Reflective practice a promising path for professionalizing nursing education

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ABSTRACT
This article is related to nursing education. It concentrates on one of the main fields of the nursing discipline, that training. Thus, it studies the integration of reflective practice in nursing training as a condition for professionalization, especially with the reforms that have crossed this field of nursing training and the wind of change that has blown on the teaching/learning strategies adopted by nursing teacher trainers in Morocco. The article also attempts to shed light on the main limitations and barriers that can affect the reflective development of nursing students, which must be limited to stimulate and strengthen development.

Keywords: reflective practice, reforms, training, barriers, limitations, professionalization

INTRODUCTION

Since 2014, the Moroccan Ministry of Health has adopted, after consultation with the various social actors, professional associations, trainers, administrative staff, and faculty, the LMD (Licence, Master, Doctorate) system. To achieve this unprecedented reform, the Ministry has implemented a set of accompanying measures at both the pedagogical and organizational levels. It is part of a strategy to upgrade the nursing education system and Health Technology to improve the quality of health services provided to citizens.

In this new context, nursing students are called to acquire various skills (knowledge, procedures, know-how, and know-how) to develop specific skills to practice a profession constantly fraught with challenges.

Because "practicing your profession in the same way, throughout your career," without adapting it or trying to develop your skills and improve your practice sounds like acting like an automaton that repeats the same gestures without thinking and adapting them to the "purpose" of its intervention. However, this cannot, in any case, be applied to training in nursing science and the health professions in general because the practice is centered on the practitioner's human intervention on the patient and the relationship of assistance that he must manifest and which must be adapted to the situation The patient who can embody several difficulties which requires reflection on the part of the practitioner.

In this regard, the need to develop individual and collective professional practices obliges everyone to work on professional identity, the relationship to the institution, knowledge, and change;this leads to a real process of professionalization (Laramée, 2019). With this discourse on professionalization, in the training environments of professionals, whether in initial or continuing training, everyone speaks of reflexive practice. This unanimity is only apparent because not everyone publishes on the subject speaks of the same reality (Guillemette, 2016).

In nursing, reflective practice stimulates the development of professional judgment in students by encouraging them to consider their practice from a holistic perspective, leading them to recognize the challenges associated with it (Dreifuerst, 2009; Peisachovich, 2016). In addition, she encourages him to explore his experiences to understand them better and to learn to transfer them to new situations (Donnaint, Marchand et Gagnayre, 2015).

In this context, the reflexive approach has demonstrated its ability to contribute to developing professional skills. It is practiced in all courses: theoretical or conceptual, practical, internship, and synthesis (La fortune, 2012). In the same vein, Laramée (2019) states that the PR provides the student with a new "telescope" to critically analyze the situations he encounters and the actions he poses. Especially since the latter is called to become reflexive, autonomous practitioners capable of managing any professional situation they may encounter. However, reflexivity is not learned spontaneously or independently and requires development or guidance in initial training and continued training (Gaussel, 2021).

Moreover, a methodical reflexive practice must be part of working time as a routine. Not a sleeping routine but a paradoxical routine, a state of permanent alert. It needs discipline and methods to observe, write, analyze in the aftermath, and take new options (Perrenoud, 1999). However, some authors consider that this deliberate process of reflection still seems to remain "the exception rather than the rule." Similarly, Christopher and Day (2001)

attest that for most teachers, formal development opportunities remain sporadic and linked only to periods of in-service training.

In this context, training in reflexive practice, without its being permanent, cannot be limited to resolving acute crises, problems, or dilemmas. It is best to think of it as a stable operation that is necessary at cruising speed and vital in turbulence (Thurler, 1996).

