish to provide and the care circumstances allow. The emotional weight of this work is substantial and cumulative. Without appropriate support for processing these experiences, nurses develop protective strategies to cope with emotional demands that might otherwise become overwhelming.

One particularly concerning protective strategy is what might be termed professional armouring, the gradual development of emotional detachment and interpersonal distance as a defence against the emotional toll of practise. Nurses learn to maintain composure by maintaining distance, to protect themselves by creating barriers between their emotional selves and the suffering they encounter. They develop what appears to be

professional objectivity but may actually represent emotional numbing. This armouring manifests in subtle ways: rushing through interactions to avoid emotional engagement, focusing narrowly on technical tasks rather than relational aspects of care, treating patients as cases rather than people, or adopting cynical attitudes that protect against disappointment or moral distress.

Whilst understandable as a survival strategy, professional armouring fundamentally undermines person centred care. The relational, human dimensions of nursing require emotional availability, authentic presence and genuine connection. When nurses armour themselves against emotional impact, they simultaneously limit their capacity for the compassionate, individualised, relationally attuned care that constitutes nursing's core contribution. Patients experience this detachment acutely, describing interactions that feel rushed, impersonal, or perfunctory. The very strategies nurses develop to protect themselves from burnout may paradoxically accelerate it, as work becomes increasingly disconnected from the values and purpose that drew them to nursing initially.

Here lies reflective practise's perhaps most important, yet least discussed, contribution: when properly structured and compassionately facilitated, it offers an alternative to professional armouring. Rather than avoiding or suppressing difficult emotional responses, reflective practise creates safe spaces to acknowledge them, make meaning from them and integrate them as sources of professional wisdom rather than threats to professional composure.

Research into Resilience Based Clinical Supervision demonstrates this possibility (Stacey et al. 2020). By combining established clinical supervision principles with compassion focused therapy, RBCS specifically addresses the shame and harsh self-criticism that often prevent nurses from engaging honestly with difficulty. Within psychologically safe groups, nurses learn to reframe challenging experiences not through toxic positivity ('everything is fine') but through compassionate realism ('I struggled with this AND I learned something. I found this hard AND I asked for help'). This reframing process requires and simultaneously builds self-compassion: the capacity to treat oneself with the same kindness and understanding one would offer a colleague facing similar difficulties.

The impact of this compassionate reflective practise extends beyond individual wellbeing. When nurses develop self-compassion through structured reflection, they maintain capacity for compassion toward others. The evaluation of RBCS revealed what was termed 'compassionate flow': organisations showing compassion to facilitators by supporting them; facilitators showing compassion to participants; participants then having greater capacity for compassion toward patients and colleagues. Crucially, participants also found courage to challenge unhelpful workplace practises and to be honest with managers about difficulties. Rather than armouring themselves against organisational failings, they developed the emotional resilience and collective support to address them.

This represents reflective practise's essential role in maintaining nursing's relational core. When nurses have regular, structured

opportunities to process emotional labour compassionately within safe communities, they do not need to develop protective detachment. They can remain emotionally present with patients because they have spaces to process the impact of that presence. They can maintain the authentic human connection that person centred care requires because they are not carrying unprocessed emotional burdens alone.

The absence of such reflective spaces has consequences. Without appropriate support for emotional processing, nurses face a stark choice: either develop protective armouring that enables them to continue functioning but diminishes care quality, or maintain emotional openness at unsustainable personal cost that leads to moral distress and eventual departure from the profession. Neither option is acceptable. Both represent failures to provide essential professional infrastructure.

Making reflective practise foundational to nursing is therefore not about improving individual resilience or enhancing professional development in abstract terms. It is about protecting nursing's capacity to deliver the relational, person-centred care that represents its distinctive contribution to healthcare. It is about preventing the professional armouring that transforms nursing from human connection into technical task completion. And it is about recognising that self-compassion, developed through structured reflective practise, is not a luxury for individual well-being but a necessity for sustainable, high-quality care.

#### 4 | The VUCA World: Why Competence is no Longer Sufficient

The next 50 years will be substantially defined by VUCA conditions, Volatility, Uncertainty, Complexity and Ambiguity. These are not occasional challenges but increasingly prominent features of contemporary healthcare (Bennett and Lemoine 2014). Demographics shift. Technologies evolve. Diseases emerge. Resources are constrained. Social determinants create unpredictable complexity. Political decisions reshape care delivery. Regulatory frameworks change.

Healthcare has always contained uncertainty, but the pace and scale of change have accelerated considerably. Nurses now practise in environments where established protocols become outdated rapidly, where patient presentations do not match textbooks, where ethical dilemmas have no straightforward answers and where appropriate courses of action depend on factors that cannot be fully known in advance.