Faced with the multiplicity of pedagogical strategies and the complexity of the practical situations they face during their internships, nursing students are required more than ever to develop their ability to make judgments about their learning. They need to get used to self-assessment regularly to self-regulate their learning, develop their targeted skills, and thus be more autonomous in their learning. Similarly, training in "nursing" is now part of a new problem: constantly adapting to initiate and contribute to the development of tomorrow's skills while positioning itself in a more competitive and volatile environment (Gurraud, 2006). With this in mind, students must cultivate their reflection to be competent, that is, according to professional didactics, less deprived in the face of unexpected professional situations (Pastré, 2011; Pastré, Mayen, and Vergnaud, 2006). However, Gagné (2021) reveals that in learning activities, few direct links are made with the development of professional autonomy. In contrast, this skill is an integral part of the work of the nursing student.

From an educational perspective, engaging in reflective practice values professional knowledge and experience. Similarly, it is a way to leverage the time needed to acquire and apply relevant and valuable new learning. It is not a "professional apprenticeship served while driving" (Curtis, Lebo, Civandes, Carter, 2013).

In other words, reflective practice must be integrated into daily practice and various professional learning activities on an ongoing basis. It leads nursing students to think critically about their professional practice. In addition, reflexive practice and autonomous learning go hand in hand. More importantly, reflective practice can be considered an autonomous learning activity, as it invites reflective students to make informed choices about their autonomous learning activities.

Because of these findings, it seems legitimate to ask the following questions: What is the place for reflexive practice within the nursing training within the Moroccan ISPITS? What are the limits that can hinder its development?

I- Training and the challenge of professionalization

Training is essential in developing people and organizations in all trades, enabling them to act on skills and continue to awaken and strengthen them. However, this perception, which seems self-evident, is often only a facade, without being meaningful, especially given the imperatives of profitability to which all professional organizations are subject (Gerard, 2008).

Similarly, the purpose of training is not to prepare an individual for a workplace but for a professional field (Beckers, 2007a). Indeed, if we can witness professional's development and construction in the workplace, this result is still ongoing. It is "a by-product, unintentional" (Beckers, 2007a, p. 8) in a context directed by the productive activity. The challenge of training is broader and more fundamental: to promote the learning and development of the individual by articulating the phases of learning to those of their mobilization (Derobertmasur, 2012). Training is therefore asked about its ability to meet the realities of the needs of the field, the expectations of training institutions, and, in general, the mission of professionalization (Vacher, 2015).

In addition, Perrenoud (2012) points out that initial and continuing training. However, not the only vector of a progressive professionalization of the teaching profession remains one of the levers that raise practitioners' competence levels. It can contribute not only to increasing their knowledge and know-how but also to transforming their identity (Blin, 1997), their relationship to knowledge (Charlot, 1997), learning, programs, their vision of cooperation and authority, their ethical sense, short of bringing out this new profession. Indeed, professionalization appears as an ability to build one's practice and methods within the framework of ethics and general objectives (Perrenoud, 1993). It can develop in the field through contact with more experienced students and teachers (Deum, 2004).

Perrenoud (2012) attests that professionalization is also a long-term prospect, a structural process, and a slow transformation. It is an evolution that can be encouraged, but no government, no corporation, and no reform can bring it about overnight. However, there will only be professionalization if this evolution is wanted, carried, and supported with continuity by many collective actors, for decades, beyond the conjunctures and the political alternations.

Perrenoud (2012) says all occupations are occupations, whereas the reverse is invalid. The fact that Anglo-Saxon use reserves the status of profession to well-defined occupations, those in which it is neither opportune nor even possible to dictate to practitioners, in detail, their work procedures and decisions. Thus, the activity of a professional, understood in this sense, is governed essentially by objectives and ethics. A professional is therefore supposed to bring together the skills of the designer of the performer: he identifies the problem, poses it, imagines and implements a solution, and ensures the follow-up. He needs to learn the solution to the problems that will arise in his practice. He must build it live, sometimes under stress, and need more data for an informed decision. It never starts from scratch and considers theories, proven methods, jurisprudence, experiences of consecrated genres (Clot,1999), and the «state of the art.»

In this respect, the autonomy and responsibility of a professional only go with a solid capacity to reflect on his action. This capacity is at the heart of permanent development, according to the experience of professional skills and knowledge. In other words, reflective practice allows individual and collective professional practices to evolve by guiding everyone towards work on professional identity, the relationship to the institution's knowledge, and change. It creates a fundamental process of professionalization. However, it should be pointed out that the reflexive posture is not an end in itself but is part of a broader training dynamic aimed at building social and professional skills within a global society and organizations that frequently highlight immediately functional and operational dimensions (Bonnet, Bonnet, and Viard, 2013).

II- Nursing Education in Morocco: A Long Road Full of Reforms

The practice of nursing in Morocco is governed by the provisions of Dahir n° 1-57-008 of 21 chaabane 1379 (19 February 1960), Published in Official Bulletin n° 2470 of 26/02/1960 (26 February 1960). This Dahir announces in its first article: "A person is considered to be a nurse if he or she usually gives either at home or in a private hospital, prevention or consultation organizations, care prescribed or advised by a doctor." This too-broad definition has become outdated, as it does not consider the qualification and teaching received for care provision.

Nevertheless, current developments in the medical sciences, technologies used in the production of care, and patient safety requirements make the adoption of this definition unacceptable and require a review of nursing regulations.

With this in mind, the Ministry of Health has prepared Bill 43-13, which in its second article, focused on the diploma and qualification required for the production of care by considering the nurse as being: "any person who provides curative, preventative or palliative nursing care, according to the degree that qualifies." This bill has also introduced a new concept concerning the nursing profession: the nurse's role. This role is a means of promoting the autonomy of the nurse in carrying out the activities that are part of his or her role. This way, the nurse participates in nursing planning, coaching, management training, and research. However, the nurse is performing his or her care under medical prescription or the supervision and responsibility of a doctor.

It should be noted that the reform has interested the whole nursing education system by moving to the license-master-doctorate (LMD) system. This system has helped to promote the skills of trained nurses and the development of nursing research and is, therefore, undoubtedly a tool to put the nursing profession on the right track to ensure the quality of care produced and Patient safety.

In short, the revision of nursing regulations and the reform of the nursing education system remain a means for developing nursing professionals. However, this reform must consider nurses trained in the old systems. (Laureates of the Schools of Nursing (Practical Nurses), Laureates of the Institutes of Health Training (IFCS) first and second cycle, supervisors of health services, teachers of nurses, Health Program Facilitators) to ensure coexistence within health facilities of health professionals doing the same functions, formed of different schemes and especially paid differently.

However, this reform requires the adoption of accompanying measures for its success, namely: a) the development of a repository of jobs and skills, highlighting the functions, tasks, and activities of each nurse profile; b) the reclassification of nurses trained under the old system (the winners of the first cycle of IFCS) in the equivalent pay index to the license and (the winners of the second cycle of IFCS) in the equivalent pay index to the master's; c) regulation of professional nursing education in the private sector; (d) the regulation of public health personnel in private sector institutions, and (e) the establishment of a nursing order, as is the case in most countries of the world, to ensure the implementation of the various regulations governing the nursing profession and to enable it to ensure the awareness and credibility of the profession among the various professions (Ait said, 2016).

King Mohammed VI's speech at the opening of the first year of the Seventh Parliament on Friday, 11 October 2002, highlighted the concern that policymakers have about the importance of quality education: Economic take-off and the creation of productive jobs cannot be achieved without the optimal implementation of the reform of the education and training system, because despite the steps taken in this area, the most difficult remains to be done, Qualitative Reform of Training'. A change in nursing training was inevitable, but what changed? Nursing education has continued to evolve in recent years, so the question must be asked: has the profession also changed?

It has been argued that this quality training, whether initial or continuing, is closely linked to the maintenance of appropriate educational provisions. There is an open recognition of the importance of recycling, and of the need for assistance, teachers feel so that they can adapt to the changes the world is experiencing. Since 1993, Morocco has felt the need to adapt nursing studies to the international context and has introduced a reform in the training of nurses. This reform also affected the nursing education system by moving to the license-master-doctorate (LMD) system. this system should promote the skills of trained nurses and the development of nursing research and thus be a tool to put the nursing profession on the right track to ensure the quality of care produced and patient safety.