Yet our educational and professional development systems remain substantially designed for a different context, one where knowledge could be comprehensively taught, where skills once learned remained relevant, where competence frameworks could capture what excellent practise looked like. We continue to educate nurses as if we can prepare them for predictable futures, when the defining feature of their careers will be navigating unpredictability.

The competence-based frameworks that substantially shape nursing education and regulation are necessary but insufficient. Competence implies demonstrable capability in specified

conditions. It works well for stable, technical tasks. However, VUCA conditions demand something different, not just the ability to perform known skills, but the capacity to recognise when established approaches no longer fit, to make judgements with incomplete information, to navigate ethical ambiguity, to adapt rapidly whilst maintaining core values and to learn continuously from experience.

This is capability rather than competence, the capacity to respond effectively to unfamiliar, complex situations that cannot be reduced to checklists or protocols. Capability is developed through exactly what has been marginalised: reflective practise that builds professional judgement, moral reasoning and adaptive expertise.

Business scholarship on VUCA leadership identifies consistent themes: successful organisations embrace rather than eliminate uncertainty, create cultures of psychological safety where people can acknowledge what they do not know, develop distributed decision making rather than hierarchical control and invest substantially in continuous learning (Bennett and Lemoine 2014). These findings should resonate powerfully with nursing, yet dominant organisational cultures often move in different directions, seeking to control uncertainty through increasingly detailed protocols, penalising admission of uncertainty, centralising decision making and treating learning as something that happens in classrooms rather than through structured reflection on practise.

#### 5 | The Regulatory Paradox: How Our Response to Failure Undermines Professional Judgement

Perhaps nowhere is nursing's relationship with reflective practise more troubled than in how we respond to care failures. When incidents occur, regulatory and organisational responses typically intensify control, more protocols, more procedures, more documentation, more oversight. The logic appears intuitive; failures happen because people deviate from standards, therefore we need more explicit standards and stricter monitoring.

However, research consistently demonstrates a paradox: in VUCA environments, attempts to eliminate uncertainty through control may make systems less safe rather than more safe. They can erode the professional judgement, psychological safety and adaptive capability that complex systems require for safe functioning (Stacey et al. 2026).

Recent research examining organisations under heightened regulatory scrutiny reveals a concerning pattern. Organisations responding to failures with what has been termed 'preventative control' (the understandable but potentially counterproductive attempt to prevent future problems through increased oversight and reduced autonomy) may inadvertently create conditions where staff confidence declines as people fear making mistakes rather than exercising professional judgement; psychological safety diminishes as people become defensive and self-protective rather than openly discussing concerns; innovation ceases because any deviation from established practise means risk of criticism; learning is replaced by compliance; and trust erodes at

multiple levels between staff and management, between clinicians and patients, between organisations and regulators.

These are precisely the conditions that make reflection difficult. Honest reflection requires environments where admitting uncertainty does not lead to punishment, where raising concerns does not result in blame and where thinking critically about established practises is valued rather than discouraged. The more tightly we attempt to control practise through external oversight, the more we may undermine the internal professional judgement that safe, adaptive practise requires.

This matters profoundly for reflective practise because it exposes its political dimension. Reflective practise is not politically neutral. When nurses reflect critically (recognising contradictions between espoused values and actual practises, identifying systemic factors that compromise care, questioning established procedures) this creates discomfort for organisations and systems invested in maintaining current arrangements. Genuine reflection may challenge established power structures. It makes visible what systems might prefer to leave invisible.

Therefore, whether organisations genuinely enable or rhetorically endorse reflective practise depends substantially on whether they can tolerate the discomfort of nurses thinking critically about the conditions in which they practise. Where this tolerance is limited, reflection often remains confined to safe topics (individual clinical decisions, personal wellness strategies) whilst systemic and organisational issues that fundamentally shape practise remain beyond reflective scrutiny.

The next 50 years will require confronting this directly. Do we want nurses who can think critically about the systems they inhabit, or do we want compliant technicians who follow protocols? If the former, we must create the political and organisational conditions where critical reflection is possible, valued and acted upon.

## 6 | From Preregistration to Leadership: Embedding Reflective Practise Across Career Spans

If reflective practise is to become foundational rather than peripheral, it must be intentionally developed from the earliest stages of professional formation through to senior leadership. Currently, we introduce reflection in preregistration education but provide limited ongoing structure for its development across career stages, representing a substantial loss of potential.

Preregistration education introduces reflective frameworks but often in ways that may feel performative rather than transformative. Students complete reflective assignments as requirements, not necessarily because they have experienced reflection as genuinely valuable for navigating complexity. Research with student nurses has revealed they demonstrate considerable reflective capability, recognising contradictions between classroom ideals and clinical realities, navigating complex power dynamics, managing their inner critic and consciously enacting strategies to survive professional socialisation. However, this reflection often happens despite educational structures, rather than because of them.