In this sense, the universalization of studies has led today to the State Diploma of Nurse with the recognition of the system Licence-Master-Doctorate (LMD). It has formalized research in nursing (Decree n°2.13.658 of 30

September 2013), Opening a new and rewarding path for many nurses who will be able to continue their studies until they obtain a Ph.D. in the field.

It is a process initiated for several years by various actors (state, professional organizations, ministry of health, officials, students, Etc.). It ended in 2013, In Morocco, by establishing higher institutes of nursing and technical health professions. We speak of the university's character regarding the types of knowledge taught, interprofessional harmonization, and the universalization of studies with the LMD device.

This new structure of higher education diplomas on three levels (bachelor, master, doctorate) with a change in training logic and a program designed in teaching modules, would not limit training to some course hours but would take into account the student's internships and personal work in order to give the student personal time for research and knowledge integration (Maamri, 2015).

In short, the revision of nursing regulations and the reform of the nursing education system remain a means to develop nursing professionals. However, this reform must consider nurses trained in the old systems. (Laureates of the Schools of Nursing (Practical Nurses), Laureates of the Institutes of Health Training (IFCS) first and second cycle, supervisors of health services, teachers of nurses, Health Program Facilitators) to ensure coexistence within health facilities of health professionals doing the same functions, formed of different schemes and especially paid differently.

Notwithstanding, this reform requires the adoption of accompanying measures for its success, namely: a) the development of a reference system for jobs and skills, highlighting the functions, tasks, and activities of each nurse and medical staff profile; b) the reclassification of nurses trained under the old system (the winners of the first cycle of IFCS) in the equivalent pay index to the license and (the winners of the second cycle of IFCS) in the equivalent pay index to the master's; c) regulation of professional nursing education in the private sector; (d) the regulation of public health personnel in private sector institutions and (e) the establishment of a nursing order as is the case in most countries of the world, to ensure the implementation of the various regulations governing the nursing profession and to enable it to ensure the awareness and credibility of the profession among the various professions (Ait said, 2016).

On another level, nursing training is, in a caricatural way, subject only to the pedagogical requirements that vocational training requires. The absence even of a reference system of competencies defining the types of knowledge and skills to be given to students according to the different years of training, according to the realities and resources of the field, The health needs of the communities, and the demands of working life make it difficult for professional coaches and teachers to know what students can do during the three years of training and work experience. On another level, nursing training is, in a caricatural way, subject only to the pedagogical requirements that vocational training requires. The absence even of a reference system of competencies defining the types of knowledge and skills to be given to students according to the different years of training, according to the realities and resources of the field, The health needs of the communities, and the demands of working life make it difficult for professional coaches and teachers to know what students can do during the three years of training and work experience. Moreover, the need for correlation between the purpose, the vision of the training, and the different training processes create a wide gap between the nursing skills acquired during the training and the practical practice of the profession. Teachers in ISPITS provide theoretical and practical teaching and guide students on placement. They assess students' knowledge, skills, and attitudes. In this way, they participate in the direction and appreciation of students' research work. They contribute to the accomplishment of any other educational activity organized by the institute's management. They may be called upon to participate in continuing education sessions organized by the institute.

In this context, the non-specific nature of training creates a conflict of skills between levels of nursing education. This situation leads to the misuse of health professionals, especially nurses, who are assigned positions whose description does not match their competency profile. The training situation in Morocco in this respect remains a particular case, unlike in several neighboring countries, which, for several years, have provided paramedical training institutions with competence benchmarks that guide training and prepare them for competitive and universal professional life.

The concern of hoping to enter into the joint movement of nurses of the world towards universalization of the formation calls to mind all those responsible for health in our country and the train of revisions of the programs of the sections of paramedical formation inscribed in an approach by competence is already achieved with the start-up of the LMD system since 2014(Bachelor-Master-Doctorate).

In addition, it is a training approach that allows students to learn how to mobilize resources in action during work placements (Guillemette & Gauthier, 2008). However, the action only sometimes leads to skills development through lived experiences. This development is conditioned by the analysis and criticism of these actions (Guillemette & Gauthier, 2006; Martineau & Gauthier, 2000; Paquay, 2000; Perrenoud, 2001a). That said, the development of skills requires the use of a reflexive practice that makes it possible to "reflect" on the action to be able to act on its practice to improve it.

III- The need to rethink nursing education

Several countries are integrating a reflective approach from a socio-constructive perspective to raise the level of nursing education. In the European context, countries have focused on developing competency frameworks in

nursing. Several institutions are training future nursing professionals to design their standards, as in the case of French-speaking Belgium.

In France, the transition from qualification to competence has required an overhaul of training systems, particularly for training in nursing, which is also part of the university structure of the Bologna process. In this sense, the 2009 re-engineering of nursing education has changed the way we think about nursing education. It has been explained by the texts which consider its necessary adaptation to the expected evolutions of the nursing profession to meet the population's health needs adequately. Under the decree of 30 December 2011 on the Continuing Professional Development (CPD) of allied health professionals and the reform of this device by the Health System Modernization Act of 26 January 2016 (article 114), each individual must be involved in the process of lifelong learning, in order to integrate and control the changes related to his environment, it is now the birth of a new paradigm. This new paradigm of nursing education generates "pedagogical modalities oriented towards the construction of knowledge by the student" and the emergence of "strategies to help students in their learning in a clinical setting." BO Santé – Protection sociale – Solidarités no. 2009/7 of 15 August 2009, p. 276). In this sense, a competency-based approach has been established, which fits perfectly with the "reflective practitioner" model (Schön, 1983).

According to authors Boluveret, Lima, Michon and Grangeat (2012), the professional challenge for training executives is to organize and coordinate the pedagogical project and accompany the nursing student in a training process based on a competency-based approach. In addition, the competency-based approach significantly changes the roles of each learner and trainer. Pastré (2004) considers competence as a dynamic structure anchored in the experience and practice of the person in the situation and specifies that it is through his activity that the person builds skills. Pastré and al (2006), explain that the activity consists, on the one hand, observable, which consists in producing something new, a transformation of the world; on the other hand, cognitive, which consists of constructing new representations of professional action and the work situation. The action is also organized at the conceptual level, according to the goals professionals give themselves and the reference knowledge that justifies them.

In nursing training, alternate training and on-the-job learning have replaced field professionals as full partners with teaching staff trainers. Training institutes are being transformed, conceived as "places of knowledge." They are becoming "places of resources." With this reform, the teacher trainer sees a change in his activity. He becomes a mediator between the knowledge of the learner and the activity to be performed but also a facilitator by identifying the resources that allow the acquisition of the knowledge of the student, encouraging the development of reflection in and on the action (Bouveret, Lima, Michon and Grangeat, 2012).

The development of reflective practice, even among nursing students (ESI), is recommended within a socio-constructive approach, according to a competency framework. This framework embodies six competencies that reflect a reflexive commitment associated with cognitive, metacognitive, affective, social and civic dimensions. Skills are broken down into capabilities, indicators and manifestations observable by years of training, showing a progression from one year to the following link to a reflexive approach (Lafortune, 2012).

Moreover, the ESI is called to describe and analyze in their portfolio two situations experienced during their internships; these analyses aim to allow students to understand what happened in a situation chosen by them-even by drawing on their knowledge and experience. This activity does not necessarily correspond to a reflexive practice if the action of the student himself is not directly the object of the analysis; for example, when the student describes a situation in which he was merely an observer and therefore analyzes the elements of the context rather than his practice (Donnaint, Marchand, & Gagnayre, 2015).

In addition, the reflective approach in nursing is an interesting avenue that is part of a professionalization process. It places trained people in a position to reflect and analyze their knowledge, a situation or experience to make relevant decisions when they are in training situations and thus develop analytical skills in their future professional life.