What would happen if we designed preregistration education around the explicit development of reflective capability? Not teaching students to write reflective essays, but creating structured opportunities throughout their education to reflect collectively on experiences, to name the tensions they encounter, to develop frameworks for thinking about complexity and to practise professional judgement in psychologically safe environments before facing high stakes clinical decisions alone. This would require fundamentally rethinking curricula, not primarily as vehicles for transmitting content but as spaces for developing professional wisdom through facilitated reflection on experience.

Early career nurses face particularly challenging professional transitions, moving from supported student to accountable practitioner whilst still developing competence and confidence. Research consistently identifies this as a critical retention point, with substantial proportions leaving the profession within the first year. Yet this is precisely when structured reflection is often scarce. Newly qualified nurses lose access to educational support structures but have not yet built workplace relationships or confidence to seek assistance.

This is where models such as Resilience Based Clinical Supervision demonstrate substantial value, creating structured spaces for early career nurses to reflect collectively on the challenges of transitioning to professional practise, to re-frame difficulties as learning rather than failure, to build compassionate self-awareness rather than self-criticism (Stacey et al. 2020). However, such provision remains exceptional rather than universal, dependent on particular organisational commitments rather than recognised as essential professional infrastructure.

Mid career nurses develop clinical expertise but face different challenges: how to maintain engagement when routines become repetitive, how to navigate increasing complexity in patient presentations, how to manage the accumulation of difficult experiences without appropriate spaces for processing them. Without structured reflection, expertise may ossify into inflexibility and accumulated experience may lead to burnout rather than wisdom. Mid career is when nurses particularly need sophisticated reflective capacity but often have limited access to structures supporting it.

Senior nurses and leaders shape the organisational cultures that enable or constrain reflective practise for everyone else. Yet leadership development in nursing has given variable emphasis to the reflective capabilities needed to create psychologically safe environments, to welcome challenge rather than defend against it, to model uncertainty and learning rather than perform unshakeable confidence. Work with senior nurses through programmes such as those offered by the Florence Nightingale Foundation has demonstrated that when senior nurses develop what might be termed 'core confidence' (grounded not in having all answers but in capacity for reflective judgement) they create fundamentally different organisational cultures. They welcome staff insights as valuable feedback rather than problematic criticism. They model learning from mistakes rather than concealing them. They create conditions where reflection can flourish.

The essential point is reflective capability develops across career stages, requiring different forms of support and creating different possibilities at each stage. However, it only develops if we intentionally structure for it. Currently, we leave it substantially to chance, to individual initiative, to exceptional organisations or leaders. For reflective practise to become foundational, it must be systematically embedded across entire career spans, as core professional infrastructure, appropriately resourced, protected and continuously developed.

## 7 | Six Imperatives for Making Reflective Practise Foundational

The next 50 years require a fundamental reorientation of how we understand and support professional development in nursing. Moving reflective practise from periphery to foundation requires action across six interconnected imperatives:

1. *Recognise reflective practise as systems level infrastructure, not individual responsibility.* Rather than treating reflection as something individual nurses should do in their own time, we must recognise it as essential professional infrastructure that organisations must resource, protect and enable. This means protected time, skilled facilitation, psychologically safe spaces and genuine organisational commitment rather than rhetorical endorsement.
2. *Develop facilitators of reflection as a professional role.* We need nurses whose primary expertise is creating and holding spaces for collective reflection: not as additions to already substantial workloads, but as recognised professional contributions. This requires appropriate training, support, reasonable caseloads and clear professional pathways for facilitation as skilled practise.
3. *Make psychological safety a performance indicator.* If organisations are serious about enabling reflection, they must measure and be held accountable for psychological safety, the extent to which staff feel able to speak up, admit uncertainty, raise concerns and challenge established practises without fear of punishment (Edmondson 2019). Without psychological safety, reflective practise cannot flourish.
4. *Redesign preregistration education around capability development.* We should move beyond competence-based education focused on demonstrating specified skills toward capability-focused education that develops professional judgement, adaptive expertise and reflective capacity for navigating unfamiliarity and complexity. This requires fundamentally rethinking curricula, assessments and clinical learning environments.
5. *Create pathways from reflection to action.* Reflection that identifies concerns but has no pathway for addressing them becomes a source of moral distress rather than professional development. Organisations must create clear, accessible mechanisms for concerns raised through reflection to be heard, taken seriously and acted upon appropriately. This relates to governance and accountability structures, not just individual reflection.