III- Integrating Reflective Practice into Nursing Education

Higher education has significantly shifted as teaching has become more focused on learning. It is no longer focused on delivering content but on what students will do with it. These include analyzing, linking, comparing, applying, Etc., and broader, cross-cutting skills (Daele, 2014).

In this way, the need to evolve individual and collective professional practices oblige everyone to accompany a work on professional identity, the relationship to the institution, knowledge, and change. It leads to a real process of professionalization (Laramée, 2019). With this discourse on professionalization, in the training environments of professionals, whether in initial or continuing training, everyone speaks of reflective practice. This unanimity is only apparent because not everyone publishes on the subject speaks of the same reality (Guillemette, 2016).

A new educational strategy based on the competency-based approach has recently emerged in nursing education. According to this approach, it is crucial to encourage students to develop their ability to take action in unique and complex situations to connect their acquired knowledge and the new situation (EPP, 2008).

The nursing student must therefore become a professional capable of making decisions adapted to the situations encountered and of implementing the necessary actions alone or in a team within the limits of his role defined by the Public Health Code (Article R4311, 2004).

Patience, professional competence, and more other criteria to be specified are qualities that a state-certified nurse must have. To respond to the evolution of these nursing qualities, needs, and knowledge in the health field, the new system LMD (Licence-Master-Doctorate) Encourages repositioning the development of reflective practice at the heart of teaching/learning activities. It is done through theoretical or practical work, analyses of professional situations, carried out individually or in groups, and guided by the trainers or tutors in the field. In addition, the student develops his reflexivity by explaining his clinical reasoning concerning his management of the clinical situations encountered in his practical internship that he must transcribe after each internship and group in his internship report (Garnier & Marchand, 2012).

Similarly, in nursing education, the reflective approach has demonstrated its ability to contribute to developing professional skills. It is practiced in all courses: theoretical or conceptual, practical, internship, and synthesis (La fortune, 2012). This pedagogy is essential and has given a new role to the teacher trainer: to accompany students' learning through Reflexive Practice. It is no longer a matter of teaching knowledge but of having students build their skills (Balas-Chanel, 2013). They become the target of training, and knowledge becomes a component of competence (Chanel, 2007).

Moreover, a methodical reflexive practice must be part of working time as a routine. Not a sleeping routine, but a paradoxical routine, a permanent state of alert. For this, she needs discipline and methods to observe, write, analyze in the aftermath, and take new options (Perrenoud, 1999).

Similarly, students need feedback on both the process and the content of their thinking, allowing them to highlight their strengths and improvement goals. (Mann and al., 2009) Note in their discussion that guidance remains essential for students to perceive the benefits of reflective practice for their learning.

In the same context, (Lasfargues, nd) clarifies that reflexive practice allows individual and collective professional practices to evolve by accompanying each towards a workshop on professional identity. The author explains that this practice makes it possible for every nursing student to become more responsible, autonomous, engaged, and conscious.

In addition, engaging in reflective practice enhances the student's professional knowledge and practical experiences. It also promotes the time needed to acquire and apply relevant and valuable new learning.

Among the pioneers of reflexive practice (Schön, 1994) states that RP is considered a mental process that aims to learn from lived experiences, through a return of consciousness to itself, on a regular and voluntary basis, to become aware of how he acts and reacts, in professional or formative situations.

According to Schön (1994), reflexive practice consists of learning by action and in action, hence the need to acquire knowledge and implement it and then be trained to analyze its practice. This approach leads to the following:

- Improve your practice, and become more efficient (faster, lower costs, Etc.).

Monitor actions: observe how the work is done, and analyze discrepancies between prescribed and actual tasks.

- Validate your practice: look at your actions, and validate them (quality of service provided).

- Develop new knowledge, and discover knowledge from practice.

- Give meaning to your practice, improve self-confidence, and gain professional recognition (Isabelle& Monique, 2013).

In the same sense, Laramée (2019) states that reflexive practice provides the individual with a new "scope" to critically analyze the situations he encounters and the actions he poses. The purpose of this reflexive return is to reinvest the lessons learned from this experience in future practice and thus build the expected professional skills (Schön, 1994). It is to look back at his practice, action, and way of acting or learning. It can occur during the action (Schön, 1994; Legault, 2007).

Such reflection can be divided into three categories: reflection in action, on the action, and for action (Schön, 1990, cited in Ruth-Sahd, 2003; Schön, 1994). In the first case, the student reflects spontaneously when the action takes place, intuitively drawing on his consciousness, knowledge, and critical thinking to control or modify his current actions (Deum, 2004; Perrenoud, 2004; RuthSahd, 2003; Schön, 1994).

The reflection is intentional in the second case and according to the same authors. Once the action is completed, it takes place to take a step back to describe better, understand, evaluate and explain the activities accomplished. Finally, reflection for action determines the purpose of reflection in and on the action: to reflect better orient future actions (Ruth-Sahd, 2003).

In short, reflexive practice allows students to adjust their beliefs and improve their practice while supporting this evolution with a well-documented argument and well-established theoretical foundations (Barriault, 2016). In addition, it can solve a problem, understand a complex situation, question one's practice, and imagine new ways to improve one's performance (Perrenoud, 2001).

In this case, students should analyze initial and new situations and identify common elements and the skills required and acquired. This reflective work is also a way to better prepare for a future professional life, whether academic or not (Unil, 2014).

The same author reveals that the student develops the theoretical knowledge and methodology taught during the three years of training and the technique related to other care and relational skills. The student learns to recognize his emotions to interact in his relations with others correctly: he gains confidence, allowing him to position himself while questioning his practice. Finally, he develops a professional ethic that allows him to question the situation and make informed choices (Jomas, 2018). The same author reveals that the student develops the theoretical knowledge and methodology taught during the three years of training and the technique related to other care and relational skills.

IV- Barriers, limitations and Resistance to the Development of Reflective Practice
1- Barriers to the clarity of the concept
While reflective practice continues to be a source of essential contributions to nursing, there are limitations to its use. Andrews (1996) thus presents three limits to reflexive practice:
1. It is difficult to verbalize the rationale which supports the actions.
2. The reflexive practitioner may remember only what he wants to remember.
3. This practitioner sometimes expresses what he does.

Another limitation is the difficulty of measuring the depth of my reflection, especially since the reflection is objective and subjective (Astor, Jefferson & Humphrys, 1998). From this perspective, Andrews, Gidman, and Humphreys (1998) suggest that the best way to assess reflective learning is to demonstrate the application of this learning in a care setting.

Each teacher goes through reflective children during his professional career, especially when dealing with difficult situations that lead him to question his teaching practice. This reflexive practice is practiced before, during, and after the class and can support the practitioner's professional life until becoming a usual posture. These repeated "set-ups" allow teachers to find real meaning in their profession, responsibilities, and absolute satisfaction (Altet Desjardins, Paquay & Perrenoud, 2013).

According to the authors (Marguerite Altet, Julie Desjardins, Richard Etienne, Léopold Paquay, and Philippe Perrenoud, 2013), the work on the representations that young teachers have of the trade and the training shows that they give more importance to the internships in the institutions than to the moments of questioning and reflection in the training center and that they do not always see the interest of the theoretical contributions given. Their primary expectations in training relate to know-how and requests for recipes and preparation sheets ready to act; this conception seems to be the majority among all students of French-speaking countries. The model of the reflexive practitioner, developed in many countries, is far from their concerns. Training devices aimed at developing a reflexive posture are little chosen if they are optional and often contested otherwise.

Subsequently, several reflective practice interventions are conducted without being explained to participants, who then engage in an approach that is neither conscious nor deliberate (Richard et al., 2019). However, Sadlon (2018) notes that "the process of reflection is fruitful when it is undertaken as a conscious effort to improve practice, produce valid judgments and transform experience into opportunities for intellectual development" (p. 1).