6. *Examine and address the political dimensions of reflective practise.* We must acknowledge that genuine critical reflection may challenge established power structures and organisational arrangements. If we want nurses who can think critically about the conditions of their practise, we must develop governance structures that welcome rather than suppress such reflection.

These imperatives are interconnected. Progress requires attention to all of them, not selective implementation of more comfortable elements whilst avoiding challenging ones. Together, they represent a fundamental reimagining of professional development in nursing. From individual responsibility to collective capability; from retrospective analysis to prospective judgement; from optional addition to essential infrastructure; from politically neutral activity to legitimate professional and organisational challenge.

## 8 | Conclusion: The Choice Before Us

As the *Journal of Advanced Nursing* marks its fiftieth anniversary, nursing faces important choices about professional development. One path continues the trajectory of recent decades (advancing knowledge, expanding scope, increasing educational requirements) whilst treating professional development as primarily about acquiring and demonstrating competence. This path has brought substantial achievements, but it may leave us inadequately prepared for VUCA futures where competence is necessary but insufficient.

An alternative path recognises that healthcare's defining challenges are not primarily technical but adaptive. They cannot be resolved solely by better protocols or more training, but require professionals capable of wise judgement in uncertain conditions, collective learning from experience and moral courage in complex situations. This path requires making reflective practise foundational. Not another thing nurses should do, but the core architecture of how we develop professional capability from preregistration through to senior leadership.

I am persuaded that nursing's next 50 years will be substantially shaped by this choice. Work I have been privileged to contribute to (developing RBCS, studying organisational cultures under strain, examining how leadership shapes possibilities for reflection and learning) has demonstrated that we possess the knowledge, frameworks and evidence needed to make this shift. What requires strengthening is the collective courage to implement what we know; courage to challenge competence frameworks that feel secure but prove inadequate; courage to create genuinely psychologically safe organisations rather than discussing them; courage to accept the discomfort of nurses who think critically about the conditions of their practise; courage to invest meaningfully in infrastructure for reflection rather than expecting individuals to develop capability despite organisational constraints.

The nursing workforce that will serve populations over the next 50 years is being educated now. They will face challenges we cannot fully predict, navigate complexity we can only partially

imagine and make moral judgements about dilemmas we have not yet encountered. We cannot prepare them for this solely through competence checklists or content transmission. We can best prepare them by developing their capacity for reflective judgement, for learning from experience, for navigating uncertainty with wisdom rather than fear and for acting with moral courage in ambiguous situations.

This is the central argument for making reflective practise foundational: not because it is professionally fashionable or educationally progressive, but because it represents the most appropriate way to develop the professional capability that the next 50 years will demand. Nurses who can reflect deeply, individually and collectively, on their practise will be better equipped to navigate VUCA futures with wisdom, adapt without losing core values, learn continuously and create the conditions where others can flourish.

The choice is ours. We can continue treating reflection as peripheral whilst remaining uncertain why nurses struggle with complexity, leave the profession, or do not fully exercise the professional judgement we claim to value. Alternatively, we can make a different choice: to recognise reflective practise as the foundation of professional capability, to invest in it systematically, to create the organisational and systemic conditions where it can flourish and to accept the implications of developing nurses who think critically about the worlds they inhabit.

Fifty years from now, when another milestone is marked, the profession that will be celebrated may well be not the one that knew the most, but the one that learned most effectively. Learning at individual, organisational and systemic levels requires structured, collective, critically engaged reflective practise. The future of nursing may depend not solely on advancing knowledge but on advancing wisdom. And wisdom is built through reflection.

The question for the next 50 years is this, Will we accord reflective practise the seriousness its potential demands?

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### References

- Bennett, N., and G. J. Lemoine. 2014. "What a Difference a Word Makes: Understanding Threats to Performance in a VUCA World." *Business Horizons* 57, no. 3: 311–317. <https://doi.org/10.1016/j.bushor.2014.01.001>.
- Edmondson, A. C. 2019. *The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth*. Wiley.

Gilbert, P. 2009. *The Compassionate Mind*. Constable.

Schön, D. A. 1983. *The Reflective Practitioner: How Professionals Think in Action*. Basic Books.

Stacey, G., C. Bond, and R. Hill. 2026. "Experiences and Impacts of Working in Organisations Undergoing Regulatory Scrutiny: An Integrative Review." *Journal Advanced Nursing*. <https://doi.org/10.1111/jan.70514>.

Stacey, G., G. Cook, and J. Aubeeluck. 2020. "Resilience Based Clinical Supervision for Nurses and Allied Health Professionals: A Study Protocol for a Mixed Method Exploratory Study." *Journal of Advanced Nursing* 76, no. 4: 1111–1119. <https://doi.org/10.1111/jan.14293>.