2- Training system limitations
The counterpart of this growing popularity and these multiple uses of tools or reflexive methods is that the same term is sometimes used to designate relatively heterogeneous intentions, instruments, intervention formats, and pedagogical practices(Atmani, Madrane, Janati-Idrissi, Laafou & Zerhane,, 2020). They rely on conceptual frameworks that are only sometimes stabilized or explicit (Naccache, Samson & Jouquan, 2006). According to these authors, there is a risk of confusion about the multiple approaches to reflective tools, and the experiences of their use in nursing are not immune to these ambiguities.

The lack of standardization of these tools remains a real obstacle, so even the evaluation of nursing students' productions in this sense presents real difficulties for the teacher, mostly related to the problem of the validity of the evaluation criteria (Goupil1998a) and the subjectivity of this assessment (Doolittle, 1994). Indeed, as an example, two evaluators can have very different judgments on the same portfolio since it is a qualitative evaluation of experiences, achievements in class, Etc. Therefore, evaluators must have a common understanding of the criteria to be used to assess the development of the professional skills of the student concerned (Doolittle, 1994).

Similarly, Endacott, Gray, Jasper, McMullan, Miller, Scholes, and Webb (2004) report, through their study, a need for more consistency between support teams in terms of advice and expectations about these reflective tools and methods. Participants in this study show a conflict between wanting to create the portfolio according to their own identity and meeting the evaluation criteria. Similarly, the cost of carrying out this reflexive work is among its obstacles. While many studies point to savings such as reduced administrative or printing costs, one study supports this claim and notes that cost remains a barrier to overcome (Tochel, Haig, Hesketh, Cadzow, Beggs, Coltthart, & Peacock, 2014).

The overload of the program from the nature of nursing education remains a real barrier as well. While this reflective work is seen as an overload for students, it also requires more time for the teacher to use this

assessment strategy than traditional assessments. (Wenzel et al, 1998). Consequently, the lack of time spent on reflective tools by students and teachers represents a barrier to their use (Corcoran & Nicholson, 2004; Harris and al., 2001; Karlowicz,2000; McMullan, 2008; Taylor et al., 2009).

3- Resistance to RP

In the same line of thinking, Guibert (2013) distinguishes between two categories of teachers: «heirs» and «oblates». According to him, the heirs are convinced that the mastery of their discipline is enough to guarantee their know-how, so they are little occupied by innovation. It makes them more or less deaf to professional training and blind to the invitations to think made to them.

On the other hand, there are the «oblates», the teachers who are more interested in pedagogy than in their discipline. They are open to modern conceptions of teaching and thus capable of responding to the new demands of mass teaching and thus reserve an excellent welcome to the proposals of the trainers.

Regarding resistance to reflexive approaches, their main criticism of the training is their lack of practical solutions. The theory is not enough for them; it is of little interest to them; they demand immediate know-how and recipes (Altet, Desjardins, Étienne, Paquay, and Perrenoud, 2013).

According to the same authors, some trainers need more enthusiasm for reflective methods. In this way, experienced teachers who are supposed to promote the reflexivity of trainees should be more exemplary in their methods and attitudes. More learned than colleagues, teachers' chapters, and criticism rather than taking a real formative attitude. As a result, these methods are not designed to encourage young teachers to think because they are not given the methods or the time (Jérome, Altet, Desjardins, Etienne, Paquay, and Perrenoud, 2013).

CONCLUSION

Reflective practice is an effective means of improving the quality of nursing education. However, the program's burden and many students limit the fulfillment of this condition. Integrating reflexive practice in the initial training of nurse's calls, first of all, to reserve space-time for the realization of reflexive pauses and to diversify the reflexive methods and tools used for this purpose.

In this way, the reengineering of nursing education in Morocco needs to be rethought, as it was set up without integrating nursing teachers in decision-making. The latter has not received any support to prepare them for this rapid reform. They know the need to insert reflexive practice into their daily practices. Nevertheless, they must be sufficiently armed to face the obstacles that limit their development. There is still a long way to go to effectively reposition this practice at the center of nursing education.

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